

Reference Type: Journal Article
Record Number: 2428
Year: 2014
Title: LifeLogging: Personal Big Data Introduction
Journal: Foundations and Trends in Information Retrieval
Volume: 8
Issue: 1
Pages: 2--
Short Title: LifeLogging: Personal Big Data Introduction
ISSN: 1554-0669
Accession Number: WOS:000342065700001
Notes: [Anonymous]
1554-0677
URL: <Go to ISI>://WOS:000342065700001

Reference Type: Conference Proceedings
Record Number: 1771
Author: Abahussin, A. A., West, R. M., Allsop, M. J., Wong, D. C., Ziegler, L. E. and Ieee Comp, S. O. C.
Year of Conference: 2020
Title: A pain recording system based on mobile health technology for cancer patients in a home setting: A user-centred design
Conference Name: 8th IEEE International Conference on Healthcare Informatics (ICHI)
Conference Location: Electr Network
Pages: 309-318
Series Title: IEEE International Conference on Healthcare Informatics
Date: Nov 30-Dec 03
Sponsor: Ieee, Ieee Comp Soc N. S. F. Springer Journal Healthcare Informat Res
Short Title: A pain recording system based on mobile health technology for cancer patients in a home setting: A user-centred design
ISBN: 978-1-7281-5382-7
DOI: 10.1109/ichi48887.2020.9374388
Source: 2020 8th iee international conference on healthcare informatics (ichi 2020)
Year Published:2020
Accession Number: WOS:000865468500037
Abstract: Pain is one of the most common symptoms experienced by patients with cancer at all stages of the disease, many of whom experience poor pain control. Findings from earlier studies suggest that mobile health (mHealth) approaches may have value in the field of pain management. Currently, development is at an early stage and the needs and preferences of users are not yet well understood. The aim of this study is to report the design and development of a mHealth-based pain recording system for this population to support effective pain management. A user-centred design (UCD) approach with multiple stages, including usability testing, was adopted for achieving this and ensure the system's clinical utility. Usability testing was conducted on highfidelity clickable prototypes developed for the system with eleven representative system users. The system

was wellreceived, and all participants found it well-aligned with their needs and easy to use, with only a few addressable usability issues reported. Captured usability metrics indicated that the under-development system has the potential to be effective, efficient and satisfying for users.

Notes: Abahussin, Asma A. West, Robert M. Allsop, Matthew J. Wong, David C. Ziegler, Lucy E.

Abahussin, Asma/GYD-4206-2022

Abahussin, Asma/0000-0002-7831-1445; Allsop, Matthew/
0000-0002-7399-0194; Wong, David/0000-0001-8117-9193
2575-2634

URL: <Go to ISI>://WOS:000865468500037

Reference Type: Journal Article

Record Number: 694

Author: Abascal, L., Vela, A., Sugden, S., Kohlenberg, S.,
Hirschberg, A., Young, A., Lane, K. and Merlo, G.

Year: 2022

Title: Incorporating Mental Health Into Lifestyle Medicine

Journal: American Journal of Lifestyle Medicine

Volume: 16

Issue: 5

Pages: 570-576

Date: Sep

Short Title: Incorporating Mental Health Into Lifestyle Medicine

ISSN: 1559-8276

DOI: 10.1177/15598276221084250

Accession Number: WOS:000808881700001

Abstract: The evidence-based interconnection between mental health with lifestyle medicine practice is discussed. The extent to which physical health, and mental and behavioral health overlap are significant, and their interaction is seen in many ways. These bidirectional influences form a continuous thread through all lifestyle medicine pillars. The intersection of mental health and lifestyle should be considered and applied to provide optimal evidence-based lifestyle medicine for all patient populations who will benefit from the specific attention to diet, physical activity, relationships, stress, sleep, and substance use. Lifestyle medicine can be utilized to directly address and treat a range of mental health symptoms and disorders, and physical illnesses. In addition, behavior change skills and addressing the psychological factors contributing to barriers are crucial to helping patients reach their lifestyle medicine goals. Approaches to practice that attend to, and address, mental and behavioral health are relevant to and necessary for all types of providers who work within the lifestyle medicine framework.

Notes: Abascal, Liana Vela, Alyssa Sugden, Steve Kohlenberg, Samuel Hirschberg, April Young, Allison Lane, Karen Merlo, Gia

Young, Allison/GVU-7870-2022; Merlo, Gia/AAU-1355-2020

Merlo, Gia/0000-0002-7209-5403; Young, Allison/0000-0003-4670-1235;

Vela, Alyssa/0000-0002-5308-344X; Kohlenberg, Samuel/
0000-0001-9175-7620; Sugden, Steven/0000-0002-2255-9804

1559-8284

URL: <Go to ISI>://WOS:000808881700001

Reference Type: Journal Article

Record Number: 164

Author: Abbey, H.

Year: 2023

Title: Communication strategies in psychologically informed osteopathic practice: A case report

Journal: International Journal of Osteopathic Medicine

Volume: 47

Date: Mar

Short Title: Communication strategies in psychologically informed osteopathic practice: A case report

ISSN: 1746-0689

DOI: 10.1016/j.ijosm.2022.10.009

Article Number: 100647

Accession Number: WOS:000964436100001

Abstract: Introduction: This paper presents qualitative data from communication between an osteopath and patient participating in a research study to develop a new psychologically informed pain management course. Presentation: 'Adam', aged 49, presented with persistent pain and multiple health problems including HIV and depression. His aim in joining the study was to find ways to stay independent. Evaluation: Existing osteopathic evaluations of musculoskeletal dysfunction were supported by psychological assessments of health beliefs and coping strategies. Intervention: Psychological and mindfulness exercises were integrated into six osteopathic treatment sessions to support symptom relief, patient learning and self-management. Data analysis: Audio-recordings were analysed qualitatively using Linguistic Ethnography. Outcomes: Communication moved from 'mechanistic' pain discourses about diagnosis and structural damage towards 'facilitative' narratives involving shared sense-making about broader embodied experiences. Physical outcomes were similar to previous osteopathic treatment but with longer lasting effects due to more effective self-management, decreased fear-avoidance and increased physical activity. Conclusion: This patient reported that a psychologically informed pain management course had increased his body awareness and ability to live well despite pain. Individual case findings are not generalisable, but these data appear to support an ecological-enactive model of osteopathic practice and suggest promising directions for future research.

Notes: Abbey, Hilary

1878-0164

URL: <Go to ISI>://WOS:000964436100001

Reference Type: Journal Article

Record Number: 1322

Author: Abdel-Qader, D. H., Al Meslamani, A. Z., Al Mazrouei, N., El-Shara, A. A., El Sharu, H., Ali, E. M., Ebaed, S. B. M. and Ibrahim, O. M.

Year: 2022

Title: Virtual Coaching Delivered by Pharmacists to Prevent COVID-19 Transmission

Journal: Hospital Pharmacy

Volume: 57

Issue: 2

Pages: 300-308

Date: Apr

Short Title: Virtual Coaching Delivered by Pharmacists to Prevent COVID-19 Transmission

ISSN: 0018-5787

DOI: 10.1177/00185787211032354

Article Number: 00185787211032354

Accession Number: WOS:000672918800001

Abstract: Background: While the role of pharmacists in the current pandemic control has been recognized worldwide, their coaching efforts to improve public's behaviors that could prevent COVID-19 transmission has been rarely investigated. Objectives: To assess whether pharmacist-based virtual health coaching sessions could increase the proportion of people who practised healthy social behaviors, to test whether this model can increase the public acceptance of COVID-19 vaccines, and to measure whether these behaviors could actually prevent contracting COVID-19. Method: In this randomized controlled trial, adults who matched specific criteria were randomly allocated into 2 arms. The active arm received 12 pharmacist-based virtual coaching sessions delivered via Zoom(R) over a month. Participants allocated to the control arm received no coaching. At the end of the last coaching session, both groups were asked to complete a structured questionnaire for outcome assessment. Participants in the active group were followed up to 2 weeks after the end of the last coaching session to check if they contracted COVID-19 or not. The SPSS software version 26.0 (IBM Corp., Chicago, IL) was used for statistical analysis. Results: Of the 300 participants who gave consent for participation, 295 completed the study (147 from the active arm and 148 from the control arm). The proportion of those using face masks, avoiding crowds, and willing to be isolated if infected in the active arm was increased from 51.70%, 53.74%, and 59.86% at baseline to 91.83%, 80.27%, and 96.59% at the end of coaching, respectively (all with $P < .05$). In addition, the proportion of behaviors, such as disinfecting surfaces, not touching the T-zone, and avoid sharing personal belongings with colleagues at work was increased from 36.05%, 27.89%, and 46.93% at baseline to 63.94%, 52.38%, and 87.75% at the end of coaching, respectively (all with $P < .05$). Avoid touching the T-zone (OR = 0.43; 95% CI, 0.24-0.89) and using disposable tissues (OR = 0.30; 95% CI, 0.18-0.77), each versus using face masks appropriately were more likely to get COVID-19. Conclusion: Pharmacist-based virtual health coaching could be a potential strategy to increase the proportion of behaviors that could curtail the spread of COVID-19.

Notes: Abdel-Qader, Derar H. Al Meslamani, Ahmad Z. Al Mazrouei, Nadia El-Shara, Asma A. El Sharu, Husam Ali, Eman Merghani Ebaed, Samah Bahy Mohammed Ibrahim, Osama Mohamed Al Mazrouei, Nadia/0000-0002-1339-9730; Abdel-Qader, Derar H./0000-0003-2576-4464

1945-1253

URL: <Go to ISI>://WOS:000672918800001

Reference Type: Journal Article

Record Number: 820

Author: Abdel-Qader, D. H., Hayajneh, W., Albassam, A., Obeidat, N. M., Belbeisi, A. M., Al Mazrouei, N., Al-Shaikh, A. F., Nusair, K. E., Al Meslamani, A. Z., El-Shara, A. A., El Sharu, H., Ebaed, S. B. M. and Ibrahim, O. M.

Year: 2022

Title: Pharmacists-physicians collaborative intervention to reduce vaccine hesitancy and resistance: A randomized controlled trial

Journal: Vaccine: X

Volume: 10

Date: Apr

Short Title: Pharmacists-physicians collaborative intervention to reduce vaccine hesitancy and resistance: A randomized controlled trial

ISSN: 2590-1362

DOI: 10.1016/j.jvacx.2021.100135

Article Number: 100135

Accession Number: WOS:000781934400004

Abstract: Purpose: Given their negative influence on community health, vaccine hesitancy and resistance are emerging challenges that require healthcare intervention. Therefore, this study aimed to assess the impact of physician-pharmacist collaborative health coaching on rates of hesitancy and resistance for a COVID-19 vaccine. **Methods:** After an initial assessment of rates of hesitancy and resistance for a COVID-19 vaccine was conducted, hesitant and resistant participants were approached, recruited, and randomized into an active and control group. Pharmacists-physicians collaborative coaching intervention was delivered to active group subjects over two months through Facebook live sessions. The outcome measures were assessed in both groups before coaching, directly after coaching, and a month after coaching. **Results:** The proportions of hesitancy and resistance for a COVID-19 vaccine among subjects in the active group were significantly reduced from 64.3% and 35.7% before coaching to 20.1% and 7.8% directly after coaching, respectively. These proportions were further reduced to 11.1% and 3.3% a month after coaching, respectively. Furthermore, the mean scores for knowledge on, and attitude towards COVID-19 vaccine were significantly increased from 4.6 +/- 1.8 and 4.1 +/- 1.7 before coaching to 7.5 +/- 3.1 and 8.9 +/- 3.8 directly after coaching, respectively. However, the change in mean score of beliefs about COVID-19 vaccines among active group subjects was not significant. **Conclusion:** High rates of hesitancy and resistance for a COVID-19 vaccine were found in Jordan. These rates can be significantly reduced through online pharmacists-physicians collaborative coaching, which can also improve knowledge of and attitude towards COVID-19 vaccines. (c) 2021 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Notes: Abdel-Qader, Derar H. Hayajneh, Wail Albassam, Abdullah

Obeidat, Nathir M. Belbeisi, Adel M. Al Mazrouei, Nadia Al-Shaikh, Ala'a F. Nusair, Khaldoon E. Al Meslamani, Ahmad Z. El-Shara, Asma A. El Sharu, Husam Ebaed, Samah Bahy Mohammed Ibrahim, Osama Mohamed Al-Shaikh, Ala'a Fuad/GNW-5818-2022; Al-Shaikh, Ala'a/AFV-4928-2022 Al-Shaikh, Ala'a Fuad/0000-0002-3844-7292; Al-Shaikh, Ala'a/0000-0002-3844-7292; Abdel-Qader, Derar H./0000-0003-2576-4464
URL: <Go to ISI>://WOS:000781934400004

Reference Type: Journal Article

Record Number: 2123

Author: Abdou, J. K., Auyeung, V., Patel, J. P. and Arya, R.

Year: 2016

Title: Adherence to long-term anticoagulation treatment, what is known and what the future might hold

Journal: British Journal of Haematology

Volume: 174

Issue: 1

Pages: 30-42

Date: Jul

Short Title: Adherence to long-term anticoagulation treatment, what is known and what the future might hold

ISSN: 0007-1048

DOI: 10.1111/bjh.14134

Accession Number: WOS:000383772300003

Abstract: Adherence to medication, commonly reported as being 50% in chronic diseases, is of great concern in healthcare. Medication non-adherence is particularly apparent in chronic diseases, where treatment is often preventative and may provide little or no symptomatic relief or feedback for the patient. A lot of research has been undertaken to describe the extent of non-adherence to long-term anticoagulation therapy, particularly with vitamin K antagonists and more recently with direct oral anticoagulants. However, the literature is scarce with respect to describing adherence to anticoagulation in terms of the behavioural aspects that influence medicine use. Utilizing the COM-B (capability, opportunity, motivation and behaviour) psychological model of non-adherence, we present the available evidence, not only in terms of describing the extent of the non-adherence problem, but also describing why patients do not adhere, offering theory-driven and evidence-based solutions to improve long-term adherence to chronic anticoagulation therapy. Lessons learned are not only applicable within the field of anticoagulation but throughout haematology.

Notes: Abdou, John K. Auyeung, Vivian Patel, Jignesh P. Arya, Roopen Arya, Roopen/0000-0001-5630-7990; Auyeung, Vivian/0000-0002-6823-9064; Patel, Jignesh/0000-0003-4197-8294; Bartoli-Abdou, John/0000-0002-9294-3174

1365-2141

URL: <Go to ISI>://WOS:000383772300003

Reference Type: Journal Article

Record Number: 1478

Author: Abdu-Aguye, S. N., Mohammed, S., Danjuma, N. M. and Labaran,

K. S.

Year: 2021

Title: Improving outpatient medication counselling in hospital pharmacy settings: a behavioral analysis using the theoretical domains framework and behavior change wheel

Journal: Pharmacy Practice-Granada

Volume: 19

Issue: 2

Date: Apr-Jun

Short Title: Improving outpatient medication counselling in hospital pharmacy settings: a behavioral analysis using the theoretical domains framework and behavior change wheel

ISSN: 1885-642X

DOI: 10.18549/PharmPract.2021.2.2271

Article Number: 2271

Accession Number: WOS:000669799600002

Abstract: Background: Despite the importance of medication counselling for patients, it is common knowledge that it is often sub-optimally carried out by pharmacy staff. While some interventions have been designed to help improve counselling, no study till date has used the Capability Opportunity and Motivation behavior model (COM-B) or Theoretical Domains Framework (TDF) as a basis for identifying evidence-based intervention strategies to improve medication counselling. Objective: To understand barriers/facilitators to optimal medication counselling by conducting a behavioral analysis using the COM-B model and TDF, and use the Behavior Change Wheel (BCW) as a basis for identifying evidence-based intervention strategies and policy categories that could be used to improve outpatient medication counselling by pharmacy staff in hospital settings located within Northwest Nigeria. Methods: Semi-structured interviews were used to collect data from 25 purposively sampled pharmacy staff working at eight major public hospitals, from January till March 2020. Data from the interviews were then transcribed and deductively coded using the COM-B model and TDF. These findings were then used to identify areas requiring change, as well as the intervention type and policy functions required to support these changes. Results: Findings from the behavioral analysis revealed shortfalls in pharmacy staff capability, opportunity and motivation with respect to outpatient medication counselling. To improve their counselling behaviors, change was identified as necessary in eight TDF domains namely 'knowledge', 'interpersonal skills', 'memory' 'environmental context', 'social influences', 'intentions', 'reinforcement' and 'beliefs about capabilities'. Seven intervention functions including 'education', 'training', 'modelling', 'enablement' and 'environmental restructuring', in addition to three policy categories ('guidelines', 'regulations' and 'environmental/social planning') were also identified as relevant to future intervention design. Conclusions: Various factors were identified as affecting medication counselling by the pharmacy staff, with several of them requiring changes if counselling was to be improved upon. Multi-component interventions combining several of these intervention functions are recommended for hospital authorities and other relevant stakeholders to improve outpatient medication counselling.

Notes: Abdu-Aguye, Samirah N. Mohammed, Shafiu Danjuma, Nuhu M. Labaran, Kamilu S. Mohammed, Shafiu/P-2016-2014; Abdu-Aguye, Samirah/R-5815-2019; Abdu-Aguye, Samirah/HIA-0420-2022; Practice, Pharmacy/AAP-5629-2020 Mohammed, Shafiu/0000-0001-5715-966X; Abdu-Aguye, Samirah/0000-0001-7534-632X; Abdu-Aguye, Samirah/0000-0001-7534-632X; labaran, kamilu/0000-0002-6401-9371; DANJUMA, NUHU/0000-0002-5581-1391 1886-3655
URL: <Go to ISI>://WOS:000669799600002

Reference Type: Journal Article

Record Number: 1757

Author: Abdulghani, N., Edvardsson, K. and Amir, L. H.

Year: 2020

Title: Health care providers' perception of facilitators and barriers for the practice of skin-to-skin contact in Saudi Arabia: A qualitative study

Journal: Midwifery

Volume: 81

Date: Feb

Short Title: Health care providers' perception of facilitators and barriers for the practice of skin-to-skin contact in Saudi Arabia: A qualitative study

ISSN: 0266-6138

DOI: 10.1016/j.midw.2019.102577

Article Number: 102577

Accession Number: WOS:000505935200004

Abstract: Objectives: To identify Health Care Providers' (HCPs') perceived facilitators, barriers and requirements for implementing the practice of Skin-to-Skin Contact (SSC) immediately after vaginal birth. Design: A descriptive qualitative study with semi-structured interviews. Two theoretical frameworks were used to guide the data analysis: Theoretical Domains and the Grol and Wensing's barriers to and facilitators of change in health care practice. Settings: Two public hospitals in Jeddah, Saudi Arabia with 7000 and 6000 births per year, respectively. Participants: A purposeful sample of 20 obstetricians, midwives, and nurses. Findings: The HCPs' perceived facilitators included buy-in of the practice of SSC. Existing or potential barriers included the absence of a detailed policy and guidelines to support the practice of SSC, lack of capabilities and motivations to implement the practice of SSC, mothers not interested in SSC, lack of professional collaboration, staffing and time constraints, and a medicalised birth environment that prioritised interventions over SSC. Conclusion and implication to practice: The insights gained from identification of facilitators and barriers for SSC practice in this study can assist the development of a tailored multi-level implementation strategy at the individual, social and organisational levels to provide continuous uninterrupted SSC immediately after birth. The practice of SSC could likely be successfully implemented if there is multidisciplinary collaboration that prioritises the practice of SCC. (c) 2019 Published by Elsevier Ltd.

Notes: Abdulghani, Nawal Edvardsson, Kristina Amir, Lisa H. Edvardsson, Kristina/GOP-2054-2022; Edvardsson, Kristina/AAX-4810-2020 Edvardsson, Kristina/0000-0001-6883-3664; Edvardsson, Kristina/0000-0001-6883-3664 1532-3099
URL: <Go to ISI>://WOS:000505935200004

Reference Type: Journal Article

Record Number: 2056

Author: Abidi, L., Oenema, A., Candel, M. M. and van de Mheen, D.

Year: 2016

Title: A theory-based implementation program for alcohol screening and brief intervention (ASBI) in general practices: Planned development and study protocol of a cluster randomised controlled trial

Journal: Contemporary Clinical Trials

Volume: 51

Pages: 78-87

Date: Nov

Short Title: A theory-based implementation program for alcohol screening and brief intervention (ASBI) in general practices: Planned development and study protocol of a cluster randomised controlled trial

ISSN: 1551-7144

DOI: 10.1016/j.cct.2016.10.008

Accession Number: WOS:000389166100011

Abstract: Background: Previous studies have shown that alcohol screening and brief intervention (ASBI) in general practices can lead to significant reductions in alcohol consumption among patients, yet ASBI is rarely implemented into routine clinical practice. The aim of this paper is to describe the development and evaluation of an ASBI implementation program aimed at increasing ASBI delivery rates of general practitioners (GPs) and decreasing patients' alcohol consumption. Methods/design: This study protocol describes the step-wise development and evaluation of an ASBI implementation program. A four-step method is used to identify relevant determinants of change and intervention components based on the Behaviour Change Wheel and the Theoretical Domains Framework. The program will be evaluated in general practices in The Netherlands in a two-arm cluster randomised controlled trial which investigates the effect of the program on GPs' ASBI delivery behaviour as well as on patients' alcohol consumption. Discussion: Effective theory- and practice-based strategies to implement ASBI in general practices are highly needed. Using a stepwise method we described the development of a program consisting of an e-learning module, a tailored feedback module and environmental support and materials. We hypothesize that this program will result in an increase of GPs' ASBI delivery behaviour. Secondly, we expect an overall decrease in percentage of patients with excessive or problematic alcohol use and a higher proportion of patients from GPs receiving the ASBI implementation program decreasing their alcohol consumption, compared to patients from GPs in the control group. (C)

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Notes: Abidi, L. Oenema, A. Candel, Mjj. M. van de Mheen, D.

Oenema, Anke/D-7709-2017

Oenema, Anke/0000-0002-4350-5821

1559-2030

URL: <Go to ISI>://WOS:000389166100011

Reference Type: Journal Article

Record Number: 2107

Author: Abidi, L., Oenema, A., Nilsen, P., Anderson, P. and van de Mheen, D.

Year: 2016

Title: Strategies to Overcome Barriers to Implementation of Alcohol Screening and Brief Intervention in General Practice: a Delphi Study Among Healthcare Professionals and Addiction Prevention Experts

Journal: Prevention Science

Volume: 17

Issue: 6

Pages: 689-699

Date: Aug

Short Title: Strategies to Overcome Barriers to Implementation of Alcohol Screening and Brief Intervention in General Practice: a Delphi Study Among Healthcare Professionals and Addiction Prevention Experts

ISSN: 1389-4986

DOI: 10.1007/s11121-016-0653-4

Accession Number: WOS:000379611400003

Abstract: Despite the evidence base, alcohol screening and brief intervention (ASBI) have rarely been integrated into routine clinical practice. The aim of this study is to identify strategies that could tackle barriers to ASBI implementation in general practice by involving primary healthcare professionals and addiction prevention experts. A three-round online Delphi study was carried out in the Netherlands. The first-round questionnaire consisted of open-ended questions to generate ideas about strategies to overcome barriers. In the second round, participants were asked to indicate how applicable they found each strategy. Items without consensus were systematically fed back with group median ratings and interquartile range (IQR) scores in the third-round questionnaire. In total, 39 out of 69 (57 %) invited participants enrolled in the first round, 214 participants completed the second round, and 144 of these (67 %) completed the third-round questionnaire. Results show that participants reached consensus on 59 of 81 strategies, such as the following: (1) use of E-learning technology, (2) symptom-specific screening by general practitioners (GPs) and/or universal screening by practice nurses, (3) reimbursement incentives, (4) supportive materials, (5) clear guidelines, (6) service provision of addiction care centers, and (7) more publicity in the media. This exploratory study identified a broad set of strategies that could potentially be used for overcoming barriers to ASBI implementation in general practice and paves the way for future research to experimentally test the identified implementation strategies using multifaceted approaches.

Notes: Abidi, L. Oenema, A. Nilsen, P. Anderson, P. van de Mheen, D. Oenema, Anke/D-7709-2017
Oenema, Anke/0000-0002-4350-5821
1573-6695
URL: <Go to ISI>://WOS:000379611400003

Reference Type: Journal Article

Record Number: 809

Author: Abidogun, T. M., Ramnarine, L. A., Fouladi, N., Owens, J., Abusalih, H. H., Bernstein, J. and Aboul-Enein, B. H.

Year: 2022

Title: Female genital mutilation and cutting in the Arab League and diaspora: A systematic review of preventive interventions

Journal: Tropical Medicine & International Health

Volume: 27

Issue: 5

Pages: 468-478

Date: May

Short Title: Female genital mutilation and cutting in the Arab League and diaspora: A systematic review of preventive interventions

ISSN: 1360-2276

DOI: 10.1111/tmi.13749

Accession Number: WOS:000777504400001

Abstract: Objectives Female Genital Mutilation and Cutting (FGM/C) is an act of gender-based violence (GBV) and a global public health issue with well-documented adverse outcomes. With the rise in global migration, there is an increasing prevalence of FGM/C among Arab diaspora living in the West and Global South. What remains unclear is how to reduce the practice. This study was designed to identify interventions exerting an effect on reducing the practice of FGM/C. Methods A systematic review of peer-reviewed articles was conducted on interventions targeting individuals and/or the broader community to prevent FGM/C within the Arab League and its diaspora, up to December 2021. Databases searched included PubMed, Medline, Web of Science, PsycINFO, EMBASE, CINAHL, BIOSIS, ASSIA and Scopus. Quality assessment used the Mixed Methods Appraisal Tool (MMAT) 2018. Results Twelve of 896 studies met the inclusion criteria. Eight interventions relied entirely on education with short-term gains but unchanged practices. Three interventions used social marketing and mixed media. Only one study took a multi-sectoral approach. Conclusions At a macro level, opportunities to reduce or to end the practice of FGM/C exist through legislation, policy, a public health approach grounded in gender equality and human rights. Using multi-sectoral actions that consider the social context and challenge social norms at macro, meso and micro levels appears more effective than individual-level interventions. Promoting advocacy and developing supportive environments to reduce GBV, enhance gender equality and empower communities is crucial for interventions to succeed and achieve the Sustainable Development Goal target of FGM/C abandonment by 2030.

Notes: Abidogun, Tolulope M. Alyssa Ramnarine, Leah Fouladi, Negin Owens, Janine Abusalih, Howaida H. Bernstein, Joshua Aboul-Enein, Basil H.

Owens, Janine/HPH-3978-2023; Abidogun, Tolulope/GZM-8102-2022;
Fouladi, Negin/HHS-7439-2022
Ramnarine, Leah/0000-0002-1595-6705; Fouladi, Negin/
0000-0002-0953-4215
1365-3156
URL: <Go to ISI>://WOS:000777504400001

Reference Type: Journal Article

Record Number: 861

Author: Abo, S., Parry, S. M., Ritchie, D., Sgro, G., Truong, D.,
Denehy, L. and Granger, C. L.

Year: 2022

Title: Exercise in allogeneic bone marrow transplantation: a
qualitative representation of the patient perspective

Journal: Supportive Care in Cancer

Volume: 30

Issue: 6

Pages: 5389-5399

Date: Jun

Short Title: Exercise in allogeneic bone marrow transplantation: a
qualitative representation of the patient perspective

ISSN: 0941-4355

DOI: 10.1007/s00520-022-06931-9

Accession Number: WOS:000769287000001

Abstract: Purpose Exercise is emerging as a vital aspect of care to alleviate the physical and psychosocial symptom burden associated with allogeneic bone marrow transplantation (BMT). Understanding the patient perspective regarding exercise is important to move towards implementation. This study aimed to characterise experiences and views regarding participation in an exercise program in adults receiving treatment for haematological disease with allogeneic BMT. Methods Individual semi-structured interviews were conducted with 35 participants from either an early- or late-commencing supervised group-based exercise program. Using an inductive, conventional approach to qualitative content analysis data were independently analysed by two researchers. Results Six major themes and 33 sub-themes were identified: this encompassed motivation, physical opportunity and capability to exercise; psychosocial effects of group-based exercise; experienced impact of participation in an exercise program; and intervention design considerations. Key barriers to exercise included symptom severity and fluctuating health and distance or difficult access to an exercise facility or equipment, whilst facilitators included encouragement from staff; peer support in the group-based setting; flexibility; education; and ability to measure change. Conclusion This study highlights the importance of a flexible approach to exercise with consideration of individual symptoms and preferences. The perceived psychological impact of exercise should not be underestimated; future exercise programs should be designed in partnership with patients, with consideration of group-based activities to reduce social isolation if this is feasible in the treatment context. Intervention design should also acknowledge the individual's physical and psychological capability, opportunity and automatic and reflective motivation to

direct and sustain exercise behaviours following BMT.
Notes: Abo, Shaza Parry, Selina M. Ritchie, David Sgro, Gabriella Truong, Dominic Denehy, Linda Granger, Catherine L. Abo, Shaza/HDM-4743-2022; Abo, Shaza/GNM-8332-2022 Abo, Shaza/0000-0001-8383-9837; Granger, Catherine/0000-0001-6169-370X; Truong, Dominic/0000-0002-7019-8361 1433-7339
URL: <Go to ISI>://WOS:000769287000001

Reference Type: Book
Record Number: 1759
Author: Abrahamse, W. and Schuitema, G.
Year: 2020
Title: Psychology and energy conservation: Contributions from theory and practice
Series Editor: Lopes, M., Antunes, C. H. and Janda, K. B.
Series Title: Energy and Behaviour: Towards a Low Carbon Future
Number of Pages: 19-44
Short Title: Psychology and energy conservation: Contributions from theory and practice
ISBN: 978-0-12-818568-1; 978-0-12-818567-4
DOI: 10.1016/b978-0-12-818567-4.00001-6
Accession Number: WOS:000634922300003
Notes: Abrahamse, Wokje Schuitema, Geertje Schuitema, Geertje/IAQ-2220-2023
URL: <Go to ISI>://WOS:000634922300003

Reference Type: Journal Article
Record Number: 1808
Author: Abreu, A.
Year: 2019
Title: In-hospital psychological intervention in cardiac rehabilitation following acute coronary syndrome: Brief is better than nothing
Journal: Revista Portuguesa De Cardiologia
Volume: 38
Issue: 5
Pages: 369-372
Date: May
Short Title: In-hospital psychological intervention in cardiac rehabilitation following acute coronary syndrome: Brief is better than nothing
ISSN: 0870-2551
DOI: 10.1016/j.repc.2019.04.004
Accession Number: WOS:000472608800011
Notes: Abreu, Ana 0304-4750
URL: <Go to ISI>://WOS:000472608800011

Reference Type: Journal Article
Record Number: 904

Author: Abreu-Placeres, N., Newton, J. T., Avila, V., Garrido, L. E., Jacome-Lievano, S., Pitts, N. B., Ekstrand, K. R., Ochoa, E. M. and Martignon, S.

Year: 2022

Title: How do dental practitioners, educators and students diagnose and manage caries risk and caries lesions? A COM-B analysis

Journal: Community Dentistry and Oral Epidemiology

Date: 2022 Mar

Short Title: How do dental practitioners, educators and students diagnose and manage caries risk and caries lesions? A COM-B analysis

ISSN: 0301-5661

DOI: 10.1111/cdoe.12735

Accession Number: WOS:000762356700001

Abstract: Objective The International Caries Classification and Management System (ICCMS (TM)), a comprehensive, evidence-informed, best clinical practice system, comprises a 4D cycle: 1D-Determine risk; 2D-Detect and assess lesions; 3D-Decide on a personalized care plan; and 4D-Do preventive and tooth-preserving care. The aim of this study was to establish how Colombian dental practitioners, educators and students diagnose and manage caries risk and caries lesions using the COM-B model and the ICCMS (TM) system. Methods A total of 1094 participants (practitioners: n = 277; educators: n = 212; students: n = 605) completed a previously validated 79-item questionnaire which explores, based on the COM-B model, the practitioners' self-reported caries diagnosis and management behaviours. Descriptive statistics, Welch's ANOVAs and multiple linear regressions were computed. Results All groups generally performed the behaviours within the 4-D categories 'Most of the time' to 'Always' (students: 4.06 +/- 0.95; educators: 3.94 +/- 0.98; practitioners: 3.86 +/- 1.01). The most frequently performed diagnosis behaviours (1D/2D) were for practitioners assessing initial/moderate lesions (4.09 +/- 1.01) and for educators and students cleaning teeth before lesion assessment (4.41 +/- 0.80 and 4.38 +/- 0.77 respectively). The least frequently performed decision/management (3D/4D) behaviour was non-operative care for moderate-caries lesions (when applicable) (practitioners: 2.64 +/- 1.23; educators: 2.68 +/- 1.17; students: 3.22 +/- 1.41). Opportunity (Resources and Relevance) was the best COM-B predictor for diagnostic behaviours, whereas capability and opportunity (Relevance) were the strongest predictors for management behaviours. Conclusion Colombian practitioners, educators and students diagnose and manage caries risk and caries lesions implementing best practice with a high to very high frequency.

Notes: Abreu-Placeres, Ninoska Newton, Jonathon Tim Avila, Viviana Garrido, Luis E. Jacome-Lievano, Sofia Pitts, Nigel B. Ekstrand, Kim R. Ochoa, Emilia M. Martignon, Stefania Garrido, Luis Eduardo/K-6234-2017

Garrido, Luis Eduardo/0000-0001-8932-6063; Abreu Placeres, Ninoska/0000-0003-1742-8102; Pitts, Nigel Berry/0000-0001-6184-4213; Newton, Jonathon Timothy/0000-0003-4082-6942; Martignon, Stefania/0000-0002-6505-8356; Ekstrand, Kim/0000-0002-2356-4349; Ochoa Acosta, Emilia Maria/0000-0001-6765-5712; Avila, Viviana/0000-0003-1545-4219

1600-0528

URL: <Go to ISI>://WOS:000762356700001

Reference Type: Journal Article

Record Number: 245

Author: Adams, E. L., Edgar, A., Mosher, P., Armstrong, B., Burkart, S., Weaver, R. G., Beets, M. W., Siceloff, E. R. and Prinz, R. J.

Year: 2023

Title: Barriers to Optimal Child Sleep among Families with Low Income: A Mixed-Methods Study to Inform Intervention Development
Journal: International Journal of Environmental Research and Public Health

Volume: 20

Issue: 1

Date: Jan

Short Title: Barriers to Optimal Child Sleep among Families with Low Income: A Mixed-Methods Study to Inform Intervention Development

DOI: 10.3390/ijerph20010862

Article Number: 862

Accession Number: WOS:000910187900001

Abstract: This study gathered formative data on barriers to optimal child sleep to inform the development of a sleep intervention for parents of preschool-aged children in low-income households. Parents (n = 15, age: 34 +/- 8 years, household income: \$30,000 +/- 17,845/year) reporting difficulties with their child's sleep participated in this study. Mixed methods included an online survey and semi-structured phone interview. Items assessed barriers/facilitators to optimal child sleep and intervention preferences. Interview transcripts were coded using inductive analyses and constant-comparison methods to generate themes. Derived themes were then mapped onto the Theoretical Domains Framework to contextualize barriers and inform future intervention strategies. Themes that emerged included: stimulating bedtime activities, child behavior challenges, variability in children's structure, parent work responsibilities, sleep-hindering environment, and parent's emotional capacity. Parent's intervention preferences included virtual delivery (preferred by 60% of parents) to reduce barriers and provide flexibility. Mixed preferences were observed for the group (47%) vs. individual (53%) intervention sessions. Parents felt motivated to try new intervention strategies given current frustrations, the potential for tangible results, and knowing others were in a similar situation. Future work will map perceived barriers to behavior change strategies using the Behavior Change Wheel framework to develop a parenting sleep intervention.

Notes: Adams, Elizabeth L. Edgar, Amanda Mosher, Peyton Armstrong, Bridget Burkart, Sarah Weaver, R. Glenn Beets, Michael W. Siceloff, E. Rebekah Prinz, Ronald J.

Weaver, Robert/A-3489-2017

Weaver, Robert/0000-0001-5889-974X; Burkart, Sarah/0000-0002-0840-1680; Armstrong, Bridget/0000-0002-1909-8170
1660-4601

URL: <Go to ISI>://WOS:000910187900001

Reference Type: Journal Article
Record Number: 1800
Author: Addo, I. B., Thoms, M. C. and Parsons, M.
Year: 2019
Title: The influence of water-conservation messages on reducing household water use
Journal: Applied Water Science
Volume: 9
Issue: 5
Date: Jul
Short Title: The influence of water-conservation messages on reducing household water use
ISSN: 2190-5487
DOI: 10.1007/s13201-019-1002-0
Article Number: 126
Accession Number: WOS:000472555200003
Abstract: As water crises become severe, the desire to explore alternative strategies that focus on the demand-side of water-conservation increase. Changing behaviour through persuasion (message framing) can be an integral part of providing water demand solutions. In this study, we examined the effectiveness of messages related to household water use on water scarcity and intentions to act. We tested whether relationships between communication and water conservation were mediated via increasing capability, opportunity, and motivation behaviour (COM-B dimensions). We applied two message types related to concern about severe water scarcity and conservation strategies to the behaviour change conditions in two combinations: (1) severe water scarcity and water-saving tips/strategies, and (2) severe water scarcity and no water-saving tips/strategies. There was broad support for the hypothesis that COM-B dimensions would mediate the effect of message type on water scarcity concern and intentions to act in conservation activities. Households that received the message framed in terms of water-saving tips/strategies expressed greater water scarcity concern and higher intention to act than those that received the no water-saving tips/strategies message. Mediation analyses showed that the message framed in terms of specific water-saving tips/strategies was mediated by increasing households' capacity (self-efficacy), opportunity and/or motivation in water-conservation actions. Thus, specific water-conservation strategies made available to households have a stronger impact on water-conservation behaviour because these messages appeal to behavioural change conditions.
Notes: Addo, Isaac B. Thoms, Martin C. Parsons, Melissa ADDO, ISAAC BRIGHT/AAH-2328-2019; Thoms, Martin/D-5049-2011 ADDO, ISAAC BRIGHT/0000-0003-3187-4600; Thoms, Martin/0000-0002-8074-0476 2190-5495
URL: <Go to ISI>://WOS:000472555200003

Reference Type: Journal Article
Record Number: 637
Author: Adhikari, K., Manalili, K., Law, J., Bischoff, M. and Teare, G. F.

Year: 2022

Title: Interventions to Increase Colorectal Cancer Screening Uptake in Primary Care: A Systematic Review

Journal: Journal of the American Board of Family Medicine

Volume: 35

Issue: 4

Pages: 840-858

Date: Jul-Aug

Short Title: Interventions to Increase Colorectal Cancer Screening Uptake in Primary Care: A Systematic Review

ISSN: 1557-2625

DOI: 10.3122/jabfm.2022.04.210399

Accession Number: WOS:000834339600019

Abstract: Objective: We systematically reviewed and summarized previous studies that examined facilitators and barriers to implementing interventions to increase CRCs uptake in primary care practice. Methods: We searched PubMed, Medline (EBSCO), and CINAHL databases, from the inception of these databases to April 2020. The search strategy combined a set of terms related to facilitators/barriers, intervention implementation, CRCs, and uptake/participation. A priori set inclusion and exclusion criteria were used during both title/abstract screening and full-text screening phases to identify the eligible studies. Quality of the included studies was appraised using quality assessment tools, and data were extracted using a predetermined data extraction tool. We classified facilitators and barriers according to the Consolidated Framework for Implementation Research domains and constructs and identified the common facilitators and barriers looking at how common they were across studies. Results: A total of 12 studies were included in the review. Engagement of the clinic team, leadership team, and partners, clinics' motivation to improve CRCs rates, use of the EMR system, continuous monitoring and feedback system, and having a supportive environment for implementation were the most commonly reported implementation facilitators. Limited time for the clinic team to devote to a new project, challenges in getting accurate, timely data related to CRCs, limited capacity/support to use the EMR system, and disconnect between clinic team members were the most commonly reported implementation barriers. Conclusions: The synthesized findings improve our understanding of facilitators of and barriers to the implementation of interventions to increase CRCs participation in primary care practice, and inform the customized implementation strategies. Many of the included studies had limited use of rigorous implementation science frameworks to guide their implementation and evaluation, which precludes a comprehensive understanding of the implementation factors specific to CRCs interventions in primary care. Future studies assessing the CRCs intervention implementation factors would benefit from the use of implementation science frameworks. (J Am Board Fam Med 2022;35:840-858.)

Notes: Adhikari, Kamala Manalili, Kimberly Law, Jessica Bischoff, Madison Teare, Gary F.

Manalili, Kimberly/HHZ-5931-2022

1558-7118

URL: <Go to ISI>://WOS:000834339600019

Reference Type: Journal Article

Record Number: 960

Author: Adlakha, D., Tully, M. A. and Mansour, P.

Year: 2022

Title: Assessing the Impact of a New Urban Greenway Using Mobile, Wearable Technology-Elicited Walk- and Bike-Along Interviews

Journal: Sustainability

Volume: 14

Issue: 3

Date: Feb

Short Title: Assessing the Impact of a New Urban Greenway Using Mobile, Wearable Technology-Elicited Walk- and Bike-Along Interviews

DOI: 10.3390/su14031873

Article Number: 1873

Accession Number: WOS:000759969600001

Abstract: Physical inactivity is the fourth leading risk factor for global mortality, causing an estimated 3.3 million deaths worldwide. Characteristics of the built environment, including buildings, public spaces, pedestrian and cycling infrastructure, transportation networks, parks, trails and green spaces can facilitate or constrain physical activity. However, objective study of built environment interventions on physical activity remains challenging due to methodological limitations and research gaps. Existing methods such as direct observations or surveys are time and labour intensive, and only provide a static, cross-sectional view of physical activity at a specific point in time. The aim of this study was to develop a novel method for objectively and inexpensively assessing how built environment changes may influence physical activity. We used a novel, unobtrusive method to capture real-time, in situ data from a convenience sample of 25 adults along a newly constructed urban greenway in an area of high deprivation in Belfast, UK. Walk/bike-along interviews were conducted with participants using a body-worn or bicycle-mounted portable digital video camera (GoPro HERO 3+ camera) to record their self-determined journeys along the greenway. This is the first study to demonstrate the feasibility of using wearable sensors to capture participants' responses to the built environment in real-time during their walking and cycling journeys. These findings contribute to our understanding of the impact of real-world environmental interventions on physical activity and the importance of precise, accurate and objective measurements of environments where the activity occurs.

Notes: Adlakha, Deepti Tully, Mark A. Mansour, Perla

Tully, Mark/AAB-2939-2019

Tully, Mark/0000-0001-9710-4014; Adlakha, Deepti/0000-0002-1720-6780 2071-1050

URL: <Go to ISI>://WOS:000759969600001

Reference Type: Journal Article

Record Number: 1503

Author: Ahamad, M. G. and Tanin, F.

Year: 2021

Title: Mental model-based repeated multifaceted (MRM) intervention design: a conceptual framework for improving preventive health behaviors and outcomes
Journal: BMC Research Notes
Volume: 14
Issue: 1
Date: Mar
Short Title: Mental model-based repeated multifaceted (MRM) intervention design: a conceptual framework for improving preventive health behaviors and outcomes
DOI: 10.1186/s13104-021-05516-9
Article Number: 103
Accession Number: WOS:000631176100002
Abstract: Objective Field interventions employed to improve preventive health behaviors and outcomes generally use well-established approaches; however, recent studies have reported that health education and promotional interventions have little to no impact on health behaviors, especially in low- and middle-income countries. We aimed to develop a conceptual framework to improve intervention designs that would internalize these concerns and limitations. Results We identified three major experimental design- and implementation-related concerns associated with mental models, including the balance between the treatment and control groups, the treatment group's willingness to adopt suggested behaviors, and the type, length, frequency, intensity, and sequence of treatments. To minimize the influence of these aspects of an experimental design, we proposed a mental model-based repeated multifaceted (MRM) intervention design framework, which represents a supportive intervention design for the improvement of health education and promotional programs. The framework offers a step-by-step method that can be used for experimental and treatment design and outcome analysis, and that addresses potential implementation challenges.
Notes: Ahamad, Mazbahul G. Tanin, Fahian
Ahamad, Mazbahul G/AAG-2156-2019
Ahamad, Mazbahul G/0000-0002-8765-1898
1756-0500
URL: <Go to ISI>://WOS:000631176100002

Reference Type: Journal Article
Record Number: 485
Author: Ahern, M., Dean, C. M., Dear, B. F., Willcock, S. M. and Hush, J. M.
Year: 2022
Title: Development of an individualised primary care program for acute low back pain using a hybrid co-design framework
Journal: Australian Journal of Primary Health
Volume: 28
Issue: 5
Pages: 428-443
Short Title: Development of an individualised primary care program for acute low back pain using a hybrid co-design framework
ISSN: 1448-7527
DOI: 10.1071/py21206

Accession Number: WOS:000849927100001

Abstract: Background. Low back pain is the leading worldwide cause of years lost to disability and the problem is worsening. This paper describes and demonstrates the scholarly development and contextual refinement of a primary care program for acute low back pain in Sydney, Australia. Methods. Hybrid theoretical frameworks were applied, and co-design was used to contextualise the program to the local healthcare setting. Results. The program was developed in four stages. In stage 1, the scientific evidence about management of acute low back pain in primary care was examined. In stage 2, stakeholders (patients and clinicians) were consulted in nationwide surveys. Data from stages 1 and 2 were used to design an initial version of the program, called My Back My Plan. Stage 3 involved the contextual refinement of the program to the local setting, MQ Health Primary Care. This was achieved by co-design with primary care clinicians and patients who had sought care for low back pain at MQ Health Primary Care clinics. In stage 4, a panel of Australian experts on clinical care for low back pain reviewed the contextualised version of My Back My Plan and final amendments were made. Conclusion. My Back My Plan has been developed using an innovative scholarly approach to intervention development.

Notes: Ahern, Malene Dean, Catherine M. Dear, Blake F. Willcock, Simon M. Hush, Julia M.

Hush, Julia M/C-2476-2009; Dean, Catherine M/H-2115-2011; Ahern, Malene/GWV-6234-2022

Dean, Catherine M/0000-0001-7502-1138; Ahern, Malene/0000-0002-5242-7503; Dear, Blake/0000-0001-9324-3092; Hush, Julia/0000-0002-2805-0339
1836-7399

URL: <Go to ISI>://WOS:000849927100001

Reference Type: Journal Article

Record Number: 1521

Author: Ahmed, K., Hashim, S., Khankhara, M., Said, I., Shandakumar, A. T., Zaman, S. and Veiga, A.

Year: 2021

Title: What drives general practitioners in the UK to improve the quality of care? A systematic literature review

Journal: Bmj Open Quality

Volume: 10

Issue: 1

Date: Mar

Short Title: What drives general practitioners in the UK to improve the quality of care? A systematic literature review

DOI: 10.1136/bmjopen-2020-001127

Article Number: e001127

Accession Number: WOS:000674241700029

Abstract: BackgroundIn the UK, the National Health Service has various incentivisation schemes in place to improve the provision of high-quality care. The Quality Outcomes Framework (QOF) and other Pay for Performance (P4P) schemes are incentive frameworks that focus on meeting predetermined clinical outcomes. However, the ability of these schemes to meet their aims is debated.Objectives(1)

To explore current incentive schemes available in general practice in the UK, their impact and effectiveness in improving quality of care and (2) To identify other types of incentives discussed in the literature. Methods This systematic literature review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Six databases were searched: Cochrane, PubMed, National Institute for Health and Care Excellence Evidence, Health Management Information Consortium, Embase and Health Management. Articles were screened according to the selection criteria, evaluated against critical appraisal checklists and categorised into themes. Results 35 articles were included from an initial search result of 22087. Articles were categorised into the following three overarching themes: financial incentives, non-financial incentives and competition. Discussion The majority of the literature focused on QOF. Its positive effects included reduced mortality rates, better data recording and improved sociodemographic inequalities. However, limitations involved decreased quality of care in non-incentivised activities, poor patient experiences due to tick-box exercises and increased pressure to meet non-specific targets. Findings surrounding competition were mixed, with limited evidence found on the use of non-financial incentives in primary care. Conclusion Current research looks extensively into financial incentives, however, we propose more research into the effects of intrinsic motivation alongside existing P4P schemes to enhance motivation and improve quality of care.

Notes: Ahmed, Kanwal Hashim, Salma Khankhara, Mariyam Said, Ilhan Shandakumar, Amrita Tara Zaman, Sadia Veiga, Andre Ahmed, Kanwal/0000-0002-6084-6783
2399-6641
URL: <Go to ISI>://WOS:000674241700029

Reference Type: Journal Article

Record Number: 1107

Author: Ahmed, N., Barlow, S., Reynolds, L., Drey, N., Begum, F., Tuudah, E. and Simpson, A.

Year: 2021

Title: Mental health professionals' perceived barriers and enablers to shared decision-making in risk assessment and risk management: a qualitative systematic review

Journal: BMC Psychiatry

Volume: 21

Issue: 1

Date: Nov

Short Title: Mental health professionals' perceived barriers and enablers to shared decision-making in risk assessment and risk management: a qualitative systematic review

DOI: 10.1186/s12888-021-03304-0

Article Number: 594

Accession Number: WOS:000722600000001

Abstract: Background Risk assessment and risk management are fundamental processes in the delivery of safe and effective mental health care, yet studies have shown that service users are often not directly involved or are unaware that an assessment has taken place.

Shared decision-making in mental health systems is supported by research and advocated in policy. This systematic review (PROSPERO: CRD42016050457) aimed to explore the perceived barriers and enablers to implementing shared decision-making in risk assessment and risk management from mental health professionals' perspectives. Methods PRISMA guidelines were followed in the conduct and reporting of this review. Medline, CINAHL, EMBASE, PsycINFO, AMED and Internurse were systematically searched from inception to December 2019. Data were mapped directly into the Theoretical Domains Framework (TDF), a psychological framework that includes 14 domains relevant to behaviour change. Thematic synthesis was used to identify potential barriers and enablers within each domain. Data were then matched to the three components of the COM-B model: Capability, Opportunity, and Motivation. Results Twenty studies met the eligibility criteria. The findings of this review indicate that shared decision-making is not a concept commonly used in mental health services when exploring processes of risk assessment and risk management. The key barriers identified were 'power and best interest' (social influences) and 'my professional role and responsibility' (social/professional role and identity). Key enablers were 'therapeutic relationship' (social influences) and 'value collaboration' (reinforcement). The salient barriers, enablers and linked TDF domains matched COM-B components 'opportunity' and 'motivation'. Conclusion The review highlights the need for further empirical research to better understand current practice and mental health professionals' experiences and attitudes towards shared decision-making in risk assessment and risk management.

Notes: Ahmed, Nafiso Barlow, Sally Reynolds, Lisa Drey, Nicholas Begum, Fareha Tuudah, Elizabeth Simpson, Alan Ahmed, Nafiso/HNP-0953-2023; Drey, Nicholas/P-9014-2019 Drey, Nicholas/0000-0003-0752-9049; Simpson, Alan/0000-0003-3286-9846; Tuudah, Elizabeth/0000-0001-8516-1273 1471-244x
URL: <Go to ISI>://WOS:000722600000001

Reference Type: Conference Proceedings

Record Number: 1882

Author: Ahsan, G. M. T., Tumpa, J. F., Adib, R., Ahamed, S. I., Petereit, D., Burhansstipanov, L., Krebs, L. U. and Dignan, M.

Year of Conference: 2018

Title: A culturally tailored intervention system for cancer survivors to motivate physical activity

Conference Name: 42nd Annual IEEE-Computer-Society Computers, Software and Applications (COMPSAC) Conference - Staying Smarter in a Smartening World

Conference Location: Tokyo, JAPAN

Pages: 875-880

Series Title: Proceedings International Computer Software and Applications Conference

Date: Jul 23-27

Sponsor: Soc, Ieee Comp

Short Title: A culturally tailored intervention system for cancer survivors to motivate physical activity

ISBN: 978-1-5386-2667-2

DOI: 10.1109/compsac.2018.00151

Source: 2018 IEEE 42nd Annual Computer Software and Applications Conference (Compsac), vol 1

Year Published: 2018

Accession Number: WOS:000904976500133

Abstract: It is necessary for a cancer survivor to have good health behavior. Essential exercise and proper diet are helpful to decrease the risk of recurrence of the disease and the development of a new cancer type. People from low socioeconomic status are more likely to participate in risky health behaviors and have a higher chance of recurrence of cancer. It is important to have a motivational system for cancer survivors that motivates them to perform regular physical activities. In this article, we discuss the development of an mHealth system, which aims to increase physical activity in Native American populations with culturally appropriate motivational text and video messages. The system also includes an e-journal to monitor and maintain proper healthcare. We will also analyze the pilot data to evaluate the usability and the effectiveness of the system.

Notes: Ahsan, Golam Mushih Tanimul Tumpa, Jannatul Ferdouse Adib, Riddhiman Ahamed, Sheikh Iqbal Petereit, Daniel Burhansstipanov, Linda Krebs, Linda U. Dignan, Mark Adib, Riddhiman/0000-0002-2855-342X
0730-3157

URL: <Go to ISI>://WOS:000904976500133

Reference Type: Journal Article

Record Number: 1738

Author: Akkawi, M. E., Mohamed, M. H. N. and Aris, M. A. M.

Year: 2020

Title: The impact of a multifaceted intervention to reduce potentially inappropriate prescribing among discharged older adults: a before-and-after study

Journal: Journal of Pharmaceutical Policy and Practice

Volume: 13

Issue: 1

Date: Jul

Short Title: The impact of a multifaceted intervention to reduce potentially inappropriate prescribing among discharged older adults: a before-and-after study

DOI: 10.1186/s40545-020-00236-0

Article Number: 39

Accession Number: WOS:000619843800001

Abstract: Background: Potentially inappropriate prescribing (PIP) is associated with the incidence of adverse drug reactions, drug-related hospitalization and other negative outcomes in older adults. After hospitalization, older adults might be discharged with several types of PIPs. Studies have found that the lack of healthcare professionals' (HCPs) knowledge regarding PIP is one of the major contributing factors in this issue. The purpose of this study is to investigate the impact of a multifaceted intervention on physicians' and clinical pharmacists' behavior regarding potentially inappropriate medication (PIM) and potential prescribing omission

(PPO) among hospitalized older adults. Methods: This is a before-and-after study that took place in a tertiary Malaysian hospital. Discharge medications of patients ≥ 65 years old were reviewed to identify PIMs/PPOs using version 2 of the STOPP/START criteria. The prevalence and pattern of PIM/PP0 before and after the intervention were compared. The intervention targeted the physicians and clinical pharmacists and it consisted of academic detailing and a newly developed smartphone application (app). Results: The study involved 240 patients before (control group) and 240 patients after the intervention. The prevalence of PIM was 22% and 27% before and after the intervention, respectively ($P = 0.213$). The prevalence of PP0 in the intervention group was significantly lower than that in the control group (42% Vs. 53.3%); $P = 0.014$. This difference remained statistically significant after controlling for other variables ($P = 0.015$). The intervention was effective in reducing the two most common PP0s; the omission of vitamin D supplements in patients with a history of falls ($P = 0.001$) and the omission of angiotensin converting enzyme inhibitor in patients with coronary artery disease ($P = 0.03$). Conclusions: The smartphone app coupled with academic detailing was effective in reducing the prevalence of PP0 at discharge. However, it did not significantly affect the prevalence or pattern of PIM.

Notes: Akkawi, Muhammad Eid Mohamed, Mohamad Haniki Nik Aris, Mohd Aznan Md

Akkawi, Muhammad Eid/0000-0001-9964-0355; Md Aris, Mohd Aznan/0000-0002-9967-1327

2052-3211

URL: <Go to ISI>://WOS:000619843800001

Reference Type: Journal Article

Record Number: 1863

Author: Al Rawahi, S. H., Asimakopoulou, K. and Newton, J. T.

Year: 2018

Title: Factors related to reducing free sugar intake among white ethnic adults in the UK: a qualitative study

Journal: Bdj Open

Volume: 4

Issue: 1

Date: Feb

Short Title: Factors related to reducing free sugar intake among white ethnic adults in the UK: a qualitative study

DOI: 10.1038/bdjopen.2017.24

Article Number: 17024

Accession Number: WOS:000582630300001

Abstract: OBJECTIVE/AIMS: To determine the barriers and enablers to behavioural change to reduce free sugar intake related to dental caries in a sample of UK adults who identify their ethnicity as White. MATERIALS AND METHODS: Qualitative study comprising semi-structured interviews of 27 participants. Interviews were recorded, transcribed and analysed using thematic analysis methods. The Capability-Opportunity-Motivation-Behaviour model (COM-B) and the Theoretical Domains Framework (TDF) were used to guide the derivation of themes. RESULTS: Data saturation occurred at 27

interviews. The COM-B Model and TDF domains captured various factors that may influence the consumption of free sugar. TDF elements which are reflected in the study are: Knowledge; Psychological skills; Memory, attention, and decision processes; Behavioural regulation; Physical skills; Social influence; Environmental context and resources; Social and professional role and identity; Beliefs about capabilities; Beliefs about consequence; Intentions and goals reinforcement; and Emotions. COM-B Model elements which are reflected in the study are: psychological capabilities, physical capabilities, social opportunities, physical opportunities, reflective motivation, and automatic motivation. DISCUSSION AND CONCLUSION: The COM-B model and TDF framework provided a comprehensive account of the barriers and facilitators of reducing sugar intake among white ethnic groups.

Notes: Al Rawahi, Said Harith Asimakopoulou, Koula Newton, Jonathon Timothy

Newton, Jonathon T/B-7015-2009

Newton, Jonathon Timothy/0000-0003-4082-6942

2056-807x

URL: <Go to ISI>://WOS:000582630300001

Reference Type: Journal Article

Record Number: 665

Author: Al Rowily, A., Aloudah, N., Jalal, Z., Abutaleb, M. H. and Paudyal, V.

Year: 2022

Title: Views, experiences and contributory factors related to medication errors associated with direct oral anticoagulants: a qualitative study with physicians and nurses

Journal: International Journal of Clinical Pharmacy

Volume: 44

Issue: 4

Pages: 1057-1066

Date: Aug

Short Title: Views, experiences and contributory factors related to medication errors associated with direct oral anticoagulants: a qualitative study with physicians and nurses

ISSN: 2210-7703

DOI: 10.1007/s11096-022-01448-x

Accession Number: WOS:000814493700001

Abstract: Background Direct oral anticoagulants (DOACs) have become preferable for the management of thromboembolic events. Recent publications have however identified high volume of medication errors related to DOACs. There is limited literature on why and how such errors occur or happen in clinical practice. Aim This study aimed to explore views, experiences, contributory factors related to DOACs medication errors from the perspectives of healthcare professionals. Method Semi-structured interviews using online videoconferencing were conducted with physicians and nurses from tertiary care hospitals in three different regions in Saudi Arabia. Questions included views, experiences and perceived factors contributing to errors. Interviews were transcribed verbatim and were thematically analyzed using MAXQDA Analytics Pro 2020 (VERBI

Software). Results The semi-structured interviews (n = 34) included physicians (n = 20) and nurses (n = 14) until data saturation was achieved. The analysis identified five themes: Factors related to healthcare professionals (e.g. knowledge, confidence and access to guidelines); Factors related to patients (e.g. comorbidity, polypharmacy, medication review, and communication barriers); Factors related to organization (e.g. guidelines, safety culture and incidents reporting system); Factors related to the DOACs medications (e.g. lack of availability of antidotes and dosing issues); and Strategies for error prevention/mitigation (e.g. the need for professional training and routine medication review).

Conclusion Healthcare professionals identified errors in relation to DOACs as multifactorial including their own and patient lack of knowledge, lack of clinical guidelines and organizational factors including safety culture. Medication review and reconciliation on discharge were key strategies suggested to reduce DOACs related errors. These strategies support the role of pharmacists as direct patients care providers to minimize DOACs errors.

Notes: Al Rowily, Abdulrhman Aloudah, Nouf Jalal, Zahraa Abutaleb, Mohammed H. Paudyal, Vibhu

Abutaleb, Mohammed H./I-2595-2013

Abutaleb, Mohammed H./0000-0002-5300-5900; ALROWILY, ABDULRHMAN

SARRAH R/0000-0002-8813-7612

2210-7711

URL: <Go to ISI>://WOS:000814493700001

Reference Type: Journal Article

Record Number: 760

Author: Alam, Z., Dean, J. A. and Janda, M.

Year: 2022

Title: Cervical screening uptake: A cross-sectional study of self-reported screening attitudes, behaviours and barriers to participation among South Asian immigrant women living in Australia

Journal: Womens Health

Volume: 18

Date: May

Short Title: Cervical screening uptake: A cross-sectional study of self-reported screening attitudes, behaviours and barriers to participation among South Asian immigrant women living in Australia

ISSN: 1745-5057

DOI: 10.1177/17455057221096240

Accession Number: WOS:000797214700001

Abstract: Introduction: Cervical cancer remains a major cause of morbidity and mortality among women from low and lower middle-income countries, as well as underserved population subgroups in high-income countries. Migration from South Asia to Australia has increased over the last decade, and immigrant women from this region have been reported as a subgroup, with less than optimal cervical screening participation in Australia. This study examined cervical screening uptake and associated behavioural attitudes among South Asian immigrant women living in Queensland Australia. Methods: A cross-sectional, Internet-based survey was used to collect data from a convenience sample of 148 South Asian women living in Queensland.

The main outcome measure was receipt of cervical screening test ever (yes/no) and its recency (within 2 years/more than 2 years). The survey also examined participants' views on barriers towards screening and ways to enhance it. Results: Of 148 women who completed the survey, 55.4% (n=82) reported ever having a cervical screening test before and 43.9% (n = 65) reported having it in previous two years. Not having a previous cervical screening test was significantly associated with duration of stay in Australia for less than five years, not having access to a regular general practitioner (GP), not being employed, having low cervical cancer knowledge level and not knowing if cervical screening test is painful or not. Most commonly reported barriers to screening uptake included considering oneself not at risk, lack of time and lack of information. The most favoured strategy among participants was encouragement by GP and awareness through social media advertisements. Conclusion: This study provided insights into factors that need consideration when developing future targeted interventions.

Notes: Alam, Zufishan Dean, Ann Judith Janda, Monika Dean, Judith Ann/N-3293-2016
Dean, Judith Ann/0000-0002-2513-2013; Alam, Zufishan/0000-0002-2668-7360
1745-5065
URL: <Go to ISI>://WOS:000797214700001

Reference Type: Journal Article

Record Number: 1110

Author: Albers, B., Metz, A., Burke, K., Buhrmann, L., Bartley, L., Driessen, P. and Varsi, C.

Year: 2022

Title: The Mechanisms of Implementation Support-Findings from a Systematic Integrative Review

Journal: Research on Social Work Practice

Volume: 32

Issue: 3

Pages: 259-280

Date: Mar

Short Title: The Mechanisms of Implementation Support-Findings from a Systematic Integrative Review

ISSN: 1049-7315

DOI: 10.1177/10497315211042375

Article Number: 10497315211042375

Accession Number: WOS:000725666600001

Abstract: Purpose: Mechanisms of Change (MoC) explain how strategies used to enhance the uptake of evidence in social and human services enable change in the behaviors of individual practitioners, organizational leaders or entire organizations, and systems. One such strategy is the use of implementation support practitioner (ISPs). This study examines the mechanisms through which ISPs facilitate behavior supportive of the implementation of research-supported interventions. Methods: A systematic, integrative review was conducted. The conceptualization of MoCs built on a model by Dalkin and colleagues. Results: Based on a unique combination of

knowledge, skills, and attitudes, ISPs install trust in and among their stakeholders and utilize this trust to promote meaningful and relevant learning; provide ongoing opportunities for learning, reflection, and support; help to span boundaries; and positively motivate stakeholders. Discussion: ISPs do not represent a short cut to better implementation. They represent an additional implementation challenge that requires dedicated attention and resources.

Notes: Albers, Bianca Metz, Allison Burke, Katie Buhrmann, Leah Bartley, Leah Driessen, Pia Varsi, Cecilie Albers, Bianca/GQQ-9180-2022; Albers, Bianca/AAZ-2327-2021; Varsi, Cecilie/GQQ-0762-2022; Varsi, Cecilie/AHA-4671-2022 Varsi, Cecilie/0000-0001-5257-7993; Albers, Bianca/0000-0001-9555-0547 1552-7581
URL: <Go to ISI>://WOS:000725666600001

Reference Type: Journal Article

Record Number: 188

Author: Albers, N., Hizli, B., Scheltinga, B. L., Meijer, E. and Brinkman, W. P.

Year: 2023

Title: Setting Physical Activity Goals with a Virtual Coach: Vicarious Experiences, Personalization and Acceptance

Journal: Journal of Medical Systems

Volume: 47

Issue: 1

Date: Jan

Short Title: Setting Physical Activity Goals with a Virtual Coach: Vicarious Experiences, Personalization and Acceptance

ISSN: 0148-5598

DOI: 10.1007/s10916-022-01899-9

Article Number: 15

Accession Number: WOS:000918944200002

Abstract: Goal-setting is often used in eHealth applications for behavior change as it motivates and helps to stay focused on a desired outcome. However, for goals to be effective, they need to meet criteria such as being specific, measurable, attainable, relevant and time-bound (SMART). Moreover, people need to be confident to reach their goal. We thus created a goal-setting dialog in which the virtual coach Jody guided people in setting SMART goals. Thereby, Jody provided personalized vicarious experiences by showing examples from other people who reached a goal to increase people's confidence. These experiences were personalized, as it is helpful to observe a relatable other succeed. Data from an online study with a between-subjects with pre-post measurement design (n=39 participants) provide credible support that personalized experiences are seen as more motivating than generic ones. Motivational factors for participants included information about the goal, path to the goal, and the person who accomplished a goal, as well as the mere fact that a goal was reached. Participants also had a positive attitude toward Jody. We see these results as an indication that people are positive toward using a goal-setting dialog with a

virtual coach in eHealth applications for behavior change. Moreover, contrary to hypothesized, our observed data give credible support that participants' self-efficacy was lower after the dialog than before. These results warrant further research on how such dialogs affect self-efficacy, especially whether these lower post-measurements of self-efficacy are associated with people's more realistic assessment of their abilities.

Notes: Albers, Nele Hizli, Beyza Scheltinga, Bouke L. Meijer, Eline Brinkman, Willem-Paul

Meijer, Eline/AAR-4407-2020; Brinkman, Willem-Paul/H-8159-2013

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0000-0002-0502-6176

1573-689x

URL: <Go to ISI>://WOS:000918944200002

Reference Type: Journal Article

Record Number: 294

Author: Albers, N., Neerincx, M. A. and Brinkman, W. P.

Year: 2022

Title: Addressing people's current and future states in a reinforcement learning algorithm for persuading to quit smoking and to be physically active

Journal: Plos One

Volume: 17

Issue: 12

Date: Dec

Short Title: Addressing people's current and future states in a reinforcement learning algorithm for persuading to quit smoking and to be physically active

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0277295

Article Number: e0277295

Accession Number: WOS:000925734000049

Abstract: Behavior change applications often assign their users activities such as tracking the number of smoked cigarettes or planning a running route. To help a user complete these activities, an application can persuade them in many ways. For example, it may help the user create a plan or mention the experience of peers. Intuitively, the application should thereby pick the message that is most likely to be motivating. In the simplest case, this could be the message that has been most effective in the past. However, one could consider several other elements in an algorithm to choose a message. Possible elements include the user's current state (e.g., self-efficacy), the user's future state after reading a message, and the user's similarity to the users on which data has been gathered. To test the added value of subsequently incorporating these elements into an algorithm that selects persuasive messages, we conducted an experiment in which more than 500 people in four conditions interacted with a text-based virtual coach. The experiment consisted of five sessions, in each of which participants were suggested a preparatory activity for quitting smoking or increasing physical activity together with a persuasive message. Our findings suggest that adding more elements to the algorithm is effective, especially

in later sessions and for people who thought the activities were useful. Moreover, while we found some support for transferring knowledge between the two activity types, there was rather low agreement between the optimal policies computed separately for the two activity types. This suggests limited policy generalizability between activities for quitting smoking and those for increasing physical activity. We see our results as supporting the idea of constructing more complex persuasion algorithms. Our dataset on 2,366 persuasive messages sent to 671 people is published together with this article for researchers to build on our algorithm.

Notes: Albers, Nele Neerincx, Mark A. Brinkman, Willem-Paul Brinkman, Willem-Paul/H-8159-2013

Brinkman, Willem-Paul/0000-0001-8485-7092; Albers, Nele/0000-0002-0502-6176

URL: <Go to ISI>://WOS:000925734000049

Reference Type: Journal Article

Record Number: 525

Author: Albers, N., Neerincx, M. A., Penforinis, K. M. and Brinkman, W. P.

Year: 2022

Title: Users' needs for a digital smoking cessation application and how to address them: A mixed-methods study

Journal: Peerj

Volume: 10

Date: Aug

Short Title: Users' needs for a digital smoking cessation application and how to address them: A mixed-methods study

ISSN: 2167-8359

DOI: 10.7717/peerj.13824

Article Number: e13824

Accession Number: WOS:000848627000003

Abstract: Background: Despite their increasing prevalence and potential, eHealth applications for behavior change suffer from a lack of adherence and from dropout. Advances in virtual coach technology provide new opportunities to improve this. However, these applications still do not always offer what people need. We, therefore, need a better understanding of people's needs and how to address these, based on both actual experiences of users and their reflections on envisioned scenarios. Methods: We conducted a longitudinal study in which 671 smokers interacted with a virtual coach in five sessions. The virtual coach assigned them a new preparatory activity for quitting smoking or increasing physical activity in each session. Participants provided feedback on the activity in the next session. After the five sessions, participants were asked to describe barriers and motivators for doing their activities. In addition, they provided their views on videos of scenarios such as receiving motivational messages. To understand users' needs, we took a mixed-methods approach. This approach triangulated findings from qualitative data, quantitative data, and the literature. Results: We identified 14 main themes that describe people's views of their current and future behaviors concerning an eHealth application. These themes relate to the behaviors

themselves, the users, other parties involved in a behavior, and the environment. The most prevalent theme was the perceived usefulness of behaviors, especially whether they were informative, helpful, motivating, or encouraging. The timing and intensity of behaviors also mattered. With regards to the users, their perceived importance of and motivation to change, autonomy, and personal characteristics were major themes. Another important role was played by other parties that may be involved in a behavior, such as general practitioners or virtual coaches. Here, the themes of companionableness, accountability, and nature of the other party (i.e., human vs AI) were relevant. The last set of main themes was related to the environment in which a behavior is performed. Prevalent themes were the availability of sufficient time, the presence of prompts and triggers, support from one's social environment, and the diversity of other environmental factors. We provide recommendations for addressing each theme. Conclusions: The integrated method of experience-based and envisioning-based needs acquisition with a triangulate analysis provided a comprehensive needs classification (empirically and theoretically grounded). We expect that our themes and recommendations for addressing them will be helpful for designing applications for health behavior change that meet people's needs. Designers should especially focus on the perceived usefulness of application components. To aid future work, we publish our dataset with user characteristics and 5,074 free-text responses from 671 people.

Notes: Albers, Nele Neerincx, Mark A. Penforinis, Kristell M. Brinkman, Willem -Paul

; Brinkman, Willem-Paul/H-8159-2013

Penforinis, Kristell/0000-0002-9758-9004; Neerincx, Mark/0000-0002-8161-5722; Brinkman, Willem-Paul/0000-0001-8485-7092;

Albers, Nele/0000-0002-0502-6176

URL: <Go to ISI>://WOS:000848627000003

Reference Type: Journal Article

Record Number: 2190

Author: Albrecht, M., Kupfer, R., Reissmann, D. R., Muhlhauser, I. and Kopke, S.

Year: 2016

Title: Oral health educational interventions for nursing home staff and residents

Journal: Cochrane Database of Systematic Reviews

Issue: 9

Short Title: Oral health educational interventions for nursing home staff and residents

ISSN: 1469-493X

DOI: 10.1002/14651858.CD010535.pub2

Article Number: Cd010535

Accession Number: WOS:000389599000011

Abstract: Background Associations between nursing home residents' oral health status and quality of life, respiratory tract infections, and nutritional status have been reported. Educational interventions for nurses or residents, or both, focusing on knowledge and skills related to oral health management may have the

potential to improve residents' oral health. Objectives To assess the effects of oral health educational interventions for nursing home staff or residents, or both, to maintain or improve the oral health of nursing home residents. Search methods We searched the Cochrane Oral Health Trials Register (to 18 January 2016), the Cochrane Central Register of Controlled Trials (CENTRAL) (the Cochrane Library, 2015, Issue 12), MEDLINE Ovid (1946 to 18 January 2016), Embase Ovid (1980 to 18 January 2016), CINAHL EBSCO (1937 to 18 January 2016), and Web of Science Conference Proceedings (1990 to 18 January 2016). We searched ClinicalTrials.gov and the World Health Organization International Clinical Trials Registry Platform for ongoing trials to 18 January 2016. In addition, we searched reference lists of identified articles and contacted experts in the field. We placed no restrictions on language or date of publication when searching the electronic databases. Selection criteria Randomised controlled trials (RCTs) and cluster-RCTs comparing oral health educational programmes for nursing staff or residents, or both with usual care or any other oral healthcare intervention. Data collection and analysis Two review authors independently screened articles retrieved from the searches for relevance, extracted data from included studies, assessed risk of bias for each included study, and evaluated the overall quality of the evidence. We retrieved data about the development and evaluation processes of complex interventions on the basis of the Criteria for Reporting the Development and Evaluation of Complex Interventions in healthcare: revised guideline (CREDECI 2). We contacted authors of relevant studies for additional information. Main results We included nine RCTs involving 3253 nursing home residents in this review; seven of these trials used cluster randomisation. The mean resident age ranged from 78 to 86 years across studies, and most participants were women (more than 66% in all studies). The proportion of residents with dental prostheses ranged from 62% to 87%, and the proportion of edentulous residents ranged from 32% to 90% across studies. Eight studies compared educational interventions with information and practical components versus (optimised) usual care, while the ninth study compared educational interventions with information only versus usual care. All interventions included educational sessions on oral health for nursing staff (five trials) or for both staff and residents (four trials), and used more than one active component. Follow-up of included studies ranged from three months to five years. No study showed overall low risk of bias. Four studies had a high risk of bias, and the other five studies were at unclear risk of bias. None of the trials assessed our predefined primary outcomes 'oral health' and 'oral health-related quality of life'. All trials assessed our third primary outcome, 'dental or denture plaque'. Meta-analyses showed no evidence of a difference between interventions and usual care for dental plaque (mean difference -0.04, 95% confidence interval (CI) -0.26 to 0.17; six trials; 437 participants; low quality evidence) or denture plaque (standardised mean difference -0.60, 95% CI -1.25 to 0.05; five trials; 816 participants; low quality evidence). None of the studies assessed adverse events of the intervention. Authors' conclusions We found insufficient evidence to draw robust conclusions about the effects of oral health educational interventions for nursing home

staff and residents. We did not find evidence of meaningful effects of educational interventions on any measure of residents' oral health; however, the quality of the available evidence is low. More adequately powered and high-quality studies using relevant outcome measures are needed.

Notes: Albrecht, Martina Kupfer, Ramona Reissmann, Daniel R. Muehlhauser, Ingrid Koepke, Sascha Reissmann, Daniel R/E-8268-2010
Reissmann, Daniel R/0000-0003-3588-5665
1361-6137
URL: <Go to ISI>://WOS:000389599000011

Reference Type: Journal Article

Record Number: 58

Author: Alejandre, J. C., Chastin, S., Irvine, K. N., Georgiou, M., Khanna, P., Tiegies, Z., Smith, N., Chong, Y. Y., Onagan, F. C., Price, L., Pflieger, S., Helliwell, R., Singleton, J., Curran, S., Estandarte, A., Smith, E. S. and Helwig, K.

Year: 2023

Title: Contextual Factors and Programme Theories Associated with Implementing Blue Prescription Programmes: A Systematic Realist Review

Journal: Health & Social Care in the Community

Volume: 2023

Date: Apr

Short Title: Contextual Factors and Programme Theories Associated with Implementing Blue Prescription Programmes: A Systematic Realist Review

ISSN: 0966-0410

DOI: 10.1155/2023/6551521

Article Number: 6551521

Accession Number: WOS:000973425800002

Abstract: Nature-based social prescribing such as "blue prescription" promotes public health and health improvement of individuals with long-term health conditions. However, there is limited evidence explaining the relationship of contexts, mechanisms, and outcomes of implementing blue prescription programmes (BPPs) in health and social care settings that could inform policy and practice. We conducted a systematic realist review by searching PubMed, Web of Science, PsycInfo, Scopus, MEDLINE, and CINAHL for articles published in English between January 2000 and June 2022 about health and social care professionals providing referral to or prescription of blue space activities (e.g., swimming, fishing, surfing, etc.) with health-related outcomes. Components and descriptions of BPP implementation were extracted and used to develop themes of contextual factors used to develop programme theories and a logic model demonstrating the mechanisms of BPP implementation. Sixteen studies with adequate to strong quality were included from 8,619 records. After participating in BPPs referred to or prescribed by health and social care professionals, service users had improvements in their physical, cognitive (mental), social health, and proenvironmental knowledge. Service user-related contextual factors were referral information, free

equipment, transportation, social support, blue space environments, and skills of service providers. Programme-related contextual factors were communication, multistakeholder collaboration, financing, and adequate service providers. Programme theories on service user enrolment, engagement, adherence, communication protocols, and programme sustainability explain the mechanisms of BPP implementation. BPPs could promote health and wellbeing if contextual factors and programme theories associated with service users' characteristics and programme delivery are considered in the design, delivery, and evaluation of BPPs. Our study was registered with PROSPERO (CRD42020170660).

Notes: Alejandro, Julius Cesar Chastin, Sebastien Irvine, Katherine N. Georgiou, Michail Khanna, Preeti Tiegies, Zoe Smith, Niamh Chong, Yong-Yee Onagan, Frances Claire Price, Lesley Pflieger, Sharon Helliwell, Rachel Singleton, Judith Curran, Samuel Estandarte, Allan Smith, Emily Sophia Helwig, Karin

Chong, Yong-Yee/HTN-3920-2023

Chong, Yong-Yee/0000-0002-5968-924X; Irvine, Katherine/0000-0001-8860-2783; Smith, Niamh/0000-0002-9255-2528; Alejandro, Julius Cesar/0000-0001-5972-9080; Chastin, Sebastien/0000-0003-1421-9348; Tiegies, Zoe/0000-0002-3820-3917; Onagan, Frances Claire/0000-0001-7330-2198; Price, Lesley/0000-0001-5678-4818

1365-2524

URL: <Go to ISI>://WOS:000973425800002

Reference Type: Journal Article

Record Number: 601

Author: Alexander, K., Humphreys, C., Wise, S. and Zhou, A.

Year: 2023

Title: The attitudes and beliefs of the child protection workforce and why they matter to children who live with violence

Journal: Child & Family Social Work

Volume: 28

Issue: 1

Pages: 210-221

Date: Feb

Short Title: The attitudes and beliefs of the child protection workforce and why they matter to children who live with violence

ISSN: 1356-7500

DOI: 10.1111/cfs.12954

Accession Number: WOS:000826275000001

Abstract: In Australia, like other developed countries, there has been an increase in reports to child protection services about children experiencing domestic violence. While there is research on the importance of the skills and knowledge of the child protection workforce for this growing problem, little is available about practitioner attitudes and beliefs. This paper presents findings on research undertaken in New South Wales, which is the most populated state in Australia. The research considered the attitudes and beliefs of the statutory child protection workforce about domestic violence. It relied on a large-scale survey of 1041 child protection practitioners. In order to compare the attitudes and beliefs of

child protection workforce with those of the general community, the survey replicated questions from the Australian National Community Attitudes towards Violence against Women Surveys. Overall, the attitudes and beliefs of the workforce more closely reflected contemporary theory and evidence about domestic violence than those of the community. The research also examined variations in the attitudes and beliefs of the child protection workforce according to practitioner characteristics, finding variations by gender. The implications for the fields of child protection and social work are discussed.

Notes: Alexander, Kate Humphreys, Cathy Wise, Sarah Zhou, Albert Humphreys, Cathy/A-6429-2016

Humphreys, Cathy/0000-0001-8997-8993
1365-2206

URL: <Go to ISI>://WOS:000826275000001

Reference Type: Journal Article

Record Number: 2276

Author: Alexander, K. E., Brijnath, B. and Mazza, D.

Year: 2015

Title: The challenges of trying to increase preventive healthcare for children in general practice: results of a feasibility study

Journal: BMC Family Practice

Volume: 16

Date: Aug

Short Title: The challenges of trying to increase preventive healthcare for children in general practice: results of a feasibility study

DOI: 10.1186/s12875-015-0306-x

Article Number: 94

Accession Number: WOS:000358983400001

Abstract: Background: In Australia, general practice, the linchpin for delivery of preventive health care to large segments of the population, provides child-immunisation and preventive health alongside government services. Despite this, less than half of eligible children complete a Healthy Kids Check (HKC), a preschool preventative health assessment available since 2008. Using a rigorous theoretical process, the barriers that affected delivery and reduced general practitioner and practice nurse motivation to provide HKCs, were addressed. The resulting multifaceted intervention, aimed at increasing the proportion of children receiving evidence informed HKCs from general practice, was piloted to inform a future randomised controlled trial. Methods: The intervention was piloted in a before and after study at three sites located southeast of Melbourne, between February and October 2014. The HKC-intervention involved: 1) Delivery of training modules that motivated reception and clinical staff by delivering key messages about local prevalence rates and the "Core Story of Child Development" 2) Practical advice to prepare clinics for specific HKC-examinations 3) Workflow advice regarding systems that included all staff in the HKC process, and 4) Provision of a "Community Resources Folder" that enabled decision making and referrals. A major component of the intervention incorporated the promotion of

structured developmental screening by the practice team using Parents' Evaluation of Developmental Status. Results: Twenty of 22 practitioners and practice managers agreed to join the study. Post-training questionnaires showed participants had developed their skills working with young children as a result of the training and all respondents believed they had successfully implemented standardised HKC services. Post intervention proportions of children completing HKCs significantly increased in two of the practices and quality improvements in HKC-processes were recorded across all three sites. Conclusion: This pilot study confirmed the feasibility of delivering a multi-faceted intervention to increase HKCs from general practice and demonstrated that significant quality improvements could be made. Future studies need to extend the intervention to other states and research the health outcomes of HKCs.

Notes: Alexander, Karyn E. Brijnath, Bianca Mazza, Danielle Mazza, Danielle/H-4577-2014; E Alexander, Karyn/AAE-2811-2022; Brijnath, Brijnath/HGU-6200-2022
Mazza, Danielle/0000-0001-6158-7376; Brijnath, Bianca/
0000-0002-0536-6859
1471-2296
URL: <Go to ISI>://WOS:000358983400001

Reference Type: Journal Article

Record Number: 246

Author: Alharbi, A. B., Berrou, I., Umaru, N., Al Hamid, A. and Shebl, N. A.

Year: 2023

Title: Factors influencing the implementation of medicine risk communications by healthcare professionals in clinical practice: A systematic review

Journal: Research in Social & Administrative Pharmacy

Volume: 19

Issue: 1

Pages: 28-56

Date: Jan

Short Title: Factors influencing the implementation of medicine risk communications by healthcare professionals in clinical practice: A systematic review

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2022.07.003

Accession Number: WOS:000892465200004

Abstract: Background: Regulatory medicines risk communications aim to prevent patient harm through the dissemination of safety information to healthcare professionals (HCPs), patients, and the public. Evidence suggests that in addition to implementing the required changes, HCPs also respond to these communications through unintended and unwarranted actions and behaviours such as stopping medicine courses unnecessarily, and blanket actions spilling over to unintended patients' populations. Misunderstanding and mis-implementation of medicines risk communications could jeopardise patients' safety and clinical outcomes. Therefore, it is important to understand the determinants that affect HCPs responses to

medicines risk communications. This systematic review aims to identify the factors that affect the implementation of risk communications by healthcare professionals. Methods: Fifteen databases, including EMBASE, PubMed, Scopus, Web of science, CINAHL PLUS were searched in April–May 2018, and the search was updated again in June 2021 to identify studies reporting on factors influencing HCPs' uptake of medicine risk alerts. We used keywords such as risk communication, safety update, and safety regulation. Studies were excluded if they did not involve pharmacovigilance or patient safety alerts; or if they only focused on measuring HCPs' practice after alerts; or evaluating the effectiveness of risk minimisation measures without reporting on factors affecting HCPs' actions. Studies relating to occupational hazards, case reports, interventional studies, and studies not involving HCPs were also excluded. The Mixed Method Appraisal Tool (MMAT) was used to assess the quality of the included studies. A Narrative synthesis approach was undertaken using thematic analysis and concept mapping, followed by a critical reflection of the synthesis. Results: Twenty-eight studies met our criteria and were included in the synthesis. We identified four themes summarising the factors influencing HCPs' implementation of risk communications. These include HCPs: knowledge of medicine alerts; perceptions of alerts; attitudes, and concerns regarding medicine alerts; and the self-reported impact of these alerts. Our concept mapping exercise identified key interactions between different stakeholders, and these interactions determine HCPs' implementation of medicine risk communications. These stakeholders comprise of alert developers, including the sources and senders of safety information, and the receivers of safety information including health care institutions, HCPs, patients and their carers. Conclusions: Healthcare professionals are crucial to translating risk communication messages into clinical practice. However, if they have inadequate information about the content of the alert, and have inaccurate perceptions about the alert, they may not implement the required clinical changes as intended. Communication of medicine risk alerts does not always translate into improved patient care, due to a complex interaction between stakeholders involved in the creation and implementation of these alerts. These complex interactions should be the subject of future research efforts to understand the alert-implementation trajectory and identify the mediators for change and interventions to improve implementation.

Notes: Alharbi, Amal Bandar Berrou, Ilhem Umaru, Nkiruka Al Hamid, Abdullah Shebl, Nada Atef

Berrou, Ilhem/0000-0003-3811-4735; Shebl, Nada/0000-0003-1396-6886 1934-8150

URL: <Go to ISI>://WOS:000892465200004

Reference Type: Journal Article

Record Number: 1347

Author: Ali, A., Tabassum, D., Baig, S. S., Moyle, B., Redgrave, J., Nichols, S., McGregor, G., Evans, K., Totton, N., Cooper, C. and Majid, A.

Year: 2021

Title: Effect of Exercise Interventions on Health-Related Quality of Life After Stroke and Transient Ischemic Attack A Systematic Review and Meta-Analysis

Journal: Stroke

Volume: 52

Issue: 7

Pages: 2445-2455

Date: Jul

Short Title: Effect of Exercise Interventions on Health-Related Quality of Life After Stroke and Transient Ischemic Attack A Systematic Review and Meta-Analysis

ISSN: 0039-2499

DOI: 10.1161/strokeaha.120.032979

Accession Number: WOS:000667919500053

Abstract: Exercise interventions have been shown to help physical fitness, walking, and balance after stroke, but data are lacking on whether such interventions lead to improvements in health-related quality of life (HRQoL). In this systematic review and meta-analysis, 30 randomized controlled trials (n=1836 patients) were found from PubMed, OVID MEDLINE, Web of Science, CINAHL, SCOPUS, The Cochrane Library, and TRIP databases when searched from 1966 to February 2020 that examine the effects of exercise interventions on HRQoL after stroke or transient ischemic attack. Exercise interventions resulted in small to moderate beneficial effects on HRQoL at intervention end (standardized mean difference, -0.23 [95% CI, -0.40 to -0.07]) that appeared to diminish at longer-term follow-up (standardized mean difference, -0.11 [95% CI, -0.26 to 0.04]). Exercise was associated with moderate improvements in physical health (standardized mean difference, -0.33 [95% CI, -0.61 to -0.04]) and mental health (standardized mean difference, -0.29 [95% CI, -0.49 to -0.09]) domains of HRQoL while effects on social or cognitive composites showed little difference. Interventions that were initiated within 6 months, lasted at least 12 weeks in duration, involved at least 150 minutes per week, and included resistance training appeared most effective. Exercise can lead to moderate beneficial effects on HRQoL and should be considered an integral part of stroke rehabilitation.

Notes: Ali, Ali Tabassum, Dina Baig, Sheharyar S. Moyle, Bethany Redgrave, Jessica Nichols, Simon McGregor, Gordon Evans, Katherine Totton, Nikki Cooper, Cindy Majid, Arshad
McGregor, Gordon/AAP-1917-2020; Cooper, Cindy L/A-2670-2010; Totton, Nikki/G-6143-2016

McGregor, Gordon/0000-0001-8963-9107; Totton, Nikki/
0000-0002-1900-2773; Cooper, Cindy/0000-0002-2995-5447; Baig,
Sheharyar/0000-0003-1415-8784; Majid, Arshad/0000-0002-1144-039X
1524-4628

URL: <Go to ISI>://WOS:000667919500053

Reference Type: Journal Article

Record Number: 1724

Author: Ali, M. K., Chwastiak, L., Poongothai, S., Emmert-Fees, K. M. F., Patel, S. A., Anjana, R. M., Sagar, R., Shankar, R., Sridhar, G. R., Kosuri, M., Sosale, A. R., Sosale, B., Rao, D., Tandon, N.,

Narayan, K. M. V., Mohan, V. and Grp, Independent Study

Year: 2020

Title: Effect of a Collaborative Care Model on Depressive Symptoms and Glycated Hemoglobin, Blood Pressure, and Serum Cholesterol Among Patients With Depression and Diabetes in India The INDEPENDENT Randomized Clinical Trial

Journal: Jama—Journal of the American Medical Association

Volume: 324

Issue: 7

Pages: 651–662

Date: Aug

Short Title: Effect of a Collaborative Care Model on Depressive Symptoms and Glycated Hemoglobin, Blood Pressure, and Serum Cholesterol Among Patients With Depression and Diabetes in India The INDEPENDENT Randomized Clinical Trial

ISSN: 0098–7484

DOI: 10.1001/jama.2020.11747

Accession Number: WOS:000564288700011

Abstract: Importance Mental health comorbidities are increasing worldwide and worsen outcomes for people with diabetes, especially when care is fragmented. Objective To assess whether collaborative care vs usual care lowers depressive symptoms and improves cardiometabolic indices among adults with diabetes and depression. Design, Setting, and Participants Parallel, open-label, pragmatic randomized clinical trial conducted at 4 socioeconomically diverse clinics in India that recruited patients with type 2 diabetes; a Patient Health Questionnaire–9 score of at least 10 (range, 0–27); and hemoglobin A(1c)(HbA(1c)) of at least 8%, systolic blood pressure (SBP) of at least 140 mm Hg, or low-density lipoprotein (LDL) cholesterol of at least 130 mg/dL. The first patient was enrolled on March 9, 2015, and the last was enrolled on May 31, 2016; the final follow-up visit was July 14, 2018. Interventions Patients randomized to the intervention group (n = 196) received 12 months of self-management support from nonphysician care coordinators, decision support electronic health records facilitating physician treatment adjustments, and specialist case reviews; they were followed up for an additional 12 months without intervention. Patients in the control group (n = 208) received usual care over 24 months. Main Outcomes and Measures The primary outcome was the between-group difference in the percentage of patients at 24 months who had at least a 50% reduction in Symptom Checklist Depression Scale (SCL–20) scores (range, 0–4; higher scores indicate worse symptoms) and a reduction of at least 0.5 percentage points in HbA(1c), 5 mm Hg in SBP, or 10 mg/dL in LDL cholesterol. Prespecified secondary outcomes were percentage of patients at 12 and 24 months who met treatment targets (HbA(1c) < 7.0%, SBP < 130 mm Hg, LDL cholesterol < 100 mg/dL [< 70 mg/dL if prior cardiovascular disease]) or had improvements in individual outcomes ($\geq 50\%$ reduction in SCL–20 score, ≥ 0.5 -percentage point reduction in HbA(1c), ≥ 5 -mm Hg reduction in SBP, ≥ 10 -mg/dL reduction in LDL cholesterol); percentage of patients who met all HbA(1c), SBP, and LDL cholesterol targets; and mean reductions in SCL–20 score, Patient Health Questionnaire–9 score, HbA(1c), SBP, and LDL cholesterol. Results Among 404 patients randomized (mean [SD] age,

53 [8.6] years; 165 [40.8%] men), 378 (93.5%) completed the trial. A significantly greater percentage of patients in the intervention group vs the usual care group met the primary outcome (71.6% vs 57.4%; risk difference, 16.9% [95% CI, 8.5%–25.2%]). Of 16 prespecified secondary outcomes, there were no statistically significant between-group differences in improvements in 10 outcomes at 12 months and in 13 outcomes at 24 months. Serious adverse events in the intervention and usual care groups included cardiovascular events or hospitalizations (4 [2.0%] vs 7 [3.4%]), stroke (0 vs 3 [1.4%]), death (2 [1.0%] vs 7 [3.4%]), and severe hypoglycemia (8 [4.1%] vs 0). Conclusions and Relevance Among patients with diabetes and depression in India, a 12-month collaborative care intervention, compared with usual care, resulted in statistically significant improvements in a composite measure of depressive symptoms and cardiometabolic indices at 24 months. Further research is needed to understand the generalizability of the findings to other low- and middle-income health care settings. This randomized clinical trial compares the effect of a collaborative care model that integrates management of depression and enhanced diabetes care on depressive symptoms and HbA(1c), SBP, and LDL cholesterol measures among individuals with depression and diabetes in India. Question Among patients with diabetes and depression in India, does a 12-month collaborative care intervention that includes nonphysician care coordinators, decision support functions in electronic health records, and specialist case reviews improve depressive symptoms and measures of cardiometabolic health more than usual care at 24 months? Findings In this randomized clinical trial that included 404 patients at urban clinics in India with poorly controlled diabetes and depression, patients in the collaborative care intervention group, compared with the usual care group, were significantly more likely to achieve the composite outcome of at least a 50% reduction in the 20-item Symptom Checklist Depression Scale score and at least 1 of the following: reduction of at least 0.5 percentage points in hemoglobin A(1c), reduction of at least 5 mm Hg in systolic blood pressure, or reduction of at least 10 mg/dL in low-density lipoprotein cholesterol at 24 months (71.6% vs 54.7%). Meaning Among patients with diabetes and depressive symptoms in urban India, a multicomponent collaborative care intervention resulted in statistically significantly greater improvements in a composite measure of depressive symptoms and cardiometabolic indices compared with usual care.

Notes: Ali, Mohammed K. Chwastiak, Lydia Poongothai, Subramani Emmert-Fees, Karl M. F. Patel, Shivani A. Anjana, Ranjit Mohan Sagar, Rajesh Shankar, Radha Sridhar, Gumpeny R. Kosuri, Madhu Sosale, Aravind R. Sosale, Bhavana Rao, Deepa Tandon, Nikhil Narayan, K. M. Venkat Mohan, Viswanathan Narayan, K.M. Venkat/J-9819-2012; Sagar, Rajesh/L-7775-2016 Narayan, K.M. Venkat/0000-0001-8621-5405; Patel, Shivani/0000-0003-0082-5857; SAGAR, RAJESH/0000-0003-4563-7841; Sridhar, Gumpeny, R/0000-0002-7446-1251 1538-3598

URL: <Go to ISI>://WOS:000564288700011

Reference Type: Journal Article

Record Number: 151

Author: Ali, S. S., Ali, T. S., Adnan, F., Asif, N., Memon, Z., Barkat, S., Soofi, S., Ali, A. S. and Karmaliani, R.

Year: 2023

Title: Safe motherhood: A hidden reality in Pakistan

Journal: Midwifery

Volume: 119

Date: Apr

Short Title: Safe motherhood: A hidden reality in Pakistan

ISSN: 0266-6138

DOI: 10.1016/j.midw.2023.103624

Article Number: 103624

Accession Number: WOS:000992884700001

Abstract: Objective: To explore the perceptions and experiences of healthcare professionals, including female health visitors, female health workers, community midwives, and heads of departments of healthcare facilities, regarding the importance of the Safe Motherhood Initiative (SMI), its pillars, and its foundational principles. Design: Qualitative descriptive exploratory study. Setting: This study was conducted in healthcare centres in 10 districts in Pakistan: six in Gilgit Baltistan, two in Chitral, and two in Sindh. Participants: Healthcare professionals were recruited using a purposive sampling technique. In total, 14 in-depth interviews were conducted. Findings: The following themes emerged through thematic analysis: (1) health and well-being of mothers and newborns; (2) strengthening the SMI pillars; (3) equity of health services; and (4) effective strategies for behaviour modification. Each theme had two categories. Key conclusions: The health and well-being of mothers and newborns are key indicators; as such, interventions should be made to promote their quality of life. Capacity building and refresher training on antenatal care, childbirth, postnatal care, postabortion care, and family planning can be considered effective to enhance the competencies of healthcare professionals. Implications for practice: The findings of this study suggest that healthcare professionals should receive training to enhance their competencies and provide safe care. (c) 2023 Elsevier Ltd. All rights reserved.

Notes: Ali, Shahnaz Shahid Ali, Tazeen Saeed Adnan, Farzana Asif, Nimira Memon, Zahid Barkat, Samina Soofi, Sajid Ali, Anum Shiraz Karmaliani, Rozina

1532-3099

URL: <Go to ISI>://WOS:000992884700001

Reference Type: Journal Article

Record Number: 2331

Author: Aljabaa, A., McDonald, F. and Newton, J. T.

Year: 2015

Title: A systematic review of randomized controlled trials of interventions to improve adherence among orthodontic patients aged 12 to 18

Journal: Angle Orthodontist

Volume: 85

Issue: 2

Pages: 305-313

Date: Mar

Short Title: A systematic review of randomized controlled trials of interventions to improve adherence among orthodontic patients aged 12 to 18

ISSN: 0003-3219

DOI: 10.2319/031214-184.1

Accession Number: WOS:000350531200019

Abstract: Objective: To investigate the effectiveness of interventions to enhance adherence among orthodontic patients aged 12 to 18 years. Specific adherence outcomes included were recall of information given by the orthodontic team, attendance at orthodontic appointments, self-reported oral hygiene behavior, and clinical indexes of oral hygiene. Materials and Methods: Electronic searches of Medline via OVID (January 1, 1966 through March 1, 2012), EMBASE, and the Cochrane central register of control trials from its inception through March 2012, as well as a hand search, were undertaken to identify relevant studies. Results: Through the electronic searches, 381 article were identified. Initial screening of the abstracts and titles by all review authors identified 21 articles that met the inclusion criteria for this review. The full articles were then retrieved. Four randomized controlled trials were found, all of which used different methods of intervention: a system of rewards or awards, the Hawthorne effect, written information, and demonstration of the microbiology of plaque. All the interventions, except the use of award/reward, were associated with improvements in adherence. Conclusion: The literature advocates the use of several methods to improve compliance/adherence among orthodontic patients. Although there is insufficient evidence to allow clinicians to choose a single method, the results demonstrate the value of spending time with patients to illustrate the importance of adherence. Future studies should develop multiple methods of assessing patient adherence, including self-report, behavioral observation and recording, and change in clinical indexes. Such studies should test different types of interventions for effectiveness.

Notes: Aljabaa, AlJazi McDonald, Fraser Newton, Jonathon Timothy Newton, Jonathon T/B-7015-2009

Newton, Jonathon Timothy/0000-0003-4082-6942
1945-7103

URL: <Go to ISI>://WOS:000350531200019

Reference Type: Journal Article

Record Number: 1108

Author: Allan, V., Gainforth, H., Turnnidge, J., Konoval, T., Cote, J. and Latimer-Cheung, A.

Year: 2021

Title: Narrative as a learning tool for coaches of athletes with a disability: using stories to translate research into practice

Journal: Physical Education and Sport Pedagogy

Date: 2021 Nov

Short Title: Narrative as a learning tool for coaches of athletes

with a disability: using stories to translate research into practice
ISSN: 1740-8989

DOI: 10.1080/17408989.2021.2006619

Accession Number: WOS:000723923000001

Abstract: Background Provided that coaches play a key role in shaping the sport experiences of athletes with a disability, they represent an important point of intervention for enhancing the quality of athletes' participation in disability sport. Despite the importance of their role, few evidence-informed learning resources are available to support the development of disability sport coaches. Purpose The purpose of this study was to produce a novel evidence-informed learning tool for disability sport coaches in entry level and developmental coaching domains. The goal of this tool was to demonstrate and provide information about coach behaviours that facilitate quality experiences for athletes with disabilities. Methodology The format selected for this tool was a creative nonfiction (i.e. an evidence-informed story). Using the Knowledge to Action Framework as a guide, the tool was developed through a four-stage process: (1) identifying and creating primary sources of knowledge through a literature review and original research; (2) synthesizing primary sources of knowledge to select target behaviours and behavioural determinants; (3) crafting the story to demonstrate and provide information about target behaviours and related outcomes; and (4) obtaining feedback from stakeholders (i.e. disability sport athletes, coaches, and administrators) to tailor the knowledge included in the story to the appropriate context. Findings In the first stage, 23 studies focused on quality experiences and/or coaches in disability sport were identified through a review of the literature. The findings of these studies were combined with the results of three original studies conducted by the research team. A synthesis of these findings resulted in the selection of two behavioural determinants (confidence and attitudes) and 13 coach behaviours (aligning with transformational leadership theory) for inclusion in the tool (Stage 2). The story that formed the basis for the tool was crafted in Stage 3, which combined the behaviours and behavioural determinants identified in Stage 2 with a plotline, setting, and characters based on the experience of the first author and stakeholder input. The tool was revised several times to incorporate stakeholder feedback in Stage 4. Implications This paper describes the development of a practical resource for coaches and coach educators in disability sport. As such, we provide a detailed and rigorous procedure for translating evidence into a narrative format with the potential for application in diverse learning contexts. In addition, we reviewed and synthesized evidence that may contribute to enhanced theoretical understandings of coaching effectiveness in disability sport. Taken together, the information presented in this paper offers important theoretical, methodological, and practical implications for researchers, coaches, and coach developers in disability sport.

Notes: Allan, Veronica Gainforth, Heather Turnnidge, Jennifer Konoval, Timothy Cote, Jean Latimer-Cheung, Amy Latimer, Amy/0000-0002-0442-6848; Konoval, Timothy/0000-0002-2638-8125; Gainforth, Heather/0000-0002-3281-1110 1742-5786

URL: <Go to ISI>://WOS:000723923000001

Reference Type: Journal Article

Record Number: 1340

Author: Allegue, D. R., Kairy, D., Higgins, J., Archambault, P. S., Michaud, F., Miller, W. C., Sweet, S. N. and Tousignant, M.

Year: 2021

Title: A Personalized Home-Based Rehabilitation Program Using Exergames Combined With a Telerehabilitation App in a Chronic Stroke Survivor: Mixed Methods Case Study

Journal: Jmir Serious Games

Volume: 9

Issue: 3

Date: Jul-Sep

Short Title: A Personalized Home-Based Rehabilitation Program Using Exergames Combined With a Telerehabilitation App in a Chronic Stroke Survivor: Mixed Methods Case Study

ISSN: 2291-9279

DOI: 10.2196/26153

Article Number: e26153

Accession Number: WOS:000704787100006

Abstract: Background: In Canada, only 11% of stroke survivors have access to outpatient and community-based rehabilitation after discharge from inpatient rehabilitation. Hence, innovative community-based strategies are needed to provide adequate postrehabilitation services. The VirTele program, which combines virtual reality exergames and a telerehabilitation app, was developed to provide stroke survivors with residual upper extremity deficits, the opportunity to participate in a personalized home rehabilitation program. Objective: This study aims to determine the feasibility of VirTele for remote upper extremity rehabilitation in a chronic stroke survivor; explore the preliminary efficacy of VirTele on upper extremity motor function, the amount and quality of upper extremity use, and impact on quality of life and motivation; and explore the determinants of behavioral intention and use behavior of VirTele along with indicators of empowerment. Methods: A 63-year-old male stroke survivor (3 years) with moderate upper extremity impairment participated in a 2-month VirTele intervention. He was instructed to use exergames (5 games for upper extremity) for 30 minutes, 5 times per week, and conduct videoconference sessions with a clinician at least once per week. Motivational interviewing was incorporated into VirTele to empower the participant to continue exercising and use his upper extremities in everyday activities. Upper extremity motor function (Fugl-Meyer Assessment-upper extremity), amount and quality of upper extremity use (Motor Activity Log-30), and impact on quality of life (Stroke Impact Scale-16) and motivation (Treatment Self-Regulation Questionnaire-15) were measured before (T1), after (T2) VirTele intervention, and during a 1-(T3) and 2-month (T4) follow-up period. Qualitative data were collected through logs and semistructured interviews. Feasibility data (eg, number and duration of videoconference sessions and adherence) were documented at the end of each week. Results: The participant completed 48 exergame

sessions (33 hours) and 8 videoconference sessions. Results suggest that the VirTele intervention and the study protocol could be feasible for stroke survivors. The participant exhibited clinically meaningful improvements at T2 on the Fugl-Meyer and Stroke Impact Scale-16 and maintained these gains at T3 and T4. During the follow-up periods, the amount and quality of upper extremity use showed meaningful changes, suggesting more involvement of the affected upper extremity in daily activities. The participant demonstrated a high level of autonomous motivation, which may explain his adherence. Performance, effort, and social influence have meaningful weights in the behavioral intention of using VirTele. However, the lack of control of technical and organizational infrastructures may influence the long-term use of technology. At the end of the intervention, the participant demonstrated considerable empowerment at both the behavioral and capacity levels. Conclusions: VirTele was shown to be feasible for use in chronic stroke survivors for remote upper extremity rehabilitation. Meaningful determinants of behavioral intention and use behavior of VirTele were identified, and preliminary efficacy results are promising. International Registered Report Identifier (IRRID): RR2-10.2196/14629
Notes: Allegue, Dorra Rakia Kairy, Dahlia Higgins, Johanne Archambault, Philippe S. Michaud, Francois Miller, William C. Sweet, Shane N. Tousignant, Michel
Allegue, Dorra Rakia/ACE-8866-2022; Archambault, Philippe S./F-4675-2010
Archambault, Philippe S./0000-0002-8656-4477; Tousignant, Michel/0000-0001-7561-1170; Allegue, Dorra Rakia/0000-0003-4434-7738; Michaud, Francois/0000-0002-3639-7770; Miller, William/0000-0003-3060-0210; Sweet, Shane/0000-0002-6172-3769; Higgins, Johanne/0000-0003-1513-6587
URL: <Go to ISI>://WOS:000704787100006

Reference Type: Journal Article

Record Number: 856

Author: Allemand, M., Gmur, B. and Fluckiger, C.

Year: 2022

Title: Does extraversion increase following a three-hour flirt training? Exploring two training routes

Journal: Scandinavian Journal of Psychology

Volume: 63

Issue: 3

Pages: 265-274

Date: Jun

Short Title: Does extraversion increase following a three-hour flirt training? Exploring two training routes

ISSN: 0036-5564

DOI: 10.1111/sjop.12803

Accession Number: WOS:000770153900001

Abstract: Flirting situations are opportunities to behave in extraverted ways. However, it is not clear whether engaging in flirting behavior predicts extraversion. The current study explored whether extraversion increases following a 3-h flirt training and compared two training routes to flirting. A two-arm randomized pre-

post design with two active conditions were used. Ninety-six adults between 18 and 49 years (67.7% women) were randomized to either: (1) a problem-oriented training strategy that aims to compensate for problems and deficits related to flirting; or (2) a strengths-oriented training strategy that capitalizes on individuals' strengths and resources. The outcome variables were assessed before and 30 days after the training. Participants in both conditions reported higher scores in flirting behavior as well as in extraversion following the trainings. The results suggest that flirt trainings are potentially interesting indirect intervention approaches to increase the expression of extraversion.

Notes: Allemann, Mathias Gmur, Benjamin Flückiger, Christoph Christoph, Flückiger/H-8169-2014

Christoph, Flückiger/0000-0003-3058-5815
1467-9450

URL: <Go to ISI>://WOS:000770153900001

Reference Type: Journal Article

Record Number: 2139

Author: Allen, K. D., Choong, P. F., Davis, A. M., Dowsey, M. M., Dzedzic, K. S., Emery, C., Hunter, D. J., Losina, E., Page, A. E., Roos, E. M., Skou, S. T., Thorstensson, C. A., van der Esch, M. and Whittaker, J. L.

Year: 2016

Title: Osteoarthritis: Models for appropriate care across the disease continuum

Journal: Best Practice & Research in Clinical Rheumatology

Volume: 30

Issue: 3

Pages: 503-535

Date: Jun

Short Title: Osteoarthritis: Models for appropriate care across the disease continuum

ISSN: 1521-6942

DOI: 10.1016/j.berh.2016.09.003

Accession Number: WOS:000390727500009

Abstract: Osteoarthritis (OA) is a leading cause of pain and disability worldwide. Despite the existence of evidence-based treatments and guidelines, substantial gaps remain in the quality of OA management. There is underutilization of behavioral and rehabilitative strategies to prevent and treat OA as well as a lack of processes to tailor treatment selection according to patient characteristics and preferences. There are emerging efforts in multiple countries to implement models of OA care, particularly focused on improving nonsurgical management. Although these programs vary in content and setting, key lessons learned include the importance of support from all stakeholders, consistent program delivery and tools, a coherent team to run the program, and a defined plan for outcome assessment. Efforts are still needed to develop, deliver, and evaluate models of care across the spectrum of OA, from prevention through end-stage disease, in order to improve care for this highly prevalent global condition. Published by Elsevier Ltd.

Notes: Allen, Kelli D. Choong, Peter F. Davis, Aileen M. Dowsey, Michelle M. Dziedzic, Krysia S. Emery, Carolyn Hunter, David J. Losina, Elena Page, Alexandra E. Roos, Ewa M. Skou, Soren T. Thorstensson, Carina A. van der Esch, Martin Whittaker, Jackie L. Dowsey, Michelle/J-4162-2012; Emery, Carolyn/AAI-2761-2020; Roos, Ewa M/A-5416-2012; Skou, Søren T./I-2405-2016; Choong, Peter/F-1109-2014; Thorstensson, Carina/AAE-8258-2019; Hunter, David John/HRA-2096-2023
Dowsey, Michelle/0000-0002-9708-5308; Roos, Ewa M/0000-0001-5425-2199; Skou, Søren T./0000-0003-4336-7059; Choong, Peter/0000-0002-3522-7374; Whittaker, Jackie/0000-0002-6591-4976; Choong, Peter/0000-0001-7333-7665; Thorstensson, Carina/0000-0002-9158-574X; Emery, Carolyn Ann/0000-0002-9499-6691; Davis, Aileen/0000-0002-9903-9399; Losina, ELENA/0000-0002-3424-0892 1521-1770
URL: <Go to ISI>://WOS:000390727500009

Reference Type: Journal Article

Record Number: 899

Author: Allison, A. L., Lorencatto, F., Michie, S. and Miodownik, M.
Year: 2022

Title: Barriers and Enablers to Food Waste Recycling: A Mixed Methods Study amongst UK Citizens

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 5

Date: Mar

Short Title: Barriers and Enablers to Food Waste Recycling: A Mixed Methods Study amongst UK Citizens

DOI: 10.3390/ijerph19052729

Article Number: 2729

Accession Number: WOS:000768852800001

Abstract: We aim to identify influences on UK citizens' household food waste recycling as a basis for designing strategies to increase household food waste collection rates via local services. Using a UK dataset (n = 1801) and the COM-B (Capability-Opportunity-Motivation-Behaviour) model as a theoretical framework, we conduct quantitative regression and supporting thematic analyses to investigate influences on citizens' recycling of food waste. Results show that automatic motivation (e.g., emotions and habit) and psychological capability (e.g., knowledge) predict household food waste recycling. Physical opportunity (i.e., dealing with food waste in other ways such as home-composting or feeding pets/strays, time and financial costs) was the main barrier to recycling food waste identified in thematic analyses. Participants also reported automatic motivation-related barriers such as concerns over pests, odour, hygiene and local authorities' food waste collection capabilities. Based on findings we recommend the development of clear, consistent communications aimed at creating positive social norms relating to recycling and increasing knowledge of what can and cannot be put in food waste bins. Improved functional design and free distribution of bins and compostable caddy liners developed according to user-

centred needs for cleanliness, convenience and hygiene are also needed. These will not be sufficient without a nationally uniform, efficient and reliable system of household food waste collection.

Notes: Allison, Ayse Lisa Lorencatto, Fabiana Michie, Susan Miodownik, Mark

; Michie, Susan/A-1745-2010

, Ayse/0000-0002-6387-1984; Miodownik, Mark/0000-0003-0931-3030;

Michie, Susan/0000-0003-0063-6378

1660-4601

URL: <Go to ISI>://WOS:000768852800001

Reference Type: Journal Article

Record Number: 1995

Author: Allison, D. G., Higginson, P. and Martin, S.

Year: 2017

Title: Antibiotic resistance awareness: a public engagement approach for all pharmacists

Journal: International Journal of Pharmacy Practice

Volume: 25

Issue: 1

Pages: 93-96

Date: Feb

Short Title: Antibiotic resistance awareness: a public engagement approach for all pharmacists

ISSN: 0961-7671

DOI: 10.1111/ijpp.12287

Accession Number: WOS:000394429100012

Abstract: ObjectivesThe main objective of this study was to promote knowledge about antibiotic resistance development and good stewardship principles amongst the general population through pharmacy student-led public engagement workshops in high schools.

MethodsStructured questionnaires, based on the Key Stage 4 curriculum were initially used to assess awareness and knowledge of antibiotic resistance issues amongst year 10 and 11 (GCSE stage) high school pupils. A Prezi-style presentation () was subsequently developed to deliver a positive message that the young learners could share with friends and family. Key FindingsMisconceptions still exist regarding the correct and appropriate use of antibiotics. The person-person approach adopted by this study was well received, key antibiotic stewardship messages being delivered to the general population through either educational surveys or hands-on workshops. ConclusionsIt is widely acknowledged that antibiotic resistance is one of the biggest threats facing society today. As healthcare professionals, pharmacists in all sectors have a crucial role to play in educating the public about antibiotics and how to use them effectively. This article describes the different ways by which all pharmacists can help educate the public on key issues, with particular emphasis on the next generation.

Notes: Allison, David G. Higginson, Paula Martin, Sandra Martin, Sandra/0000-0003-0311-9640; Allison, David/0000-0002-9823-7975

2042-7174

URL: <Go to ISI>://WOS:000394429100012

Reference Type: Journal Article

Record Number: 1671

Author: Allison, R., Chapman, S., Howard, P., Thornley, T., Ashiru-Oredope, D., Walker, S., Jones, L. F. and McNulty, C. A. M.

Year: 2020

Title: Feasibility of a community pharmacy antimicrobial stewardship intervention (PAMSI): an innovative approach to improve patients' understanding of their antibiotics

Journal: Jac-Antimicrobial Resistance

Volume: 2

Issue: 4

Date: Dec

Short Title: Feasibility of a community pharmacy antimicrobial stewardship intervention (PAMSI): an innovative approach to improve patients' understanding of their antibiotics

DOI: 10.1093/jacamr/dlaa089

Article Number: dlaa089

Accession Number: WOS:000733835400008

Abstract: Background: Community pharmacy staff have an opportunity to play a pivotal role in antimicrobial stewardship (AMS) due to their expertise in medicines and accessibility to patients.

Objectives: To develop and test the feasibility of a pharmacy AMS intervention (PAMSI) to increase community pharmacy staff's capability, opportunity and motivation to check antibiotic appropriateness and provide self-care and adherence advice when dispensing antibiotics. Methods: The PAMSI was centred around an Antibiotic Checklist, completed by patients and pharmacy staff, to facilitate personalized advice to the patient, based on their reported knowledge. An educational webinar for staff and patient-facing materials were also developed. Staff and patients completing Antibiotic Checklists were invited to provide feedback via questionnaires. Results: In February 2019, 12 community pharmacies in England trialled the intervention. Forty-three pharmacy staff evaluated the educational webinar and reported increases in their understanding, confidence, commitment and intention to use the tools provided to give adherence and self-care advice. Over 4 weeks, 931 Antibiotic Checklists were completed. Staff reported being more focused on giving advice and able to address patients' knowledge gaps (mainly: likely symptom duration; alcohol and food consumption advice; possible side effects from antibiotics; returning unused antibiotics to the pharmacy), resulting in increased self-reported effective and meaningful conversations. Conclusions: Implementation of a PAMSI is feasible and effectively promotes AMS. Pharmacy staff and commissioners should consider this within their AMS plans. An optional digital format of the Antibiotic Checklist should be explored, for patients who are not collecting their antibiotic prescriptions themselves, and to save printing costs.

Notes: Allison, Rosalie Chapman, Sarah Howard, Philip Thornley, Tracey Ashiru-Oredope, Diane Walker, Sue Jones, Leah F. McNulty, Clodna A. M.

Allison, Rosalie/AAM-7883-2020

Allison, Rosalie/0000-0003-1266-2549; Ashiru-Oredope, Diane/

0000-0001-9579-2028; Thornley, Tracey/0000-0002-9276-052X; Walker, Sue/0000-0001-5942-1836
2632-1823
URL: <Go to ISI>://WOS:000733835400008

Reference Type: Journal Article

Record Number: 1495

Author: Almomani, H. Y., Pascual, C. R., Al-Azzam, S. I. and Ahmadi, K.

Year: 2021

Title: Randomised controlled trial of pharmacist-led patient counselling in controlling hypoglycaemic attacks in older adults with type 2 diabetes mellitus (ROSE-ADAM): A study protocol of the SUGAR intervention

Journal: Research in Social & Administrative Pharmacy

Volume: 17

Issue: 5

Pages: 885-893

Date: May

Short Title: Randomised controlled trial of pharmacist-led patient counselling in controlling hypoglycaemic attacks in older adults with type 2 diabetes mellitus (ROSE-ADAM): A study protocol of the SUGAR intervention

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2020.07.012

Accession Number: WOS:000633997800008

Abstract: Introduction: Hypoglycaemia is one of the most serious adverse effects of diabetes treatment. Older adults are at the highest risk to develop hypoglycaemia. Several studies have established the important positive role of educational interventions on achieving glycaemic control and other clinical outcomes, however, there is still a lack in studies that evaluate the impact of such type of interventions on hypoglycaemia risk in elderly patients with type 2 diabetes. The purpose of this research is to evaluate the effectiveness of pharmacist-led patient counselling on reducing hypoglycaemic attacks in older adults with type 2 diabetes mellitus.

Methods: and analysis: This study is an open-label, parallel controlled randomised trial, which will be conducted in the outpatient clinics at the largest referral hospital in the north of Jordan. Participants who are elderly (age ≥ 65 years), diagnosed with type 2 diabetes mellitus, and taking insulin, sulfonylurea, or any three anti-diabetic medications will be randomly assigned to intervention (SUGAR Handshake) and control (usual care) groups. The SUGAR Handshake participants will have an interactive, individualised, medications-focused counselling session reinforced with a pictogram and a phone call at week six of enrolment. The primary outcome measure is the frequency of total hypoglycaemic events within 12 weeks of follow up. Secondary outcomes include the frequency of asymptomatic, symptomatic, and severe hypoglycaemic events, hypoglycaemia incidence, and time to the first hypoglycaemic attack. We will also conduct a nested qualitative study for process evaluation. Ethics and dissemination: The Human Research Ethics Committee of the University of Lincoln and the Institutional Review

Board of King Abdullah University Hospital approved this protocol. The findings of this study will be presented in international conferences and published in a peer-reviewed journal. Trial registration number: The study protocol has been registered with ClinicalTrials.gov, NCT04081766.

Notes: Almomani, Huda Y. Pascual, Carlos Rodriguez Al-Azzam, Sayer, I Ahmadi, Keivan

Ahmadi, Keivan/0000-0001-5674-2765; Almomani, Huda/
0000-0002-7552-9780
1934-8150

URL: <Go to ISI>://WOS:000633997800008

Reference Type: Journal Article

Record Number: 365

Author: Almulhim, A. N., Goyder, E. and Caton, S. J.

Year: 2022

Title: Assessing the Feasibility and Acceptability of Health Coaching as a New Diabetes Management Approach for the People with Type 2 Diabetes in Saudi Arabia: A Protocol for a Mixed Methods Feasibility Study

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 22

Date: Nov

Short Title: Assessing the Feasibility and Acceptability of Health Coaching as a New Diabetes Management Approach for the People with Type 2 Diabetes in Saudi Arabia: A Protocol for a Mixed Methods Feasibility Study

DOI: 10.3390/ijerph192215089

Article Number: 15089

Accession Number: WOS:000887298400001

Abstract: Background: Over recent years, the Middle East, and especially Saudi Arabia, has faced multiple changes, including structural-demographic and economic shifts. This has led to massive changes in the population's lifestyle, including more unhealthy diets and increases in physical inactivity. As a result, accelerating rates of chronic diseases, including type 2 diabetes mellitus (T2DM) are a major public health concern. Current diabetes care in Saudi Arabia focuses on increasing the awareness of patients through various approaches, mainly based on health education, which is found to be suboptimal and ineffective for improving long-term outcomes. This study aims to assess the feasibility and acceptability of using a client-centred approach called health coaching that supports, enables, and engages T2DM patients to take the central role of controlling their own conditions by developing new crucial skills. Methods: A mixed methods randomised controlled feasibility study of health coaching will be used. Participants (n = 30) are adults with T2DM with poorly controlled diabetes (A1C \geq 7) who can read and write in Arabic. Eligible participants are randomly allocated to either an intervention or control group for 12 weeks. COM-B model and Behaviour Change Technique Taxonomy version 1 (BCTTv1) guide the intervention curriculum. Predetermined

progression criteria will be used to determine whether to proceed to a larger trial or not. Outcomes will be measured at baseline and 3 months. The study's primary aim is to assess the process of eligibility, recruitment, retention and completion rates, acceptability and suitability of intervention and the time to complete each procedure. The preliminary efficacy of health coaching is the secondary outcome that includes different measurements, such as HbA1c, blood pressure, body mass index (BMI), waist circumference, weight, patients' self-efficacy, and diabetes self-management. Discussion: This is the first study to explore the feasibility, acceptability, and preliminary efficacy of health coaching that used the Capability, Opportunity, Motivation, Behaviour (COM-B) model and BCTTv1 as guidance to develop the intervention for adults with T2DM in Saudi Arabia. The findings of this study will be used to inform the larger RCT trial if it is shown to be feasible and acceptable.

Notes: Almulhim, Abdullah N. Goyder, Elizabeth Caton, Samantha J. Caton, Samantha/0000-0002-9096-0800; Nasser Almulhim, Abdullah/0000-0003-1745-7528; Goyder, Elizabeth/0000-0003-3691-1888 1660-4601

URL: <Go to ISI>://WOS:000887298400001

Reference Type: Journal Article

Record Number: 210

Author: Almulhim, A. N., Hartley, H., Norman, P., Caton, S. J., Dogru, O. C. and Goyder, E.

Year: 2023

Title: Behavioural Change Techniques in Health Coaching-Based Interventions for Type 2 Diabetes: A Systematic Review and Meta-Analysis

Journal: BMC Public Health

Volume: 23

Issue: 1

Date: Jan

Short Title: Behavioural Change Techniques in Health Coaching-Based Interventions for Type 2 Diabetes: A Systematic Review and Meta-Analysis

DOI: 10.1186/s12889-022-14874-3

Article Number: 95

Accession Number: WOS:000915837000002

Abstract: Background Given the high rates globally of Type 2 Diabetes Mellitus (T2DM), there is a clear need to target health behaviours through person-centred interventions. Health coaching is one strategy that has been widely recognised as a tool to foster positive behaviour change. However, it has been used inconsistently and has produced mixed results. This systematic review sought to explore the use of behaviour change techniques (BCTs) in health coaching interventions and identify which BCTs are linked with increased effectiveness in relation to HbA1C reductions. Methods In line with the PICO framework, the review focused on people with T2DM, who received health coaching and were compared with a usual care or active control group on HbA1c levels. Studies were systematically identified through different databases including

Medline, Web of science, and PsycINFO searches for relevant randomised controlled trials (RCTs) in papers published between January 1950 and April 2022. The Cochrane collaboration tool was used to evaluate the quality of the studies. Included papers were screened on the reported use of BCTs based on the BCT taxonomy. The effect sizes obtained in included interventions were assessed by using Cohen's d and meta-analysis was used to estimate sample-weighted average effect sizes (Hedges' g). Results Twenty RCTs with a total sample size of 3222 were identified. Random effects meta-analysis estimated a small-sized statistically significant effect of health coaching interventions on HbA1c reduction ($g(+) = 0.29$, 95% CI: 0.18 to 0.40). A clinically significant HbA1c decrease of ≥ 5 mmol/mol was seen in eight studies. Twenty-three unique BCTs were identified in the reported interventions, with a mean of 4.5 (SD = 2.4) BCTs used in each study. Of these, Goal setting (behaviour) and Problem solving were the most frequently identified BCTs. The number of BCTs used was not related to intervention effectiveness. In addition, there was little evidence to link the use of specific BCTs to larger reductions in HbA1c across the studies included in the review; instead, the use of Credible source and Social reward in interventions were associated with smaller reductions in HbA1c. Conclusion A relatively small number of BCTs have been used in RCTs of health coaching interventions for T2DM. Inadequate, imprecise descriptions of interventions and the lack of theory were the main limitations of the studies included in this review. Moreover, other possible BCTs directly related to the theoretical underpinnings of health coaching were absent. It is recommended that key BCTs are identified at an early stage of intervention development, although further research is needed to examine the most effective BCTs to use in health coaching interventions.

Notes: Almulhim, Abdullah N. N. Hartley, Hannah Norman, Paul Caton, Samantha J. J. Dogru, Onur Cem Goyder, Elizabeth Nasser Almulhim, Abdullah/0000-0003-1745-7528; Caton, Samantha/0000-0002-9096-0800; Goyder, Elizabeth/0000-0003-3691-1888 1471-2458

URL: <Go to ISI>://WOS:000915837000002

Reference Type: Journal Article

Record Number: 652

Author: Alos, F., Colomer, M. A., Martin-Cantera, C., Solis-Munoz, M., Bort-Roig, J., Saigi, I., Chirveches-Perez, E., Sola-Gonfaus, M., Molina-Aragones, J. M. and Puig-Ribera, A.

Year: 2022

Title: Effectiveness of a healthcare-based mobile intervention on sedentary patterns, physical activity, mental well-being and clinical and productivity outcomes in office employees with type 2 diabetes: study protocol for a randomized controlled trial

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Jun

Short Title: Effectiveness of a healthcare-based mobile intervention on sedentary patterns, physical activity, mental well-being and

clinical and productivity outcomes in office employees with type 2 diabetes: study protocol for a randomized controlled trial

DOI: 10.1186/s12889-022-13676-x

Article Number: 1269

Accession Number: WOS:000818797400005

Abstract: Background: Prolonged sedentary time is associated with an increased incidence of chronic disease including type 2 diabetes mellitus (DM2). Given that occupational sedentary time contributes significantly to the total amount of daily sedentariness, incorporating programmes to reduce occupational sedentary time in patients with chronic disease would allow for physical, mental and productivity benefits. The aim of this study is to evaluate the short-, medium- and long-term effectiveness of a mHealth programme for sitting less and moving more at work on habitual and occupational sedentary behaviour and physical activity in office staff with DM2. Secondary aims. To evaluate the effectiveness on glycaemic control and lipid profile at 6- and 12-month follow-up; anthropometric profile, blood pressure, mental well-being and work-related post-intervention outcomes at 3, 6 and 12 months. Methods: Multicentre randomized controlled trial. A sample size of 220 patients will be randomly allocated into a control (n = 110) or intervention group (n = 110), with post-intervention follow-ups at 6 and 12 months. Health professionals from Spanish Primary Health Care units will randomly invite patients (18-65 years of age) diagnosed with DM2, who have sedentary office desk-based jobs. The control group will receive usual healthcare and information on the health benefits of sitting less and moving more. The intervention group will receive, through a smartphone app and website, strategies and real-time feedback for 13 weeks to change occupational sedentary behaviour. Variables: (1) Subjective and objective habitual and occupational sedentary behaviour and physical activity (Workforce Sitting Questionnaire, Brief Physical Activity Assessment Tool, activPAL3TM); 2) Glucose, HbA1c; 3) Weight, height, waist circumference; 4) Total, HDL and LDL cholesterol, triglycerides; (5) Systolic, diastolic blood pressure; (6) Mental well-being (Warwick-Edinburgh Mental Well-being); (7) Presenteeism (Work Limitations Questionnaire); (8) Impact of work on employees health, sickness absence (6th European Working Conditions Survey); (9) Job-related mental strain (Job Content Questionnaire). Differences between groups pre- and post- intervention on the average value of the variables will be analysed. Discussion: If the mHealth intervention is effective in reducing sedentary time and increasing physical activity in office employees with DM2, health professionals would have a low-cost tool for the control of patients with chronic disease.

Notes: Alos, Francesc Angels Colomer, Ma Martin-Cantera, Carlos Solis-Munoz, Montserrat Bort-Roig, Judit Saigi, I Chirveches-Perez, E. Sola-Gonfaus, Merce Maria Molina-Aragones, Josep Puig-Ribera, Anna

Alos Colomer, Francesc/0000-0002-8350-062X; Sola Gonfaus, Merce/0000-0002-8568-4418

1471-2458

URL: <Go to ISI>://WOS:000818797400005

Reference Type: Journal Article

Record Number: 225

Author: Aloudah, N. M.

Year: 2023

Title: A Qualitative Study on the Perception of Medication Adherence by the Social Circles of Patients with Type 2 Diabetes

Journal: Patient Preference and Adherence

Volume: 17

Pages: 973-982

Short Title: A Qualitative Study on the Perception of Medication Adherence by the Social Circles of Patients with Type 2 Diabetes

ISSN: 1177-889X

DOI: 10.2147/ppa.S404092

Accession Number: WOS:000967237200001

Abstract: Introduction: Studies have indicated that half of all patients with diabetes do not take their medication as prescribed. Patient social circles, including professionals (health care providers) and nonprofessionals (family and friends) might contribute to low medication adherence. Therefore, this study explored the point of view of healthcare providers and family members of patients with diabetes on patient medication adherence. Methods: Our study included health care providers and family members using in-depth, semi structured interviews. The theoretical domain framework (TDF) was used to explore their perspectives. TDF was used to build a topic guide and to frame the data analysis. The interviews were transcribed verbatim and thematically analyzed using the MAXQDA 2022 program. Results: The participants identified a variety of factors potentially associated with diabetes medication adherence. Most factors were related to the environmental context and resources such as the burden of polypharmacy, medication shortages, and long wait times for care. In addition, factors related to patient beliefs concerning diabetes complications and insulin injections were reported. Several factors were identified that related to knowledge and social influences. Discussion: Interventions that target the factors identified by the social circle of patients with diabetes might improve medication adherence and promote better disease management outcomes.

Notes: Aloudah, Nouf M.

Aloudah, Nouf M/K-2061-2019

Aloudah, Nouf M/0000-0002-7603-1642

URL: <Go to ISI>://WOS:000967237200001

Reference Type: Journal Article

Record Number: 57

Author: Aloulou, H., Aloulou, H., Abdulrazak, B. and Kacem, A. H.

Year: 2023

Title: Personalized, context-aware, and adaptable persuasive approach for encouraging physical activity among older adults

Journal: Entertainment Computing

Volume: 46

Date: May

Short Title: Personalized, context-aware, and adaptable persuasive approach for encouraging physical activity among older adults

ISSN: 1875-9521

DOI: 10.1016/j.entcom.2023.100567

Article Number: 100567

Accession Number: WOS:000982647500001

Abstract: Seclusion and sedentary lifestyle are the main causes of many psychological and physical health problems. They may be among the top 10 causes of death and disability in the world. The pandemic crisis context of COVID has deepened these problems, especially for older adults who have been isolated, deprived of their relatives and of doing physical activities. In this paper, we introduce an adaptive, personalized, and context-aware persuasive platform to stimulate physical activities of older adults without deception or coercion. Our persuasion approach is customizable, in the sense that every older adult has its personal profile. It is also adaptive because it can use a persuasion loop to change the persuasion strategy when the older adult does not adhere to the proposed persuasion strategy. Furthermore, our persuasion approach is context-aware as it takes account of contextual location and weather information in the provision of the persuasion strategy. To validate our approach, we implemented "ActiveSenior". Then, we carried out a large-scale challenge for one month to approve the results of our persuasive approach. The evaluation of the acceptance of our ActiveSenior system was encouraging as most of the interviewed participants were satisfied. In addition, the obtained results showed a marked improvement in the physical activity of older adults, quantified by the number of steps taken per day.

Notes: Aloulou, Houssein Aloulou, Hamdi Abdulrazak, Bessam Kacem, Ahmed Hadj

1875-953x

URL: <Go to ISI>://WOS:000982647500001

Reference Type: Journal Article

Record Number: 789

Author: Alperstein, S. and Beach, E. F.

Year: 2022

Title: Prioritizing the target audience for a hearing awareness campaign in Australia using the TARPARE model

Journal: Health Promotion International

Date: 2022 Apr

Short Title: Prioritizing the target audience for a hearing awareness campaign in Australia using the TARPARE model

ISSN: 0957-4824

DOI: 10.1093/heapro/daac041

Accession Number: WOS:000785844400001

Abstract: Lay Summary Hearing loss affects one in six Australians, and it is estimated that around one-third of all hearing loss is preventable. Over the past decade, there have been repeated calls for a national health campaign that can raise awareness of hearing health. In order to work out which population segments to target as part of a campaign, we used a model called the TARPARE model to look at which groups a campaign would be most effective for. To help us

do this, we asked a group of health experts to provide their input through a survey. Young children and caregivers received the highest score based on their survey responses and the TARPARE model. The responses from the health experts also revealed three key themes to consider for a hearing campaign: Accessibility and availability of hearing services, Deciding on a preventative or treatment-focused approach, and The difficulty of changing behavior. Hearing loss affects one in six Australians, and it is estimated that around one-third of all hearing loss is preventable. Over the past decade, there have been repeated calls for the development of a national campaign in Australia, aimed at raising the public's awareness of hearing health. We identified six target groups either at risk of developing hearing loss, vulnerable to poor outcomes as a result of untreated hearing loss, or lacking awareness of hearing health services, and applied the TARPARE model as a way of gathering insight into how a national hearing campaign might prioritize these different population segments. An online survey of prominent Australian academics, health practitioners and advocacy professionals with expertise in hearing health and/or public health promotion was created, through which their views on each of six potential target groups that had been identified as likely recipients of a potential hearing health campaign was sought. Young children and caregivers received the highest score based on survey responses and TARPARE criteria. A qualitative analysis of open-ended survey responses from the survey respondents revealed three key themes to consider as part of a potential campaign: Accessibility and availability of hearing services, Deciding on a preventative or treatment-focused approach, and The difficulty of changing behavior. Notes: Alperstein, Simon Beach, Elizabeth Francis 1460-2245 URL: <Go to ISI>://WOS:000785844400001

Reference Type: Journal Article

Record Number: 2058

Author: Alqubaisi, M., Tonna, A., Strath, A. and Stewart, D.

Year: 2016

Title: Quantifying behavioural determinants relating to health professional reporting of medication errors: a cross-sectional survey using the Theoretical Domains Framework

Journal: European Journal of Clinical Pharmacology

Volume: 72

Issue: 11

Pages: 1401-1411

Date: Nov

Short Title: Quantifying behavioural determinants relating to health professional reporting of medication errors: a cross-sectional survey using the Theoretical Domains Framework

ISSN: 0031-6970

DOI: 10.1007/s00228-016-2124-z

Accession Number: WOS:000385175700013

Abstract: The aims of this study were to quantify the behavioural determinants of health professional reporting of medication errors in the United Arab Emirates (UAE) and to explore any differences

between respondents. A cross-sectional survey of patient-facing doctors, nurses and pharmacists within three major hospitals of Abu Dhabi, the UAE. An online questionnaire was developed based on the Theoretical Domains Framework (TDF, a framework of behaviour change theories). Principal component analysis (PCA) was used to identify components and internal reliability determined. Ethical approval was obtained from a UK university and all hospital ethics committees. Two hundred and ninety-four responses were received. Questionnaire items clustered into six components of knowledge and skills, feedback and support, action and impact, motivation, effort and emotions. Respondents generally gave positive responses for knowledge and skills, feedback and support and action and impact components. Responses were more neutral for the motivation and effort components. In terms of emotions, the component with the most negative scores, there were significant differences in terms of years registered as health professional (those registered longest most positive, $p = 0.002$) and age (older most positive, $p < 0.001$) with no differences for gender and health profession. Emotional-related issues are the dominant barrier to reporting and are common to all professions. There is a need to develop, test and implement an intervention to impact health professionals' emotions. Such an intervention should focus on evidence-based behaviour change techniques of reducing negative emotions, focusing on emotional consequences and providing social support. aEuro cent This research used the Theoretical Domains Framework to quantify the behavioural determinants of health professional reporting of medication errors. aEuro cent Questionnaire items relating to emotions surrounding reporting generated the most negative responses with significant differences in terms of years registered as health professional (those registered longest most positive) and age (older most positive) with no differences for gender and health profession. aEuro cent Interventions based on behaviour change techniques mapped to emotions should be prioritised for development.

Notes: Alqubaisi, Mai Tonna, Antonella Strath, Alison Stewart, Derek Strath, Alison J/R-6347-2017

Strath, Alison J/0000-0003-2489-8727; Stewart, Derek/0000-0001-7360-8592; Tonna, Antonella Pia/0000-0002-2659-6901 1432-1041

URL: <Go to ISI>://WOS:000385175700013

Reference Type: Journal Article

Record Number: 2122

Author: Alqubaisi, M., Tonna, A., Strath, A. and Stewart, D.

Year: 2016

Title: Exploring behavioural determinants relating to health professional reporting of medication errors: a qualitative study using the Theoretical Domains Framework

Journal: European Journal of Clinical Pharmacology

Volume: 72

Issue: 7

Pages: 887-895

Date: Jul

Short Title: Exploring behavioural determinants relating to health

professional reporting of medication errors: a qualitative study using the Theoretical Domains Framework

ISSN: 0031-6970

DOI: 10.1007/s00228-016-2054-9

Accession Number: WOS:000378727500013

Abstract: Effective and efficient medication reporting processes are essential in promoting patient safety. Few qualitative studies have explored reporting of medication errors by health professionals, and none have made reference to behavioural theories. The objective was to describe and understand the behavioural determinants of health professional reporting of medication errors in the United Arab Emirates (UAE). This was a qualitative study comprising face-to-face, semi-structured interviews within three major medical/surgical hospitals of Abu Dhabi, the UAE. Health professionals were sampled purposively in strata of profession and years of experience. The semi-structured interview schedule focused on behavioural determinants around medication error reporting, facilitators, barriers and experiences. The Theoretical Domains Framework (TDF; a framework of theories of behaviour change) was used as a coding framework. Ethical approval was obtained from a UK university and all participating hospital ethics committees. Data saturation was achieved after interviewing ten nurses, ten pharmacists and nine physicians. Whilst it appeared that patient safety and organisational improvement goals and intentions were behavioural determinants which facilitated reporting, there were key determinants which deterred reporting. These included the beliefs of the consequences of reporting (lack of any feedback following reporting and impacting professional reputation, relationships and career progression), emotions (fear and worry) and issues related to the environmental context (time taken to report). These key behavioural determinants which negatively impact error reporting can facilitate the development of an intervention, centring on organisational safety and reporting culture, to enhance reporting effectiveness and efficiency.

Notes: Alqubaisi, Mai Tonna, Antonella Strath, Alison Stewart, Derek Strath, Alison J/R-6347-2017

Strath, Alison J/0000-0003-2489-8727; Stewart, Derek/0000-0001-7360-8592; Tonna, Antonella Pia/0000-0002-2659-6901 1432-1041

URL: <Go to ISI>://WOS:000378727500013

Reference Type: Journal Article

Record Number: 676

Author: Alrushud, A., Alamam, D., Alharthi, A., Shaheen, A., Alotaibi, N., AlSabhan, R., Alharbi, S., Ali, N., Mohammed, E. and Sweeh, J.

Year: 2022

Title: Physical therapists' perceptions of and satisfaction with delivering telerehabilitation sessions to patients with knee osteoarthritis during the Covid-19 pandemic: Preliminary study

Journal: Musculoskeletal Care

Volume: 20

Issue: 4

Pages: 926–936

Date: Dec

Short Title: Physical therapists' perceptions of and satisfaction with delivering telerehabilitation sessions to patients with knee osteoarthritis during the Covid-19 pandemic: Preliminary study

ISSN: 1478–2189

DOI: 10.1002/msc.1666

Accession Number: WOS:000810433700001

Abstract: Objective: This preliminary study was conducted to explore physical therapists' (PT) perceptions of and satisfaction with delivering telerehabilitation sessions to patients with knee osteoarthritis during the Covid-19 pandemic. Study design: An exploratory preliminary study using an internet-based survey followed by focus group sessions. Methods: A programme of sessions was administered by 12 PTs from the Physical Therapy Department at Prince Sultan Military Medical City. An internet-based survey containing 17 statements was completed by the PTs. Results: With regard to telephone-delivered care, four statements related to patients' privacy, programme convenience, safe patients time and money achieved consensus agreement ($\geq 75\%$ agreed or strongly agreed), there was majority agreement ($\geq 50\%$ of respondents agreed or strongly agreed) with seven of the statements regarding the effectiveness, affordability and safety of the programme, but there was no consensus with regard to the remaining five statements. In addition, most of the participants (84.6%) believed that a telephone consultation should cost 25% or 50% less than a face-to-face session. Conclusion: Despite the lack of physical contact with patients, the PTs agreed that telerehabilitation would offer patients an easy method of being prescribed a therapeutic programme, save time and money, and maintain patient privacy. Further, the PTs reported barriers and suggested adaptations for this method of service delivery.

Notes: Alrushud, Asma Alamam, Dalyah Alharthi, Ameerah Shaheen, Afaf Alotaibi, Nada AlSabhan, Rand Alharbi, Shatha Ali, Nour Mohammed, Elaf Sweeh, Joud

shaheen, Afaf Ahmed/HNC-2943-2023; Alamam, Dalyah/ABA-7875-2022

shaheen, Afaf Ahmed/0000-0002-9265-0806; Alamam, Dalyah/

0000-0002-0237-1484

1557-0681

URL: <Go to ISI>://WOS:000810433700001

Reference Type: Journal Article

Record Number: 1244

Author: Alsulamy, N., Lee, A. N. and Thokala, P.

Year: 2022

Title: Healthcare professionals' views on factors influencing shared decision-making in primary health care centres in Saudi Arabia: A qualitative study

Journal: Journal of Evaluation in Clinical Practice

Volume: 28

Issue: 2

Pages: 235–246

Date: Apr

Short Title: Healthcare professionals' views on factors influencing shared decision-making in primary health care centres in Saudi Arabia: A qualitative study

ISSN: 1356-1294

DOI: 10.1111/jep.13616

Accession Number: WOS:000691707800001

Abstract: Objective To describe the perspectives of healthcare professionals regarding the implementation of Shared decision-making (SDM) in primary healthcare centres (PHCCs) in Saudi Arabia. Methods Qualitative semi-structured interviews were conducted with a purposive and snowball sample of healthcare professionals in PHCCs. Interviews have been recorded, transcribed, translated and thematically analysed. Themes were mapped to the COM-B model. Results Sixteen healthcare professionals were interviewed. The data analysis identified six themes and 14 sub-themes. The six themes are patient related factors, health professional related factors, environmental context and resources, patient-physician communication, patient-physician preferences toward SDM and physicians' perceived value and benefits of SDM. Physicians are unlikely to practice SDM in the context of time pressures, shortage of physicians, lack of treatment options, and decision-making aids. The findings also underscored the importance of building a trustworthy physician-patient relationship through the use of effective conversation techniques. Conclusions There are multiple barriers to SDM in primary care. Unless these barriers are addressed, it is unlikely that physicians will effectively or fully engage in SDM with patients.

Notes: Alsulamy, Nouf Lee, Andrew Thokala, Praveen

Alsulamy, Nouf/0000-0003-3727-0824; Thokala, Praveen/
0000-0003-4122-2366

1365-2753

URL: <Go to ISI>://WOS:000691707800001

Reference Type: Journal Article

Record Number: 1040

Author: Alvarez-Mon, M. A., Fernandez-Lazaro, C. I., Llaverro-Valero, M., Alvarez-Mon, M., Mora, S., Martinez-Gonzalez, M. A. and Bes-Rastrollo, M.

Year: 2022

Title: Mediterranean Diet Social Network Impact along 11 Years in the Major US Media Outlets: Thematic and Quantitative Analysis Using Twitter

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 2

Date: Jan

Short Title: Mediterranean Diet Social Network Impact along 11 Years in the Major US Media Outlets: Thematic and Quantitative Analysis Using Twitter

DOI: 10.3390/ijerph19020784

Article Number: 784

Accession Number: WOS:000758540600001

Abstract: Background: Media outlets influence social attitudes toward health. Thus, it is important that they share contents which promote healthy habits. The Mediterranean diet (MedDiet) is associated with lower cardiovascular disease risk. Analysis of tweets has become a tool for understanding perceptions on health issues. Methods: We investigated tweets posted between January 2009 and December 2019 by 25 major US media outlets about MedDiet and its components as well as the retweets and likes generated. In addition, we measured the sentiment analysis of these tweets and their dissemination. Results: In total, 1608 tweets, 123,363 likes and 48,946 retweets about MedDiet or its components were analyzed. Dairy (inversely weighted in MedDiet scores) accounted for 45.0% of the tweets (723/1608), followed by nuts 19.7% (317/1608). MedDiet, as an overall dietary pattern, generated only 9.8% (157/1608) of the total tweets, while olive oil generated the least number of tweets. Twitter users' response was quantitatively related to the number of tweets posted by these US media outlets, except for tweets on olive oil and MedDiet. None of the MedDiet components analyzed was more likely to be liked or retweeted than the MedDiet itself. Conclusions: The US media outlets analyzed showed reduced interest in MedDiet as a whole, while Twitter users showed greater interest in the overall dietary pattern than in its particular components. Notes: Alvarez-Mon, Miguel Angel Fernandez-Lazaro, Cesar I. Llaveró-Valero, Maria Alvarez-Mon, Melchor Mora, Samia Martinez-Gonzalez, Miguel A. Bes-Rastrollo, Maira Bes-Rastrollo, Maira/A-1329-2009 Bes-Rastrollo, Maira/0000-0002-9139-4206; Fernandez-Lazaro, Cesar/0000-0003-2366-2528; Alvarez-Mon, Melchor/0000-0003-1309-7510; Mora, Samia/0000-0001-6283-0980; Alvarez de Mon, Miguel Angel/0000-0002-1987-0394; Martinez-Gonzalez, Miguel A./0000-0002-3917-9808 1660-4601 URL: <Go to ISI>://WOS:000758540600001

Reference Type: Journal Article

Record Number: 129

Author: Alwidy, T., McCorry, N. K. and Parsons, C.

Year: 2023

Title: Healthcare professionals' perspectives of deprescribing in older patients at the end of life in hospice care: a qualitative study using the Theoretical Domains Framework

Journal: International Journal of Pharmacy Practice

Volume: 31

Issue: 3

Pages: 305-313

Date: May

Short Title: Healthcare professionals' perspectives of deprescribing in older patients at the end of life in hospice care: a qualitative study using the Theoretical Domains Framework

ISSN: 0961-7671

DOI: 10.1093/ijpp/riad005

Accession Number: WOS:000942793900001

Abstract: Objectives This study aimed to investigate healthcare

professionals' barriers to and enablers of deprescribing in older hospice patients at the end of life and prioritise relevant theoretical domains for behaviour change to be incorporated into future interventions to facilitate deprescribing. Methods Twenty doctors, nurses and pharmacists from four hospices in Northern Ireland participated in qualitative semistructured interviews using Theoretical Domains Framework (TDF)-based topic guides. Data were recorded, transcribed verbatim and analysed inductively using thematic analysis. Deprescribing determinants were mapped to the TDF enabling the prioritisation of domains for behaviour change. Key findings Four prioritised TDF domains represented key barriers to deprescribing implementation; lack of formal documentation of deprescribing outcomes (Behavioural regulation), challenges in communication with patients and families (Skills), lack of implementation of deprescribing tools in practice (Environmental context/resources) and patient and caregiver perceptions of medication (Social influences). Access to information was identified as a key enabler (Environmental context/resources). Perceived risks versus benefits of deprescribing were identified as a key barrier or enabler (Beliefs about consequences). Conclusions This study highlights that further guidance on deprescribing in the context of end-of-life is required to address the growing problems of inappropriate prescribing, Guidance should consider factors such as the adoption of deprescribing tools, monitoring and documentation of deprescribing outcomes and how best to discuss prognostic uncertainty.

Notes: Alwidyan, Tahani McCorry, Noleen K. Parsons, Carole
2042-7174

URL: <Go to ISI>://WOS:000942793900001

Reference Type: Journal Article

Record Number: 638

Author: Ambrose-Oji, B., Goodenough, A., Urquhart, J., Hall, C. and Karlsdottir, B.

Year: 2022

Title: 'We're Farmers Not Foresters': Farmers' Decision-Making and Behaviours towards Managing Trees for Pests and Diseases

Journal: Forests

Volume: 13

Issue: 7

Date: Jul

Short Title: 'We're Farmers Not Foresters': Farmers' Decision-Making and Behaviours towards Managing Trees for Pests and Diseases

DOI: 10.3390/f13071030

Article Number: 1030

Accession Number: WOS:000833777300001

Abstract: Policy makers are challenged to find ways of influencing and supporting land manager behaviours and actions to deal with the impacts of increasing pressure from tree pests and diseases. This paper investigates attitudes and behaviours of farmers towards managing trees on farmland for pests and diseases. Data collection with farmers included deliberative workshops and semi-structured interviews. Data were thematically analyzed using the COM-B

(Capacity/Opportunity/Motivation–Behaviour) model to understand the drivers of farmer behaviour for tree health. Results suggested farmers had some knowledge, experience and skills managing trees, but they did not recognize this capacity. Social norms and networks impacted the context of opportunity to act for tree health, along with access to trusted advice and labour, and the costs associated with management action. Motivational factors such as self-efficacy, perceived benefits of acting, personal interest and sense of agency were impacted by farmers' self-identity as food producers. The COM-B model also provides a framework for identifying intervention design through a Behaviour Change Wheel. This suggests that enhancing self-efficacy supported by the right kind of advice and guidance, framed and communicated in farmers' terms and brokered by appropriate knowledge intermediaries, seems critical to building action amongst different farmer types and attitudinal groups.

Notes: Ambrose-Oji, Bianca Goodenough, Alice Urquhart, Julie Hall, Clare Karlsdottir, Berglind

Goodenough, Alice/AAL-6531-2021

Goodenough, Alice/0000-0003-0862-2894; Urquhart, Julie/
0000-0001-5000-4630; Karlsdottir, Berglind/0000-0001-6157-3804
1999-4907

URL: <Go to ISI>://WOS:000833777300001

Reference Type: Journal Article

Record Number: 774

Author: Amiel, S. A., Potts, L., Goldsmith, K., Jacob, P., Smith, E. L., Gonder-Frederick, L., Heller, S., Toschi, E., Brooks, A., Kariyawasam, D., Choudhary, P., Stadler, M., Rogers, H., Kendall, M., Sevdalis, N., Bakolis, I. and de Zoysa, N.

Year: 2022

Title: A parallel randomised controlled trial of the Hypoglycaemia Awareness Restoration Programme for adults with type 1 diabetes and problematic hypoglycaemia despite optimised self-care (HARPdoc)

Journal: Nature Communications

Volume: 13

Issue: 1

Date: Apr

Short Title: A parallel randomised controlled trial of the Hypoglycaemia Awareness Restoration Programme for adults with type 1 diabetes and problematic hypoglycaemia despite optimised self-care (HARPdoc)

DOI: 10.1038/s41467-022-29488-x

Article Number: 2229

Accession Number: WOS:000788852000013

Abstract: Impaired awareness of hypoglycaemia (IAH) is a major risk for severe hypoglycaemia in insulin treatment of type 1 diabetes (T1D). To explore the hypothesis that unhelpful health beliefs create barriers to regaining awareness, we conducted a multi-centre, randomised, parallel, two-arm trial (ClinicalTrials.gov NCT02940873) in adults with T1D and treatment-resistant IAH and severe hypoglycaemia, with blinded analysis of 12-month recall of severe hypoglycaemia at 12 and/or 24 months the primary outcome. Secondary outcomes included cognitive and emotional measures. Adults with T1D,

IAH and severe hypoglycaemia despite structured education in insulin adjustment, +/- diabetes technologies, were randomised to the "Hypoglycaemia Awareness Restoration Programme despite optimised self-care" (HARPDdoc, n = 49), a psychoeducation programme uniquely focussing on changing cognitive barriers to avoiding hypoglycaemia, or the evidence-based "Blood Glucose Awareness Training" (BGAT, n = 50), both delivered over six weeks. Median [IQR] severe hypoglycaemia at baseline was 5[2-12] per patient/year, 1[0-5] at 12 months and 0[0-2] at 24 months, with no superiority for HARPDdoc (HARPDdoc vs BGAT incident rate ratios [95% CI] 1.25[0.51, 3.09], p = 0.62 and 1.26[0.48, 3.35], p = 0.64 respectively), nor for changes in hypoglycaemia awareness scores or fear. Compared to BGAT, HARPDdoc significantly reduced endorsement of unhelpful cognitions (Estimated Mean Difference for Attitudes to Awareness scores at 24 months, -2.07 [-3.37,-0.560], p = 0.01) and reduced scores for diabetes distress (-6.70[-12.50,-0.89], p = 0.02); depression (-1.86[-3.30, -0.43], p = 0.01) and anxiety (-1.89[-3.32, -0.47], p = 0.01). Despite positive impact on cognitive barriers around hypoglycaemia avoidance and on diabetes-related and general emotional distress scores, HARPDdoc was not more effective than BGAT at reducing severe hypoglycaemia. Impaired awareness of hypoglycaemia (IAH) is a risk for severe hypoglycaemia in insulin treatment of type 1 diabetes (T1D). Here the authors report that a group programme focussing on changing cognitive barriers to avoiding hypoglycaemia (HARPDdoc) does not reduce severe hypoglycaemia more than a programme focussing on behaviours (BGAT) in a randomized control trial in adults with T1D and treatment-resistant IAH and severe hypoglycaemia.

Notes: Amiel, Stephanie A. Potts, Laura Goldsmith, Kimberley Jacob, Peter Smith, Emma L. Gonder-Frederick, Linda Heller, Simon Toschi, Elena Brooks, Augustin Kariyawasam, Dulmini Choudhary, Pratik Stadler, Marietta Rogers, Helen Kendall, Mike Sevdalis, Nick Bakolis, Ioannis de Zoysa, Nicole

Rodríguez González, Noelia/HKN-9345-2023; Jacob, Peter/P-9346-2019; Smith, Emma/AAN-6786-2020; Sevdalis, Nick/O-1419-2017; Goldsmith, Kimberley/B-9107-2011

Satchwell, Laura Charlotte/0000-0002-2935-6532; Heller, Simon/0000-0002-2425-9565; Sevdalis, Nick/0000-0001-7560-8924; Amiel, Stephanie/0000-0003-2686-5531; Bakolis, Ioannis/0000-0002-4800-1630; Choudhary, Pratik/0000-0001-7635-4735; Goldsmith, Kimberley/0000-0002-0620-7868

2041-1723

URL: <Go to ISI>://WOS:000788852000013

Reference Type: Journal Article

Record Number: 666

Author: Amirova, A., Taylor, L., Volkmer, B., Ahmed, N., Chater, A. M. and Fteropoulli, T.

Year: 2022

Title: Informing behaviour change intervention design using systematic review with Bayesian meta-analysis: physical activity in heart failure

Journal: Health Psychology Review

Date: 2022 Jun

Short Title: Informing behaviour change intervention design using systematic review with Bayesian meta-analysis: physical activity in heart failure

ISSN: 1743-7199

DOI: 10.1080/17437199.2022.2090411

Accession Number: WOS:000815384200001

Abstract: Embracing the Bayesian approach, we aimed to synthesise evidence regarding barriers and enablers to physical activity in adults with heart failure (HF) to inform behaviour change intervention. This approach helps estimate and quantify the uncertainty in the evidence and facilitates the synthesis of qualitative and quantitative studies. Qualitative evidence was annotated using the Theoretical Domains Framework and represented as a prior distribution using an expert elicitation task. The maximum a posteriori probability (MAP) for the probability distribution for the log OR was used to estimate the relationship between physical activity and each determinant according to qualitative, quantitative, and qualitative and quantitative evidence combined. The probability distribution dispersion (SD) was used to evaluate uncertainty in the evidence. Three qualitative and 16 quantitative studies were included (N = 2739). High pro-b-type natriuretic peptide (MAP = -1.16; 95%CrI: [-1.21; -1.11]) and self-reported symptoms (MAP = -0.48; 95%CrI: [-0.40; -0.55]) were suggested as barriers to physical activity with low uncertainty (SD = 0.18 and 0.19, respectively). Modifiable barriers were symptom distress (MAP = -0.46; 95%CrI: [-0.68; -0.24], SD = 0.36), and negative attitude (MAP = -0.40; 95%CrI: [-0.49; -0.31], SD = 0.26). Modifiable enablers were social support (MAP = 0.56; 95%CrI: [0.48; 0.63], SD = 0.26), self-efficacy (MAP = 0.43; 95%CrI: [0.32; 0.54], SD = 0.37), positive physical activity attitude (MAP = 0.92; 95%CrI: [0.77; 1.06], SD = 0.36).

Notes: Amirova, Aliya Taylor, Lauren Volkmer, Britannia Ahmed, Nafiso Chater, Angel M. Fteropoulli, Theodora

Ahmed, Nafiso/HNP-0953-2023; Amirova, Aliya/GPF-5416-2022

Amirova, Aliya/0000-0001-6476-7604; Taylor, Lauren/

0000-0002-9985-9768

1743-7202

URL: <Go to ISI>://WOS:000815384200001

Reference Type: Journal Article

Record Number: 991

Author: Amon, J. N., Ferguson, C., Tatucu-Babet, O. A., Romero, L., Hodgson, C. L. and Ridley, E. J.

Year: 2022

Title: Barriers and facilitators to oral nutrition intake in hospitalised adult patients following critical illness: A scoping review protocol

Journal: Clinical Nutrition Espen

Volume: 47

Pages: 399-404

Date: Feb

Short Title: Barriers and facilitators to oral nutrition intake in hospitalised adult patients following critical illness: A scoping

review protocol

ISSN: 2405-4577

DOI: 10.1016/j.clnesp.2021.11.019

Accession Number: WOS:000747721900054

Abstract: Background & aims: Nutrition following liberation of mechanical ventilation and throughout acute hospitalisation may be important in aiding recovery. While oral nutrition is the most common mode of nutrition provision in this time period, it is unclear what factors influence oral nutrition intake due to limited research in the area to date. This article outlines the methods for a scoping review to explore and collate reported barriers and facilitators to oral nutrition intake in patients following liberation of mechanical ventilation. Methods: A scoping review will be conducted, and the following databases searched: MEDLINE, Embase, Emtree, and CINAHL. Grey literature, including but not limited to conference abstracts and theses will be searched for via ProQuest, Scopus, Web of Science and PsychInfo. Study selection, data extraction and data charting will be conducted by two reviewers. Data will be synthesised into figures and tables, with the COM-B framework providing a structure for grouping themes and findings. Included literature will comprise of primary research studies, reviews and grey literature from 2000 onward, that include critically ill adult patients who have been recruited in an ICU, received a therapy usually delivered in ICU, or had an average length of ICU stay greater than or equal to two days. Studies that report the presence of oral nutrition-related barriers or facilitators following liberation of mechanical ventilation will be considered for inclusion. (C) 2021 Published by Elsevier Ltd on behalf of European Society for Clinical Nutrition and Metabolism. Notes: Amon, Jenna Nicole Ferguson, Clare Tatucu-Babet, Oana Alina Romero, Lorena Hodgson, Carol Lynette Ridley, Emma Jean Ferguson, Clare/0000-0002-8556-7983; Tatucu, Oana/0000-0002-1888-679X; Hodgson, Carol/0000-0001-9002-2075; Amon, Jenna/0000-0003-4758-5272
URL: <Go to ISI>://WOS:000747721900054

Reference Type: Journal Article

Record Number: 1003

Author: Ancker, J. S., Benda, N. C., Sharma, M. M., Johnson, S. B., Weiner, S. and Zikmund-Fisher, B. J.

Year: 2022

Title: Taxonomies for synthesizing the evidence on communicating numbers in health: Goals, format, and structure

Journal: Risk Analysis

Volume: 42

Issue: 12

Pages: 2656-2670

Date: Dec

Short Title: Taxonomies for synthesizing the evidence on communicating numbers in health: Goals, format, and structure

ISSN: 0272-4332

DOI: 10.1111/risa.13875

Accession Number: WOS:000740795200001

Abstract: Many people, especially those with low numeracy, are known to have difficulty interpreting and applying quantitative information to health decisions. These difficulties have resulted in a rich body of research about better ways to communicate numbers. Synthesizing this body of research into evidence-based guidance, however, is complicated by inconsistencies in research terminology and researcher goals. In this article, we introduce three taxonomies intended to systematize terminology in the literature, derived from an ongoing systematic literature review. The first taxonomy provides a systematic nomenclature for the outcome measures assessed in the studies, including perceptions, decisions, and actions. The second taxonomy is a nomenclature for the data formats assessed, including numbers (and different formats for numbers) and graphics. The third taxonomy describes the quantitative concepts being conveyed, from the simplest (a single value at a single point in time) to more complex ones (including a risk-benefit trade-off and a trend over time). Finally, we demonstrate how these three taxonomies can be used to resolve ambiguities and apparent contradictions in the literature.

Notes: Ancker, Jessica S. Benda, Natalie C. Sharma, Mohit M. Johnson, Stephen B. Weiner, Stephanie Zikmund-Fisher, Brian J. Weiner, Stephanie/0000-0001-8506-8140; Johnson, Stephen/0000-0002-7663-4355; Ancker, Jessica/0000-0002-3859-9130; Zikmund-Fisher, Brian/0000-0002-1637-4176
1539-6924
URL: <Go to ISI>://WOS:000740795200001

Reference Type: Journal Article
Record Number: 1919
Author: Ancusa, V. M. and Dragoie, C. M.
Year: 2017
Title: Cursor Movement - a Valuable Indicator in Intelligent System Design
Journal: Brain-Broad Research in Artificial Intelligence and Neuroscience
Volume: 8
Issue: 2
Pages: 45-55
Date: Jul
Short Title: Cursor Movement - a Valuable Indicator in Intelligent System Design
ISSN: 2067-3957
Accession Number: WOS:000406134100004
Abstract: Systems that react to emotional information allow for better satisfaction of the user's needs, stated or otherwise. Special support should be built-in, in order to read and measure the time-variable user's affective state. This paper presents how cursor movement can accurately measure two basic emotional states and introduces a way to measure the emotional flow graph of an application, which allows for better user design.
Notes: Ancusa, Versavia-Maria Dragoie, Ciprian-Maniu
URL: <Go to ISI>://WOS:000406134100004

Reference Type: Journal Article

Record Number: 1730

Author: Andersen, P., Holmberg, S., Arestedt, K., Lendahls, L. and Nilsen, P.

Year: 2020

Title: Physical Activity on Prescription in Routine Health Care: 1-Year Follow-Up of Patients with and without Counsellor Support

Journal: International Journal of Environmental Research and Public Health

Volume: 17

Issue: 16

Date: Aug

Short Title: Physical Activity on Prescription in Routine Health Care: 1-Year Follow-Up of Patients with and without Counsellor Support

DOI: 10.3390/ijerph17165679

Article Number: 5679

Accession Number: WOS:000565054400001

Abstract: The effectiveness of counsellor support in addition to physical activity on prescription (PAP) from health care professionals has rarely been evaluated. This observational follow-up study investigated differences in physical activity levels and health-related quality of life (HRQoL) one year after PAP regarding patients' use of counsellor support in addition to PAP in routine care. The study was conducted in a Swedish health care region in which all patients receiving PAP from health care professionals were offered counsellor support. Data were collected from medical records and questionnaires (baseline and follow-up). Of the 400 study participants, 37% used counsellor support. The group of counsellor users attained a higher level of physical activity one year after receiving PAP compared to the group of non-users ($p < 0.001$). The level of physical activity was measured by a validated index (score 3-19) calculated from weekly everyday activity and exercise training. Comparison of the change in scores between baseline and follow-up showed a significant difference between the two groups, ($p < 0.001$). The median difference in the PAP + C group was 2.0 (interquartile range, 7.0) and 0.0 among non-users (interquartile range, 4.0). Significant differences in HRQoL were due to positive improvements among counsellor users, with the main improvement in general health. The conclusion is that patients using counsellor support after receiving PAP from health care professionals had higher physical activity and better HRQoL one year after compared with patients who did not use this support.

Notes: Andersen, Pia Holmberg, Sara Arestedt, Kristofer Lendahls, Lena Nilsen, Per

1660-4601

URL: <Go to ISI>://WOS:000565054400001

Reference Type: Journal Article

Record Number: 864

Author: Andersen, P., Holmberg, S., Arestedt, K., Lendahls, L. and Nilsen, P.

Year: 2022

Title: Factors associated with increased physical activity among patients prescribed physical activity in Swedish routine health care including an offer of counselor support: a 1-year follow-up

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Mar

Short Title: Factors associated with increased physical activity among patients prescribed physical activity in Swedish routine health care including an offer of counselor support: a 1-year follow-up

DOI: 10.1186/s12889-022-12940-4

Article Number: 509

Accession Number: WOS:000769445200007

Abstract: Background The study addresses knowledge gaps in research regarding influences of routine health care delivery of physical activity on prescription (PAP). The aim was to investigate if patient and health care characteristics are associated with increased physical activity 1 year after prescription among patients offered counselor support in addition to health care professionals' prescription. The study was conducted in primary and secondary care in a Swedish health care region. Methods All PAP recipients during 1 year were invited (N = 1503) to participate in this observational prospective study. Data were collected from medical records and questionnaires (baseline and follow-up). Descriptive statistics and multiple logistic regression analysis were used. The outcome variable was increased physical activity after 1 year. Study variables were patient and health care characteristics. Results Three hundred and fifty-five patients with complete follow-up data were included. The mean age was 62 years (SD = 14; range, 18–90) and 68% were females. Almost half (47%) had increased physical activity 1 year after PAP. Multiple logistic regression analysis showed that increased physical activity at follow-up was positively associated with lower baseline activity, counselor use, and positive perception of support. Counselor users with low baseline activity had higher odds ratio for increased physical activity at follow-up than non-users (OR = 7.2, 95% CI = 2.2–23.5 vs. OR = 3.2, 95% CI = 1.4–7.5). Positive perception of support was associated with increased physical activity among counselor users but not among non-users. Conclusions An increase in physical activity after PAP was related to low baseline activity, positive perception of support, and use of counselor support after PAP. Qualified counseling support linked to PAP seems to be important for achieving increased physical activity among patients with lower baseline activity.

Notes: Andersen, Pia Holmberg, Sara Arestedt, Kristofer Lendahls, Lena Nilsen, Per

1471–2458

URL: <Go to ISI>://WOS:000769445200007

Reference Type: Journal Article

Record Number: 2353

Author: Anderson, A. S., Caswell, S., Macleod, M., Craigie, A. M.,

Stead, M., Steele, R. J. C. and The Be, W. E. L. Team

Year: 2015

Title: Awareness of Lifestyle and Colorectal Cancer Risk: Findings from the BeWEL Study

Journal: Biomed Research International

Volume: 2015

Short Title: Awareness of Lifestyle and Colorectal Cancer Risk: Findings from the BeWEL Study

ISSN: 2314-6133

DOI: 10.1155/2015/871613

Article Number: 871613

Accession Number: WOS:000363171800001

Abstract: It is estimated that 47% of colorectal cancers (CRC) could be prevented by appropriate lifestyles. This study aimed to identify awareness of the causes of CRC in patients who had been diagnosed with a colorectal adenoma through the Scottish Bowel Screening Programme and subsequently enrolled in an intervention trial (using diet and physical activity education and behavioural change techniques) (BeWEL). At baseline and 12-month follow-up, participants answered an open-ended question on factors influencing CRC development. Of the 329 participants at baseline, 40 (12%) reported that they did not know any risk factors and 36 (11%) failed to identify specific factors related to diet and activity. From a potential knowledge score of 1 to 6, the mean score was 1.5 (SD1.1, range 0 to 5) with no difference between intervention and control groups. At follow-up, the intervention group had a significantly greater knowledge score and better weight loss, diet, and physical activity measures than the control group. Awareness of relevant lifestyle factors for CRC remains low in people at increased risk of the disease. Opportunities within routine NHS screening to aid the capability (including knowledge of risk factors) of individuals to make behavioural changes to reduce CRC risk deserve exploration.

Notes: Anderson, Annie S. Caswell, Stephen Macleod, Maureen Craigie, Angela M. Stead, Martine Steele, Robert J. C.

Belch, Jill/AAE-9189-2019

Belch, Jill/0000-0001-8280-6689; Treweek, Shaun/0000-0002-7239-7241;

Steele, Robert JC/0000-0003-4248-6785; anderson, annie/

0000-0002-0047-4500; Stead, Martine/0000-0002-3066-4604; Norwood,

Patricia/0000-0002-4919-8906

2314-6141

URL: <Go to ISI>://WOS:000363171800001

Reference Type: Journal Article

Record Number: 1513

Author: Anderson, A. S., Chong, H. Y., Craigie, A. M., Donnan, P. T., Gallant, S., Hickman, A., McAdam, C., McKell, J., McNamee, P., Macaskill, E. J., Mutrie, N., O'Carroll, R. E., Rauchhaus, P., Sattar, N., Stead, M. and Treweek, S.

Year: 2021

Title: A novel approach to increasing community capacity for weight management a volunteer-delivered programme (ActWELL) initiated within breast screening clinics: a randomised controlled trial

Journal: International Journal of Behavioral Nutrition and Physical

Activity

Volume: 18

Issue: 1

Date: Mar

Short Title: A novel approach to increasing community capacity for weight management a volunteer-delivered programme (ActWELL) initiated within breast screening clinics: a randomised controlled trial

DOI: 10.1186/s12966-021-01099-7

Article Number: 34

Accession Number: WOS:000626529400002

Abstract: Background It is estimated that around 30% of breast cancers in post-menopausal women are related to lifestyle. The breast cancer-pooling project demonstrated that sustained weight loss of 2 to 4.5kg is associated with an 18% lower risk of breast cancer, highlighting the importance of small changes in body weight. Our study aimed to assess the effectiveness a volunteer-delivered, community based, weight management programme (ActWELL) for women with a BMI >25kg/m² attending NHS Scotland Breast Screening clinics. **Methods** A multicentre, 1:1 parallel group, randomised controlled trial was undertaken in 560 women aged 50 to 70 years with BMI >25kg/m². On completion of baseline measures, all participants received a breast cancer prevention leaflet. Intervention group participants received the ActWELL intervention which focussed on personalised diet advice and pedometer walking plans. The programme was delivered in leisure centres by (the charity) Breast Cancer Now volunteer coaches. **Primary outcomes** were changes between groups at 12 months in body weight (kg) and physical activity (accelerometer measured step count). **Results** Two hundred seventy-nine women were allocated to the intervention group and 281 to the comparison group. Twelve-month data were available from 240 (81%) intervention and 227 (85%) comparison group participants. Coaches delivered 523 coaching sessions and 1915 support calls to 279 intervention participants. Mean weight change was -2.5kg (95% CI -3.1 to -1.9) in the intervention group and -1.2kg (-1.8 to 0.6) in the comparison group. The adjusted mean difference was -1.3kg (95% CI -2.2 to -0.4, P=0.003). The odds ratio for losing 5% weight was 2.20 (95% CI 1.4 to 3.4, p=0.0005) in favour of the intervention. The adjusted mean difference in step counts between groups was 483 steps/day (95% CI -635 to 1602) (NS). **Conclusions** A community weight management intervention initiated at breast screening clinics and delivered by volunteer coaches doubled the likelihood of clinically significant weight loss at 12 months (compared with usual care) offering significant potential to decrease breast cancer risk. **Trial registration** Database of registration: ISCRTN. Registration number: 11057518. Date trial registered: 21.07.2017. Date of enrolment of first participant: 01.09.2017.

Notes: Anderson, Annie S. Chong, Huey Yi Craigie, Angela M. Donnan, Peter T. Gallant, Stephanie Hickman, Amy McAdam, Chloe McKell, Jennifer McNamee, Paul Macaskill, E. Jane Mutrie, Nanette O'Carroll, Ronan E. Rauchhaus, Petra Sattar, Naveed Stead, Martine Treweek, Shaun

McKell, Jennifer/0000-0002-2912-0837; Donnan, Peter/0000-0001-7828-0610; Stead, Martine/0000-0002-3066-4604; anderson,

annie/0000-0002-0047-4500; McNamee, Paul/0000-0002-4540-8718
1479-5868
URL: <Go to ISI>://WOS:000626529400002

Reference Type: Book
Record Number: 2478
Author: Anderson, A. S. and Craigie, A. M.
Year: 2013
Title: Understanding Eating Behaviour and Lifestyle Issues in Women
- Implications for Obesity Development and Prevention
Series Editor: Mahmood, T. A. and Arulkumaran, S.
Series Title: Obesity: A Ticking Time Bomb for Reproductive Health
Number of Pages: 597-606
Short Title: Understanding Eating Behaviour and Lifestyle Issues in
Women - Implications for Obesity Development and Prevention
ISBN: 978-0-12-391480-4; 978-0-12-416045-3
DOI: 10.1016/b978-0-12-416045-3.00043-1
Accession Number: WOS:000336658700043
Notes: Anderson, Annie S. Craigie, Angela M.
URL: <Go to ISI>://WOS:000336658700043

Reference Type: Journal Article
Record Number: 1362
Author: Anderson, E., Brigden, A., Davies, A., Shepherd, E. and
Ingram, J.
Year: 2021
Title: Pregnant women's experiences of social distancing behavioural
guidelines during the Covid-19 pandemic 'lockdown' in the UK, a
qualitative interview study
Journal: BMC Public Health
Volume: 21
Issue: 1
Date: Jun
Short Title: Pregnant women's experiences of social distancing
behavioural guidelines during the Covid-19 pandemic 'lockdown' in
the UK, a qualitative interview study
DOI: 10.1186/s12889-021-11202-z
Article Number: 1202
Accession Number: WOS:000668566500001
Abstract: BackgroundCovid-19 triggered the rapid roll-out of mass
social distancing behavioural measures for infection control.
Pregnant women were categorised as 'at risk' requiring extra
vigilance with behavioural guidelines. Their understanding and
ability to adhere to recommendations was unknown.ObjectivesTo
complete a behavioural analysis of the determinants of recommended
social distancing behaviour in pregnant women, according to the
'capability, opportunity, motivation and behaviour' ('COM-B') model
to inform the development of recommendations/materials to support
pregnant women in understanding and adhering to behavioural
guidelines.DesignQualitative interview study with pregnant women in
the Bristol area (UK).MethodsSemi-structured telephone/
videoconference interviews were conducted following a topic guide

informed by the COM-B model, transcribed verbatim and subjected to framework analysis. Infographic materials were iteratively produced with stakeholder consultation, to support pregnant women. Results Thirty-one women participated (selected for demographic range). Women reported adhering to social distancing recommendations and intended to continue. COM-B analysis identified gaps in understanding around risk, vulnerability, and the extent of required social distancing, as well as facilitators of social distancing behaviour (e.g. social support, motivation to stay safe, home environment/resources). Additional themes around detrimental mental health effects and changes to maternity healthcare from the social distancing measures were identified. Infographic resources (plus midwife report) addressing women's key concerns were produced and disseminated. Conclusions The COM-B model provided useful details of determinants of pregnant women's adherence to social distancing behaviours. The confusion of what being 'at risk' meant and varying interpretation of what was expected indicates a need for greater clarity around categories and guidance. The loss of maternity care and negative mental health effects of social distancing suggest a growing area of unmet health needs to be addressed in future.

Notes: Anderson, Emma Brigden, Amberly Davies, Anna Shepherd, Emily Ingram, Jenny

Anderson, Emma C/C-9165-2013

Anderson, Emma C/0000-0002-4639-9067; Davies, Anna/0000-0003-0743-6547; Ingram, Jenny/0000-0003-2366-008X 1471-2458

URL: <Go to ISI>://WOS:000668566500001

Reference Type: Journal Article

Record Number: 2290

Author: Anderson, J. E.

Year: 2015

Title: Complex interventions and their implications for systematic reviews: Commentary on Petticrew et al. (2015)

Journal: International Journal of Nursing Studies

Volume: 52

Issue: 7

Pages: 1209-1210

Date: Jul

Short Title: Complex interventions and their implications for systematic reviews: Commentary on Petticrew et al. (2015)

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2015.01.003

Accession Number: WOS:000356634300008

Notes: Anderson, Janet E.

Anderson, Janet/0000-0002-1452-8370 1873-491x

URL: <Go to ISI>://WOS:000356634300008

Reference Type: Journal Article

Record Number: 1376

Author: Andrade, A. Q., Beleigoli, A., Diniz, M. D. and Ribeiro, A.

L.

Year: 2021

Title: Influence of Baseline User Characteristics and Early Use Patterns (24-Hour) on Long-Term Adherence and Effectiveness of a Web-Based Weight Loss Randomized Controlled Trial: Latent Profile Analysis

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 6

Date: Jun

Short Title: Influence of Baseline User Characteristics and Early Use Patterns (24-Hour) on Long-Term Adherence and Effectiveness of a Web-Based Weight Loss Randomized Controlled Trial: Latent Profile Analysis

ISSN: 1438-8871

DOI: 10.2196/26421

Article Number: e26421

Accession Number: WOS:000847341900001

Abstract: Background: Low adherence to real-world online weight loss interventions reduces long-term efficacy. Baseline characteristics and use patterns are determinants of long-term adherence, but we lack cohesive models to guide how to adapt interventions to users' needs. We also lack information whether very early use patterns (24 hours) help describe users and predict interventions they would benefit from. Objective: We aim to understand the impact of users' baseline characteristics and early (initial 24 hours) use patterns of a web platform for weight loss on user adherence and weight loss in the long term (24 weeks). Methods: We analyzed data from the POEmaS randomized controlled trial, a study that compared the effectiveness of a weight loss platform with or without coaching and a control approach. Data included baseline behavior and use logs from the initial 24 hours after platform access. Latent profile analysis (LPA) was used to identify classes, and Kruskal-Wallis was used to test whether class membership was associated with long-term (24 weeks) adherence and weight loss. Results: Among 828 participants assigned to intervention arms, 3 classes were identified through LPA: class 1 (better baseline health habits and high 24-hour platform use); class 2 (better than average health habits, but low 24-hour platform use); class 3 (worse baseline health habits and low 24-hour platform use). Class membership was associated with long-term adherence ($P < .001$), and class 3 members had the lowest adherence. Weight loss was not associated with class membership ($P = .49$), regardless of the intervention arm (platform only or platform + coach). However, class 2 users assigned to platform + coach lost more weight than those assigned to platform only ($P = .02$). Conclusions: Baseline questionnaires and use data from the first 24 hours after log-in allowed distinguishing classes, which were associated with long-term adherence. This suggests that this classification might be a useful guide to improve adherence and assign interventions to individual users.

Notes: Andrade, Andre Q. Beleigoli, Alline Diniz, Maria De Fatima Ribeiro, Antonio Luiz

Diniz, Maria de Fatima/D-8933-2018; Andrade, Andre/M-2081-2017

Diniz, Maria de Fatima/0000-0001-9146-5003; Andrade, Andre/

0000-0001-6587-3169; Beleigoli, Alline/0000-0002-7848-3183
URL: <Go to ISI>://WOS:000847341900001

Reference Type: Journal Article

Record Number: 345

Author: Ang, G., Edney, S. M., Tan, C. S., Lim, N., Tan, J., Muller-Riemenschneider, F. and Chen, C.

Year: 2023

Title: Physical Activity Trends Among Adults in a National Mobile Health Program: A Population-Based Cohort Study of 411,528 Adults

Journal: American Journal of Epidemiology

Volume: 192

Issue: 3

Pages: 397-407

Date: Feb

Short Title: Physical Activity Trends Among Adults in a National Mobile Health Program: A Population-Based Cohort Study of 411,528 Adults

ISSN: 0002-9262

DOI: 10.1093/aje/kwac193

Accession Number: WOS:000920131800001

Abstract: Physical inactivity is a global public health challenge, and effective, large-scale interventions are needed. We examined the effectiveness of a population-wide mobile health (mHealth) intervention in Singapore, National Steps Challenge Season 3 (NSC3) and 2 booster challenges (Personal Pledge and Corporate Challenge). The study includes 411,528 participants. We used regression discontinuity design and difference-in-difference with fixed-effects regression to examine the association of NSC3 and the additional booster challenges on daily step counts. Participants tended to be female (58.5%), with an average age of 41.5 years (standard deviation, 13.9) and body mass index (weight (kg)/height (m)²) of 23.8 (standard deviation, 4.5). We observed that NSC3 was associated with a mean increase of 1,437 steps (95% confidence interval (CI): 1,408, 1,467) per day. Enrollments in Personal Pledge and Corporate Challenge were associated with additional mean increases of 1,172 (95% CI: 1,123, 1,222) and 896 (95% CI: 862, 930) steps per day, respectively. For NSC3, the associated mean increase in the step counts across different sex and age groups varied, with greater increases for female participants and those in the oldest age group. We provide real-world evidence suggesting that NSC3 was associated with improvements in participants' step counts. Results suggest NSC3 is an effective and appealing population-wide mHealth physical activity intervention.

Notes: Ang, Gregory Edney, Sarah Martine Tan, Chuen Seng Lim, Nicole Tan, Jeremy Mueller-Riemenschneider, Falk Chen, Cynthia

Ang, Gregory Tai Xiang/0000-0001-7809-8237
1476-6256

URL: <Go to ISI>://WOS:000920131800001

Reference Type: Journal Article

Record Number: 1722

Author: Anibaldi, R., Carins, J. and Rundle-Thiele, S.

Year: 2020

Title: Eating Behaviors in Australian Military Personnel:
Constructing a System of Interest for a Social Marketing
Intervention

Journal: Social Marketing Quarterly

Volume: 26

Issue: 3

Pages: 229-243

Date: Sep

Short Title: Eating Behaviors in Australian Military Personnel:
Constructing a System of Interest for a Social Marketing
Intervention

ISSN: 1524-5004

DOI: 10.1177/1524500420948487

Article Number: 1524500420948487

Accession Number: WOS:000565266100001

Abstract: Background: Eating behaviors are complex and have particular significance for military personnel who require sound nutrition to support health and physical fitness for job performance. Policies and guidelines for the provision of nutritionally appropriate food/drink on base and in the field do exist; however, many military personnel have poor dietary habits, and these habits are evident early in their career. Social marketing could assist in changing unhealthy eating behaviors of personnel through implementation of feasible interventions co-created with stakeholders that are valued by Australian Defence Force (ADF) personnel. Focus of the article: The article reports the first phase of a systemic co-inquiry into unhealthy eating behaviors of military personnel. This study aimed to gain an initial framing of the problem situation and thus hypothesize a "system of interest" in which to conduct future work. Research questions What components (e.g., ideas, objects, attributes, activities) are perceived to be relevant for eating behaviors in military personnel? Do interrelationships and interconnections among components suggest how unhealthy eating behaviors may emerge? Are there places that suggest viable leverage points as opportunities for changing unhealthy eating behaviors through delivery of offerings that ADF personnel value? Program Design/Approach: This study was part of a systemic inquiry approach. Methods: Data for the study included document analysis and 14 semi-structured depth interviews with ADF stakeholders. Data were thematically analyzed to construct a system of interest in which to explore how eating behaviors emerge among personnel and ADF-controlled leverage points that can be used to increase healthy eating for ADF personnel through social marketing intervention. Results: The data analysis identified alternative systems of interest in which to explore how eating behaviors emerge among personnel. Demand and supply side leverage points were identified. On the supply side, the encouragement of patronage through menu innovation, investment in facilities, cooking skills training, and auditing provision were opportunities for social marketing intervention. On the demand side, education and training coupled with communications that challenge cultural and regulatory norms and link to military values were areas that programs seeking to increase

healthy eating in ADF personnel could focus on. Importance to the Social Marketing Field: As an approach for addressing "wicked" problems, the application of systems thinking in social marketing has privileged an ontological concept of system as a metaphor for reality. This approach assists in expanding the focus of change beyond the individual to include factors in social, economic, and policy environments. By using systems thinking as an epistemological device, this article offers an approach that may be applied to overcome practical and philosophical limitations in the application of systems thinking. Recommendations for Research or Practice: Research on alternative methods for applying systems thinking is recommended to strengthen the potential of system approaches in the field of social marketing. Limitations: This study is part of a broader program, and its findings on the problem of unhealthy eating behaviors in ADF are preliminary. Limitations specific to the study include the possibility of "reductionism" in stakeholder identification and self-selection bias in participation. Notes: Anibaldi, Renata Carins, Julia Rundle-Thiele, Sharyn Carins, Julia/S-7517-2019 Carins, Julia/0000-0001-7181-5651 1539-4093 URL: <Go to ISI>://WOS:000565266100001

Reference Type: Journal Article

Record Number: 2474

Author: Anstey, K. J., Bahar-Fuchs, A., Herath, P., Rebok, G. W. and Cherbuin, N.

Year: 2013

Title: A 12-week multidomain intervention versus active control to reduce risk of Alzheimer's disease: study protocol for a randomized controlled trial

Journal: Trials

Volume: 14

Date: Feb

Short Title: A 12-week multidomain intervention versus active control to reduce risk of Alzheimer's disease: study protocol for a randomized controlled trial

DOI: 10.1186/1745-6215-14-60

Article Number: 60

Accession Number: WOS:000315625000001

Abstract: Background: Disappointing results from clinical trials of disease-modifying interventions for Alzheimer's dementia (AD), along with reliable identification of modifiable risk factors in mid life from epidemiological studies, have contributed to calls to invest in risk-reduction interventions. It is also well known that AD-related pathological processes begin more than a decade before the development of clinical signs. These observations suggest that lifestyle interventions might be most effective when targeting non-symptomatic adults at risk of AD. To date, however, the few dementia risk-reduction programs available have targeted individual risk factors and/or were restricted to clinical settings. The current study describes the development of an evidence-based, theoretically-driven multidomain intervention to reduce AD risk in adults at risk.

Method: The design of Body Brain Life (BBL) is a randomized controlled trial (RCT) to evaluate a 12-week online AD risk-reduction intervention. Eligible participants with several modifiable risk factors on the Australian National University (ANU) AD Risk Index (ANU-ADRI) are randomly allocated to an online only group, an online and face-to-face group, or an active control group. We aim to recruit 180 participants, to undergo a comprehensive cognitive and physical assessment at baseline, post-intervention, and 6-month follow-up assessment. The intervention comprises seven online modules (dementia literacy, risk factor education, engagement in physical, social, and cognitive lifestyles, nutrition, and health monitoring) designed using contemporary models of health behavior change. Discussion: The BBL program is a novel online intervention to reduce the risk of AD in middle-aged adults at risk. The trial is currently under way. It is hypothesized that participants in the intervention arms will make lifestyle changes in several domains, and that this will lead to a reduction in their AD risk profile. We also expect to show that health behavior change is underpinned by changes in psychological determinants of behavior. If successful, the findings will contribute to the development of further dementia risk reduction interventions, and thus contribute to the urgent need to lower dementia risk factors in the population to alter future projections of disease prevalence. Longer follow-up of BBL participants and replications using large samples are required to examine whether reduction in AD risk factors will be associated with reduced prevalence.

Notes: Anstey, Kaarin J. Bahar-Fuchs, Alex Herath, Pushpani Rebok, George W. Cherbuin, Nicolas Fazli, Ghazal/AAE-8320-2022; Cherbuin, Nicolas/A-8515-2008; Anstey, Kaarin/A-3852-2008

Cherbuin, Nicolas/0000-0001-6481-0748; Anstey, Kaarin/0000-0002-9706-9316; Bahar-Fuchs, Alex/0000-0002-9248-6057 1745-6215

URL: <Go to ISI>://WOS:000315625000001

Reference Type: Journal Article

Record Number: 63

Author: Antonacci, G., Ahmed, L., Lennox, L., Rigby, S. and Coronini-Cronberg, S.

Year: 2023

Title: Oral health promotion in acute hospital setting: a quality improvement programme

Journal: Bmj Open Quality

Volume: 12

Issue: 2

Date: Apr

Short Title: Oral health promotion in acute hospital setting: a quality improvement programme

DOI: 10.1136/bmjopen-2022-002166

Article Number: e002166

Accession Number: WOS:000984198000001

Abstract: Tooth extraction is the most common hospital procedure for children aged 6-10 years in England. Tooth decay is almost entirely

preventable and is inequitably distributed across the population: it can cause pain, infection, school absences and undermine overall health status. An oral health programme (OHP) was delivered in a hospital setting, comprising: (1) health promotion activities; (2) targeted supervised toothbrushing (STB) and (3) staff training. Outcomes were measured using three key performance indicators (KPI1: percentage of children/families seeing promotional material; KPI2: number of children receiving STB; KPI3: number of staff trained) and relevant qualitative indicators. Data were collected between November 2019 and August 2021 using surveys and data from the online booking platform. OHP delivery was impacted by COVID-19, with interventions interrupted, reduced, eliminated or delivered differently (eg, in-person training moved online). Despite these challenges, progress against all KPIs was made. 93 posters were deployed across the hospital site, along with animated video 41% (233/565) of families recalled seeing OHP materials across the hospital site (KPI1). 737 children received STB (KPI2), averaging 35 children/month during the active project. Following STB, 96% participants stated they learnt something, and 94% committed to behaviour change. Finally, 73 staff members (KPI3) received oral health training. All people providing feedback (32/32) reported learning something new from the training session, with 84% (27/32) reporting that they would do things differently in the future. Results highlight the importance of flexibility and resilience when delivering QI projects under challenging conditions or unforeseen circumstances. While results suggest that hospital-based OHP is potentially an effective and equitable way to improve patient, family and staff knowledge of good oral health practices, future work is needed to understand if and how patients and staff put into practice the desired behaviour change and what impact this may have on oral health outcomes.

Notes: Antonacci, Grazia Ahmed, Laraib Lennox, Laura Rigby, Samuel Coronini-Cronberg, Sophie

2399-6641

URL: <Go to ISI>://WOS:000984198000001

Reference Type: Journal Article

Record Number: 1344

Author: Aramyan, L. H., Beekman, G., Galama, J., van der Haar, S., Visscher, M. and Zeinstra, G. G.

Year: 2021

Title: Moving from Niche to Norm: Lessons from Food Waste Initiatives

Journal: Sustainability

Volume: 13

Issue: 14

Date: Jul

Short Title: Moving from Niche to Norm: Lessons from Food Waste Initiatives

DOI: 10.3390/su13147667

Article Number: 7667

Accession Number: WOS:000677073900001

Abstract: For a transition to a circular economy to take place,

behavioural change from people who are part of the transition is a key requirement. However, this change often does not occur by itself. For systemic behavioural change, policy instruments that incentivise behaviour supporting circular food systems play a key role. These instruments need to be aligned with the environment in which the behaviour takes place. In this study, we scrutinise a case study with five initiatives on the reduction of food loss and waste (FLW) contributing to a circular food system, to understand how specific, well-targeted combinations of instruments as well as other contextual and personal factors can fuel the transition to a circular economy and the reduction of FLW. All the initiatives are taking place under the umbrella of the Dutch initiative "United against food waste" (STV). We use a behavioural change perspective to assess how initiatives that support circular food systems arise and how they can be further supported. Based on the case-study analysis, we arrive at five common success traits and barriers, and five key needs for upscaling. We conclude that motivated, inspiring frontrunners are of key importance in the initial phase of a transition process. However, once a niche initiative is ready to be scaled up, the enabling environment becomes increasingly important. Notes: Aramyan, Lusine H. Beekman, Gonne Galama, Joris van der Haar, Sandra Visscher, Maarten Zeinstra, Gertrude G. van der Haar, Sandra/0000-0002-5635-222X; Aramyan, Lusine/0000-0002-7653-4768 2071-1050 URL: <Go to ISI>://WOS:000677073900001

Reference Type: Journal Article
Record Number: 2165
Author: Aranda, S. and Paul, C. L.
Year: 2016
Title: Rethinking system change in cancer
Journal: Asia-Pacific Journal of Clinical Oncology
Volume: 12
Issue: 1
Pages: 10-12
Date: Mar
Short Title: Rethinking system change in cancer
ISSN: 1743-7555
DOI: 10.1111/ajco.12479
Accession Number: WOS:000380003900033
Notes: Aranda, Sanchia Paul, Christine L. Aranda, Sanchia/0000-0003-4170-9799 1743-7563 URL: <Go to ISI>://WOS:000380003900033

Reference Type: Journal Article
Record Number: 565
Author: Aranda-Balboa, M. J., Huertas-Delgado, F. J., Galvez-Fernandez, P., Saucedo-Araujo, R., Molina-Soberanes, D., Campos-Garzon, P., Herrador-Colmenero, M., Lara-Sanchez, A. J., Molina-Garcia, J., Queralt, A., Crone, D. and Chillon, P.

Year: 2022

Title: The Effect of a School-Based Intervention on Children's Cycling Knowledge, Mode of Commuting and Perceived Barriers: A Randomized Controlled Trial

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 15

Date: Aug

Short Title: The Effect of a School-Based Intervention on Children's Cycling Knowledge, Mode of Commuting and Perceived Barriers: A Randomized Controlled Trial

DOI: 10.3390/ijerph19159626

Article Number: 9626

Accession Number: WOS:000839053100001

Abstract: The low rates of active commuting to/from school in Spain, especially by bike, and the wide range of cycling interventions in the literature show that this is a necessary research subject. The aims of this study were: (1) to assess the feasibility of a school-based cycling intervention program for adolescents, (2) to analyse the effectiveness of a school-based cycling intervention program on the rates of cycling and other forms of active commuting to/from school (ACS), and perceived barriers to active commuting in adolescents. A total of 122 adolescents from Granada, Jaen and Valencia (Spain) participated in the study. The cycling intervention group participated in a school-based intervention program to promote cycling to school during Physical Education (PE) sessions in order to analyse the changes in the dependent variables at baseline and follow up of the intervention. Wilcoxon, Signs and McNemar tests were undertaken. The association of the intervention program with commuting behaviour, and perceived barriers to commuting, were analysed by binary logistic regression. There were improvements in knowledge at follow-up and the cycling skill scores were medium-low. The rates of cycling to school and active commuting to/from school did not change, and only the "built environment (walk)" barrier increased in the cycling group at follow-up. School-based interventions may be feasibly effective tools to increase ACS behaviour, but it is necessary to implement a longer period and continue testing further school-based cycling interventions.

Notes: Jesus Aranda-Balboa, Maria Javier Huertas-Delgado, Francisco Galvez-Fernandez, Patricia Saucedo-Araujo, Romina Molina-Soberanes, Daniel Campos-Garzon, Pablo Herrador-Colmenero, Manuel Jesus Lara-Sanchez, Amador Molina-Garcia, Javier Queralt, Ana Crone, Diane Chillon, Palma

Queralt, Ana/G-4929-2017; Gálvez, Patricia/AAR-6619-2020; Huertas-Delgado, Francisco Javier/G-7664-2015; Campos-Garzon, Pablo/AAS-1707-2021; Chillon, Palma/E-5634-2014; Molina-Garcia, Javier/F-7320-2016

Queralt, Ana/0000-0003-4933-0003; Gálvez, Patricia/0000-0003-2871-9490; Huertas-Delgado, Francisco Javier/0000-0001-9957-4802; Saucedo Araujo, Romina Gisele/0000-0002-0194-4236; Campos-Garzon, Pablo/0000-0003-0418-9165; ARANDA-BALBOA, MARIA JESUS/0000-0002-6103-1869; Crone, Diane/0000-0002-8798-2929; Chillon, Palma/0000-0003-0862-8989; Molina-

Garcia, Javier/0000-0001-6713-5936; Lara Sanchez, Amador Jesus/
0000-0002-6590-9173
1660-4601
URL: <Go to ISI>://WOS:000839053100001

Reference Type: Journal Article

Record Number: 375

Author: Archibald, A. D., McClaren, B. J., Caruana, J., Tutty, E., King, E. A., Halliday, J. L., Best, S., Kanga-Parabia, A., Bennetts, B. H., Cliffe, C. C., Madelli, E. O., Ho, G., Liebelt, J., Long, J. E. C., Braithwaite, J., Kennedy, J., Massie, J., Emery, J. D., McGaughran, J., Marum, J. E., Boggs, K., Barlow-Stewart, K., Burnett, L., Dive, L., Freeman, L., Davis, M. R., Downes, M. J., Wallis, M., Ferrie, M. M., Pachter, N., Scuffham, P. A., Casella, R., Allcock, R. J. N., Ong, R., Edwards, S., Righetti, S., Lunke, S., Lewis, S., Walker, S. P., Boughtwood, T. F., Hardy, T., Newson, A. J., Kirk, E. P., Laing, N. G., Delatycki, M. B. and Mackenzies Mission Study, Team

Year: 2022

Title: The Australian Reproductive Genetic Carrier Screening Project (Mackenzie's Mission): Design and Implementation

Journal: Journal of Personalized Medicine

Volume: 12

Issue: 11

Date: Nov

Short Title: The Australian Reproductive Genetic Carrier Screening Project (Mackenzie's Mission): Design and Implementation

DOI: 10.3390/jpm12111781

Article Number: 1781

Accession Number: WOS:000881237000001

Abstract: Reproductive genetic carrier screening (RGCS) provides people with information about their chance of having children with autosomal recessive or X-linked genetic conditions, enabling informed reproductive decision-making. RGCS is recommended to be offered to all couples during preconception or in early pregnancy. However, cost and a lack of awareness may prevent access. To address this, the Australian Government funded Mackenzie's Mission—the Australian Reproductive Genetic Carrier Screening Project. Mackenzie's Mission aims to assess the acceptability and feasibility of an easily accessible RGCS program, provided free of charge to the participant. In study Phase 1, implementation needs were mapped, and key study elements were developed. In Phase 2, RGCS is being offered by healthcare providers educated by the study team. Reproductive couples who provide consent are screened for over 1200 genes associated with >750 serious, childhood-onset genetic conditions. Those with an increased chance result are provided comprehensive genetic counseling support. Reproductive couples, recruiting healthcare providers, and study team members are also invited to complete surveys and/or interviews. In Phase 3, a mixed-methods analysis will be undertaken to assess the program outcomes, psychosocial implications and implementation considerations alongside an ongoing bioethical analysis and a health economic evaluation. Findings will inform the implementation of an ethically

robust RGCS program.

Notes: Archibald, Alison D. McClaren, Belinda J. Caruana, Jade Tutty, Erin King, Emily A. Halliday, Jane L. Best, Stephanie Kanga-Parabia, Anaita Bennetts, Bruce H. Cliffe, Corrina C. Madelli, Evanthia O. Ho, Gladys Liebelt, Jan Long, Janet C. Braithwaite, Jeffrey Kennedy, Jillian Massie, John Emery, Jon D. McGaughran, Julie Marum, Justine E. Boggs, Kirsten Barlow-Stewart, Kristine Burnett, Leslie Dive, Lisa Freeman, Lucinda Davis, Mark R. Downes, Martin J. Wallis, Mathew Ferrie, Monica M. Pachter, Nicholas Scuffham, Paul A. Casella, Rachael Allcock, Richard J. N. Ong, Royston Edwards, Samantha Righetti, Sarah Lunke, Sebastian Lewis, Sharon Walker, Susan P. Boughtwood, Tiffany F. Hardy, Tristan Newson, Ainsley J. Kirk, Edwin P. Laing, Nigel G. Delatycki, Martin B.

Downes, Martin J/G-9533-2013; Allcock, Richard JN/A-2535-2008; Braithwaite, Jeffrey/AAN-1467-2020; Wallis, Mathew/AAG-7981-2021; Scuffham, Paul/B-3066-2014; Dive, Lisa/X-5102-2019
Braithwaite, Jeffrey/0000-0003-0296-4957; Wallis, Mathew/0000-0002-5441-1732; Boughtwood, Tiffany/0000-0002-9634-3731; Laing, Nigel/0000-0001-5111-3732; Burnett, Leslie/0000-0001-7282-9596; Newson, Ainsley/0000-0002-3460-772X; Massie, John/0000-0003-1008-0967; Lunke, Sebastian/0000-0002-7168-0723; Madelli, Evanthia Olympia/0000-0002-2128-0828; Long, Janet/0000-0002-0553-682X; Halliday, Jane/0000-0001-6206-3857; Scuffham, Paul/0000-0001-5931-642X; Dive, Lisa/0000-0001-6655-5138
2075-4426

URL: <Go to ISI>://WOS:000881237000001

Reference Type: Journal Article

Record Number: 1607

Author: Arden, M. A., Hutchings, M., Whelan, P., Drabble, S. J., Beever, D., Bradley, J. M., Hind, D., Ainsworth, J., Maguire, C., Cantrill, H., O'Cathain, A. and Wildman, M.

Year: 2021

Title: Development of an intervention to increase adherence to nebuliser treatment in adults with cystic fibrosis: CFHealthHub

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Jan

Short Title: Development of an intervention to increase adherence to nebuliser treatment in adults with cystic fibrosis: CFHealthHub

DOI: 10.1186/s40814-020-00739-2

Article Number: 1

Accession Number: WOS:000704715200002

Abstract: Background Cystic fibrosis (CF) is a life-limiting genetic condition in which daily therapies to maintain lung health are critical, yet treatment adherence is low. Previous interventions to increase adherence have been largely unsuccessful and this is likely due to a lack of focus on behavioural evidence and theory alongside input from people with CF. This intervention is based on a digital platform that collects and displays objective nebuliser adherence data. The purpose of this paper is to identify the specific

components of an intervention to increase and maintain adherence to nebuliser treatments in adults with CF with a focus on reducing effort and treatment burden. Methods Intervention development was informed by the Behaviour Change Wheel (BCW) and person-based approach (PBA). A multidisciplinary team conducted qualitative research to inform a needs analysis, selected, and refined intervention components and methods of delivery, mapped adherence-related barriers and facilitators, associated intervention functions and behaviour change techniques, and utilised iterative feedback to develop and refine content and processes. Results Results indicated that people with CF need to understand their treatment, be able to monitor adherence, have treatment goals and feedback and confidence in their ability to adhere, have a treatment plan to develop habits for treatment, and be able to solve problems around treatment adherence. Behaviour change techniques were selected to address each of these needs and were incorporated into the digital intervention developed iteratively, alongside a manual and training for health professionals. Feedback from people with CF and clinicians helped to refine the intervention which could be tailored to individual patient needs. Conclusions The intervention development process is underpinned by a strong theoretical framework and evidence base and was developed by a multidisciplinary team with a range of skills and expertise integrated with substantial input from patients and clinicians. This multifaceted development strategy has ensured that the intervention is usable and acceptable to people with CF and clinicians, providing the best chance of success in supporting people with CF with different needs to increase and maintain their adherence. The intervention is being tested in a randomised controlled trial across 19 UK sites.

Notes: Arden, M. A. Hutchings, M. Whelan, P. Drabble, S. J. Beever, D. Bradley, J. M. Hind, D. Ainsworth, J. Maguire, C. Cantrill, H. O'Cathain, A. Wildman, M.

Drabble, Sarah J/H-6452-2016; Hind, Daniel/A-2180-2010; Arden, Madelynne A/B-8717-2009

Drabble, Sarah J/0000-0001-7183-6321; Hind, Daniel/0000-0002-6409-4793; Arden, Madelynne A/0000-0002-6199-717X; Beever, Daniel/0000-0001-9063-3677; Hutchings, Marlene/0000-0002-4710-657X; Ainsworth, John/0000-0002-2187-9195
2055-5784

URL: <Go to ISI>://WOS:000704715200002

Reference Type: Journal Article

Record Number: 1102

Author: Ares, G., Antunez, L., Alcaire, F., Vidal, L. and Bove, I.

Year: 2021

Title: Listening to the voices of adolescents for the design of strategies to promote healthy eating: an exploratory study in a Latin American country

Journal: Public Health Nutrition

Volume: 24

Issue: 17

Pages: 5953-5962

Date: Dec

Short Title: Listening to the voices of adolescents for the design of strategies to promote healthy eating: an exploratory study in a Latin American country

ISSN: 1368-9800

DOI: 10.1017/s1368980021002548

Article Number: Pii s1368980021002548

Accession Number: WOS:000720784600037

Abstract: Objective: To explore adolescents' views about the foods they consume and to identify their ideas about strategies to encourage healthier eating habits. Design: Individual questionnaires based on open-ended questions and group discussions (6-8 participants) were used to address the objectives. Data were analysed using content analysis based on deductive-inductive coding. Setting: Montevideo and its metropolitan area (Uruguay, Latin America). Participants: Totally, 102 adolescents (aged between 11 and 15 years, 52 % female) recruited at two educational institutions. Results: Adolescents reported frequently consuming ultra-processed products and fast food although they were perceived as bad for their health, whereas they reported an infrequent consumption of fruits and vegetables. Multifaceted strategies to promote healthy eating habits emerged from adolescents' accounts, including public awareness campaigns, nutrition education programmes, nutrition label standards and regulations, and changes in food availability and affordability. Conclusions: Results from the present work suggest that co-creation with adolescents may be an effective way to inform the development of strategies to promote healthier eating habits. The strategies suggested by adolescents were mainly focused on behaviour change communication, who emphasised the importance of social media and the involvement of celebrities and influencers. The need for educational and communication strategies to raise awareness of the social and environmental drivers of eating patterns among adolescents was identified.

Notes: Ares, Gaston Antunez, Lucia Alcaire, Florencia Vidal, Leticia Bove, Isabel

1475-2727

URL: <Go to ISI>://WOS:000720784600037

Reference Type: Journal Article

Record Number: 1699

Author: Ares, G., Machin, L., Vidal, L., Otterbring, T., Aschemann-Witzel, J., Curutchet, M. R. and Bove, I.

Year: 2020

Title: Uruguayan Citizens' Perception of Messages to Promote Healthy Eating Through the Use of Nutritional Warnings

Journal: Journal of Nutrition Education and Behavior

Volume: 52

Issue: 10

Pages: 918-927

Date: Oct

Short Title: Uruguayan Citizens' Perception of Messages to Promote Healthy Eating Through the Use of Nutritional Warnings

ISSN: 1499-4046

DOI: 10.1016/j.jneb.2020.05.012

Accession Number: WOS:000581105300004

Abstract: Objective: To explore the specific type of messages people consider most appropriate for a mass communication campaign aimed to promote healthy eating in the context of the implementation of nutritional warnings. Design: Online study including multiple-choice and open-ended questions. Setting: Uruguay, 1 of the Latin American countries with the highest prevalence of overweight and obesity.

Participants: A total of 859 participants were recruited using social media. They were diverse in terms of gender, age, educational level, socioeconomic status, and self-reported body mass index.

Phenomenon of Interest: Participants were presented with 3 series of messages and were asked to select the 1 they perceived as the most appropriate and to provide a brief explanation for their selection.

Analysis: Descriptive statistics for the multiple-choice questions and inductive coding for the responses to the open-ended questions.

Results: Participants tended to prefer messages that conveyed a cue to action for achieving changes to their perceived ability to make healthful food choices. Although messages related to the promotion of informed food choices were the most frequently preferred, messages related to negative health consequences and health benefits were also selected repetitively.

Conclusions and Implications: Communication campaigns aimed at promoting healthy eating through the use of nutritional warnings could include different contents to target specific segments with different motivations.

Notes: Ares, Gaston Machin, Leandro Vidal, Leticia Otterbring, Tobias Aschemann-Witzel, Jessica Curutchet, Maria R. Bove, Isabel Otterbring, Tobias/GVS-3728-2022; Aschemann-Witzel, Jessica/ABD-5432-2020; Aschemann-Witzel, Jessica/HDN-4575-2022

Aschemann-Witzel, Jessica/0000-0002-6737-3659; Otterbring, Tobias/0000-0002-0283-8777

1878-2620

URL: <Go to ISI>://WOS:000581105300004

Reference Type: Journal Article

Record Number: 1467

Author: Ares, G., Vidal, L., Otterbring, T., Aschemann-Witzel, J., Curutchet, M. R., Gimenez, A. and Bove, I.

Year: 2021

Title: Communication Campaigns to Support the Use of Nutritional Warnings: Different Messages for Different People?

Journal: Health Education & Behavior

Volume: 48

Issue: 5

Pages: 584-594

Date: Oct

Short Title: Communication Campaigns to Support the Use of Nutritional Warnings: Different Messages for Different People?

ISSN: 1090-1981

DOI: 10.1177/109019812111003510

Article Number: 109019812111003510

Accession Number: WOS:000640813400001

Abstract: Communication campaigns are expected to contribute to

increase the efficacy of nutritional warnings. In this context, the aims of the present work were (a) to evaluate how citizens perceive different types of messages for a communication campaign and (b) to determine if personal characteristics such as gender, age, and educational level, as well socioeconomic and nutritional status, moderate how citizens perceive such campaign messages. A series of graphic pieces were designed for each of the following three types of messages: promotion of informed food choices; raising awareness of the negative health consequences of excessive consumption of sugar, fat, and sodium; and promotion of healthy food choices. An online study was conducted with 774 participants, who were randomly assigned to one of the three types of messages. The participants' self-reported perception of the graphic pieces was evaluated using 7-point Likert-type scales. After completing the evaluation task, the participants proceeded to a series of choices. This was implemented to evaluate whether exposure to different types of messages affected hypothetical food choices. Results revealed that messages related to the promotion of healthy eating were perceived as the most adequate as part of a communication campaign and had the potential to encourage more healthful hypothetical choices in the experimental task. However, gender, age, and nutritional status moderated the influence of the type of message on the participants' perception, meaning that different groups perceived different types of messages as the most adequate. The results from the present work stress the need to include different types of messages in a communication campaign to target individuals with different motivations and characteristics.

Notes: Ares, Gaston Vidal, Leticia Otterbring, Tobias Aschemann-Witzel, Jessica Curutchet, Maria Rosa Gimenez, Ana Bove, Isabel Otterbring, Tobias/GVS-3728-2022; Aschemann-Witzel, Jessica/HDN-4575-2022; Aschemann-Witzel, Jessica/ABD-5432-2020
Aschemann-Witzel, Jessica/0000-0002-6737-3659
1552-6127

URL: <Go to ISI>://WOS:000640813400001

Reference Type: Journal Article

Record Number: 1085

Author: Ariza-Vega, P., Prieto-Moreno, R., Castillo-Perez, H., Martinez-Ruiz, V., Romero-Ayuso, D. and Ashe, M. C.

Year: 2021

Title: Family Caregivers' Experiences with Tele-Rehabilitation for Older Adults with Hip Fracture

Journal: Journal of Clinical Medicine

Volume: 10

Issue: 24

Date: Dec

Short Title: Family Caregivers' Experiences with Tele-Rehabilitation for Older Adults with Hip Fracture

DOI: 10.3390/jcm10245850

Article Number: 5850

Accession Number: WOS:000777189600004

Abstract: Background: There is a knowledge gap for implementing tele-rehabilitation (telerehab) after hip fracture. We recently

conducted a clinical trial (ClinicalTrials.gov Identifier: NCT02968589) to test a novel online family caregiver-supported rehabilitation program for older adults with hip fracture, called @ctivehip. In this qualitative substudy, our objective was to use semi-structured interviews to explore family caregivers experience with the telerehab program. Methods: Twenty-one family caregivers were interviewed between three and six months after the older adults completed @ctivehip. One occupational therapist with research and clinical experience, but not involved in the main trial, conducted and transcribed the interviews. We conducted a multi-step content analysis, and two authors completed one coding cycle and two recoding cycles. Results: Family caregivers who enrolled in @ctivehip were satisfied with the program, stated it was manageable to use, and perceived benefits for older adults' functional recovery after hip fracture. They also suggested improvements for the program content, such as more variety with exercises, and increased monitoring by health professionals. Conclusions: This work extends existing literature and generates research hypotheses for future studies to test telerehab content and program implementation. Notes: Ariza-Vega, Patrocinio Prieto-Moreno, Rafael Castillo-Perez, Herminia Martinez-Ruiz, Virginia Romero-Ayuso, Dulce Ashe, Maureen C.

Romero-Ayuso, Dulce/AAI-1652-2019; Moreno, Rafael Prieto/AAM-7071-2021; Martinez-Ruiz, Virginia/Y-1794-2018
Romero-Ayuso, Dulce/0000-0002-2479-8913; Martinez-Ruiz, Virginia/0000-0001-6512-8935; Ashe, Maureen C./0000-0002-6820-4435; Prieto Moreno, Rafael/0000-0002-7301-5831; Ariza-Vega, Patrocinio/0000-0003-2447-2179
2077-0383
URL: <Go to ISI>://WOS:000777189600004

Reference Type: Journal Article

Record Number: 355

Author: Armour, M., Parry, K., Curry, C., Ferfolja, T., Parker, M. A., Farooqi, T., MacMillan, F., Smith, C. A. and Holmes, K.

Year: 2022

Title: Evaluation of a web-based resource to improve menstrual health literacy and self-management in young women

Journal: Journal of Psychosomatic Research

Volume: 162

Date: Nov

Short Title: Evaluation of a web-based resource to improve menstrual health literacy and self-management in young women

ISSN: 0022-3999

DOI: 10.1016/j.jpsychores.2022.111038

Article Number: 111038

Accession Number: WOS:000911796400005

Abstract: Objective: Menstrual cycle-related conditions, such as dysmenorrhea and heavy bleeding, are common amongst those under 25 years. Despite having significant impact on work, education, and social activities, most do not seek medical advice, preferring to self-manage their symptoms. We aimed to determine if access to a web-based resource was a feasible and acceptable method for

improving menstrual health literacy and encouraging health seeking behavior. Methods: People were eligible to participate if they were currently living in Australia, aged 14–25 years, and had menstruated for at least 12 months. Access to the resource, comprising evidence-based information on the menstrual cycle, the Period ImPact and Pain Assessment (PIPPA) tool, and guidance on self-management options, was provided for three menstrual cycles. Results: Seventy-five participants with a mean age of 20.4 years were enrolled with 56 (75%) providing pre and post measures. Recruitment rate and retention rates met pre-specified criteria for feasibility. Eighty five percent of the participants reported the web-based resource was easy to use, and 90% reported they found the information provided 'very helpful'. Just under half (48%) reported the resource changed what they thought was a 'normal' period. Forty-three percent visited their doctor regarding their menstrual symptoms during the study period, with 84% indicating that they made the appointment due to the resource; over half (56%) who visited their doctor received a referral to a gynecologist. Conclusion: Access to a web-based resource on menstrual health literacy was found to be acceptable and feasible to young people and may encourage health-seeking behavior. Notes: Armour, Mike Parry, Kelly Curry, Christina Ferfolja, Tania Parker, Melissa A. Farooqi, Toobah MacMillan, Freya Smith, Caroline A. Holmes, Kathryn Parry, Kelly/0000-0003-3692-7361 1879-1360 URL: <Go to ISI>://WOS:000911796400005

Reference Type: Journal Article

Record Number: 90

Author: Armstrong, B., Bhattachary, D., Bogdan, A., Connors, C., Broomfield, L., Disson, J., Gillespie, R., Heard, H., John, A., King, L., Miah, M., Mirzahosseinkhan, E., Patel, M., Rayner, A. and Watson, S.

Year: 2023

Title: Digital methods of social science in food regulation: case studies from the Food Standards Agency

Journal: Journal of Risk Research

Date: 2023 Mar

Short Title: Digital methods of social science in food regulation: case studies from the Food Standards Agency

ISSN: 1366-9877

DOI: 10.1080/13669877.2023.2197616

Accession Number: WOS:000975136700001

Abstract: The use of digital methods in social research has increased significantly, offering some benefits over traditional research methods, and some new challenges. The UK Food Standards Agency's social science provides several case studies of how digital methods can be effectively utilized in practice. The agency has adopted various digital methods including web push surveys, online panels, online deliberative dialogue and citizen science platforms to gather data and gain insights into citizens' attitudes and behaviours when it comes to the food system and food safety and standards. The implementation of these digital methods has allowed

for more efficient data collection, and when applied with care and creativity can offer a high level of engagement and participation from the public. Furthermore, the use of citizen science platforms such as Zooniverse has allowed for the involvement of the general public in the research process, leading to increased public understanding and engagement with the research. The broad use of digital methods in social research as demonstrated by the UK Food Standards Agency's social science highlights the utility of such methods for current and future research practices.

Notes: Armstrong, Beth Bhattachary, Darren Bogdan, Alex Connors, Caitlin Broomfield, Laura Disson, Joanna Gillespie, Rebecca Heard, Helen John, Alice King, Lucy Miah, Marfot Mirzahosseinkhan, Ely Patel, Michelle Rayner, Alice Watson, Sophie
1466-4461

URL: <Go to ISI>://WOS:000975136700001

Reference Type: Journal Article

Record Number: 2372

Author: Arnott, B., Rehackova, L., Errington, L., Sniehotta, F. F., Roberts, J. and Araujo-Soares, V.

Year: 2014

Title: Efficacy of behavioural interventions for transport behaviour change: systematic review, meta-analysis and intervention coding

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 11

Date: Nov

Short Title: Efficacy of behavioural interventions for transport behaviour change: systematic review, meta-analysis and intervention coding

DOI: 10.1186/s12966-014-0133-9

Article Number: 133

Accession Number: WOS:000347253300001

Abstract: Background: Reducing reliance on motorised transport and increasing use of more physically active modes of travel may offer an opportunity to address physical inactivity. This review evaluates the evidence for the effects of behavioural interventions to reduce car use for journeys made by adults and codes intervention development and content. Methods: The review follows the procedure stated in the registration protocol published in the PROSPERO database (registration number CRD42011001797). Controlled studies evaluating behavioural interventions to reduce car use compared with no interventions or alternative interventions on outcome measures of transport behaviours taken in adult participants are included in this review. Searches were conducted on all records in Applied Social Sciences Index and Abstracts (ASSIA), Ovid Embase, Ovid Medline, Ovid PsycInfo, Scopus, Sociological Abstracts, Transportation Research Information Service (TRIS), Transportation Research International Documentation (TRID), and Web of Science databases. Peer reviewed publications in English language meeting the inclusion criteria are eligible. Methodological quality is assessed using the Cochrane Risk of Bias Tool. Interventions are categorised in terms of behavioural frameworks, theories and

techniques. Results: 15 full text articles are included, representing 13 unique studies, with 4895 participants and 27 intervention arms. Risk of bias across the review is appraised as considerable due to the unclear methodological quality of individual studies. Heterogeneity of included studies is considerable. Meta-analyses reveal no significant effect on reduction of frequency of car use or on increasing the proportion of journeys by alternative, more active modes of transport. There is insufficient data relating to alternative outcomes such as distance and duration which may have important health implications. Interventions were top-down but could not be described as theory-based. Intervention efficacy was associated with the use of a combination of information provision and behavioural regulation techniques. There was a lack of consideration of opportunity for change and behaviour in context. Conclusions: There is no evidence for the efficacy of existing behavioural interventions to reduce car trips included in this review. The evidence for efficacy of behavioural interventions to decrease distance and duration of car journeys is limited and inconclusive. Overall the evidence is highly heterogeneous and is at considerable risk of bias. Future research should investigate alternative behavioural interventions in high quality, controlled studies informed by existing evidence, theory, and views of potential users. Future intervention studies should increase scientific rigour, include objective outcome measures, and incorporate thorough evaluations as standard.

Notes: Arnott, Bronia Rehackova, Lucia Errington, Linda Sniehotta, Falko F. Roberts, Jennifer Araujo-Soares, Vera Araujo-Soares, Vera/F-1806-2015; Errington, Linda/R-5281-2018; Sniehotta, Falko/ABF-7131-2021; Araujo-Soares, Vera/ABF-8144-2021; Sniehotta, Falko F/C-5481-2008

Araujo-Soares, Vera/0000-0003-4044-2527; Errington, Linda/0000-0002-1375-0033; Sniehotta, Falko/0000-0003-1738-4269; Araujo-Soares, Vera/0000-0003-4044-2527; Sniehotta, Falko F/0000-0003-1738-4269; Roberts, Jennifer/0000-0003-2883-7251 1479-5868

URL: <Go to ISI>://WOS:000347253300001

Reference Type: Journal Article

Record Number: 1775

Author: Arriola, K. R. J., Ellis, A., Webb-Girard, A., Ogutu, E. A., McClintic, E., Caruso, B. and Freeman, M. C.

Year: 2020

Title: Designing integrated interventions to improve nutrition and WASH behaviors in Kenya

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: Designing integrated interventions to improve nutrition and WASH behaviors in Kenya

DOI: 10.1186/s40814-020-0555-x

Article Number: 10

Accession Number: WOS:000729238200016

Abstract: BackgroundChild stunting, an indicator of chronic

malnutrition, is a global public health problem. Malnutrition during pregnancy and the first 2 years of life undermines the survival, growth, and development of children. Exposure to fecal pathogens vis-a-vis inadequate water, sanitation, and hygiene (WASH) has been implicated in the etiology of child stunting, highlighting the need to integrate WASH with nutrition-sensitive interventions to comprehensively address this complex problem. The aim of this study was to describe a systematic, theoretically informed approach (that drew from the Starr and Fornoff approach to the Theory of Change development and the Behavior Change Wheel approach) to design a multi-component and integrated social and behavior change intervention to improve WASH and nutrition-related behaviors in western Kenya. Methods This intervention was developed to be integrated into an existing project that utilized the care group model and aimed to create a culture of care and support for HIV/AIDS-affected children under two and their caregivers and was executed by local partners. We tested the newly created intervention packages in user-testing trials using an adapted Trials of Improved Practices approach to pilot acceptability and feasibility. Results Using authentic stakeholder engagement and relevant theories, we conducted an 8-step process: (1) conduct mixed methods formative research, (2) prioritize target behaviors, (3) use causal analysis to create problem trees, (4) develop solution trees and articulate assumptions and rationales for change, (5) link solution trees to intervention functions, (6) develop the intervention plan, (7) create the intervention packages, and (8) test and refine the intervention packages. Conclusions This study highlights the need to take a multi-sectorial, integrated approach that integrates contextually relevant behavior change theories with the experiential knowledge gleaned from stakeholders into the design of interventions that seek to reduce child stunting. This process resulted in the creation of intervention packages that grouped behaviors thematically to be most relevant and responsive to the population context. This work has the potential to make important contributions towards achievement of the United Nations' sustainable development goals.

Notes: Arriola, Kimberly R. Jacob Ellis, Anna Webb-Girard, Amy Ogutu, Emily Awino McClintic, Emilie Caruso, Bethany Freeman, Matthew C.

Webb Girard, Amy/0000-0003-4414-720X
2055-5784

URL: <Go to ISI>://WOS:000729238200016

Reference Type: Journal Article

Record Number: 1529

Author: Arroyo, N. A., Gessert, T., Hitchcock, M., Tao, M., Smith, C. D., Greenberg, C., Fernandes-Taylor, S. and Francis, D. O.

Year: 2021

Title: What Promotes Surgeon Practice Change? A Scoping Review of Innovation Adoption in Surgical Practice

Journal: Annals of Surgery

Volume: 273

Issue: 3

Pages: 474–482

Date: Mar

Short Title: What Promotes Surgeon Practice Change? A Scoping Review of Innovation Adoption in Surgical Practice

ISSN: 0003-4932

DOI: 10.1097/sla.0000000000004355

Accession Number: WOS:000613888300031

Abstract: **Objective:** The goal of this scoping review was to summarize the literature on facilitators and barriers to surgical practice change. This information can inform research to implement best practices and evaluate new surgical innovations. **Background:** In an era of accelerated innovations, surgeons face the difficult decision to either acknowledge and implement or forgo new advances. Although changing surgical practice to align with evidence is an imperative of health systems, evidence-based guidelines have not translated into consistent change. The literature on practice change is limited and has largely focused on synthesizing information on methods and trials to evaluate innovative surgical interventions. No reviews to date have grounded their analysis within an implementation science framework. **Methods:** A systematic review of the literature on surgical practice change was performed. Abstracts and full-text articles were reviewed for relevance using inclusion and exclusion criteria and data were extracted from each article. Cited facilitators and barriers were then mapped across domains within the implementation science Theoretical Domains Framework and expanded to the Capability, Opportunity, Motivation, and Behavior model. **Results:** Components of the Capability, Opportunity, Motivation, and Behavior model were represented across the Theoretical Domains Framework domains and acted as both facilitators and barriers to practice change depending on the circumstances. Domains that most affected surgical practice change, in order, were: opportunity (environmental context and resources and social influences), capability (knowledge and skills), and motivation (beliefs about consequences and reinforcement). **Conclusions:** Practice change is predicated on a conducive environment with adequate resources, but once that is established, the surgeon's individual characteristics, including skills, motivation, and reinforcement determine the likelihood of successful change. Deficiencies in the literature underscore the need for further study of resource interventions and the role of surgical team dynamics in the adoption of innovation. A better understanding of these areas is needed to optimize our ability to disseminate and implement best practices in surgery.

Notes: Arroyo, Natalia A. Gessert, Thomas Hitchcock, Mary Tao, Michael Smith, Cara Damico Greenberg, Caprice Fernandes-Taylor, Sara Francis, David O.

Fernandes-Taylor, Sara/0000-0003-0007-0677

1528-1140

URL: <Go to ISI>://WOS:000613888300031

Reference Type: Journal Article

Record Number: 219

Author: Ash, S., Contento, I., Olfert, M. D. and Koch, P. A.

Year: 2023

Title: Position of the Society for Nutrition Education and Behavior: Nutrition Educator Competencies for Promoting Healthy Individuals, Communities, and Food Systems: Rationale and Application

Journal: Journal of Nutrition Education and Behavior

Volume: 55

Issue: 1

Pages: 3-15

Date: Jan

Short Title: Position of the Society for Nutrition Education and Behavior: Nutrition Educator Competencies for Promoting Healthy Individuals, Communities, and Food Systems: Rationale and Application

ISSN: 1499-4046

DOI: 10.1016/j.jneb.2022.07.010

Accession Number: WOS:000918196700001

Abstract: It is the position of the Society for Nutrition Education and Behavior that to improve the health of individuals, communities, and food systems, it is essential that nutrition educators meet each of 6 content competencies (basic food and nutrition knowledge, nutrition across the life cycle, food science, physical activity, food and nutrition policy, and agricultural production and food systems) and 4 process competencies (behavior and education theory; nutrition education program design, implementation and evaluation; written, oral, and social media communication; and nutrition education research methods). These competencies reflect the breadth of the nutrition education field and are grounded in peer-reviewed research. The rationale and evidence base for these competencies are presented. They are designed for educational institutions to plan curricula and programs; public, private, and nonprofit organizations for training; individuals for professional development; and policymakers and advocates to inform strong, comprehensive nutrition education policy.

Notes: Ash, Sarah Contento, Isobel Olfert, Melissa D. Koch, Pamela A.

Olfert, Melissa D/0000-0002-6686-3891

1878-2620

URL: <Go to ISI>://WOS:000918196700001

Reference Type: Journal Article

Record Number: 785

Author: Ashe, M. C., Azim, F. T., Ariza-Vega, P., Burns, J., Clemson, L., Grover, S., Hoppmann, C. A., Langford, D., Fleig, L. and Burton, E.

Year: 2022

Title: Determinants of implementing reablement into research or practice: A concept mapping study

Journal: Physiotherapy Research International

Volume: 27

Issue: 3

Date: Jul

Short Title: Determinants of implementing reablement into research

or practice: A concept mapping study

ISSN: 1358-2267

DOI: 10.1002/pri.1949

Article Number: e1949

Accession Number: WOS:000783047400001

Abstract: Y Purpose: Reablement is a health and social model of care gaining international prominence. It is included in some publicly funded healthcare systems in Australia, Canada, United Kingdom, Norway, Sweden and other European countries. To advance reablement research and practice, we aimed to synthesize expert opinion on opportunities and challenges to delivering care with this model.

Methods: We invited authors of reablement publications and other experts from the field to take part in a three-step online concept mapping exercise: (i) brainstorming statements based on a focus prompt; followed by (ii) sorting and (iii) rating statements. We invited 63 participants, of whom 19 participants generated 114 statements. Two authors reviewed each statement independently then met three times to determine one main idea/statement and removed unrelated or duplicate ideas. The research team used concept mapping software and online and email discussion to generate clusters or groups of determinants. Results: There were 58 statements for sorting and rating; 11 and 12 participants completed the sorting and rating steps, respectively. The five clusters were person and caregiver elements for participation; key reablement components for success; reablement content and delivery; organizational factors; and provider beliefs and training. Statements rated as both highly important and feasible to implement into practice were generally captured under the domains of goal setting and pursuit and person-centred care. Conclusion: These results generate hypotheses for future research and practice in reablement for older adults.

Notes: Ashe, Maureen C. Azim, Farah Tabassum Ariza-Vega, Patrocinio Burns, Jane Clemson, Lindy Grover, Sanya Hoppmann, Christiane A. Langford, Dolores Fleig, Lena Burton, Elissa

Burton, Elissa/B-6070-2009

Burton, Elissa/0000-0001-6470-8305; Ashe, Maureen C./

0000-0002-6820-4435

1471-2865

URL: <Go to ISI>://WOS:000783047400001

Reference Type: Journal Article

Record Number: 320

Author: Asher, R. C., Clarke, E. D., Bucher, T., Shrewsbury, V. A., Roberts, S. and Collins, C. E.

Year: 2022

Title: Impact and evaluation of an online culinary nutrition course for health, education and industry professionals to promote vegetable knowledge and consumption

Journal: Journal of Human Nutrition and Dietetics

Date: 2022 Nov

Short Title: Impact and evaluation of an online culinary nutrition course for health, education and industry professionals to promote vegetable knowledge and consumption

ISSN: 0952-3871

DOI: 10.1111/jhn.13109

Accession Number: WOS:000888637600001

Abstract: Background Poor diet, including inadequate vegetable intake, is a leading risk factor for noncommunicable disease. Culinary and nutrition education provided to trainee and practising health and education professionals is an emerging strategy to promote improved dietary intake, including vegetable consumption. We evaluated the impact and feasibility of an online culinary medicine and nutrition (CM/CN) short course for health, education and vegetable industry professionals. The course aimed to improve participants' skills and confidence to prepare vegetables, knowledge of evidence-based nutrition information and recommendations for improving vegetable consumption and diet quality. Methods A pre-post study consisting of two separate groups participating in two course rounds recruited practising professionals (n = 30) working in health; community, adult and/or culinary education; and the vegetable industry. Evaluation assessed diet quality, vegetable consumption barriers, cooking and food skill confidence, nutrition knowledge and process measures. Results Seventeen participants (68%) completed the programme. Pre- to postintervention statistically significant increases in vegetables (M 1.3, SD 2.2), fruit (M 1.6, SD 3.1), and breads and cereal (M 1.1, SD 1.7) intakes were observed. Statistically significant increases and large effect sizes for mean food skill confidence scores (M 8.9, SD 15.4, Cohen's d 0.56) and nutrition knowledge scores (M 6.2, SD 15.4, Cohen's d 0.83) were also observed pre- to postintervention. Conclusions The short online course was feasible and improved diet quality, food skill confidence and nutrition knowledge. Online CM/CN education for practising professionals represents a promising area of research. Future research involving a larger study sample and a more rigorous study design such as a randomised control trial is warranted.

Notes: Asher, Roberta C. C. Clarke, Erin D. D. Bucher, Tamara Shrewsbury, Vanessa A. A. Roberts, Steven Collins, Clare E. E. 1365-277x

URL: <Go to ISI>://WOS:000888637600001

Reference Type: Journal Article

Record Number: 556

Author: Ashiru-Oredope, D., Casale, E., Harvey, E., Umoh, E., Vasandani, S., Reilly, J. and Hopkins, S.

Year: 2022

Title: Knowledge and Attitudes about Antibiotics and Antibiotic Resistance of 2404 UK Healthcare Workers

Journal: Antibiotics-Basel

Volume: 11

Issue: 8

Date: Aug

Short Title: Knowledge and Attitudes about Antibiotics and Antibiotic Resistance of 2404 UK Healthcare Workers

ISSN: 2079-6382

DOI: 10.3390/antibiotics11081133

Article Number: 1133

Accession Number: WOS:000846339700001

Abstract: Background: Using the COM-B model as a framework, an EU-wide survey aimed to ascertain multidisciplinary healthcare workers' (HCWs') knowledge, attitudes and behaviours towards antibiotics, antibiotic use and antibiotic resistance. The UK findings are presented here. Methods: A 43-item questionnaire was developed through a two-round modified Delphi consensus process. The UK target quota was 1315 respondents. Results: In total, 2404 participants responded. The highest proportion were nursing and midwifery professionals (42%), pharmacists (23%) and medical doctors (18%). HCWs correctly answered that antibiotics are not effective against viruses (97%), they have associated side effects (97%), unnecessary use makes antibiotics ineffective (97%) and healthy people can carry antibiotic-resistant bacteria (90%). However, fewer than 80% correctly answered that using antibiotics increases a patient's risk of antimicrobial resistant infection or that resistant bacteria can spread from person to person. Whilst the majority of HCWs (81%) agreed there is a connection between their antibiotic prescribing behaviour and the spread of antibiotic-resistant bacteria, only 64% felt that they have a key role in controlling antibiotic resistance. The top three barriers to providing advice or resources were lack of resources (19%), insufficient time (11%) and the patient being uninterested in the information (7%). Approximately 35% of UK respondents who were prescribers prescribed an antibiotic at least once in the previous week to responding to the survey due to a fear of patient deterioration or complications. Conclusion: These findings highlight that a multifaceted approach to tackling the barriers to prudent antibiotic use in the UK is required and provides evidence for guiding targeted policy, intervention development and future research. Education and training should focus on patient communication, information on spreading resistant bacteria and increased risk for individuals.

Notes: Ashiru-Oredope, Diane Casale, Ella Harvey, Eleanor Umoh, Eno Vasandani, Sagar Reilly, Jacqui Hopkins, Susan Hopkins, Susan/C-9736-2011
Harvey, Eleanor J/0000-0003-3965-6851; Hopkins, Susan/0000-0001-5179-5702; Ashiru-Oredope, Diane/0000-0001-9579-2028
URL: <Go to ISI>://WOS:000846339700001

Reference Type: Journal Article

Record Number: 2246

Author: Ashiru-Oredope, D. and Hopkins, S.

Year: 2015

Title: Antimicrobial resistance: moving from professional engagement to public action

Journal: Journal of Antimicrobial Chemotherapy

Volume: 70

Issue: 11

Pages: 2927-2930

Date: Nov

Short Title: Antimicrobial resistance: moving from professional engagement to public action

ISSN: 0305-7453

DOI: 10.1093/jac/dkv297

Accession Number: WOS:000368245500001

Abstract: Antimicrobial-resistant infections claim ≥ 700000 lives each year globally. It is therefore important that both healthcare professionals and the public know the threat antimicrobial resistance poses and the individual actions they can take to combat antimicrobial resistance. Antibiotic awareness campaigns in England using posters or leaflets have had little or no impact on knowledge, behaviour or prescription rates. Centrally coordinated, multimodal campaigns in two European countries (ongoing for several years and including print and mass media, web site and guidelines, as well as academic detailing and individual feedback to prescribers) have led to reductions in antibiotic use. To change behaviour and reduce antibiotic use in England, a coordinated and comprehensive interdisciplinary and multifaceted (multimodal) approach using behavioural science and targeted at specific groups (both professional and public) is required. Such campaigns should have an integrated evaluation plan using a combination of formative, process and summative measures from the outset to completion of a campaign.

Notes: Ashiru-Oredope, D. Hopkins, S.

Hopkins, Susan/C-9736-2011

Ashiru-Oredope, Diane/0000-0001-9579-2028; Hopkins, Susan/
0000-0001-5179-5702

1460-2091

URL: <Go to ISI>://WOS:000368245500001

Reference Type: Journal Article

Record Number: 1497

Author: Ashiru-Oredope, D., Hopkins, S., Vasandani, S., Umoh, E., Oloyede, O., Nilsson, A., Kinsman, J., Elsert, L., Monnet, D. L. and Advis, E. CDCAntibioticSurvey Project

Year: 2021

Title: Healthcare workers' knowledge, attitudes and behaviours with respect to antibiotics, antibiotic use and antibiotic resistance across 30 EU/EEA countries in 2019

Journal: Eurosurveillance

Volume: 26

Issue: 12

Pages: 13-22

Date: Mar

Short Title: Healthcare workers' knowledge, attitudes and behaviours with respect to antibiotics, antibiotic use and antibiotic resistance across 30 EU/EEA countries in 2019

ISSN: 1025-496X

DOI: 10.2807/1560-7917.Es.2021.26.12.1900633

Accession Number: WOS:000634716900003

Abstract: Background: While several studies have assessed knowledge, attitudes and behaviours of the public, physicians and medical students in a number of EU/EEA countries with respect to antibiotic use and antibiotic resistance, there is a paucity of literature for other healthcare workers. This survey aimed to fill this gap.

Methods: A 43-item online questionnaire was developed, validated and pilot-tested through a modified Delphi consensus process involving

87 Project Advisory Group (PAG) members, including national representatives and members of European health professional groups. The survey was distributed by the PAG and via social media to healthcare workers in 30 EU/EEA countries. Results: Respondents (n = 18,365) from 30 EU/EEA countries participated. Knowledge of antibiotics and antibiotic use was higher (97%) than knowledge of development and spread of antibiotic resistance (75%). Sixty percent of respondents stated they had received information on avoiding unnecessary prescribing, administering or dispensing of antibiotics. Among respondents who prescribed, administered or dispensed antibiotics, 55% had provided advice on prudent antibiotic use or management of infections to patients, but only 17% had given resources (leaflets or pamphlets). For community and hospital prescribers, fear of patient deterioration or complications was the most frequent reason (43%) for prescribing antibiotics that were considered unnecessary. Community prescribers were almost twice as likely as hospital prescribers to prescribe antibiotics due to time constraints or to maintain patient relationships. Conclusion: It is important to move from raising awareness about prudent antibiotic use and antibiotic resistance among healthcare workers to designing antimicrobial stewardship interventions aimed at changing relevant behaviours.

Notes: Ashiru-Oredope, Diane Hopkins, Susan Vasandani, Sagar Umoh, Eno Oloyede, Olaolu Nilsson, Andrea Kinsman, John Elsert, Linda Monnet, Dominique L.

Hopkins, Susan/C-9736-2011; Sabbatucci, Michela/M-9642-2017
Tavares, Duarte Pedro de Sousa/0000-0002-5390-1801; Sabbatucci, Michela/0000-0001-5889-1780; Mutters, Nico/0000-0002-0156-9595; Hopkins, Susan/0000-0001-5179-5702; Ashiru-Oredope, Diane/0000-0001-9579-2028
1560-7917

URL: <Go to ISI>://WOS:000634716900003

Reference Type: Journal Article

Record Number: 1436

Author: Ashraf, S., Bicchieri, C., Delea, M. G., Das, U., Chauhan, K., Kuang, J., Shpenev, A. and Thulin, E.

Year: 2021

Title: Norms and Social Network-Centric Behavior Change Intervention (Nam Nalavazhvu) for Improved Toilet Usage in Peri-Urban Communities of Tamil Nadu: Protocol for a Cluster-Randomized Controlled Trial

Journal: Jmir Research Protocols

Volume: 10

Issue: 5

Date: May

Short Title: Norms and Social Network-Centric Behavior Change Intervention (Nam Nalavazhvu) for Improved Toilet Usage in Peri-Urban Communities of Tamil Nadu: Protocol for a Cluster-Randomized Controlled Trial

ISSN: 1929-0748

DOI: 10.2196/24407

Article Number: e24407

Accession Number: WOS:000658257400017

Abstract: Background: Inconsistent toilet usage is a continuing challenge in India. Despite the impact of social expectations on toilet usage, few programs and studies have developed theoretically grounded norm-centric behavior change interventions to increase toilet use in low-income settings. Objective: The objective of this paper is to detail the rationale and design of an ex ante, parallel cluster-randomized trial evaluating the impact of a demand-side, norm-centric behavior change intervention on exclusive toilet use and maintenance in peri-urban Tamil Nadu, India. Methods: Following formative research, we developed an evidence-based norm-centric behavior change intervention called Nam Nalavazhvu (Tamil for "our well-being"). The multilevel intervention aims to improve toilet usage by shifting empirical expectations or beliefs about other relevant people's sanitation practices. It also provides action-oriented information to aid individuals to set goals and overcome barriers to own, consistently use, and maintain their toilets. This trial includes 76 wards in the Pudukkottai and Karur districts, where half were randomly assigned to receive the intervention and the remaining served as counterfactuals. Results: We enrolled wards and conducted a baseline survey among randomly selected individuals in all 76 wards. The 1-year behavior change intervention is currently ongoing. At the endline, we will collect relevant data and compare results between study arms to determine the impacts of the Nam Nalavazhvu intervention on sanitation-related behavioral, health, and well-being outcomes and potential moderators. This study is powered to detect differences in the prevalence of exclusive toilet use between study arms. We are also conducting a process evaluation to understand the extent to which the intervention was implemented as designed, given the special pandemic context. Conclusions: Findings from this trial will inform norm-centric behavior change strategies to improve exclusive toilet usage. Notes: Ashraf, Sania Bicchieri, Cristina Delea, Maryann G. Das, Upasak Chauhan, Kavita Kuang, Jinyi Shpenev, Alex Thulin, Erik Shpenev, Alex/AAX-6986-2021
Das, Upasak/0000-0002-4371-0139; Shpenev, Alex/0000-0002-3739-1637; Ashraf, Sania/0000-0001-7305-8922; Bicchieri, Cristina/0000-0003-1648-5068; Kuang, Jinyi/0000-0003-4173-3246
URL: <Go to ISI>://WOS:000658257400017

Reference Type: Journal Article

Record Number: 174

Author: Asim, M., Hameed, W., Khan, B., Saleem, S. and Avan, B. I.

Year: 2023

Title: Applying the COM-B Model to Understand the Drivers of Mistreatment During Childbirth: A Qualitative Enquiry Care Staff

Journal: Global Health-Science and Practice

Volume: 11

Issue: 1

Date: Feb

Short Title: Applying the COM-B Model to Understand the Drivers of Mistreatment During Childbirth: A Qualitative Enquiry Care Staff

ISSN: 2169-575X

DOI: 10.9745/ghsp-d-22-00267

Article Number: e2200267

Accession Number: WOS:000941563100013

Abstract: Introduction: Respectful maternity care (RMC) during childbirth is an integral component of quality of care. However, women's experiences of mistreatment are prevalent in many low-and middle-income countries. This is a complex phenomenon that has not been well explored from a behavioral science perspective. We aimed to understand the behavioral drivers of mistreatment during childbirth among maternity care staff at public health facilities in the Sindh province of Pakistan. **Methods:** Applying the COM-B (capability-opportunity-motivation that leads to behavior change) model, we conducted semistructured in-depth interviews among clinical and nonclinical staff in public health facilities in Thatta and Sujawal, Sindh, Pakistan. Data were analyzed using thematic deductive analysis, and findings were synthesized using the COM-B model. **Results:** We identified several behavioral drivers of mistreatment during childbirth: (1) institutional guidelines on RMC and training opportunities were absent, resulting in a lack of providers' knowledge and skills; (2) facilities lacked the infrastructure to maintain patient privacy and confidentiality and did not permit males as birth companions; (3) lack of provider performance monitoring system and patient feedback mechanism contributed to providers not feeling appreciated or recognized. Staff bias against patients from lower castes contributed to patient abuse and mistreatment. The perspectives of clinical and nonclinical staff overlapped regarding potential drivers of mistreatment during childbirth. **Conclusions:** Addressing mistreatment during childbirth requires improving the knowledge and capacity of maternity staff on RMC and psychosocial support to enhance their understanding of RMC. At the health facility level, governance and accountability mechanisms in routine supervision and monitoring of staff need to be improved. Patients' feedback should be incorporated for continuous improvement in providing maternity care services that meet patients' preferences and needs.

Notes: Asim, Muhammad Hameed, Waqas Khan, Bushra Saleem, Sarah Avan, Bilal Iqbal

URL: <Go to ISI>://WOS:000941563100013

Reference Type: Journal Article

Record Number: 683

Author: Asimakopoulou, K., Kitsaras, G. and Newton, J. T.

Year: 2022

Title: Using behaviour change science to deliver oral health practice: A commentary

Journal: Community Dentistry and Oral Epidemiology

Date: 2022 Jun

Short Title: Using behaviour change science to deliver oral health practice: A commentary

ISSN: 0301-5661

DOI: 10.1111/cdoe.12766

Accession Number: WOS:000808308400001

Abstract: The aims of this commentary are threefold; firstly, we summarize changes in oral health behaviour change research and

practice; secondly, we identify key barriers and challenges proposing practical ways to overcome them; and finally, we showcase key developments on the global and local stage outlining key opportunities for the future of oral health behaviour change. Not applicable. Advancements, including the Capability-Opportunity-Motivation (COM-B), Motivation, Action regulation-Prompts (MAP) and the Goal setting, Planning and Self-Monitoring (GPS) models have showcased a range of evidence-based opportunities to deliver oral health behaviour change. Despite their merits, oral health behaviour change still faces barriers and challenges that limit its scope, applicability and practicability for oral health professionals. Recent developments on the global and local stage have highlighted the important role oral health behaviour change has to play for the future of oral health. We provide practical examples to show how these advancements can be delivered in practice, noting that learnings from other disciplines can help shape the future of oral health behaviour change. A combination of encouraging signs and recent, positive developments have resulted in an unprecedented focus on oral health behaviour change. Through ongoing and future research, meaningful changes to the oral health of the population through applied behavioural science are in sight.

Notes: Asimakopoulou, Koula Kitsaras, George Newton, Jonathon Tim Asimakopoulou, Koula/0000-0003-3420-8523; Newton, Jonathon Timothy/0000-0003-4082-6942

1600-0528

URL: <Go to ISI>://WOS:000808308400001

Reference Type: Journal Article

Record Number: 2338

Author: Asimakopoulou, K. and Newton, J. T.

Year: 2015

Title: The contributions of behaviour change science towards dental public health practice: a new paradigm

Journal: Community Dentistry and Oral Epidemiology

Volume: 43

Issue: 1

Pages: 2-8

Date: Feb

Short Title: The contributions of behaviour change science towards dental public health practice: a new paradigm

ISSN: 0301-5661

DOI: 10.1111/cdoe.12131

Accession Number: WOS:000348567700002

Abstract: Conventional behavioural models, such as social cognition models, to improve oral health have been proposed for a long time but have failed to consistently explain reliable amounts of variability in human behaviours relevant to oral health. This paper introduces current work from the behavioural sciences aiming to better understand the process through which behaviour change may take place. Given the shortcomings seen so far in attempts to explain behaviour through traditional models it is proposed that a new approach is adopted. This commentary outlines this new approach, grounded in current work by mainstream behaviour change experts. We

propose that attempts to use unreliable theoretical models to explain and predict oral health behaviour should now be replaced by work following this new paradigm.

Notes: Asimakopoulou, Koula Newton, Jonathon Tim

Newton, Jonathon T/B-7015-2009

Asimakopoulou, Koula/0000-0003-3420-8523; Newton, Jonathon Timothy/0000-0003-4082-6942

1600-0528

URL: <Go to ISI>://WOS:000348567700002

Reference Type: Book

Record Number: 1783

Author: Assaf, N.

Year: 2020

Title: STEAM Education Implementation Roadmap

Series Editor: Forawi, S. A.

Series Title: SCIENCE AND MATHEMATICS EDUCATION IN MULTICULTURAL

CONTEXTS: New Directions in Teaching and Learning

Number of Pages: 94-109

Short Title: STEAM Education Implementation Roadmap

ISBN: 978-1-86335-224-6; 978-1-86335-225-3; 978-0-94931-301-0

Accession Number: WOS:000869150300006

Abstract: The purpose of this chapter is to present a brief overview of the implementation of STEAM education in schools in developed countries such as China, Australia, United Kingdom and United States of America and to provide a roadmap of its implementation in the context of the United Arab Emirates. The research study in this chapter adopts a qualitative approach whereby purpose sampling of secondary data is collected, compiled and analyzed. Themes are generated after coding the content: implementation of STEAM, challenges related to STEAM application and implementation and requirements for success implementation. For the purpose of ensuring proper integration of STEAM in UAE educational system, a roadmap is proposed with policy drafting recommendations, such as curriculum reform, technology integration, teacher professional development and financial funds.

Notes: Assaf, Noura

URL: <Go to ISI>://WOS:000869150300006

Reference Type: Journal Article

Record Number: 1339

Author: Aswathy, V. and Abhilash, M.

Year: 2021

Title: A scoping review on emotion regulation mechanisms employed in the control of Dharaneeya vegas (emotions that should be restrained) in light of Modern psychology and Ayurveda

Journal: International Journal of Ayurvedic Medicine

Volume: 12

Issue: 3

Pages: 495-499

Date: Jul-Sep

Short Title: A scoping review on emotion regulation mechanisms

employed in the control of Dharaneeya vegas (emotions that should be restrained) in light of Modern psychology and Ayurveda

ISSN: 0976-5921

Accession Number: WOS:000704895800010

Abstract: Experiencing positive emotions are now becoming one among the highest virtues. It becomes important for individuals to develop emotional intelligence competencies. There are many ways through which positive emotions can be reinforced. Modern psychology also encourages cultivation of emotional regulation capacity. This article describes modern as well as Ayurvedic mechanisms for emotional regulation to cultivate healthy emotion regulation competency. After database search from PUBMED, total 14 articles, 11 from modern psychiatry and 3 Ayurveda were reviewed and following results are obtained. There are five instances in which emotion regulation may occur: Situation Selection, Situation Modification, Attention Deployment, Cognitive Change and Response Modulation. Ayurveda observes that the main reason for mental disequilibrium is taking extreme or minimal stance in mano-arthas. Ayurveda perceive that dheer, dhriti and smriti are tripods that helps a person regulate his inclination towards mano-arthas. Ayurveda advices certain conducts to be followed by every person irrespective of Manasa prakriti. Ayurveda insist to control certain urges and those urges are termed as dharaneeya vegas. It preached some conducts to strengthen dheer, dhriti and smriti and they can be collectively called sadvritam. Sadvritam advocates human to always engage in learning (education) all existing science, persuades a person with ultimate aim of salvation by following right conduct, incentivisation with incentives health and prosperity, coercion through fear of diseases, rebirths, bad offspring's, training through detachment, restriction by morality, environmental restructuring by execution in community level, modelling by showing aptas and enablement by teaching it to every one irrespective of inequality.

Notes: Aswathy, V Abhilash, M.

V, Aswathy/0000-0001-9972-2641

URL: <Go to ISI>://WOS:000704895800010

Reference Type: Journal Article

Record Number: 1731

Author: Atkins, L., Chadborn, T., Bondaronek, P., Ashiru-Oredope, D., Beech, E., Herd, N., de La Moriniere, V., Gonzalez-Iraizoz, M., Hopkins, S., McNulty, C. and Sallis, A.

Year: 2020

Title: Content and Mechanism of Action of National Antimicrobial Stewardship Interventions on Management of Respiratory Tract Infections in Primary and Community Care

Journal: Antibiotics-Basel

Volume: 9

Issue: 8

Date: Aug

Short Title: Content and Mechanism of Action of National Antimicrobial Stewardship Interventions on Management of Respiratory Tract Infections in Primary and Community Care

ISSN: 2079-6382

DOI: 10.3390/antibiotics9080512

Article Number: 512

Accession Number: WOS:000564201000001

Abstract: A major modifiable factor contributing to antimicrobial resistance (AMR) is inappropriate use and overuse of antimicrobials, such as antibiotics. This study aimed to describe the content and mechanism of action of antimicrobial stewardship (AMS) interventions to improve appropriate antibiotic use for respiratory tract infections (RTI) in primary and community care. This study also aimed to describe who these interventions were aimed at and the specific behaviors targeted for change. Evidence-based guidelines, peer-review publications, and infection experts were consulted to identify behaviors relevant to AMS for RTI in primary care and interventions to target these behaviors. Behavior change tools were used to describe the content of interventions. Theoretical frameworks were used to describe mechanisms of action. A total of 32 behaviors targeting six different groups were identified (patients; prescribers; community pharmacists; providers; commissioners; providers and commissioners). Thirty-nine interventions targeting the behaviors were identified (patients = 15, prescribers = 22, community pharmacy staff = 8, providers = 18, and commissioners = 18). Interventions targeted a mean of 5.8 behaviors (range 1-27). Influences on behavior most frequently targeted by interventions were psychological capability (knowledge and skills); reflective motivation (beliefs about consequences, intentions, social/professional role and identity); and physical opportunity (environmental context and resources). Interventions were most commonly characterized as achieving change by training, enabling, or educating and were delivered mainly through guidelines, service provision, and communications & marketing. Interventions included a mean of four Behavior Change Techniques (BCTs) (range 1-14). We identified little intervention content targeting automatic motivation and social opportunity influences on behavior. The majority of interventions focussed on education and training, which target knowledge and skills though the provision of instructions on how to perform a behavior and information about health consequences. Interventions could be refined with the inclusion of relevant BCTs, such as goal-setting and action planning (identified in only a few interventions), to translate instruction on how to perform a behavior into action. This study provides a platform to refine content and plan evaluation of antimicrobial stewardship interventions.

Notes: Atkins, Lou Chadborn, Tim Bondaronek, Paulina Ashiru-Oredope, Diane Beech, Elizabeth Herd, Natalie de La Moriniere, Victoria Gonzalez-Iraizoz, Marta Hopkins, Susan McNulty, Cliodna Sallis, Anna Atkins, Louise/C-7740-2011

Atkins, Louise/0000-0001-9322-7869; McNulty, Cliodna Ann Miriam/0000-0003-4969-5360; Ashiru-Oredope, Diane/0000-0001-9579-2028; de La Moriniere, Victoria/0000-0002-8600-1164

URL: <Go to ISI>://WOS:000564201000001

Reference Type: Journal Article

Record Number: 2163

Author: Atkins, L., Hunkeler, E. M., Jensen, C. D., Michie, S., Lee, J. K., Doubeni, C. A., Zauber, A. G., Levin, T. R., Quinn, V. P. and Corley, D. A.

Year: 2016

Title: Factors influencing variation in physician adenoma detection rates: a theory-based approach for performance improvement

Journal: Gastrointestinal Endoscopy

Volume: 83

Issue: 3

Pages: 617-U406

Date: Mar

Short Title: Factors influencing variation in physician adenoma detection rates: a theory-based approach for performance improvement

ISSN: 0016-5107

DOI: 10.1016/j.gie.2015.08.075

Accession Number: WOS:000370359000022

Abstract: Background and Aims: Interventions to improve physician adenoma detection rates for colonoscopy have generally not been successful, and there are little data on the factors contributing to variation that may be appropriate targets for intervention. We sought to identify factors that may influence variation in detection rates by using theory-based tools for understanding behavior.

Methods: We separately studied gastroenterologists and endoscopy nurses at 3 Kaiser Permanente Northern California medical centers to identify potentially modifiable factors relevant to physician adenoma detection rate variability by using structured group interviews (focus groups) and theory-based tools for understanding behavior and eliciting behavior change: the Capability, Opportunity, and Motivation behavior model; the Theoretical Domains Framework; and the Behavior Change Wheel. Results: Nine factors potentially associated with adenoma detection rate variability were identified, including 6 related to capability (uncertainty about which types of polyps to remove, style of endoscopy team leadership, compromised ability to focus during an examination due to distractions, examination technique during withdrawal, difficulty detecting certain types of adenomas, and examiner fatigue and pain), 2 related to opportunity (perceived pressure due to the number of examinations expected per shift and social pressure to finish examinations before scheduled breaks or the end of a shift), and 1 related to motivation (valuing a meticulous examination as the top priority). Examples of potential intervention strategies are provided. Conclusions: By using theory-based tools, this study identified several novel and potentially modifiable factors relating to capability, opportunity, and motivation that may contribute to adenoma detection rate variability and be appropriate targets for future intervention trials.

Notes: Atkins, Louise Hunkeler, Enid M. Jensen, Christopher D. Michie, Susan Lee, Jeffrey K. Doubeni, Chyke A. Zauber, Ann G. Levin, Theodore R. Quinn, Virginia P. Corley, Douglas A.

Atkins, Louise/C-7740-2011

Atkins, Louise/0000-0001-9322-7869
1097-6779

URL: <Go to ISI>://WOS:000370359000022

Reference Type: Journal Article
Record Number: 2309
Author: Atkins, L. and Michie, S.
Year: 2015
Title: Designing interventions to change eating behaviours
Journal: Proceedings of the Nutrition Society
Volume: 74
Issue: 2
Pages: 164-170
Date: May
Short Title: Designing interventions to change eating behaviours
ISSN: 0029-6651
DOI: 10.1017/s0029665115000075
Accession Number: WOS:000354119600009
Abstract: Understanding and changing eating behaviours are central to the work of Nutrition Society members working in both research and applied settings. The present paper describes a recently published resource to guide the design of interventions to change behaviour, The Behaviour Change Wheel: A Guide to Designing Interventions (BCW Guide). This is a practical guide to intervention design that brings together recently-developed theory-based tools in behavioural science into a coherent step-by-step design process. It is based on the BCW, a synthesis of nineteen frameworks of behaviour change found in the research literature. The BCW has at its core a model of behaviour known as 'capability', 'opportunity', 'motivation' and 'behaviour'. The model recognises that behaviour is part of an interacting system involving all these components. The BCW identifies different intervention options that can be applied to changing each of the components and policies that can be adopted to deliver those intervention options. The book shows how the BCW links to theory-based frameworks to understand behaviour such as the Theoretical Domains Framework and the recently developed Behaviour Change Technique Taxonomy v1 for specifying intervention content. In essence, it shows how to link what is understood about a given behaviour to types of intervention likely to be effective and then translate this into a locally relevant intervention. In addition, the present paper sets out some principles of intervention design.
Notes: Atkins, Lou Michie, Susan
Meeting of the Nutrition-Society-Irish-Section / Conference on Changing Dietary Behaviour - Physiology Through to Practice / Symposium 4 on Changing Diet and Behaviour - Putting Theory into Practice
Jun 18-20, 2014
Univ Ulster, Coleraine, IRELAND
Nutr Soc, Irish Sect
Atkins, Louise/C-7740-2011
Atkins, Louise/0000-0001-9322-7869
1475-2719
URL: <Go to ISI>://WOS:000354119600009

Reference Type: Journal Article

Record Number: 18

Author: Atkinson, M., Neville, F., Ntontis, E. and Reicher, S.

Year: 2023

Title: Social identification and risk dynamics: How perceptions of (inter)personal and collective risk impact the adoption of COVID-19 preventative behaviors

Journal: Risk Analysis

Date: 2023 May

Short Title: Social identification and risk dynamics: How perceptions of (inter)personal and collective risk impact the adoption of COVID-19 preventative behaviors

ISSN: 0272-4332

DOI: 10.1111/risa.14155

Accession Number: WOS:000979817100001

Abstract: Public adoption of preventative behaviors to reduce the transmission of COVID-19 is crucial to managing the pandemic, and so it is vital to determine what factors influence the uptake of those behaviors. Previous studies have identified COVID-19 risk perceptions as a key factor, but this work has typically been limited both in assuming that risk means risk to the personal self, and in being reliant on self-reported data. Drawing on the social identity approach, we conducted two online studies in which we investigated the effects of two different types of risk on preventative measure taking: risk to the personal self and risk to the collective self (i.e., members of a group with which one identifies). Both studies involved behavioral measures using innovative interactive tasks. In Study 1 (n = 199; data collected 27 May 2021), we investigated the effects of (inter)personal and collective risk on physical distancing. In Study 2 (n = 553; data collected 20 September 2021), we investigated the effects of (inter)personal and collective risk on the speed at which tests are booked as COVID-19 symptoms develop. In both studies, we find that perceptions of collective risk, but not perceptions of (inter)personal risk, influence the extent to which preventative measures are adopted. We discuss the implications both conceptually (as they relate to both the conceptualization of risk and social identity processes) and also practically (in terms of the implications for public health communications).

Notes: Atkinson, Mark Neville, Fergus Ntontis, Evangelos Reicher, Stephen

Neville, Fergus/0000-0001-7377-4507

1539-6924

URL: <Go to ISI>://WOS:000979817100001

Reference Type: Journal Article

Record Number: 1236

Author: Atorkey, P., Paul, C., Wiggers, J., Bonevski, B., Mitchell, A. and Tzelepis, F.

Year: 2021

Title: Barriers and Facilitators to the Uptake of Online and Telephone Services Targeting Health Risk Behaviours among Vocational Education Students: A Qualitative Study

Journal: International Journal of Environmental Research and Public

Health

Volume: 18

Issue: 17

Date: Sep

Short Title: Barriers and Facilitators to the Uptake of Online and Telephone Services Targeting Health Risk Behaviours among Vocational Education Students: A Qualitative Study

DOI: 10.3390/ijerph18179336

Article Number: 9336

Accession Number: WOS:000694173600001

Abstract: Uptake of online and telephone services targeting health behaviours is low among vocational education students and barriers and facilitators are unknown. This study aimed to explore barriers and facilitators to uptake of online and telephone services for smoking, nutrition, alcohol, and physical activity (SNAP) risk behaviours via semi-structured individual telephone interviews with fifteen vocational education students. Two authors independently completed thematic analysis, classified themes according to the COM-B (Capability, Opportunity, Motivation, Behaviour) framework, and discussed disagreements until consensus was reached. Facilitators to uptake of online (e.g., desire to learn something new, cost-free, accessible) and telephone services (e.g., prefer to talk to provider, complements online support) primarily related to capability and opportunity. For telephone services, difficulty understanding accent/language was a capability-related barrier. Opportunity-related barriers for online and telephone services were preference for face-to-face interaction and lack of time, while preference for apps/online programs was a barrier for telephone services. For online and telephone services, not wanting to change SNAP behaviours was a motivation-related barrier and being able to change SNAP risk behaviours themselves was a motivation-related barrier for online services. Barriers and facilitators to online and telephone services are relevant for designing interventions vocational education students are more likely to use.

Notes: Atorkey, Prince Paul, Christine Wiggers, John Bonevski, Billie Mitchell, Aimee Tzelepis, Flora

TZELEPIS, FLORA/GLN-2873-2022; Bonevski, Billie/G-7298-2013

TZELEPIS, FLORA/0000-0002-9914-2732; Bonevski, Billie/0000-0001-8505-622X; Atorkey, Prince/0000-0001-9665-1139
1660-4601

URL: <Go to ISI>://WOS:000694173600001

Reference Type: Journal Article

Record Number: 783

Author: Atorkey, P., Paul, C., Wiggers, J., Bonevski, B., Mitchell, A. and Tzelepis, F.

Year: 2022

Title: Intention to change multiple health risk behaviors and predictors of behavior change in vocational education students

Journal: Journal of American College Health

Date: 2022 Apr

Short Title: Intention to change multiple health risk behaviors and predictors of behavior change in vocational education students

ISSN: 0744-8481

DOI: 10.1080/07448481.2022.2068960

Accession Number: WOS:000794916200001

Abstract: Objective: No studies have examined vocational education students' intention to change multiple health risk behaviors and whether baseline characteristics predict behavior change.

Participants: Participants were vocational education students in New South Wales, Australia. Methods: Students in the no-intervention control arm of a cluster randomized controlled trial completed an online survey at baseline and 6 months later. Results: Of 450 participants (83.3%) who reported multiple health risk behaviors at baseline, one-third (33.1%) intended to change at least two risk behaviors within 6 months. Participants experiencing symptoms of anxiety [OR = 7.43, 95% CIs 1.26-43.87; p = 0.03] and who intended to change three to four risk behaviors [OR = 23.30, 95% CIs 4.01-135.40; p = 0.001] rather than one behavior had significantly greater odds of changing at least one behavior in 6 months.

Conclusions: Interventions could support vocational education students to change behaviors they wish to as well as motivate them to address other risk behaviors.

Notes: Atorkey, Prince Paul, Christine Wiggers, John Bonevski, Billie Mitchell, Aimee Tzelepis, Flora TZELEPIS, FLORA/GLN-2873-2022; Bonevski, Billie/G-7298-2013 TZELEPIS, FLORA/0000-0002-9914-2732; Atorkey, Prince/0000-0001-9665-1139; Bonevski, Billie/0000-0001-8505-622X 1940-3208

URL: <Go to ISI>://WOS:000794916200001

Reference Type: Journal Article

Record Number: 572

Author: Attwell, K., Roberts, L., Blyth, C. C. and Carlson, S. J.

Year: 2022

Title: Western Australian health care workers' views on mandatory COVID-19 vaccination for the workplace

Journal: Health Policy and Technology

Volume: 11

Issue: 3

Date: Sep

Short Title: Western Australian health care workers' views on mandatory COVID-19 vaccination for the workplace

ISSN: 2211-8837

DOI: 10.1016/j.hlpt.2022.100657

Article Number: 100657

Accession Number: WOS:000849777700006

Abstract: Background: Health care workers (HCWs) are at an increased risk of catching and spreading Coronavirus Disease 2019 (COVID-19) compared with the general community, putting health systems at risk. Several jurisdictions globally have mandated or are looking to mandate COVID-19 vaccines for this cohort, but little is known about the acceptability of this measure, especially in different contexts, and there is little qualitative data to explore nuance, depth, and the reasons behind HCWs' opinions. Methods: In-depth semi-structured qualitative interviews were undertaken with 39 HCWs in Western

Australia (WA) between February–August 2021, ascertaining their views on the prospective introduction and implementation of mandates for COVID–19 vaccines. Data were thematically analysed using NVivo 20. Results: There was broad support for COVID–19 vaccine mandates for HCWs amongst our participants, but also different views about what such a mandate would mean (redeployment versus termination) and how it would impact the rest of the workforce. One vaccine hesitant participant said that mandates would be their prompt to get vaccinated. Other participants invoked an informal code whereby HCWs have an obligation to be seen to support vaccination and to protect public health more broadly. However, they also raised concerns about implementation and procedural and policy fairness. Conclusion: Policymakers should consider how to mobilise the informal code of health promotion and public health support if introducing mandates. They should also consider whether HCWs will bring the same attitudes and approaches to mandates for additional vaccine doses.

Notes: Attwell, Katie Roberts, Leah Blyth, Christopher C. Carlson, Samantha J.

; Attwell, Kathryn Louise/D–4346–2018

Carlson, Samantha/0000–0002–4362–7730; Attwell, Kathryn Louise/0000–0002–0366–2160; Roberts, Leah/0000–0003–0215–7813; Blyth, Christopher Charles/0000–0003–2017–0683

URL: <Go to ISI>://WOS:000849777700006

Reference Type: Journal Article

Record Number: 5

Author: Auger, L. P., Filiatrault, J., Allegue, D. R., Vachon, B., Thomas, A., Morales, E. and Rochette, A.

Year: 2023

Title: Sexual Rehabilitation After a Stroke: A Multi-site Qualitative Study About Influencing Factors and Strategies to Improve Services

Journal: Sexuality and Disability

Date: 2023 May

Short Title: Sexual Rehabilitation After a Stroke: A Multi-site Qualitative Study About Influencing Factors and Strategies to Improve Services

ISSN: 0146–1044

DOI: 10.1007/s11195–023–09795–x

Accession Number: WOS:000994067600001

Abstract: This study aimed to better understand the factors influencing the provision of sexuality-related post-stroke rehabilitation services by clinicians on different sites and to explore strategies to improve post-stroke rehabilitation services with stakeholders. A qualitative study with co-design methods was conducted with 20 clinicians from five post-stroke rehabilitation centers in Canada, 1 manager and 1 patient-partner. Participants either took part in a focus group or in sessions of an adapted version of the LEGO Serious Play method to explore influencing factors and strategies of improvement in relation to post-stroke sexual rehabilitation services. Thematic analysis was conducted semi-deductively using the Theoretical Domains Framework (TDF), the Capability, Opportunity, Motivation and Behaviour (COM–B) system and

the Behaviour Change Wheel (BCW). A total of twenty factors pertaining either to the categories of Capability (n = 8; e.g., Sexual rehabilitation procedural knowledge), Motivation (n = 4; e.g., Professional boundaries) or Opportunity (n = 8; e.g., Workload) were perceived as influencing provision of sexual rehabilitation services by participants. A theoretical model was conceptualized. Strategies (n = 10) were categorized in concordance with the BCW as Training (n = 1), Enablement (n = 5) or Environmental restructuring (n = 4). This study showed that factors influencing provision of post-stroke rehabilitation services were numerous and interrelated, and that various strategies aiming either clinicians or the rehabilitation environment would be relevant to improve services. This study will help guide the design and implementation of future interventions studies aiming at improving post-stroke sexual rehabilitation services.

Notes: Auger, Louis-Pierre Filiatrault, Johanne Allegue, Dorra Rakia Vachon, Brigitte Thomas, Aliko Morales, Ernesto Rochette, Annie 1573-6717

URL: <Go to ISI>://WOS:000994067600001

Reference Type: Journal Article

Record Number: 1707

Author: Aughterson, H., Baxter, L. and Fancourt, D.

Year: 2020

Title: Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners

Journal: BMC Family Practice

Volume: 21

Issue: 1

Date: Sep

Short Title: Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners

DOI: 10.1186/s12875-020-01264-0

Article Number: 194

Accession Number: WOS:000574377200003

Abstract: Background There is growing evidence for the use of social prescribing as a means to improve the mental health of patients. However, there are gaps in understanding the barriers and enablers faced by General Practitioners (GPs) when engaging in social prescribing for patients with mental health problems. Methods This study uses a qualitative approach involving one-to-one interviews with GPs from across the UK. The COM-B model was used to elucidate barriers and enablers, and the Theoretical Domains Framework (TDF) and a Behaviour Change Theory and Techniques tool was used to identify interventions that could address these. Results GPs recognised the utility of social prescribing in addressing the high levels of psychosocial need they saw in their patient population, and expressed the need to de-medicalise certain patient problems. GPs were driven by a desire to help patients, and so they benefited from regular positive feedback to reinforce the value of their social prescribing referrals. They also discussed the importance of

developing more robust evidence on social prescribing, but acknowledged the challenges of conducting rigorous research in community settings. GPs lacked the capacity, and formal training, to effectively engage with community groups for patients with mental health problems. Link workers, when available to GPs, were of fundamental importance in bridging the gap between the GP and community. The formation of trusting relationships was crucial at different points of the social prescribing pathway, with patients needing to trust GPs in order for them to agree to see a link worker or attend a community activity, and GPs requiring a range of strong inter-personal skills in order to gain patients' trust and motivate them. Conclusion This study elucidates the barriers and enablers to social prescribing for patients with mental health problems, from the perspectives of GPs. Recommended interventions include a more systematic feedback structure for GPs and more formal training around social prescribing and developing the relevant inter-personal skills. This study provides insight for GPs and other practice staff, commissioners, managers, providers and community groups, to help design and deliver future social prescribing services.

Notes: Aughterson, Henry Baxter, Louise Fancourt, Daisy
1471-2296

URL: <Go to ISI>://WOS:000574377200003

Reference Type: Journal Article

Record Number: 2100

Author: Aumann, I., Tedja, L. and von der Schulenburg, J. M. G.

Year: 2016

Title: Experiences of COPD patients with existing smoking cessation programs and their preferences for improvement - a qualitative analysis

Journal: Tobacco Induced Diseases

Volume: 14

Date: Aug

Short Title: Experiences of COPD patients with existing smoking cessation programs and their preferences for improvement - a qualitative analysis

ISSN: 1617-9625

DOI: 10.1186/s12971-016-0097-4

Article Number: 31

Accession Number: WOS:000383418800001

Abstract: Background: Smoking is a major risk factor for chronic obstructive pulmonary disease (COPD). For current smokers who are diagnosed with COPD, their first treatment option is to stop smoking. Motivation is necessary for long-term smoking cessation; therefore, when designing smoking cessation programs, the patients' needs and preferences should be considered. We focused on COPD patients' experiences with existing smoking cessation programs and evaluated their preferences for the improvement of these programs.

Methods: We conducted 18 guideline-based interviews with COPD patients between April and June 2014 in Germany. Each patient with COPD, who was a current or past smoker and had made at least one attempt to quit smoking in the past 5 years, was included in the study. We audiotaped, verbatim transcribed, and evaluated the

interviews, using content analysis. Results: The patients had broad and different experiences with pharmaceutical, behavioral, and alternative approaches that supported or negatively influenced the smoking cessation process. Pharmaceuticals were viewed as an expensive alternative with many side effects although they helped to stop cravings for a few moments. Furthermore, the bad structure and impersonal content of the seminars for smoking cessation negatively influenced group cohesion, and therefore degrading the patients' motivation to stop smoking. Alternative methods, such as acupuncture and hypnosis were mostly ineffective in smoking cessation, but in some cases, served as motivational strategies. Conclusion: Negative experiences with smoking cessation were explained by the patients' lack of motivation or resolution. Other negative experiences, such as the structure of seminars for smoking cessation and the high price of pharmaceuticals should be addressed through policy changes to increase the patients' motivation to quit smoking.

Notes: Aumann, I. Tedja, L. von der Schulenburg, J. M. Graf

URL: <Go to ISI>://WOS:000383418800001

Reference Type: Journal Article

Record Number: 1717

Author: Austin, E. J., Neukirch, J., Ong, T. D., Simpson, L., Berger, G. N., Keller, C. S., Flum, D. R., Giusti, E., Azen, J. and Davidson, G. H.

Year: 2021

Title: Development and Implementation of a Complex Health System Intervention Targeting Transitions of Care from Hospital to Post-acute Care

Journal: Journal of General Internal Medicine

Volume: 36

Issue: 2

Pages: 358-365

Date: Feb

Short Title: Development and Implementation of a Complex Health System Intervention Targeting Transitions of Care from Hospital to Post-acute Care

ISSN: 0884-8734

DOI: 10.1007/s11606-020-06140-2

Accession Number: WOS:000564523800018

Abstract: Background Failure of effective transitions of care following hospitalization can lead to excess days in the hospital, readmissions, and adverse events. Evidence identifies both patient and system factors that influence poor care transitions, yet health systems struggle to translate evidence into complex interventions that have a meaningful impact on care transitions. Objective We report on our experience developing, pilot testing, and evaluating a complex intervention (Addressing Complex Transitions program, or ACT program) that aims to improve care transitions for complex patients. Design Following the Medical Research Council (MRC) framework, we engaged in iterative, stakeholder-driven work to develop a complex care intervention, assess feasibility and pilot methods, evaluate the intervention in practice, and facilitate ongoing implementation monitoring and dissemination. Participants Patients receiving care

from UW Medicine's health system including 4 hospitals and 20-site Post-Acute Care network. Intervention Literature review and prospective data collection activities informed ACT program design. ACT program components include a tailored risk calculator that provides real-time scoring of transitions of care risk factors, a multidisciplinary team with the capacity to address complex barriers to safe transitions, and enhanced discharge workflows to improve care transitions for complex patients. Key Measures Program evaluation metrics included estimated hospital days saved and program acceptance by care team members. Key Results During the 6-month pilot, 565 patients were screened and 97 enrolled in the ACT program. An estimated 664 hospital days were saved for the index admission of ACT program participants. Analysis of pre/post-hospital utilization for ACT program participants showed an estimated 3227 fewer hospital days after ACT program enrollment. Conclusions Health systems need to address increasingly difficult challenges in care delivery. The use of evidence-based frameworks, such as the MRC framework, can guide systems to design complex interventions that respond to their local context and stakeholder needs.

Notes: Austin, Elizabeth J. Neukirch, Jen Ong, Thuan D. Simpson, Louise Berger, Gabrielle N. Keller, Carolyn Sy Flum, David R. Giusti, Elaine Azen, Jennifer Davidson, Giana H. Flum, David/GPX-7976-2022

Austin, Elizabeth/0000-0002-4221-1362
1525-1497

URL: <Go to ISI>://WOS:000564523800018

Reference Type: Journal Article

Record Number: 2230

Author: Austin, J.

Year: 2015

Title: The Effect of Genetic Test-Based Risk Information on Behavioral Outcomes: A Critical Examination of Failed Trials and a Call to Action

Journal: American Journal of Medical Genetics Part A

Volume: 167

Issue: 12

Pages: 2913-2915

Date: Dec

Short Title: The Effect of Genetic Test-Based Risk Information on Behavioral Outcomes: A Critical Examination of Failed Trials and a Call to Action

ISSN: 1552-4825

DOI: 10.1002/ajmg.a.37289

Accession Number: WOS:000367668600006

Abstract: Encouraging individuals at risk for common complex disease like heart disease, cancer, and diabetes to adopt lifestyle changes (e.g., smoking cessation, exercise, proper nutrition, increased screening) could be powerful public health tools to decrease the enormous personal and economic burden of these conditions.

Theoretically, genetic risk information appears to be a compelling tool that could be used to provoke at-risk individuals to adopt these lifestyle changes. Unfortunately, however, numerous studies

now have shown that providing individuals with genetic test-based risk information has little to no impact on their behavior. In this article (a commentary not a systematic review), the failed trials in which genetic information has been used as a tool to induce behavior change will be critically examined in order to identify new and potentially more effective ways forward. (C) 2015 Wiley Periodicals, Inc.

Notes: Austin, Jehannine

Austin, Jehannine/0000-0003-0338-7055

1552-4833

URL: <Go to ISI>://WOS:000367668600006

Reference Type: Journal Article

Record Number: 932

Author: Avan, B. I., Hameed, W., Khan, B., Asim, M., Saleem, S. and Siddiqi, S.

Year: 2022

Title: Inclusive, supportive and dignified maternity care (SDMC)-Development and feasibility assessment of an intervention package for public health systems: A study protocol

Journal: Plos One

Volume: 17

Issue: 2

Date: Feb

Short Title: Inclusive, supportive and dignified maternity care (SDMC)-Development and feasibility assessment of an intervention package for public health systems: A study protocol

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0263635

Article Number: e0263635

Accession Number: WOS:000821499100039

Abstract: Introduction Mistreatment, discrimination, and poor psycho-social support during childbirth at health facilities are common in lower- and middle-income countries. Despite a policy directive from the World Health Organisation (WHO), no operational model exists that effectively demonstrates incorporation of these guidelines in routine facility-based maternity services. This early-phase implementation research aims to develop, implement, and test the feasibility of a service-delivery strategy to promote the culture of supportive and dignified maternity care (SDMC) at public health facilities. Methods Guided by human-centred design approach, the implementation of this study will be divided into two phases: development of intervention, and implementing and testing feasibility. The service-delivery intervention will be co-created along with relevant stakeholders and informed by contextual evidence that is generated through formative research. It will include capacity-building of maternity teams, and the improvement of governance and accountability mechanisms within public health facilities. The technical content will be primarily based on WHO's intrapartum care guidelines and mental health Gap Action Programme (mhGAP) materials. A mixed-method, pre-post design will be used for feasibility assessment. The intervention will be implemented at six secondary-level healthcare facilities in two districts of southern

Sindh, Pakistan. Data from multiple sources will be collected before, during and after the implementation of the intervention. We will assess the coverage of the intervention, challenges faced, and changes in maternity teams' understanding and attitude towards SDMC. Additionally, women's maternity experiences and psycho-social well-being-will inform the success of the intervention. Expected outcomes Evidence from this implementation research will enhance understanding of health systems challenges and opportunities around SDMC. A key output from this research will be the SDMC service-delivery package, comprising a comprehensive training package (on inclusive, supportive and dignified maternity care) and a field tested strategy to ensure implementation of recommended practices in routine, facility-based maternity care. Adaptation, Implementation and evaluation of SDMC package in diverse setting will be way forward. The study has been registered with clinicaltrials.gov (Registration number: NCT05146518).

Notes: Avan, Bilal Iqbal Hameed, Waqas Khan, Bushra Asim, Muhammad Saleem, Sarah Siddiqi, Sameen

khan, bushra/GNW-3342-2022

Iqbal Avan, Bilal/0000-0003-4531-4508

URL: <Go to ISI>://WOS:000821499100039

Reference Type: Journal Article

Record Number: 144

Author: Aventin, A., Robinson, M., Hanratty, J., Keenan, C., Hamilton, J., McAteer, E. R., Tomlinson, M., Clarke, M., Okonofua, F., Bonell, C. and Lohan, M.

Year: 2023

Title: Involving men and boys in family planning: A systematic review of the effective components and characteristics of complex interventions in low- and middle-income countries

Journal: Campbell Systematic Reviews

Volume: 19

Issue: 1

Date: Mar

Short Title: Involving men and boys in family planning: A systematic review of the effective components and characteristics of complex interventions in low- and middle-income countries

DOI: 10.1002/cl2.1296

Article Number: e1296

Accession Number: WOS:000913029500001

Abstract: Background Involving men and boys as both users and supporters of Family Planning (FP) is now considered essential for optimising maternal and child health outcomes. Evidence on how to engage men and boys to meet FP needs is therefore important.

Objectives The main objective of this review was to assess the strength of evidence in the area and uncover the effective components and critical process- and system-level characteristics of successful interventions. Search Methods We searched nine electronic databases, seven grey literature databases, organisational websites, and the reference lists of systematic reviews relating to FP. To identify process evaluations and qualitative papers associated with the included experimental studies, we used Connected Papers and hand

searches of reference lists. Selection Criteria Experimental and quasi-experimental studies of behavioural and service-level interventions involving males aged 10 years or over in low- and middle-income countries to increase uptake of FP methods were included in this review. Data Collection and Analysis Methodology was a causal chain analysis involving the development and testing of a logic model of intervention components based on stakeholder consultation and prior research. Qualitative and quantitative data relating to the evaluation studies and interventions were extracted based on the principles of 'effectiveness-plus' reviews. Quantitative analysis was undertaken using *r* with robust variance estimation (RVE), meta-analysis and meta-regression. Qualitative analysis involved 'best fit' framework synthesis. Results We identified 8885 potentially relevant records and included 127 in the review. Fifty-nine (46%) of these were randomised trials, the remainder were quasi-experimental studies with a comparison group. Fifty-four percent of the included studies were assessed as having a high risk of bias. A meta-analysis of 72 studies ($k = 265$) showed that the included group of interventions had statistically significantly higher odds of improving contraceptive use when compared to comparison groups (odds ratio = 1.38, confidence interval = 1.21 to 1.57, prediction interval = 0.36 to 5.31, $p < 0.0001$), but there were substantial variations in the effect sizes of the studies ($Q = 40,647$, $df = 264$, $p < 0.0001$; $I^2 = 98\%$) and 73% was within cluster/study. Multi-variate meta-regression revealed several significant intervention delivery characteristics that moderate contraceptive use. These included community-based educational FP interventions, interventions delivered to women as well as men and interventions delivered by trained facilitators, professionals, or peers in community, home and community, or school settings. None of the eight identified intervention components or 33 combinations of components were significant moderators of effects on contraceptive use. Qualitative analysis highlighted some of the barriers and facilitators of effective models of FP that should be considered in future practice and research. Authors' Conclusions FP interventions that involve men and boys alongside women and girls are effective in improving uptake and use of contraceptives. The evidence suggests that policy should continue to promote the involvement of men and boys in FP in ways that also promote gender equality. Recommendations for research include the need for evaluations during conflict and disease outbreaks, and evaluation of gender transformative interventions which engage men and boys as contraceptive users and supporters in helping to achieve desired family size, fertility promotion, safe conception, as well as promoting equitable family planning decision-making for women and girls.

Notes: Aventin, Aine Robinson, Martin Hanratty, Jennifer Keenan, Ciara Hamilton, Jayne McAteer, Eimear Ruane Tomlinson, Mark Clarke, Mike Okonofua, Friday Bonell, Chris Lohan, Maria Robinson, Martin/0000-0002-4276-2893
1891-1803

URL: <Go to ISI>://WOS:000913029500001

Reference Type: Journal Article

Record Number: 2473

Author: Avery, K. N. L., Donovan, J. L., Horwood, J. and Lane, J. A.

Year: 2013

Title: Behavior theory for dietary interventions for cancer prevention: a systematic review of utilization and effectiveness in creating behavior change

Journal: Cancer Causes & Control

Volume: 24

Issue: 3

Pages: 409-420

Date: Mar

Short Title: Behavior theory for dietary interventions for cancer prevention: a systematic review of utilization and effectiveness in creating behavior change

ISSN: 0957-5243

DOI: 10.1007/s10552-012-9995-9

Accession Number: WOS:000314976900001

Abstract: Theory-based approaches are now recommended to design and enact dietary interventions, but their use in cancer trials is unknown. This systematic review examined application of behavior theory to dietary interventions aimed at preventing cancer to improve the design and interpretation of trials. Electronic databases were searched (inception-July 2011). Data were synthesized and a theory coding scheme (TCS) used to describe and assess how behavior theory informed interventions. Studies not reporting a dietary behavior intervention informed by a specified behavior change model(s) were excluded. Of 237 potentially eligible studies, only 40 (16.9 %) were relevant, mostly RCTs (34, 85.0 %). Twenty-one interventions targeted diet alone (52.5 %) or integrated diet into a lifestyle intervention (19, 47.5 %). Most (24, 60.0 %) invoked several behavior change models, but only 10 (25.0 %) interventions were reported as explicitly theory-informed and none comprehensively targeted or measured theoretical constructs or tested theoretical assumptions. The 10 theory-informed interventions were more effective at improving diet. Dietary interventions for cancer prevention improved diet more effectively if they were informed by behavior theory. While behavior theory was often applied to these dietary interventions, they were rarely implemented or described thoroughly. Accurate intervention reporting is essential to assess theoretical quality and facilitate implementation effective behavior change techniques. Guidelines regarding the application and reporting of behavior theory for complex interventions, for example, proposed by the National Institutes of Health and Medical Research Council, should be revised accordingly. Failure to adequately ground dietary interventions in behavior theory may hinder establishing their effectiveness and relationships between diet and cancer.

Notes: Avery, Kerry N. L. Donovan, Jenny L. Horwood, Jeremy Lane, J. Athene

Lane, Janet/IQT-0690-2023; Horwood, Jeremy/AAH-2941-2019

Lane, Janet/0000-0002-7578-4925; Horwood, Jeremy/

0000-0001-7092-4960; Avery, Kerry/0000-0001-5477-2418

1573-7225

URL: <Go to ISI>://WOS:000314976900001

Reference Type: Journal Article

Record Number: 1786

Author: Avila-Garcia, P., Hernandez-Ramos, R., Nouri, S. S., Cembali, A., Sarkar, U., Lyles, C. R. and Aguilera, A.

Year: 2019

Title: Engaging users in the design of an mHealth, text message-based intervention to increase physical activity at a safety-net health care system

Journal: Jamia Open

Volume: 2

Issue: 4

Pages: 489-497

Date: Dec

Short Title: Engaging users in the design of an mHealth, text message-based intervention to increase physical activity at a safety-net health care system

DOI: 10.1093/jamiaopen/ooz049

Accession Number: WOS:000645419800016

Abstract: Objectives: Text-messaging interventions are a promising approach to increasing physical activity in vulnerable populations. To better inform the development of a text-messaging intervention, we sought to identify barriers and facilitators to using text messaging and engaging in physical activity among patients with diabetes and comorbid depression. Materials and Methods: We conducted interviews with primary care patients at a safety-net health care system (N = 26). Data were collected at 3 stages, including a focus group (stage 1), and individual interviews (stage 2 and 3). Patients in stage 1 and 2 previously participated in a text-messaging intervention as part of depression treatment. Discussions focused on participant experience of previously using a text-messaging intervention, influences and perceptions of physical activity, and mobile phone use. We analyzed all transcripts for emerging themes. Results: Participants were 56.2 years (69.7); 69.2% were female, 65.4% identified as Hispanic/Latino(a), and 46.2% reported having less than a high school education. All had depression and 61.5% had diabetes. Specific barriers that emerged included low literacy and only basic use of mobile phones in everyday life, in combination with a high prevalence of comorbid health conditions and limited mobility. These were each addressed with a specific content or intervention delivery change in the overall intervention design. Conclusions: Conducting a focus group and individual interviews with end users of an mHealth intervention under development has implications for tailoring and modifying components of the content and format to ensure that the final intervention will engage end users most effectively.

Notes: Avila-Garcia, Patricia Hernandez-Ramos, Rosa Nouri, Sarah S. Cembali, Anupama Sarkar, Urmimala Lyles, Courtney R. Aguilera, Adrian

Aguilera, Adrian/GQB-0878-2022

Cembali, Anupama Gunshekar/0000-0003-1453-8963
2574-2531

URL: <Go to ISI>://WOS:000645419800016

Reference Type: Journal Article

Record Number: 1970

Author: Ayakaka, I., Ackerman, S., Ggita, J. M., Kajubi, P., Dowdy, D., Haberer, J. E., Fair, E., Hopewell, P., Handley, M. A., Cattamanchi, A., Katamba, A. and Davis, J. L.

Year: 2017

Title: Identifying barriers to and facilitators of tuberculosis contact investigation in Kampala, Uganda: a behavioral approach

Journal: Implementation Science

Volume: 12

Date: Mar

Short Title: Identifying barriers to and facilitators of tuberculosis contact investigation in Kampala, Uganda: a behavioral approach

ISSN: 1748-5908

DOI: 10.1186/s13012-017-0561-4

Article Number: 33

Accession Number: WOS:000395711900001

Abstract: Background: The World Health Organization recommends routine household tuberculosis contact investigation in high-burden countries but adoption has been limited. We sought to identify barriers to and facilitators of TB contact investigation during its introduction in Kampala, Uganda. Methods: We collected cross-sectional qualitative data through focus group discussions and interviews with stakeholders, addressing three core activities of contact investigation: arranging household screening visits through index TB patients, visiting households to screen contacts and refer them to clinics, and evaluating at-risk contacts coming to clinics. We analyzed the data using a validated theory of behavior change, the Capability, Opportunity, and Motivation determine Behavior (COM-B) model, and sought to identify targeted interventions using the related Behavior Change Wheel implementation framework. Results: We led seven focus-group discussions with 61 health-care workers, two with 21 lay health workers (LHWs), and one with four household contacts of newly diagnosed TB patients. We, in addition, performed 32 interviews with household contacts from 14 households of newly diagnosed TB patients. Commonly noted barriers included stigma, limited knowledge about TB among contacts, insufficient time and space in clinics for counselling, mistrust of health-center staff among index patients and contacts, and high travel costs for LHWs and contacts. The most important facilitators identified were the personalized and enabling services provided by LHWs. We identified education, persuasion, enablement, modeling of health-positive behaviors, incentivization, and restructuring of the service environment as relevant intervention functions with potential to alleviate barriers to and enhance facilitators of TB contact investigation. Conclusions: The use of a behavioral theory and a validated implementation framework provided a comprehensive approach for systematically identifying barriers to and facilitators of TB contact investigation. The behavioral determinants identified here may be useful in tailoring interventions to improve implementation of contact investigation in Kampala and other similar urban

settings.

Notes: Ayakaka, Irene Ackerman, Sara Ggita, Joseph M. Kajubi, Phoebe Dowdy, David Haberer, Jessica E. Fair, Elizabeth Hopewell, Philip Handley, Margaret A. Cattamanchi, Adithya Katamba, Achilles Davis, J. Lucian

Ggita, Joseph/H0H-2992-2023; Davis, J. Lucian/AAC-8376-2019;

Haberer, Jessica/AAH-7976-2019

Davis, J. Lucian/0000-0002-8629-9992; Haberer, Jessica/
0000-0001-5845-3190; Ggita, Joseph/0000-0001-9282-563X

URL: <Go to ISI>://WOS:000395711900001

Reference Type: Journal Article

Record Number: 1106

Author: Ayorinde, A. A., Boardman, F., McGranahan, M., Porter, L., Eze, N. A., Sallis, A., Buck, R., Hadley, A., Ludeke, M., Mann, S. and Oyeboode, O.

Year: 2021

Title: Enabling women to access preferred methods of contraception: a rapid review and behavioural analysis

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Nov

Short Title: Enabling women to access preferred methods of contraception: a rapid review and behavioural analysis

DOI: 10.1186/s12889-021-12212-7

Article Number: 2176

Accession Number: WOS:000722998500004

Abstract: Background: Many pregnancies in the UK are either unplanned or ambivalent. This review aimed to (i) explore barriers and facilitators to women choosing and accessing a preferred method of contraception in the United Kingdom, and (ii) identify opportunities for behavioural interventions based on examination of interventions that are currently available nationally. Methods: Three databases were searched, and experts contacted to identify grey literature for studies presenting barriers and facilitators to women choosing and accessing a preferred method of contraception, conducted in the UK and published between 2009 and October 2019. Information on barriers and facilitators were coded into overarching themes, which were then coded into Mechanisms of Actions (MoAs) as listed in the Theory and Techniques Tool. National interventions were identified by consulting stakeholders and coded into the Behaviour Change Wheel. The match between barriers/facilitators and intervention content was assessed using the Behaviour Change Wheel. Results: We included 32 studies and identified 46 barrier and facilitator themes. The most cited MoA was Environmental Context and Resources, which primarily related to the services women had access to and care they received. Social Influences, Beliefs about Consequences (e.g., side effects) and Knowledge were also key. The behavioural analysis highlighted four priority intervention functions (Modelling, Enablement, Education and Environmental Restructuring) that can be targeted to support women to choose and access their preferred method of contraception. Relevant policy

categories and behaviour change techniques are also highlighted. Conclusions: This review highlights factors that influence women's choices and access to contraception and recommends opportunities that may be targeted for future interventions in order to support women to access preferred contraception.

Notes: Ayorinde, Abimbola A. Boardman, Felicity McGranahan, Majel Porter, Lucy Eze, Nwamaka A. Sallis, Anna Buck, Rosanna Hadley, Alison Ludeke, Melissa Mann, Sue Oyebode, Oyinlola

Ayorinde, Abimbola/ACU-6473-2022; Oyebode, Oyinlola/ABE-1256-2021 Oyebode, Oyinlola/0000-0003-0925-9839; McGranahan, Majel/0000-0002-5892-0729

1471-2458

URL: <Go to ISI>://WOS:000722998500004

Reference Type: Journal Article

Record Number: 1318

Author: Ayton, D., Braaf, S., Jones, A., Teede, H., Gardam, M., Bergmeier, H. and Skouteris, H.

Year: 2022

Title: Barriers and enablers to consumer and community involvement in research and healthcare improvement: Perspectives from consumer organisations, health services and researchers in Melbourne, Australia

Journal: Health & Social Care in the Community

Volume: 30

Issue: 4

Pages: E1078-E1091

Date: Jul

Short Title: Barriers and enablers to consumer and community involvement in research and healthcare improvement: Perspectives from consumer organisations, health services and researchers in Melbourne, Australia

ISSN: 0966-0410

DOI: 10.1111/hsc.13515

Accession Number: WOS:000673762100001

Abstract: Partnering with consumers and patients and the community and public is a research and healthcare improvement imperative. Consumer and community involvement (CCI) requires behaviour change at the individual (researcher, health professional, manager), organisational (health service, university, medical research institute) and system level (funding policies, collaboration between organisations). To understand the barriers and enablers to meaningful CCI, a qualitative descriptive study was undertaken with researchers, health professionals, representatives from consumer organisations, and health services and ethics committees in Melbourne, Australia. Twenty-eight semi-structured interviews and one focus group were conducted in May-August 2019. Ethics approval was obtained. Thematic analysis was guided by the Capability, Opportunity and Motivation and Behaviour model (COM-B). Training of researchers and health professionals in CCI, benefits and systems and processes to undertake CCI, alongside incorporating CCI as a requirement for funding were identified as enablers. Lack of time and resources for CCI, challenges in finding consumers for projects

and a perceived lack of evidence of the impact of CCI were barriers. These identified barriers and enablers will inform strategies to build the capacity of CCI at the individual, organisation and system level within the Australian Health Research Alliance.

Notes: Ayton, Darshini Braaf, Sandra Jones, Angela Teede, Helena Gardam, Madeleine Bergmeier, Heidi Skouteris, Helen Skouteris, Helen/0000-0001-9959-5750; Ayton, Darshini/0000-0002-2754-2024; Teede, Helena/0000-0001-7609-577X; Reeder, Sandra/0000-0001-7942-0179
1365-2524

URL: <Go to ISI>://WOS:000673762100001

Reference Type: Journal Article

Record Number: 1179

Author: Ayton, D., Hillman, C., Hatzikiriakidis, K., Tsindos, T., Sadasivan, S., Maloney, S., Bragge, P., Diug, B. and Illic, D.

Year: 2022

Title: Why do students plagiarise? Informing higher education teaching and learning policy and practice

Journal: Studies in Higher Education

Volume: 47

Issue: 9

Pages: 1921-1934

Date: Sep

Short Title: Why do students plagiarise? Informing higher education teaching and learning policy and practice

ISSN: 0307-5079

DOI: 10.1080/03075079.2021.1985103

Accession Number: WOS:000704573700001

Abstract: Several interventions have been implemented across higher education institutions with the aim of reducing the prevalence of plagiarism internationally, yet research dedicated to understanding the situational and contextual factors that contribute to plagiarism in an Australian context has been minimal. The objectives of this study were to explore the experiences, views, and understandings of plagiarism from the perspectives of students and teaching staff, and to identify the perceived barriers and enablers of 'ethical' academic writing. The Capabilities, Opportunities, Motivations, and Behaviour (COM-B) model was used as the theoretical framework for this study. Semi-structured interviews and focus groups were conducted with 37 undergraduate students and seven university teaching staff recruited across four health-related academic disciplines within Australia's largest university to elicit their perceptions of plagiarism and the factors that contribute to its prevalence. A total of 16 themes were identified and divided across the Capabilities, Opportunities, and Motivations domains of the COM-B model. Each of the themes within these three domains were classified as either a barrier or enabler of ethical academic writing. The findings reported herein provide the basis of several recommendations for intervention through teaching practice and university policy change to reduce the prevalence of plagiarism within higher education institutions.

Notes: Ayton, D. Hillman, C. Hatzikiriakidis, K. Tsindos, T.

Sadasivan, S. Maloney, S. Bragge, P. Diug, B. Illic, D.
; Illic, Dragan/I-2437-2014
Maloney, Stephen/0000-0003-2612-5162; Diug, Basia/
0000-0001-5582-9981; Hatzikiriakidis, Kostas/0000-0001-5662-2958;
Bragge, Peter/0000-0003-0745-5131; Ayton, Darshini/
0000-0002-2754-2024; Illic, Dragan/0000-0001-5127-9185
1470-174x
URL: <Go to ISI>://WOS:000704573700001

Reference Type: Journal Article

Record Number: 1988

Author: Ayton, D. R., Barker, A. L., Morello, R. T., Brand, C. A.,
Talevski, J., Landgren, F. S., Melhem, M. M., Bian, E., Brauer, S.
G., Hill, K. D., Livingston, P. M. and Botti, M.

Year: 2017

Title: Barriers and enablers to the implementation of the 6-PACK
falls prevention program: A pre-implementation study in hospitals
participating in a cluster randomised controlled trial

Journal: Plos One

Volume: 12

Issue: 2

Date: Feb

Short Title: Barriers and enablers to the implementation of the 6-
PACK falls prevention program: A pre-implementation study in
hospitals participating in a cluster randomised controlled trial

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0171932

Article Number: e0171932

Accession Number: WOS:000394424500062

Abstract: Evidence for effective falls prevention interventions in
acute wards is limited. One reason for this may be suboptimal
program implementation. This study aimed to identify perceived
barriers and enablers of the implementation of the 6-PACK falls
prevention program to inform the implementation in a randomised
controlled trial. Strategies to optimise successful implementation
of 6-PACK were also sought. A mixed-methods approach was applied in
24 acute wards from 6 Australian hospitals. Participants were nurses
working on participating wards and senior hospital staff including
Nurse Unit Managers; senior physicians; Directors of Nursing; and
senior personnel involved in quality and safety or falls prevention.
Information on barriers and enablers of 6-PACK implementation was
obtained through surveys, focus groups and interviews. Questions
reflected the COM-B framework that includes three behaviour change
constructs of: capability, opportunity and motivation. Focus group
and interview data were analysed thematically, and survey data
descriptively. The survey response rate was 60% (420/702), and 12
focus groups (n = 96 nurses) and 24 interviews with senior staff
were conducted. Capability barriers included beliefs that falls
could not be prevented; and limited knowledge on falls prevention in
patients with complex care needs (e.g. cognitive impairment).
Capability enablers included education and training, particularly
face to face case study based approaches. Lack of resources was
identified as an opportunity barrier. Leadership, champions and

using data to drive practice change were recognised as opportunity enablers. Motivation barriers included complacency and lack of ownership in falls prevention efforts. Motivation enablers included senior staff articulating clear goals and a commitment to falls prevention; and use of reminders, audits and feedback. The information gained from this study suggests that regular practical face-to-face education and training for nurses; provision of equipment; audit, reminders and feedback; leadership and champions; and the provision of falls data is key to successful falls prevention program implementation in acute hospitals.

Notes: Ayton, Darshini R. Barker, Anna L. Morello, Renata T. Brand, Caroline A. Talevski, Jason Landgren, Fiona S. Melhem, Mayer M. Bian, Evelyn Brauer, Sandra G. Hill, Keith D. Livingston, Patricia M. Botti, Mari

Hill, Keith D/L-6398-2017; Brauer, Sandra G/D-4519-2011; Morello, Renata/AAC-6300-2019

Hill, Keith D/0000-0002-2191-0308; Brauer, Sandra G/0000-0001-9961-4739; Talevski, Jason/0000-0001-9180-8758; Barker, Anna/0000-0001-6607-975X; Ayton, Darshini/0000-0002-2754-2024

URL: <Go to ISI>://WOS:000394424500062

Reference Type: Journal Article

Record Number: 793

Author: Azim, F. T., Burton, E., Ariza-Vega, P., Asadian, M., Bellwood, P., Burns, J., Clemson, L., Grover, S., Hoppmann, C. A., Langford, D., Madden, K. M., Price, M., Fleig, L. and Ashe, M. C.
Year: 2022

Title: Exploring behavior change techniques for reablement: A scoping review

Journal: Brazilian Journal of Physical Therapy

Volume: 26

Issue: 2

Date: Mar-Apr

Short Title: Exploring behavior change techniques for reablement: A scoping review

ISSN: 1413-3555

DOI: 10.1016/j.bjpt.2022.100401

Article Number: 100401

Accession Number: WOS:000788200400001

Abstract: Background: Reablement is a team-based person-centered health and social care model, most commonly available for community-dwelling older adults. Understanding the components of reablement and how it is delivered, received, and enacted facilitates best evidence and practice. Determining behavior change techniques (BCTs) or strategies is an important step to operationalize implementation of reablement. Objective: We conducted a scoping review of peer-reviewed literature to identify BCTs used within reablement studies. Methods: We registered our study with the Joanna Briggs Institute and conducted five database searches. Inclusion criteria were peer-reviewed studies focused on adults and older adults without significant cognitive impairment or dementia receiving reablement, and all study designs, years, and languages. We excluded studies focused on reablement for people with dementia or reablement

training programs. The last search was on April 8, 2021. Two authors screened independently at Level 1 (title and abstract) and 2 (full text). Two authors adjudicated BCTs for each study, and a third author confirmed the final list. Results: We identified 567 studies (591 publications) and included 21 studies (44 publications) from six global locations. We identified 27 different BCTs across all studies. The three most common BCTs for reablement were goal setting (behavior), social support (unspecified), and instruction on how to perform a behavior. Conclusions: We highlight some behavioral components of reablement and encourage detailed reporting to increase transparency and replication of the intervention. Future research should explore effective BCTs (or combinations of) to include within reablement to support health behavior adoption and maintenance. (c) 2022 Associacao Brasileira de Pesquisa e Pos-Graduacao em Fisioterapia. Published by Elsevier Espana, S.L.U. All rights reserved.

Notes: Azim, Farah Tabassum Burton, Elissa Ariza-Vega, Patrocinio Asadian, Maryam Bellwood, Paule Burns, Jane Clemson, Lindy Grover, Sanya Hoppmann, Christiane A. Langford, Dolores Madden, Kenneth M. Price, Morgan Fleig, Lena Ashe, Maureen C.

Burton, Elissa/B-6070-2009

Burton, Elissa/0000-0001-6470-8305

1809-9246

URL: <Go to ISI>://WOS:000788200400001

Reference Type: Journal Article

Record Number: 1748

Author: Baatz, A., Anderson, K. L., Casey, R., Kyle, M., McMillan, K. M., Upjohn, M. and Sevenoaks, H.

Year: 2020

Title: Education as a tool for improving canine welfare: Evaluating the effect of an education workshop on attitudes to responsible dog ownership and canine welfare in a sample of Key Stage 2 children in the United Kingdom

Journal: Plos One

Volume: 15

Issue: 4

Date: Apr

Short Title: Education as a tool for improving canine welfare: Evaluating the effect of an education workshop on attitudes to responsible dog ownership and canine welfare in a sample of Key Stage 2 children in the United Kingdom

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0230832

Article Number: e0230832

Accession Number: WOS:000536019800008

Abstract: One of the core objectives of many animal-welfare organisations is to achieve improvements in animal welfare through school education programmes. However, whilst many charities and organisations develop and deliver these educational activities, impact relating to specific animal welfare attitudes and behaviours remains largely undescribed. This study evaluated the effects of an hour-long dog welfare workshop delivered to children aged 7-11,

evaluating 2732 learners in state primary schools across the UK. Two types of workshop were evaluated; "Be Dog Smart" (BDS) and "Responsible Dog Ownership" (RDO). This study assessed short-term impact on attitude outcomes, as a first step in developing a full education monitoring and evaluation framework. Learners within each class were randomly assigned to two groups; one completing an attitude-based questionnaire before (control) and the other after the workshop (treatment). Dog ownership status, age, gender, and social deprivation (measured as access to free school meals) were collected for all participants. Questionnaire scores were compared between treatment and control groups. Mean scores were significantly different (BDS $p < 0.001$; Cohen's D 0.65; RDO $p < 0.001$; Cohen's D 0.51) between control (BDS 13.57 +/- 3.15; RDO 22.97 +/- 4.78) and treatment groups (BDS 15.61 +/- 3.10; RDO 25.47 +/- 5.06) for both workshops, suggesting workshops effectively convey key messages and improve learner attitudes concerning dogs. Gender, age and social deprivation were found to significantly influence questionnaire responses. These findings contribute to a broader effort to improve canine welfare via childhood education while also demonstrating the feasibility of effective monitoring and evaluation during operational delivery of a schools workshop programme. Ongoing impact assessment is important in ensuring successful development, delivery and refinement of educational programmes to maximise the probability of positive changes in participants. Further work is needed to evaluate longer term impact, and ensure that desired influences on human behaviour change, and animal welfare, are achieved.

Notes: Baatz, Anna Anderson, Katharine L. Casey, Rachel Kyle, Maria McMillan, Kirsten M. Upjohn, Melissa Sevenoaks, Hollie Anderson, Katharine/AAL-5823-2021
McMillan, Kirsten/0000-0002-9059-4513; Anderson, Katharine/
0000-0003-3022-6716
URL: <Go to ISI>://WOS:000536019800008

Reference Type: Journal Article

Record Number: 1016

Author: Bacigalupe, M.

Year: 2022

Title: Anthropause and Human Behaviour: Contributions from a Situated Educational Neuroscience

Journal: Pensando Psicologia

Volume: 18

Issue: 1

Pages: 23-37

Short Title: Anthropause and Human Behaviour: Contributions from a Situated Educational Neuroscience

ISSN: 1900-3099

DOI: 10.16925/2382-3984.2022.01.01

Accession Number: WOS:000991278000002

Abstract: Objective: We develop a theoretical discussion from our perspective of the situated educational neuroscience, based on the relational anthropology point of view, to generate ambits of discussion in which the educational neuroscience can contribute into the context of COVID-19 pandemic and pospandemic. Subject: The

context of the COVID-19 pandemic has made it possible to put in tension issues that were pending on the global agenda. Among these issues, the importance of the human being as part of the ecosystem with which they maintain co-construction relationships is not minor. Situated educational neuroscience is a tool that can bring valuable contributions to the discussion to collaborate in addressing this tension. Development: We organize the argumentation in four sections: 1. The opportunity the anthropause posts to the humankind and its relations with their environment, 2. The role that studies on behaviour and evolution have on this opportunity, 3. The contribution of a situated educational neuroscience as a framework and transdiscipline which works on translational research in this context of pandemics and anthropause, and 4. The succinct presentation of two examples where we argue that a situated educational neuroscience has tools to contribute. Conclusions: We propose conclusions open to discussion where we return to the idea of a situated educational neuroscience which is committed with its context. As an approach or as a transdiscipline with translational research functions, we consider that a situated educational neuroscience contains tools that can contribute to the conversation with other sciences and disciplines and with the empirical knowledge of communities, in order to join efforts to overcome social injustices and move forward as humankind from this current pandemic situation, having acquired strategies of resilience that can serve to deal with other persistent and future situations.

Notes: de los Angeles Bacigalupe, Maria
2382-3984

URL: <Go to ISI>://WOS:000991278000002

Reference Type: Journal Article

Record Number: 963

Author: Back, A., Schwarz, U. V., Bergstrom, A., Hasson, H. and Richter, A.

Year: 2022

Title: Local politicians in action? The relationship between perceived prerequisites and actions of political committees responsible for social services in supporting the implementation of evidence-based practice

Journal: Evidence & Policy

Volume: 18

Issue: 1

Pages: 43-60

Date: Feb

Short Title: Local politicians in action? The relationship between perceived prerequisites and actions of political committees responsible for social services in supporting the implementation of evidence-based practice

ISSN: 1744-2648

DOI: 10.1332/174426421x16178101375342

Accession Number: WOS:000755756500004

Abstract: Background: A supportive context is essential for successful implementation processes. Local politicians are delivery system actors who might both enable and hinder the implementation of

health and social policies. Aims and objectives: The study examines the relationship between perceived prerequisites and the type of actions taken by local political committees to support the implementation of evidence based practice in social services. Methods: A cross-sectional web survey targeting the chair and vice-chair of committees responsible for social services in Sweden (n=181). The data was analysed with regression analysis, cluster analysis and ANOVA. Findings: Three clusters of action were identified (passive, neutral and active), capturing the reported actions taken by the committees to support implementation of EBP. The committees' perceived prerequisites (capability, motivation, and opportunity) were highest in the active cluster and lowest in the passive cluster. The clusters also differed regarding chair/vice-chair educational level, and type of municipality in which the chair/vice-chair were active. Discussions and conclusion: The variation in reported actions among the committees to support the implementation of EBP implies that some social service organisations might lack the contextual support they need for implementing EBP. The prerequisites for the committees might need to be strengthened with regard to capability, motivation and opportunity. This study is an indication of the relationship between committees' prerequisites and their actions in the implementation of EBP, but further research is needed.

Notes: Back, Annika Schwarz, Ulrica von Thiele Bergstrom, Anna Hasson, Henna Richter, Anne
1744-2656

URL: <Go to ISI>://WOS:000755756500004

Reference Type: Journal Article

Record Number: 2038

Author: Back, A., Stahl, C., Schwarz, U. V., Richter, A. and Hasson, H.

Year: 2016

Title: Walking the tightrope-perspectives on local politicians' role in implementing a national social care policy on evidence-based practice

Journal: International Journal of Mental Health Systems

Volume: 10

Date: Dec

Short Title: Walking the tightrope-perspectives on local politicians' role in implementing a national social care policy on evidence-based practice

ISSN: 1752-4458

DOI: 10.1186/s13033-016-0107-1

Article Number: 75

Accession Number: WOS:000390963800001

Abstract: Background: Despite national policy recommending evidence-based practice (EBP), its application in social care has been limited. While local politicians can affect the process, little is known about their knowledge, attitudes and roles regarding EBP. The aim here is twofold: to explore the role of local politicians in the implementation of EBP in social care from both their own and a management perspective; and to examine factors politicians perceive

as affecting their decisions and actions concerning the implementation of EBP policy. Methods: Local politicians (N = 13) and managers (N = 22) in social care were interviewed. Qualitative thematic analysis with both inductive and deductive codes was used. Results: Politicians were rather uninformed regarding EBP and national policy. The factors limiting their actions were, beside the lack of awareness, lack of ability to question existing working methods, and a need for support in the steering of EBP. Thus, personal interest played a significant part in what role the politicians assumed. This resulted in some politicians taking a more active role in steering EBP while others were not involved. From the managers' perspective, a more active steering by politicians was desired. Setting budget and objectives, as well as active follow-up of work processes and outcomes, were identified as means to affect the implementation of EBP. However, the politicians seemed unaware of the facilitating effects of these actions. Conclusions: Local politicians had a possibility to facilitate the implementation of EBP, but their role was unclear. Personal interest played a big part in determining what role was taken. The results imply that social care politicians might need support in the development of their steering of EBP. Moving the responsibility for EBP facilitation upwards in the political structure could be an important step in developing EBP in social care.

Notes: Back, A. Stahl, C. Schwarz, U. von Thiele Richter, A. Hasson, H.

von Thiele Schwarz, Ulrica/A-7705-2012

von Thiele Schwarz, Ulrica/0000-0002-4771-8349; Stahl, Christian/0000-0003-3310-0895

URL: <Go to ISI>://WOS:000390963800001

Reference Type: Journal Article

Record Number: 1637

Author: Bacon, S. L., Lavoie, K. L., Boyle, J., Stojanovic, J., Joyal-Desmarais, K. and i, Care Study Team

Year: 2021

Title: International assessment of the link between COVID-19 related attitudes, concerns and behaviours in relation to public health policies: optimising policy strategies to improve health, economic and quality of life outcomes (the iCARE Study)

Journal: Bmj Open

Volume: 11

Issue: 3

Short Title: International assessment of the link between COVID-19 related attitudes, concerns and behaviours in relation to public health policies: optimising policy strategies to improve health, economic and quality of life outcomes (the iCARE Study)

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-046127

Article Number: e046127

Accession Number: WOS:000629668700006

Abstract: Introduction In the context of a highly contagious virus with only recently approved vaccines and no cure, the key to slowing the spread of the COVID-19 disease and successfully transitioning

through the phases of the pandemic, including vaccine uptake, is public adherence to rapidly evolving behaviour-based public health policies. The overall objective of the iCARE Study is to assess public awareness, attitudes, concerns and behavioural responses to COVID-19 public health policies, and their impacts, on people around the world and to link behavioural survey data with policy, mobility and case data to provide behavioural science, data-driven recommendations to governments on how to optimise current policy strategies to reduce the impact of the COVID-19 pandemic. Methods and analyses The iCARE study (www.icarestudy.com) uses a multiple cross-sectional survey design to capture self-reported information on a variety of COVID-19 related variables from individuals around the globe. Survey data are captured using two data capture methods: convenience and representative sampling. These data are then linked to open access data for policies, cases and population movement. Ethics and dissemination The primary ethical approval was obtained from the coordinating site, the Centre integre universitaire de sante et de services sociaux du Nord-de-l'Ile-de-Montreal (REB#: 2020-2099/03-25-2020). This study will provide high-quality, accelerated and real-time evidence to help us understand the effectiveness of evolving country-level policies and communication strategies to reduce the spread of the COVID-19. Due to the urgency of the pandemic, results will be disseminated in a variety of ways, including policy briefs, social media posts, press releases and through regular scientific methods.

Notes: Bacon, Simon L. Lavoie, Kim L. Boyle, Jacqueline Stojanovic, Jovana Joyal-Desmarais, Keven Kara, Yasin/GNH-2589-2022; Joyal-Desmarais, Keven/ACT-8417-2022; Bacon, Simon/B-2637-2012; Bari, Abu Zeeshan/K-8090-2019 Kara, Yasin/0000-0002-9723-1774; Joyal-Desmarais, Keven/0000-0003-0657-8367; Bacon, Simon/0000-0001-7075-0358; Bari, Abu Zeeshan/0000-0001-6572-1376; Fischer, Susanne/0000-0002-9111-9933
URL: <Go to ISI>://WOS:000629668700006

Reference Type: Journal Article

Record Number: 1895

Author: Bagot, K. L., Cadilhac, D. A., Kim, J., Vu, M., Savage, M., Bolitho, L., Howlett, G., Rabl, J., Dewey, H. M., Hand, P. J., Denisenko, S., Donnan, G. A., Bladin, C. F. and Victorian Stroke, Telemedicine

Year: 2017

Title: Transitioning from a single-site pilot project to a state-wide regional telehealth service: The experience from the Victorian Stroke Telemedicine programme

Journal: Journal of Telemedicine and Telecare

Volume: 23

Issue: 10

Pages: 850-855

Date: Dec

Short Title: Transitioning from a single-site pilot project to a state-wide regional telehealth service: The experience from the Victorian Stroke Telemedicine programme

ISSN: 1357-633X

DOI: 10.1177/1357633x17734004

Accession Number: WOS:000413943900005

Abstract: Scaling of projects from inception to establishment within the healthcare system is rarely formally reported. The Victorian Stroke Telemedicine (VST) programme provided a very useful opportunity to describe how rural hospitals in Victoria were able to access a network of Melbourne-based neurologists via telemedicine. The VST programme was initially piloted at one site in 2010 and has gradually expanded as a state-wide regional service operating with 16 hospitals in 2017. The aim of this paper is to summarise the factors that facilitated the state-wide transition of the VST programme. A naturalistic case-study was used and data were obtained from programme documents, e.g. minutes of governance committees, including the steering committee, the management committee and six working groups; operational and evaluation documentation, interviews and research field-notes taken by project staff. Thematic analysis was undertaken, with results presented in narrative form to provide a summary of the lived experience of developing and scaling the VST programme. The main success factors were attaining funding from various sources, identifying a clinical need and evidence-based solution, engaging stakeholders and facilitating co-design, including embedding the programme within policy, iterative evaluation including performing financial sustainability modelling, and conducting dissemination activities of the interim results, including promotion of early successes.

Notes: Bagot, Kathleen L. Cadilhac, Dominique A. Kim, Joosup Vu, Michelle Savage, Mark Bolitho, Les Howlett, Glenn Rabl, Justin Dewey, Helen M. Hand, Peter J. Denisenko, Sonia Donnan, Geoffrey A. Bladin, Christopher F.

Cadilhac, D A/I-1912-2014

Cadilhac, D A/0000-0001-8162-682X; Bagot, Kathleen/
0000-0003-2895-4327

1758-1109

URL: <Go to ISI>://WOS:000413943900005

Reference Type: Journal Article

Record Number: 1105

Author: Bahrami, L., Safaie, N. and Hamidi, H.

Year: 2021

Title: Effect of motivation, opportunity and ability on human resources information security management considering the roles of Attitudinal, behavioral and organizational factors

Journal: International Journal of Engineering

Volume: 34

Issue: 12

Date: Dec

Short Title: Effect of motivation, opportunity and ability on human resources information security management considering the roles of Attitudinal, behavioral and organizational factors

ISSN: 1025-2495

DOI: 10.5829/ije.2021.34.12C.07

Accession Number: WOS:000709734200012

Abstract: Information security is a vital issue currently faced by

organizations around the world. There is a huge flood of cyber-attacks and security threats due to the negligence of human agents, which doubles the importance of human resource behavior in the organization. This study provides an integrated framework of motivation opportunity-ability (MOA) that includes social psychological factors from the norm activation model (NAM) model and planned behavior (PB) theory to examine the variables that determine security behaviors in a well-founded university in Tehran. For this purpose, data were collected and analyzed by distributing 141 questionnaires among the staff of this university. The research hypotheses have been tested by structural equation modeling (SEM) using SPSS and Lisrel software. The results show that the ability has the greatest impact on information security behaviors, followed by opportunity and motivation, which have a direct and significant impact on behavior. In addition, motivation mediates the impact of opportunity and ability. Finally, recommendations are provided for designers of effective information security strategies based on the constraining factors of human resources behavior in the organization.

Notes: Bahrami, Leila Safaie, Nasser Hamidi, Hojatollah Hamidi, hodjat (Hojatollah)/HTL-8399-2023
1735-9244

URL: <Go to ISI>://WOS:000709734200012

Reference Type: Journal Article

Record Number: 215

Author: Bailey, D. P., Kilbride, C., Harper, J. H., Victor, C., Brierley, M. L., Hewson, D. J. and Chater, A. M.

Year: 2023

Title: The Frail-LESS (LEss Sitting and Sarcopenia in Frail older adults) intervention to improve sarcopenia and maintain independent living via reductions in prolonged sitting: a randomised controlled feasibility trial protocol

Journal: Pilot and Feasibility Studies

Volume: 9

Issue: 1

Date: Jan

Short Title: The Frail-LESS (LEss Sitting and Sarcopenia in Frail older adults) intervention to improve sarcopenia and maintain independent living via reductions in prolonged sitting: a randomised controlled feasibility trial protocol

DOI: 10.1186/s40814-022-01225-7

Article Number: 1

Accession Number: WOS:000910020200001

Abstract: Background Sarcopenia is a progressive and generalised loss of muscle mass and function with advancing age and is a major contributor to frailty. These conditions lead to functional disability, loss of independence, and lower quality of life. Sedentary behaviour is adversely associated with sarcopenia and frailty. Reducing and breaking up sitting should thus be explored as an intervention target for their management. The primary aim of this study, therefore, is to examine the feasibility, safety, and acceptability of conducting a randomised controlled trial (RCT) that

evaluates a remotely delivered intervention to improve sarcopenia and independent living via reducing and breaking up sitting in frail older adults. **Methods** This mixed-methods randomised controlled feasibility trial will recruit 60 community-dwelling older adults aged \geq 65 years with very mild or mild frailty. After baseline measures, participants will be randomised to receive the Frail-LESS (LEss Sitting and Sarcopenia in Frail older adults) intervention or serve as controls (usual care) for 6 months. Frail-LESS is a remotely delivered intervention comprising of tailored feedback on sitting, information on the health risks of excess sitting, supported goal setting and action planning, a wearable device that tracks inactive time and provides alerts to move, health coaching, and peer support. Feasibility will be assessed in terms of recruitment, retention and data completion rates. A process evaluation will assess intervention acceptability, safety, and fidelity of the trial. The following measures will be taken at baseline, 3 months, and 6 months: sitting, standing, and stepping using a thigh-worn activPAL4 device, sarcopenia (via hand grip strength, muscle mass, and physical function), mood, wellbeing, and quality of life. **Discussion** This study will determine the feasibility, safety, and acceptability of evaluating a remote intervention to reduce and break up sitting to support improvements in sarcopenia and independent living in frail older adults. A future definitive RCT to determine intervention effectiveness will be informed by the study findings.

Notes: Bailey, Daniel P. P. Kilbride, Cherry Harper, Jamie H. H. Victor, Christina Brierley, Marsha L. L. Hewson, David J. J. Chater, Angel M. M.

Bailey, Daniel/0000-0003-3772-630X
2055-5784

URL: <Go to ISI>://WOS:000910020200001

Reference Type: Journal Article

Record Number: 2356

Author: Bailey, J. V., Webster, R., Hunter, R., Freemantle, N., Rait, G., Michie, S., Estcourt, C., Anderson, J., Gerressu, M., Stephenson, J., Ang, C. S., Hart, G., Dhanjal, S. and Murray, E.
Year: 2015

Title: The Men's Safer Sex (MenSS) trial: protocol for a pilot randomised controlled trial of an interactive digital intervention to increase condom use in men

Journal: Bmj Open

Volume: 5

Issue: 2

Short Title: The Men's Safer Sex (MenSS) trial: protocol for a pilot randomised controlled trial of an interactive digital intervention to increase condom use in men

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2014-007552

Article Number: e007552

Accession Number: WOS:000363455400044

Abstract: Introduction: Sexually transmitted infections (STI) are a major public health problem. Condoms provide effective protection

but there are many barriers to use. Face-to-face health promotion interventions are resource-intensive and show mixed results. Interactive digital interventions may provide a suitable alternative, allowing private access to personally tailored behaviour change support. We have developed an interactive digital intervention (the Men's Safer Sex (MenSS) website) which aims to increase condom use in men. We describe the protocol for a pilot trial to assess the feasibility of a full-scale randomised controlled trial of the MenSS website in addition to usual sexual health clinical care. Methods and analysis: Participants: Men aged 16 or over who report female sexual partners and recent unprotected sex or suspected acute STI. Participants (N=166) will be enrolled using a tablet computer in clinic waiting rooms. All trial procedures will be online, that is, eligibility checks; study consent; trial registration; automated random allocation; and data submission. At baseline and at 3, 6 and 12 months, an online questionnaire will assess condom use, self-reported STI diagnoses, and mediators of condom use (eg, knowledge, intention). Reminders will be by email and mobile phone. The primary outcome is condom use, measured at 3 months. STI rates will be recorded from sexual health clinic medical records at 12 months. The feasibility of a cost-effectiveness analysis will be assessed, to calculate incremental cost per STI prevented (Chlamydia or Gonorrhoea), from the NHS perspective. Ethics and dissemination: Ethical approval: City and East NHS Research Ethics Committee (reference number 13 LO 1801). Findings will be made available through publication in peer-reviewed journals, and to participants and members of the public via Twitter and from the University College London eHealth Unit website. Raw data will be made available on request.

Notes: Bailey, Julia V. Webster, Rosie Hunter, Rachael Freemantle, Nick Rait, Greta Michie, Susan Estcourt, Claudia Anderson, Jane Gerressu, Makeda Stephenson, Judith Ang, Chee Siang Hart, Graham Dhanjal, Sacha Murray, Elizabeth Hart, Graham J/C-1591-2008; Anderson, Jane/A-1632-2012; Rait, Greta/C-5577-2009; Hunter, Rachael Maree/H-7846-2019 Anderson, Jane/0000-0001-5294-8707; Hunter, Rachael Maree/0000-0002-7447-8934; Rait, Greta/0000-0002-7216-7294; Murray, Elizabeth/0000-0002-8932-3695; Hart, Graham/0000-0001-9676-6577 URL: <Go to ISI>://WOS:000363455400044

Reference Type: Journal Article

Record Number: 2047

Author: Bailey, J. V., Webster, R., Hunter, R., Griffin, M., Freemantle, N., Rait, G., Estcourt, C., Michie, S., Anderson, J., Stephenson, J., Gerressu, M., Ang, C. S. and Murray, E.

Year: 2016

Title: The Men's Safer Sex project: intervention development and feasibility randomised controlled trial of an interactive digital intervention to increase condom use in men

Journal: Health Technology Assessment

Volume: 20

Issue: 91

Pages: 1-+

Date: Dec

Short Title: The Men's Safer Sex project: intervention development and feasibility randomised controlled trial of an interactive digital intervention to increase condom use in men

ISSN: 1366-5278

DOI: 10.3310/hta20910

Accession Number: WOS:000390854800001

Abstract: Background: This report details the development of the Men's Safer Sex website and the results of a feasibility randomised controlled trial (RCT), health economic assessment and qualitative evaluation. Objectives: (1) Develop the Men's Safer Sex website to address barriers to condom use; (2) determine the best design for an online RCT; (3) inform the methods for collecting and analysing health economic data; (4) assess the Sexual Quality of Life (SQoL) questionnaire and European Quality of Life-5 Dimensions, threelevel version (EQ-5D-3L) to calculate quality-adjusted life-years (QALYs); and (5) explore clinic staff and men's views of online research methodology. Methods: (1) Website development: we combined evidence from research literature and the views of experts (n = 18) and male clinic users (n = 43); (2) feasibility RCT: 159 heterosexually active men were recruited from three sexual health clinics and were randomised by computer to the Men's Safer Sex website plus usual care (n = 84) or usual clinic care only (n = 75). Men were invited to complete online questionnaires at 3, 6, 9 and 12 months, and sexually transmitted infection (STI) diagnoses were recorded from clinic notes at 12 months; (3) health economic evaluation: we investigated the impact of using different questionnaires to calculate utilities and QALYs (the EQ-5D-3L and SQoL questionnaire), and compared different methods to collect resource use; and (4) qualitative evaluation: thematic analysis of interviews with 11 male trial participants and nine clinic staff, as well as free-text comments from online outcome questionnaires. Results: (1) Software errors and clinic Wi-Fi access presented significant challenges. Response rates for online questionnaires were poor but improved with larger vouchers (from 36% with (sic) 10 to 50% with (sic)30). Clinical records were located for 94% of participants for STI diagnoses. There were no group differences in condomless sex with female partners [incidence rate ratio (IRR) 1.01, 95% confidence interval (CI) 0.52 to 1.96]. New STI diagnoses were recorded for 8.8% (7/80) of the intervention group and 13.0% (9/69) of the control group (IRR 0.75, 95% CI 0.29 to 1.89). (2) Health-care resource data were more complete using patient files than questionnaires. The probability that the intervention is cost-effective is sensitive to the source of data used and whether or not data on intended pregnancies are included. (3) The pilot RCT fitted well around clinical activities but 37% of the intervention group did not see the Men's Safer Sex website and technical problems were frustrating. Men's views of the Men's Safer Sex website and research procedures were largely positive. Conclusions: It would be feasible to conduct a large-scale RCT using clinic STI diagnoses as a primary outcome; however, technical errors and a poor response rate limited the collection of online self-reported outcomes. The next steps are (1) to optimise software for online trials, (2) to find the best ways to integrate digital health promotion with clinical services,

(3) to develop more precise methods for collecting resource use data and (4) to work out how to overcome barriers to digital intervention testing and implementation in the NHS.

Notes: Bailey, Julia V. Webster, Rosie Hunter, Rachael Griffin, Mark Freemantle, Nicholas Rait, Greta Estcourt, Claudia Michie, Susan Anderson, Jane Stephenson, Judith Gerressu, Makeda Ang, Chee Siang Murray, Elizabeth

Hunter, Rachael Maree/H-7846-2019; Anderson, Jane/A-1632-2012

Hunter, Rachael Maree/0000-0002-7447-8934; Anderson, Jane/
0000-0001-5294-8707

2046-4924

URL: <Go to ISI>://WOS:000390854800001

Reference Type: Journal Article

Record Number: 1461

Author: Baker, E. A., Brewer, S. K., Owens, J. S., Cook, C. R. and Lyon, A. R.

Year: 2021

Title: Dissemination Science in School Mental Health: A Framework for Future Research

Journal: School Mental Health

Volume: 13

Issue: 4

Pages: 791-807

Date: Dec

Short Title: Dissemination Science in School Mental Health: A Framework for Future Research

ISSN: 1866-2625

DOI: 10.1007/s12310-021-09446-6

Accession Number: WOS:000640955700001

Abstract: There has been an increase in school mental health research aimed at producing generalizable knowledge to address longstanding science-to-practice gaps to increase children's access to evidence-based mental health services. Successful dissemination and implementation are both important pieces to address science-to-practice gaps, but there is conceptual and semantic imprecision that creates confusion regarding where dissemination ends and implementation begins, as well as an imbalanced focus in research on implementation relative to dissemination. In this paper, we provide an enhanced operational definition of dissemination; offer a conceptual model that outlines elements of effective dissemination that can produce changes in awareness, knowledge, perceptions, and motivation across different stakeholder groups; and delineate guiding principles that can inform dissemination science and practice. The overarching goal of this paper is to stimulate future research that aims to advance dissemination science and practice in school mental health.

Notes: Baker, Elizabeth A. Brewer, Stephanie K. Owens, Julie Sarno Cook, Clayton R. Lyon, Aaron R.

Baker, Elizabeth/HGC-9161-2022

Baker, Elizabeth/0000-0002-4769-2695
1866-2633

URL: <Go to ISI>://WOS:000640955700001

Reference Type: Journal Article

Record Number: 161

Author: Baker, S. R., Heaton, L. J. and McGrath, C.

Year: 2023

Title: Evolution and development of methodologies in social and behavioural science research in relation to oral health

Journal: Community Dentistry and Oral Epidemiology

Volume: 51

Issue: 1

Pages: 46-57

Date: Feb

Short Title: Evolution and development of methodologies in social and behavioural science research in relation to oral health

ISSN: 0301-5661

DOI: 10.1111/cdoe.12821

Accession Number: WOS:000929382500001

Abstract: The aim of this introductory paper is to provide an overview of key methodological developments in social and behavioural research in oral health. In the first section, we provide a brief historical perspective on research in the field. In the second section, we outline key methodological issues and introduce the seven papers in the theme. Conceptual models can contextualize research findings and address the 'why' and 'how' instead of 'what' and 'how many'. Many models exist, albeit they need to be evaluated (and adapted) for use in oral health research and in specific settings. The increasing availability of big data can facilitate this with data linkage. Through data linkage, it is possible to explore and understand in a broader capacity the array of factors that influence oral health outcomes and how oral health can influence other factors. With advances in statistical approaches, it is feasible to consider causal inferences and to quantify these effects. There is a need for not only individual efforts to embrace causal inference research but also systematic and structural changes in the field to yield substantial results. The value of qualitative research in co-producing knowledge with and from human participants in addressing 'the how' and 'the why' factors is also key. There have been calls to employ more sophisticated qualitative methods together with mixed methods approaches as ways of helping to address the complex or Wicked Problems in population oral health. In the final section, we outline possible future methodological directions in social and behavioural oral health research including participatory approaches and the development of core outcome sets. Our overriding goal in the paper is to facilitate a critical debate in relation to methodological issues which can be used to improve understanding and generate knowledge in population oral health and that this, in turn, will help inform oral health policy and practices.

Notes: Baker, Sarah R. Heaton, Lisa J. McGrath, Colman

Baker, Sarah/0000-0002-2861-451X; McGrath, Colman Patrick Joseph/
0000-0001-9379-0889

1600-0528

Si

URL: <Go to ISI>://WOS:000929382500001

Reference Type: Journal Article

Record Number: 611

Author: Baker, V., Mulwa, S., Sarrassat, S., Khanyile, D., Cousens, S., Cawood, C. and Birdthistle, I.

Year: 2022

Title: 'It is guiding us to protect ourselves': a qualitative investigation into why young people engage with a mass-media HIV education campaign

Journal: Culture Health & Sexuality

Date: 2022 Jul

Short Title: 'It is guiding us to protect ourselves': a qualitative investigation into why young people engage with a mass-media HIV education campaign

ISSN: 1369-1058

DOI: 10.1080/13691058.2022.2100483

Accession Number: WOS:000832512800001

Abstract: This study explores how and why young people engage with MTV Shuga, a popular mass media campaign in South Africa, to understand what makes effective HIV edutainment. Young MTV Shuga viewers from the Eastern Cape, South Africa and their parents participated in remote individual interviews and focus groups in 2020. Qualitative data were transcribed and analysed using a thematic iterative approach. Young participants engaged with MTV Shuga for relatable, tolerant and complex stories about young people navigating HIV and relationships. These stories, which made viewers aware of sexual health services, inspired young people to reflect on how they might engage with different sexual health scenarios. MTV Shuga initiated conversations among peers, partners and some families about HIV that made them feel supported and equipped to tackle problems in their own lives. Complex, relatable, non-judgemental and youth-centred storylines can make HIV edutainment engaging to youth audiences. This approach allows space for reflection and inspires discussion and debate, turning young people from passive recipients of HIV messaging to active decision-makers. Television-based interventions can disseminate resources and knowledge into communities, however, watching them with parents can expose young people to judgement. HIV edutainment should therefore be available through different mediums so young people can engage in tolerant environments

Notes: Baker, Venetia Mulwa, Sarah Sarrassat, Sophie Khanyile, David Cousens, Simon Cawood, Cherie Birdthistle, Isolde

Baker, Venetia/0000-0002-0938-5109; Cousens, Simon/

0000-0001-8970-2305; Sarrassat, Sophie/0000-0001-6872-6455;

Birdthistle, Isolde/0000-0001-5742-6588

1464-5351

URL: <Go to ISI>://WOS:000832512800001

Reference Type: Journal Article

Record Number: 2233

Author: Baldwin, D. R.

Year: 2015
Title: Development of Guidelines for the Management of Pulmonary Nodules Toward Better Implementation
Journal: Chest
Volume: 148
Issue: 6
Pages: 1365-1367
Date: Dec
Short Title: Development of Guidelines for the Management of Pulmonary Nodules Toward Better Implementation
ISSN: 0012-3692
DOI: 10.1378/chest.15-1906
Accession Number: WOS:000368273900016
Notes: Baldwin, David R.
1931-3543
URL: <Go to ISI>://WOS:000368273900016

Reference Type: Journal Article

Record Number: 2207

Author: Ballard, D. W., Vemula, R., Chettipally, U. K., Kene, M. V., Mark, D. G., Elms, A. K., Lin, J. S., Reed, M. E., Huang, J., Rauchwerger, A. S., Vinson, D. R. and Investigators, Kp Crest Network

Year: 2016

Title: Optimizing Clinical Decision Support in the Electronic Health Record Clinical Characteristics Associated with the Use of a Decision Tool for Disposition of ED Patients with Pulmonary Embolism
Journal: Applied Clinical Informatics

Volume: 7

Issue: 3

Pages: 883-898

Short Title: Optimizing Clinical Decision Support in the Electronic Health Record Clinical Characteristics Associated with the Use of a Decision Tool for Disposition of ED Patients with Pulmonary Embolism
ISSN: 1869-0327

DOI: 10.4338/aci-2016-05-ra-0073

Accession Number: WOS:000387060100004

Abstract: Objective: Adoption of clinical decision support (CDS) tools by clinicians is often limited by work-flow barriers. We sought to assess characteristics associated with clinician use of an electronic health record-embedded clinical decision support system (CDSS). Methods: In a prospective study on emergency department (ED) activation of a CDSS tool across 14 hospitals between 9/1/14 to 4/30/15, the CDSS was deployed at 10 active sites with an on-site champion, education sessions, iterative feedback, and up to 3 gift cards/clinician as an incentive. The tool was also deployed at 4 passive sites that received only an introductory educational session. Activation of the CDSS - which calculated the Pulmonary Embolism Severity Index (PESI) score and provided guidance - and associated clinical data were collected prospectively. We used multivariable logistic regression with random effects at provider/facility levels to assess the association between activation of the CDSS tool and characteristics at: 1) patient level (PESI score), 2)

provider level (demographics and clinical load at time of activation opportunity), and 3) facility level (active vs. passive site, facility ED volume, and ED acuity at time of activation opportunity). Results: Out of 662 eligible patient encounters, the CDSS was activated in 55%: active sites: 68% (346/512); passive sites 13% (20/150). In bivariate analysis, active sites had an increase in activation rates based on the number of prior gift cards the physician had received (96% if 3 prior cards versus 60% if 0, $p < 0.0001$). At passive sites, physicians < age 40 had higher rates of activation ($p = 0.03$). In multivariable analysis, active site status, low ED volume at the time of diagnosis and PESI scores I or II (compared to III or higher) were associated with higher likelihood of CDSS activation. Conclusions: Performing on-site tool promotion significantly increased odds of CDSS activation. Optimizing CDSS adoption requires active education.

Notes: Ballard, Dustin W. Vemula, Ridhima Chettipally, Uli K. Kene, Mamata V. Mark, Dustin G. Elms, Andrew K. Lin, James S. Reed, Mary E. Huang, Jie Rauchwerger, Adina S. Vinson, David R.

Mark, Dustin George/AEB-1783-2022; Vinson, David R/AAK-3227-2020

Mark, Dustin George/0000-0002-5001-7228; Vinson, David R/
0000-0001-6559-1858; Rauchwerger, Adina/0000-0002-6329-6836

URL: <Go to ISI>://WOS:000387060100004

Reference Type: Journal Article

Record Number: 1300

Author: Balmford, A., Bradbury, R. B., Bauer, J. M., Broad, S., Burgess, G., Burgman, M., Byerly, H., Clayton, S., Espelosin, D., Ferraro, P. J., Fisher, B., Garnett, E. E., Jones, J. P. G., Marteau, T. M., Otieno, M., Polasky, S., Ricketts, T. H., Sandbrook, C., Sullivan-Wiley, K., Trevelyan, R., van der Linden, S., Verissimo, D. and Nielsen, K. S.

Year: 2021

Title: Making more effective use of human behavioural science in conservation interventions

Journal: Biological Conservation

Volume: 261

Date: Sep

Short Title: Making more effective use of human behavioural science in conservation interventions

ISSN: 0006-3207

DOI: 10.1016/j.biocon.2021.109256

Article Number: 109256

Accession Number: WOS:000691602700004

Abstract: Conservation is predominantly an exercise in trying to change human behaviour – whether that of consumers whose choices drive unsustainable resource use, of land managers clearing natural habitats, or of policymakers failing to deliver on environmental commitments. Yet conservation research and practice have made only limited use of recent advances in behavioural science, including more novel behaviour change interventions. Instead conservationists mostly still rely on traditional behaviour change interventions – education, regulation and material incentivisation – largely without applying recent insights from behavioural science about how to

improve such approaches. This paper explores how behavioural science could be more widely and powerfully applied in biodiversity conservation. We consider the diverse cast of actors involved in conservation problems and the resulting breadth of behaviour change that conservationists might want to achieve. Drawing on health research, we present a catalogue of types of interventions for changing behaviour, considering both novel, standalone interventions and the enhancement of more traditional conservation interventions. We outline a framework for setting priorities among interventions based on their likely impact, using ideas developed for climate change mitigation. We caution that, despite its promise, behavioural science is not a silver bullet for conservation. The effects of interventions aimed at changing behaviour can be modest, temporary, and context dependent in ways that are as-yet poorly understood. We therefore close with a call for interventions to be tested and the findings widely disseminated to enable researchers and practitioners to build a much-needed evidence base on the effectiveness and limitations of these tools.

Notes: Balmford, Andrew Bradbury, Richard B. Bauer, Jan M. Broad, Steven Burgess, Gayle Burgman, Mark Byerly, Hilary Clayton, Susan Espelosin, Dulce Ferraro, Paul J. Fisher, Brendan Garnett, Emma E. Jones, Julia P. G. Marteau, Theresa M. Otieno, Mark Polasky, Stephen Ricketts, Taylor H. Sandbrook, Chris Sullivan-Wiley, Kira Trevelyan, Rosie van der Linden, Sander Verissimo, Diogo Nielsen, Kristian Steensen

Jones, Julia P G/A-3031-2011; Ferraro, Paul/B-4435-2014

Jones, Julia P G/0000-0002-5199-3335; Ferraro, Paul/0000-0002-4777-5108; Burgman, Mark/0000-0003-0435-4829; Flint, Hilary/0000-0002-7445-2099; Garnett, Emma/0000-0002-1664-9029 1873-2917

URL: <Go to ISI>://WOS:000691602700004

Reference Type: Journal Article

Record Number: 1986

Author: Band, R., Bradbury, K., Morton, K., May, C., Michie, S., Mair, F. S., Murray, E., McManus, R. J., Little, P. and Yardley, L.
Year: 2017

Title: Intervention planning for a digital intervention for self-management of hypertension: a theory-, evidence- and person- based approach

Journal: Implementation Science

Volume: 12

Date: Feb

Short Title: Intervention planning for a digital intervention for self-management of hypertension: a theory-, evidence- and person-based approach

ISSN: 1748-5908

DOI: 10.1186/s13012-017-0553-4

Article Number: 25

Accession Number: WOS:000395710000001

Abstract: Background: This paper describes the intervention planning process for the Home and Online Management and Evaluation of Blood Pressure (HOME BP), a digital intervention to promote hypertension

self-management. It illustrates how a Person-Based Approach can be integrated with theory- and evidence-based approaches. The Person-Based Approach to intervention development emphasises the use of qualitative research to ensure that the intervention is acceptable, persuasive, engaging and easy to implement. Methods: Our intervention planning process comprised two parallel, integrated work streams, which combined theory-, evidence- and person-based elements. The first work stream involved collating evidence from a mixed methods feasibility study, a systematic review and a synthesis of qualitative research. This evidence was analysed to identify likely barriers and facilitators to uptake and implementation as well as design features that should be incorporated in the HOME BP intervention. The second work stream used three complementary approaches to theoretical modelling: developing brief guiding principles for intervention design, causal modelling to map behaviour change techniques in the intervention onto the Behaviour Change Wheel and Normalisation Process Theory frameworks, and developing a logic model. Results: The different elements of our integrated approach to intervention planning yielded important, complementary insights into how to design the intervention to maximise acceptability and ease of implementation by both patients and health professionals. From the primary and secondary evidence, we identified key barriers to overcome (such as patient and health professional concerns about side effects of escalating medication) and effective intervention ingredients (such as providing in-person support for making healthy behaviour changes). Our guiding principles highlighted unique design features that could address these issues (such as online reassurance and procedures for managing concerns). Causal modelling ensured that all relevant behavioural determinants had been addressed, and provided a complete description of the intervention. Our logic model linked the hypothesised mechanisms of action of our intervention to existing psychological theory. Conclusion: Our integrated approach to intervention development, combining theory-, evidence- and person-based approaches, increased the clarity, comprehensiveness and confidence of our theoretical modelling and enabled us to ground our intervention in an in-depth understanding of the barriers and facilitators most relevant to this specific intervention and user population.

Notes: Band, Rebecca Bradbury, Katherine Morton, Katherine May, Carl Michie, Susan Mair, Frances S. Murray, Elizabeth McManus, Richard J. Little, Paul Yardley, Lucy

Band, Rebecca/AAJ-7937-2020

Yardley, Lucy/0000-0002-3853-883X; Band, Rebecca/
0000-0001-5403-1708; Bradbury, Katherine/0000-0001-5513-7571; May,
Carl/0000-0002-0451-2690; McManus, Richard/0000-0003-3638-028X;
Little, Paul/0000-0003-3664-1873; Morton, Katherine/
0000-0002-6674-0314

URL: <Go to ISI>://WOS:000395710000001

Reference Type: Journal Article

Record Number: 1397

Author: Banerjee, A.

Year: 2021
Title: Digital health interventions and inequalities: the case for a new paradigm
Journal: Bmj Evidence-Based Medicine
Volume: 26
Issue: 3
Pages: 77-78
Date: Jun
Short Title: Digital health interventions and inequalities: the case for a new paradigm
ISSN: 2515-446X
DOI: 10.1136/bmjebm-2019-111282
Accession Number: WOS:000656481900002
Notes: Banerjee, Amitava
Banerjee, Amitava/D-4381-2014
Banerjee, Amitava/0000-0001-8741-3411
2515-4478
URL: <Go to ISI>://WOS:000656481900002

Reference Type: Journal Article
Record Number: 41
Author: Banerjee, S. and Mitra, S.
Year: 2023
Title: Behavioural public policies for the social brain
Journal: Behavioural Public Policy
Date: 2023 Apr
Short Title: Behavioural public policies for the social brain
ISSN: 2398-063X
DOI: 10.1017/bpp.2023.15
Article Number: Pii s2398063x23000155
Accession Number: WOS:000971504400001
Abstract: Behavioural public policy is increasingly interested in scaling-up experimental insights to deliver systemic changes. Recent evidence shows some forms of individual behaviour change, such as nudging, are limited in scale. We argue that we can scale-up individual behaviour change by accounting for nuanced social complexities in which human responses to behavioural public policies are situated. We introduce the idea of the 'social brain', as a construct to help practitioners and policymakers facilitate a greater social transmission of welfare-improving behaviours. The social brain is a collection of individual human brains, who are connected to other human brains through 'social cues', and who are affected by the material and immaterial properties of the physical environment in which they are situated ('social complex'). Ignoring these cues and the social complex runs the risk of fostering localised behavioural changes, through individual actors, which are neither scalable nor lasting. We identify pathways to facilitate changes in the social brain: either through path dependencies or critical mass shifts in individual behaviours, moderated by the brain's property of social cohesion and multiplicity of situational and dispositional factors. In this way, behavioural changes stimulated in one part of the social brain can reach other parts and evolve dynamically. We recommend designing public policies that

engage different parts of the social brain.
Notes: Banerjee, Sanchayan Mitra, Siddhartha
Banerjee, Sanchayan/0000-0002-0176-0429
2398-0648
URL: <Go to ISI>://WOS:000971504400001

Reference Type: Journal Article
Record Number: 1536
Author: Bangsbo, A., Duner, A., Ivanoff, S. D. and Liden, E.
Year: 2022
Title: Preconditions to implementation of an integrated care process programme
Journal: Journal of Integrated Care
Volume: 30
Issue: 1
Pages: 66-76
Date: Jan
Short Title: Preconditions to implementation of an integrated care process programme
ISSN: 1476-9018
DOI: 10.1108/jica-06-2020-0035
Accession Number: WOS:000623271400001
Abstract: Purpose The purpose of this study was to investigate the preconditions of a full-scale implementation of an integrated care process programme for frail older people from the staff's understanding, commitment and ability to change their work procedures with comparisons over time and between organisations. Design/methodology/approach A repeated cross-sectional study was conducted in a hospital, municipal health and social care setting. Findings Staff commitment decreased to the importance of a permanent municipal contact from baseline compared to the 12-months follow-up ($p = 0.02$) and the six- and 12-months follow-up ($p = 0.05$), to the information transfer from emergency department from the six- to the 12-months follow-up ($p = 0.04$), to discharge planning at the hospital at six- and 12-months follow-up ($p = 0.04$) and towards discharge planning at home from baseline to the six-month follow-up ($p = 0.04$). Significant differences occurred between the organisations about information transfer from the emergency department ($p = 0.01$) and discharge planning at home ($p = 0.03$). The hospital staff were the most committed. Practical implications The results can guide the implementation of complex interventions in organisations with high-employee turnover and heavy workload. Originality/value The study design, allowing the comparison of implementation results over time and between organisations in a later phase, gives this study a unique perspective.
Notes: Bangsbo, Angela Duner, Anna Ivanoff, Synneve Dahlin Liden, Eva
Dahlin-Ivanoff, Synneve/U-9819-2018
Duner, Anna/0000-0002-2322-8222; Bangsbo, Angela/0000-0002-5621-1304
2042-8685
URL: <Go to ISI>://WOS:000623271400001

Reference Type: Journal Article

Record Number: 1251

Author: Bannan, D. F., Aseeri, M. A., AlAzmi, A. and Tully, M. P.

Year: 2021

Title: Prescriber behaviours that could be targeted for change: An analysis of behaviours demonstrated during prescription writing in children

Journal: Research in Social & Administrative Pharmacy

Volume: 17

Issue: 10

Pages: 1737-1749

Date: Oct

Short Title: Prescriber behaviours that could be targeted for change: An analysis of behaviours demonstrated during prescription writing in children

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2021.01.007

Accession Number: WOS:000688298700008

Abstract: Background: The prescribing process for children with cancer is complex, and errors can occur at any step. As a result, many interventions have been used to reduce errors. However, few of them have been designed based on an understanding of the prescriber behaviour that can lead to errors. In order to design effective behaviour change interventions, it is important first to understand the prescribing process and identify prescriber behaviours that could be targeted for change. Objectives: To describe the prescribing process in a paediatric oncology ward and to identify prescriber behaviours during prescription writing that could be targeted to reduce errors. Methods: This study employed two sequential phases. First, the prescribing process was observed and then described using the hierarchical task analysis (HTA) method. Second, prescriber tasks identified from the HTA were analysed using the behaviour change wheel (BCW) approach to identify promising behaviours for change. These identified behaviours were prioritised based on information collected from four focus groups with prescribers and chart review of errors made in the ward. Results: The prescribing process was complex and involved multiple tasks performed in varying orders. Applying the BCW identified thirty-two candidate behaviours for potentially reducing prescribing errors. However, after prioritization, only two emerged as promising candidate behaviours for intervention: writing drug indications at the time of prescribing and using a pre-written order when ordering medications through electronic prescribing. Conclusions: This research suggests that two behaviours could be promising in reducing errors. Having identified these behaviours, future work could explore what needs to change with respect to individuals and their work environments to achieve the desired change in these identified behaviours.

Notes: Bannan, Douha F. Aseeri, Mohammed A. AlAzmi, Aeshah Tully, Mary P.

Aseeri, Mohammed/P-1495-2018

1934-8150

URL: <Go to ISI>://WOS:000688298700008

Reference Type: Journal Article

Record Number: 2134

Author: Bannan, D. F. and Tully, M. P.

Year: 2016

Title: Bundle interventions used to reduce prescribing and administration errors in hospitalized children: a systematic review

Journal: Journal of Clinical Pharmacy and Therapeutics

Volume: 41

Issue: 3

Pages: 246-255

Date: Jun

Short Title: Bundle interventions used to reduce prescribing and administration errors in hospitalized children: a systematic review

ISSN: 0269-4727

DOI: 10.1111/jcpt.12398

Accession Number: WOS:000379684900002

Abstract: What is known and objective: Bundle interventions are becoming increasingly used as patient safety interventions. The objective of this study was to describe and categorize which bundle interventions are used to reduce prescribing errors (PEs) and administration errors (AEs) in hospitalized children and to assess the quality of the published literature. Methods: Articles published in English and Arabic between 1985 and September 2015 were sought in MEDLINE, EMBAS and CINHALL. Bibliographies of included articles were screened for additional studies. We included any study with a comparator group reporting rates of PEs and AEs. Two authors independently extracted data, classified interventions in each bundle and assessed the studies for potential risk of bias. Constituent interventions of the bundles were categorized using both the Cochrane Effective Practice and Organization of Care Group (EPOC) taxonomy of intervention and the Behavioural Change Wheel (BCW). Results and discussion: Seventeen studies met the inclusion criteria. All bundles contained interventions that were either professional, organizational or a mixture of both. According to the BCW, studies used interventions with functions delivering environmental restructuring (17/17), education (16/17), persuasion (4/17), training (3/17), restriction (3/17), incentivization (1/17), coercion (1/17), modelling (1/17) and enablement (1/17). Nine studies had bundles with two intervention functions, and eight studies had three or more intervention functions. All studies were low quality before/after studies. Selection bias varied between studies. Performance bias was either low or unclear. Attrition bias was unclear, and detection bias was rated high in most studies. Ten studies described the interventions fairly well, and seven studies did not adequately explain the interventions used. What is new and conclusion: This novel analysis in a systematic review showed that bundle interventions delivering two or more intervention functions have been investigated but that the study quality was too poor to assess impact.

Notes: Bannan, D. F. Tully, M. P.

Tully, Mary/0000-0003-2100-3983

1365-2710

URL: <Go to ISI>://WOS:000379684900002

Reference Type: Journal Article

Record Number: 243

Author: Bar, L., Marks, D. and Brandis, S.

Year: 2023

Title: Developing a Suite of Resources to Improve Patient Adherence to Compression Stockings: Application of Behavior Change Theory

Journal: Patient Preference and Adherence

Volume: 17

Pages: 51-66

Short Title: Developing a Suite of Resources to Improve Patient Adherence to Compression Stockings: Application of Behavior Change Theory

ISSN: 1177-889X

DOI: 10.2147/ppa.S390123

Accession Number: WOS:000911565400001

Abstract: Purpose: Poor patient adherence to compression stockings remains a difficult and pervasive problem for clinicians, with costly repercussions for patients and health-care systems. The purpose of this paper was to describe the application of behavior change theory to the systematic development of a suite of resources, aimed at improving patient adherence to wearing compression stockings. Methods: Employing a non-empirical approach, behavior-change theory was used to develop an innovative intervention as part of a multi-phase project. Target behaviors, barriers and potential enablers were identified in relation to stocking adherence. An impact-likelihood matrix for behavior prioritization was used to identify possible areas for intervention within occupational therapy outpatient clinics. Selection of suitable resources and their consequent development were based on a narrative and problem-solving process by a panel of clinical experts. Results: Of 14 potential domains embedded in the Theoretical Domains Framework, the key target behaviors and barriers were associated with eight domains. Michie's Behavior Change Wheel revealed recommendations in six subdivisions and of these, four intervention functions were selected by the panel, based on their potential impact and likelihood of adoption in clinical practice. Findings led to the development of a suite of resources comprising a new questionnaire, a clinical decision tree, augmented by clinical answer sheets corresponding to each of the barriers. Conclusion: Application of behavior change theory informed the design of a behavior change intervention comprising an integrated suite of resources for novice and experienced clinicians. Practice Implications: These novel resources have potential to improve patient adherence to compression stockings and consequently generate health-care savings through reduced need for wound care products, and medical interventions with translation to other settings and conditions requiring compression stockings. Patient outcomes will likely be improved with reduced pain, improved quality of life and earlier resumption of usual occupations.

Notes: Bar, Laila Marks, Darryn Brandis, Susan

Marks, Darryn/AAQ-8598-2021; Brandis, Susan/F-6381-2015

Marks, Darryn/0000-0002-8884-8596; Brandis, Susan/

0000-0003-2613-4114

URL: <Go to ISI>://WOS:000911565400001

Reference Type: Journal Article

Record Number: 1911

Author: Bar-Zeev, Y., Bonevski, B., Bovill, M., Gruppetta, M., Oldmeadow, C., Palazzi, K., Atkins, L., Reath, J., Gould, G. S. and Grp, Ican Quit Pregnancy Pilot

Year: 2017

Title: The Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy Pilot Study protocol: a feasibility step-wedge cluster randomised trial to improve health providers' management of smoking during pregnancy

Journal: Bmj Open

Volume: 7

Issue: 8

Date: Aug

Short Title: The Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy Pilot Study protocol: a feasibility step-wedge cluster randomised trial to improve health providers' management of smoking during pregnancy

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2017-016095

Article Number: e016095

Accession Number: WOS:000411802700129

Abstract: Introduction Indigenous women have the highest smoking prevalence during pregnancy (47%) in Australia. Health professionals report lack of knowledge, skills and confidence to effectively manage smoking among pregnant women in general. We developed a behaviour change intervention aimed to improve health professionals' management of smoking in Indigenous pregnant women—the Indigenous Counselling And Nicotine (ICAN) QUIT in Pregnancy. This intervention includes webinar training for health professionals, an educational resources package for health professionals and pregnant women, free oral nicotine replacement therapy (NRT) for pregnant women, and audit and feedback on health professionals' performance. The aim of this study is to test the feasibility and acceptability of the ICAN QUIT in Pregnancy intervention to improve health professionals' provision of evidence-based culturally responsive smoking cessation care to Australian Indigenous pregnant smokers. Methods and analysis This protocol describes the design of a step-wedge cluster randomised pilot study. Six Aboriginal Medical Services (AMSs) are randomised into three clusters. Clusters receive the intervention staggered by 1 month. Health professionals report on their knowledge and skills pretraining and post-training and at the end of the study. Pregnant women are recruited and followed up for 3 months. The primary outcome is the recruitment rate of pregnant women. Secondary outcomes include feasibility of recruitment and follow-up of participating women, and webinar training of health professionals, measured using a designated log; and measures of effectiveness outcomes, including quit rates and NRT prescription rates. Ethics and dissemination In accordance with the Aboriginal Health and Medical Research Council guidelines, this study has been developed in collaboration with a Stakeholder and Consumer

Aboriginal Advisory Panel (SCAAP). The SCAAP provides cultural consultation, advice and direction to ensure that implementation is acceptable and respectful to the Aboriginal communities involved. Results will be disseminated to AMSs, Aboriginal communities and national Aboriginal bodies.

Notes: Bar-Zeev, Yael Bonevski, Billie Bovill, Michelle Gruppetta, Maree Oldmeadow, Chris Palazzi, Kerrin Atkins, Lou Reath, Jennifer Gould, Gillian S.

Carson-Chahhoud, Kristin V/I-1916-2018; Bar Zeev, Yael/B-4198-2017; Gould, Gillian/HKP-2481-2023; Bonevski, Billie/G-7298-2013; Bovill, Michelle/P-7083-2019; Gruppetta, Maree M/I-2573-2014; Oldmeadow, Chris/HKF-3685-2023; Atkins, Louise/C-7740-2011

Carson-Chahhoud, Kristin V/0000-0001-9966-9289; Bar Zeev, Yael/0000-0002-1916-836X; Gould, Gillian/0000-0001-8489-2576; Bonevski, Billie/0000-0001-8505-622X; Gruppetta, Maree M/0000-0002-1893-6240; Atkins, Louise/0000-0001-9322-7869; Kennedy, Michelle/0000-0001-9691-068X; Oldmeadow, Christopher/0000-0001-6104-1322

URL: <Go to ISI>://WOS:000411802700129

Reference Type: Journal Article

Record Number: 148

Author: Barbariol, F. and Baid, H.

Year: 2023

Title: Introduction to an intensive care recycling program

Journal: Intensive Care Medicine

Volume: 49

Issue: 3

Pages: 327-329

Date: Mar

Short Title: Introduction to an intensive care recycling program

ISSN: 0342-4642

DOI: 10.1007/s00134-023-06983-3

Accession Number: WOS:000941088400001

Notes: Barbariol, Federico Baid, Heather

Baid, Heather/0000-0001-5128-4400

1432-1238

URL: <Go to ISI>://WOS:000941088400001

Reference Type: Journal Article

Record Number: 1223

Author: Barchitta, M., Sabbatucci, M., Furiozzi, F., Iannazzo, S., Maugeri, A., Maraglino, F., Prato, R., Agodi, A. and Pantosti, A.

Year: 2021

Title: Knowledge, attitudes and behaviors on antibiotic use and resistance among healthcare workers in Italy, 2019: investigation by a clustering method

Journal: Antimicrobial Resistance and Infection Control

Volume: 10

Issue: 1

Date: Sep

Short Title: Knowledge, attitudes and behaviors on antibiotic use and resistance among healthcare workers in Italy, 2019:

investigation by a clustering method

ISSN: 2047-2994

DOI: 10.1186/s13756-021-01002-w

Article Number: 134

Accession Number: WOS:000694865100002

Abstract: Background Identifying healthcare workers (HCW) who have less awareness and knowledge on antibiotic use and resistance represents a challenge for public health, since it might help the development of novel educational and training initiatives tailored on specific subgroups of professionals. This work aims to compare knowledge, attitudes and behaviors on antibiotic use and resistance across different groups of Italian HCW. **Methods** We used data from the multi-country and multi-professional survey launched by the European Centre for Disease Prevention and Control between 28 January to 4 March 2019 to assess knowledge, attitude and behaviors of HCW on antibiotics, antibiotic use and resistance. We distinguished three clusters of HCW using the Two-Step Cluster analysis, based on their personal and professional characteristics (i.e. profession, role, activity as prescriber, setting, and activity as antibiotic use advisor). **Results** In general, cluster 1 consisted mostly of allied healthcare workers, while clusters 2 and 3 were made up almost completely of pharmacists and medical doctors, respectively. Interestingly, healthcare workers in cluster 3 had the highest knowledge on antibiotic use and resistance. Workers in cluster 1, instead, were those reporting the highest awareness of the importance and role of hand hygiene as an infection prevention and control measure. However, HCW in cluster 2 were those who recognized more their role of advisors on prudent antibiotic use. **Conclusions** Italian HCW exhibited different knowledge, attitudes, and behaviors on antibiotic use and resistance. These findings raised the need for educational and training interventions targeting specific professional groups.

Notes: Barchitta, Martina Sabbatucci, Michela Furiozzi, Francesca Iannazzo, Stefania Maugeri, Andrea Maraglino, Francesco Prato, Rosa Agodi, Antonella Pantosti, Annalisa

Barchitta, Martina/A-1362-2015; Iannazzo, Stefania/AAC-5004-2022;

Agodi, Antonella/AIF-3938-2022; Agodi, Antonella/B-3501-2011;

Sabbatucci, Michela/M-9642-2017

Barchitta, Martina/0000-0002-0905-5003; Agodi, Antonella/0000-0002-4405-8162; Agodi, Antonella/0000-0002-4405-8162; Maugeri, Andrea/0000-0003-2655-8574; Sabbatucci, Michela/0000-0001-5889-1780; Iannazzo, Stefania/0000-0001-5431-4951

URL: <Go to ISI>://WOS:000694865100002

Reference Type: Journal Article

Record Number: 979

Author: Barclay, I., Cooper, M., Hackel, J. and Perrin, P.

Year: 2022

Title: Tokenizing Behavior Change: A Pathway for the Sustainable Development Goals

Journal: Frontiers in Blockchain

Volume: 4

Date: Jan

Short Title: Tokenizing Behavior Change: A Pathway for the Sustainable Development Goals

ISSN: 2624-7852

DOI: 10.3389/fbloc.2021.730101

Article Number: 730101

Accession Number: WOS:000752027800001

Abstract: To be successful and sustainable, social impact programs require individuals and groups to change aspects of their behavior. As blockchain-based tokens are increasingly adopted to target social outcomes, it is important to properly define these activities as "behavior change interventions" and assess their design and management as such—otherwise, there is significant risk of possible unintended consequences. Designing tokens as behavior change interventions requires new constructs beyond those currently in use to model the interdependence of digital and social ecosystems, and integration of token engineering, cryptoeconomics, and behavioral skill sets to test token designs within various ecosystems. New token design and testing protocols that integrate behavior measures around the targeted social outcomes are needed, to fill a critical gap in current practice. Hence, new standards, operational frameworks, and ethics are needed to guide the use of tokens at scale, as tools to achieve social impacts such as attaining the United Nations' Sustainable Development Goals. Meeting these needs requires a collaborative approach between token design actors (computer scientists, cryptoeconomists, token engineers, etc.) and social impact practitioners who will be increasingly called upon to use tokens as behavior change tools. This paper begins to identify common ground and address areas to further develop research and practice of tokens being used for social impact.

Notes: Barclay, Iain Cooper, Michael Hackel, Jakob Perrin, Paul Perrin, Paul C/I-1105-2013

Perrin, Paul C/0000-0003-2043-0262

URL: <Go to ISI>://WOS:000752027800001

Reference Type: Journal Article

Record Number: 183

Author: Barkemeyer, R., Young, C. W., Chintakayala, P. K. and Owen, A.

Year: 2023

Title: Eco-labels, conspicuous conservation and moral licensing: An indirect behavioural rebound effect

Journal: Ecological Economics

Volume: 204

Date: Feb

Short Title: Eco-labels, conspicuous conservation and moral licensing: An indirect behavioural rebound effect

ISSN: 0921-8009

DOI: 10.1016/j.ecolecon.2022.107649

Article Number: 107649

Accession Number: WOS:000891305300012

Abstract: Sustainable consumption is a growing niche with an increasing number of initiatives aimed at lowering domestic environmental consumption footprints. Third-party assured product

eco-labelling has emerged as a key governance mechanism to promote sustainable consumption. However, does the purchasing of eco-labelled products really support a transition towards more sustainable consumption? In this paper, we explore eco-labelling through the lens of the rebound literature. While theorizing of the rebound effect originated in energy economics and has long been centred on eco-efficiency, we extend its rationale to products that are associated with a price premium in return for added environmental quality attributes. Reporting on two inter-related studies into the link between purchasing of environmentally friendly products and different types of environmental resource consumption, we find that eco-labelled products flourish in more affluent economies that are characterized by higher levels of overall resource consumption; and that willingness to consume environmentally friendly products is positively related to higher individual carbon, water and material footprints. Hence, we argue that ecolabelling in its current form is inextricably linked to higher – rather than lower – levels of resource consumption. Consequently, the governance mechanism that underpins eco-labelling is associated with an indirect behavioural consumer rebound effect.

Notes: Barkemeyer, Ralf Young, C. William Chintakayala, Phani Kumar Owen, Anne

1873-6106

A

URL: <Go to ISI>://WOS:000891305300012

Reference Type: Journal Article

Record Number: 2213

Author: Barker, F., Atkins, L. and de Lusignan, S.

Year: 2016

Title: Applying the COM-B behaviour model and behaviour change wheel to develop an intervention to improve hearing-aid use in adult auditory rehabilitation

Journal: International Journal of Audiology

Volume: 55

Pages: S90-S98

Short Title: Applying the COM-B behaviour model and behaviour change wheel to develop an intervention to improve hearing-aid use in adult auditory rehabilitation

ISSN: 1499-2027

DOI: 10.3109/14992027.2015.1120894

Accession Number: WOS:000381035200011

Abstract: Objectives: To introduce a psychological model of behaviour; the COM-B model and describe how this has been used in combination with the behaviour change wheel (BCW) in developing an intervention which aims to promote regular, long-term use of hearing aids by adults with acquired hearing loss. Design: Qualitative structured interview study using the COM-B model to identify the determinants of behavioural planning on the part of audiologists; a potentially important factor in encouraging long-term hearing-aid use. Study sample: Ten audiologists drawn from a random sample of five English audiology departments. Results: The analysis suggests that behavioural planning might be more likely to occur if

audiologists' psychological capability, physical and social opportunity, and reflective and automatic motivation were addressed. This analysis forms the basis of an intervention design, using the BCW, to encourage behavioural planning by audiologists and subsequent hearing-aid use by people with hearing loss. Conclusions: The COM-B model and BCW can be applied successfully in the context of audiology to analyse the behaviour of both people with hearing loss and professionals working with them, supplying information that is being used in intervention design. The effectiveness of the intervention will be tested in a clinical trial.

Notes: Barker, Fiona Atkins, Lou de Lusignan, Simon de Lusignan, Smion/S-7838-2019; de Lusignan, Simon/A-4125-2009; Atkins, Louise/C-7740-2011 de Lusignan, Smion/0000-0002-8553-2641; Atkins, Louise/0000-0001-9322-7869 1708-8186

3

Si

URL: <Go to ISI>://WOS:000381035200011

Reference Type: Journal Article

Record Number: 498

Author: Barker, K. L., Room, J., Knight, R., Hannink, E. and Newman, M.

Year: 2022

Title: Physiotherapy exercise rehabilitation with tailored exercise adherence support for people with osteoporosis and vertebral fractures: protocol for a randomised controlled trial - the Osteoporosis Tailored exercise adherence INTERvention (OPTIN) study

Journal: Bmj Open

Volume: 12

Issue: 9

Date: Sep

Short Title: Physiotherapy exercise rehabilitation with tailored exercise adherence support for people with osteoporosis and vertebral fractures: protocol for a randomised controlled trial - the Osteoporosis Tailored exercise adherence INTERvention (OPTIN) study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-064637

Article Number: e064637

Accession Number: WOS:000859769800031

Abstract: Introduction Vertebral fragility fractures affect at least 20% of the older population in the UK. Best practice guidelines recommend the use of exercise to slow the rate of bone loss, to maintain muscle strength and physical function, and to prevent falls and further fractures. However, treatment effects are often small and difficult to sustain and adherence, or the extent to which patients engage in treatment, has been identified as an important issue by many studies. Our hypothesis is that integrating adherence intervention strategies with an exercise intervention will be beneficial. We will compare physiotherapy exercise rehabilitation with adherence support versus physiotherapy exercise rehabilitation

alone in terms of effects on (A) physical function, quality of life and fear of falling and (B) exercise self-efficacy and adherence. Methods and analysis A multicentre, two-arm, parallel group, superiority randomised controlled trial with blinded assessments at baseline (0) and 4, 8 and 12 months, with a nested qualitative study and health economic analysis. 116 participants will be allocated to either (1) outpatient physiotherapy which will include a musculoskeletal assessment and treatment including balance, posture, strength training and low impact weight-bearing exercises over 16 weeks or (2) Osteoporosis Tailored exercise adherence INTERvention intervention. This includes standard physiotherapy as above plus an additional, integrated assessment interview (30 min) and 60 min of adherence support spread over the subsequent 16 weeks. Ethics and dissemination The study protocol was approved by West of Scotland Research Ethics Committee 4 (21/WS/0071). Trial registration number ISRCTN 14465704. The paper is based on Protocol V.4. Notes: Barker, Karen L. Room, Jonathan Knight, Ruth Hannink, Erin Newman, Meredith Room, Jonathan/0000-0002-1257-834X; Knight, Ruth/0000-0001-6810-2845 URL: <Go to ISI>://WOS:000859769800031

Reference Type: Journal Article

Record Number: 2260

Author: Barker, M.

Year: 2015

Title: Developmental origins, behaviour change and the new public health

Journal: Journal of Developmental Origins of Health and Disease

Volume: 6

Issue: 5

Pages: 428-433

Date: Oct

Short Title: Developmental origins, behaviour change and the new public health

ISSN: 2040-1744

DOI: 10.1017/s2040174415001312

Accession Number: WOS:000361045100010

Abstract: A developmental approach to public health focuses attention on better nourishing girls and young women, especially those of low socio-economic status, to improve mothers' nutrition and thereby the health of future generations. There have been significant advances in the behavioural sciences that may allow us to understand and support dietary change in young women and their children in ways that have not previously been possible. This paper describes some of these advances and aims to show how they inform this new approach to public health. The first of these has been to work out what is effective in supporting behaviour change, which has been achieved by careful and detailed analysis of behaviour change techniques used by practitioners in intervention, and of the effectiveness of these in supporting change. There is also a new understanding of the role that social and physical environments play in shaping our behaviours, and that behaviour is influenced by automatic processes and 'habits' as much as by reflective processes

and rational decisions. To be maximally effective, interventions therefore have to address both influences on behaviour. An approach developed in Southampton aims to motivate, support and empower young women to make better food choices, but also to change the culture in which those choices are being made. Empowerment is the basis of the new public health. An empowered public demand for better access to better food can go a long way towards improving maternal, infant and family nutrition, and therefore the health of generations to come.

Notes: Barker, M.

David Barker Commemorative Meeting

Sep, 2014

Univ Southampton, Southampton, ENGLAND

Barker, Mary/0000-0003-2976-0217

2040-1752

URL: <Go to ISI>://WOS:000361045100010

Reference Type: Journal Article

Record Number: 2140

Author: Barker, M., Baird, J., Lawrence, W., Vogel, C., Stommer, S., Rose, T., Inskip, H., Godfrey, K. and Cooper, C.

Year: 2016

Title: Preconception and pregnancy: opportunities to intervene to improve women's diets and lifestyles

Journal: Journal of Developmental Origins of Health and Disease

Volume: 7

Issue: 3

Pages: 330-333

Date: Jun

Short Title: Preconception and pregnancy: opportunities to intervene to improve women's diets and lifestyles

ISSN: 2040-1744

DOI: 10.1017/s2040174416000064

Accession Number: WOS:000379780900015

Abstract: Recently, large-scale trials of behavioural interventions have failed to show improvements in pregnancy outcomes. They have, however, shown that lifestyle support improves maternal diet and physical activity during pregnancy, and can reduce weight gain. This suggests that pregnancy, and possibly the whole periconceptional period, represents a 'teachable moment' for changes in diet and lifestyle, an idea that was made much of in the recent report of the Chief Medical Officer for England. The greatest challenge with all trials of diet and lifestyle interventions is to engage people and to sustain this engagement. With this in mind, we propose a design of intervention that aims simultaneously to engage women through motivational conversations and to offer access to a digital platform that provides structured support for diet and lifestyle change. This intervention design therefore makes best use of learning from the trials described above and from recent advances in digital intervention design.

Notes: Barker, M. Baird, J. Lawrence, W. Vogel, C. Stommer, S.

Rose, T. Inskip, H. Godfrey, K. Cooper, C.

Strommer, Sofia/AAQ-4286-2020; Inskip, Hazel/L-5467-2018

Strommer, Sofia/0000-0001-7344-1630; Cooper, Cyrus/

0000-0003-3510-0709; Barker, Mary/0000-0003-2976-0217; Inskip, Hazel/0000-0001-8897-1749; Godfrey, Keith/0000-0002-4643-0618; Lawrence, Wendy/0000-0003-1264-0438; Baird, Janis/0000-0002-4039-4361; Vogel, Christina/0000-0002-3897-3786; Morris, Taylor/0000-0002-6971-4883
2040-1752
URL: <Go to ISI>://WOS:000379780900015

Reference Type: Journal Article

Record Number: 1680

Author: Barman, P., Thukral, T. and Chopra, S.

Year: 2021

Title: Communication with Physicians: a Tool for Improving Appropriate Antibiotic Use in the Absence of Regulatory Mechanisms

Journal: Current Treatment Options in Infectious Diseases

Volume: 13

Issue: 1

Pages: 1-13

Date: Mar

Short Title: Communication with Physicians: a Tool for Improving Appropriate Antibiotic Use in the Absence of Regulatory Mechanisms

DOI: 10.1007/s40506-020-00241-6

Accession Number: WOS:000590790500001

Abstract: Purpose of review The purpose of our review is to emphasize the impact of effective communication in bringing a behavioral change in prescribers' habits in absence of mandatory guidelines on usage of antibiotics. Recent findings The unceasing surge of inappropriate antimicrobial use has resulted in antimicrobial resistance (AMR). It is a fall out of injudicious use by healthcare workers, be it an empiric treatment owing to inadequate diagnosis, inappropriate prescribing behavior attributable to insufficient knowledge and training, or lack of confidence and financial incentives. Patient factors contributing to AMR are self-medication due to over-the-counter drug availability and patients' attitude. Another vital driver of AMR is the non-therapeutic abuse of food animals. Despite the existence of policies regarding licensing and sale of antibiotics, their implementation is not uniform and regulated. It is observed that conditioning strategies like trainings, audits, and feedbacks affect human behavior and can prove to be an important tool in antimicrobial stewardship program. It has been perceived that mere presence of regulatory framework is not enough but a productive communication with physicians can drive a behavioral change in prescribing antibiotics.

Notes: Barman, Purabi Thukral, Tarun Chopra, Shimpi

1534-6250

URL: <Go to ISI>://WOS:000590790500001

Reference Type: Journal Article

Record Number: 1776

Author: Barnes, C., Grady, A., Nathan, N., Wolfenden, L., Pond, N., McFayden, T., Ward, D. S., Vaughn, A. E. and Yoong, S. L.

Year: 2020

Title: A pilot randomised controlled trial of a web-based implementation intervention to increase child intake of fruit and vegetables within childcare centres

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: A pilot randomised controlled trial of a web-based implementation intervention to increase child intake of fruit and vegetables within childcare centres

DOI: 10.1186/s40814-020-00707-w

Article Number: 163

Accession Number: WOS:000729238200168

Abstract: BackgroundAs dietary behaviours developed during early childhood are known to track into adulthood, interventions that aim to improve child nutrition at a population level are recommended. Whilst early childhood education and care (ECEC) is a promising setting for interventions targeting children's nutrition behaviours, previous interventions have largely used high intensity, face-to-face approaches, limiting their reach, implementation and potential impact at a population level. Web-based modalities represent a promising means of supporting the delivery of childcare-based interventions whilst overcoming challenges of previous approaches; however, the feasibility of using such modalities to support implementation is largely unknown. As such, this study sought to collect feasibility and pilot data to inform the design of a web-based intervention together with health promotion officer support within childcare centres. Child dietary intake will also be assessed to provide an estimate of the impact of the implementation intervention.**Methods**A superiority cluster randomised controlled trial with repeat cross-sectional data collection employing an effectiveness-implementation type-II hybrid design will be conducted with childcare centres within the Hunter New England region of New South Wales, Australia. Type-II hybrid designs provide the opportunity to assess intervention efficacy whilst piloting the feasibility of the implementation strategies. Centres allocated to the intervention group will receive access to a web-based program together with health promotion officer support to implement targeted healthy eating practices to improve child diet in care. A number of outcomes will be assessed to inform the feasibility to conduct a larger trial, including childcare centre and parent recruitment and consent rates for each component of data collection, uptake of the implementation strategies, acceptability of the intervention and implementation strategies, appropriateness of the implementation strategies and the contextual factors influencing implementation.**Discussion**This study will provide high-quality evidence regarding the potential feasibility of a web-based intervention and the impact of healthy eating practices on child diet in care. Web-based modalities provide a promising approach for population-wide implementation support to childcare centres given their potential reach and consistency with existing infrastructure.**Trial registration** Prospectively registered with Australian New Zealand Clinical Trial Registry (ACTRN12619001158156).

Notes: Barnes, Courtney Grady, Alice Nathan, Nicole Wolfenden, Luke Pond, Nicole McFayden, Tameka Ward, Dianne S. Vaughn, Amber E. Yoong, Sze Lin
Nathan, Nicole/0000-0002-7726-1714; Barnes, Courtney/
0000-0003-4870-910X
2055-5784
URL: <Go to ISI>://WOS:000729238200168

Reference Type: Journal Article

Record Number: 1066

Author: Barnes, C., Yoong, S. L., Nathan, N., Wolfenden, L., Wedesweiler, T., Kerr, J., Ward, D. S. and Grady, A.

Year: 2021

Title: Feasibility of a Web-Based Implementation Intervention to Improve Child Dietary Intake in Early Childhood Education and Care: Pilot Randomized Controlled Trial

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 12

Date: Dec

Short Title: Feasibility of a Web-Based Implementation Intervention to Improve Child Dietary Intake in Early Childhood Education and Care: Pilot Randomized Controlled Trial

ISSN: 1438-8871

DOI: 10.2196/25902

Article Number: e25902

Accession Number: WOS:000740354600004

Abstract: Background: Internationally, the implementation of evidence-based healthy eating policies and practices within early childhood education and care (ECEC) settings that encourage children's healthy diet is recommended. Despite the existence of evidence-based healthy eating practices, research indicates that current implementation rates are inadequate. Web-based approaches provide a potentially effective and less costly approach to support ECEC staff with implementing nutrition policies and practices.

Objective: The broad aim of this pilot randomized controlled trial is to assess the feasibility of assessing the impact of a web-based program together with health promotion officer (HPO) support on ECEC center implementation of healthy eating policies and practices. Specifically, we seek to describe the completion rate of study evaluation processes (participant consent and data collection rates); examine ECEC center uptake, acceptability, and appropriateness of the intervention and implementation strategies; understand the potential cost of delivering and receiving implementation support strategies; and describe the potential impact of the web-based intervention on the implementation of targeted healthy eating practices among centers in the intervention group.

Methods: A 6-month pilot implementation trial using a cluster-randomized controlled trial design was conducted in 22 ECEC centers within the Hunter New England region of New South Wales, Australia. Potentially eligible centers were distributed a recruitment package and telephoned by the research team to assess eligibility and obtain consent. Centers randomly allocated to the intervention group

received access to a web-based program, together with HPO support (eg, educational outreach visit and local technical assistance) to implement 5 healthy eating practices. The web based program incorporated audit with feedback, development of formal implementation blueprints, and educational materials to facilitate improvement in implementation. The centers allocated to the control group received the usual care. Results: Of the 57 centers approached for the study, 22 (47%) provided consent to participate. Data collection components were completed by 100% (22/22) of the centers. High uptake for implementation strategies provided by HPOs (10/11, 91% to 11/11, 100%) and the web-based program (11/11, 100%) was observed. At follow-up, intervention centers had logged on to the program at an average of 5.18 (SD 2.52) times. The web-based program and implementation support strategies were highly acceptable (10/11, 91% to 11/11, 100%). Implementation of 4 healthy eating practices improved in the intervention group, ranging from 19% (2/11) to 64% (7/11). Conclusions: This study provides promising pilot data to warrant the conduct of a fully powered implementation trial to assess the impact of the program on ECEC healthy eating practice implementation.

Notes: Barnes, Courtney Yoong, Sze Lin Nathan, Nicole Wolfenden, Luke Wedesweiler, Taya Kerr, Jayde Ward, Dianne S. Grady, Alice Wedesweiler, Taya/0000-0003-3838-5068; Wolfenden, Luke/0000-0002-6178-3868; Barnes, Courtney/0000-0003-4870-910X; Nathan, Nicole/0000-0002-7726-1714; Ward, Dianne Stanton/0000-0001-6389-0168
URL: <Go to ISI>://WOS:000740354600004

Reference Type: Journal Article

Record Number: 1706

Author: Barratt, R., Wyer, M., Hor, S. Y. and Gilbert, G. L.

Year: 2020

Title: Medical interns' reflections on their training in use of personal protective equipment

Journal: BMC Medical Education

Volume: 20

Issue: 1

Date: Sep

Short Title: Medical interns' reflections on their training in use of personal protective equipment

DOI: 10.1186/s12909-020-02238-7

Article Number: 328

Accession Number: WOS:000574650400003

Abstract: Background The current COVID-19 pandemic has demonstrated that personal protective equipment (PPE) is essential, to prevent the acquisition and transmission of infectious diseases, yet its use is often sub-optimal in the clinical setting. Training and education are important to ensure and sustain the safe and effective use of PPE by medical interns, but current methods are often inadequate in providing the relevant knowledge and skills. The purpose of this study was to explore medical graduates' experiences of the use of PPE and identify opportunities for improvement in education and training programmes, to improve occupational and patient safety.

Methods This study was undertaken in 2018 in a large tertiary-care

teaching hospital in Sydney, Australia, to explore medical interns' self-reported experiences of PPE use, at the beginning of their internship. Reflexive groups were conducted immediately after theoretical and practical PPE training, during hospital orientation. Transcripts of recorded discussions were analysed, using a thematic approach that drew on the COM-B (capability, opportunity, motivation – behaviour) framework for behaviour. Results 80% of 90 eligible graduates participated. Many interns had not previously received formal training in the specific skills required for optimal PPE use and had developed potentially unsafe habits. Their experiences as medical students in clinical areas contrasted sharply with recommended practice taught at hospital orientation and impacted on their ability to cultivate correct PPE use. Conclusions Undergraduate teaching should be consistent with best practice PPE use, and include practical training that embeds correct and safe practices.

Notes: Barratt, Ruth Wyer, Mary Hor, Su-yin Gilbert, Gwendolyn L. Gilbert, Gwendolyn/B-7733-2013

Gilbert, Gwendolyn/0000-0001-7490-6727; Barratt, Ruth/0000-0002-8930-6414; Hor, Su-yin/0000-0002-6498-9722 1472-6920

URL: <Go to ISI>://WOS:000574650400003

Reference Type: Journal Article

Record Number: 1600

Author: Barrett, S., Begg, S., O'Halloran, P., Howlett, O., Lawrence, J. and Kingsley, M.

Year: 2021

Title: The effect of behaviour change interventions on changes in physical activity and anthropometrics in ambulatory hospital settings: a systematic review and meta-analysis

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 18

Issue: 1

Date: Jan

Short Title: The effect of behaviour change interventions on changes in physical activity and anthropometrics in ambulatory hospital settings: a systematic review and meta-analysis

DOI: 10.1186/s12966-020-01076-6

Article Number: 7

Accession Number: WOS:000608242800003

Abstract: BackgroundThe aim of this systematic review and meta-analysis was to investigate whether behaviour change interventions promote changes in physical activity and anthropometrics (body mass, body mass index and waist circumference) in ambulatory hospital populations.MethodsRandomised controlled trials were collected from five bibliographic databases (MEDLINE, Embase, CINAHL, The Cochrane Central Register of Controlled Trials (CENTRAL) and PsycINFO). Meta-analyses were conducted using change scores from baseline to determine mean differences (MD), standardised mean differences (SMD) and 95% confidence intervals (95% CI). The Grades of Recommendation, Assessment, Development and Evaluation approach was used to evaluate

the quality of the evidence. Results A total of 29 studies met the eligibility criteria and 21 were included in meta-analyses. Behaviour change interventions significantly increased physical activity (SMD: 1.30; 95% CI: 0.53 to 2.07, $p < 0.01$), and resulted in significant reductions in body mass (MD: -2.74; 95% CI: -4.42 to -1.07, $p < 0.01$), body mass index (MD: -0.99; 95% CI: -1.48 to -0.50, $p < 0.01$) and waist circumference (MD: -2.21; 95% CI: -4.01 to -0.42, $p = 0.02$). The GRADE assessment indicated that the evidence is very uncertain about the effect of behaviour change interventions on changes in physical activity and anthropometrics in ambulatory hospital patients. Conclusions Behaviour change interventions initiated in the ambulatory hospital setting significantly increased physical activity and significantly reduced body mass, body mass index and waist circumference. Increased clarity in interventions definitions and assessments of treatment fidelity are factors that need attention in future research. PROSPERO registration number: CRD42020172140.

Notes: Barrett, Stephen Begg, Stephen O'Halloran, Paul Howlett, Owen Lawrence, Jack Kingsley, Michael Howlett, Owen/W-8268-2019; Begg, Stephen/B-5971-2014 Howlett, Owen/0000-0002-2193-7834; Begg, Stephen/0000-0001-7482-3278; Kingsley, Michael/0000-0002-1953-4067 1479-5868
URL: <Go to ISI>://WOS:000608242800003

Reference Type: Journal Article

Record Number: 383

Author: Barry, M. P., Austin, E. J., Bhatraju, E. P., Glick, S. N., Stekler, J. D., Tung, E. L., Hansen, R. N., Williams, E. C., Gojic, A. J., Pickering, E. I. and Tsui, J. I.

Year: 2022

Title: Qualitative inquiry into perceptions of HIV pre-exposure prophylaxis among people who inject drugs living with hepatitis C in Seattle, WA, USA

Journal: Harm Reduction Journal

Volume: 19

Issue: 1

Date: Nov

Short Title: Qualitative inquiry into perceptions of HIV pre-exposure prophylaxis among people who inject drugs living with hepatitis C in Seattle, WA, USA

DOI: 10.1186/s12954-022-00706-5

Article Number: 121

Accession Number: WOS:000877687100001

Abstract: Background The incidence of HIV among persons who inject drugs (PWID) in the USA has been increasing since 2014, signaling the need to identify effective ways to engage PWID in HIV prevention services, namely pre-exposure prophylaxis (PrEP). Yet, the uptake of PrEP in this population is minimal compared to other populations at risk of HIV acquisition. In this work, we sought to explore knowledge, attitudes, and perspectives of PrEP acceptability among PWID. Methods In the context of a pilot study to explore the acceptability of pharmacy-based hepatitis C virus (HCV) treatment,

we conducted semi-structured interviews (n = 24) and focus groups (n = 4, 16 participants) with people who were living with HCV and reported active injection drug use (\leq 90 days since last use). Participants were asked open-ended questions about their familiarity with and motivation to use PrEP. As part of a sub-analysis focused on PrEP, qualitative data were analyzed using a Rapid Assessment Process, where three coders used structured templates to summarize qualitative data and iteratively reviewed coded templates to identify themes. Participants also completed short quantitative questionnaires regarding drug use history and attitudes toward health concerns. Results Forty-seven percent of participants expressed having little or no concern regarding HIV acquisition. Targeted analyses focused on HIV prevention identified three themes, which help characterize behavioral determinants of nonadoption. First, knowledge of PrEP was limited among PWID and influenced by infrequent open community discussions around HIV risk. Second, PWID perceived sexual behaviors-but not injection drug use-as a motivator for HIV risk prevention. Finally, PWID identified many individual and environmental barriers that hinder PrEP uptake. Conclusion Among PWID, PrEP is rarely discussed and concerns about the feasibility of using daily PrEP are common. Taken with the prevalent perception that drug use is not a high risk for HIV acquisition, our findings point to opportunities for public health work to target PrEP education to PWID and to leverage other successful interventions for PWID as an opportunity to provide PrEP to this vulnerable population.

Notes: Barry, Michael P. Austin, Elizabeth J. Bhatraju, Elenore P. Glick, Sara N. Stekler, Joanne D. Tung, Elyse L. Hansen, Ryan N. Williams, Emily C. Gojic, Alexander J. Pickering, Eleanor, I Tsui, Judith, I

Austin, Elizabeth/0000-0002-4221-1362
1477-7517

URL: <Go to ISI>://WOS:000877687100001

Reference Type: Journal Article

Record Number: 1864

Author: Bartoli-Abdou, J. K., Patel, J. P., Crawshaw, J., Vadher, B., Brown, A., Roberts, L. N., Patel, R. K., Arya, R. and Auyeung, V.

Year: 2018

Title: Exploration of adherence and patient experiences with DOACs one year after switching from vitamin-K antagonists-insights from the switching study

Journal: Thrombosis Research

Volume: 162

Pages: 62-68

Date: Feb

Short Title: Exploration of adherence and patient experiences with DOACs one year after switching from vitamin-K antagonists-insights from the switching study

ISSN: 0049-3848

DOI: 10.1016/j.thromres.2017.12.021

Accession Number: WOS:000425999400010

Abstract: Background: Current UK and European guidelines recommend anticoagulated patients prescribed warfarin with time in therapeutic range (TTR) < 65% be considered for DOAC therapy. There has been considerable concern that adherence with DOACs may be poor compared with warfarin. Little is known about the patient experience of switching from warfarin to DOAC and how patients manage their DOAC long term. Our aim was to conduct focus groups exploring patient's previous experiences with warfarin, their current experience with DOACs, their adherence to DOACs and the long-term service provision they envisage. Methods: Patients enrolled on the Switching Study who had been switched from warfarin to a DOAC > 1 year previously were invited to participate in focus groups. Two focus groups for atrial fibrillation (AF) and two for secondary prevention of venous thromboembolism (VTE) patients were held at anticoagulation clinics in South London, UK. Data was analysed using framework analysis to extract dominant themes. Results: Five VTE patients and 15 AF patients attended the focus groups. Dominant themes that emerged were: indication specific anticoagulation prioritisation, warfarin as a necessary inconvenience, DOACs as the anticoagulant of choice, concerns regarding DOAC monitoring, high adherence to DOACs and desire for long-term access to specialist anticoagulation services. Discussion: VTE patients prioritised anticoagulation over other therapies whereas AF patients did not. All participants reported high levels of adherence to DOACs. Patients derived confidence from long-term management in specialist anticoagulation clinics stating a preference to be managed in such a service.

Notes: Bartoli-Abdou, John K. Patel, Jignesh P. Crawshaw, Jacob Vadher, Bipin Brown, Alison Roberts, Lara N. Patel, Raj K. Arya, Roopen Auyeung, Vivian

Brown, Alison/IRZ-7107-2023; Patel, Raj/HJH-6287-2023

Arya, Roopen/0000-0001-5630-7990; Patel, Jignesh/

0000-0003-4197-8294; Bartoli- Abdou, John/0000-0002-9294-3174;

Auyeung, Vivian/0000-0002-6823-9064; Crawshaw, Jacob/

0000-0002-6302-1496

1879-2472

URL: <Go to ISI>://WOS:000425999400010

Reference Type: Journal Article

Record Number: 1848

Author: Bartoli-Abdou, J. K., Patel, J. P., Xie, R., Dzahini, O., Vadher, B., Brown, A., Roberts, L. N., Patel, R. K., Arya, R. and Auyeung, V.

Year: 2018

Title: Associations between illness beliefs, medication beliefs, anticoagulation-related quality of life, and INR control: Insights from the Switching Study

Journal: Research and Practice in Thrombosis and Haemostasis

Volume: 2

Issue: 3

Pages: 497-507

Date: Jul

Short Title: Associations between illness beliefs, medication beliefs, anticoagulation-related quality of life, and INR control:

Insights from the Switching Study

DOI: 10.1002/rth2.12116

Accession Number: WOS:000452488100010

Abstract: Background: Anticoagulation control with vitamin--K antagonists (VKAs) in patients with atrial fibrillation (AF) or venous thromboembolism (VTE) can be measured using time in therapeutic range (TTR), where TTR >65% is considered good and low TTR may be associated with low adherence. Methods: This cross--sectional observational study compared illness beliefs, treatment beliefs, and treatment satisfaction of patients with TTR >75% and TTR<50% using validated tools to determine their association with TTR. Adults requiring chronic VKA therapy were recruited from 2 hospital anticoagulation clinics in London, UK. Results: 311 patients with TTR >75% and 214 with TTR<50% were recruited. TTR >75% patients had been taking warfarin on average over 2 years longer than TTR <50% patients (P<.001). Statistically significant differences in beliefs were found in all subscales other than in treatment control, general harm, and general overuse. Cluster analysis determined there were 4 distinct clusters of beliefs among patients. Multivariate binary logistic regression found VTE patients were least likely to have poor TTR (OR = 0.49; 95% CI 0.29, 0.77). Patients in the "cautious of therapy and fearful of illness" cluster were most likely to have low TTR (OR = 4.75; 95% CI 2.75, 8.77). Conclusion: Illness perceptions, medication beliefs and treatment satisfaction were associated with INR control. VTE patients and those who were accepting of both illness and treatment were most likely to have optimal INR control.

Notes: Bartoli--Abdou, John K. Patel, Jignesh P. Xie, Rosa Dzahini, Olubanke Vadher, Bipin Brown, Alison Roberts, Lara N. Patel, Raj K. Arya, Roopen Auyeung, Vivian

Patel, Raj/HJH-6287-2023; Dzahini, Olubanke/HDM-6742-2022; Brown, Alison/IRZ-7107-2023; , RESEARCH AND PRACTICE/L-2661-2019

Dzahini, Olubanke/0000-0003-3878-2143; Auyeung, Vivian/0000-0002-6823-9064; Arya, Roopen/0000-0001-5630-7990; Patel, Jignesh/0000-0003-4197-8294; Bartoli-- Abdou, John/0000-0002-9294-3174

2475-0379

URL: <Go to ISI>://WOS:000452488100010

Reference Type: Journal Article

Record Number: 1146

Author: Barton, C. J., Pazzinatto, M. F., Crossley, K. M., Dundules, K., Lannin, N. A., Francis, M., Wallis, J. and Kemp, J. L.

Year: 2021

Title: Reported practices related to, and capability to provide, first-line knee osteoarthritis treatments: a survey of 1064

Australian physical therapists

Journal: Brazilian Journal of Physical Therapy

Volume: 25

Issue: 6

Pages: 854-863

Date: Nov-Dec

Short Title: Reported practices related to, and capability to

provide, first-line knee osteoarthritis treatments: a survey of 1064 Australian physical therapists

ISSN: 1413-3555

DOI: 10.1016/j.bjpt.2021.08.001

Accession Number: WOS:000737939800023

Abstract: Background: Physical therapists play a key role in providing first-line knee osteoarthritis treatments, including patient education and exercise therapy. Objectives: Describe Australian physical therapists' awareness of guidelines; reported practices; and beliefs about capability, opportunity, motivation, and evidence. Methods: An online cross-sectional survey was completed by physical therapists prior to attending the Good Living with osteoArthritis from Denmark (GLA:D (R)) Australia training courses (March 2017 to December 2019). The survey instrument was developed by an expert panel and was informed by the Theoretical Domains Framework. Results: 1064 physical therapists from all Australian states and territories participated. 11% (n = 121) could name an accepted guideline, 98% agreed it was their job to deliver patient education and exercise therapy, and 92% agreed this would optimise outcomes. Most reported providing strength exercise (99%), written exercise instructions (95%), treatment goal discussion (88%), and physical activity advice (83%) all or most of the time. Fewer provided aerobic exercise (66%), neuromuscular exercise (54%), and weight management discussion (56%) all or most of the time. Approximately one quarter (23-24%) believed they did not have the skills, knowledge, or confidence to provide education and exercise therapy recommended by guidelines, and just 48% agreed they had been trained to do so. Conclusion: Australian physical therapists treating knee osteoarthritis typically provide strength-based home exercise with written instructions, alongside goal setting and physical activity advice. Just one in nine could name a guideline. Education and training activities are needed to support physical therapists to access, read and implement guidelines, especially for aerobic and neuromuscular exercise, and weight management. (C) 2021 The Authors. Published by Elsevier Espana, S.L.U. on behalf of Associacao Brasileira de Pesquisa e Pos-Graduacao em Fisioterapia. Notes: Barton, Christian J. Pazzinatto, Marcella F. Crossley, Kay M. Dundules, Karen Lannin, Natasha A. Francis, Matt Wallis, Jason Kemp, Joanne L.

Crossley, Kay M/G-4436-2010; Barton, Christian J/0-1647-2015;

Pazzinatto, Marcella Ferraz/C-3740-2016

Barton, Christian J/0000-0002-3545-5094; Pazzinatto, Marcella

Ferraz/0000-0002-7363-6304; Dundules, Karen/0000-0002-6740-6756;

Lannin, Natasha/0000-0002-2066-8345

1809-9246

URL: <Go to ISI>://WOS:000737939800023

Reference Type: Journal Article

Record Number: 938

Author: Bartz, H. J.

Year: 2022

Title: Development of clinical risk management in German hospitals

Journal: Bundesgesundheitsblatt-Gesundheitsforschung-

Gesundheitsschutz

Volume: 65

Issue: 3

Pages: 293-301

Date: Mar

Short Title: Development of clinical risk management in German hospitals

ISSN: 1436-9990

DOI: 10.1007/s00103-022-03491-5

Accession Number: WOS:000752748000001

Abstract: Clinical risk management supports healthcare workers in recognizing, reducing, and managing risks in patient care. It is mandatory for all outpatient and inpatient facilities in the German healthcare system. The contents of the clinical risk management are regulated in the Social Code (Title 5), the guidelines of the Federal Joint Committee, the Patients' Rights Act, and the norms and recommendations of the Patient Safety Alliance. The Federal Joint Committee explicitly points out that minimum standards of risk management, error management, error reporting systems, complaint management in hospitals, and the use of checklists for surgical interventions must be implemented. The legislator requires that the effectiveness of the clinical risk management be checked regularly. Questionnaire surveys on clinical risk management in Germany show an overall positive development. However, the data are not sufficient for a comprehensive assessment. Methodologically reliable procedures should therefore be developed that check the status of the clinical risk management much more frequently and regularly. The data measuring structure, process, and outcome should be collected systematically and presented in a comparative manner in relation to the facilities. Opportunities for clinical risk management arise from the World Health Organization's Global Action Safety Plan, advances in digitization, the integration of clinical risk management into organizational risk management, and the improvement of structural quality. Clinical risk management must be given even more space in the daily routine of doctors and nurses. This requires competence and human resources in this area. These are not sufficiently available in German hospitals.

Notes: Bartz, Hans-Juergen

1437-1588

URL: <Go to ISI>://WOS:000752748000001

Reference Type: Journal Article

Record Number: 38

Author: Batcup, C., Breth-Petersen, M., Dakin, T., Barratt, A., McGain, F., Newell, B. R. and Pickles, K.

Year: 2023

Title: Behavioural change interventions encouraging clinicians to reduce carbon emissions in clinical activity: a systematic review

Journal: BMC Health Services Research

Volume: 23

Issue: 1

Date: Apr

Short Title: Behavioural change interventions encouraging clinicians

to reduce carbon emissions in clinical activity: a systematic review
DOI: 10.1186/s12913-023-09370-2

Article Number: 384

Accession Number: WOS:000982959200004

Abstract: Background Clinical activity accounts for 70–80% of the carbon footprint of healthcare. A critical component of reducing emissions is shifting clinical behaviour towards reducing, avoiding, or replacing carbon-intensive healthcare. The objective of this systematic review was to find, map and assess behaviour change interventions that have been implemented in healthcare settings to encourage clinicians to reduce greenhouse gas emissions from their clinical activity. **Methods** Studies eligible for inclusion were those reporting on a behaviour change intervention to reduce carbon emissions via changes in healthcare workplace behaviour. Six databases were searched in November 2021 (updated February 2022). A pre-determined template was used to extract data from the studies, and risk of bias was assessed. The behaviour change techniques (BCTs) used in the interventions were coded using the BCT Taxonomy. **Results** Six full-text studies were included in this review, and 14 conference abstracts. All studies used a before–after intervention design. The majority were UK studies (n = 15), followed by US (n = 3) and Australia (n = 2). Of the full-text studies, four focused on reducing the emissions associated with anaesthesia, and two aimed at reducing unnecessary test ordering. Of the conference abstracts, 13 focused on anaesthetic gas usage, and one on respiratory inhalers. The most common BCTs used were social support, salience of consequences, restructuring the physical environment, prompts and cues, feedback on outcome of behaviour, and information about environmental consequences. All studies reported success of their interventions in reducing carbon emissions, prescribing, ordering, and financial costs; however, only two studies reported the magnitude and significance of their intervention's success. All studies scored at least one item as unclear or at risk of bias. **Conclusion** Most interventions to date have targeted anaesthesia or pathology test ordering in hospital settings. Due to the diverse study outcomes and consequent inability to pool the results, this review is descriptive only, limiting our ability to conclude the effectiveness of interventions. Multiple BCTs were used in each study but these were not compared, evaluated, or used systematically. All studies lacked rigour in study design and measurement of outcomes. **Review registration** The study was registered on Prospero (ID number CRD42021272526) (Breth-Petersen et al., Prospero 2021: CRD42021272526).

Notes: Batcup, Carys Breth-Petersen, Matilde Dakin, Thomas Barratt, Alexandra McGain, Forbes Newell, Ben R. Pickles, Kristen
1472–6963

URL: <Go to ISI>://WOS:000982959200004

Reference Type: Journal Article

Record Number: 539

Author: Bateman, M., Saunders, B., Littlewood, C., Davis, D., Beckhelling, J., Cooper, K., Skeggs, A., Foster, N. E., Vicenzino, B. and Hill, J. C.

Year: 2022

Title: Comparing an optimised physiotherapy treatment package with usual physiotherapy care for people with tennis elbow – protocol for the OPTimisE pilot and feasibility randomised controlled trial

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Aug

Short Title: Comparing an optimised physiotherapy treatment package with usual physiotherapy care for people with tennis elbow – protocol for the OPTimisE pilot and feasibility randomised controlled trial

DOI: 10.1186/s40814-022-01132-x

Article Number: 178

Accession Number: WOS:000839636300001

Abstract: Background: Physiotherapy is recommended for people with tennis elbow, but whilst a wide array of treatments is available, the optimal approach remains uncertain. We have therefore recently developed an optimised physiotherapy treatment package for tennis elbow based on a synthesis of the evidence, patient input and clinical consensus. It consists of detailed advice and education, a structured progressive exercise programme and provision of a counter-force elbow brace. Here, we report the protocol for our multicentre pilot and feasibility randomised controlled trial (RCT) designed to (a) examine the feasibility of our optimised physiotherapy treatment package and (b) to pilot trial processes for a future fully powered RCT to test clinical and cost-effectiveness compared with usual physiotherapy treatment. Methods: A multicentre pilot and feasibility RCT will be conducted across three sites in England, recruiting up to 50 patients (or for a maximum of 12 months). Participants with tennis elbow, identified from physiotherapy clinic waiting lists and general practice surgeries, will be randomly allocated to receive the optimised physiotherapy treatment package or usual physiotherapy care. Analysis will focus on feasibility measures including consent rate, intervention fidelity, follow-up rate and outcome completion rate. A nested qualitative study will explore the acceptability of the study processes and patient and physiotherapist experiences of the new optimised intervention. Discussion: This study will determine the feasibility of a new optimised physiotherapy treatment package for people with tennis elbow and pilot the processes for a future fully powered RCT. In the longer term, this treatment package may provide superior clinical outcomes for patients, in terms of pain and quality of life, and be more cost-effective for the health service.

Notes: Bateman, M. Saunders, B. Littlewood, C. Davis, D.

Beckhelling, J. Cooper, K. Skeggs, A. Foster, N. E. Vicenzino, B. Hill, J. C.

Bateman, Marcus/0000-0002-3203-506X; Foster, Nadine/
0000-0003-4429-9756

2055-5784

URL: <Go to ISI>://WOS:000839636300001

Reference Type: Journal Article

Record Number: 373

Author: Bates, R. W., Bailey, C. and Topping, A. E.

Year: 2022

Title: 'Out of sync': a qualitative investigation of patients' experiences of atrial fibrillation and perceptions of weight management

Journal: Bmj Open

Volume: 12

Issue: 11

Date: Nov

Short Title: 'Out of sync': a qualitative investigation of patients' experiences of atrial fibrillation and perceptions of weight management

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-065995

Article Number: e065995

Accession Number: WOS:000884914500005

Abstract: Objectives To explore ways to enhance the design of risk factor management and weight-loss services for people with overweight/obesity and atrial fibrillation (AF). Background AF is the most common cardiac arrhythmia, with serious consequences for health and quality of life. Some evidence indicates weight reduction in people with AF and overweight/obesity may improve symptoms. This population may require additional support with weight management due to factors associated with ageing and health. Design Qualitative investigation based on semi-structured interviews. Methods 12 adult participants (4 female, 8 male) with diagnosed AF and a current or previous body mass index >27 kg/m² were recruited at a large tertiary cardiac referral centre in southern England between September 2020 and January 2021. Participants completed quality of life and AF symptom questionnaires using Think-Aloud technique and semi-structured interviews relating to their weight management experiences, needs and preferences. Interviews were audio recorded and analysed thematically using the Capability, Opportunity and Motivation-Behaviour model as a theoretical framework. Results Three main themes were identified. Being out of rhythm explores the psychological and physical impact of AF on weight management; doing the right thing discusses participants' weight management experiences and broaching the subject explores participants' perspectives on weight management conversations with clinicians. Conclusions There was dissatisfaction with the weight management advice received from healthcare professionals including cardiologists. Participants wanted open, non-judgemental discussion of cardiac health implications of overweight/obesity supported by referral to weight management services. Improved communication including research findings regarding the benefits of weight loss as a factor in AF management might increase motivation to adhere to weight-loss advice in this population.

Notes: Bates, Rachel Wendy Bailey, Cara Topping, A. E.

Topping, Annie/T-3013-2018

Topping, Annie/0000-0002-0111-2341

URL: <Go to ISI>://WOS:000884914500005

Reference Type: Journal Article

Record Number: 1505

Author: Baudoin, F., Hogeveen, H. and Wauters, E.

Year: 2021

Title: Reducing Antimicrobial Use and Dependence in Livestock Production Systems: A Social and Economic Sciences Perspective on an Interdisciplinary Approach

Journal: Frontiers in Veterinary Science

Volume: 8

Date: Mar

Short Title: Reducing Antimicrobial Use and Dependence in Livestock Production Systems: A Social and Economic Sciences Perspective on an Interdisciplinary Approach

DOI: 10.3389/fvets.2021.584593

Article Number: 584593

Accession Number: WOS:000635376000001

Abstract: Objective: In livestock production, antimicrobial resistance (AMR) is considered an externality as it is the undesired result of preventive and curative antimicrobial use. To address this biosocial issue, our objective is to present an approach based on interdisciplinary research to develop strategies and policies that aim to contain AMR. Method: To do so, we addressed three fundamental questions on which control policies and strategies for agricultural pollution problems are centered in the light of AMR. To ensure the technical, economic, behavioral and political feasibility of the developed measures, we demonstrated the usefulness of systemic approaches to define who, what and how to target by considering the complexity in which the ultimate decision-maker is embedded. We then define how voluntary or compulsory behavioral change can be achieved via five routes, introducing a clear taxonomy for AMR Interventions. Finally, we present three criteria for ex-ante analysis and ex-post evaluation of policies and strategies. Conclusion: Interdisciplinary systemic approaches enable the development of AMR policies and strategies that are technically, politically, economically and, last but not least, behaviorally feasible by allowing the identification of (a) all actors influencing AMU in livestock production, (b) power relations between these actors, (c) adequate regulatory and intervention bases, (d) what behavioral change strategy to use, (e) whom should implement this, as well as the cost-effective assessment of combinations of interventions. Unfortunately, AMR policies and strategies are often investigated within different disciplines and not in a holistic and systemic way, which is why we advocate for more interdisciplinary work and discuss opportunities for further research.

Notes: Baudoin, Fanny Hogeveen, Henk Wauters, Erwin

BAUDOIN, Fanny/0000-0003-2578-123X

2297-1769

URL: <Go to ISI>://WOS:000635376000001

Reference Type: Journal Article

Record Number: 1161

Author: Bauer, A., Best, S., Malley, J., Christiansen, H., Goodyear, M., Zechmeister-Koss, I. and Paul, J.

Year: 2021

Title: Towards a Program Theory for Family-Focused Practice in Adult Mental Health Care Settings: An International Interview Study With Program Leaders

Journal: Frontiers in Psychiatry

Volume: 12

Date: Oct

Short Title: Towards a Program Theory for Family-Focused Practice in Adult Mental Health Care Settings: An International Interview Study With Program Leaders

ISSN: 1664-0640

DOI: 10.3389/fpsyt.2021.741225

Article Number: 741225

Accession Number: WOS:000716103800001

Abstract: Objectives: In several high-income countries, family-focused practice programs have been introduced in adult mental health care settings to identify and support children whose parents live with mental health problems. Whilst their common goal is to reduce the impact of parental mental illness on children, the mechanisms by which they improve outcomes in different systems and settings are less well known. This kind of knowledge can importantly contribute to ensuring that practice programs achieve pre-defined impacts.

Methods: The aim of this study was to develop knowledge about relationships between contextual factors, mechanisms and impact that could inform a program theory for developing, implementing, and evaluating family-focused practice. Principles of a realist evaluation approach and complex system thinking were used to conceptualize the design of semi-structured in-depth interviews with individuals who led the implementation of programs. Seventeen individuals from eight countries participated in the study.

Results: Interviewees provided rich accounts of the components that programs should include, contextual factors in which they operated, as well as the behavior changes in practitioners that programs needed to achieve. Together with information from the literature, we developed an initial program theory, which illustrates the interconnectedness between changes that need to co-occur in practitioners, parents, and children, many of which related to a more open communication about parental mental health problems.

Stigma, risk-focused and fragmented health systems, and a lack of management commitment were the root causes explaining, for example, why conversations about parents' mental illness did not take place, or not in a way that they could help children. Enabling practitioners to focus on parents' strengths was assumed to trigger changes in knowledge, emotions and behaviors in parents that would subsequently benefit children, by reducing feelings of guilt and improving self-esteem.

Conclusion: To our knowledge, this is the first research, which synthesizes knowledge about how family-focused practice programs works in a way that it can inform the design, implementation, and evaluation of programs. Stakeholder, who fund, design, implement or evaluate programs should start co-developing and using program theories like the one presented in this paper to strengthen the design and delivery of family-focused practice.

Notes: Bauer, Annette Best, Stephanie Malley, Juliette Christiansen, Hanna Goodyear, Melinda Zechmeister-Koss, Ingrid Paul, Jean

Paul, Jean/AAY-8627-2021; Malley, Juliette N/B-5537-2014; Paul, Jean/GYR-3612-2022; Goodyear, Melinda/H-3281-2014
Paul, Jean/0000-0003-0891-7035; Malley, Juliette N/0000-0001-5759-1647; Best, Stephanie/0000-0002-1107-8976; Goodyear, Melinda/0000-0002-5928-0161
URL: <Go to ISI>://WOS:000716103800001

Reference Type: Journal Article

Record Number: 1934

Author: Bauld, L., Graham, H., Sinclair, L., Flemming, K., Naughton, F., Ford, A., McKell, J., McCaughan, D., Hopewell, S., Angus, K., Eadie, D. and Tappin, D.

Year: 2017

Title: Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study

Journal: Health Technology Assessment

Volume: 21

Issue: 36

Pages: 1-+

Date: Jun

Short Title: Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study

ISSN: 1366-5278

DOI: 10.3310/hta21360

Accession Number: WOS:000404293800001

Abstract: This monograph reports the findings of the 'Barriers to and facilitators of smoking cessation in pregnancy and following childbirth' study. The study was funded to conduct evidence syntheses and primary qualitative research to enhance understanding of how these barriers and facilitators are perceived and experienced from the perspectives of women, their partners, family and friends, and health-care professionals (HPs). Through this enhanced understanding, the study provides a platform to inform recommendations for current practice and provide pointers for the design of future interventions with promise for improving smoking cessation in pregnancy and in the postpartum period.

Notes: Bauld, Linda Graham, Hilary Sinclair, Lesley Flemming, Kate Naughton, Felix Ford, Allison McKell, Jennifer McCaughan, Dorothy Hopewell, Sarah Angus, Kathryn Eadie, Douglas Tappin, David Naughton, Felix/B-4177-2011

Naughton, Felix/0000-0001-9790-2796; Sinclair, Lesley/0000-0002-2210-8181; Hopewell, Sally/0000-0002-6881-6984
2046-4924

URL: <Go to ISI>://WOS:000404293800001

Reference Type: Journal Article

Record Number: 543

Author: Baumann, A. A., Hooley, C., Kryzer, E., Morshed, A. B., Gutner, C. A., Malone, S., Walsh-Bailey, C., Pilar, M., Sandler, B., Tabak, R. G. and Mazzucca, S.

Year: 2022

Title: A scoping review of frameworks in empirical studies and a review of dissemination frameworks

Journal: Implementation Science

Volume: 17

Issue: 1

Date: Aug

Short Title: A scoping review of frameworks in empirical studies and a review of dissemination frameworks

ISSN: 1748-5908

DOI: 10.1186/s13012-022-01225-4

Article Number: 53

Accession Number: WOS:000838078800001

Abstract: Background The field of dissemination and implementation (D&I) research has grown immensely in recent years. However, the field of dissemination research has not coalesced to the same degree as the field of implementation research. To advance the field of dissemination research, this review aimed to (1) identify the extent to which dissemination frameworks are used in dissemination empirical studies, (2) examine how scholars define dissemination, and (3) identify key constructs from dissemination frameworks.

Methods To achieve aims 1 and 2, we conducted a scoping review of dissemination studies published in D&I science journals. The search strategy included manuscripts published from 1985 to 2020. Articles were included if they were empirical quantitative or mixed methods studies about the dissemination of information to a professional audience. Studies were excluded if they were systematic reviews, commentaries or conceptual papers, scale-up or scale-out studies, qualitative or case studies, or descriptions of programs. To achieve aim 1, we compiled the frameworks identified in the empirical studies. To achieve aim 2, we compiled the definitions from dissemination from frameworks identified in aim 1 and from dissemination frameworks identified in a 2021 review (Tabak RG, Am J Prev Med 43:337-350, 2012). To achieve aim 3, we compile the constructs and their definitions from the frameworks. Findings Out of 6017 studies, 89 studies were included for full-text extraction. Of these, 45 (51%) used a framework to guide the study. Across the 45 studies, 34 distinct frameworks were identified, out of which 13 (38%) defined dissemination. There is a lack of consensus on the definition of dissemination. Altogether, we identified 48 constructs, divided into 4 categories: process, determinants, strategies, and outcomes. Constructs in the frameworks are not well defined. Implication for D&I research This study provides a critical step in the dissemination research literature by offering suggestions on how to define dissemination research and by cataloging and defining dissemination constructs. Strengthening these definitions and distinctions between D&I research could enhance scientific reproducibility and advance the field of dissemination research.

Notes: Baumann, Ana A. Hooley, Cole Kryzer, Emily Morshed, Alexandra B. Gutner, Cassidy A. Malone, Sara Walsh-Bailey, Callie Pilar, Meagan Sandler, Brittney Tabak, Rachel G. Mazzucca, Stephanie Pilar, Meagan/HNQ-0805-2023; Walsh-Bailey, Callie/ACW-5016-2022 Walsh-Bailey, Callie/0000-0002-1417-5130; Sandler, Brittney/

0000-0003-2089-6054; Baumann, Ana/0000-0002-4523-0147
URL: <Go to ISI>://WOS:000838078800001

Reference Type: Journal Article

Record Number: 1394

Author: Bauza, V., Sclar, G. D., Bisoyi, A., Majorin, F., Ghugey, A. and Clasen, T.

Year: 2021

Title: Water, Sanitation, and Hygiene Practices and Challenges during the COVID-19 Pandemic: A Cross-Sectional Study in Rural Odisha, India

Journal: American Journal of Tropical Medicine and Hygiene

Volume: 104

Issue: 6

Pages: 2264-2274

Date: Jun

Short Title: Water, Sanitation, and Hygiene Practices and Challenges during the COVID-19 Pandemic: A Cross-Sectional Study in Rural Odisha, India

ISSN: 0002-9637

DOI: 10.4269/ajtmh.21-0087

Accession Number: WOS:000657411500052

Abstract: Water, sanitation, and hygiene (WASH) practices emerged as a critical component to controlling and preventing the spread of the COVID-19 pandemic. We conducted 131 semistructured phone interviews with households in rural Odisha, India, to understand behavior changes made in WASH practices as a result of the pandemic and challenges that would prevent best practices. Interviews were conducted from May through July 2020 with 73 heads of household, 37 caregivers of children < 5 years old, and 21 members of village water and sanitation committees in villages with community-level piped water and high levels of latrine ownership. The majority of respondents (86%, N = 104) reported a change in their handwashing practice due to COVID-19, typically describing an increase in handwashing frequency, more thorough washing method, and/or use of soap. These improved handwashing practices remained in place a few months after the pandemic began and were often described as a new consistent practice after additional daily actions (such as returning home), suggesting new habit formation. Few participants (13%) reported barriers to handwashing. Some respondents also detailed improvements in other WASH behaviors, including village-level cleaning of water tanks and/or treatment of piped water (48% of villages), household water treatment and storage (17% of respondents), and household cleaning (41% of respondents). However, there was minimal change in latrine use and child feces management practices as a result of the pandemic. We provide detailed thematic summaries of qualitative responses to allow for richer insights into these WASH behavior changes during the pandemic. The results also highlight the importance of ensuring communities have adequate WASH infrastructure to enable the practice of safe behaviors and strengthen resilience during a large-scale health crisis.

Notes: Bauza, Valerie Sclar, Gloria D. Bisoyi, Alokanda Majorin, Fiona Ghugey, Apurva Clasen, Thomas

1476-1645

URL: <Go to ISI>://WOS:000657411500052

Reference Type: Journal Article

Record Number: 862

Author: Baxter, L., Burton, A. and Fancourt, D.

Year: 2022

Title: Community and cultural engagement for people with lived experience of mental health conditions: what are the barriers and enablers?

Journal: BMC Psychology

Volume: 10

Issue: 1

Date: Mar

Short Title: Community and cultural engagement for people with lived experience of mental health conditions: what are the barriers and enablers?

DOI: 10.1186/s40359-022-00775-y

Article Number: 71

Accession Number: WOS:000769949600002

Abstract: Background Community and cultural engagement can support recovery, help symptom management and increase social connections for people with lived experience of mental health conditions. However, research suggests that people with mental health conditions experience significant barriers to participation. The aim of this study was to explore barriers and enablers of participation in community and cultural activities among people with mental health conditions. Methods A qualitative interview study with 23 people with mild-to-moderate mental health conditions was undertaken. Data were analysed thematically, and themes were mapped to domains of the Capability, Opportunity and Motivation Model of Behaviour (COM-B). Results Eleven themes were identified from the analysis. Three themes involved participant Capability: physical skills, psychological traits and physical health limitations and three themes related to Opportunity: affordability and accessibility, structure and nature of the group, and support from others to attend. Five themes mapped to Motivation: creative identity, recovery and coping, enjoyment and fun, connecting with others, and information and planning. Participants were motivated to engage with community and cultural activities through "a creative identity", belief that engagement would help recovery from mental illness, and a desire to connect with others and make friends. Motivation to participate was sustained by the enjoyable nature of activities. However, participants' ability to engage was hampered by the expense, inaccessibility and sometimes unstructured nature of activities, and social anxiety associated with attending. Some participants had physical limitations such as fatigue or physical health problems to overcome. Interventions that could address these barriers include peer support, training for social prescribers to account for identity and previous experiences of participation, training for community organisations in providing a welcoming and structured environment, and provision of long-term sustainable funding to community organisations to subsidise attendance,

transport or equipment costs. Conclusion People with mental health conditions may be at risk of experiencing barriers to community and cultural engagement due to existing social inequalities and social anxiety, however believing that involvement will support mental health was an enabler to participation. Future studies are needed to test the effectiveness of potential interventions to address the barriers and harness the facilitators identified here, to enable a more socially inclusive community and voluntary sector, and a potentially more responsive and effective social prescribing service in the UK for people experiencing mental health problems.

Notes: Baxter, Louise Burton, Alexandra Fancourt, Daisy
2050-7283

URL: <Go to ISI>://WOS:000769949600002

Reference Type: Journal Article

Record Number: 448

Author: Baxter, R., Murray, J., Cockayne, S., Baird, K., Mandefield, L., Mills, T., Lawton, R., Hewitt, C., Richardson, G., Sheard, L., O'Hara, J. K. and Team, Pact Res

Year: 2022

Title: Improving the safety and experience of transitions from hospital to home: a cluster randomised controlled feasibility trial of the 'Your Care Needs You' intervention versus usual care

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Oct

Short Title: Improving the safety and experience of transitions from hospital to home: a cluster randomised controlled feasibility trial of the 'Your Care Needs You' intervention versus usual care

DOI: 10.1186/s40814-022-01180-3

Article Number: 222

Accession Number: WOS:000862564800002

Abstract: Background The 'Your Care Needs You' (YCNy) intervention aims to increase the safety and experience of transitions for older people through greater patient involvement during the hospital stay. Methods A cluster randomised controlled feasibility trial was conducted on NHS inpatient wards (clusters) where $\geq 40\%$ of patients were routinely ≥ 75 years. Wards were randomised to YCNy or usual care using an unequal allocation ratio (3:2). We aimed to recruit up to 20 patients per ward. Follow-up included routine data collection and questionnaires at 5-, 30-, and 90-days post-discharge. Eligible patients were ≥ 75 years, discharged home, stayed overnight on participating wards, and could read and understand English. The trial assessed the feasibility of delivering YCNy and the trial methodology through recruitment rates, outcome completion rates, and a qualitative evaluation. The accuracy of using routinely coded data for the primary outcome in the definitive trial was assessed by extracting discharge information for up to ten nonindividual consenting patients per ward. Results Ten wards were randomised (6 intervention, 4 control). One ward withdrew, and two wards were unable to deliver the intervention. Seven-hundred twenty-one patients were successfully screened, and 161 were recruited (95

intervention, 66 control). The patient post-discharge attrition rate was 17.4% (n = 28). Primary outcome data were gathered for 91.9% of participants with 75.2% and 59.0% providing secondary outcome data at 5 and 30 days post-discharge respectively. Item completion within questionnaires was generally high. Post-discharge follow-up was terminated early due to the COVID-19 pandemic affecting 90-day response rates (16.8%). Data from 88 nonindividual consenting patients identified an error rate of 15% when using routinely coded data for the primary outcome. No unexpected serious adverse events were identified. Most patients viewed YCNY favourably. Staff agreed with it in principle, but ward pressures and organisational contexts hampered implementation. There was a need to sustain engagement, provide clarity on roles and responsibilities, and account for fluctuations in patients' health, capacity, and preferences. Conclusions If implementation challenges can be overcome, YCNY represents a step towards involving older people as partners in their care to improve the safety and experience of their transitions from hospital to home.

Notes: Baxter, Ruth Murray, Jenni Cockayne, Sarah Baird, Kalpita Mandefield, Laura Mills, Thomas Lawton, Rebecca Hewitt, Catherine Richardson, Gerry Sheard, Laura O'Hara, Jane K.

Hewitt, Catherine Elizabeth/0000-0002-0415-3536; Mills, Thomas/0000-0003-2599-8930; Baxter, Ruth/0000-0002-7631-2786
2055-5784

URL: <Go to ISI>://WOS:000862564800002

Reference Type: Journal Article

Record Number: 883

Author: Bayes, R., Druckman, J. N. and Safarpour, A. C.

Year: 2022

Title: Studying Science Inequities: How to Use Surveys to Study Diverse Populations

Journal: Annals of the American Academy of Political and Social Science

Volume: 700

Issue: 1

Pages: 220-233

Date: Mar

Short Title: Studying Science Inequities: How to Use Surveys to Study Diverse Populations

ISSN: 0002-7162

DOI: 10.1177/00027162221093970

Accession Number: WOS:000791952600016

Abstract: Scholars have long documented unequal access to the benefits of science among different groups in the United States. Particular populations, such as low-income, non-white people, and Indigenous people, fare worse when it comes to health care, infectious diseases, climate change, and access to technology. These types of inequities can be partially addressed with targeted interventions aimed at facilitating access to scientific information. Doing so requires knowledge about what different groups think when it comes to relevant scientific topics. Yet data collection efforts for the study of most science-based issues do not

include enough respondents from these populations. We discuss this gap and offer an overview of pertinent sampling and administrative considerations in studying underserved populations. A sustained effort to study diverse populations, including through community partnerships, can help to address extant inequities.

Notes: Bayes, Robin Druckman, James N. Safarpour, Alauna C.

Safarpour, Alauna/0000-0001-5754-7929

1552-3349

Si

URL: <Go to ISI>://WOS:000791952600016

Reference Type: Journal Article

Record Number: 1327

Author: Beal, J., Farrent, S., Farndale, L. and Bell, L.

Year: 2021

Title: Reliability and Validity of a Carbohydrate-Counting Knowledge Questionnaire for Young Australians With Type 1 Diabetes

Journal: Journal of Nutrition Education and Behavior

Volume: 53

Issue: 7

Pages: 614-618

Date: Jul

Short Title: Reliability and Validity of a Carbohydrate-Counting Knowledge Questionnaire for Young Australians With Type 1 Diabetes

ISSN: 1499-4046

DOI: 10.1016/j.jneb.2021.01.003

Accession Number: WOS:000675508200010

Abstract: Objective: To test the reliability and validity of a carbohydrate-counting knowledge questionnaire in young Australians with type 1 diabetes mellitus (T1DM). Methods: Children or young adults (<20 years) with T1DM, or their parents, completed the 72-item Australian PedCarbQuiz (AusPCQ), adapted from the American PedCarbQuiz, and an expert assessment of carbohydrate-counting knowledge. Responses were scored and summed (0-72, higher scores = greater knowledge). Internal reliability was assessed using Cronbach alpha, and relative validity using Spearman correlations (with HbA1c) and Bland-Altman analysis (with the expert assessment).

Results: Australian PedCarbQuiz reliability (n = 44, mean score = 59.7 +/- 5.6) was acceptable (alpha = 0.83). There was a lack of agreement (mean bias = 10.7, P = 0.008) and significant proportional bias between AusPCQ scores and expert assessments (beta = -0.73 [95% confidence interval, -1.82 to -0.79]; P < 0.001). Conclusions and Implications: The AusPCQ was shown to be reliable but not valid in a small sample. Testing in a larger sample is warranted.

Notes: Beal, Jacqueline Farrent, Shelley Farndale, Lavinia Bell, Lucinda

1878-2620

URL: <Go to ISI>://WOS:000675508200010

Reference Type: Journal Article

Record Number: 1296

Author: Bear, H. A., Dalzell, K., Edbrooke-Childs, J. and Wolpert,

M.

Year: 2022

Title: Applying behaviour change theory to understand the barriers to implementing routine outcome monitoring

Journal: British Journal of Clinical Psychology

Volume: 61

Issue: 3

Pages: 557-578

Date: Sep

Short Title: Applying behaviour change theory to understand the barriers to implementing routine outcome monitoring

ISSN: 0144-6657

DOI: 10.1111/bjc.12322

Accession Number: WOS:000678156700001

Abstract: Background Routine outcome monitoring (ROM) is a valuable tool for monitoring client progress and pre-empting deterioration, however, there is considerable variation in how data are collected and recorded and uptake in clinical practice remains low. The aim of this study was to develop a self-report measure of practitioner attitudes to ROM in order to better understand the barriers to successful implementation in Child and Adolescent Mental Health Services (CAMHS). Methods An anonymous survey was completed by 184 CAMHS practitioners in the United Kingdom. The survey was designed using the Capability, Opportunity, and Motivation Model of Behaviour (COM-B). Practitioners who reported using ROM frequently in their clinical work (53%) were compared to those who used ROM infrequently (47%) across dimensions of the COM-B survey subscales. Results Confirmatory factor analysis confirmed the proposed four-factor structure, showing acceptable model fit, with high factor loadings and good reliability for all subscales. Frequent users of ROM exhibited significantly higher psychological capability, physical opportunity, social opportunity, and motivation, compared to infrequent users $F(4, 140) = 14.76, p < .0001$; Pillai's Trace = .297, partial $\eta^2 = .30$. Results highlight several barriers to ROM, including the belief that there is not a strong evidence base for ROM, not receiving external training, and not discussing feedback and outcome data in supervision. Implications In the hope of improving the successful implementation of ROM, this research provides an evidence-based tool for assessing practitioners' attitudes to ROM, which map on to intervention functions and represent targets for future implementation efforts. Practitioner Points The value of routine outcome monitoring (ROM) as a means to measure client progress and to elevate the efficiency and quality of mental health care is well-documented in the research literature, however, uptake in practice remains relatively low. This study applied behaviour change theory to develop a psychometrically sound self-report measure of practitioners' perspectives and practices to understand the barriers to implementation in child and adolescent mental health services in the United Kingdom. The complex and multifaceted nature of the barriers to implementation requires multilevel behaviour change strategies at the client, clinician, and organisational level. Recommendations for practice include the need for integrated, multilevel strategies aimed at improving practitioners' capabilities and motivations, strong organisational

leadership and a culture of data gathering and sharing, and implementation interventions, which are tailored to target local barriers.

Notes: Bear, Holly Alice Dalzell, Kate Edbrooke-Childs, Julian Wolpert, Miranda

Wolpert, Miranda/0000-0002-7463-4976; Bear, Holly Alice/0000-0002-6737-6120; Edbrooke-Childs, Julian/0000-0003-0401-4058 2044-8260

URL: <Go to ISI>://WOS:000678156700001

Reference Type: Journal Article

Record Number: 1280

Author: Beaton, L., Humphris, G., Rodriguez, A. and Freeman, R.

Year: 2021

Title: Implementing the Smile4life intervention for people experiencing homelessness: a path analytical evaluation

Journal: BMC Oral Health

Volume: 21

Issue: 1

Date: Aug

Short Title: Implementing the Smile4life intervention for people experiencing homelessness: a path analytical evaluation

ISSN: 1472-6831

DOI: 10.1186/s12903-021-01747-1

Article Number: 383

Accession Number: WOS:000684415200001

Abstract: Background People experiencing homelessness have high levels of dental decay, oral cancer and poor oral health-related quality of life. The Scottish Government sought to address these issues by developing a national oral health improvement programme for people experiencing homelessness, named Smile4life. The aim was to investigate implementation behaviours and the role of work-related beliefs upon the delivery of the Smile4life programme across NHS Board areas in Scotland. Methods Non-probability convenience sampling, supplemented by snowball sampling, was used to recruit practitioners working across the homelessness sector. The overall evaluation of the implementation of the Smile4life programme was theoretically informed by the Behaviour Change Wheel. The questionnaire was informed by the Theoretical Domains Framework and was divided into three sections, demography and Smile4life Awareness; Smile4life Activities; and Smile4life work-related beliefs. A psychometric assessment was used to develop Smile4life Awareness, Smile4life Activities, Ability to Deliver and Positive Beliefs and Outcomes subscales. The data were subjected to K-R20, exploratory factor analysis, Cronbach's alpha, t-tests, ANOVA, Pearson's correlation analysis and a multivariate path analysis. Results One hundred participants completed the questionnaire. The majority were female (79%) and worked in NHS Boards across Scotland (55%). Implementation behaviour, constructed from the Delivering Smile4life scale and the summated Smile4life activities variable, was predicted using a linear model a latent variable. The independent variables were two raw variables Positive Beliefs and Outcomes, and Ability to deliver Smile4life. Results

showed relatively good model fit (chi-square (1.96; $p > 0.15$), SRMR (< 0.08) and R² (0.62) values). Positive and highly significant loadings were found describing the Implementation Behaviour latent variable (0.87 and 0.56). The two independent variables were associated ($p < 0.05$) with Implementation Behaviour. Conclusions Work-related factors, such as positive beliefs and outcomes and ability to deliver are required for implementation behaviours associated with the delivery of the Smile4life programme. Future work should include training centred on the specific needs of those involved in the homelessness sector and the development of accessible training resources, thereby promoting implementation behaviours to assist the progression and sustainability of the Smile4life programme.

Notes: Beaton, Laura Humphris, Gerry Rodriguez, Andrea Freeman, Ruth Humphris, Gerry/AAX-8013-2020; rodriguez, andrea/GRO-4054-2022 Humphris, Gerry/0000-0002-4601-8834; Rodriguez, Andrea/0000-0002-5304-3106; Freeman, Ruth/0000-0002-8733-1253; Beaton, Laura/0000-0002-0417-5989

URL: <Go to ISI>://WOS:000684415200001

Reference Type: Journal Article

Record Number: 879

Author: Beck, B., Thorpe, A., Timperio, A., Giles-Corti, B., William, C., de Leeuw, E., Christian, H., Corben, K., Stevenson, M., Backhouse, M., Ivers, R., Hayek, R., Raven, R., Bolton, S., Ameratunga, S., Shilton, T. and Zapata-Diomed, B.

Year: 2022

Title: Active transport research priorities for Australia

Journal: Journal of Transport & Health

Volume: 24

Date: Mar

Short Title: Active transport research priorities for Australia

ISSN: 2214-1405

DOI: 10.1016/j.jth.2021.101288

Article Number: 101288

Accession Number: WOS:000911801400003

Abstract: Background: To advance active transport, robust policy-relevant evidence is needed to understand how to change behaviour and to support decision-making by policy makers and practitioners. Currently, however, priority research questions that are most critical for advancing active transport have not been identified. To this end, we aimed to inform an active transport research priority agenda for Australia to guide research, funding, policy making and practice to enhance active transport. Methods: We designed and conducted a novel priority setting exercise to identify and set research priorities for the advancement of active transport in Australia. The process consisted of three phases: 1) generation and collection of research questions from a diverse reference group consisting of experts and key members representing academia, government, private and not-for-profit organisations (n = 259 respondents); 2) thematic analysis and consolidation of research questions to a final list of 50 questions; and 3) prioritisation of research questions by the reference group (n = 140 respondents). Results: The top ranked questions included the evidence to support

policy changes to increase active transport, identifying and overcoming community resistance to active transport infrastructure, road space re-allocation and lower urban speed limits, evidence on the needs of children, enhanced governance and funding, and improving how the benefits of active transport are best measured and communicated. Conclusions: To our knowledge, this is the first priority setting exercise in active transport globally. The identified research priorities can be used to identify new policy-relevant areas of research, contribute to the active transport research agenda in Australia and guide research funding. Focusing on these research priorities will address stakeholder and academic priorities and provide the evidence required to support the advancement of active transport in Australia. Future research could use the same approach to identify research priorities in other countries.

Notes: Beck, Ben Thorpe, Amelia Timperio, Anna Giles-Corti, Billie William, Carmel de Leeuw, Evelyne Christian, Hayley Corben, Kirstan Stevenson, Mark Backhouse, Melissa Ivers, Rebecca Hayek, Rema Raven, Rob Bolton, Sam Ameratunga, Shanthi Shilton, Trevor Zapata-Diomed, Belen

Christian, Hayley/AAU-6163-2020; Zapata-Diomed, Belen/HJI-4801-2023; Williams, Carmel/HRB-3313-2023; Raven, Rob/C-3048-2017

Christian, Hayley/0000-0001-8486-5746; Zapata-Diomed, Belen/0000-0002-9238-0375; Williams, Carmel/0000-0003-2765-3020; Beck, Ben/0000-0003-3262-5956; Thorpe, Amelia/0000-0002-0474-6286; Raven, Rob/0000-0002-6330-0831; Stevenson, Mark/0000-0003-3166-5876

URL: <Go to ISI>://WOS:000911801400003

Reference Type: Journal Article

Record Number: 2202

Author: Beck, F. E., Gillison, F. B., Koseva, M. D., Standage, M., Brodrick, J. L., Graham, C. and Young, H.

Year: 2016

Title: The systematic identification of content and delivery style of an exercise intervention

Journal: Psychology & Health

Volume: 31

Issue: 5

Pages: 605-621

Short Title: The systematic identification of content and delivery style of an exercise intervention

ISSN: 0887-0446

DOI: 10.1080/08870446.2015.1132718

Accession Number: WOS:000379690200008

Abstract: Objective: This study explored the utility of using behaviour change taxonomies and checklists to systematically assess the content and delivery of behavioural support for physical activity delivered through an established exercise-referral scheme. Design: An observation study was conducted whereby 22% of initial consultations were observed and audio-recorded, using quota sampling stratified by exercise-referral advisor. Main outcome measures: Content was independently coded by two researchers, to assess; (i)

completeness in delivering the programme protocol, (ii) behaviour change techniques delivered (defined using the CALO-RE taxonomy) and (iii) delivery style according to the Behaviour Change Counselling Index (BECCI). Results: Protocol completeness was 63.6% (range 35.6-74.6%). The behaviour change techniques delivered most consistently were 'providing information about where and when to perform the behavior' (86%) and 'setting outcome goals' (82%). Other evidence-based techniques such as selfmonitoring were infrequently observed. Variation in BECCI scores indicated that advisors could, but did not consistently, provide a client-centred service. Conclusion: This study highlights how theoretically informed taxonomies can be useful in evaluating service delivery within applied practice, providing a meaningful way of assessing the completeness of protocol delivery relative to evidence. The provision of feedback to practitioners based on such objective criteria also facilitated positive academic-practitioner communication.

Notes: Beck, Fay E. Gillison, Fiona B. Koseva, Miroslava D. Standage, Martyn Brodrick, Jessica L. Graham, Claire Young, Hollie Standage, Martyn/0-5545-2015
Standage, Martyn/0000-0002-9683-8590; Gillison, Fiona/
0000-0002-6461-7638
1476-8321
URL: <Go to ISI>://WOS:000379690200008

Reference Type: Journal Article

Record Number: 1978

Author: Beckley, F., Best, W. and Beeke, S.

Year: 2017

Title: Delivering communication strategy training for people with aphasia: what is current clinical practice?

Journal: International Journal of Language & Communication Disorders

Volume: 52

Issue: 2

Pages: 197-213

Date: Mar-Apr

Short Title: Delivering communication strategy training for people with aphasia: what is current clinical practice?

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12265

Accession Number: WOS:000398060600007

Abstract: Background: Communication strategy training (CST) is a recognized part of UK speech and language therapists' (SLTs) role when working with a person with aphasia. Multiple CST interventions have been published but, to date, there are no published studies exploring clinical practice in this area. Aims: To investigate UK SLTs' current CST practices. Methods & Procedures: Thirty-seven UK SLTs completed an online questionnaire, eight of whom attended a follow-up focus group. A clinical consistency scale was applied to the questionnaire data and tasks that were most consistently used were explored in the focus group and analyzed using a primarily deductive thematic data analysis approach. Outcomes & Results: Three key CST findings arose: (1) the rarity with which SLTs focus

equally and explicitly on both communication partners' strategies; (2) SLTs' differing understandings of CST terminologies and concepts and underuse of formal assessment; and (3) the absence of video feedback. Conclusion & Implications: This study's survey findings suggest that conversation partners not only receive half the amount of CST given to people with aphasia but also play a more passive learning role when they are present. This is an interesting point to consider when the current evidence base contains stronger evidence for the effectiveness of conversation partner CST over other CST approaches, it being described as an effective method that may be maintained over time.

Notes: Beckley, Firlle Best, Wendy Beeke, Suzanne

Best, Wendy/0000-0001-8375-5916

1460-6984

URL: <Go to ISI>://WOS:000398060600007

Reference Type: Journal Article

Record Number: 787

Author: Beckmann, S., Kuenzler-Heule, P., Kabut, K. and Mauthner, O.

Year: 2022

Title: The Main Thing is to be Alive-Exploring Patients' Experiences With Weight Gain After Liver Transplantation: A Qualitative Study

Journal: Transplant International

Volume: 35

Date: Apr

Short Title: The Main Thing is to be Alive-Exploring Patients' Experiences With Weight Gain After Liver Transplantation: A Qualitative Study

ISSN: 0934-0874

DOI: 10.3389/ti.2022.10256

Article Number: 10256

Accession Number: WOS:000822648900001

Abstract: Weight gain after liver transplantation (LTx) contributes to new-onset obesity. We explored patients' experiences with gaining weight after LTx. Individual interviews were guided by open-ended questions. We analyzed transcripts with the reflexive thematic analysis approach by Braun and Clarke. The 12 participants gained 11.5 kg weight (median) over a median of 23 months after LTx. The constitutive theme "The main thing is to be alive" was a recurrent insight, captured in three facets: "The arduous path back to living" was the emotional expression of the ups and downs during a life-threatening illness to finally being grateful for the new life. "A pleasurable new phase of life" was the legitimation, reflecting the appreciation of gaining weight and returning to a healthy appearance. "I am allowed to look like this now" was the consoling facet after a time of burden due to the increased weight and frustration of being unsuccessful in losing weight. Finally, the awareness of being a LTx survivor outplayed the burden of the excess weight. Early interventions are crucial because the comforting insight "I am allowed to look like this now" may hinder further engagement in weight loss activities. Our recommendations on education and self-management support may guide clinical practice.

Notes: Beckmann, Sonja Kuenzler-Heule, Patrizia Kabut, Kajetan

Mauthner, Oliver
1432-2277
URL: <Go to ISI>://WOS:000822648900001

Reference Type: Journal Article
Record Number: 2431
Author: Beeke, S., Johnson, F., Beckley, F., Heilemann, C., Edwards, S., Maxim, J. and Best, W.
Year: 2014
Title: Enabling Better Conversations Between a Man With Aphasia and His Conversation Partner: Incorporating Writing Into Turn Taking
Journal: Research on Language and Social Interaction
Volume: 47
Issue: 3
Pages: 292-305
Short Title: Enabling Better Conversations Between a Man With Aphasia and His Conversation Partner: Incorporating Writing Into Turn Taking
ISSN: 0835-1813
DOI: 10.1080/08351813.2014.925667
Accession Number: WOS:000340398400007
Abstract: This article reports an intervention in the conversations between a man with chronic aphasia, Barry, and his wife, Louise (both names are pseudonyms). Preintervention analysis revealed the potential of writing as a resource for turn construction. Intervention consisted of enabling Barry to use writing to produce more complete turns at talk, thereby increasing the likelihood of mutual understanding, and encouraging Louise to modify her responses to Barry's turns and thus enhance his interactional potential. Quantitative analysis revealed that Barry significantly increased his use of writing after intervention, but there was no change in other trained strategies. Louise eradicated correct production sequences (designed to elicit the correct production of a word despite her knowing the target) but did not implement trained strategies. In conclusion, individually tailored input underpinned by Conversation Analysis principles can alter the conversational behavior of a person with aphasia. It appears easier for a conversation partner to reduce unhelpful behaviors than to adopt facilitatory strategies. Data are in British English.
Notes: Beeke, Suzanne Johnson, Fiona Beckley, Firlle Heilemann, Claudia Edwards, Susan Maxim, Jane Best, Wendy Best, Wendy/0000-0001-8375-5916
1532-7973
Si
URL: <Go to ISI>://WOS:000340398400007

Reference Type: Journal Article
Record Number: 2000
Author: Beeken, R. J., Leurent, B., Vickerstaff, V., Wilson, R., Croker, H., Morris, S., Omar, R. Z., Nazareth, I. and Wardle, J.
Year: 2017
Title: A brief intervention for weight control based on habit-

formation theory delivered through primary care: results from a randomised controlled trial

Journal: International Journal of Obesity

Volume: 41

Issue: 2

Pages: 246-254

Date: Feb

Short Title: A brief intervention for weight control based on habit-formation theory delivered through primary care: results from a randomised controlled trial

ISSN: 0307-0565

DOI: 10.1038/ijo.2016.206

Accession Number: WOS:000394143700007

Abstract: BACKGROUND: Primary care is the 'first port of call' for weight control advice, creating a need for simple, effective interventions that can be delivered without specialist skills. Ten Top Tips (10TT) is a leaflet based on habit-formation theory that could fill this gap. The aim of the current study was to test the hypothesis that 10TT can achieve significantly greater weight loss over 3 months than 'usual care'. METHODS: A two-arm, individually randomised, controlled trial in primary care. Adults with obesity were identified from 14 primary care providers across England. Patients were randomised to either 10TT or 'usual care' and followed up at 3, 6, 12, 18 and 24 months. The primary outcome was weight loss at 3 months, assessed by a health professional blinded to group allocation. Difference between arms was assessed using a mixed-effect linear model taking into account the health professionals delivering 10TT, and adjusted for baseline weight. Secondary outcomes included body mass index, waist circumference, the number achieving a 5% weight reduction, clinical markers for potential comorbidities, weight loss over 24 months and basic costs. RESULTS: Five-hundred and thirty-seven participants were randomised to 10TT (n = 267) or to 'usual care' (n = 270). Data were available for 389 (72%) participants at 3 months and for 312 (58%) at 24 months. Participants receiving 10TT lost significantly more weight over 3 months than those receiving usual care (mean difference = -0.87kg; 95% confidence interval: -1.47 to -0.27; P = 0.004). At 24 months, the 10TT group had maintained their weight loss, but the 'usual care' group had lost a similar amount. The basic cost of 10TT was low, that is, around sic23 (\$32) per participant. CONCLUSIONS: The 10TT leaflet delivered through primary care is effective in the short-term and a low-cost option over the longer term. It is the first habit-based intervention to be used in a health service setting and offers a low-intensity alternative to 'usual care'.

Notes: Beeken, R. J. Leurent, B. Vickerstaff, V. Wilson, R. Croker, H. Morris, S. Omar, R. Z. Nazareth, I. Wardle, J.

Beeken, Rebecca/HPG-2516-2023; Croker, Helen/M-9591-2019

Beeken, Rebecca/0000-0001-8287-9351; Croker, Helen/

0000-0002-7247-6599; Nazareth, Irwin/0000-0003-2146-9628; Omar,

Rumana/0000-0003-1483-1932; Leurent, Baptiste/0000-0001-6420-6567;

Morris, Stephen/0000-0002-5828-3563; Vickerstaff, Victoria/

0000-0002-3119-670X

1476-5497

URL: <Go to ISI>://WOS:000394143700007

Reference Type: Journal Article

Record Number: 1018

Author: Beja, H., Daisy, N., Edek, M. T., Kobusinge, V., Akaki, O., Owachgiu, I. O. and Udho, S.

Year: 2022

Title: Barriers and Facilitators to Successful Intensive Adherence Counseling in Rural Northern Uganda: An Exploratory Interview with HIV-Positive Clients Using the COM-B Framework

Journal: Hiv Aids-Research and Palliative Care

Volume: 14

Pages: 553-563

Short Title: Barriers and Facilitators to Successful Intensive Adherence Counseling in Rural Northern Uganda: An Exploratory Interview with HIV-Positive Clients Using the COM-B Framework

ISSN: 1179-1373

DOI: 10.2147/hiv.S393093

Accession Number: WOS:000890443200001

Abstract: Purpose: Intensive adherence counseling (IAC) was introduced as a strategy to enhance adherence to antiretroviral therapy (ART) among HIV clients with non-suppressed viral loads. There has been sub-optimal viral load suppression among HIV clients in Uganda enrolled in IAC. However, there is a scarcity of literature on the barriers and facilitators of successful IAC. We aim to explore the barriers and facilitators to successful IAC among HIV-positive clients seeking care in public health facilities in rural northern Uganda. Patients and Methods: This was an exploratory qualitative study conducted among 15 purposively sampled HIV-positive clients enrolled in IAC in public health facilities offering ART services in northern Uganda. We conducted in-depth interviews using semi-structured interview guides based on the capability, opportunity, motivation, and behavior (COM-B) framework for behaviour change. Data were analyzed using the deductive thematic approach of Braun and Clarke following the COM-B framework. Results: The majority of the participants were females (60%), married (53%), and attained primary education (47%). Barriers to successful IAC were Capability - alcoholism and promiscuity, Opportunity - stigma and discrimination, delayed viral load result, shortage of food, and heavy workload; and Motivation - deteriorating health and lack of incentives. Facilitators to successful IAC were Capability - good knowledge of ART, good memory, and reminder alerts; Opportunity - availability of ART, social support, availability of ART, prolonged ART refill, and good counseling; and Motivation - desire to live longer and healthy and the desire to fulfill dreams and goals. Conclusion: Successful implementation of IAC needs to consider the context of the person in care thus the need to strengthen individualized IAC sessions. HIV care providers can adopt the COM-B framework to perform individualized IACs and use the information to strengthen the counseling sessions.

Notes: Beja, Humphrey Daisy, Nakayiwa Edek, Micheal Tonny Kobusinge, Veronic Akaki, Oscar Owachgiu, Innocent Ocitti Udho, Samson

Beja, Humphrey/AIA-0035-2022

Beja, Humphrey/0000-0002-0616-540X; Udho, Samson/0000-0001-6723-5048

URL: <Go to ISI>://WOS:000890443200001

Reference Type: Journal Article

Record Number: 297

Author: Belanger-Gravel, A., Paquette, M. C., Espin-Espinoza, A., Janezic, I., Desroches, S. and De Wals, P.

Year: 2022

Title: The influence of social norms in the context of reducing sugar-sweetened beverages consumption

Journal: Public Health

Volume: 213

Pages: 28-33

Date: Dec

Short Title: The influence of social norms in the context of reducing sugar-sweetened beverages consumption

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2022.09.016

Accession Number: WOS:000917956600001

Abstract: Objectives: This study aimed to examine the factors associated with low sugar-sweetened beverage (SSB) consumption and intention to avoid these products as well as investigate the role of different types of social norms in the adoption of this behaviour. Study design: This study reports the results of a secondary data analysis from a cross-sectional telephone survey. Methods: A total of 1000 adults were randomly recruited in the province of Quebec, Canada, using a random-digit dialling procedure. Eligibility criteria were to be aged between 18 and 64 years; able to answer a questionnaire in French or English; and to reside in the province of Quebec. SSB consumption, social norms and variables from the theory of planned behaviour were assessed by means of a questionnaire. Logistic regression analyses were conducted to examine factors associated with behaviour and intention. Results: Consuming <1 SSB per day was significantly associated with intention, perceived behavioural control, and risk perception about tooth decay. Descriptive (perceived prevalence in the close surroundings of one person) and perceived societal norms (perceived broad societal approval/disapproval of the behaviour) were associated with behaviour. All theory of planned behaviour variables (including injunctive norm) and risk perception pertaining to chronic diseases predicted intention to avoid the consumption of >1 SSB per day. Sex, age, income, and risk perception pertaining to chronic diseases were associated with perceived societal disapproval of SSB consumption. Conclusions: This study confirms the importance of social norms in the prediction of SSB consumption but also highlights the need to address motivation and capacities in public health interventions to reduce SSB consumption. (c) 2022 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Notes: Belanger-Gravel, A. Paquette, M. -C. Espin-Espinoza, A. Janezic, I. Desroches, S. De Wals, P.

, Marie-Claude/0000-0002-1074-1051; Desroches, Sophie/

0000-0003-0797-605X

1476-5616

URL: <Go to ISI>://WOS:000917956600001

Reference Type: Journal Article

Record Number: 2242

Author: Bellet, C., Woodnutt, J., Green, L. E. and Kaler, J.

Year: 2015

Title: Preventative services offered by veterinarians on sheep farms in England and Wales: Opinions and drivers for proactive flock health planning

Journal: Preventive Veterinary Medicine

Volume: 122

Issue: 4

Pages: 381-388

Date: Dec

Short Title: Preventative services offered by veterinarians on sheep farms in England and Wales: Opinions and drivers for proactive flock health planning

ISSN: 0167-5877

DOI: 10.1016/j.prevetmed.2015.07.008

Accession Number: WOS:000366779300002

Abstract: Recent independent UK government reports and studies have highlighted the importance, but lack, of flock health services provided by veterinarians. Qualitative interviews were analysed by thematic analysis to construct belief statements to understand veterinarians' opinions on preventative advice and drivers for current services to sheep farmers. A postal questionnaire was sent to 515 sheep practices registered with the Royal College of Veterinary Surgeon (RCVS) in England and Wales in 2012 to gather quantitative data on these belief statements and to gather demographic information and current services provided by the veterinarian. Exploratory factor analysis with heuristic approaches was conducted on the respondents' belief statements to identify common factors of veterinarian beliefs. Three main factors were identified: motivation for proactiveness, perceived capability to offer preventative services and perceived opportunity to deliver these services. A beta regression model was built to identify the factors significantly associated with the time veterinarians spent in an advisory role. The relative proportion of time increased by 10% (1.01-1.19), 16% (1.03-1.30) and 29% (CI: 1.09-1.53) for each unit increase in score for factor 1 motivation, factor 2 capability and factor 3 opportunity respectively, indicating that these latent factors explained time veterinarians spent in an advisory role with sheep clients. There was a significant correlation between these factors suggesting influence of the associated beliefs between factors. This study provides insight into the nature and drivers of veterinarians' current behaviour and beliefs. These results could be further tested in behaviour intervention studies and help in designing efficient strategies aiming at promoting proactive health services offered by veterinarians on sheep farms in England and Wales. (C) 2015 Elsevier B.V. All rights reserved.

Notes: Bellet, Camille Woodnutt, Joanna Green, Laura E. Kaler, Jasmeet

2015 Annual Meeting of the Society for Veterinary Epi-demiology and Preventive Medicine (SVEPM)

Mar 25–27, 2015
Ghent, BELGIUM
Green, Laura/G-8345-2011; Kaler, Jasmeet/G-5569-2011
Green, Laura/0000-0003-2957-8773; Kaler, Jasmeet/0000-0002-3332-7064
1873-1716
Si
URL: <Go to ISI>://WOS:000366779300002

Reference Type: Conference Proceedings
Record Number: 2483
Author: Belojevic, G.
Year of Conference: 2011
Title: Internet Based Health Communication: Analysis of Messages on the Websites of Serbian Public Health Institutes
Conference Name: NATO Advanced Research Workshop on Internet-Based Intelligence for Public Health Emergencies and Disease Outbreak – Technical, Medical and Regulatory Issues
Conference Location: Haifa, ISRAEL
Pages: 97-102
Date: Mar 13-15
Sponsor: Nato
Short Title: Internet Based Health Communication: Analysis of Messages on the Websites of Serbian Public Health Institutes
ISBN: 978-1-61499-175-5; 978-1-61499-174-8
DOI: 10.3233/978-1-61499-175-5-97
Source: Internet-based intelligence in public health emergencies: Early detection and response in disease outbreak crises
Year Published:2013
Accession Number: WOS:000324927900008
Abstract: The Chapter examines latest messages on 2011 influenza epidemics in Serbia that were found on 10 February 2011 on the websites of 24 Serbian Public Health Institutes. It adopts four of the STARCC criteria of the Center for Disease Control and Prevention: simplicity, timeliness, relevance and consistency. The variables used for the comparison of messages on influenza epidemics are: word count, the percentage of less known foreign words, last update and the percentage of words on preventive measures. Near half of the analyzed websites (11) had no information on influenza in previous 12 months. High variation coefficients of the investigated variables indicate a low consistency in internet based health communication within the network of Serbian public health institutions. Centralization and coordination in internet public health informing in Serbia is needed, as an effective preparatory measure for pandemics.
Notes: Belojevic, Goran
URL: <Go to ISI>://WOS:000324927900008

Reference Type: Journal Article
Record Number: 1165
Author: Benajiba, N., Dodge, E., Khaled, M. B., Chavarria, E. A., Sammartino, C. J. and Aboul-Enein, B. H.
Year: 2022

Title: Technology-based nutrition interventions using the Mediterranean diet: a systematic review
Journal: Nutrition Reviews
Volume: 80
Issue: 6
Pages: 1419-1433
Date: May
Short Title: Technology-based nutrition interventions using the Mediterranean diet: a systematic review
ISSN: 0029-6643
DOI: 10.1093/nutrit/nuab076
Accession Number: WOS:000763971900001
Abstract: Context Over the past 2 decades, overweight and obesity rates have increased exponentially, along with related comorbidities including type 2 diabetes, hypertension, cardiovascular disease, and some cancers. The Mediterranean Diet (MDiet) has been suggested as a potential way to mitigate the health burdens related to overweight and obesity. Objective For this review, the literature on MDiet-focused digital interventions was examined to determine efficacy, best practices, and potential limitations. Data Sources The search was conducted across 15 databases for relevant publications published through April 2020 in English, French, Spanish, Arabic, or Italian. Data Extraction Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were followed using a combination of keywords and phrases and evaluated independently for relevance, merit, and inclusion and exclusion criteria. Data Analysis The systematic literature review resulted in 15 articles that met the search criteria. Ten interventions were delivered online, and 5 were delivered via smartphone using an app. The majority of online MDiet-focused interventions were effective, particularly when modeled after evidence-based and best-practice online nutrition education interventions. Such interventions also are effective for promoting positive health behaviors and health outcomes, such as increased physical activity, increased levels of high-density lipoprotein cholesterol, and a lower total high-density lipoprotein cholesterol ratio. Conclusion Technology-based interventions to educate and promote adherence to the MDiet are successful in helping individuals achieve the stated outcomes. More research is needed to determine the efficacy of MDiet interventions delivered via smartphone apps.
Notes: Benajiba, Nada Dodge, Elizabeth Khaled, Meghit Boumediene Chavarria, Enmanuel A. Sammartino, Cara J. Aboul-Enein, Basil H. Khaled, Meghit Boumediene/C-4834-2014
Khaled, Meghit Boumediene/0000-0001-5281-2498; Aboul-Enein, Basil/0000-0002-4957-2136
1753-4887
URL: <Go to ISI>://WOS:000763971900001

Reference Type: Journal Article

Record Number: 628

Author: Bennett, P. N., Kohzuki, M., Bohm, C., Roshanravan, B., Bakker, S. J. L., Viana, J. L., MacRae, J. M., Wilkinson, T. J., Wilund, K. R., Van Craenenbroeck, A. H., Sakkas, G. K., Mustata, S.,

Fowler, K., McDonald, J., Alemany, G. M., Anding, K., Avin, K. G., Escobar, G. L., Gabrys, I., Goth, J., Isnard, M., Jhamb, M., Kim, J. C., Li, J. W., Lightfoot, C. J., McAdams-DeMarco, M., Manfredini, F., Meade, A., Molsted, S., Parker, K., Seguri-Orti, E., Smith, A. C., Verdin, N., Zheng, J., Zimmerman, D., Thompson, S. and Global Renal Exercise Network, Grex

Year: 2022

Title: Global Policy Barriers and Enablers to Exercise and Physical Activity in Kidney Care

Journal: Journal of Renal Nutrition

Volume: 32

Issue: 4

Pages: 441-449

Date: Jul

Short Title: Global Policy Barriers and Enablers to Exercise and Physical Activity in Kidney Care

ISSN: 1051-2276

DOI: 10.1053/j.jrn.2021.06.007

Accession Number: WOS:000843310900012

Abstract: Objective: Impairment in physical function and physical performance leads to decreased independence and health-related quality of life in people living with chronic kidney disease and end-stage kidney disease. Physical activity and exercise in kidney care are not priorities in policy development. We aimed to identify global policy-related enablers, barriers, and strategies to increase exercise participation and physical activity behavior for people living with kidney disease. Design and Methods: Guided by the Behavior Change Wheel theoretical framework, 50 global renal exercise experts developed policy barriers and enablers to exercise program implementation and physical activity promotion in kidney care. The consensus process consisted of developing themes from renal experts from North America, South America, Continental Europe, United Kingdom, Asia, and Oceania. Strategies to address enablers and barriers were identified by the group, and consensus was achieved. Results: We found that policies addressing funding, service provision, legislation, regulations, guidelines, the environment, communication, and marketing are required to support people with kidney disease to be physically active, participate in exercise, and improve health-related quality of life. We provide a global perspective and highlight Japanese, Canadian, and other regional examples where policies have been developed to increase renal physical activity and rehabilitation. We present recommendations targeting multiple stakeholders including nephrologists, nurses, allied health clinicians, organizations providing renal care and education, and renal program funders. Conclusions: We strongly recommend the nephrology community and people living with kidney disease take action to change policy now, rather than idly waiting for indisputable clinical trial evidence that increasing physical activity, strength, fitness, and function improves the lives of people living with kidney disease. (C) 2021 by the National Kidney Foundation, Inc. All rights reserved.

Notes: Bennett, Paul N. Kohzuki, Masahiro Bohm, Clara Roshanravan, Baback Bakker, Stephan J. L. Viana, Joao L. MacRae, Jennifer M. Wilkinson, Thomas J. Wilund, Kenneth R. Van Craenenbroeck, Amaryllis

H. Sakkas, Giorgos K. Mustata, Stefan Fowler, Kevin McDonald, Jamie Aleamany, Geovana Martin Anding, Kirsten Avin, Keith G. Escobar, Gabriela Leal Gabrys, Iwona Goth, Jill Isnard, Myriam Jhamb, Manisha Kim, Jun Chul Li, John Wing Lightfoot, Courtney J. McAdams-DeMarco, Mara Manfredini, Fabio Meade, Anthony Molsted, Stig Parker, Kristen Seguri-Orti, Eva Smith, Alice C. Verdin, Nancy Zheng, Jing Zimmerman, Deb Thompson, Stephanie Viana, João L/V-8946-2017
Viana, João L/0000-0002-9147-7781; Lightfoot, Courtney/0000-0002-5855-4159; Wilkinson, Thomas James/0000-0002-7855-7752; Bohm, Clara/0000-0001-7710-7162; Bennett, Paul N/0000-0001-9174-3499; Molsted, Stig/0000-0002-9214-046X 1532-8503
URL: <Go to ISI>://WOS:000843310900012

Reference Type: Journal Article

Record Number: 1374

Author: Bennett, S. E., Walsh, N., Moss, T. and Palmer, S.

Year: 2022

Title: Developing a self-management intervention to manage hypermobility spectrum disorders (HSD) and hypermobile Ehlers-Danlos syndrome (hEDS): an analysis informed by behaviour change theory

Journal: Disability and Rehabilitation

Volume: 44

Issue: 18

Pages: 5231-5240

Date: Aug

Short Title: Developing a self-management intervention to manage hypermobility spectrum disorders (HSD) and hypermobile Ehlers-Danlos syndrome (hEDS): an analysis informed by behaviour change theory

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1933618

Accession Number: WOS:000658918400001

Abstract: Purpose Hypermobility Spectrum Disorders (HSD) and Hypermobile Ehlers-Danlos Syndrome (hEDS) are heritable connective tissue disorders associated with joint instability and pain, but with scant guidance for supporting patients. The aim was to determine recommendations for an HSD/hEDS self-management intervention. Materials and methods Barriers to self-management were mapped onto the Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation-Behaviour (COM-B) model in a behavioural analysis. A modified Nominal Group Technique was used to prioritise behaviour change technique (BCT) interventions (n = 9 women). Results Possible BCTs incorporated: Education Incorporating self-help strategies, education to improve their knowledge of HSD/hEDS, and how to judge information about HSD/hEDS. Training In activity pacing, assertiveness and communication skills, plus what to expect during pregnancy, when symptoms can worsen. Environmental restructuring and enablement Support from occupational therapists to maintain independence at work and home. Modelled behaviour That illustrates how other people with HSD/hEDS have coped with the psychosocial impact. Conclusions This study is the first to apply theoretically-informed approaches to the management of HSD/hEDS.

Participants indicated poor access to psychological support, occupational therapy and a lack of knowledge about HSD/hEDS. Future research should evaluate which intervention options would be most acceptable and feasible.

Notes: Bennett, Sarah E. Walsh, Nicola Moss, Tim Palmer, Shea Palmer, Shea/IAQ-9601-2023; Bennett, Sarah E./0-5978-2019; Jandová, Kristýna/AEE-5452-2022; Walsh, Nicola/GPS-8962-2022; Moss, Timothy/A-3501-2014

Palmer, Shea/0000-0002-5190-3264; Bennett, Sarah E./0000-0001-7355-124X; Walsh, Nicola/0000-0002-0499-4829; Moss, Timothy/0000-0003-0543-6228
1464-5165

URL: <Go to ISI>://WOS:000658918400001

Reference Type: Journal Article

Record Number: 552

Author: Benoit, B., Cassidy, C., van Wijlen, J., Correll, Q., Campbell-Yeo, M., Hendra, S., Martin-Misener, R., MacDougall, J. and Cameron, A.

Year: 2022

Title: Codevelopment of Implementation Interventions to Support Parent-Led Care for Pain in Infants: Protocol for a Qualitative Descriptive Study

Journal: Jmir Research Protocols

Volume: 11

Issue: 8

Date: Aug

Short Title: Codevelopment of Implementation Interventions to Support Parent-Led Care for Pain in Infants: Protocol for a Qualitative Descriptive Study

ISSN: 1929-0748

DOI: 10.2196/33770

Article Number: e33770

Accession Number: WOS:000863913700002

Abstract: Background: Untreated pain in infants is associated with adverse health outcomes. Despite strong evidence for accessible, effective, and low-cost parent-led pain-relieving interventions such as breastfeeding or chestfeeding and skin-to-skin contact, these interventions are not routinely used. Objective: The objective of this study is to support the implementation of parent-led pain interventions by identifying barriers to and facilitators of parent-led, evidence-informed pain care in infants during acute procedures. In addition, this study aims to develop theory-informed, contextually relevant implementation interventions for supporting the use of parent-led pain care for infants in hospital and community contexts. Methods: This study will consist of 2 phases that follow a systematic, theoretically informed approach guided by the Theoretical Domains Framework and Behavior Change Wheel. In phase 1, we will use a qualitative descriptive design to explore barriers and facilitators to using parent-led pain care in infants from the perspectives of hospital and community-based clinicians, clinical leaders, and families. In phase 2, we will use the Behavior Change Wheel to design tailored implementation interventions that

have evidence for effectively addressing identified barriers in collaboration with an advisory committee of administrative, clinical, and family leaders. Results: Ethics approval for this study was obtained in December 2020. As of May 2022, a total of 15 participants have been enrolled in phase 1. The results from all phases will be reported in 2023. Conclusions: Following the completion of this study, we will have co-designed theoretically informed implementation interventions that can be pilot-tested and experimentally applied. The findings will be used to implement parent-led interventions that improve patient safety and health outcomes for diverse families. International Registered Report Identifier (IRRID): DERR1-10.2196/33770

Notes: Benoit, Britney Cassidy, Christine van Wijlen, Jacqueline Correll, Quinn Campbell-Yeo, Marsha Hendra, Sionnach Martin-Misener, Ruth MacDougall, Jennifer Cameron, Ashley ; Martin-Misener, Ruth/B-9383-2019 correll, Quinn/0000-0002-6842-4913; Campbell-Yeo, Marsha/0000-0001-6645-2809; Martin-Misener, Ruth/0000-0003-4554-7635 URL: <Go to ISI>://WOS:000863913700002

Reference Type: Journal Article

Record Number: 1760

Author: Benson, T.

Year: 2020

Title: Measure what we want: a taxonomy of short generic person-reported outcome and experience measures (PROMs and PREMs)

Journal: Bmj Open Quality

Volume: 9

Issue: 1

Date: Jan

Short Title: Measure what we want: a taxonomy of short generic person-reported outcome and experience measures (PROMs and PREMs)

DOI: 10.1136/bmjopen-2019-000789

Article Number: e000789

Accession Number: WOS:000672549600028

Abstract: Introduction Health and care systems are complex and multifaceted, but most person-reported outcome and experience measures (PROMs and PREMs) address just one aspect. Multiple aspects need measuring to understand how what we do impacts patients, staff and services, and how these are affected by external factors. This needs survey tools that measure what people want, are valid, sensitive, quick and easy to use, and suitable for people with multiple conditions. Methods We have developed a coherent family of short generic PROMs and PREMs that can be used in combination in a pick-and-mix way. Each measure has evolved iteratively over several years, based on literature review, user inputs and field testing. Each has a common format with four items with four response options and is designed for digital data collection with standardised analytics and data visualisation tools. We focused on brevity and low reading age. Results The results are presented in tabular format and as a taxonomy. The taxonomy is categorised by respondent type (patient or staff) and measure type. PROMs have subdomains: quality of life, individual care and community; PREMs

have subdomains: service provided, provider culture and innovation. We show 22 patient-reported measures and 17 staff-reported measures. Previously published measures have been validated. Others are described for the first time. Discussion and conclusions This family of measures is broad in scope but is not claimed to be comprehensive. Measures share a common look and feel, which enables common methods of data collection, reporting and data visualisation. They are used in service evaluation, quality improvement and as key performance indicators. The taxonomy helps to organise the whole, explain what each measure does and identify gaps and overlaps.

Notes: Benson, Tim

Landeiro, Filipa/GON-5435-2022

Benson, Tim/0000-0002-2101-1353

2399-6641

URL: <Go to ISI>://WOS:000672549600028

Reference Type: Journal Article

Record Number: 1812

Author: Benson, T., Potts, H. W. W., Bark, P. and Bowman, C.

Year: 2019

Title: Development and initial testing of a Health Confidence Score (HCS)

Journal: Bmj Open Quality

Volume: 8

Issue: 2

Date: Apr

Short Title: Development and initial testing of a Health Confidence Score (HCS)

DOI: 10.1136/bmjopen-2018-000411

Article Number: e000411

Accession Number: WOS:000672549100015

Abstract: Introduction Patients need to feel confident about looking after their own health. This is needed to improve patient outcomes and clinical support. With few suitable tools available to measure self-care health confidence, we developed and validated a short, generic survey instrument for use in evaluation and quality improvement. Methods The Health Confidence Score (HCS) was developed through literature review, patient and expert focus groups and discussions. This paper reports an initial survey (n = 1031, study 1) which identified some issues and a further face-to-face survey (n = 378, study 2) to test the construct and concurrent validity of the final version. Scores were correlated against the My Health Confidence (MHC) rating scale, howRu (health status measure) and relevant demographics. Results The HCS is short (50 words) with good readability (reading age 8). It has four items covering health knowledge, capability to self-manage, access to help and shared decision-making; each has four response options (strongly agree, agree, neutral disagree). Items are reported independently and as a summary score. The mean summary score was 76.7 (SD 20.4) on 0-100 scale. Cronbach's alpha = 0.82. Exploratory factor analysis suggested that the four items relate to a single dimension. Correlation of the HCS summary score with MHC was high (Spearman r = 0.76). It was also associated with health status (Spearman r =

0.49), negatively with number of medications taken ($r=-0.29$) and age ($r=-0.22$) and not with ethnicity, having children or education level. Conclusions The HCS is short, easy to use, with good psychometric properties and construct validity. Each item is meaningful independently and the summary score gives an overall picture of health confidence.

Notes: Benson, Tim Potts, Henry W. W. Bark, Pippa Bowman, Clive Potts, Henry WW/B-9597-2008

Potts, Henry WW/0000-0002-6200-8804; Benson, Tim/0000-0002-2101-1353 2399-6641

URL: <Go to ISI>://WOS:000672549100015

Reference Type: Journal Article

Record Number: 1650

Author: Bentley, M. R. N., Patterson, L. B., Mitchell, N. and Backhouse, S. H.

Year: 2021

Title: Athlete perspectives on the enablers and barriers to nutritional adherence in high-performance sport

Journal: Psychology of Sport and Exercise

Volume: 52

Date: Jan

Short Title: Athlete perspectives on the enablers and barriers to nutritional adherence in high-performance sport

ISSN: 1469-0292

DOI: 10.1016/j.psychsport.2020.101831

Article Number: 101831

Accession Number: WOS:000600452200022

Abstract: Objectives: Poor adherence to nutritional guidance by athletes may compromise their health and performance. Enhancing adherence is therefore an important performance and welfare strategy. The aim of this study was to qualitatively explore the barriers and enablers of elite athletes' adherence to nutritional guidelines. Design: Underpinned by our constructionist epistemological position and our relativist ontology, we conducted a qualitative study using focus groups. Methods: We used the Capability, Opportunity, and Motivation Behaviour (COM-B) model and the Theoretical Domains Framework (TDF) to conduct focus group discussions with a purposive sample of 39 UK-based funded athletes (mean age = 23 +/- 3.81), participating in either Olympic and Paralympic sport (n = 30) or professional sport (n = 9), who had access to a nutritionist. Data were analysed using reflexive thematic analysis. Results: Athlete adherence to nutritional guidance was seasonal and included inadequate energy intakes and episodes of binge eating. Underpinning these behaviours, athletes' emotional barriers (motivation) are reinforced through their social interactions within the high-performance environment (opportunity) and athletes' training environment limits developmental opportunities for food planning (capability). However, a holistic developmental approach by the sports nutritionists (opportunity) supports athlete wellbeing and nutritional adherence. Conclusion: These findings advance theoretical understanding of the barriers and enablers of nutritional adherence amongst elite-level athletes in

high-performance sport and present a number of significant implications for athlete support personnel seeking to enhance performance in demanding sporting contexts. Drawing on the Behaviour Change Wheel (BCW), recommendations include the need to 1) train and educate sports nutritionists in human behaviour, 2) update regulations for sports nutrition profession practice to acknowledge the skills required to support athletes' emotional wellbeing, 3), educate coaches on the sensitivity of body weight and composition and develop guidelines for monitoring athletes' body weight and composition in sport, 4) persuade influential leaders to develop culture guidelines that shift the performance-narrative of high-performance (i.e., environmental restructuring).

Notes: Bentley, Meghan R. N. Patterson, Laurie B. Mitchell, Nigel Backhouse, Susan H.

Backhouse, Susan/A-1113-2010; Backhouse, Susan/IAN-8892-2023

Backhouse, Susan/0000-0002-4810-5173; Bentley, Meghan/

0000-0001-7289-2149

1878-5476

URL: <Go to ISI>://WOS:000600452200022

Reference Type: Journal Article

Record Number: 1443

Author: Berendes, S., Gubijev, A., McCarthy, O. L., Palmer, M. J., Wilson, E. and Free, C.

Year: 2021

Title: Sexual health interventions delivered to participants by mobile technology: a systematic review and meta-analysis of randomised controlled trials

Journal: Sexually Transmitted Infections

Volume: 97

Issue: 3

Pages: 190-200

Date: May

Short Title: Sexual health interventions delivered to participants by mobile technology: a systematic review and meta-analysis of randomised controlled trials

ISSN: 1368-4973

DOI: 10.1136/sextrans-2020-054853

Accession Number: WOS:000643739100006

Abstract: Background The use of mobile technologies to prevent STIs is recognised as a promising approach worldwide; however, evidence has been inconclusive, and the field has developed rapidly. With about 1 million new STIs a day globally, up-to-date evidence is urgently needed. Objective To assess the effectiveness of mobile health interventions delivered to participants for preventing STIs and promoting preventive behaviour. Methods We searched seven databases and reference lists of 49 related reviews (January 1990-February 2020) and contacted experts in the field. We included randomised controlled trials of mobile interventions delivered to adolescents and adults to prevent sexual transmission of STIs. We conducted meta-analyses and assessed risk of bias and certainty of evidence following Cochrane guidance. Results After double screening 6683 records, we included 22 trials into the systematic review and

20 into meta-analyses; 18 trials used text messages, 3 used smartphone applications and 1 used Facebook messages as delivery modes. The certainty of evidence regarding intervention effects on STI/HIV occurrence and adverse events was low or very low. There was moderate certainty of evidence that in the short/medium-term text messaging interventions had little or no effect on condom use (standardised mean differences (SMD) 0.02, 95% CI -0.09 to 0.14, nine trials), but increased STI/HIV testing (OR 1.83, 95% CI 1.41 to 2.36, seven trials), although not if the standard-of-care control already contained an active text messaging component (OR 1.00, 95% CI 0.68 to 1.47, two trials). Smartphone application messages also increased STI/HIV testing (risk ratio 1.40, 95% CI 1.22 to 1.60, subgroup analysis, two trials). The effects on other outcomes or of social media or blended interventions is uncertain due to low or very low certainty evidence. Conclusions Text messaging interventions probably increase STI/HIV testing but not condom use in the short/medium term. Ongoing trials will report the effects on biological and other outcomes.

Notes: Berendes, Sima Gubijev, Anasztazia McCarthy, Ona L. Palmer, Melissa J. Wilson, Emma Free, Caroline

Berendes, Sima/AAH-9616-2019

Berendes, Sima/0000-0001-7000-868X; Wilson, Emma/

0000-0001-7091-2417; McCarthy, Ona/0000-0002-9902-6248

1472-3263

URL: <Go to ISI>://WOS:000643739100006

Reference Type: Journal Article

Record Number: 1718

Author: Berezowska, A., Passchier, E. and Bleiker, E.

Year: 2021

Title: Professional patient navigation in a hospital setting: a randomized controlled trial

Journal: Supportive Care in Cancer

Volume: 29

Issue: 4

Pages: 2111-2123

Date: Apr

Short Title: Professional patient navigation in a hospital setting: a randomized controlled trial

ISSN: 0941-4355

DOI: 10.1007/s00520-020-05721-5

Accession Number: WOS:000564222300001

Abstract: Purpose This study aimed to determine the effect of patient navigation on health-related quality of life, distress, self-care knowledge, self-efficacy, satisfaction, and healthcare usage. Methods Patients newly diagnosed with ovarian, vulvar, endometrial, melanoma stage III/IV, lung, or renal cancer were randomly assigned to either care as usual or care as usual plus consultations with a patient navigator (i.e., specially trained oncology nurse who monitors, advises, and refers patients to supportive cancer care). Measures included the EORTC-QLQ-C30, distress thermometer, and study-specific questions inspired by the Symptom-Management Self-Efficacy Scale Breast Cancer, Patient

Satisfaction with Cancer Care Scale, and the Medical Consumption Questionnaire. Measures were completed before randomization (baseline) and at 1 month, 3 months, and 5 months after baseline. Results In the case of health-related quality of life, no significant difference was observed between the intervention (n = 42) and the control group (n = 47). Consumption of supportive cancer care was low for both the intervention and the control group but relatively lower for the intervention group. Also, participants who consulted the patient navigator seemed to have higher levels of self-efficacy and satisfaction. Conclusion Although the intervention sorted no relevant effects on health-related quality of life, it did affect patients' experience of cancer care and self-efficacy. We recommend that patient navigators monitor and advise on unmet supportive care needs, but only in the case of high-risk patients. Furthermore, considering current and prior research, it is wise to study patient navigation using more sensitive outcome measures than health-related quality of life.

Notes: Berezowska, Aleksandra Passchier, Ellen Bleiker, Eveline 1433-7339

URL: <Go to ISI>://WOS:000564222300001

Reference Type: Journal Article

Record Number: 812

Author: Bergeron, L., Decary, S., Djade, C. D., Daniel, S. J., Tremblay, M., Rivest, L. P. and Legare, F.

Year: 2022

Title: Factors Associated With Specialists' Intention to Adopt New Behaviors After Taking Web-Based Continuing Professional Development Courses: Cross-sectional Study

Journal: Jmir Medical Education

Volume: 8

Issue: 2

Date: Apr-Jun

Short Title: Factors Associated With Specialists' Intention to Adopt New Behaviors After Taking Web-Based Continuing Professional Development Courses: Cross-sectional Study

ISSN: 2369-3762

DOI: 10.2196/34299

Article Number: e34299

Accession Number: WOS:000848716700012

Abstract: Background: Web-based continuing professional development (CPD) is a convenient and low-cost way for physicians to update their knowledge. However, little is known about the factors that influence their intention to put this new knowledge into practice.

Objective: We aimed to identify sociocognitive factors associated with physicians' intention to adopt new behaviors as well as indications of Bloom's learning levels following their participation in 5 web-based CPD courses. Methods: We performed a cross-sectional study of specialist physicians who had completed 1 of 5 web-based CPD courses offered by the Federation of Medical Specialists of Quebec. The participants then completed CPD-Reaction, a questionnaire based on Godin's integrated model for health professional behavior change and with evidence of validity that

measures behavioral intention (dependent variable) and psychosocial factors influencing intention (n=4). We also assessed variables related to sociodemographics (n=5), course content (n=9), and course format (eg, graphic features and duration) (n=8). Content variables were derived from CanMEDS competencies, Bloom's learning levels, and Godin's integrated model. We conducted ANOVA single-factor analysis, calculated the intraclass correlation coefficient (ICC), and performed bivariate and multivariate analyses. Results: A total of 400 physicians participated in the courses (range: 38-135 physicians per course). Average age was 50 (SD 12) years; 56% (n=223) were female, and 44% (n=177) were male. Among the 259 who completed CPD- Reaction, behavioral intention scores ranged from 5.37 (SD 1.17) to 6.60 (SD 0.88) out of 7 and differed significantly from one course to another (P<.001). The ICC indicated that 17% of the total variation in the outcome of interest, the behavioral intention of physicians, could be explained at the level of the CPD course (ICC=0.17). In bivariate analyses, social influences (P<.001), beliefs about capabilities (P<.001), moral norm (P<.001), beliefs about consequences (P<.001), and psychomotor learning (P=.04) were significantly correlated with physicians' intention to adopt new behaviors. Multivariate analysis showed the same factors, except for social influences and psychomotor learning, as significantly correlated with intention. Conclusions: We observed average to high behavioral intention scores after all 5 web-based courses, with some variations by course taken. Factors affecting physicians' intention were beliefs about their capabilities and about the consequences of adopting new clinical behaviors, as well as doubts about whether the new behavior aligned with their moral values. Our results will inform design of future web-based CPD courses to ensure they contribute to clinical behavior change.

Notes: Bergeron, Lysa Decary, Simon Djade, Codjo Djignefa Daniel, Sam J. Tremblay, Martin Rivest, Louis-Paul Legare, France Rivest, Louis-Paul/AAU-9879-2020 Rivest, Louis-Paul/0000-0003-4351-4127; Tremblay, Martin/0000-0003-4413-5962; Legare, France/0000-0002-2296-6696; Daniel, Sam/0000-0001-9698-9519; Bergeron, Lysa/0000-0001-6138-865X; Djade, Codjo Djignefa/0000-0002-5015-3246
URL: <Go to ISI>://WOS:000848716700012

Reference Type: Journal Article

Record Number: 880

Author: Berry, A., McClellan, C., Ben, Wanless and Walsh, N.

Year: 2022

Title: A Tailored App for the Self-management of Musculoskeletal

Conditions: Evidencing a Logic Model of Behavior Change

Journal: Jmir Formative Research

Volume: 6

Issue: 3

Date: Mar

Short Title: A Tailored App for the Self-management of Musculoskeletal Conditions: Evidencing a Logic Model of Behavior Change

DOI: 10.2196/32669

Article Number: e32669

Accession Number: WOS:000854073700017

Abstract: Background: Musculoskeletal conditions such as joint pain are a growing problem, affecting 18.8 million people in the United Kingdom. Digital health interventions (DHIs) are a potentially effective way of delivering information and supporting self-management. It is vital that the development of such interventions is transparent and can illustrate how individual components work, how they link back to the theoretical constructs they are attempting to change, and how this might influence outcomes. getUBetter is a DHI developed to address the lack of personalized, supported self-management tools available to patients with musculoskeletal conditions by providing knowledge, skills, and confidence to navigate through a self-management journey. Objective: The aim of this study was to map a logic model of behavior change for getUBetter to illustrate how the content and functionality of the DHI are aligned with recognized behavioral theory, effective behavior change techniques, and clinical guidelines. Methods: A range of behavior change models and frameworks were used, including the behavior change wheel and persuasive systems design framework, to map the logic model of behavior change underpinning getUBetter. The three main stages included understanding the behavior the intervention is attempting to change, identifying which elements of the intervention might bring about the desired change in behavior, and describing intervention content and how this can be optimally implemented. Results: The content was mapped to 25 behavior change techniques, including information about health consequences, instruction on how to perform a behavior, reducing negative emotions, and verbal persuasion about capability. Mapping to the persuasive system design framework illustrated the use of a number of persuasive design principles, including tailoring, personalization, simulation, and reminders. Conclusions: This process enabled the proposed mechanisms of action and theoretical foundations of getUBetter to be comprehensively described, highlighting the key techniques used to support patients to self-manage their condition. These findings provide guidance for the ongoing evaluation of the effectiveness (including quality of engagement) of the intervention and highlight areas that might be strengthened in future iterations.

Notes: Berry, Alice McClellan, Carey Ben Wanless Walsh, Nicola Walsh, Nicola/0000-0002-0499-4829; Berry, Alice/0000-0002-3863-6835; Wanless, Ben/0000-0002-6258-4588
2561-326x

URL: <Go to ISI>://WOS:000854073700017

Reference Type: Journal Article

Record Number: 755

Author: Berry, E., Jenkins, C. and Allen, S.

Year: 2022

Title: Facilitators and barriers to social distancing for young people during the COVID-19 pandemic

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: May

Short Title: Facilitators and barriers to social distancing for young people during the COVID-19 pandemic

DOI: 10.1186/s12889-022-13325-3

Article Number: 891

Accession Number: WOS:000790782100011

Abstract: Background Social (or physical) distancing is an important transmission-prevention behaviour that has been endorsed to minimize COVID-19 transmission. This qualitative study explores the facilitators of and barriers to social distancing for young people during the COVID-19 pandemic, with recognition that young people represent a unique demographic group, with differing psychosocial needs and experiences to other age cohorts. **Methods** Qualitative data was collected as part of a larger Qualtrics survey between July 28th 2020 and August 24th 2020. Eligible participants were young people living on the Island of Ireland, aged 16-25 years. The survey design was underpinned by the Capability, Opportunity, and Motivation model of behaviour change (COM-B). Semi-inductive thematic analysis was used to analyse comments collected via three free-text survey items. The COM-B model provided a thematic framework to organise subthemes extracted. **Results** A total of N = 477 young people completed the survey, of which N = 347 provided comments for at least one of three free-text survey items. The majority of respondents lived in Northern Ireland (96%), the average age was 21 years, and most respondents were female (73%) and were students (81%). Key barriers identified included lack of environmental support for social distancing (lack of physical Opportunity to social distance), observing other people not social distancing (lack of social Opportunities supporting social distancing), and missing physical interaction from others (relating to the dissuading influence of automatic Motivational factors i.e. the influence of loneliness). Key facilitators included presence of clear and consistent environmental cues and availability of space to support social distancing (increasing physical Opportunity to social distance), increasing awareness and perceived consequences of risk of transmission (enhancing reflective Motivational factors i.e. perceived benefits (versus costs) of social distancing), and increasing opportunities to observe others' adhering to guidelines (increasing social Opportunities supporting social distancing). **Conclusions** These findings suggest that the actions and endorsement of peers and the physical design of environments have a key role in influencing social distancing behaviour among young people living in NI. The COM-B factors identified in this study can inform the development of tailored interventions using models such as the Behaviour Change Wheel. The findings of this study suggest that intervention functions based on peer modelling and physical environmental restructuring and enablement should be prioritised, however it is imperative that interventions are co-designed with young people to foster collaboration and empowerment.

Notes: Berry, Emma Jenkins, Chris Allen, Sarah

Jenkins, Chris/0000-0003-3514-3581

1471-2458

URL: <Go to ISI>://WOS:000790782100011

Reference Type: Journal Article

Record Number: 2226

Author: Berube, M., Albert, M., Chauny, J. M., Contandriopoulos, D., DuSablou, A., Lacroix, S., Gagne, A., Laflamme, E., Boutin, N., Delisle, S., Pauze, A. M. and MacThiong, J. M.

Year: 2015

Title: Development of theory-based knowledge translation interventions to facilitate the implementation of evidence-based guidelines on the early management of adults with traumatic spinal cord injury

Journal: Journal of Evaluation in Clinical Practice

Volume: 21

Issue: 6

Pages: 1157-1168

Date: Dec

Short Title: Development of theory-based knowledge translation interventions to facilitate the implementation of evidence-based guidelines on the early management of adults with traumatic spinal cord injury

ISSN: 1356-1294

DOI: 10.1111/jep.12342

Accession Number: WOS:000371414500031

Abstract: Rationale Optimal, early management following a spinal cord injury (SCI) can limit individuals' disabilities and costs related to their care. Several knowledge syntheses were recently published to guide health care professionals with regard to early interventions in SCI patients. However, no knowledge translation (KT) intervention, selected according to a behaviour change theory, has been proposed to facilitate the use of SCI guidelines in an acute care setting. Objectives To develop theory-informed KT interventions to promote the application of evidence-based recommendations on the acute care management of SCI patients. Methods The first four phases of the knowledge-to-action model were used to establish the study design. Knowledge selection was based on the Grading of Recommendations Assessment, Development and Evaluation system. Knowledge adaptation to the local context was sourced from the ADAPTE process. The theoretical domains framework oriented the selection and development of the interventions based on an assessment of barriers and enablers to knowledge application. Results Twenty-nine recommendations were chosen and operationalized in measurable clinical indicators. Barriers related to knowledge, skills, perceived capacities, beliefs about consequences, social influences, and the environmental context and resources theoretical domains were identified. The mapping of behaviour change techniques associated with those barriers led to the development of an online educational curriculum, interdisciplinary clinical pathways as well as policies and procedures. Conclusions This research project allowed us developing KT interventions according to a thorough behavioural change methodology. Exposure to the generated interventions will support health care professionals in providing the best care to SCI patients.

Notes: Berube, Melanie Albert, Martin Chauny, Jean-Marc

Contandriopoulos, Damien DuSablou, Anne Lacroix, Sebastien Gagne, Annick Laflamme, Elise Boutin, Nathalie Delisle, Stephane Pauze, Anne-Marie MacThiong, Jean-Marc

1365-2753

URL: <Go to ISI>://WOS:000371414500031

Reference Type: Journal Article

Record Number: 1898

Author: Best, P., Badham, J., Corepal, R., O'Neill, R. F., Tully, M. A., Kee, F. and Hunter, R. F.

Year: 2017

Title: Network methods to support user involvement in qualitative data analyses: an introduction to Participatory Theme Elicitation

Journal: Trials

Volume: 18

Date: Nov

Short Title: Network methods to support user involvement in qualitative data analyses: an introduction to Participatory Theme Elicitation

DOI: 10.1186/s13063-017-2289-5

Article Number: 559

Accession Number: WOS:000416052000003

Abstract: Background: While Patient and Public Involvement (PPI) is encouraged throughout the research process, engagement is typically limited to intervention design and post-analysis stages. There are few approaches to participatory data analyses within complex health interventions. Methods: Using qualitative data from a feasibility randomised controlled trial (RCT), this proof-of-concept study tests the value of a new approach to participatory data analysis called Participatory Theme Elicitation (PTE). Forty excerpts were given to eight members of a youth advisory PPI panel to sort into piles based on their perception of related thematic content. Using algorithms to detect communities in networks, excerpts were then assigned to a thematic cluster that combined the panel members' perspectives. Network analysis techniques were also used to identify key excerpts in each grouping that were then further explored qualitatively. Results: While PTE analysis was, for the most part, consistent with the researcher-led analysis, young people also identified new emerging thematic content. Conclusions: PTE appears promising for encouraging user led identification of themes arising from qualitative data collected during complex interventions. Further work is required to validate and extend this method.

Notes: Best, Paul Badham, Jennifer Corepal, Rekesh O'Neill, Roisin F. Tully, Mark A. Kee, Frank Hunter, Ruth F.

Tully, Mark/AAB-2939-2019; Badham, Jennifer/AFN-0490-2022

Tully, Mark/0000-0001-9710-4014; Badham, Jennifer/0000-0002-4171-3897; Corepal, Rekesh/0000-0002-9335-2130; Best, Paul/0000-0001-6947-8916

1745-6215

URL: <Go to ISI>://WOS:000416052000003

Reference Type: Journal Article

Record Number: 11

Author: Best, S., Long, J. C., Fehlberg, Z., Archibald, A. D. and Braithwaite, J.

Year: 2023

Title: Supporting healthcare professionals to offer reproductive genetic carrier screening: a behaviour change theory approach

Journal: Australian Journal of Primary Health

Date: 2023 May

Short Title: Supporting healthcare professionals to offer reproductive genetic carrier screening: a behaviour change theory approach

ISSN: 1448-7527

DOI: 10.1071/py23022

Accession Number: WOS:000984701600001

Abstract: Background. As reproductive genetic carrier screening (RGCS) becomes more widely accessible, ensuring uptake by primary healthcare professionals (HCPs) is essential to equitable service provision. This study aimed to identify and prioritise implementation strategies to reduce barriers and support HCPs to routinely offer RGCS in Australia. Methods. HCPs (n = 990) involved in a large national research study, offering couples-based RGCS, were surveyed at three time points: prior to offering RGCS through the study (Survey 1: Barriers); 8+ weeks after offering to their patients (Survey 2: Possible supports); and towards the end of the study (Survey 3: Prioritised supports). HCPs were from primary care (e.g. general practice, midwifery) and tertiary care (e.g. fertility, genetics) settings. Results were analysed via a novel approach of using behaviour change theory (Capability, Opportunity and Motivation - COM.B) to align theory to practice. Results. Survey 1 (n = 599) identified four barrier themes: time constraints, lack of HCP knowledge and skill, patient receptivity, and HCP's perceived value of RGCS. Survey 2 (n = 358) identified 31 supports that could facilitate HCPs offering RGCS. Survey 3 (n = 390) was analysed separately by speciality and clinic location. Prioritised supports for primary care HCPs were 'regular continuing professional development activities' and 'a comprehensive website to direct patients for information'. There was general accord with the perceived importance of the supports, although some difference in relation to funding between professional groups and clinic locations. Conclusion. This study identified a range of supports acceptable to HCPs across specialties and geographic locations that policymakers may use to direct efforts to ensure the roll out of RGCS is equitable across Australia.

Notes: Best, Stephanie Long, Janet C. Fehlberg, Zoe Archibald, Alison D. Braithwaite, Jeffrey

Best, Stephanie/0000-0002-1107-8976; Fehlberg, Zoe/0000-0002-8449-206X

1836-7399

URL: <Go to ISI>://WOS:000984701600001

Reference Type: Journal Article

Record Number: 316

Author: Best, S., Long, J. C., Fehlberg, Z., Theodorou, T., Hatem,

S., Archibald, A. and Braithwaite, J.

Year: 2022

Title: The more you do it, the easier it gets: using behaviour change theory to support health care professionals offering reproductive genetic carrier screening

Journal: European Journal of Human Genetics

Date: 2022 Nov

Short Title: The more you do it, the easier it gets: using behaviour change theory to support health care professionals offering reproductive genetic carrier screening

ISSN: 1018-4813

DOI: 10.1038/s41431-022-01224-5

Accession Number: WOS:000887932700001

Abstract: Recent advances in genomic sequencing have improved the accessibility of reproductive genetic carrier screening (RGCS). As awareness and interest grows, non-genetic health care professionals are increasingly offering RGCS to consumers. We conducted a qualitative interview study informed by behaviour change theory to identify influences on health care professionals considered as 'early adopters' offering RGCS through Mackenzie's Mission, an Australian national research study investigating the implementation of free RGCS to couple's preconception or in early pregnancy. Interviews were deductively analysed using the Theoretical Domains Framework to examine barriers and enabling factors. In total, we interviewed 31 health care professionals, who were primarily general practitioners (n = 23) offering RGCS through Mackenzie's Mission. Upon analysis, 15 barriers and 44 enablers to implementation were identified and categorised across three health care professional target behaviours 1. Engaging with RGCS, 2. Identifying eligible patients, and 3. Offering RGCS. Whilst all Theoretical Domains Framework domains were present, barriers were predominantly categorised as 'Environmental Context and Resources' e.g., lack of time, followed by 'Knowledge' e.g., lack of understanding about genetics and 'Beliefs about Capabilities' e.g., concern about giving high risk results to patients. Although health care professionals expressed a preference for offering RGCS through a comprehensive and supported model of care, such as Mackenzie's Mission, barriers remain. By understanding what drives current health care professionals' behaviour towards offering RGCS, behaviour change theory provides an avenue to direct future efforts based on evidence and improve service delivery.

Notes: Best, Stephanie Long, Janet C. Fehlberg, Zoe Theodorou, Tahlia Hatem, Sarah Archibald, Alison Braithwaite, Jeffrey Braithwaite, Jeffrey/AAN-1467-2020

Braithwaite, Jeffrey/0000-0003-0296-4957; Long, Janet/0000-0002-0553-682X; Fehlberg, Zoe/0000-0002-8449-206X; Best, Stephanie/0000-0002-1107-8976

1476-5438

URL: <Go to ISI>://WOS:000887932700001

Reference Type: Conference Proceedings

Record Number: 2340

Author: Bestek, M., Curtis, K., Brodник, A. and Ieee

Year of Conference: 2015
Title: Design and Deployment of eHealth Interventions using Behavior Change Techniques, BPMN2 and OpenEHR
Conference Name: 11th IEEE International Conference on Wireless and Mobile Computing, Networking and Communications (WiMob)
Conference Location: Abu Dhabi, U ARAB EMIRATES
Pages: 349-356
Series Title: IEEE International Conference on Wireless and Mobile Computing Networking and Communications-WiMOB
Date: Oct 19-21
Sponsor: Ieee
Short Title: Design and Deployment of eHealth Interventions using Behavior Change Techniques, BPMN2 and OpenEHR
ISBN: 978-1-4673-7701-0
Source: 2015 ieee 11th international conference on wireless and mobile computing, networking and communications (wimob)
Year Published:2015
Accession Number: WOS:000379167000051
Abstract: Healthcare Systems are transforming from focusing on acute care to focusing on managing chronic conditions. In this process they are becoming highly distributed and specialized. Innovative approaches are needed to fully support the design and deployment of new eHealth interventions. Design should be based on theory and evidence, and deployment should be supported by a sustainable ICT platform, that enables interoperability and reusability by focusing on open standards, open data, open source technology and knowledge modeling. We tested one such method that focuses on using behavior change techniques for the design phase, and tested OpenEHR and BPMN2 as the basis for the ICT platform to support the deployment phase.
Notes: Bestek, Mate Curtis, Kristina Brodnik, Andrej Brodnik, Andrej/0000-0001-9773-0664; Curtis, Kristina/0000-0001-6845-1236
2160-4886
URL: <Go to ISI>://WOS:000379167000051

Reference Type: Journal Article
Record Number: 1834
Author: Betsch, C., Schmid, P., Heinemeier, D., Korn, L., Holtmann, C. and Bohm, R.
Year: 2018
Title: Beyond confidence: Development of a measure assessing the 5C psychological antecedents of vaccination
Journal: Plos One
Volume: 13
Issue: 12
Date: Dec
Short Title: Beyond confidence: Development of a measure assessing the 5C psychological antecedents of vaccination
ISSN: 1932-6203
DOI: 10.1371/journal.pone.0208601
Article Number: e0208601
Accession Number: WOS:000452640900025
Abstract: Background Monitoring the reasons why a considerable

number of people do not receive recommended vaccinations allows identification of important trends over time, and designing and evaluating strategies to address vaccine hesitancy and increase vaccine uptake. Existing validated measures assessing vaccine hesitancy focus primarily on confidence in vaccines and the system that delivers them. However, empirical and theoretical work has stated that complacency (not perceiving diseases as high risk), constraints (structural and psychological barriers), calculation (engagement in extensive information searching), and aspects pertaining to collective responsibility (willingness to protect others) also play a role in explaining vaccination behavior. The objective was therefore to develop a validated measure of these 5C psychological antecedents of vaccination. Methods and findings Three cross-sectional studies were conducted. Study 1 uses factor analysis to develop an initial scale and assesses the sub-scales' convergent, discriminant, and concurrent validity (N = 1,445, two German convenience-samples). In Study 2, a sample representative regarding age and gender for the German population (N = 1,003) completed the measure for vaccination in general and for specific vaccinations to assess the potential need for a vaccine-specific wording of items. Study 3 compared the novel scale's performance with six existing measures of vaccine hesitancy (N= 350, US convenience-sample). As an outcome, a long (15-item) and short (5-item) 5C scale were developed as reliable and valid indicators of confidence, complacency, constraints, calculation, and collective responsibility. The 5C subscales correlated with relevant psychological concepts, such as attitude (confidence), perceived personal health status and invulnerability (complacency), self-control (constraints), preference for deliberation (calculation), and communal orientation (collective responsibility), among others. The new scale provided similar results when formulated in a general vs. vaccine-specific way (study 2). In a comparison of seven measures the 5C scale was constantly among the scales that explained the highest amounts of variance in analyses predicting single vaccinations (between 20% and 40%; study 2). The present studies are limited to the concurrent validity of the scales. Conclusions The 5C scale provides a novel tool to monitor psychological antecedents of vaccination and facilitates diagnosis, intervention design and evaluation. Its short version is suitable for field settings and regular global monitoring of relevant antecedents of vaccination.

Notes: Betsch, Cornelia Schmid, Philipp Heinemeier, Dorothee Korn, Lars Holtmann, Cindy Boehm, Robert Schmid, Philipp/AAY-9398-2020 Schmid, Philipp/0000-0003-2966-0806; Heinemeier, Dorothee/0000-0003-1384-1901; Betsch, Cornelia/0000-0002-2856-7303; Bohm, Robert/0000-0001-6806-0374
URL: <Go to ISI>://WOS:000452640900025

Reference Type: Journal Article

Record Number: 1416

Author: Bettencourt, S., Costa, S. and Caeiro, S.

Year: 2021

Title: Marine litter: A review of educative interventions

Journal: Marine Pollution Bulletin
Volume: 168
Date: Jul
Short Title: Marine litter: A review of educative interventions
ISSN: 0025-326X
DOI: 10.1016/j.marpolbul.2021.112446
Article Number: 112446
Accession Number: WOS:000661853300002
Abstract: Marine litter is claimed to be one of the most meaningful environmental crises of the century. Education that supports behavior change is a tool to tackle this problem. However, there is a lack of research linking educational initiatives and marine litter issues. A literature review was conducted through a bibliometric and content analysis to explore the state of knowledge regarding educational actions. The results revealed that 2019 was the year with the highest number of publications and that 83.4% of the documents were collaborative efforts. Concerning educational approaches, hands-on and technological activities are being explored to raise awareness and stimulate behavior change. Students and questionnaires represent, respectively, the most common audience and evaluating method. More integrative actions and respective long-term methodological triangulation evaluation were identified as necessary in future studies. This paper is expected to contribute to innovative knowledge in the area by identifying the main gaps in the literature.
Notes: Bettencourt, Sara Costa, Sonia Caeiro, Sandra Costa, Sónia IA/E-6958-2015; Caeiro, Sandra/K-3886-2014 Costa, Sónia IA/0000-0001-7629-1877; Caeiro, Sandra/0000-0002-6079-3554; Bettencourt, Sara/0000-0001-7632-4800 1879-3363
URL: <Go to ISI>://WOS:000661853300002

Reference Type: Journal Article
Record Number: 713
Author: Beukes, E. W., Manchaiah, V., Andersson, G. and Maidment, D. W.
Year: 2022
Title: Application of the Behavior Change Wheel Within the Context of Internet-Based Cognitive Behavioral Therapy for Tinnitus Management
Journal: American Journal of Audiology
Volume: 31
Issue: 2
Pages: 433-444
Date: Jun
Short Title: Application of the Behavior Change Wheel Within the Context of Internet-Based Cognitive Behavioral Therapy for Tinnitus Management
ISSN: 1059-0889
DOI: 10.1044/2022_aja-21-00160
Accession Number: WOS:000810501000016
Abstract: Purpose: Although experiencing tinnitus can lead to many difficulties, these can be reduced by using techniques derived from

cognitive behavioral therapy. Internet-based cognitive behavioral therapy (ICBT) has been developed to provide an accessible intervention. The aim of this study was to describe how ICBT can facilitate tinnitus management by identifying the active ingredients of the intervention from the perspective of health behavior change. Method: The ICBT intervention was evaluated using the Behavior Change Wheel in eight steps across the following three stages: (1) understanding the behavior, (2) identifying intervention options, and (3) identifying content and implementation options. Results: Target behaviors identified to reduce tinnitus distress, as well as additional problems associated with tinnitus, included goal setting, an increased understanding of tinnitus, encouraging deep breathing and progressive muscle relaxation, identifying and restructuring unhelpful thoughts, engaging in positive imagery, and reducing avoidance behaviors. ICBT provided the required components for individuals to be physically and psychologically capable of adapting to tinnitus, providing social and environmental opportunities to manage hearing loss through practice and training, and facilitated automatic and reflective motivation. Conclusion: Understanding ICBT in the context of the Behavior Change Wheel has helped identify how its effectiveness can be improved and can be used for future tinnitus intervention planning.

Notes: Beukes, Eldre W. Manchaiah, Vinaya Andersson, Gerhard Maidment, David W.

Andersson, Gerhard/J-8529-2012; Manchaiah, Vinaya/I-1824-2014

Andersson, Gerhard/0000-0003-4753-6745; Manchaiah, Vinaya/

0000-0002-1254-8407; Maidment, David/0000-0002-8416-519X

1558-9137

URL: <Go to ISI>://WOS:000810501000016

Reference Type: Journal Article

Record Number: 776

Author: Bevens, W., Weiland, T. J., Gray, K., Neate, S. L., Nag, N., Simpson-Yap, S., Reece, J., Yu, M. G. and Jelinek, G. A.

Year: 2022

Title: The Feasibility of a Web-Based Educational Lifestyle Program for People With Multiple Sclerosis: A Randomized Controlled Trial

Journal: Frontiers in Public Health

Volume: 10

Date: Apr

Short Title: The Feasibility of a Web-Based Educational Lifestyle Program for People With Multiple Sclerosis: A Randomized Controlled Trial

DOI: 10.3389/fpubh.2022.852214

Article Number: 852214

Accession Number: WOS:000887923500001

Abstract: Background: Modifiable lifestyle factors are important to aid people with multiple sclerosis in the self-management of their disease. Current self-management programs are limited by their face-to-face mode of delivery but there is immense potential with the internet to deliver these programs effectively. Objective: The aims of this study are to assess the feasibility of a digitalized educational lifestyle self-management program for people with MS.

Methods: In this randomized controlled trial, people with MS were randomly allocated to participate in a 6-week tailored web-based educational lifestyle program or 6-week generic standard-care educational course, and were blinded to their allocation. Participants were recruited through multiple sclerosis (MS) Societies in four countries: Australia, New Zealand, Canada, and the United States. The primary outcome was to assess acceptability of the program defined as percentage completion of all modules at 6-weeks post-course commencement. Secondary outcomes included evaluating participant responses to the follow-up survey across three domains: accessibility, learnability, and desirability. Results: Thirty-five participants from Australia, Canada, New Zealand, and the US completed the baseline survey and were randomized. Four participants were deemed ineligible due to incomplete baseline data; therefore, nine out of 15 and eight out of 16 participants completed 100% of the course in the intervention and standard-care arm courses, respectively. Conclusions: This study found that this web-based educational lifestyle program is a feasible means of delivering educational content to people with MS via the internet according to our a priori targets of >40% of participants in the intervention arm, and >25% in the control arm to completing 100% of the course. It is therefore appropriate to evaluate this intervention further in a large, randomized controlled trial.

Notes: Bevens, William Weiland, Tracey J. Gray, Kathleen Neate, Sandra L. Nag, Nupur Simpson-Yap, Steve Reece, Jeanette Yu, Maggie Jelinek, George A.

NEATE, SANDRA/0000-0002-0761-9848; Reece, Jeanette/
0000-0003-2897-0271
2296-2565

URL: <Go to ISI>://WOS:000887923500001

Reference Type: Journal Article

Record Number: 1039

Author: Bhandari, B., Vaidya, A., Narasimhan, P., Schutte, A. E. and Jayasuriya, R.

Year: 2022

Title: Effectiveness and Acceptability of a Mobile Phone Text Messaging Intervention to Improve Blood Pressure Control (TEXT4BP) among Patients with Hypertension in Nepal: A Feasibility Randomised Controlled Trial

Journal: Global Heart

Volume: 17

Issue: 1

Short Title: Effectiveness and Acceptability of a Mobile Phone Text Messaging Intervention to Improve Blood Pressure Control (TEXT4BP) among Patients with Hypertension in Nepal: A Feasibility Randomised Controlled Trial

ISSN: 2211-8160

DOI: 10.5334/gh.1103

Article Number: 13

Accession Number: WOS:000761162000001

Abstract: Background: Uncontrolled blood pressure (BP) is the

leading cause of preventable deaths in low-and middle-income countries. mHealth interventions, such as mobile phone text messaging, are a promising tool to improve BP control, but research on feasibility and effectiveness in resource-limited settings remains limited. Objective: This feasibility study assessed the effectiveness and acceptability of a mobile phone text messaging intervention (TEXT4BP) to improve BP control and treatment adherence among patients with hypertension in Nepal. Methods: The TEXT4BP study was a two-arm, parallel-group, unblinded, randomised controlled pilot trial that included 200 participants (1:1) (mean age: 50.5 years, 44.5% women) with hypertension at a tertiary referral hospital in Kathmandu, Nepal. Patients in the intervention arm (n = 100) received text messages three times per week for three months. The control arm (n = 100) received standard care. The COM-B model informed contextual co-designed text messages. Primary outcomes were change in BP and medication adherence at three months. Secondary outcomes included BP control, medication adherence self-efficacy and knowledge of hypertension. A nested qualitative study assessed the acceptability of the intervention. Results: At three months, the intervention group had greater reductions in systolic and diastolic BP vs usual care [-7.09/-5.86 (p <= 0.003) vs -0.77/-1.35 (p >= 0.28) mmHg] [adjusted difference: systolic beta = -6.50 (95% CI, -12.6; -0.33) and diastolic BP beta = -4.60 (95% CI, -8.16; -1.04)], coupled with a greater proportion achieving target BP (70% vs 48%, p = 0.006). The intervention arm showed an improvement in compliance to antihypertensive therapy (p < 0.001), medication adherence (p < 0.001), medication adherence self-efficacy (p = 0.023) and knowledge on hypertension and its treatment (p = 0.013). Participants expressed a high rate of acceptability and desire to continue the TEXT4BP intervention. Conclusion: The TEXT4BP study provides promising evidence that text messaging intervention is feasible, acceptable, and effective to improve BP control in low-resource settings.

Notes: Bhandari, Buna Vaidya, Abhinav Narasimhan, Padmanesan Schutte, Aletta E. Jayasuriya, Rohan

Bhandari, Dr Buna/HZK-7718-2023; Schutte, Aletta/E-5126-2018;

Narasimhan, Padmanesan/C-4784-2014

Bhandari, Dr Buna/0000-0002-0102-8844; Schutte, Aletta/

0000-0001-9217-4937; Narasimhan, Padmanesan/0000-0002-2020-0865;

Jayasuriya, Rohan/0000-0003-3108-2304

2211-8179

URL: <Go to ISI>://WOS:000761162000001

Reference Type: Journal Article

Record Number: 1940

Author: Bhattacharya, A., Hopkins, S., Sallis, A., Budd, E. L. and Ashiru-Oredope, D.

Year: 2017

Title: A process evaluation of the UK-wide Antibiotic Guardian campaign: developing engagement on antimicrobial resistance

Journal: Journal of Public Health

Volume: 39

Issue: 2

Pages: E40-E47

Date: Jun

Short Title: A process evaluation of the UK-wide Antibiotic Guardian campaign: developing engagement on antimicrobial resistance

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdw059

Accession Number: WOS:000404544500006

Abstract: Public Health England developed and led a new UK-wide pledge campaign aiming to improve behaviours around the prudent use and prescription of antibiotics. This paper presents a process evaluation for the first season of the campaign to determine the impact of the campaign and inform future campaigns. Data were collected from AntibioticGuardian.com and Google analytics between August 2014 and January 2015. The primary outcome was the decision to pledge and was assessed according to target audience, location, source and route of referral to the website. There were 47 158 unique visits to the website and 12 509 visitors made a pledge (26.5%) to become Antibiotic Guardians (AGs); 69% were healthcare professionals. Social media directed the most traffic to the website (24% of the public that signed up cited social media as how they discovered the campaign), other acquisition routes such as self-directed, email or website referral, were more effective at encouraging visitors to pledge. The campaign completed its goal of 10 000 AGs in the first year. Further work is required to improve engagement with target audiences and determine whether this campaign has an impact on antibiotic consumption and prescribing behaviour among the public and healthcare professionals.

Notes: Bhattacharya, Alex Hopkins, Susan Sallis, Anna Budd, Emma L. Ashiru-Oredope, Diane

Hopkins, Susan/C-9736-2011; Bhattacharya, Alex/ABC-2584-2021

Bhattacharya, Alex/0000-0003-3000-2771; Budd, Emma/
0000-0002-9695-8445; Hopkins, Susan/0000-0001-5179-5702
1741-3850

URL: <Go to ISI>://WOS:000404544500006

Reference Type: Conference Proceedings

Record Number: 2017

Author: Bhattacharya, A., Vilardaga, R., Kientz, J. A., Munson, S. A. and Acm

Year of Conference: 2017

Title: Lessons from Practice: Designing Tools to Facilitate Individualized Support for Quitting Smoking

Conference Name: ACM SIGCHI Conference on Human Factors in Computing Systems (CHI)

Conference Location: Denver, CO

Pages: 3057-3070

Date: May 06-11

Sponsor: Assoc Comp Machinery, Acm Sigchi

Short Title: Lessons from Practice: Designing Tools to Facilitate Individualized Support for Quitting Smoking

ISBN: 978-1-4503-4655-9

DOI: 10.1145/3025453.3025725

Source: Proceedings of the 2017 acm sigchi conference on human

factors in computing systems (chi'17)

Year Published:2017

Accession Number: WOS:000426970503001

Abstract: Many health care providers, with a variety of trainings, counsel clients on quitting smoking on a day-to-day basis. In their clinical practice, they draw from and adapt guidelines and research-based strategies to fit individual client situations and challenges. Designers of technologies to support quitting smoking can learn from these real world practices to create tools that better adapt to individual differences. We present findings from interviews with 28 providers with diverse experiences in smoking cessation counselling. Through analysis of their individualization strategies, challenges, and perceptions of technology, we find that providers: (1) individualize context appropriate coping strategies by involving clients in brainstorming, (2) emphasize the need to support nicotine withdrawal in clients, (3) mitigate social triggers and mediate social support for clients, and (4) need to navigate dependencies with other providers for managing medications and comorbid health conditions of clients. With this empirical understanding, we extend the discussion on the design of technology to support quitting smoking, highlight current barriers to individualization, and suggest future opportunities to address these barriers.

Notes: Bhattacharya, Arpita Vilardaga, Roger Kientz, Julie A. Munson, Sean A.

Vilardaga, Roger/S-1016-2019

Vilardaga, Roger/0000-0002-7252-4343; Bhattacharya, Arpita/0000-0001-8890-5557; Munson, Sean/0000-0002-0472-6138

URL: <Go to ISI>://WOS:000426970503001

Reference Type: Journal Article

Record Number: 358

Author: Bian, W., Wang, Z. H., Wan, J. L., Zhang, F., Wu, X. M., Li, X. and Luo, Y.

Year: 2022

Title: Exploring challenges to nutrition intervention adherence using COM-B model among patients with wet age-related macular degeneration: a qualitative study

Journal: Bmj Open

Volume: 12

Issue: 11

Date: Nov

Short Title: Exploring challenges to nutrition intervention adherence using COM-B model among patients with wet age-related macular degeneration: a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-064892

Accession Number: WOS:000892973900015

Abstract: ObjectivesTo explore challenges to nutrition intervention adherence using the Capability, Opportunity and Motivation-Behaviour (COM-B) model among wet age-related macular degeneration (AMD) patients. These factors should be considered in the development of potential support and intervention programmes to address these problems.DesignA qualitative study was conducted with one-to-one and

face-to-face interviews with wet AMD patients using a semi-structured question guide. Data were analysed based on COM-B model: capability (physical and psychological), opportunity (physical and social) and motivation (reflective and automatic). Setting Southwest Hospital of Chongqing Province in China. Participants A convenient and purposive sample of 24 wet AMD patients were recruited. Results The themes and subthemes were identified: psychological capability: (1) insufficient knowledge of nutrition; (2) misconceptions about the disease and treatment; (3) knowledge conflict; physical capability: (1) physical restriction; (2) limited access to nutrition knowledge; physical opportunity: (1) communication between providers and patients; (2) health insurance and extra charges; (3) food environment; social opportunity: (1) stigma of disease; (2) family influence; reflective motivation: (1) self-efficacy; (2) attitude; (3) outcome expectancies; (4) lack of professional support; automatic motivation: (1) difficulties in changing eating habits; (2) mindset. Conclusion Medical staff should pay much attention to the process of patients' nutrition intervention. In addition, it is also necessary to develop professional and internet-based intervention to modify the dietary behaviour and improve the management skills of the patients.

Notes: Bian, Wei Wang, Zonghua Wan, Junli Zhang, Feng Wu, Xuemei Li, Xin Luo, Yu

URL: <Go to ISI>://WOS:000892973900015

Reference Type: Journal Article

Record Number: 1056

Author: Bianchi, F., Aveyard, P., Astbury, N. M., Cook, B., Cartwright, E. and Jebb, S. A.

Year: 2022

Title: Replacing meat with alternative plant-based products (RE-MAP): a randomized controlled trial of a multicomponent behavioral intervention to reduce meat consumption

Journal: American Journal of Clinical Nutrition

Volume: 115

Issue: 5

Pages: 1357-1366

Date: May

Short Title: Replacing meat with alternative plant-based products (RE-MAP): a randomized controlled trial of a multicomponent behavioral intervention to reduce meat consumption

ISSN: 0002-9165

DOI: 10.1093/ajcn/nqab414

Accession Number: WOS:000768343000001

Abstract: Background Reducing meat consumption could protect the environment and human health. Objectives We tested the impact of a behavioral intervention to reduce meat consumption. Methods Adult volunteers who regularly consumed meat were recruited from the general public and randomized 1:1 to an intervention or control condition. The intervention comprised free meat substitutes for 4 weeks, information about the benefits of eating less meat, success stories, and recipes. The control group received no intervention or advice on dietary change. The primary outcome was daily meat

consumption after 4 weeks, assessed by a 7-day food diary, and repeated after 8 weeks as a secondary outcome. Other secondary and exploratory outcomes included the consumption of meat substitutes, cardiovascular risk factors, psychosocial variables related to meat consumption, and the nutritional composition of the diet. We also estimated the intervention's environmental impact. We evaluated the intervention using generalized linear mixed-effects models. Results Between June 2018 and October 2019, 115 participants were randomized. The baseline meat consumption values were 134 g/d in the control group and 130 g/d in the intervention group. Relative to the control condition, the intervention reduced meat consumption at 4 weeks by 63 g/d (95% CI: 44–82; $P < 0.0001$; $n = 114$) and at 8 weeks by 39 g/d (95% CI: 16–62; $P = 0.0009$; $n = 113$), adjusting for sex and baseline consumption. The intervention significantly increased the consumption of meat substitutes without changing the intakes of other principal food groups. The intervention increased intentions, positive attitudes, perceived control, and subjective norms of eating a low-meat diet and using meat substitutes, and decreased attachment to meat. At 8 weeks, 55% of intervention recipients identified as meat eaters, compared to 89% of participants in the control group. Conclusions A behavioral program involving free meat substitutes can reduce meat intake and change psychosocial constructs consistent with a sustained reduction in meat intake.

Notes: Bianchi, Filippo Aveyard, Paul Astbury, Nerys M. Cook, Brian Cartwright, Emma Jebb, Susan A.

Cook, Brian/0000-0003-3902-7449; Stewart, Cristina/
0000-0002-3060-5874

1938-3207

URL: <Go to ISI>://WOS:000768343000001

Reference Type: Journal Article

Record Number: 682

Author: Bichler, C. S., Niedermeier, M., Huefner, K., Galffy, M., Sperner-Unterweger, B. and Kopp, M.

Year: 2022

Title: Affective Responses to Both Climbing and Nordic Walking Exercise Are Associated With Intermediate-Term Increases in Physical Activity in Patients With Anxiety and Posttraumatic Stress Disorder – A Randomized Longitudinal Controlled Clinical Pilot Trial

Journal: Frontiers in Psychiatry

Volume: 13

Date: Jun

Short Title: Affective Responses to Both Climbing and Nordic Walking Exercise Are Associated With Intermediate-Term Increases in Physical Activity in Patients With Anxiety and Posttraumatic Stress Disorder – A Randomized Longitudinal Controlled Clinical Pilot Trial

ISSN: 1664-0640

DOI: 10.3389/fpsy.2022.856730

Article Number: 856730

Accession Number: WOS:000815029800001

Abstract: Background: Exercise programs have shown anxiolytic effects in psychiatric patients. Adherence to exercise programs and subsequent long-term lifestyle change is influenced by acute

affective responses of the exercise programs. This research aimed to assess acute affective responses of two different exercise modalities compared to a non-exercise control program and its effects on persisting physical activity behavior change. Methods: Sixty-six outpatients diagnosed with an anxiety disorder or posttraumatic stress disorder were randomly allocated to one of three groups in a randomized longitudinal controlled clinical pilot trial: climbing (n = 26), nordic walking (n = 19), social contact control (n = 21). Affective responses were assessed pre, during, and post activity. General physical activity behavior was recorded prior to participation in the program, post program, and at follow-ups three and six months after the program. Results: Multilevel modeling analyzes of 1,066 individual data points revealed increases in affective valence in the exercise sessions compared to the social contact sessions. State anxiety decreased in the climbing group compared to the social contact group. Physical activity behavior was increased immediately following the program as well as at six months follow-up in both exercise groups. A larger increase in affective valence during and after the sessions was associated with higher physical activity post program. Conclusions: Climbing and conventional nordic walking exercise sessions revealed positive affective changes in outpatients indicating therapeutic potential of both modalities for acute emotion regulation. In accordance with theoretical models of human behavior change, it was judged that the experience of a more pleasant affective state following the exercise sessions induced more persisting effects on physical activity behavior after the exercise programs.

Notes: Bichler, Carina S. Niedermeier, Martin Huefner, Katharina Galffy, Matyas Sperner-Unterweger, Barbara Kopp, Martin Niedermeier, Martin/J-4515-2019
Niedermeier, Martin/0000-0001-7571-4962; Hufner, Katharina/
0000-0002-5453-8792
URL: <Go to ISI>://WOS:000815029800001

Reference Type: Journal Article

Record Number: 396

Author: Bick, D., Bishop, J., Coleman, T., Dean, S., Edwards, E., Frawley, H., Gkini, E., Hay-Smith, J., Hemming, K., Jones, E., Oborn, E., Pearson, M., Salmon, V., Webb, S. and MacArthur, C.

Year: 2022

Title: Antenatal preventative pelvic floor muscle exercise intervention led by midwives to reduce postnatal urinary incontinence (APPEAL): protocol for a feasibility and pilot cluster randomised controlled trial

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Oct

Short Title: Antenatal preventative pelvic floor muscle exercise intervention led by midwives to reduce postnatal urinary incontinence (APPEAL): protocol for a feasibility and pilot cluster randomised controlled trial

DOI: 10.1186/s40814-022-01185-y

Article Number: 231

Accession Number: WOS:000871188500003

Abstract: Background: Antenatal pelvic floor muscle exercises (PFME) in women without prior urinary incontinence (UI) are effective in reducing postnatal UI; however, UK midwives often do not provide advice and information to women on undertaking PFME, with evidence that among women who do receive advice, many do not perform PFME. Methods: The primary aim of this feasibility and pilot cluster randomised controlled trial is to provide a potential assessment of the feasibility of undertaking a future definitive trial of a midwifery-led antenatal intervention to support women to perform PFME in pregnancy and reduce UI postnatally. Community midwifery teams in participating NHS sites comprise trial clusters (n = 17). Midwives in teams randomised to the intervention will be trained on how to teach PFME to women and how to support them in undertaking PFME in pregnancy. Women whose community midwifery teams are allocated to control will receive standard antenatal care only. All pregnant women who give birth over a pre-selected sample month who receive antenatal care from participating community midwifery teams (clusters) will be sent a questionnaire at 10–12 weeks postpartum (around 1400–1500 women). Process evaluation data will include interviews with midwives to assess if the intervention could be implemented as planned. Interviews with women in both trial arms will explore their experiences of support from midwives to perform PFME during pregnancy. Data will be stored securely at the Universities of Birmingham and Exeter. Results will be disseminated through publications aimed at maternity service users, clinicians, and academics and inform a potential definitive trial of effectiveness. The West Midlands–Edgbaston Research Ethics Committee approved the study protocol. Discussion: Trial outcomes will determine if criteria to progress to a definitive cluster trial are met. These include women's questionnaire return rates, prevalence of UI, and other health outcomes as reported by women at 10–12 weeks postpartum. Progress to a definitive trial however is likely to be prevented in the UK context by new perinatal pelvic health service, although this may be possible elsewhere.

Notes: Bick, D. Bishop, J. Coleman, T. Dean, S. Edwards, E. Frawley, H. Gkini, E. Hay-Smith, J. Hemming, K. Jones, E. Oborn, E. Pearson, M. Salmon, V Webb, S. MacArthur, C.

; Bick, Debra/P-9575-2018

Dean, Sarah/0000-0002-3682-5149; Bick, Debra/0000-0002-8557-7276;

Salmon, Victoria/0000-0002-1536-4750; hemming, karla/

0000-0002-2226-6550

2055-5784

URL: <Go to ISI>://WOS:000871188500003

Reference Type: Journal Article

Record Number: 1793

Author: Bick, D., Taylor, C., Avery, A., Bhavnani, V., Craig, V., Healey, A., Khazaezadeh, N., McMullen, S., Oki, B., Oteng-Ntim, E., O'Connor, S., Poston, L., Seed, P., Roberts, S. and Ussher, M.

Year: 2019

Title: Protocol for a two-arm feasibility RCT to support postnatal

maternal weight management and positive lifestyle behaviour in women from an ethnically diverse inner city population: the SWAN feasibility trial

Journal: Pilot and Feasibility Studies

Volume: 5

Issue: 1

Date: Oct

Short Title: Protocol for a two-arm feasibility RCT to support postnatal maternal weight management and positive lifestyle behaviour in women from an ethnically diverse inner city population: the SWAN feasibility trial

DOI: 10.1186/s40814-019-0497-3

Article Number: 117

Accession Number: WOS:000704682200001

Abstract: Introduction A high BMI during and after pregnancy is linked to poor pregnancy outcomes and contributes to long-term maternal obesity, hypertension, and diabetes. Evidence of feasible, effective postnatal interventions is lacking. This randomised controlled trial will assess the feasibility of conducting a future definitive trial to determine effectiveness and cost-effectiveness of lifestyle information and access to Slimming World (R) (Alfreton, UK) groups for 12 weeks commencing from 8 to 16 weeks postnatally, in relation to supporting longer-term postnatal weight management in women in an ethnically diverse inner city population. Methods/analysis Women will be recruited from one maternity unit in London. To be eligible, women will be overweight (BMI 25–29.9 kg/m²) or obese (BMI ≥ 30 kg/m²) as identified at their first antenatal contact, or have a normal BMI (18.5–24.9 kg/m²) at booking but gain excessive gestational weight as assessed at 36 weeks gestation. Women will be aged 18 and over, can speak and read English, expecting a single baby, and will not have accessed weight management groups in this pregnancy. Women will be randomly allocated to standard care plus lifestyle information and access to Slimming World (R) (Alfreton, UK) groups or standard care only. A sample of 130 women is required. Feasibility trial objectives reflect those considered most important inform a decision about undertaking a definitive future trial. These include estimation of impact of lifestyle information and postnatal access to Slimming World (R) (Alfreton, UK) on maternal weight change between antenatal booking weight and weight at 12 months postbirth, recruitment rate and time to recruitment, retention rate, influence of lifestyle information and Slimming World (R) (Alfreton, UK) groups on weight management, diet, physical activity, breastfeeding, smoking cessation, alcohol intake, physical and mental health, infant health, and health-related quality of life 6 and 12 months postnatally. An embedded process evaluation will assess acceptability of study processes and procedures to women. Ethics/dissemination London-Camberwell St Giles Research Ethics Committee, reference: 16/L0/1422. Outcomes will be disseminated in peer-reviewed journals and presentations at national and international conferences.

Notes: Bick, Debra Taylor, Cath Avery, Amanda Bhavnani, Vanita Craig, Victoria Healey, Andy Khazaezadeh, Nina McMullen, Sarah Oki, Bimpe Oteng-Ntim, Eugene O'Connor, Sheila Poston, Lucilla Seed, Paul

Roberts, Sarah Ussher, Michael
Seed, Paul T/C-4435-2008; Bick, Debra/P-9575-2018
Seed, Paul T/0000-0001-7904-7933; Healey, Andrew/
0000-0003-2013-3161; Bick, Debra/0000-0002-8557-7276; Roberts,
Sarah/0000-0002-6807-9830; Poston, Lucilla/0000-0003-1100-2821
2055-5784
URL: <Go to ISI>://WOS:000704682200001

Reference Type: Journal Article

Record Number: 273

Author: Biddle, G. J. H., Sanders, J. P., Gokal, K., Madigan, C. D.,
Thomas, J. J. C., Pyle, A., Roalfe, A., Daley, A. J. and Team, Climb
Active Advent Study

Year: 2022

Title: A Christmas themed physical activity intervention to increase
participation in physical activity during Advent: pilot randomised
controlled trial

Journal: Bmj-British Medical Journal

Volume: 379

Date: Dec

Short Title: A Christmas themed physical activity intervention to
increase participation in physical activity during Advent: pilot
randomised controlled trial

ISSN: 0959-535X

DOI: 10.1136/bmj-2022-072807

Article Number: e072807

Accession Number: WOS:000912315500013

Abstract: Objectives To examine the recruitment, retention, and
preliminary effects of a Christmas themed physical activity
intervention designed to increase participation in physical activity
and decrease sedentary behaviour in inactive adults. Design Pilot
randomised controlled trial. Setting Recruitment from social medial
platforms, workplaces, and community groups in the UK. Participants
107 inactive adults (who did not meet the UK guidelines for physical
activity) aged 18-75 years. Interventions The intervention consisted
of an email sent to participants each day of Advent (1-24 December
2021), which contained a Christmas themed physical activity idea to
be completed that day. Each physical activity idea was presented in
three intensity formats, including Easy Elf (light intensity),
Moderate Mrs Claus (moderate intensity), and Strenuous Santa
(vigorous intensity). The comparator group received a leaflet about
healthy living on the 1 December. Main outcome measures Participants
were randomly assigned (2:1) to either the intervention or control
and were masked to group allocation before randomisation. Primary
outcomes were recruitment rate, retention, and weekly minutes of
participation in self-reported moderate-to-vigorous intensity
physical activity by use of the exercise vital signs questionnaire.
Primary analysis compared change in minutes of moderate-to-vigorous
intensity physical activity from baseline to weeks one, two, and
three during the Active Advent intervention. Secondary outcomes were
participation in muscle strengthening based physical activity (days
per week), accelerometer measured moderate-to-vigorous intensity
physical activity, light intensity physical activity, total physical

activity, and sedentary time (minutes per day), and enjoyment of and adherence to the intervention. Results 323 individuals expressed interest in participating in the trial and 107 were randomly assigned to the intervention (n=71) or the comparator (n=36) group. The recruitment target (n=105) was reached within 19 days of starting recruitment. 23 (21%) of 107 participants were lost to follow-up. On average, the groups reported participation in similar minutes of moderate-to-vigorous intensity physical activity in weeks one and two. At week three, the adjusted mean difference between groups was 20.6 minutes of participation in moderate-to-vigorous intensity physical activity per week (95% confidence interval -29.7 to 70.9) in favour of the intervention group. Accelerometer data showed that the intervention group spent fewer minutes sedentary per day than comparators (mean difference -58.6 (-113.5 to -3.8)). Overall, 42 (70%) of 60 participants in the intervention group reported that they liked the intervention and 41 (69%) of 59 reported that they completed the Active Advent intervention ideas each day. Conclusions The public were interested to participate in a Christmas themed physical activity intervention during Advent, which might increase physical activity and reduce time sedentary. Enjoyment of, and adherence to the intervention shows the potential benefit that Christmas themed physical activity campaigns/ initiatives might have for improving public health.

Notes: Biddle, Gregory J. H. Sanders, James P. Gokal, Kajal Madigan, Claire D. Thomas, Jonah J. C. Pyle, Alexandra Roalfe, Andrea Daley, Amanda J.

McLeod, Chris/0000-0002-9302-1673; Thomas, Jonah/0000-0002-9886-0169; Biddle, Greg/0000-0002-4394-0655; Daley, Amanda/0000-0002-4866-8726; Madigan, Claire/0000-0002-6782-0017 1756-1833

URL: <Go to ISI>://WOS:000912315500013

Reference Type: Book Section

Record Number: 1870

Author: Biddle, S. J. H.

Year: 2018

Title: Sedentary Behaviour at the Individual Level: Correlates, Theories, and Interventions

Editor: Leitzmann, M. F., Jochem, C. and Schmid, D.

Book Title: Sedentary Behaviour Epidemiology

Pages: 405-429

Series Title: Springer Series on Epidemiology and Public Health

Short Title: Sedentary Behaviour at the Individual Level:

Correlates, Theories, and Interventions

ISBN: 978-3-319-61552-3; 978-3-319-61550-9

DOI: 10.1007/978-3-319-61552-3_16

Accession Number: WOS:000465573600017

Abstract: Sedentary behaviour is highly frequent in individuals, and this chapter focusses on sedentary behaviour at the individual level of analysis. Using the behavioural epidemiology framework, the chapter summarizes issues concerning individual-level knowledge and approaches. It focusses mainly on correlates and behaviour change. Correlates discussed include whether sedentary behaviour and

physical activity are associated and the coexistence of other health behaviours. Barriers to sedentary behaviour change are considered. A number of psychological theories are covered that have been popular in physical activity research, and their application to sedentary behaviour is commented upon. Moreover, alternative perspectives are covered, including notions of behavioural economics, habit, and nudging. Coverage is given to sedentary behaviour interventions, including those involving education, prompting, and wearable technology. Behaviour change techniques that seem to be useful for successful behaviour change are covered.

Notes: Biddle, Stuart J. H.

1869-7933

URL: <Go to ISI>://WOS:000465573600017

Reference Type: Journal Article

Record Number: 2283

Author: Biddle, S. J. H. and Batterham, A. M.

Year: 2015

Title: High-intensity interval exercise training for public health: a big HIT or shall we HIT it on the head?

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 12

Date: Jul

Short Title: High-intensity interval exercise training for public health: a big HIT or shall we HIT it on the head?

DOI: 10.1186/s12966-015-0254-9

Article Number: 95

Accession Number: WOS:000358030100001

Abstract: Background: The efficacy of high-intensity interval training for a broad spectrum of cardio-metabolic health outcomes is not in question. Rather, the effectiveness of this form of exercise is at stake. In this paper we debate the issues concerning the likely success or failure of high-intensity interval training interventions for population-level health promotion. Discussion: Biddle maintains that high-intensity interval training cannot be a viable public health strategy as it will not be adopted or maintained by many people. This conclusion is based on an analysis of perceptions of competence, the psychologically aversive nature of high-intensity exercise, the affective component of attitudes, the less conscious elements of motivated behaviour that reflect our likes and dislikes, and analysis using the RE-AIM framework.

Batterham argues that this appraisal is based on a constrained and outmoded definition of high-intensity interval training and that truly practical and scalable protocols have been – and continue to be – developed. He contends that the purported displeasure associated with this type of exercise has been overstated. Biddle suggests that the way forward is to help the least active become more active rather than the already active to do more. Batterham claims that traditional physical activity promotion has been a spectacular failure. He proposes that, within an evolutionary health promotion framework, high-intensity interval training could be a successful population strategy for producing rapid physiological

adaptations benefiting public health, independent of changes in total physical activity energy expenditure. Summary: Biddle recommends that we focus our attention elsewhere if we want population-level gains in physical activity impacting public health. His conclusion is based on his belief that high-intensity interval training interventions will have limited reach, effectiveness, and adoption, and poor implementation and maintenance. In contrast, Batterham maintains that there is genuine potential for scalable, enjoyable high-intensity interval exercise interventions to contribute substantially to addressing areas of public health priority, including prevention and treatment of Type 2 diabetes and cardiovascular disease.

Notes: Biddle, Stuart J. H. Batterham, Alan M.

Biddle, Stuart/AAE-9395-2019

Biddle, Stuart/0000-0002-7663-6895; BATTERHAM, ALAN/

0000-0002-7865-7227

1479-5868

URL: <Go to ISI>://WOS:000358030100001

Reference Type: Journal Article

Record Number: 2241

Author: Biddle, S. J. H., Edwardson, C. L., Wilmot, E. G., Yates, T., Gorely, T., Bodicoat, D. H., Ashra, N., Khunti, K., Nimmo, M. A. and Davies, M. J.

Year: 2015

Title: A Randomised Controlled Trial to Reduce Sedentary Time in Young Adults at Risk of Type 2 Diabetes Mellitus: Project STAND (Sedentary Time ANd Diabetes)

Journal: Plos One

Volume: 10

Issue: 12

Date: Dec

Short Title: A Randomised Controlled Trial to Reduce Sedentary Time in Young Adults at Risk of Type 2 Diabetes Mellitus: Project STAND (Sedentary Time ANd Diabetes)

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0143398

Article Number: e0143398

Accession Number: WOS:000365891600027

Abstract: Aims Type 2 diabetes mellitus (T2DM), a serious and prevalent chronic disease, is traditionally associated with older age. However, due to the rising rates of obesity and sedentary life-styles, it is increasingly being diagnosed in the younger population. Sedentary (sitting) behaviour has been shown to be associated with greater risk of cardio-metabolic health outcomes, including T2DM. Little is known about effective interventions to reduce sedentary behaviour in younger adults at risk of T2DM. We aimed to investigate, through a randomised controlled trial (RCT) design, whether a group-based structured education workshop focused on sitting reduction, with self-monitoring, reduced sitting time. Methods Adults aged 18-40 years who were either overweight (with an additional risk factor for T2DM) or obese were recruited for the Sedentary Time ANd Diabetes (STAND) RCT. The intervention programme

comprised of a 3-hour group-based structured education workshop, use of a self-monitoring tool, and follow-up motivational phone call. Data were collected at three time points: baseline, 3 and 12 months after baseline. The primary outcome measure was accelerometer-assessed sedentary behaviour after 12 months. Secondary outcomes included other objective (activPAL) and self-reported measures of sedentary behaviour and physical activity, and biochemical, anthropometric, and psycho-social variables. Results 187 individuals (69% female; mean age 33 years; mean BMI 35 kg/m²) were randomised to intervention and control groups. 12 month data, when analysed using intention-to-treat analysis (ITT) and per-protocol analyses, showed no significant difference in the primary outcome variable, nor in the majority of the secondary outcome measures. Conclusions A structured education intervention designed to reduce sitting in young adults at risk of T2DM was not successful in changing behaviour at 12 months. Lack of change may be due to the brief nature of such an intervention and lack of focus on environmental change. Moreover, some participants reported a focus on physical activity rather than reductions in sitting per se. The habitual nature of sedentary behaviour means that behaviour change is challenging.

Notes: Biddle, Stuart J. H. Edwardson, Charlotte L. Wilmot, Emma G. Yates, Thomas Gorely, Trish Bodicoat, Danielle H. Ashra, Nuzhat Khunti, Kamlesh Nimmo, Myra A. Davies, Melanie J.

/ABC-9527-2021; Nimmo, Myra A/H-7595-2012; /GQB-2573-2022; Edwardson, Charlotte/C-9335-2012; Biddle, Stuart/AAE-9395-2019 Nimmo, Myra A/0000-0003-1045-5167; Biddle, Stuart/0000-0002-7663-6895; Yates, Thomas/0000-0002-5724-5178; Davies, Melanie/0000-0002-9987-9371; Ashra, Nuzhat/0000-0002-5818-0628; Wilmot, Emma G/0000-0002-8698-6207; Edwardson, Charlotte/0000-0001-6485-9330

URL: <Go to ISI>://WOS:000365891600027

Reference Type: Journal Article

Record Number: 132

Author: Biddle, S. J. H., Hagger, M. S., Kokko, S., Ruiz, M. C., Lintunen, T. and Knittle, K.

Year: 2023

Title: Population physical activity legacy from major sports events: The contribution of behavior change science

Journal: Journal of Sport and Health Science

Volume: 12

Issue: 2

Pages: 212-215

Date: Mar

Short Title: Population physical activity legacy from major sports events: The contribution of behavior change science

ISSN: 2095-2546

DOI: 10.1016/j.jshs.2022.12.010

Accession Number: WOS:000975063600001

Notes: Biddle, Stuart J. H. Hagger, Martin S. Kokko, Sami Ruiz, Montse C. Lintunen, Taru Knittle, Keegan

Ruiz, Montse/F-4500-2016; Lintunen, Taru/G-2838-2011

Ruiz, Montse/0000-0002-1116-206X; Kokko, Sami/0000-0001-9436-5681;
Lintunen, Taru/0000-0001-5191-2251
2213-2961
URL: <Go to ISI>://WOS:000975063600001

Reference Type: Journal Article

Record Number: 534

Author: Bieler, T., Magnusson, S. P., Siersma, V., Rinaldo, M., Schmiegelow, M. T., Beck, T., Krifa, A. M., Kjaer, B. H., Palm, H. and Midtgaard, J.

Year: 2022

Title: Effectiveness of promotion and support for physical activity maintenance post total hip arthroplasty—study protocol for a pragmatic, assessor-blinded, randomized controlled trial (the PANORAMA trial)

Journal: Trials

Volume: 23

Issue: 1

Date: Aug

Short Title: Effectiveness of promotion and support for physical activity maintenance post total hip arthroplasty—study protocol for a pragmatic, assessor-blinded, randomized controlled trial (the PANORAMA trial)

DOI: 10.1186/s13063-022-06610-4

Article Number: 647

Accession Number: WOS:000840314800001

Abstract: Background: Total hip arthroplasty is considered an efficacious procedure for relieving pain and disability, but despite that objectively measured physical activity level remains unchanged compared to pre-surgery and is still considerably lower than that of a healthy age- and sex-matched population 6–12 months post-surgery. Since there is a graded relationship between physical activity level and functional performance, increasing physical activity may enhance the outcome of the procedure. This study aims to investigate whether promotion and support of physical activity initiated 3 months after total hip arthroplasty complementary to usual rehabilitation care can increase objective measured physical activity 6 months post-surgery. Methods: The trial is designed as a pragmatic, parallel group, two-arm, assessor-blinded, superiority, randomized (1:1), controlled trial with post intervention follow-up 6 and 12 months after total hip arthroplasty. Home-dwelling, independent, and self-reliant patients with hip osteoarthritis are provisionally enrolled prior to surgery and rescreened about 2–3 months post-surgery to confirm eligibility. Baseline assessment is conducted 3 months post-surgery. Subsequently, patients (n=200) are randomized to either a 3-month, multimodal physical activity promotion/education intervention or control (no further attention). The intervention consists of face-to-face and telephone counselling, patient education material, pedometer, and step-counting journal. The primary outcome is objectively measured physical activity, specifically the proportion of patients that complete on average ≥ 8000 steps per day 6 months post-surgery. Secondary outcomes include core outcomes (i.e., physical function, pain, and patient global

assessment) and health-related quality of life. Furthermore, we will explore the effect of the intervention on self-efficacy and outcome expectations (i.e., tertiary outcomes). Discussion: By investigating the effectiveness of a pedometer-driven, face-to-face, and telephone-assisted counselling, behavior change intervention in complementary to usual rehabilitation, we hope to deliver applicable and generalizable knowledge to support physical activity after total hip arthroplasty and potentially enhance the outcome of the procedure.

Notes: Bieler, Theresa Magnusson, S. Peter Siersma, Volkert Rinaldo, Mie Schmiegelow, Morten Torrild Beck, Torben Krifa, Anne-Mette Kjaer, Birgitte Hougs Palm, Henrik Midtgaard, Julie Siersma, Volkert D/G-6867-2016; Magnusson, Peter/AAN-1631-2020 Siersma, Volkert D/0000-0003-1941-2681; Midtgaard, Julie/0000-0003-2381-2127; Kjaer, Birgitte Hougs/0000-0002-1045-2137 1745-6215
URL: <Go to ISI>://WOS:000840314800001

Reference Type: Journal Article

Record Number: 767

Author: Bielinska, A. M., Archer, S., Darzi, A. and Urch, C.

Year: 2022

Title: Co-designing an intervention to increase uptake of advance care planning in later life following emergency hospitalisation: a research protocol using accelerated experience-based co-design (AEBCD) and the behaviour change wheel (BCW)

Journal: Bmj Open

Volume: 12

Issue: 5

Date: May

Short Title: Co-designing an intervention to increase uptake of advance care planning in later life following emergency hospitalisation: a research protocol using accelerated experience-based co-design (AEBCD) and the behaviour change wheel (BCW)

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-055347

Article Number: e055347

Accession Number: WOS:000798799500016

Abstract: Introduction Despite the potential benefits of advance care planning, uptake in older adults is low. In general, there is a lack of guidance as to how to initiate advance care planning conversations and encourage individuals to take action in planning their future care, including after emergency hospitalisation. Participatory action research methods are harnessed in health services research to design interventions that are relevant to end-users and stakeholders. This study aims to involve older persons, carers and healthcare professionals in co-designing an intervention to increase uptake of advance care planning in later life, which can be used by social contacts and healthcare professionals, particularly in the context of a recent emergency hospitalisation. Methods and analysis The theory-driven participatory design research method integrates and adapts accelerated experience-based co-design with the behaviour change wheel, in the form of a collaborative

multi-stakeholder co-design workshop. In total, 12 participants, comprising 4 lay persons aged 70+, 4 carers and 4 healthcare professionals with experience in elder care, will be recruited to participate in two online half-day sessions, together comprising one online workshop. There will be a maximum of two workshops. First, in the discovery phase, participants will reflect on findings from earlier qualitative research on views and experiences of advance care planning from three workstreams: patients, carers and healthcare professionals. Second, in the co-design phase, participants will explore practical mechanisms in which older persons aged 70+ can be encouraged to adopt advance care planning behaviours based on the behaviour change wheel, in order to co-design a behavioural intervention to increase uptake of advance care planning in older adults after an emergency hospitalisation. Ethics and dissemination Ethical approval has been obtained from the Science Engineering Technology Research Ethics Committee at Imperial College London (Reference: 19IC5538). The findings from this study will be disseminated through publications, conferences and meetings. Notes: Bielska, Anna-Maria Archer, Stephanie Darzi, Ara Urch, Catherine Archer, Stephanie/0000-0003-1349-7178 URL: <Go to ISI>://WOS:000798799500016

Reference Type: Journal Article

Record Number: 1083

Author: Biesheuvel, M. M., Santman-Berends, Imga, Barkema, H. W., Ritter, C., Berezowski, J., Guelbenzu, M. and Kaler, J.

Year: 2021

Title: Understanding Farmers' Behavior and Their Decision-Making Process in the Context of Cattle Diseases: A Review of Theories and Approaches

Journal: Frontiers in Veterinary Science

Volume: 8

Date: Dec

Short Title: Understanding Farmers' Behavior and Their Decision-Making Process in the Context of Cattle Diseases: A Review of Theories and Approaches

DOI: 10.3389/fvets.2021.687699

Article Number: 687699

Accession Number: WOS:000730746400001

Abstract: Understanding farmers' behavior regarding disease control is essential to successfully implement behavior change interventions that improve uptake of best practices. A literature review was conducted to identify theoretical underpinnings, analytical methodologies, and key behavioral determinants that have been described to understand farmers' behavior in disease control and prevention on cattle farms. Overall, 166 peer-reviewed manuscripts from studies conducted in 27 countries were identified. In the past decade, there were increasing reports on farmers' motivators and barriers, but no indication of application of appropriate social science methods. Furthermore, the majority (58%) of reviewed studies lacked a theoretical framework in their study design. However, when a theoretical underpinning was applied, the Theory of Planned

Behavior was most commonly used (14% of total). The complexity of factors impacting farmers' behavior was illustrated when mapping all described key constructs of the reviewed papers in behavior change frameworks, such as the socioecological framework and the Capability, Opportunity and Motivation Behavior (COM-B) model. Constructs related to personal influences and relationships between farmers and veterinarians were overrepresented, whereas constructs related to other interpersonal and contextual environments were not extensively studied. There was a general lack of use of validated scales to measure constructs and empirically validated theoretical frameworks to understand and predict farmers' behavior. Furthermore, studies mainly focused on measurements of intention of stakeholder behavior rather than actual behavior, although the former is a poor predictor of the latter. Finally, there is still a lack of robust evidence of behavior change interventions or techniques that result in a successful change in farmers' behavior. We concluded that for a sustainable behavior change, studies should include wider constructs at individual, interpersonal, and contextual levels. Furthermore, the use of empirically validated constructs and theoretical frameworks is encouraged. By using coherent frameworks, researchers could link constructs to design interventions, and thereby take the first step toward theory-driven, evidence-based interventions to influence farmers' behavior for disease control.

Notes: Biesheuvel, Marit M. Santman-Berends, Inge M. G. A. Barkema, Herman W. Ritter, Caroline Berezowski, John Guelbenzu, Maria Kaler, Jasmeet

Barkema, Herman/B-9583-2008; Kaler, Jasmeet/G-5569-2011

Barkema, Herman/0000-0002-9678-8378; Guelbenzu, Maria/
0000-0001-6335-7646

2297-1769

URL: <Go to ISI>://WOS:000730746400001

Reference Type: Journal Article

Record Number: 1971

Author: Biezen, R., Brijnath, B., Grando, D. and Mazza, D.

Year: 2017

Title: Management of respiratory tract infections in young children—
A qualitative study of primary care providers' perspectives

Journal: Npj Primary Care Respiratory Medicine

Volume: 27

Date: Mar

Short Title: Management of respiratory tract infections in young
children—A qualitative study of primary care providers' perspectives

DOI: 10.1038/s41533-017-0018-x

Article Number: 15

Accession Number: WOS:000396287400001

Abstract: Respiratory tract infections in young children are the most common cause of general practice visits in Australia. Despite the availability of clinical practice guidelines, the treatment and management of respiratory tract infections in young children is inconsistent. The aim of the study was to explore the management of respiratory tract infections in young children from a multidisciplinary perspective using across-sectional qualitative

research design based on the theoretical domains framework and the Capability, Opportunity and Motivation-B model. In-depth interviews were conducted with 30 primary care providers to explore their knowledge, views and management of respiratory tract infections in young children. Interviews focused on symptomatic management, over-the-counter medications and antibiotic use, and data were thematically analysed. Our findings showed that factors such as primary care providers' time constraints, parental anxiety, general practitioners' perception of what parents want, perceived parental pressure, and fear of losing patients were some of the reasons why primary care providers did not always adhere to guideline recommendations. Primary care providers also provided conflicting advice to parents concerning over-the-counter medications and when children should resume normal activities. Overall, this study showed that complex interactions involving emotional and psychological factors influenced the decision making process of primary care providers' management of respiratory tract infections in young children. A team care approach with consistent advice, and improved communication between primary care providers and parents is vital to overcome some of these barriers and improve guideline adherence. The findings of this research will inform the development of interventions to better manage respiratory tract infections in young children.

Notes: Biezen, Ruby Brijnath, Bianca Grando, Danilla Mazza, Danielle Biezen, Ruby/Q-5592-2019; Brijnath, Brijnath/HGU-6200-2022; Mazza, Danielle/H-4577-2014

Mazza, Danielle/0000-0001-6158-7376; Brijnath, Bianca/0000-0002-0536-6859
2055-1010

URL: <Go to ISI>://WOS:000396287400001

Reference Type: Journal Article

Record Number: 2118

Author: Bindoff, I., de Salas, K., Peterson, G., Ling, T., Lewis, I., Wells, L., Gee, P. and Ferguson, S. G.

Year: 2016

Title: Quittr: The Design of a Video Game to Support Smoking Cessation

Journal: Jmir Serious Games

Volume: 4

Issue: 2

Date: Jul-Dec

Short Title: Quittr: The Design of a Video Game to Support Smoking Cessation

ISSN: 2291-9279

DOI: 10.2196/games.6258

Article Number: e19

Accession Number: WOS:000390935000002

Abstract: Background: Smoking is recognized as the largest, single, preventable cause of death and disease in the developed world. While the majority of smokers report wanting to quit, and many try each year, smokers find it difficult to maintain long-term abstinence. Behavioral support, such as education, advice, goal-setting, and

encouragement, is known to be beneficial in improving the likelihood of succeeding in a quit attempt, but it remains difficult to effectively deliver this behavioral support and keep the patient engaged with the process for a sufficient duration. In an attempt to solve this, there have been numerous mobile apps developed, yet engagement and retention have remained key challenges that limit the potential effectiveness of these interventions. Video games have been clearly linked with the effective delivery of health interventions, due to their capacity to increase motivation and engagement of players. Objective: The objective of this study is to describe the design and development of a smartphone app that is theory-driven, and which incorporates gaming characteristics in order to promote engagement with content, and thereby help smokers to quit. Methods: Game design and development was informed by a taxonomy of motivational affordances for meaningful gamified and persuasive technologies. This taxonomy describes a set of design components that is grounded in well-established psychological theories on motivation. Results: This paper reports on the design and development process of Quittr, a mobile app, describing how game design principles, game mechanics, and game elements can be used to embed education and support content, such that the app actually requires the user to access and engage with relevant educational content. The next stage of this research is to conduct a randomized controlled trial to determine whether the additional incentivization game features offer any value in terms of the key metrics of engagement—how much content users are consuming, how many days users are persisting with using the app, and what proportion of users successfully abstain from smoking for 28 days, based on user-reported data and verified against a biochemical baseline using cotinine tests. Conclusions: We describe a novel, and theoretically-informed mobile app design approach that has a broad range of potential applications. By using the virtual currency approach, we remove the need for the game to comprehensively integrate the healthy activity as part of its actual play mechanics. This opens up the potential for a wide variety of health problems to be tackled through games where no obvious play mechanic presents itself. The implications of this app are that similar approaches may be of benefit in areas such as managing chronic conditions (diabetes, heart disease, etc), treating substance abuse (alcohol, illicit drugs, etc), diet and exercise, eating disorders (anorexia, bulimia, and binge eating), and various phobias.

Notes: Bindoff, Ivan de Salas, Kristy Peterson, Gregory Ling, Tristan Lewis, Ian Wells, Lindsay Gee, Peter Ferguson, Stuart G. Bindoff, Ivan/J-7608-2014; Ferguson, Stuart/H-8006-2013 Bindoff, Ivan/0000-0002-8170-8339; Lewis, Ian/0000-0001-7160-9364; Wells, Lindsay/0000-0002-0195-5648; Ferguson, Stuart/0000-0001-7378-3497; Ling, Tristan/0000-0003-4361-5294
URL: <Go to ISI>://WOS:000390935000002

Reference Type: Journal Article

Record Number: 1293

Author: Bion, J., Brown, C., Gomersall, C., Boulanger, C., Isherwood, P. and Schulman, D.

Year: 2021
Title: Society of Critical Care Medicine 50th Anniversary Review
Series: Critical Care Education
Journal: Critical Care Medicine
Volume: 49
Issue: 8
Pages: 1241-1253
Date: Aug
Short Title: Society of Critical Care Medicine 50th Anniversary
Review Series: Critical Care Education
ISSN: 0090-3493
DOI: 10.1097/ccm.0000000000005130
Accession Number: WOS:000674100000022
Notes: Bion, Julian Brown, Celia Gomersall, Charles Boulanger,
Carole Isherwood, Peter Schulman, David
1530-0293
URL: <Go to ISI>://WOS:000674100000022

Reference Type: Journal Article

Record Number: 914

Author: Birch, R., Morgan, D., Arch, J. and Matthews, B.

Year: 2022

Title: Rock fisher behaviours and perceptions regarding drowning risk assessed by direct observation and self-report: A public awareness campaign evaluation

Journal: Health Promotion Journal of Australia

Volume: 33

Pages: 399-409

Date: Oct

Short Title: Rock fisher behaviours and perceptions regarding drowning risk assessed by direct observation and self-report: A public awareness campaign evaluation

ISSN: 1036-1073

DOI: 10.1002/hpja.583

Accession Number: WOS:000760035200001

Abstract: Issue addressed Participants engaged in rock fishing are at risk of drowning. Following coronial investigation of fatalities, a 3-year safety campaign targeting rock fishers was developed in Victoria, Australia. Key campaign messages were wearing lifejackets, not fishing alone, and checking sea and weather conditions. The reported study provides results from a campaign evaluation. Methods Evaluation by self-report and direct observation of safety attitudes and behaviours was undertaken pre- and during campaign. Data collections were as follows: (a) online survey of rock fishers recruited from panels, social media and rock fishing networks (n = 350) and (b) rock fisher direct observation and self-report at selected Victorian rock fishing platforms (n = 282; n = 58, respectively). Results Safety message recall was reported by 51.7% of rock fishers surveyed online though far fewer recalled campaign key messages. No effect on key safety behaviours or attitudes were detected for fishers on platforms during campaign. Never wearing a lifejacket was reported by 31.8% online, 60.3% at platforms and observed for 97.4%. From direct observation, most participants did

not fish alone and checked conditions on arrival. Conclusion Campaign evaluation measures showed mixed outcomes. Irrespective, most rock fishers carry high drowning risk through failure to wear lifejackets. Legal mandating of lifejackets for identified high-risk platform is being introduced for Victoria, although careful evaluation is required to detect unanticipated outcomes. Informing future campaign evaluation, complementary methods highlight likely bias in self-reporting through faulty recall or social desirability. So what? Future campaigns require innovative or novel design, over longer duration, to capture attention and change rock fisher behaviours.

Notes: Birch, Rhiannon Morgan, Damian Arch, Jennifer Matthews, Bernadette

morgan, damian/S-8039-2017

morgan, damian/0000-0002-2811-2720; Birch, Rhiannon/0000-0002-1783-8673; Matthews, Bernadette/0000-0002-6258-2961 2201-1617

1

Si

URL: <Go to ISI>://WOS:000760035200001

Reference Type: Journal Article

Record Number: 833

Author: Birdthistle, I., Mulwa, S., Sarrassat, S., Baker, V., Khanyile, D., O'Donnell, D., Cawood, C. and Cousens, S.

Year: 2022

Title: Effects of a multimedia campaign on HIV self-testing and PrEP outcomes among young people in South Africa: a mixed-methods impact evaluation of 'MTV Shuga Down South'

Journal: Bmj Global Health

Volume: 7

Issue: 4

Date: Apr

Short Title: Effects of a multimedia campaign on HIV self-testing and PrEP outcomes among young people in South Africa: a mixed-methods impact evaluation of 'MTV Shuga Down South'

ISSN: 2059-7908

DOI: 10.1136/bmjgh-2021-007641

Article Number: e007641

Accession Number: WOS:000778185000002

Abstract: Introduction Innovative HIV technologies can help to reduce HIV incidence, yet uptake of such tools is relatively low among young people. To create awareness and demand among adolescents and young adults, a new campaign of the pan-African MTV Shuga series ('Down South 2'; DS2), featured storylines and messages about HIV self-testing (HIVST) and pre-exposure prophylaxis (PrEP) through television, radio and accompanying multimedia activities in 2019-2020. Methods We conducted a mixed-methods evaluation of the new MTV Shuga series among 15-24 years old in Eastern Cape, South Africa, in 2020. Quantitative and qualitative methods were used to investigate complementary evaluations questions, namely, whether and how the DS2 campaign works. A web-based survey, promoted via social media platforms of schools, universities and communities, assessed

exposure to MTV Shuga and knowledge of HIV status; secondary outcomes included awareness and uptake of HIVST and PrEP. We used multivariable logistic regression to estimate associations between exposure to DS2 and each outcome, adjusting for sociodemographic factors, media assets and exposure to other media campaigns. An embedded qualitative evaluation explored mechanisms of DS2's impact through deductive and inductive thematic analysis of in-depth individual and group interviews. Results Among 3431 online survey participants, 43% had engaged with MTV Shuga and 24% with DS2 specifically. Knowledge of HIV status was higher among those exposed to DS2 (71%) vs those who were not (39%; adjusted OR=2.26 (95% CI 1.78 to 2.87)). Exposure was also associated with increased awareness of HIVST (60% vs 28%; aOR=1.99 (1.61 to 2.47)) and use of HIVST (29% vs 10%; aOR=2.49 (1.95 to 3.19)). One-third of respondents were aware of PrEP, with higher proportions among those exposed versus non-exposed to DS2 (52% vs 27%; aOR=1.90 (1.53 to 2.35)). Qualitative insights identified mechanisms by which DS2 increased awareness, confidence and motivation to use HIVST and PrEP, but had less influence on service access. Conclusions We found evidence consistent with a positive causal impact of the MTV Shuga DS2 campaign on HIV prevention outcomes among young people in a high-prevalence setting. As diverse testing and PrEP technologies become accessible, an immersive edutainment campaign can help to expand HIV prevention choices and close age and gender gaps in HIV testing and prevention goals.

Notes: Birdthistle, Isolde Mulwa, Sarah Sarrassat, Sophie Baker, Venetia Khanyile, David O'Donnell, Dominique Cawood, Cherie Cousens, Simon

Birdthistle, Isolde/0000-0001-5742-6588; Sarrassat, Sophie/
0000-0001-6872-6455

URL: <Go to ISI>://WOS:000778185000002

Reference Type: Journal Article

Record Number: 1468

Author: Birken, S. A. and Currie, G.

Year: 2021

Title: Using organization theory to position middle-level managers as agents of evidence-based practice implementation

Journal: Implementation Science

Volume: 16

Issue: 1

Date: Apr

Short Title: Using organization theory to position middle-level managers as agents of evidence-based practice implementation

ISSN: 1748-5908

DOI: 10.1186/s13012-021-01106-2

Article Number: 37

Accession Number: WOS:000638585900001

Abstract: Middle-level managers (MLMs; i.e., healthcare professionals who may fill roles including obtaining and diffusing information, adapting information and the intervention, mediating between strategy and day-to-day activities, and selling intervention implementation) have been identified as having significant influence

on evidence-based practice (EBP) implementation. We argue that understanding whether and how MLMs influence EBP implementation is aided by drawing upon organization theory. Organization theories propose strategies for increasing MLMs' opportunities to facilitate implementation by optimizing their appreciation of constructs which we argue have heretofore been treated separately to the detriment of understanding and facilitating implementation: EBPs, context, and implementation strategies. Specifically, organization theory encourages us to delineate different types of MLMs and consider how generalist and hybrid MLMs make different contributions to EBP implementation. Organization theories also suggest that MLMs' understanding of context allows them to adapt EBPs to promote implementation and effectiveness; MLMs' potential vertical linking pin role may be supported by increasing MLMs' interactions with external environment, helping them to understand strategic pressures and opportunities; and how lateral connections among MLMs have the potential to optimize their contribution to EBP implementation as a collective force. We end with recommendations for practice and future research.

Notes: Birken, Sarah A. Currie, Graeme
Birken, Sarah/0000-0002-0591-4800
URL: <Go to ISI>://WOS:000638585900001

Reference Type: Journal Article

Record Number: 2374

Author: Birken, S. A., Presseau, J., Ellis, S. D., Gerstel, A. A. and Mayer, D. K.

Year: 2014

Title: Potential determinants of health-care professionals' use of survivorship care plans: a qualitative study using the theoretical domains framework

Journal: Implementation Science

Volume: 9

Date: Nov

Short Title: Potential determinants of health-care professionals' use of survivorship care plans: a qualitative study using the theoretical domains framework

ISSN: 1748-5908

DOI: 10.1186/s13012-014-0167-z

Article Number: 167

Accession Number: WOS:000347431900002

Abstract: Background: Survivorship care plans are intended to improve coordination of care for the nearly 14 million cancer survivors in the United States. Evidence suggests that survivorship care plans (SCPs) have positive outcomes for survivors, health-care professionals, and cancer programs, and several high-profile organizations now recommend SCP use. Nevertheless, SCP use remains limited among health-care professionals in United States cancer programs. Knowledge of barriers to SCP use is limited in part because extant studies have used anecdotal evidence to identify determinants. This study uses the theoretical domains framework to identify relevant constructs that are potential determinants of SCP use among United States health-care professionals. Methods: We

conducted semi-structured interviews to assess the relevance of 12 theoretical domains in predicting SCP use among 13 health-care professionals in 7 cancer programs throughout the United States with diverse characteristics. Relevant theoretical domains were identified through thematic coding of interview transcripts, identification of specific beliefs within coded text units, and mapping of specific beliefs onto theoretical constructs. Results: We found the following theoretical domains (based on specific beliefs) to be potential determinants of SCP use: health-care professionals' beliefs about the consequences of SCP use (benefit to survivors, health-care professionals, and the system as a whole); motivation and goals regarding SCP use (advocating SCP use; extent to which using SCPs competed for health-care professionals' time); environmental context and resources (whether SCPs were delivered at a dedicated visit and whether a system, information technology, and funding facilitated SCP use); and social influences (whether using SCPs is an organizational priority, influential people support SCP use, and people who could assist with SCP use buy into using SCPs). Specific beliefs mapped onto the following psychological constructs: outcome expectancies, intrinsic motivation, goal priority, resources, leadership, and team working. Conclusions: Previous studies have explored a limited range of determinants of SCP use. Our findings suggest a more comprehensive list of potential determinants that could be leveraged to promote SCP use. These results are particularly timely as cancer programs face impending SCP use requirements. Future work should develop instruments to measure the potential determinants and assess their relative influence on SCP use.

Notes: Birken, Sarah A. Presseau, Justin Ellis, Shellie D. Gerstel, Adrian A. Mayer, Deborah K. Presseau, Justin/B-6303-2009; Presseau, Justin/AAE-9961-2019; Mayer, Deborah K/D-1540-2010; Ellis, Shellie/GXG-6869-2022; Ellis, Shellie/I-4811-2015
Presseau, Justin/0000-0002-2132-0703; Presseau, Justin/0000-0002-2132-0703; Ellis, Shellie/0000-0002-3599-0804
URL: <Go to ISI>://WOS:000347431900002

Reference Type: Journal Article

Record Number: 1152

Author: Black, M., Barnes, A., Strong, M., Brook, A., Ray, A., Holden, B., Foster, C. and Taylor-Robinson, D.

Year: 2021

Title: Relationships between Child Development at School Entry and Adolescent Health—A Participatory Systematic Review

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 21

Date: Nov

Short Title: Relationships between Child Development at School Entry and Adolescent Health—A Participatory Systematic Review

DOI: 10.3390/ijerph182111613

Article Number: 11613

Accession Number: WOS:000719000300001

Abstract: The relationship between child development and adolescent health, and how this may be modified by socio-economic conditions, is poorly understood. This limits cross-sector interventions to address adolescent health inequality. This review summarises evidence on the associations between child development at school starting age and subsequent health in adolescence and identifies factors affecting associations. We undertook a participatory systematic review, searching electronic databases (MEDLINE, PsycINFO, ASSIA and ERIC) for articles published between November 1990 and November 2020. Observational, intervention and review studies reporting a measure of child development and subsequent health outcomes, specifically weight and mental health, were included. Studies were individually and collectively assessed for quality using a comparative rating system of stronger, weaker, inconsistent or limited evidence. Associations between child development and adolescent health outcomes were assessed and reported by four domains of child development (socio-emotional, cognitive, language and communication, and physical development). A conceptual diagram, produced with stakeholders at the outset of the study, acted as a framework for narrative synthesis of factors that modify or mediate associations. Thirty-four studies were included. Analysis indicated stronger evidence of associations between measures of socio-emotional development and subsequent mental health and weight outcomes; in particular, positive associations between early externalising behaviours and later internalising and externalising, and negative associations between emotional wellbeing and later internalising and unhealthy weight. For all other domains of child development, although associations with subsequent health were positive, the evidence was either weaker, inconsistent or limited. There was limited evidence on factors that altered associations. Positive socio-emotional development at school starting age appears particularly important for subsequent mental health and weight in adolescence. More collaborative research across health and education is needed on other domains of development and on the mechanisms that link development and later health, and on how any relationship is modified by socio-economic context.

Notes: Black, Michelle Barnes, Amy Strong, Mark Brook, Anna Ray, Anna Holden, Ben Foster, Clare Taylor-Robinson, David Barnes, Amy/GWV-5027-2022; Strong, Mark/A-4638-2010 Barnes, Amy/0000-0002-8122-9792; Foster, Clare/0000-0002-3973-0065; Black, Michelle/0000-0002-8358-9150; Holden, Ben/0000-0003-1949-3258; Brook, Anna/0000-0003-3771-3904; Strong, Mark/0000-0003-1486-8233
1660-4601

URL: <Go to ISI>://WOS:000719000300001

Reference Type: Journal Article

Record Number: 2347

Author: Blackburn, M., Stathi, A., Keogh, E. and Eccleston, C.

Year: 2015

Title: Raising the topic of weight in general practice: perspectives of GPs and primary care nurses

Journal: Bmj Open

Volume: 5

Issue: 8

Short Title: Raising the topic of weight in general practice: perspectives of GPs and primary care nurses

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2015-008546

Article Number: e008546

Accession Number: WOS:000359164800016

Abstract: Objective: To explore general practitioners' (GPs) and primary care nurses' perceived barriers to raising the topic of weight in general practice. Design: A qualitative study using the Theoretical Domains Framework (TDF). 34 semistructured interviews were conducted to explore views, opinions and experiences of initiating a discussion about weight. Content and thematic analyses were used to analyse the interview transcripts. Setting: General practices located in one primary care trust in the South West of England. Participants: 17 GPs and 17 nurses aged between 32 and 66 years. The modal age range for GPs was 30-39 years and for nurses, 40-49 years. Results: Barriers were synthesised into three main themes: (1) limited understanding about obesity care, (2) concern about negative consequences, and (3) having time and resources to raise a sensitive topic. Most barriers were related to raising the topic in more routine settings, rather than when dealing with an associated medical condition. GPs were particularly worried about damaging their relationship with patients and emphasised the need to follow their patient's agenda. Conclusions: Uncertainty about obesity, concerns about alienating patients and feeling unable to raise the topic within the constraints of a 10 min consultation, is adding to the reluctance of GPs and nurses to broach the topic of weight. Addressing these concerns through training or by providing evidence of effective interventions that are feasible to deliver within consultations may lead to greater practitioner engagement and willingness to raise the topic.

Notes: Blackburn, Maxine Stathi, Afroditi Keogh, Edmund Eccleston, Christopher

Stathi, afroditi/aam-4377-2020

STATHI, AFRODITI/0000-0003-2162-777X; Keogh, Edmund/

0000-0002-1615-3699; Eccleston, Christopher/0000-0003-0698-1543

URL: <Go to ISI>://WOS:000359164800016

Reference Type: Journal Article

Record Number: 2184

Author: Blacklock, C., Bradley, D. C. G., Mickan, S., Willcox, M., Roberts, N., Bergstrom, A. and Mant, D.

Year: 2016

Title: Impact of Contextual Factors on the Effect of Interventions to Improve Health Worker Performance in Sub-Saharan Africa: Review of Randomised Clinical Trials

Journal: Plos One

Volume: 11

Issue: 1

Date: Jan

Short Title: Impact of Contextual Factors on the Effect of Interventions to Improve Health Worker Performance in Sub-Saharan Africa: Review of Randomised Clinical Trials

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0145206

Article Number: e0145206

Accession Number: WOS:000367801400026

Abstract: Background Africa bears 24% of the global burden of disease but has only 3% of the world's health workers. Substantial variation in health worker performance adds to the negative impact of this significant shortfall. We therefore sought to identify interventions implemented in sub-Saharan Africa aiming to improve health worker performance and the contextual factors likely to influence local effectiveness. **Methods and Findings** A systematic search for randomised controlled trials of interventions to improve health worker performance undertaken in sub-Saharan Africa identified 41 eligible trials. Data were extracted to define the interventions' components, calculate the absolute improvement in performance achieved, and document the likelihood of bias. Within-study variability in effect was extracted where reported. Statements about contextual factors likely to have modified effect were subjected to thematic analysis. Interventions to improve health worker performance can be very effective. Two of the three trials assessing mortality impact showed significant reductions in death rates (age<5 case fatality 5% versus 10%, $p<0.01$; maternal in-hospital mortality 6.8/1000 versus 10.3/1000; $p<0.05$). Eight of twelve trials focusing on prescribing had a statistically significant positive effect, achieving an absolute improvement varying from 9% to 48%. However, reported range of improvement between centres within trials varied substantially, in many cases exceeding the mean effect. Nine contextual themes were identified as modifiers of intervention effect across studies; most frequently cited were supply-line failures, inadequate supervision or management, and failure to follow-up training interventions with ongoing support, in addition to staff turnover. **Conclusions** Interventions to improve performance of existing staff and service quality have the potential to improve patient care in underserved settings. But in order to implement interventions effectively, policy makers need to understand and address the contextual factors which can contribute to differences in local effect. Researchers therefore must recognise the importance of reporting how context may modify effect size.

Notes: Blacklock, Claire Bradley, Daniela C. Goncalves Mickan, Sharon Willcox, Merlin Roberts, Nia Bergstroem, Anna Mant, David Mickan, Sharon/AAZ-6262-2021; Goncalves, Daniela C/A-5067-2010; Roberts, Nia W/F-9842-2010; Willcox, Merlin/I-6255-2019 Mickan, Sharon/0000-0002-5690-1997; Roberts, Nia W/0000-0002-1142-6440; Willcox, Merlin/0000-0002-5227-3444; Goncalves Bradley, Daniela/0000-0002-5186-3792

URL: <Go to ISI>://WOS:000367801400026

Reference Type: Journal Article

Record Number: 751

Author: Blacklock, C., Darwin, A., English, M., McKnight, J.,
Hinton, L., Harriss, E. and Wong, G.
Year: 2022
Title: The social networks of hospital staff: A realist synthesis
Journal: Journal of Health Services Research & Policy
Volume: 27
Issue: 3
Pages: 242-252
Date: Jul
Short Title: The social networks of hospital staff: A realist
synthesis
ISSN: 1355-8196
DOI: 10.1177/13558196221076699
Article Number: 13558196221076699
Accession Number: WOS:000797348600001
Abstract: Objectives The social ties people have with one another
are known to influence behaviour, and how information is accessed
and interpreted. It is unclear, however, how the social networks
that exist in multi-professional health care workplaces might be
used to improve quality in hospitals. This paper develops
explanatory theory using realist synthesis to illuminate the details
and significance of the social ties between health care workers.
Specifically we ask: How, why, for whom, to what extent and in what
context, do the social ties of staff within a hospital influence
quality of service delivery, including quality improvement? Methods
From a total of 75 included documents identified through an
extensive systematic literature search, data were extracted and
analysed to identify emergent explanatory statements. Results The
synthesis found that within the hospital workforce, an individual's
place in the social whole can be understood across four identified
domains: (1) social group, (2) hierarchy, (3) bridging distance and
(4) discourse. Thirty-five context-mechanism-outcome configurations
were developed across these domains. Conclusions The relative
position of individual health care workers within the overall social
network in hospitals is associated with influence and agency. As
such, power to bring about change is inequitably and socially
situated, and subject to specific contexts. The findings of this
realist synthesis offer a lens through which to understand social
ties in hospitals. The findings can help identify possible
strategies for intervention to improve communication and
distribution of power, for individual, team and wider multi-
professional behavioural change in hospitals.
Notes: Blacklock, Claire Darwin, Amy English, Mike McKnight, Jacob
Hinton, Lisa Harriss, Elinor Wong, Geoff
McKnight, Jacob/0000-0003-1340-2618; Wong, Geoff/0000-0002-5384-4157
1758-1060
URL: <Go to ISI>://WOS:000797348600001

Reference Type: Journal Article
Record Number: 2052
Author: Blacklock, C., MacPepple, E., Kunutsor, S. and Witter, S.
Year: 2016
Title: Paying for Performance to Improve the Delivery and Uptake of

Family Planning in Low and Middle Income Countries: A Systematic Review

Journal: Studies in Family Planning

Volume: 47

Issue: 4

Pages: 309-324

Date: Dec

Short Title: Paying for Performance to Improve the Delivery and Uptake of Family Planning in Low and Middle Income Countries: A Systematic Review

ISSN: 0039-3665

DOI: 10.1111/sifp.12001

Accession Number: WOS:000393290700002

Abstract: Paying for performance is a strategy to meet the unmet need for family planning in low and middle income countries; however, rigorous evidence on effectiveness is lacking. Scientific databases and grey literature were searched from 1994 to May 2016. Thirteen studies were included. Payments were linked to units of targeted services, usually modified by quality indicators. Ancillary components and payment indicators differed between studies. Results were mixed for family planning outcome measures. Paying for performance was associated with improved modern family planning use in one study, and increased user and coverage rates in two more. Paying for performance with conditional cash transfers increased family planning use in another. One study found increased use in the upper wealth group only. However, eight studies reported no impact on modern family planning use or prevalence. Secondary outcomes of equity, financial risk protection, satisfaction, quality, and service organization were mixed. Available evidence is inconclusive and limited by the scarcity of studies and by variation in intervention, study design, and outcome measures. Further studies are warranted.

Notes: Blacklock, Claire MacPepple, Ekelechi Kunutsor, Setor Witter, Sophie

Kunutsor, Setor K/H-9807-2019

Kunutsor, Setor K/0000-0002-2625-0273
1728-4465

URL: <Go to ISI>://WOS:000393290700002

Reference Type: Journal Article

Record Number: 727

Author: Blackmore, R., Boyle, J. A., Gray, K. M., Willey, S., Hight, N. and Gibson-Helm, M.

Year: 2022

Title: Introducing and integrating perinatal mental health screening: Development of an equity-informed evidence-based approach

Journal: Health Expectations

Volume: 25

Issue: 5

Pages: 2287-2298

Date: Oct

Short Title: Introducing and integrating perinatal mental health screening: Development of an equity-informed evidence-based approach

ISSN: 1369-6513

DOI: 10.1111/hex.13526

Accession Number: WOS:000799220900001

Abstract: Background Pregnancy is a time of increased risk for developing or re-experiencing mental illness. Perinatal mental health screening for all women is recommended in many national guidelines, but a number of systems-level and individual barriers often hinder policy implementation. These barriers result in missed opportunities for detection and early intervention and are likely to be experienced disproportionately by women from culturally and linguistically diverse backgrounds, including women of refugee backgrounds. The objectives of this study were to develop a theory-informed, evidence-based guide for introducing and integrating perinatal mental health screening across health settings and to synthesize the learnings from an implementation initiative and multisectoral partnership between the Centre of Perinatal Excellence (COPE), and a university-based research centre. COPE is a nongovernmental organization (NGO) commissioned to update the Australian perinatal mental health guidelines, train health professionals and implement digital screening. Methods In this case study, barriers to implementation were prospectively identified and strategies to overcome them were developed. A pilot perinatal screening programme for depression and anxiety with a strong health equity focus was implemented and evaluated at a large public maternity service delivering care to a culturally diverse population of women in metropolitan Melbourne, Australia, including women of refugee background. Strategies that were identified preimplementation and postevaluation were mapped to theoretical frameworks. An implementation guide was developed to support future policy, planning and decision-making by healthcare organizations. Results Using a behavioural change framework (Capability, Opportunity, Motivation-Behaviour Model), the key barriers, processes and outcomes are described for a real-world example designed to maximize accessibility, feasibility and acceptability. A Programme Logic Model was developed to demonstrate the relationships of the inputs, which included stakeholder consultation, resource development and a digital screening platform, with the outcomes of the programme. A seven-stage implementation guide is presented for use in a range of healthcare settings. Conclusions These findings describe an equity-informed, evidence-based approach that can be used by healthcare organizations to address common systems and individual-level barriers to implement perinatal depression and anxiety screening guidelines. Patient or Public Contribution These results present strategies that were informed by prior research involving patients and staff from a large public antenatal clinic in Melbourne, Australia. This involved interviews with health professionals from the clinic such as midwives, obstetricians, perinatal mental health and refugee health experts and interpreters. Interviews were also conducted with women of refugee background who were attending the clinic for antenatal care. A steering committee was formed to facilitate the implementation of the perinatal mental health screening programme comprising staff from key hospital departments, GP liaison, refugee health and well-being, the NGO COPE and academic experts in psychology, midwifery, obstetrics and public

health. This committee met fortnightly for 2 years to devise strategies to address the barriers, implement and evaluate the programme. A community advisory group was also formed that involved women from eight different countries, some of refugee background, who had recently given birth at the health service. This committee met bimonthly and was instrumental in planning the implementation and evaluation such as recruitment strategies, resources and facilitating an understanding of the cultural complexity of the women participating in the study.

Notes: Blackmore, Rebecca Boyle, Jacqueline A. Gray, Kylie M. Willey, Suzanne Highet, Nicole Gibson-Helm, Melanie Gray, Kylie M/H-3345-2014

Gray, Kylie M/0000-0001-6518-4240; Blackmore, Rebecca/0000-0002-4617-0609; Boyle, Jacqueline/0000-0002-3616-1637; Willey, Suzanne/0000-0002-1314-0745
1369-7625

URL: <Go to ISI>://WOS:000799220900001

Reference Type: Journal Article

Record Number: 834

Author: Blair, L. A. G., Bajon-Fernandez, Y. and Villa, R.

Year: 2022

Title: An exploratory study of the impact and potential of menstrual hygiene management waste in the UK

Journal: Cleaner Engineering and Technology

Volume: 7

Date: Apr

Short Title: An exploratory study of the impact and potential of menstrual hygiene management waste in the UK

ISSN: 2666-7908

DOI: 10.1016/j.clet.2022.100435

Article Number: 100435

Accession Number: WOS:000981169400043

Abstract: An estimated 15 million people in the UK menstruate over the span of approximately 37.5 years, using every year around 3.3 billion units of single-use menstrual management products (MMPs) (i.e. pads and tampons). A more circular design and sustainable management of these products could greatly reduce their waste and environmental impacts. This research is an exploratory study into the current menstrual products, waste and systems in the UK. The study found that an estimated 28,114 tonnes of waste is generated annually from menstrual products, 26,903 tonnes from disposable products of which about 4% (3,363 tonnes) is lost in the environment by flushing. The less sustainable products within those studied are disposable pads, which are the main contributors to menstrual waste volumes in the UK (21,094 t/y) and produce around 6,600 tCO₂ eq. of GHG. Replacing disposable MMPs with reusable would reduce waste production by 22,907 t/y and avoid about 7,900 tCO₂ eq. of GHG. In addition, even a simple better waste management process, such replacing landfill with thermal treatment, would further reduce emissions by around 5,000 tCO₂ eq. of GHG and produce every year approximately 5,500 MKh with incineration and 18,000 MKh with gasification.

Notes: Blair, L. A. G. Bajon-Fernandez, Y. Villa, R.
Bajon Fernandez, Yadira/0000-0002-0939-235X
URL: <Go to ISI>://WOS:000981169400043

Reference Type: Journal Article

Record Number: 1301

Author: Blamah, N. V., Magidimisha-Chipungu, H., Dayomi, M. and Popoola, A. A.

Year: 2023

Title: Intrinsic mode choice determinants based on a descriptive analysis of the perceptions of Abuja commuters: towards refocusing the societal mind-set on environmentally sustainable modes choice

Journal: Smart and Sustainable Built Environment

Volume: 12

Issue: 1

Pages: 1-26

Date: Jan

Short Title: Intrinsic mode choice determinants based on a descriptive analysis of the perceptions of Abuja commuters: towards refocusing the societal mind-set on environmentally sustainable modes choice

ISSN: 2046-6099

DOI: 10.1108/sasbe-03-2021-0041

Accession Number: WOS:000677574500001

Abstract: Purpose This paper sought to uncover the intrinsic determinants of the choice of transport modes in Nigeria's capital city, Abuja, based on commuters' perceptions on different modes of transport. The ultimate goal of the study was to come up with suitable multifaceted measures to deter private car usage, while refocusing society's mind-set towards alternative forms of transport, thereby keying into some transport-related sustainable development goals (SDG) goals. Design/methodology/approach The study adopted qualitative methods: 320 commuters were surveyed at bus stops and car parks around the city, and respondents were identified using multistage sampling, aided by purposive/convenience sampling, and this number was reached by saturation of themes. Focus group discussions were held with eight screened public officials from relevant (transportation and environment related) agencies/unions in the city. NVivo 10 software was used to thematically analyse the data gathered from a relativist and an interpretive stand point. Findings The study found transport mode choice to be intrinsically more motivated by socio-economic forces serving as a basis for other socio-psychological factors. Multifaceted measures, including spatial, socio-economic, environmental and public relation measures, were found suitable to break car-use motives in the study area towards adopting alternative modes of transport, thereby achieving some transport-related SDG targets. Originality/value The study was unique as it looked at the intrinsic mode choice determinants from a Sub-Saharan African capital city perspective and provided suitable multifaceted best practiced measures that deemphasised car use while emphasising alternative modes, thereby shifting commuters' mind-set towards environmentally sustainable modes of transport.

Notes: Blamah, Nunyi Vachaku Magidimisha-Chipungu, Hangwelani

Dayomi, Matthew Popoola, Ayobami Abayomi
2046-6102
URL: <Go to ISI>://WOS:000677574500001

Reference Type: Journal Article
Record Number: 1612
Author: Block, V. J., Gopal, A., Rowles, W., Yueh, C., Gelfand, J. M. and Bove, R.
Year: 2021
Title: CoachMS, an innovative closed-loop, interdisciplinary platform to monitor and proactively treat MS symptoms: A pilot study
Journal: Multiple Sclerosis Journal-Experimental Translational and Clinical
Volume: 7
Issue: 1
Date: Jan
Short Title: CoachMS, an innovative closed-loop, interdisciplinary platform to monitor and proactively treat MS symptoms: A pilot study
DOI: 10.1177/2055217321988937
Accession Number: WOS:000840097500004
Abstract: Background: There are numerous challenges to treating co-occurring symptoms in multiple sclerosis (MS). Objective: To pilot the feasibility of a novel symptom management platform, CoachMS, to monitor MS symptoms (bladder function, ambulation, and mood: BAM) and respond to changes in real-time. Methods: In this 12-week randomized controlled pilot trial, participants' symptoms were monitored using weekly questionnaires and remote ambulatory monitoring (Fitbit Flex2 (R)). Behavioral change principles used included shared goal setting at 2 weeks. Between weeks 2-12, the CoachMS group received targeted contact and interventions if symptoms worsened; the control group were treated through usual clinic practice. Our outcomes were feasibility (retention, adherence and acceptability; primary) and proportion of recommended treatments pursued (secondary); efficacy was explored. Results: Of 21 participants enrolled, 13 (62%) completed the study; protocol adherence was excellent. CoachMS participants demonstrated greater follow-through with clinical recommendations than controls (OR 9.3, 95% CI (0.9, 97.6)). As a cohort, each BAM symptom tended to improve. Suicidality was detected in one control participant, resulting in urgent evaluation and hospitalization. Conclusions: The innovative CoachMS platform was feasible and acceptable in this cohort with baseline BAM symptoms. It could represent an accessible, cost-effective tool to monitor MS symptoms in real-time; a larger trial is planned.
Notes: Block, Valerie J. Gopal, Arpita Rowles, William Yueh, Chu Gelfand, Jeffrey M. Bove, Riley
2055-2173
URL: <Go to ISI>://WOS:000840097500004

Reference Type: Journal Article
Record Number: 1679
Author: Bloom, G. A., Trbovich, A. M., Caron, J. G. and Kontos, A.

P.

Year: 2022

Title: Psychological aspects of sport-related concussion: An evidence-based position paper

Journal: Journal of Applied Sport Psychology

Volume: 34

Issue: 3

Pages: 495-517

Date: May

Short Title: Psychological aspects of sport-related concussion: An evidence-based position paper

ISSN: 1041-3200

DOI: 10.1080/10413200.2020.1843200

Accession Number: WOS:000588171700001

Abstract: The field of sport-related concussion (SRC) is evolving quickly, and psychological aspects affecting athletes' recovery and well-being are now recognized as an important component for research and clinical practice. There has been considerable recent emphasis on empirical research into the psychological implications of SRC. This emphasis reflects trends from clinical research that indicate anxiety and mood-related issues may represent the primary symptoms in nearly 30% of concussions. In short, SRC and its psychological aspects is a major issue that influences not only athletes' performance, but also their physical and mental health. The purpose of this position paper is to provide a concise yet comprehensive review of the current state of research and evidence-based practice as it relates to the psychological aspects of SRC. More specifically, we present five postulates that are intended to stimulate discussion among researchers and allied health professionals who are interested in psychological aspects of SRC. Our intent in writing this position paper is to advance this subdiscipline within the area of SRC by discussing areas for growth in theory, research, and practice. Lay Summary: Sport-related concussions (SRC) have become a public health issue, however little research has focused on the the psychological aspects of this injury. This position paper identifies five postulates that are intended to stimulate research and practice on psychological aspects of SRC. Implications for Practice Multidisciplinary concussion care teams should include a sport psychology professional to assist with psychosocial recovery and well-being. Identify psychological factors that detract athletes from feeling ready to return to sport following a concussion (e.g., confidence, fear), and work with them to develop coping strategies to assist their return. Appropriately trained sport psychology professionals could deliver effective concussion education interventions that involve behavior change techniques.

Notes: Bloom, Gordon A. Trbovich, Alicia M. Caron, Jeffrey G. Kontos, Anthony P.

Caron, Jeff/0000-0002-4972-2704

1533-1571

URL: <Go to ISI>://WOS:000588171700001

Reference Type: Journal Article

Record Number: 1860

Author: Boeckmann, M., Nohavova, I., Dogar, O., Kralikova, E., Pankova, A., Zvolaska, K., Huque, R., Fatima, R., Noor, M., Elsey, H., Sheikh, A., Siddiqi, K., Kotz, D. and Consortium, T. B. Tobacco Project

Year: 2018

Title: Protocol for the mixed-methods process and context evaluation of the TB & Tobacco randomised controlled trial in Bangladesh and Pakistan: a hybrid effectiveness-implementation study

Journal: Bmj Open

Volume: 8

Issue: 3

Date: Mar

Short Title: Protocol for the mixed-methods process and context evaluation of the TB & Tobacco randomised controlled trial in Bangladesh and Pakistan: a hybrid effectiveness-implementation study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2017-019878

Article Number: e019878

Accession Number: WOS:000433881200165

Abstract: Introduction Tuberculosis (TB) remains a significant public health problem in South Asia. Tobacco use increases the risks of TB infection and TB progression. The TB&Tobacco placebo-controlled randomised trial aims to (1) assess the effectiveness of the tobacco cessation medication cytisine versus placebo when combined with behavioural support and (2) implement tobacco cessation medication and behavioural support as part of general TB care in Bangladeshi and Pakistan. This paper summarises the process arid context evaluation protocol embedded in the effectiveness implementation hybrid design. Methods and analysis We are conducting a mixed methods process arid context evaluation informed by an intervention logic model that draws on the UK Medical Research Council's Process Evaluation Guidance. Our approach includes quantitative and qualitative data collection on context, recruitment, reach, dose delivered, dose received and fidelity. Quantitative data include patient characteristics, reach of recruitment among eligible patients, routine trial data on dose delivered and dose received, and a COM-B ('capability', 'opportunity', 'motivation' and 'behaviour') questionnaire filled in by participating health workers. Qualitative data include semistructured interviews with TB health workers and patients, and with policy-makers at district and central levels in each country. Interviews will be analysed using the framework approach. The behavioural intervention delivery is audio recorded and assessed using a predefined fidelity coding index based on behavioural change technique taxonomy. Ethics and dissemination The study complies with the guidelines of the Declaration of Helsinki. Ethics approval for the study and process evaluation was granted by the University of Leeds (qualitative components), University of York (trial data arid fidelity assessment), Bangladesh Medical Research Council and Bangladesh Drug Administration (trial data and qualitative components) and Pakistan Medical Research Council (trial data and qualitative components). Results of this research will be disseminated through reports to stakeholders arid peer reviewed

publications and conference presentations.

Notes: Boeckmann, Melanie Nohavova, Iveta Dogar, Omara Kralikova, Eva Pankova, Alexandra Zvolaska, Kamila Huque, Rumana Fatima, Razia Noor, Maryam Elsey, Helen Sheikh, Aziz Siddiqi, Kamran Kotz, Daniel Pankova, Alexandra/I-8983-2017; Dogar, Omara F/J-2041-2019; Kotz, Daniel/A-1270-2007; Nohavova, Iveta/J-3520-2017; Elsey, Helen/AAZ-1121-2020; Siddiqi, Kamran/AAD-8801-2021
Pankova, Alexandra/0000-0003-4134-3870; Dogar, Omara F/0000-0002-7122-8403; Kotz, Daniel/0000-0002-9454-023X; Nohavova, Iveta/0000-0003-2583-4733; Elsey, Helen/0000-0003-4724-0581; Siddiqi, Kamran/0000-0003-1529-7778; Boeckmann, Melanie/0000-0001-5909-5508
URL: <Go to ISI>://WOS:000433881200165

Reference Type: Journal Article

Record Number: 429

Author: Boerner, K. E., Desai, U., MacLean, K. E., Munzner, T., Foladare, H., Gill, J. and Oberlander, T. F.

Year: 2022

Title: Data visualization as an intervention for pediatric chronic pain: a pilot feasibility study protocol for a randomized controlled crossover trial

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Oct

Short Title: Data visualization as an intervention for pediatric chronic pain: a pilot feasibility study protocol for a randomized controlled crossover trial

DOI: 10.1186/s40814-022-01170-5

Article Number: 223

Accession Number: WOS:000865243400001

Abstract: Background: Chronic pain is a common and costly condition in youth, associated with negative implications that reach far beyond the pain experience itself (e.g., interference with recreational, social, and academic activities, mental health sequelae). As a self-appraised condition, pain experience is influenced by patient's biases and meaning-making in relation to their symptoms and triggers. We propose that interacting with self-reported data will impact the experience of pain by altering understanding and expectations of symptom experience and how pain interacts with other factors (e.g., sleep, emotions, social interactions). In this study, we aim to establish the feasibility and acceptability of using a data visualization platform to track and monitor symptoms and their relationship with other factors, versus simply daily reporting of symptoms using a smartphone-based Ecological Momentary Assessment (EMA). Methods: This protocol is for a randomized, single-center, open-label crossover trial. We aim to recruit 50 typically developing youth aged 12-18 years with chronic pain to take part in two phases of data collection. The trial will utilize an A-B counterbalanced design in which participants will be randomly assigned to receive either Part A (EMA alone for 7 days) or Part B (EMA plus visualization platform for 7 days) first and then

receive the opposite phase after a 7-day break (washout period). Key outcomes will be participant reports of acceptability and feasibility, EMA completion rates, barriers, and perceptions of the benefits or risks of participation. Secondary exploratory analyses will examine the relationship between EMA-reported symptoms over time and in relation to baseline measures, as well as pilot data on any improvements in symptoms related to engaging with the data visualization platform. Discussion: This protocol describes the feasibility and pilot testing of a novel approach to promoting self-management and facilitating symptom appraisal using visualized data. We aim to determine whether there is a sufficient rationale, both from the perspective of feasibility and patient satisfaction/acceptability, to conduct a larger randomized controlled trial of this intervention. This intervention has the potential to support clinical care for youth with chronic pain and other conditions where self-appraisal and understanding of symptom patterns are a critical component of functional recovery.

Notes: Boerner, Katelynn E. Desai, Unma MacLean, Karon E. Munzner, Tamara Foadare, Haley Gill, Javed Oberlander, Tim F. Boerner, Katelynn/AAV-2342-2020; Munznber, Tamara/HKP-2536-2023 Boerner, Katelynn/0000-0003-1652-4813; Oberlander, Tim/0000-0003-4781-6579 2055-5784
URL: <Go to ISI>://WOS:000865243400001

Reference Type: Journal Article

Record Number: 1320

Author: Bohren, M. A., Lorencatto, F., Coomarasamy, A., Althabe, F., Devall, A. J., Evans, C., Oladapo, O. T., Lissauer, D., Akter, S., Forbes, G., Thomas, E., Galadanci, H., Qureshi, Z., Fawcus, S., Hofmeyr, G. J., Al-beity, F. A., Kasturiratne, A., Kumarendran, B., Mammoliti, K. M., Vogel, J. P., Gallos, I. and Miller, S.

Year: 2021

Title: Formative research to design an implementation strategy for a postpartum hemorrhage initial response treatment bundle (E-MOTIVE): study protocol

Journal: Reproductive Health

Volume: 18

Issue: 1

Date: Jul

Short Title: Formative research to design an implementation strategy for a postpartum hemorrhage initial response treatment bundle (E-MOTIVE): study protocol

DOI: 10.1186/s12978-021-01162-3

Article Number: 149

Accession Number: WOS:000673516800001

Abstract: Background Postpartum hemorrhage (PPH) is the leading cause of maternal death worldwide. When PPH occurs, early identification of bleeding and prompt management using evidence-based guidelines, can avert most PPH-related severe morbidities and deaths. However, adherence to the World Health Organization recommended practices remains a critical challenge. A potential solution to inefficient and inconsistent implementation of evidence-

based practices is the application of a 'clinical care bundle' for PPH management. A clinical care bundle is a set of discrete, evidence-based interventions, administered concurrently, or in rapid succession, to every eligible person, along with teamwork, communication, and cooperation. Once triggered, all bundle components must be delivered. The E-MOTIVE project aims to improve the detection and first response management of PPH through the implementation of the "E-MOTIVE" bundle, which consists of (1) Early PPH detection using a calibrated drape, (2) uterine Massage, (3) Oxytocic drugs, (4) Tranexamic acid, (5) Intra Venous fluids, and (6) genital tract Examination and escalation when necessary. The objective of this paper is to describe the protocol for the formative phase of the E-MOTIVE project, which aims to design an implementation strategy to support the uptake of this bundle into practice. Methods We will use behavior change and implementation science frameworks [e.g. capability, opportunity, motivation and behavior (COM-B) and theoretical domains framework (TDF)] to guide data collection and analysis, in Kenya, Nigeria, South Africa, Sri Lanka, and Tanzania. There are four methodological components: qualitative interviews; surveys; systematic reviews; and design workshops. We will triangulate findings across data sources, participant groups, and countries to explore factors influencing current PPH detection and management, and potentially influencing E-MOTIVE bundle implementation. We will use these findings to develop potential strategies to improve implementation, which will be discussed and agreed with key stakeholders from each country in intervention design workshops. Discussion This formative protocol outlines our strategy for the systematic development of the E-MOTIVE implementation strategy. This focus on implementation considers what it would take to support roll-out and implementation of the E-MOTIVE bundle. Our approach therefore aims to maximize internal validity in the trial alongside future scalability, and implementation of the E-MOTIVE bundle in routine practice, if proven to be effective. Trial registration: ClinicalTrials.gov: NCT04341662 Plain language summary Excessive bleeding after birth is the leading cause of maternal death globally. The World Health Organization (WHO) has recommended several treatment options for bleeding after birth. However, these treatments are not used regularly, or consistently for all women. A key underlying issue is that it is challenging for health workers to identify when women are bleeding too much, because measuring the amount of blood loss is difficult. Maternal health experts have proposed a new clinical 'care bundle' for caring for women with excessive bleeding after birth. A care bundle is a way to group together multiple treatments (e.g. 3-5 treatments). These treatments are then given to the woman at the same time, or one after another in quick succession, and supported by strategies to improve teamwork, communication, and cooperation. This is a research protocol for the preliminary phase of our study ("E-MOTIVE"), which means that it is a description of what we plan to do and how we plan to do it. The aim of our study is to develop a strategy for how we will test whether the E-MOTIVE bundle works through collaborative activities with midwives and doctors in five countries (Kenya, Nigeria, South Africa, Sri Lanka, and Tanzania) to develop a strategy for how we will test whether the E-MOTIVE bundle works. We

plan to do this by conducting interviews and surveys with midwives and doctors, and reviewing other research conducted on PPH to understand what works in different settings. We will discuss our research findings in a workshop, with midwives and doctors in the study countries to co-create a strategy that will work for them, based on their needs and preferences.

Notes: Bohren, Meghan A. Lorencatto, Fabiana Coomasamy, Arri Althabe, Fernando Devall, Adam J. Evans, Cherrie Oladapo, Olufemi T. Lissauer, David Akter, Shahinoor Forbes, Gillian Thomas, Eleanor Galadanci, Hadiza Qureshi, Zahida Fawcus, Sue Hofmeyr, G. Justus Al-beity, Fadhlun Alwy Kasturiratne, Anuradhani Kumarendran, Balachandran Mammoliti, Kristie-Marie Vogel, Joshua P. Gallos, Ioannis Miller, Suellen

Akter, Shahinoor/AAY-5043-2020; Devall, Adam/AAC-9646-2022; Beity, Fadhlun Alwy Al/AAA-1293-2022; Vogel, Joshua/K-7649-2019; Alwy Al-beity, FADHLUN M./GRR-2819-2022

Akter, Shahinoor/0000-0002-5236-3597; Beity, Fadhlun Alwy Al/0000-0003-2416-6876; Vogel, Joshua/0000-0002-3214-7096; Alwy Al-beity, FADHLUN M./0000-0003-2416-6876; Mammoliti, Kristie-Marie/0000-0003-3614-7453; Coomasamy, Arri/0000-0002-3261-9807; Oladapo, Olufemi/0000-0002-3371-5892; Bohren, Meghan/0000-0002-4179-4682; Lissauer, David/0000-0002-7878-2327; Althabe, Fernando/0000-0002-7024-8701; Thomas, Eleanor/0000-0002-7611-9046
1742-4755

URL: <Go to ISI>://WOS:000673516800001

Reference Type: Journal Article

Record Number: 1827

Author: Boland, L., Lawson, M. L., Graham, I. D., Legere, F., Dorrance, K., Shephard, A. and Stacey, D.

Year: 2019

Title: Post-training Shared Decision Making Barriers and Facilitators for Pediatric Healthcare Providers: updates A Mixed-Methods Study

Journal: Academic Pediatrics

Volume: 19

Issue: 1

Pages: 118-129

Date: Jan-Feb

Short Title: Post-training Shared Decision Making Barriers and Facilitators for Pediatric Healthcare Providers: updates A Mixed-Methods Study

ISSN: 1876-2859

DOI: 10.1016/j.acap.2018.05.010

Accession Number: WOS:000455422100017

Abstract: OBJECTIVE: To assess barriers to and facilitators of shared decision making (SDM) for pediatric healthcare providers (HCPs) after they have been trained in SDM. METHODS: A mixed methods study using triangulation of data sources. Pediatric HCPs with SDM training who worked at a Canadian tertiary care pediatric hospital were eligible. Participants completed a validated SDM barriers survey (n = 60) and a semi-structured interview (n = 11). We calculated descriptive statistics, Univariate and multivariable

ordinary least squares linear regression models determined predictors of HCPs' intention to use SDM. Interviews were audiotaped and transcribed verbatim. We analyzed qualitative data using deductive and inductive content analyses and organized categories according to the Ottawa Model of Research Use. RESULTS: Intention to use SDM was high (mean score = 5.6/7, SD = 0.78) and positively correlated with SDM use (RR = 1.46, 95% CI 1.18–1.81). However, 52% of survey respondents reported not using SDM after training. HCPs identified factors influencing SDM at the levels of innovation, adopter, environment, and training. Insufficient time (barrier) and buy-in and agreement with SDM (facilitators) were most commonly cited. To improve SDM use, HCPs want a more team-based approach to SDM training, continuing education, and implementation. CONCLUSIONS: Despite training and positive intentions, many HCPs report not subsequently using SDM and identified numerous post-training barriers to its use. To overcome SDM barriers and improve uptake, HCPs recommend creating a socially supportive environment through a team-based approach to SDM training and implementation. These findings can inform SDM training and implementation interventions at pediatric health care centers.

Notes: Boland, Laura Lawson, Margaret L. Graham, Ian D. Legere, France Dorrance, Kristin Shephard, Allyson Stacey, Dawn Graham, Ian D./ABD-5259-2021; Lawson, Margaret/M-6969-2015 Graham, Ian D./0000-0002-3669-1216; Stacey, Dawn/0000-0002-2681-741X; Lawson, Margaret/0000-0002-2370-9552; Legere, France/0000-0002-2296-6696
1876-2867

URL: <Go to ISI>://WOS:000455422100017

Reference Type: Journal Article

Record Number: 492

Author: Bond, L., Simmons, E. and Sabbath, E. L.

Year: 2022

Title: Measurement and assessment of fidelity and competence in nonspecialist-delivered, evidence-based behavioral and mental health interventions: A systematic review

Journal: Ssm-Population Health

Volume: 19

Date: Sep

Short Title: Measurement and assessment of fidelity and competence in nonspecialist-delivered, evidence-based behavioral and mental health interventions: A systematic review

ISSN: 2352-8273

DOI: 10.1016/j.ssmph.2022.101249

Article Number: 101249

Accession Number: WOS:000876456000003

Abstract: Nonspecialists have increasingly been used to deliver evidence-based, mental health and behavioral interventions in lower resource settings where there is a dearth of specialized providers and a corresponding gap in service delivery. Recent literature acknowledges that nonspecialist-delivered interventions are shown to be effective. However, few studies report on the fidelity (the degree to which an intervention was implemented as intended) and/or

competence (general skills of nonspecialists), key concepts that measure quality of evidence –based intervention delivery. This study seeks to understand how both fidelity and competence have been assessed in nonspecialist-delivered, evidence-based interventions with an intended social or psychological behavior-change outcome. Our search results originally yielded 2317 studies, and ultimately, 16 were included in our final analysis. Generally, results from a narrative synthesis indicated that tools used in the studies demonstrated sufficient inter-rater reliability and intra-class correlation components. Included studies used and described a range of fidelity and competence tools. However, the ENhancing Assessment of Common Therapeutic factors tool was the most commonly used tool that measures competence of nonspecialists, and has been adapted to several other settings. The roles of supervisors in mentoring, monitoring, and supervising nonspecialists emerged as a key ingredient for ensuring fidelity. Most studies assessing fidelity were limited by small sample sizes due to low numbers of nonspecialists implementing interventions, however, more advanced statistical methods may not be needed and may actually impede community-based organizations from assessing fidelity data. Our results suggest interventions can share resources, tools, and compare findings regardless with proper supervision. While the two terms "fidelity" and "competence" are often used interchangeably, their differences are noteworthy. Ultimately, both competency and fidelity are critical for delivering evidence-based in-terventions, and nonspecialists are most effective when they can be evaluated and mentored on both throughout the course of the intervention.

Notes: Bond, Laura Simmons, Erik Sabbath, Erika L.

Bond, Laura/0000-0001-8639-7907

URL: <Go to ISI>://WOS:000876456000003

Reference Type: Journal Article

Record Number: 626

Author: Bondaronek, P., Dicken, S. J., Jennings, S. S., Mallion, V. and Stefanidou, C.

Year: 2022

Title: Barriers to and Facilitators of the Use of Digital Tools in Primary Care to Deliver Physical Activity Advice: Semistructured Interviews and Thematic Analysis

Journal: Jmir Human Factors

Volume: 9

Issue: 3

Date: Jul-Sep

Short Title: Barriers to and Facilitators of the Use of Digital Tools in Primary Care to Deliver Physical Activity Advice: Semistructured Interviews and Thematic Analysis

ISSN: 2292-9495

DOI: 10.2196/35070

Article Number: e35070

Accession Number: WOS:000908436900012

Abstract: Background: Physical inactivity is a leading risk factor for many health conditions, including cardiovascular disease, diabetes, and cancer; therefore, increasing physical activity (PA)

is a public health priority. Health care professionals (HCPs) in primary care are pivotal in addressing physical inactivity; however, few HCPs provide PA advice to patients. There can be obstacles to delivering PA advice, including lack of time, confidence, or knowledge. Digital technology has the potential to overcome obstacles and facilitate delivering PA advice. However, it is unknown if and how digital tools are used to deliver PA advice in primary care consultations and what factors influence their use. Objective: We aimed to understand the use of digital tools to support primary care consultations and to identify the barriers to and facilitators of using these systems. Methods: Overall, 25 semistructured interviews were conducted with primary care HCPs. Professionals were sampled based on profession (general practitioners, practice nurses, and health care assistants), prevalence of long-term conditions within their practice area, and rural-urban classification. The data were analyzed thematically to identify the influences on the use of digital tools. Themes were categorized using the COM-B (capability, opportunity, and motivation-behavior) model and the Theoretical Domains Framework to identify the barriers to and facilitators of using digital tools to support the delivery of PA advice in primary care consultations. Results: The identified themes fell within 8 domains of the Theoretical Domains Framework. The most prominent influence (barrier or facilitator) within psychological capability was having the skills to use digital tools. Training in the use of digital tools was also mentioned several times. The most notable influences within physical opportunity were limited digital tools to prompt/support the provision of PA advice, time constraints, efficiency of digital tools, simplicity and ease of use of digital tools, and integration with existing systems. Other physical opportunity influences included lack of access to digital tools and technical support in the use of digital tools. Within social opportunity, a notable barrier was that digital tools reduce interpersonal communication with patients. Patient preference was also identified. Several important influences were within reflective motivation, including confidence to use digital tools, beliefs about the usefulness of digital tools, the belief that digital tools "are the way forward," beliefs related to data privacy and security concerns, and perceptions about patient capabilities. About automatic motivation, influences included familiarity and availability regarding digital tools and the fact that digital tools prompt behavior. Conclusions: A variety of influences were identified on the use of digital tools to support primary care consultations. These findings provide a foundation for designing a digital tool addressing barriers and leverages the facilitators to support PA advice provision within primary care to elicit patient behavior change and increase PA. Notes: Bondaronek, Paulina Dicken, Samuel J. Jennings, Seth Singh Mallion, Verity Stefanidou, Chrissy Singh Jennings, Seth Kher/0000-0002-5263-9813; Dicken, Samuel/0000-0001-5663-1715; Mallion, Verity/0000-0002-8504-4568 URL: <Go to ISI>://WOS:000908436900012

Reference Type: Journal Article

Record Number: 1739

Author: Bonell, C., Melendez-Torres, G. J., Viner, R. M., Rogers, M. B., Whitworth, M., Rutter, H., Rubin, G. J. and Patton, G.

Year: 2020

Title: An evidence-based theory of change for reducing SARS-CoV-2 transmission in reopened schools

Journal: Health & Place

Volume: 64

Date: Jul

Short Title: An evidence-based theory of change for reducing SARS-CoV-2 transmission in reopened schools

ISSN: 1353-8292

DOI: 10.1016/j.healthplace.2020.102398

Article Number: 102398

Accession Number: WOS:000562023800009

Abstract: Schools have closed worldwide as part of measures to prevent SARS-CoV-2 transmission but are beginning to reopen in some countries. Various measures are being pursued to minimise transmission but existing guidance has not developed a comprehensive framework or theory of change. We present a framework informed by the occupational health hierarchy of control and a theory of change informed by realist approaches. We present measures focused on elimination, substitution, engineering, administration, education and personal protective equipment. We theorise that such measures offer a means of disrupting SARS-CoV-2 transmission via routes involving fomites, faeco-oral routes, droplets and aerosols.

Notes: Bonell, Chris Melendez-Torres, G. J. Viner, Russell M. Rogers, M. Brooke Whitworth, Michael Rutter, Harry Rubin, G. James Patton, George

Patton, George C/B-5246-2013; Ribeiro, Ana Cristina/HHN-7466-2022;

Viner, Russell M/A-1441-2009; Rutter, Harry/HCI-8765-2022

Patton, George C/0000-0001-5039-8326; Ribeiro, Ana Cristina/0000-0002-0493-8376; Viner, Russell M/0000-0003-3047-2247; Melendez-Torres, G.J./0000-0002-9823-4790; Rutter, Harry/0000-0002-9322-0656 1873-2054

URL: <Go to ISI>://WOS:000562023800009

Reference Type: Journal Article

Record Number: 1985

Author: Bonnell, E. K., Huggins, C. E., Huggins, C. T., McCaffrey, T. A., Palermo, C. and Bonham, M. P.

Year: 2017

Title: Influences on Dietary Choices during Day versus Night Shift in Shift Workers: A Mixed Methods Study

Journal: Nutrients

Volume: 9

Issue: 3

Date: Mar

Short Title: Influences on Dietary Choices during Day versus Night Shift in Shift Workers: A Mixed Methods Study

DOI: 10.3390/nu9030193

Article Number: 193

Accession Number: WOS:000397023600012

Abstract: Shift work is associated with diet-related chronic conditions such as obesity and cardiovascular disease. This study aimed to explore factors influencing food choice and dietary intake in shift workers. A fixed mixed method study design was undertaken on a convenience sample of firefighters who continually work a rotating roster. Six focus groups (n = 41) were conducted to establish factors affecting dietary intake whilst at work. Dietary intake was assessed using repeated 24 h dietary recalls (n = 19). Interviews were audio recorded, transcribed verbatim, and interpreted using thematic analysis. Dietary data were entered into Food Works and analysed using Wilcoxon signed-rank test; $p < 0.05$ was considered significant. Thematic analysis highlighted four key themes influencing dietary intake: shift schedule; attitudes and decisions of co-workers; time and accessibility; and knowledge of the relationship between food and health. Participants reported consuming more discretionary foods and limited availability of healthy food choices on night shift. Energy intakes (kJ/day) did not differ between days that included a day or night shift but greater energy density (EDenergy, kJ/g/day) of the diet was observed on night shift compared with day shift. This study has identified a number of dietary-specific shift-related factors that may contribute to an increase in unhealthy behaviours in a shift-working population. Given the increased risk of developing chronic diseases, organisational change to support workers in this environment is warranted.

Notes: Bonnell, Emily K. Huggins, Catherine E. Huggins, Chris T. McCaffrey, Tracy A. Palermo, Claire Bonham, Maxine P. McCaffrey, Tracy/0-7068-2017; Bonham, Maxine P/I-2266-2014 McCaffrey, Tracy/0000-0001-9699-3083; Bonham, Maxine P/0000-0002-4854-1581; Huggins, Catherine/0000-0003-3929-7756 2072-6643
URL: <Go to ISI>://WOS:000397023600012

Reference Type: Journal Article

Record Number: 2448

Author: Bonner, C., Jansen, J., McKinn, S., Irwig, L., Doust, J., Glasziou, P., Hayen, A. and McCaffery, K.

Year: 2013

Title: General practitioners' use of different cardiovascular risk assessment strategies: a qualitative study

Journal: Medical Journal of Australia

Volume: 199

Issue: 7

Pages: 485-489

Date: Oct

Short Title: General practitioners' use of different cardiovascular risk assessment strategies: a qualitative study

ISSN: 0025-729X

DOI: 10.5694/mja13.10133

Accession Number: WOS:000326127500032

Abstract: Objectives: To identify factors that influence the extent to which general practitioners use absolute risk (AR) assessment in cardiovascular disease (CVD) risk assessment. Design, setting and

participants: Semi-structured interviews with 25 currently practising GPs from eight Divisions of General Practice in New South Wales, Australia, between October 2011 and May 2012. Data were analysed using framework analysis. Results: The study identified five strategies that GPs use with patients in different situations, defined in terms of the extent to which AR was used and the reasons given for this: the AR-focused strategy, used when AR assessment was considered useful for the patient; the AR-adjusted strategy, used to account for additional risk factors such as family history; the clinical judgement strategy, used when GPs considered that their judgement took multiple risk factors into account as effectively as AR; the passive disregard strategy, used when GPs lacked sufficient time, access or experience to use AR; and the active disregard strategy, used when AR was considered to be inappropriate for the patient. The strategies were linked with different opportunity, capability and motivation barriers to the use of AR. Conclusions: This study provides an in-depth insight into the factors that influence GPs' use of AR in CVD risk assessment. The results suggest that GPs use a range of strategies in different situations, so different approaches may be required to improve the use of AR guidelines in practice.

Notes: Bonner, Carissa Jansen, Jesse McKinn, Shannon Irwig, Les Doust, Jenny Glasziou, Paul Hayen, Andrew McCaffery, Kirsten McKinn, Shannon/AAW-7934-2020; Glasziou, Paul/A-7832-2008; Doust, Jenny/AGI-8773-2022; McCaffery, Kirsten/K-7945-2019 McKinn, Shannon/0000-0001-6384-1745; Glasziou, Paul/0000-0001-7564-073X; Doust, Jenny/0000-0002-4024-9308; McCaffery, Kirsten/0000-0003-2696-5006; Bonner, Carissa/0000-0002-4797-6460; Hayen, Andrew/0000-0003-4046-8030
1326-5377

URL: <Go to ISI>://WOS:000326127500032

Reference Type: Journal Article

Record Number: 1288

Author: Bonnet, C. T. and Barela, J. A.

Year: 2021

Title: Health Issues Due to the Global Prevalence of Sedentariness and Recommendations towards Achieving a Healthier Behaviour

Journal: Healthcare

Volume: 9

Issue: 8

Date: Aug

Short Title: Health Issues Due to the Global Prevalence of Sedentariness and Recommendations towards Achieving a Healthier Behaviour

DOI: 10.3390/healthcare9080995

Article Number: 995

Accession Number: WOS:000690603900001

Abstract: Sedentariness has progressed in recent years. Here, we summarize the high prevalence of objectively measured sedentariness and the list of health problems associated with sedentariness. According to the literature, a minimum sedentary time of 8 h/d may avoid the harmful effects of sedentariness. Our review of the

literature shows that many countries worldwide exceed this threshold. The coronavirus disease 2019 pandemic has increased the proportion of time spent seated in chairs and/or other types of furniture. Furthermore, prolonged sedentariness will continue to increase because it is assumed that people, at least those in desk jobs, perform their work better when sitting than when standing. Many practical solutions should be implemented to help people reduce their sedentary time. People need to be aware that prolonged sedentariness causes health problems. They need to measure the amount of time spent being sedentary to self-guide their behaviour. They should adopt a new lifestyle to avoid prolonged sedentariness and prolonged standing. In addition, we point out that they should frequently change their posture to avoid fatigue and health issues. For global public health, there is an urgent need to adopt an intermediate healthy/healthier behaviour between too much time spent in the sitting and standing positions.

Notes: Bonnet, Cedrick T. Barela, Jose A.

Barela, José A/F-4284-2012

Barela, José A/0000-0003-0951-254X; Bonnet, Cedrick/
0000-0001-5143-1933

2227-9032

URL: <Go to ISI>://WOS:000690603900001

Reference Type: Journal Article

Record Number: 309

Author: Bonnet, C. T. and Cheval, B.

Year: 2022

Title: Sitting vs. standing: an urgent need to rebalance our world

Journal: Health Psychology Review

Date: 2022 Nov

Short Title: Sitting vs. standing: an urgent need to rebalance our world

ISSN: 1743-7199

DOI: 10.1080/17437199.2022.2150673

Accession Number: WOS:000910235100001

Abstract: During their activities of daily living, humans run, walk, stand, sit and lie down. Recent changes in our environment have favored sedentary behavior over more physically active behavior to such a degree that our health is in danger. Here, we sought to address the problem of excessive time spent seated from various theoretical viewpoints, including postural control, human factors engineering, human history and health psychology. If nothing is done now, the high prevalence of sitting will continue to increase. We make a case for the standing position by demonstrating that spending more time upright can mitigate the physiological and psychological problems associated with excessive sitting without lowering task performance and productivity. The psychological literature even highlights potential benefits of performing certain tasks in the standing position. We propose a number of recommendations on spending more time (but not too much) in the standing position and on more active, nonambulatory behaviors. There is a need to inform people about (i) harmful consequences of excessive sitting and (ii) benefits of spending more time performing active, nonambulatory

behaviors. One clear benefit is to reduce detrimental health consequences of excessive sitting and to provide potential additional benefits in terms of productivity and performance.

Notes: Bonnet, Cedrick T. Cheval, Boris

Cheval, Boris/H-4574-2019

Cheval, Boris/0000-0002-6236-4673; Bonnet, Cedrick/

0000-0001-5143-1933

1743-7202

URL: <Go to ISI>://WOS:000910235100001

Reference Type: Journal Article

Record Number: 1499

Author: Boocock, R. C., Lake, A. A., Haste, A. and Moore, H. J.

Year: 2021

Title: Clinicians' perceived barriers and enablers to the dietary management of adults with type 2 diabetes in primary care: A systematic review

Journal: Journal of Human Nutrition and Dietetics

Volume: 34

Issue: 6

Pages: 1042-1052

Date: Dec

Short Title: Clinicians' perceived barriers and enablers to the dietary management of adults with type 2 diabetes in primary care: A systematic review

ISSN: 0952-3871

DOI: 10.1111/jhn.12875

Accession Number: WOS:000632142300001

Abstract: Background Dietary management of type 2 diabetes is considered as a key remission and management strategy. This review explored clinicians' perceived barriers and enablers to the dietary management of adults with type 2 diabetes in primary care. Methods MEDLINE, EMBASE, CINAHL, PsycINFO and ASSIA were searched from 1980 to 26 June 2020. Results Of 2021 records, 14 studies met the inclusion criteria, describing the 14 domains of the refined Theoretical Domains Framework. The data synthesised to the domains of environmental context and resources, intentions and beliefs about capabilities were considered most trustworthy, closely followed by knowledge, behavioural regulation and beliefs about consequences. Two-thirds of studies cited time for staff training or patient education as major constraints to type 2 diabetes management. Clinicians also identified lack of patient engagement and poor dietary adherence as issues. Despite this, clinician confidence about giving dietary advice to patients was high. With further exploration, knowledge gaps were apparent and feelings of despondency as a result of poor outcomes were visible. Conclusions This review revealed four clinician behaviours: (2) the perception of the dietitian; (2) the definition of a clinician qualified to give dietary advice; (3) clinician belief in dietary management as a treatment; and (4) clinician belief in a patient's capability to change dietary behaviour. These behaviours, if challenged and changed, have the potential to improve dietary management and outcomes for people with type 2 diabetes in primary care.

Notes: Boocock, Ruth C. Lake, Amelia A. Haste, Anna Moore, Helen J. Moore, Helen J/0000-0002-0165-7552; Lake, Amelia/0000-0002-4657-8938; Boocock, Ruth/0000-0003-4271-4629 1365-277x
URL: <Go to ISI>://WOS:000632142300001

Reference Type: Journal Article

Record Number: 1237

Author: Bookhart, L. H., Joyner, A. B., Lee, K., Worrell, N., Jamieson, D. J. and Young, M. F.

Year: 2021

Title: Moving Beyond Breastfeeding Initiation: A Qualitative Study Unpacking Factors That Influence Infant Feeding at Hospital Discharge Among Urban, Socioeconomically Disadvantaged Women

Journal: Journal of the Academy of Nutrition and Dietetics

Volume: 121

Issue: 9

Pages: 1704-1720

Date: Sep

Short Title: Moving Beyond Breastfeeding Initiation: A Qualitative Study Unpacking Factors That Influence Infant Feeding at Hospital Discharge Among Urban, Socioeconomically Disadvantaged Women

ISSN: 2212-2672

DOI: 10.1016/j.jand.2021.02.005

Accession Number: WOS:000692130100006

Abstract: Background Factors that influence breastfeeding initiation and duration have been well established; however, there is limited understanding of in-hospital exclusive breastfeeding (EBF), which is critical for establishing breastfeeding. Grady Memorial Hospital, which serves a high proportion of participants receiving Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and racial/ethnic minorities, had an in-hospital EBF rate in 2018 by the Joint Commission's definition of 29% and sought contextualized evidence on how to best support breastfeeding mothers. Objective The objectives were to (1) identify facilitators and barriers to in-hospital EBF and (2) explore breastfeeding support available from key stakeholders across the social ecological model. Design In-depth, semistructured interviews were conducted and analyzed using thematic analysis. Participants The sample included a total of 38 purposively sampled participants from Grady Memorial Hospital (10 EBF mothers, 10 non-EBF, and 18 key stakeholders such as clinicians, community organizations' staff, and administrators). Results Key themes included that maternal perception of inadequate milk supply was a barrier to in-hospital EBF at the intrapersonal level. At the interpersonal level, a personable and individualized approach to breastfeeding counseling may be most effective in supporting EBF. At the institutional level, key determinants of EBF were gaps in prenatal breastfeeding education, limited time to provide comprehensive prenatal education to high-risk patients, and practical help with latching and positioning. Community-level WIC services were perceived as a facilitator due to the additional benefits provided for EBF mothers; however, the distribution of WIC vouchers for formula to mothers while they are in the hospital

undermines the promotion of EBF. Cultural norms and a diverse patient population were reported as barriers to providing support at the macrosystem level. Conclusion Multipronged approaches that span the social-ecological model may be required to support early EBF in hospital settings. J Acad Nutr Diet. 2021;121(9):1704-1720.

Notes: Bookhart, Larelle H. Joyner, Andrea B. Lee, Kelly Worrell, Nikkia Jamieson, Denise J. Young, Melissa F.

Bookhart, Larelle/0000-0003-2315-9295

2212-2680

URL: <Go to ISI>://WOS:000692130100006

Reference Type: Journal Article

Record Number: 1958

Author: Boongird, C. and Ross, R.

Year: 2017

Title: Views and Expectations of Community-Dwelling Thai Elderly in Reporting Falls to Their Primary Care Physicians: A Mixed-Methods Study

Journal: Journal of Applied Gerontology

Volume: 36

Issue: 4

Pages: 480-498

Date: Apr

Short Title: Views and Expectations of Community-Dwelling Thai Elderly in Reporting Falls to Their Primary Care Physicians: A Mixed-Methods Study

ISSN: 0733-4648

DOI: 10.1177/0733464815606799

Accession Number: WOS:000395401700007

Abstract: Fall among older adults is a concern in Thailand. The challenge for primary care physicians is to deliver effective interventions potentially adhered to by older people. This research employed a mixed-methods design to understand factors leading to fall reporting by community-dwelling Thai elders and their expectations regarding fall prevention education. Participants (N = 305) who had fallen in the last year completed a questionnaire in the quantitative phase, and 50 of these were interviewed in-depth in the qualitative phase. Results revealed that only 39% reported their fall. Participants with comorbidities were 1.6 times more likely to report falling than those without (odds ratio = 1.61, confidence interval = [1.01, 2.58]). Post-fall pain (84%) was the strongest reason for reporting. Some participants believed that falling is an inevitable life event. It is crucial to encourage older adults to report falling, to provide targeted education, and to focus on improving the overall health status of older adults.

Notes: Boongird, Chitima Ross, Ratchneewan

Ross, Ratchneewan/GRR-1554-2022

Ross, Ratchneewan/0000-0003-2005-341X

1552-4523

URL: <Go to ISI>://WOS:000395401700007

Reference Type: Journal Article

Record Number: 55

Author: Bora, A. M., Piechotta, V., Kreuzberger, N., Monsef, I., Wender, A., Follmann, M., Nothacker, M. and Skoetz, N.

Year: 2023

Title: The effectiveness of clinical guideline implementation strategies in oncology—a systematic review

Journal: BMC Health Services Research

Volume: 23

Issue: 1

Date: Apr

Short Title: The effectiveness of clinical guideline implementation strategies in oncology—a systematic review

DOI: 10.1186/s12913-023-09189-x

Article Number: 347

Accession Number: WOS:000963484400004

Abstract: Importance Guideline recommendations do not necessarily translate into changes in clinical practice behaviour or better patient outcomes. **Objective** This systematic review aims to identify recent clinical guideline implementation strategies in oncology and to determine their effect primarily on patient-relevant outcomes and secondarily on healthcare professionals' adherence. **Methods** A systematic search of five electronic databases (PubMed, Web of Science, GIN, CENTRAL, CINAHL) was conducted on 16 December 2022. Randomized controlled trials (RCTs) and non-randomized studies of interventions (NRSIs) assessing the effectiveness of guideline implementation strategies on patient-relevant outcomes (overall survival, quality of life, adverse events) and healthcare professionals' adherence outcomes (screening, referral, prescribing, attitudes, knowledge) in the oncological setting were targeted. The Cochrane risk-of-bias tool and the ROBINS-I tool were used for assessing the risk of bias. Certainty in the evidence was evaluated according to GRADE recommendations. This review was prospectively registered in the International Prospective Register of Systematic Reviews (PROSPERO) with the identification number CRD42021268593. **Findings** Of 1326 records identified, nine studies, five cluster RCTs and four controlled before-and after studies, were included in the narrative synthesis. All nine studies assess the effect of multi-component interventions in 3577 cancer patients and more than 450 oncologists, nurses and medical staff. **Patient-level** Educational meetings combined with materials, opinion leaders, audit and feedback, a tailored intervention or academic detailing may have little to no effect on overall survival, quality of life and adverse events of cancer patients compared to no intervention, however, the evidence is either uncertain or very uncertain. **Provider-level** Multi-component interventions may increase or slightly increase guideline adherence regarding screening, referral and prescribing behaviour of healthcare professionals according to guidelines, but the certainty in evidence is low. The interventions may have little to no effect on attitudes and knowledge of healthcare professionals, still, the evidence is very uncertain. **Conclusions and relevance** Knowledge and skill accumulation through team-oriented or online educational training and dissemination of materials embedded in multi-component interventions seem to be the most frequently researched guideline implementation

strategies in oncology recently. This systematic review provides an overview of recent guideline implementation strategies in oncology, encourages future implementation research in this area and informs policymakers and professional organisations on the development and adoption of implementation strategies.

Notes: Bora, Ana-Mihaela Piechotta, Vanessa Kreuzberger, Nina Monsef, Ina Wender, Andreas Follmann, Markus Nothacker, Monika Skoetz, Nicole

Bora, Ana-Mihaela/0000-0002-0493-9790
1472-6963

URL: <Go to ISI>://WOS:000963484400004

Reference Type: Journal Article

Record Number: 2173

Author: Borodulin, K., Sipila, N., Rahkonen, O., Leino-Arjas, P., Kestila, L., Jousilahti, P. and Prattala, R.

Year: 2016

Title: Socio-demographic and behavioral variation in barriers to leisure-time physical activity

Journal: Scandinavian Journal of Public Health

Volume: 44

Issue: 1

Pages: 62-69

Date: Feb

Short Title: Socio-demographic and behavioral variation in barriers to leisure-time physical activity

ISSN: 1403-4948

DOI: 10.1177/1403494815604080

Accession Number: WOS:000369969000010

Abstract: Introduction: We examined the socio-demographic and behavioral determinants of perceived barriers to leisure-time physical activity (LTPA) in a population-based sample of working-aged adults. Methods: Data comprised the National FINRISK 2002 Study, a population-based health examination study. Analyses were restricted to those aged 25-64 years and who perceived that their amount of LTPA did not reach sufficient levels. They reported barriers to LTPA, defined as a lack of time, motivation and lack of companionship to be active with, as well as high expenses. Age, education, household income, employment status, family type, physical activity, smoking and body mass index (BMI) were included as explanatory variables. Results: Lack of time was the most frequent barrier. Each barrier was explained by a different set of factors that also varied between genders. The strongest and most systematic associations with the barriers were found for age, employment status and family type. Lack of time was less often reported as a barrier among the unemployed, singles without children and older people. Lacking motivation as a barrier was most common among singles without children. High expenses as a barrier was more often reported by the unemployed, and less often reported in the highest income group. Conclusions: When considering actions to promote LTPA, there is not one single solution, because the perceived barriers vary by population subgroups.

Notes: Borodulin, Katja Sipila, Noora Rahkonen, Ossi Leino-Arjas,

Paivi Kestila, Laura Jousilahti, Pekka Prattala, Ritva Borodulin, Katja/0000-0001-9529-2592; Rahkonen, Ossi/0000-0002-7202-3274; Leino-Arjas, Paivi/0000-0001-9534-7071 1651-1905
URL: <Go to ISI>://WOS:000369969000010

Reference Type: Journal Article

Record Number: 1991

Author: Bos-Touwen, I. D., Trappenburg, J. C. A., van der Wulp, I., Schuurmans, M. J. and de Wit, N. J.

Year: 2017

Title: Patient factors that influence clinicians' decision making in self-management support: A clinical vignette study

Journal: Plos One

Volume: 12

Issue: 2

Date: Feb

Short Title: Patient factors that influence clinicians' decision making in self-management support: A clinical vignette study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0171251

Article Number: e0171251

Accession Number: WOS:000393700100030

Abstract: Background and aim Self-management support is an integral part of current chronic care guidelines. The success of self-management interventions varies between individual patients, suggesting a need for tailored self-management support. Understanding the role of patient factors in the current decision making of health professionals can support future tailoring of self-management interventions. The aim of this study is to identify the relative importance of patient factors in health professionals' decision making regarding self-management support. Method A factorial survey was presented to primary care physicians and nurses. The survey consisted of clinical vignettes (case descriptions), in which 11 patient factors were systematically varied. Each care provider received a set of 12 vignettes. For each vignette, they decided whether they would give this patient self-management support and whether they expected this support to be successful. The associations between respondent decisions and patient factors were explored using ordered logit regression. Results The survey was completed by 60 general practitioners and 80 nurses. Self-management support was unlikely to be provided in a third of the vignettes. The most important patient factor in the decision to provide self-management support as well as in the expectation that self-management support would be successful was motivation, followed by patient-provider relationship and illness perception. Other factors, such as depression or anxiety, education level, self-efficacy and social support, had a small impact on decisions. Disease, disease severity, knowledge of disease, and age were relatively unimportant factors. Conclusion This is the first study to explore the relative importance of patient factors in decision making and the expectations regarding the provision of self-management support to chronic disease patients. By far, the

most important factor considered was patient's motivation; unmotivated patients were less likely to receive self-management support. Future tailored interventions should incorporate strategies to enhance motivation in unmotivated patients. Furthermore, care providers should be better equipped to promote motivational change in their patients.

Notes: Bos-Touwen, Irene D. Trappenburg, Jaap C. A. van der Wulp, Ineke Schuurmans, Marieke J. de Wit, Niek J. Trappenburg, Jaap/0000-0003-0489-7401
URL: <Go to ISI>://WOS:000393700100030

Reference Type: Journal Article

Record Number: 1797

Author: Bossink, L. W. M., van der Putten, A. A. J., Paap, M. C. S. and Vlaskamp, C.

Year: 2019

Title: Factors associated with direct support professionals' behaviour in the physical activity support provided to people with intellectual disabilities

Journal: Journal of Intellectual Disability Research

Volume: 63

Issue: 8

Pages: 981-991

Date: Aug

Short Title: Factors associated with direct support professionals' behaviour in the physical activity support provided to people with intellectual disabilities

ISSN: 0964-2633

DOI: 10.1111/jir.12616

Accession Number: WOS:000475966900008

Abstract: Background Direct support professionals play an important role in facilitating physical activity support for people with intellectual disabilities (ID). This study examined how the characteristics of people with ID and the characteristics of direct support professionals are related to the professionals' behaviour when supporting people with ID in physical activity. Methods A cross-sectional approach was used. Direct support professionals (n = 217) who support people with ID completed a self-report questionnaire, which aimed to measure the components that produced behaviour when providing physical activity support for people with ID. Associations with the characteristics of people with ID and the characteristics of the professionals were analysed using multivariate linear regression models. Results The results demonstrate that the professionals' characteristics – such as age, workplace and training – were related to the variance in the components that theoretically produced the direct support professionals' behaviour. The characteristics of the people with ID did not contribute to the variance in the direct support professionals' behaviour. Conclusions The findings suggest that professional characteristics are the dominant reasons for the differences observed in the capability, opportunity and motivation of direct support professionals to provide physical activity support. This study also underscores the need for integrated

training programmes to help direct support professionals promote physical activity in people with ID.

Notes: Bossink, L. W. M. van der Putten, A. A. J. Paap, M. C. S. Vlaskamp, C.

Bossink, Leontien/0000-0002-8834-8241; Paap, Muirne Caitlin Shonagh/0000-0002-1173-7070

1365-2788

URL: <Go to ISI>://WOS:000475966900008

Reference Type: Journal Article

Record Number: 312

Author: Botella-Guijarro, A., Lloret-Irles, D., Segura-Heras, J. V. and Moriano-Leon, J. A.

Year: 2022

Title: Characterization and prediction of gambling behavior in adolescents using the COM-B model

Journal: Plos One

Volume: 17

Issue: 11

Date: Nov

Short Title: Characterization and prediction of gambling behavior in adolescents using the COM-B model

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0277520

Article Number: e0277520

Accession Number: WOS:000925006300048

Abstract: Gambling is an international phenomenon, posing a serious threat to adolescents who begin gambling at a young age. This study aims, to explore gambling behavior in adolescents and interpret its risk factors. We conducted a three-waves cohort longitudinal study assessing gambling and associated risk factors in south-eastern Spain. Data were analyzed using the Capabilities, Opportunities, Motivations, Behavior (COM-B) model and the partial least squares path modelling (PLS-PM) technique. Gambling was measured by frequency and money spent; associated factors were knowledge about gambling, parental attitude towards gambling, risk perception, normative perception, and intention to gamble. These items were assigned as indicators of each construct of the COM-B model- capability, opportunity, motivation, and behavior-using the theoretical domains framework. Once the behavior was performed, feedback on future capability, opportunity, and motivation was observed. Results show that capability, determined by past experience, and opportunity, determined by parental attitudes, motivates adolescents to seek gambling experiences in the future. Identifying such factors that affect gambling behavior in adolescents and establishing relationships between them through a robust theoretical model is essential for designing effective interventions.

Notes: Botella-Guijarro, Alvaro Lloret-Irles, Daniel Vicente Segura-Heras, Jose Moriano-Leon, Juan A.

Moriano, Juan A./L-7607-2014; Segura, José Vicente/ABC-3363-2020

Moriano, Juan A./0000-0002-8332-1314; Segura, José Vicente/

0000-0002-0884-0472; Botella Guijarro, Alvaro/0000-0001-9718-9193

URL: <Go to ISI>://WOS:000925006300048

Reference Type: Journal Article

Record Number: 199

Author: Bottinger, M. J., Elgeti, M., Tschaggeny, D., Wasner, M. and Diermayr, G.

Year: 2023

Title: Barriers and Facilitators for the Implementation of a Concept to Promote Evidence-based Practice in Physiotherapy – A Mixed-methods Study

Journal: Physioscience

Date: 2023 Jan

Short Title: Barriers and Facilitators for the Implementation of a Concept to Promote Evidence-based Practice in Physiotherapy – A Mixed-methods Study

ISSN: 1860-3092

DOI: 10.1055/a-1720-8262

Accession Number: WOS:000920480200001

Abstract: Background There is a need for theoretically and scientifically sound implementation strategies to promote evidence-based practice (EBP) in physiotherapy in Germany. It is necessary to identify and address context-specific determinants for implementation, when designing such strategies. To this end, the "science4practice " concept was developed; a concept designed to promote EBP in physiotherapy facilities. Aim To examine barriers and facilitators for the implementation of the "science4practice " concept. Methods In this mixed-methods study qualitative semi-structured interviews and a quantitative survey using an online and a paper-based questionnaire were conducted. Managing directors, physiotherapy practice leaders and physiotherapists without management responsibility were interviewed. Physiotherapists without management responsibility participated in the quantitative survey. Data of the interviews were analyzed using thematic content analysis. Data of the quantitative survey were analyzed descriptively. Results Fifteen interviews were conducted. A lack of skills in literature search and critical appraisal, negative experiences with change processes and insufficient access to scientific literature were identified as barriers. Support from supervisors and the availability of resources were identified as facilitating factors for the implementation of the concept. In total 47 physiotherapists without management responsibility participated in the survey. The results showed cumulative agreement values ("fully agree " and "rather agree ") between 83 % and 91 % for the willingness to implement the "science4practice " concept. Integrating quantitative and qualitative results, the team's willingness to implement the concept was classified as a facilitator for implementation. Conclusions The study revealed barriers and facilitators from the perspective of participants with and without management responsibility. the results underline barriers identified nationally and internationally such as the lack of scientific competences or insufficient access to scientific literature. However, the results also point towards the potential of the concept as an implementation project for physiotherapy in Germany. In the

next step, studies should be conducted to examine the concept's feasibility.

Notes: Boettinger, Melissa J. J. Elgeti, Martin Tschaggeny, Dorothea Wasner, Mieke Diermayr, Gudrun

1860-3351

URL: <Go to ISI>://WOS:000920480200001

Reference Type: Journal Article

Record Number: 1406

Author: Bourdon, J. L., Dorsey, A., Zalik, M., Pietka, A., Salyer, P., Bray, M. J., Bierut, L. J. and Ramsey, A. T.

Year: 2021

Title: In-vivo design feedback and perceived utility of a genetically-informed smoking risk tool among current smokers in the community

Journal: BMC Medical Genomics

Volume: 14

Issue: 1

Date: May

Short Title: In-vivo design feedback and perceived utility of a genetically-informed smoking risk tool among current smokers in the community

DOI: 10.1186/s12920-021-00976-1

Article Number: 139

Accession Number: WOS:000657692900001

Abstract: Background The use of genetically-informed personalized risk information for behavioral disorders, namely smoking and smoking-related behaviors, is a promising yet understudied area. The Genetics and Smoking Risk Profile, or RiskProfile, leverages genetic and environmental information to communicate one's risk for smoking-related diseases. Although prior studies have examined attitudes toward genetic results, little research has investigated these perceptions through a lens of in-vivo testing; that is, user-centered design feedback in response to personalized genetic results being returned contemporaneously. This qualitative study engaged current smokers in usability testing of the RiskProfile within the context of concurrently receiving this personalized, genetically-informed smoking cessation intervention. Methods Eighty-nine participants who were current smokers responded to open-ended interview questions on perceptions of smoking-related genetic information and the content and format of the RiskProfile intervention that they had received moments before. Data were analyzed via the conventional content analysis approach in which themes were allowed to emerge throughout the analysis. Results Participants were able to reference and offer design input on specific elements of the RiskProfile. Overall, current smokers perceived the RiskProfile to have high potential utility.

Constructive feedback that current smokers offered about the tool centered around suggested improvements to optimize its usability and technical content. Conclusions The detailed and constructive feedback from participants highlights that in-vivo feedback offers a useful design approach that addresses concerns of rigor and relevance when returning genetic results. This unique method

demonstrated perceived utility and constructive design feedback for the RiskProfile among current smokers and can play an important role in optimizing the design and implementation of personalized genetic risk interventions moving forward.

Notes: Bourdon, Jessica L. Dorsey, Amelia Zalik, Maia Pietka, Amanda Salyer, Patricia Bray, Michael J. Bierut, Laura J. Ramsey, Alex T. Ramsey, Alex/0000-0002-3471-3725; Bourdon, Jessica/0000-0002-7291-1431; Zalik, Maia/0000-0001-7071-7734 1755-8794

URL: <Go to ISI>://WOS:000657692900001

Reference Type: Journal Article

Record Number: 821

Author: Bourke, J., Skouteris, H., Hatzikiriakidis, K., Fahey, D. and Malliaras, P.

Year: 2022

Title: Use of Behavior Change Techniques Alongside Exercise in the Management of Rotator Cuff-Related Shoulder Pain: A Scoping Review

Journal: Physical Therapy

Volume: 102

Issue: 4

Date: Apr

Short Title: Use of Behavior Change Techniques Alongside Exercise in the Management of Rotator Cuff-Related Shoulder Pain: A Scoping Review

ISSN: 0031-9023

DOI: 10.1093/ptj/pzab290

Article Number: pzab290

Accession Number: WOS:000789029800001

Abstract: Objectives The aims of this scoping review were to: (1) determine the frequency and types of behavior change techniques (BCTs) and education utilized in trials investigating exercise interventions for rotator cuff related shoulder pain (RCRSP); (2) subcategorize the BCTs and education found in the trials to summarize all behavior change approaches reported by trials; and (3) compare the frequency, types, and subcategories of BCTs and education utilized in the clinical guidelines for managing RCRSP between the trials. Methods Data sources included Cochrane Central Register of Controlled Trials, Ovid MEDLINE, Ovid EMBASE, CINAHL Plus, Google Scholar and PubMed, which were searched from inception to June 2020. Trials assessing exercise interventions for RCRSP were included. Three authors independently determined eligibility and extracted data. The frequency and types of BCTs and education in the trials and clinical practice guidelines were reported and compared descriptively. Two authors assessed the content of the BCTs to develop subcategories. Results Most trials reported including at least 1 type of BCT (89.2%), which was most commonly feedback and monitoring (78.5%). There were many different approaches to the BCTs and education; for example, feedback and monitoring was subcategorized into supervised exercise, exercise monitoring, and feedback through external aids, such as mirrors. Clinical guidelines recommend supervision, goal setting, activity modification, pain management recommendations, information about the condition, and

exercise education. Conclusion Although over two-thirds of trials reported including a BCT alongside exercise interventions for RCRSP, the breadth of these interventions is limited (supervision is the only common one). Future trialists should consider using any type of BCT that may improve exercise adherence and outcomes. Impact The findings of this review have: (1) identified gaps in the literature; and (2) contributed to the design of future exercise interventions for RCRSP.

Notes: Bourke, Jaryd Skouteris, Helen Hatzikiriakidis, Kostas Fahey, David Malliaras, Peter

Bourke, Jaryd/0000-0002-2996-0481; Hatzikiriakidis, Kostas/
0000-0001-5662-2958

1538-6724

URL: <Go to ISI>://WOS:000789029800001

Reference Type: Journal Article

Record Number: 1315

Author: Bowers, H., Kendrick, T., van Ginneken, N., Glowacka, M., Williams, S., Leydon, G. M., May, C., Dowrick, C., Moncrieff, J., Johnson, C. F., Moore, M., Laine, R. and Geraghty, A. W. A.

Year: 2021

Title: A Digital Intervention for Primary Care Practitioners to Support Antidepressant Discontinuation (Advisor for Health Professionals): Development Study

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 7

Date: Jul

Short Title: A Digital Intervention for Primary Care Practitioners to Support Antidepressant Discontinuation (Advisor for Health Professionals): Development Study

ISSN: 1438-8871

DOI: 10.2196/25537

Article Number: e25537

Accession Number: WOS:000675386300004

Abstract: Background: The number of people receiving antidepressants has increased in the past 3 decades, mainly because of people staying on them longer. However, in many cases long-term treatment is not evidence based and risks increasing side effects.

Additionally, prompting general practitioners (GPs) to review medication does not improve the rate of appropriate discontinuation. Therefore, GPs and other health professionals may need help to support patients discontinuing antidepressants in primary care.

Objective: This study aims to develop a digital intervention to support practitioners in helping patients discontinue inappropriate long-term antidepressants (as part of a wider intervention package including a patient digital intervention and patient telephone support). Methods: A prototype digital intervention called Advisor for Health Professionals (ADvisor HP) was planned and developed using theory, evidence, and a person-based approach. The following elements informed development: a literature review and qualitative synthesis, an in-depth qualitative study, the development of guiding principles for design elements, and theoretical behavioral analyses.

The intervention was then optimized through think-aloud qualitative interviews with health professionals while they were using the prototype intervention. Results: Think-aloud qualitative interviews with 19 health professionals suggested that the digital intervention contained useful information and was readily accessible to practitioners. The development work highlighted a need for further guidance on drug tapering schedules for practitioners and clarity about who is responsible for broaching the subject of discontinuation. Practitioners highlighted the need to have information in easily and quickly accessible formats because of time constraints in day-to-day practice. Some GPs felt that some information was already known to them but understood why this was included. Practitioners differed in their ideas about how they would use ADvisor HP in practice, with some preferring to read the resource in its entirety and others wanting to dip in and out as needed. Changes were made to the wording and structure of the intervention in response to the feedback provided. Conclusions: ADvisor HP is a digital intervention that has been developed using theory, evidence, and a person-based approach. The optimization work suggests that practitioners may find this tool to be useful in supporting the reduction of long-term antidepressant use. Further quantitative and qualitative evaluation through a randomized controlled trial is needed to examine the feasibility, effectiveness, and cost-effectiveness of the intervention.

Notes: Bowers, Hannah Kendrick, Tony van Ginneken, Nadja Glowacka, Marta Williams, Samantha Leydon, Geraldine M. May, Carl Dowrick, Christopher Moncrieff, Joanna Johnson, Chris F. Moore, Michael Laine, Rebecca Geraghty, Adam W. A.

Johnson, Chris F/ABF-7544-2020; Kendrick, Tony/H-8558-2014; Moore, Michael/C-3447-2011

Johnson, Chris F/0000-0002-6006-6605; van Ginneken, Nadja/0000-0002-4843-2617; Moncrieff, Joanna/0000-0003-1214-6974; May, Carl/0000-0002-0451-2690; Glowacka, Marta/0000-0002-7792-9980; Kendrick, Tony/0000-0003-1618-9381; Geraghty, Adam/0000-0001-7984-8351; Moore, Michael/0000-0002-5127-4509; Dowrick, Christopher/0000-0002-4245-2203; Williams, Samantha/0000-0001-9505-6485

URL: <Go to ISI>://WOS:000675386300004

Reference Type: Journal Article

Record Number: 1918

Author: Bradbury, G. and Morton, K.

Year: 2017

Title: Using behavioural science to improve pain management

Journal: In Practice

Volume: 39

Issue: 7

Pages: 339-341

Date: Jul

Short Title: Using behavioural science to improve pain management

ISSN: 0263-841X

DOI: 10.1136/inp.j3251

Accession Number: WOS:000407825400005

Abstract: Pain management can be challenging to achieve in practice due to the participation of many different stakeholders and the complex behaviours involved in decision-making. Here, Guen Bradbury and Katie Morton suggest that a better understanding of behavioural science can lead to improved pain management in animals.

Notes: Bradbury, Guen Morton, Katie

2042-7689

URL: <Go to ISI>://WOS:000407825400005

Reference Type: Journal Article

Record Number: 631

Author: Braga, B. C., Nguyen, P. H., Aberman, N. L., Doyle, F., Folson, G., Hoang, N., Huynh, P., Koch, B., McCloskey, P., Tran, L., Hughes, D. and Gelli, A.

Year: 2022

Title: Exploring an Artificial Intelligence-Based, Gamified Phone App Prototype to Track and Improve Food Choices of Adolescent Girls in Vietnam: Acceptability, Usability, and Likeability Study

Journal: Jmir Formative Research

Volume: 6

Issue: 7

Date: Jul

Short Title: Exploring an Artificial Intelligence-Based, Gamified Phone App Prototype to Track and Improve Food Choices of Adolescent Girls in Vietnam: Acceptability, Usability, and Likeability Study

DOI: 10.2196/35197

Article Number: e35197

Accession Number: WOS:000854081500030

Abstract: Background: Adolescents' consumption of healthy foods is suboptimal in low- and middle-income countries. Adolescents' fondness for games and social media and the increasing access to smartphones make apps suitable for collecting dietary data and influencing their food choices. Little is known about how adolescents use phones to track and shape their food choices.

Objective: This study aimed to examine the acceptability, usability, and likability of a mobile phone app prototype developed to collect dietary data using artificial intelligence-based image recognition of foods, provide feedback, and motivate users to make healthier food choices. The findings were used to improve the design of the app. Methods: A total of 4 focus group discussions (n=32 girls, aged 15-17 years) were conducted in Vietnam. Qualitative data were collected and analyzed by grouping ideas into common themes based on content analysis and ground theory. Results: Adolescents accepted most of the individual- and team-based dietary goals presented in the app prototype to help them make healthier food choices. They deemed the overall app wireframes, interface, and graphic design as acceptable, likable, and usable but suggested the following modifications: tailored feedback based on users' medical history, anthropometric characteristics, and fitness goals; new language on dietary goals; provision of information about each of the food group dietary goals; wider camera frame to fit the whole family food tray, as meals are shared in Vietnam; possibility of digitally separating food consumption on shared meals; and more appealing graphic design,

including unique badge designs for each food group. Participants also liked the app's feedback on food choices in the form of badges, notifications, and statistics. A new version of the app was designed incorporating adolescent's feedback to improve its acceptability, usability, and likability. Conclusions: A phone app prototype designed to track food choice and help adolescent girls from low- and middle-income countries make healthier food choices was found to be acceptable, likable, and usable. Further research is needed to examine the feasibility of using this technology at scale.

Notes: Braga, Bianca C. Nguyen, Phuong H. Aberman, Noora-Lisa Doyle, Frank Folson, Gloria Nga Hoang Phuong Huynh Koch, Bastien McCloskey, Peter Lan Tran Hughes, David Gelli, Aulo Folson, Gloria/0000-0002-1310-287X; Huynh, Phuong/0000-0002-9883-3283; Nguyen, Phuong H/0000-0003-3418-1674; Aberman, Noora-Lisa/0000-0002-9469-3260 2561-326x

URL: <Go to ISI>://WOS:000854081500030

Reference Type: Journal Article

Record Number: 1972

Author: Bragge, P., Grimshaw, J. M., Lokker, C., Colquhoun, H. and Grp, Aimd Writting Working

Year: 2017

Title: AIMD - a validated, simplified framework of interventions to promote and integrate evidence into health practices, systems, and policies

Journal: BMC Medical Research Methodology

Volume: 17

Date: Mar

Short Title: AIMD - a validated, simplified framework of interventions to promote and integrate evidence into health practices, systems, and policies

DOI: 10.1186/s12874-017-0314-8

Article Number: 38

Accession Number: WOS:000395468600001

Abstract: Background: Proliferation of terms describing the science of effectively promoting and supporting the use of research evidence in healthcare policy and practice has hampered understanding and development of the field. To address this, an international Terminology Working Group developed and published a simplified framework of interventions to promote and integrate evidence into health practices, systems, and policies. This paper presents results of validation work and a second international workgroup meeting, culminating in the updated AIMD framework [Aims, Ingredients, Mechanism, Delivery]. Methods: Framework validity was evaluated against terminology schemas (n = 51); primary studies (n = 37); and reporting guidelines (n = 10). Framework components were independently categorized as fully represented, partly represented, or absent by two researchers. Opportunities to refine the framework were systematically recorded. A meeting of the expanded international Terminology Working Group updated the framework by reviewing and deliberating upon validation findings and refinement proposals. Results: There was variation in representativeness of the

components across the three types of literature, in particular for the component 'causal mechanisms'. Analysis of primary studies revealed that representativeness of this concept lowered from 92 to 68% if only explicit, rather than explicit and non-explicit references to causal mechanisms were included. All components were very well represented in reporting guidelines, however the level of description of these was lower than in other types of literature. Twelve opportunities were identified to improve the framework, 9 of which were operationalized at the meeting. The updated AIMD framework comprises four components: (1) Aims: what do you want your intervention to achieve and for whom? (2) Ingredients: what comprises the intervention? (3) Mechanisms: how do you propose the intervention will work? and (4) Delivery: how will you deliver the intervention? Conclusions: The draft simplified framework was validated with reference to a wide range of relevant literature and improvements have enhanced useability. The AIMD framework could aid in the promotion of evidence into practice, remove barriers to understanding how interventions work, enhance communication of interventions and support knowledge synthesis. Future work needs to focus on developing and testing resources and educational initiatives to optimize use of the AIMD framework in collaboration with relevant end-user groups.

Notes: Bragge, Peter Grimshaw, Jeremy M. Lokker, Cynthia Colquhoun, Heather

Sax, Hugo S/A-9377-2016; Lokker, Cynthia/L-4177-2017; Graham, Ian D./ABD-5259-2021; Dadich, Ann/GLU-7014-2022; Mazza, Danielle/H-4577-2014; Grimshaw, Jeremy/D-8726-2013

Sax, Hugo S/0000-0002-1532-2198; Lokker, Cynthia/0000-0003-2436-4290; Graham, Ian D./0000-0002-3669-1216; Dadich, Ann/0000-0001-5767-1794; Mazza, Danielle/0000-0001-6158-7376; Gainforth, Heather/0000-0002-3281-1110; Bragge, Peter/0000-0003-0745-5131; Scott, Shannon D./0000-0002-2251-3742; Leeman, Jennifer/0000-0003-3130-8297; ovretveit, john/0000-0002-5177-6613; Damschroder, Laura/0000-0002-3657-8459; Albrecht, Lauren/0000-0002-6088-291X

1471-2288

URL: <Go to ISI>://WOS:000395468600001

Reference Type: Journal Article

Record Number: 1153

Author: Brain, K., Burrows, T. L., Bruggink, L., Malfliet, A., Hayes, C., Hodson, F. J. and Collins, C. E.

Year: 2021

Title: Diet and Chronic Non-Cancer Pain: The State of the Art and Future Directions

Journal: Journal of Clinical Medicine

Volume: 10

Issue: 21

Date: Nov

Short Title: Diet and Chronic Non-Cancer Pain: The State of the Art and Future Directions

DOI: 10.3390/jcm10215203

Article Number: 5203

Accession Number: WOS:000719535700001

Abstract: Nutrition plays an important role in pain management. Healthy eating patterns are associated with reduced systemic inflammation, as well as lower risk and severity of chronic non-cancer pain and associated comorbidities. The role of nutrition in chronic non-cancer pain management is an emerging field with increasing interest from clinicians and patients. Evidence from a number of recent systematic reviews shows that optimising diet quality and incorporating foods containing anti-inflammatory nutrients such as fruits, vegetables, long chain and monounsaturated fats, antioxidants, and fibre leads to reduction in pain severity and interference. This review describes the current state of the art and highlights why nutrition is critical within a person-centred approach to pain management. Recommendations are made to guide clinicians and highlight areas for future research.

Notes: Brain, Katherine Burrows, Tracy L. Bruggink, Laura Malfliet, Anneleen Hayes, Chris Hodson, Fiona J. Collins, Clare E.

; Burrows, Tracy/G-7802-2013

Malfliet, Anneleen/0000-0003-0598-7038; Hayes, Chris/
0000-0001-7163-0390; Burrows, Tracy/0000-0002-1431-7864
2077-0383

URL: <Go to ISI>://WOS:000719535700001

Reference Type: Journal Article

Record Number: 2481

Author: Brake, H. T. and Duckers, M.

Year: 2013

Title: Early psychosocial interventions after disasters, terrorism and other shocking events: is there a gap between norms and practice in Europe?

Journal: European Journal of Psychotraumatology

Volume: 4

Short Title: Early psychosocial interventions after disasters, terrorism and other shocking events: is there a gap between norms and practice in Europe?

ISSN: 2000-8198

DOI: 10.3402/ejpt.v4i0.19093

Article Number: 19093

Accession Number: WOS:000332093700001

Abstract: Background: Internationally, several initiatives exist to describe standards for post-disaster psychosocial care. Objective: This study explored the level of consensus of experts within Europe on a set of recommendations on early psychosocial intervention after shocking events (Dutch guidelines), and to what degree these standards are implemented into mental health care practice. Methods: Two hundred and six (mental) health care professionals filled out a questionnaire to assess the extent to which they consider the guidelines' scope and recommendations relevant and part of the regular practice in their own country. Forty-five European experts from 24 EU countries discussed the guidelines at an international seminar. Results: The data suggest overall agreement on the standards although many of the recommendations appear not (yet) to be embedded in everyday practice. Conclusions: Although large

consensus exists on standards for early psychosocial care, a chasm between norms and practice appears to exist throughout the EU, stressing the general need for investments in guideline development and implementation.

Notes: Brake, Hans Te Duckers, Michel

Duckers, Michel/0000-0001-7746-053X

2000-8066

URL: <Go to ISI>://WOS:000332093700001

Reference Type: Journal Article

Record Number: 745

Author: Brakenridge, C. J., Gardiner, P. A., Grigg, R. V., Winkler, E. A. H., Fjeldsoe, B. S., Schaumberg, M. A., Owen, N., Eakin, E. G., Biddle, S. J. H., Moodie, M., Daly, R. M., Green, D. J., Cohen, N., Gray, L., Comans, T., Buman, M. P., Goode, A. D., Nguyen, P., Gao, L., Healy, G. N. and Dunstan, D. W.

Year: 2022

Title: Sitting less and moving more for improved metabolic and brain health in type 2 diabetes: 'OPTIMISE your health' trial protocol

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: May

Short Title: Sitting less and moving more for improved metabolic and brain health in type 2 diabetes: 'OPTIMISE your health' trial protocol

DOI: 10.1186/s12889-022-13123-x

Article Number: 929

Accession Number: WOS:000793191200008

Abstract: Background: Clinical practice guidelines recommend that adults with type 2 diabetes (T2D) sit less and move more throughout the day. The 18-month OPTIMISE Your Health Clinical Trial was developed to support desk-based workers with T2D achieve these recommendations. The two-arm protocol consists of an intervention and control arms. The intervention arm receives 6 months health coaching, a sit-stand desktop workstation and an activity tracker, followed by 6 months of text message support, then 6 months maintenance. The control arm receives a delayed modified intervention after 12 months of usual care. This paper describes the methods of a randomised controlled trial (RCT) evaluating the effectiveness and cost-effectiveness of the intervention, compared to a delayed intervention control. Methods: This is a two-arm RCT being conducted in Melbourne, Australia. Desk-based workers (>0.8 full-time equivalent) aged 35-65 years, ambulatory, and with T2D and managed glycaemic control (6.5-10.0% HbA1c), are randomised to the multicomponent intervention (target n = 125) or delayed-intervention control (target n = 125) conditions. All intervention participants receive 6 months of tailored health coaching assisting them to "sit less" and "move more" at work and throughout the day, supported by a sit-stand desktop workstation and an activity tracker (Fitbit).

Participants receive text message-based extended care for a further 6-months (6-12 months) followed by 6-months of non-contact (12-18 months: maintenance). Delayed intervention occurs at 12-18 months

for the control arm. Assessments are undertaken at baseline, 3, 6, 12, 15 and 18-months. Primary outcomes are activPAL-measured sitting time (h/16 h day), glycosylated haemoglobin (HbA1c; %, mmol/mol) and, cognitive function measures (visual learning and new memory; Paired Associates Learning Total Errors [adjusted]). Secondary, exploratory, and process outcomes will also be collected throughout the trial. Discussion: The OPTIMISE Your Health trial will provide unique insights into the benefits of an intervention aimed at sitting less and moving more in desk-bound office workers with T2D, with outcomes relevant to glycaemic control, and to cardiometabolic and brain health. Findings will contribute new insights to add to the evidence base on initiating and maintaining behaviour change with clinical populations and inform practice in diabetes management.

Notes: Brakenridge, Christian J. Gardiner, Paul A. Grigg, Ruth V. Winkler, Elisabeth A. H. Fjeldsoe, Brianna S. Schaumberg, Mia A. Owen, Neville Eakin, Elizabeth G. Biddle, Stuart J. H. Moodie, Marjory Daly, Robin M. Green, Daniel J. Cohen, Neale Gray, Len Comans, Tracy Buman, Matthew P. Goode, Ana D. Nguyen, Phuong Gao, Lan Healy, Genevieve N. Dunstan, David W.

Eakin, Elizabeth G/F-7918-2010; Healy, Genevieve/A-7408-2008; Fjeldsoe, Brianna S/G-1879-2010; Goode, Ana/G-1706-2014; Buman, Matthew/AAJ-4447-2020; Cohen, Neale/B-7595-2015; Green, Daniel John/B-7379-2013; Gardiner, Paul/F-2751-2010

Eakin, Elizabeth G/0000-0002-8835-9995; Healy, Genevieve/0000-0001-7093-7892; Buman, Matthew/0000-0002-5130-3162; Cohen, Neale/0000-0002-4441-9511; Nguyen, Phuong K/0000-0001-7669-8642; FJELDSOE, BRIANNA/0000-0003-3800-4173; Green, Daniel John/0000-0003-3226-2921; Gardiner, Paul/0000-0002-8072-2673; Brakenridge, Christian/0000-0001-6022-7539; Grigg, Ruth/0000-0003-1661-4931

1471-2458

URL: <Go to ISI>://WOS:000793191200008

Reference Type: Journal Article

Record Number: 749

Author: Bravington, A., Chen, H., Dyson, J., Jones, L., Dalglish, C., Bryan, A., Patnick, J. and Macleod, U.

Year: 2022

Title: Translating qualitative data into intervention content using the Theoretical Domains Framework and stakeholder co-design: a worked example from a study of cervical screening attendance in older women

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: May

Short Title: Translating qualitative data into intervention content using the Theoretical Domains Framework and stakeholder co-design: a worked example from a study of cervical screening attendance in older women

DOI: 10.1186/s12913-022-07926-2

Article Number: 610

Accession Number: WOS:000791791100001

Abstract: Background Previous screening interventions have demonstrated a series of features related to social determinants which have increased uptake in targeted populations, including the assessment of health beliefs and barriers to screening attendance as part of intervention development. Many studies cite the use of theory to identify methods of behaviour change, but fail to describe in detail how theoretical constructs are transformed into intervention content. The aim of this study was to use data from a qualitative exploration of cervical screening in women over 50 in the UK as the basis of intervention co-design with stakeholders using behavioural change frameworks. We describe the identification of behavioural mechanisms from qualitative data, and how these were used to develop content for a service-user leaflet and a video animation for practitioner training. The interventions aimed to encourage sustained commitment to cervical screening among women over 50, and to increase sensitivity to age-related problems in screening among primary care practitioners. Methods Secondary coding of a qualitative data set to extract barriers and facilitators of cervical screening attendance. Barrier and facilitator statements were categorised using the Theoretical Domains Framework (TDF) to identify relevant behaviour change techniques (BCTs). Key TDF domains and associated BCTs were presented in stakeholder focus groups to guide the design of intervention content and mode of delivery. Results Behavioural determinants relating to attendance clustered under three domains: beliefs about consequences, emotion and social influences, which mapped to three BCTs respectively: (1) persuasive communication/information provision; (2) stress management; (3) role modelling and encouragement. Service-user stakeholders translated these into three pragmatic intervention components: (i) addressing unanswered questions, (ii) problem-solving practitioner challenges and (iii) peer group communication. Based on (ii), practitioner stakeholders developed a call to action in three areas - clinical networking, history-taking, and flexibility in screening processes. APEASE informed modes of delivery (a service-user leaflet and a cartoon animation for practitioners). Conclusion The application of the TDF to qualitative data can provide an auditable protocol for the translation of qualitative data into intervention content.

Notes: Bravington, Alison Chen, Hong Dyson, Judith Jones, Lesley Dalgliesh, Christopher Bryan, Anee Patnick, Julietta Macleod, Una Bravington, Alison/0000-0002-0680-2093; Chen, Hong/0000-0002-5102-6302; Dyson, Judith/0000-0002-0928-0438 1472-6963

URL: <Go to ISI>://WOS:000791791100001

Reference Type: Journal Article

Record Number: 2161

Author: Brehaut, J. C., Colquhoun, H. L., Eva, K. W., Carroll, K., Sales, A., Michie, S., Ivers, N. and Grimshaw, J. M.

Year: 2016

Title: Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness

Journal: Annals of Internal Medicine

Volume: 164

Issue: 6

Pages: 435--

Date: Mar

Short Title: Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness

ISSN: 0003-4819

DOI: 10.7326/m15-2248

Accession Number: WOS:000372207200017

Abstract: Electronic practice data are increasingly being used to provide feedback to encourage practice improvement. However, evidence suggests that despite decades of experience, the effects of such interventions vary greatly and are not improving over time. Guidance on providing more effective feedback does exist, but it is distributed across a wide range of disciplines and theoretical perspectives. Through expert interviews; systematic reviews; and experience with providing, evaluating, and receiving practice feedback, 15 suggestions that are believed to be associated with effective feedback interventions have been identified. These suggestions are intended to provide practical guidance to quality improvement professionals, information technology developers, educators, administrators, and practitioners who receive such interventions. Designing interventions with these suggestions in mind should improve their effect, and studying the mechanisms underlying these suggestions will advance a stagnant literature.

Notes: Brehaut, Jamie C. Colquhoun, Heather L. Eva, Kevin W. Carroll, Kelly Sales, Anne Michie, Susan Ivers, Noah Grimshaw, Jeremy M.

Greiver, Michelle/N-8764-2015; Grimshaw, Jeremy/D-8726-2013; Sales, Anne/D-9678-2012; Ivers, Noah/O-7643-2018

Greiver, Michelle/0000-0001-8957-0285; Sales, Anne/0000-0001-9360-3334; Ivers, Noah/0000-0003-2500-2435
1539-3704

URL: <Go to ISI>://WOS:000372207200017

Reference Type: Journal Article

Record Number: 2488

Author: Brehaut, J. C. and Eva, K. W.

Year: 2012

Title: Building theories of knowledge translation interventions: Use the entire menu of constructs

Journal: Implementation Science

Volume: 7

Date: Nov

Short Title: Building theories of knowledge translation interventions: Use the entire menu of constructs

ISSN: 1748-5908

DOI: 10.1186/1748-5908-7-114

Article Number: 114

Accession Number: WOS:000313207200001

Abstract: Background: In the ongoing effort to develop and advance the science of knowledge translation (KT), an important question has

emerged around how theory should inform the development of KT interventions. Discussion: Efforts to employ theory to better understand and improve KT interventions have until recently mostly involved examining whether existing theories can be usefully applied to the KT context in question. In contrast to this general theory application approach, we propose a 'menu of constructs' approach, where individual constructs from any number of theories may be used to construct a new theory. By considering the entire menu of available constructs, rather than limiting choice to the broader level of theories, we can leverage knowledge from theories that would never on their own provide a complete picture of a KT intervention, but that nevertheless describe components or mechanisms relevant to it. We can also avoid being forced to adopt every construct from a particular theory in a one-size-fits-all manner, and instead tailor theory application efforts to the specifics of the situation. Using audit and feedback as an example KT intervention strategy, we describe a variety of constructs (two modes of reasoning, cognitive dissonance, feed forward, desirable difficulties and cognitive load, communities of practice, and adaptive expertise) from cognitive and educational psychology that make concrete suggestions about ways to improve this class of intervention. Summary: The 'menu of constructs' notion suggests an approach whereby a wider range of theoretical constructs, including constructs from cognitive theories with scope that makes the immediate application to the new context challenging, may be employed to facilitate development of more effective KT interventions.

Notes: Brehaut, Jamie C. Eva, Kevin W.
URL: <Go to ISI>://WOS:000313207200001

Reference Type: Journal Article

Record Number: 814

Author: Breneol, S., Curran, J. A., Macdonald, M., Montelpare, W., Stewart, S. A., Martin-Misener, R. and Vine, J.

Year: 2022

Title: Children With Medical Complexity in the Canadian Maritimes: Protocol for a Mixed Methods Study

Journal: Jmir Research Protocols

Volume: 11

Issue: 4

Date: Apr

Short Title: Children With Medical Complexity in the Canadian Maritimes: Protocol for a Mixed Methods Study

ISSN: 1929-0748

DOI: 10.2196/33426

Article Number: e33426

Accession Number: WOS:000832961700017

Abstract: Background: Ongoing developments in the medical field have improved survival rates and long-term management of children with complex chronic health conditions. While the number of children with medical complexity is small, they use a significant amount of health resources across various health settings and sectors. Research to date exploring this pediatric population has relied primarily on

quantitative or qualitative data alone, leaving significant gaps in our understanding of this population. Objective: The objective of this research is to use health administrative and family-reported data to gain an in-depth understanding of patterns of health resource use and health care needs of children with medical complexity and their families in the Canadian Maritimes. Methods: An explanatory sequential mixed methods design will be used to achieve our research objective. Phase 1 of this research will leverage the use of health administrative data to examine the prevalence and health service use of children with medical complexity. Phase 2 will use case study methods to collect multiple sources of family-reported data to generate a greater understanding of their experiences, health resource use, and health care needs. Two cases will be developed in each of the 3 provinces. Cases will be developed through semistructured interviews with families and their health care providers and health resource journaling. Findings will be triangulated from phase 1 and 2 using a joint display table to visually depict the convergence and divergence between the quantitative and qualitative findings. This triangulation will result in a comprehensive and in-depth understanding into the population of children with medical complexity. Results: This study will be completed in May 2022. Findings from each phase of the research and integration of the two will be reported in full in 2022. Conclusions: There is a current disconnect between the Canadian health care system and the needs of children with medical complexity and their families. By combining health administrative and family-reported data, this study will unveil critical information about children with medical complexity and their families to more efficiently and effectively meet their health care needs. Results from this research will be the first step in designing patient-oriented health policies and programs to improve the health care experiences, health system use, and health outcomes of children with medical complexity and their families. Notes: Breneol, Sydney Curran, Janet A. Macdonald, Marilyn Montelpare, William Stewart, Samuel A. Martin-Misener, Ruth Vine, Jocelyn ; Martin-Misener, Ruth/B-9383-2019 Macdonald, Marilyn/0000-0002-0204-6278; Stewart, Samuel Alan/0000-0001-6299-7967; Curran, Janet/0000-0001-9977-0467; Montelpare, William/0000-0002-4167-4613; Martin-Misener, Ruth/0000-0003-4554-7635; Breneol, Sydney/0000-0001-6709-2577 URL: <Go to ISI>://WOS:000832961700017

Reference Type: Journal Article

Record Number: 1253

Author: Brennan, C., O'Donoghue, G., Hall, A. M., Keogh, A. and Matthews, J.

Year: 2021

Title: A systematic review of the intervention characteristics, and behavior change theory and techniques used in mother-daughter interventions targeting physical activity

Journal: Preventive Medicine

Volume: 153

Date: Dec

Short Title: A systematic review of the intervention characteristics, and behavior change theory and techniques used in mother-daughter interventions targeting physical activity

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2021.106764

Article Number: 106764

Accession Number: WOS:000703571900035

Abstract: Growing gender disparities in levels of physical inactivity put women and female youths at a greater risk of associated health problems. Mother-daughter interventions have been proposed as means to promote physical activity in this at-risk cohort. However, there is a lack of clarity as to if and why these types of interventions might be effective. This systematic review examined the intervention characteristics, and behavior change theory and techniques used in these interventions to promote physical activity for mothers and daughters. PubMed, EMBASE, PsycINFO, CINAHL and Cochrane Library (Wiley) databases were searched for English language studies from inception to 13th May 2020. Interventions of any design that targeted daughters and mothers' physical activity were included. Data was extracted using the Template for Intervention Description and Replication (TIDieR) checklist, and the Behavior Change Technique (BCT) Taxonomy v1. 4962 articles were screened and 11 unique studies met the inclusion criteria. The risk of bias in studies was generally high. Narrative summary highlighted that many studies used social cognitive theory as a theoretical foundation, were based in the community and less than three months in duration with multiple sessions per week. Thirty-seven behavior change techniques were identified across studies. Some techniques were deemed potentially effective including credible source, information on the health consequences of the behavior and the self-regulatory techniques of goal-setting, selfmonitoring and problem-solving. Future research should consider the use of the TIDieR guidelines and BCT Taxonomy v1 to improve the quality of information for intervention development, implementation, and reporting phases.

Notes: Brennan, Carol O'Donoghue, Grainne Hall, Amanda M. Keogh, Alison Matthews, James

Matthews, James/HLH-3293-2023

O'Donoghue, Grainne/0000-0002-9126-2094; Brennan, Carol/

0000-0001-9987-7539; Keogh, Alison/0000-0001-5917-6308

1096-0260

URL: <Go to ISI>://WOS:000703571900035

Reference Type: Book

Record Number: 2432

Author: Brennan, L., Binney, W., Parker, L., Aleti, T., Nguyen, D., Brennan, L., Binney, W., Parker, L., Aleti, T. and Nguyen, D.

Year: 2014

Title: Social Marketing and Behaviour Change: Models, Theory and Applications

Series Title: Social Marketing and Behaviour Change: Models, Theory and Applications

Number of Pages: 1-427
Short Title: Social Marketing and Behaviour Change: Models, Theory and Applications
ISBN: 978-1-78254-815-7; 978-1-78254-814-0
Accession Number: WOS:000353302600028
Notes: Brennan, L. Binney, W. Parker, L. Aleti, T. Nguyen, D. Parker, Lukas/G-6631-2013; Brennan, Linda/F-8129-2014; Aleti, Torgeir/AAG-6310-2020
Parker, Lukas/0000-0002-0609-9924; Brennan, Linda/0000-0002-1964-1487; Aleti, Torgeir/0000-0002-1222-3784
URL: <Go to ISI>://WOS:000353302600028

Reference Type: Journal Article
Record Number: 2475
Author: Brennan, N. and Mattick, K.
Year: 2013
Title: A systematic review of educational interventions to change behaviour of prescribers in hospital settings, with a particular emphasis on new prescribers
Journal: British Journal of Clinical Pharmacology
Volume: 75
Issue: 2
Pages: 359-372
Date: Feb
Short Title: A systematic review of educational interventions to change behaviour of prescribers in hospital settings, with a particular emphasis on new prescribers
ISSN: 0306-5251
DOI: 10.1111/j.1365-2125.2012.04397.x
Accession Number: WOS:000313554200007
Abstract: Aims Prescribing is a complex task and a high risk area of clinical practice. Poor prescribing occurs across staff grades and settings but new prescribers are attributed much of the blame. New prescribers may not be confident or even competent to prescribe and probably have different support and development needs than their more experienced colleagues. Unfortunately, little is known about what interventions are effective in this group. Previous systematic reviews have not distinguished between different grades of staff, have been narrow in scope and are now out of date. Therefore, to inform the design of educational interventions to change prescribing behaviour, particularly that of new prescribers, we conducted a systematic review of existing hospital-based interventions. Methods Embase, Medline, SIGLE, Cinahl and PsychINFO were searched for relevant studies published 1994-2010. Studies describing interventions to change the behaviour of prescribers in hospital settings were included, with an emphasis on new prescribers. The bibliographies of included papers were also searched for relevant studies. Interventions and effectiveness were classified using existing frameworks and the quality of studies was assessed using a validated instrument. Results Sixty-four studies were included in the review. Only 13% of interventions specifically targeted new prescribers. Most interventions (72%) were deemed effective in changing behaviour but no particular type stood out as most

effective. Conclusion Very few studies have tailored educational interventions to meet needs of new prescribers, or distinguished between new and experienced prescribers. Educational development and research will be required to improve this important aspect of early clinical practice.

Notes: Brennan, Nicola Mattick, Karen
Mattick, Karen/0000-0003-1800-773X; Brennan, Nicola/
0000-0002-2165-0155
1365-2125
URL: <Go to ISI>://WOS:000313554200007

Reference Type: Journal Article

Record Number: 1762

Author: Brett, J., Davies, E. L., Matley, F., Aveyard, P., Wells, M., Foxcroft, D., Nicholson, B., Minor, S. D., Sinclair, L., Jakes, S. and Watson, E.

Year: 2020

Title: Electronic cigarettes as a smoking cessation aid for patients with cancer: beliefs and behaviours of clinicians in the UK

Journal: Bmj Open

Volume: 10

Issue: 11

Short Title: Electronic cigarettes as a smoking cessation aid for patients with cancer: beliefs and behaviours of clinicians in the UK

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-037637

Article Number: e037637

Accession Number: WOS:000645002700006

Abstract: Objectives To explore UK clinicians' beliefs and behaviours around recommending e-cigarettes as a smoking cessation aid for patients with cancer. Design Cross-sectional online survey. Setting England, Wales, Scotland and Northern Ireland. Participants Clinicians involved in the care of patients with cancer. Primary and secondary outcomes Behavioural Change Wheel capability, opportunity and motivation to perform a behaviour, knowledge, beliefs, current practice around e-cigarettes and other smoking cessation practices. Method Clinicians (n=506) completed an online survey to assess beliefs and behaviours around e-cigarettes and other smoking cessation practices for patients with cancer. Behavioural factors associated with recommending e-cigarettes in practice were assessed. Results 29% of clinicians would not recommend e-cigarettes to patients with cancer who continue to smoke. Factors associated with recommendation include smoking cessation knowledge (OR 1.56, 95% CI 1.01 to 2.44) and e-cigarette knowledge (OR 1.64, 95% CI 1.06 to 2.55), engagement with patients regarding smoking cessation (OR 2.12, 95% CI 1.12 to 4.03), belief in the effectiveness of e-cigarettes (OR 2.36 95% CI 1.61 to 3.47) and belief in sufficient evidence on e-cigarettes (OR 2.08 95% CI 1.10 to 4.00) and how comfortable they felt discussing e-cigarettes with patients (OR 1.57 95% CI 1.04 to 2.36). Conclusion Many clinicians providing cancer care to patients who smoke do not recommend e-cigarettes as a smoking cessation aid and were unaware of national guidance supporting recommendation of e-cigarettes as a smoking

cessation aid.

Notes: Brett, Jo Davies, Emma L. Matley, Fiona Aveyard, Paul Wells, Mary Foxcroft, David Nicholson, Brian Minor, Shiroma De Silva Sinclair, Lesley Jakes, Sarah Watson, Eila Foxcroft, David R/D-1741-2011; Davies, Emma/K-8414-2018 Wells, Mary/0000-0001-5789-2773; Foxcroft, David/0000-0001-9752-7527; Davies, Emma/0000-0003-3577-3276; Brett, Jo/0000-0002-5116-4238; Aveyard, Paul/0000-0002-1802-4217; Matley, Fiona/0000-0001-5322-2852
URL: <Go to ISI>://WOS:000645002700006

Reference Type: Journal Article

Record Number: 1404

Author: Brewster, S., Holt, R. and Price, H.

Year: 2022

Title: Introduction to the development of complex interventions

Journal: Postgraduate Medical Journal

Volume: 98

Issue: 1166

Pages: 895-899

Date: Dec

Short Title: Introduction to the development of complex interventions

ISSN: 0032-5473

DOI: 10.1136/postgradmedj-2021-139766

Accession Number: WOS:000727483800001

Abstract: Healthcare interventions are complex, but have the potential to deliver more efficient, cost-effective care and improved health outcomes. Careful attention must be paid to their early planning and development to minimise research waste or interventions that fail to deliver what they set out to achieve. The Medical Research Council provides guidance to help intervention developers, encouraging an explicit and iterative approach. This article describes the Medical Research Council's guidance and introduces two frequently used tools that further support the process of intervention design.

Notes: Brewster, Sarah Holt, Richard Price, Hermione Brewster, Sarah/0000-0001-8748-9037; Price, Hermione/0000-0003-3388-0975; Holt, Richard/0000-0001-8911-6744 1469-0756

URL: <Go to ISI>://WOS:000727483800001

Reference Type: Journal Article

Record Number: 775

Author: Bricca, A., Jager, M., Johnston, M., Zangger, G., Harris, L. K., Midtgaard, J. and Skou, S. T.

Year: 2023

Title: Effect of In-Person Delivered Behavioural Interventions in People with Multimorbidity: Systematic Review and Meta-analysis

Journal: International Journal of Behavioral Medicine

Volume: 30

Issue: 2

Pages: 167-189

Date: Apr

Short Title: Effect of In-Person Delivered Behavioural Interventions in People with Multimorbidity: Systematic Review and Meta-analysis

ISSN: 1070-5503

DOI: 10.1007/s12529-022-10092-8

Accession Number: WOS:000788457300001

Abstract: Background To investigate the effect of in-person delivered behavioural interventions in people with multimorbidity and which behaviour change techniques (BCTs), targeting lifestyle behaviours, are associated with better outcomes. Methods Systematic review of randomised controlled trials. We searched MEDLINE, EMBASE, CENTRAL, and CINAHL and screened reference list of reviews including people with multimorbidity, registries, and citation tracking of included studies. Meta-analyses using random-effects model to assess the effect of behavioural interventions and meta-regression analyses and effectiveness ratios to investigate the impact of mediators on effect estimates. Cochrane 'Risk of Bias Tool' 2.0 and the GRADE assessment to evaluate the overall quality of evidence. Results Fourteen studies involving 1,378 people. Behavioural interventions had little to no effect on physical activity (standardised mean difference 0.38, 95% CI -0.12-0.87) and the effect on weight loss was uncertain (BMI mean difference -0.17, 95% CI -1.1-0.83) at the end-treatment follow-up. Small improvements were seen in health-related quality of life (SMD 0.29, 95% CI 0.17-0.42) and physical function (SMD 0.42, 95% CI 0.12-0.73), and moderate improvements were seen for depression symptoms (SMD -0.70, 95% CI -0.97-0.42). Studies using the BCTs 'action planning' and 'social support (practical)' reported greater physical activity and weight loss. Conclusions Behavioural interventions targeting lifestyle behaviours may improve health-related quality of life and physical function, and reduce depression, whereas little to no effect was achieved on physical activity and weight loss in people with multimorbidity. However, the evidence for physical activity and weight loss were of low quality and the end-treatment benefits diminished over time.

Notes: Bricca, Alessio Jager, Madalina Johnston, Marie Zangger, Graziella Harris, Lasse K. Midtgaard, Julie Skou, Soren T.

Skou, Søren T./I-2405-2016; Zangger, Graziella/AAY-8625-2020;

Bricca, Alessio/ABF-6870-2020

Skou, Søren T./0000-0003-4336-7059; Bricca, Alessio/

0000-0001-9717-918X; Zangger, Graziella/0000-0002-7606-3273; Jager

(former Saracutu), Madalina/0000-0002-3182-9618; Harris, Lasse/0000-0002-2732-4342

1532-7558

URL: <Go to ISI>://WOS:000788457300001

Reference Type: Journal Article

Record Number: 1117

Author: Brierley, M. L., Smith, L. R., Bailey, D. P., Every, S. A., Staines, T. A. and Chater, A. M.

Year: 2021

Title: Perceived influences on reducing prolonged sitting in police staff: a qualitative investigation using the Theoretical Domains

Framework and COM-B model
Journal: BMC Public Health
Volume: 21
Issue: 1
Date: Nov

Short Title: Perceived influences on reducing prolonged sitting in police staff: a qualitative investigation using the Theoretical Domains Framework and COM-B model

DOI: 10.1186/s12889-021-12019-6

Article Number: 2126

Accession Number: WOS:000720639300002

Abstract: Background Workplace interventions have shown promise for reducing sitting in office workers. Police office staff remain an understudied population group that work within a disciplined organisation with distinctive work tasks around public safety, potentially affecting their capability, opportunity, and motivation to change sitting behaviour. This study aimed to assess the perceived influences on reducing workplace sitting in non-operational, desk-based police staff in order to derive theoretical determinants for behaviour change. Methods Ten police staff from a single police force in Bedfordshire, England [eight female; 39.5 +/- 11.5 years] took part in face-to-face semi-structured interviews lasting 46 +/- 11 min on average. Thematic analysis identified key themes which were then mapped onto the Theoretical Domains Framework (TDF) and linked to the Capability, Opportunity, Motivation-Behaviour (COM-B) model. Results Seven themes were identified: 'Work tasks are seated', 'Social norm is to sit', 'Belief in ability to regulate behaviour', 'Knowledge of health risks', 'Organisational support', 'Impact on productivity', and 'Perceived autonomy for sitting reduction'. Conclusions Awareness of behaviour and health impacts (Capability), social and physical support to sit less (Opportunity), and habit formation techniques (Motivation) are recommended considerations in sitting reduction workplace interventions for police staff.

Notes: Brierley, Marsha L. Smith, Lindsey R. Bailey, Daniel P. Every, Sofie A. Staines, Taylor A. Chater, Angel M.

Bailey, Daniel/HDL-7697-2022

Smith, Lindsey/0000-0002-5560-5678; Every, Sofie/
0000-0003-2737-9201; Bailey, Daniel/0000-0003-3772-630X
1471-2458

URL: <Go to ISI>://WOS:000720639300002

Reference Type: Journal Article

Record Number: 1805

Author: Brigden, A., Parslow, R. M., Linney, C., Higson-Sweeney, N., Read, R., Loades, M., Davies, A., Stoll, S., Beasant, L., Morris, R., Ye, S. Y. and Crawley, E.

Year: 2019

Title: How are behavioural interventions delivered to children (5-11 years old): a systematic mapping review

Journal: BMC Paediatrics Open

Volume: 3

Issue: 1

Date: Jun

Short Title: How are behavioural interventions delivered to children (5–11 years old): a systematic mapping review

DOI: 10.1136/bmjpo-2019-000543

Article Number: e000543

Accession Number: WOS:000655592900055

Abstract: Context Behavioural interventions are used to prevent, manage and treat a wide variety of conditions including obesity, diabetes, chronic pain, asthma and emotional difficulties. There has been inadequate attention to the delivery of behavioural interventions to younger children (5–11 years old). Objective Our objectives were to describe the characteristics of behavioural interventions for children aged 5–11 years. Data sources We searched five databases: CINAHL, EMBASE, PsycINFO, MEDLINE and Cochrane Library, from January 2005 to August 2019. Study selection The inclusion criteria were (1) children aged 5–11, (2) cognitive and/or behavioural interventions, (3) randomised controlled trials and (4) 2005 onward. Two researchers independently identified studies for inclusion. Data extraction Two researchers independently extracted data from eligible papers. Results The search identified 10541 papers. We extracted information on 117 interventions (from 152 papers). Many of the interventions were categorised as complex. This was particularly true for clinical populations; 78.7% were delivered to both the child and parent, and 33.9% took place across multiple settings, typically health and school settings. Most (70.9%) were 'First Wave' (behavioural) interventions, and few (4.3%) were 'Third Wave' (characterised by metacognition, acceptance and mindfulness). Thirty-nine per cent used interactive techniques (play, arts, story and/or games). Purely digital and paper-based interventions were rare, but around a third used these tools as supplements to face-face delivery. There were differences in interventions for younger (5–7 years) and older (8–11 years) children. Conclusions Interventions designed and delivered to children should be developmentally sensitive. This review highlights characteristics of interventions delivered to children 5–11 years old: the involvement of the child's parent, using behavioural (rather than cognitive) modalities, using interactive techniques and some interventions were delivered across multiple settings.

Notes: Brigden, Amberly Parslow, Roxanne Morin Linney, Catherine Higson-Sweeney, Nina Read, Rebecca Loades, Maria Davies, Anna Stoll, Sarah Beasant, Lucy Morris, Richard Ye, Siyan Crawley, Esther Higson-Sweeney, Nina/HK0-6012-2023

Higson-Sweeney, Nina/0000-0002-6926-0463; Ye, Siyan/0000-0002-2725-0216; Davies, Anna/0000-0003-0743-6547; Linney, Catherine/0000-0002-3873-3686; Brigden, Amberly/0000-0002-7958-7881; Beasant, Lucy/0000-0002-4279-5644; Parslow, Roxanne/0000-0002-3612-7121

2399-9772

URL: <Go to ISI>://WOS:000655592900055

Reference Type: Journal Article

Record Number: 1955

Author: Briggs, A. M., Jordan, J. E., Jennings, M., Speerin, R.,

Bragge, P., Chua, J., Woolf, A. D. and Slater, H.

Year: 2017

Title: Supporting the Evaluation and Implementation of Musculoskeletal Models of Care: A Globally Informed Framework for Judging Readiness and Success

Journal: Arthritis Care & Research

Volume: 69

Issue: 4

Pages: 567-577

Date: Apr

Short Title: Supporting the Evaluation and Implementation of Musculoskeletal Models of Care: A Globally Informed Framework for Judging Readiness and Success

ISSN: 2151-464X

DOI: 10.1002/acr.22948

Accession Number: WOS:000397988800015

Abstract: Objective. To develop a globally informed framework to evaluate readiness for implementation and success after implementation of musculoskeletal models of care (MOCs). Methods. Three phases were undertaken: 1) a qualitative study with 27 Australian subject matter experts (SMEs) to develop a draft framework; 2) an eDelphi study with an international panel of 93 SMEs across 30 nations to evaluate face validity, and refine and establish consensus on the framework components; and 3) translation of the framework into a user-focused resource and evaluation of its acceptability with the eDelphi panel. Results. A comprehensive evaluation framework was developed for judging the readiness and success of musculoskeletal MOCs. The framework consists of 9 domains, with each domain containing a number of themes underpinned by detailed elements. In the first Delphi round, scores of "partly agree" or "completely agree" with the draft framework ranged 96.7%-100%. In the second round, "essential" scores ranged 58.6%-98.9%, resulting in 14 of 34 themes being classified as essential. SMEs strongly agreed or agreed that the final framework was useful (98.8%), usable (95.1%), credible (100%) and appealing (93.9%). Overall, 96.3% strongly supported or supported the final structure of the framework as it was presented, while 100%, 96.3%, and 100% strongly supported or supported the content within the readiness, initiating implementation, and success streams, respectively. Conclusion. An empirically derived framework to evaluate the readiness and success of musculoskeletal MOCs was strongly supported by an international panel of SMEs. The framework provides an important internationally applicable benchmark for the development, implementation, and evaluation of musculoskeletal MOCs. Notes: Briggs, Andrew M. Jordan, Joanne E. Jennings, Matthew Speerin, Robyn Bragge, Peter Chua, Jason Woolf, Anthony D. Slater, Helen

Slater, Helen/B-7416-2013; Jennings, Matthew/H-4623-2017

Jennings, Matthew/0000-0002-9720-6640; Chua, Jason/0000-0002-0224-2818; Woolf, Anthony/0000-0001-8482-8056; Bragge, Peter/0000-0003-0745-5131

2151-4658

URL: <Go to ISI>://WOS:000397988800015

Reference Type: Journal Article

Record Number: 1333

Author: Bright, D., Gray, B. J., Kyle, R. G., Bolton, S. and Davies, A. R.

Year: 2021

Title: Factors influencing initiation of health behaviour conversations with patients: Cross-sectional study of nurses, midwives, and healthcare support workers in Wales

Journal: Journal of Advanced Nursing

Volume: 77

Issue: 11

Pages: 4427-4438

Date: Nov

Short Title: Factors influencing initiation of health behaviour conversations with patients: Cross-sectional study of nurses, midwives, and healthcare support workers in Wales

ISSN: 0309-2402

DOI: 10.1111/jan.14926

Accession Number: WOS:000670444300001

Abstract: Aim To identify factors influencing healthcare professionals' engagement in health behaviour conversations with patients. Design Cross-sectional survey. Methods Between April and June 2019, an online survey of 1338 nurses, midwives and healthcare support workers was conducted. The survey assessed whether staff felt comfortable initiating health behaviour conversations with patients about five behaviours (reducing alcohol intake; stop smoking; being more active; reducing their weight; and improving their diet) and barriers to conversation initiation. Health professionals' own health-related behaviours, self-rated health and mental wellbeing, and socio-demographic characteristics were recorded. Logistic regression models were built to assess factors associated with feeling comfortable initiating health behaviour conversations for each topic. Result Less than 50% of respondents reported feeling comfortable initiating health behaviour conversations with patients. Female staff, young professionals (18 to 29 years), those in lower staff grades and those with poorer health and low mental wellbeing were less likely to report feeling comfortable having health behaviour conversations across all topics. Those who did not adhere to physical activity and dietary guidelines were less likely to initiate a conversation about being more active and having a healthy diet, respectively. Not having time to discuss the topic, suitable space to hold a conversation, and feeling worried about offending/upsetting patients were the main barriers reported. Conclusion Around 6 in 10 members of the nursing, midwifery and healthcare support workforce in Wales potentially do not feel comfortable to initiate a health behaviour conversation with patients about health and wellbeing. Feeling less comfortable to initiate a conversation was associated with staff demographics and organizational factors. Impact We identified those less likely to initiate health behaviour conversations as well as personal and organizational barriers to initiation. This will help to target and tailor interventions to ensure staff are equipped and enabled to hold health behaviour conversations with patients.

Notes: Bright, Diana Gray, Benjamin J. Kyle, Richard G. Bolton, Sian Davies, Alisha R.

Kyle, Richard G/W-4154-2019

Kyle, Richard G/0000-0002-6394-109X; Gray, Benjamin/
0000-0003-1548-707X; Davies, Alisha/0000-0002-8066-7264
1365-2648

URL: <Go to ISI>://WOS:000670444300001

Reference Type: Journal Article

Record Number: 153

Author: Brimblecombe, J., Miles, B., Chappell, E., De Silva, K.,
Ferguson, M., Mah, C., Miles, E., Gunther, A., Wycherley, T.,
Peeters, A., Minaker, L. and McMahon, E.

Year: 2023

Title: Implementation of a food retail intervention to reduce
purchase of unhealthy food and beverages in remote Australia: mixed-
method evaluation using the consolidated framework for
implementation research

Journal: International Journal of Behavioral Nutrition and Physical
Activity

Volume: 20

Issue: 1

Date: Feb

Short Title: Implementation of a food retail intervention to reduce
purchase of unhealthy food and beverages in remote Australia: mixed-
method evaluation using the consolidated framework for
implementation research

DOI: 10.1186/s12966-022-01377-y

Article Number: 20

Accession Number: WOS:000935886500001

Abstract: BackgroundAdoption of health-enabling food retail
interventions in food retail will require effective implementation
strategies. To inform this, we applied an implementation framework
to a novel real-world food retail intervention, the Healthy Stores
2020 strategy, to identify factors salient to intervention
implementation from the perspective of the food retailer.MethodsA
convergent mixed-method design was used and data were interpreted
using the Consolidated Framework for Implementation Research (CFIR).
The study was conducted alongside a randomised controlled trial in
partnership with the Arnhem Land Progress Aboriginal Corporation
(ALPA). Adherence data were collected for the 20 consenting Healthy
Stores 2020 study stores (ten intervention /ten control) in 19
communities in remote Northern Australia using photographic material
and an adherence checklist. Retailer implementation experience data
were collected through interviews with the primary Store Manager for
each of the ten intervention stores at baseline, mid- and end-
strategy. Deductive thematic analysis of interview data was
conducted and informed by the CFIR. Intervention adherence scores
derived for each store assisted interview data
interpretation.ResultsHealthy Stores 2020 strategy was, for the most
part, adhered to. Analysis of the 30 interviews revealed that
implementation climate of the ALPA organisation, its readiness for
implementation including a strong sense of social purpose, and the

networks and communication between the Store Managers and other parts of ALPA, were CFIR inner and outer domains most frequently referred to as positive to strategy implementation. Store Managers were a 'make-or-break' touchstone of implementation success. The co-designed intervention and strategy characteristics and its perceived cost-benefit, combined with the inner and outer setting factors, galvanised the individual characteristics of Store Managers (e.g., optimism, adaptability and retail competency) to champion implementation. Where there was less perceived cost-benefit, Store Managers seemed less enthusiastic for the strategy.

Conclusions Factors critical to implementation (a strong sense of social purpose; structures and processes within and external to the food retail organisation and their alignment with intervention characteristics (low complexity, cost advantage); and Store Manager characteristics) can inform the design of implementation strategies for the adoption of this health-enabling food retail initiative in the remote setting. This research can help inform a shift in research focus to identify, develop and test implementation strategies for the wide adoption of health-enabling food retail initiatives into practice.

Trial Registration. Australian New Zealand Clinical Trials Registry ACTRN 12,618,001,588,280.

Notes: Brimblecombe, Julie Miles, Bethany Chappell, Emma De Silva, Khia Ferguson, Megan Mah, Catherine Miles, Eddie Gunther, Anthony Wycherley, Thomas Peeters, Anna Minaker, Leia McMahon, Emma Wycherley, Tom/E-5593-2011
Wycherley, Thomas/0000-0003-3096-1796
1479-5868
URL: <Go to ISI>://WOS:000935886500001

Reference Type: Journal Article

Record Number: 102

Author: Briquet, C., Khaouch, Y. and Yombi, J. C.

Year: 2023

Title: Perceptions, attitudes, and practices of a Belgian teaching hospital's physicians, pharmacists, and nurses regarding antibiotic use and resistance: survey towards targeted actions for Antimicrobial Stewardship

Journal: Antimicrobial Resistance and Infection Control

Volume: 12

Issue: 1

Date: Mar

Short Title: Perceptions, attitudes, and practices of a Belgian teaching hospital's physicians, pharmacists, and nurses regarding antibiotic use and resistance: survey towards targeted actions for Antimicrobial Stewardship

ISSN: 2047-2994

DOI: 10.1186/s13756-023-01228-w

Article Number: 19

Accession Number: WOS:000953145500001

Abstract: Objectives This study aimed to identify barriers to the proper use of antibiotics by healthcare professionals and to help the hospital Antimicrobial Stewardship develop suitable actions for the staff. **Methods** In a Belgian teaching hospital, a survey was

conducted among physicians, pharmacists, and nurses involved in antibiotic therapy. Questions from the 2019 European Center for Disease Prevention and Control (ECDC) survey were analyzed based on components of the COM-B model (capabilities, opportunities, and motivations). First, collected data were reviewed with the Ethnos software to analyze the different COM-B model components. For statistical analyses, responses were grouped into three clear-cut answers in a Fisher's exact test. Results Overall, 400 staff members were included. We found that our professions, combined, have a good perception of antibiotic resistance (97.8%). For capabilities, however, only 77.2% state that they have sufficient knowledge, with 91.3%, 71.5%, and 63.0% for physicians, nurses, and pharmacists, respectively. For opportunities (access to resources, information, and training), it is observed that 72.2% report having easy access to the guidelines they need to manage infections. In comparison, for 64.2% of the respondents, this information changed their opinion on the useless or inappropriate prescription, administration, and delivery of antibiotics. For 55.0%, this information has enabled them to change their practices. Finally, for motivations, 92.8% of respondents state that they know about the link between their practices and the emergence and spread of antibiotic resistance. However, only 65.0% of participants say they have a role in managing antibiotic resistance. We found that 5 out of 8 questions are significantly dependent on the profession: 2 inquiries related to capability, 1 to opportunity, and 2 to motivation. Conclusion We found that responses to the ECDC questionnaire are related to the profession. While some topics are universal/cross-functional, others must be explicitly tailored to each professional category. Information is useless if not accessible. Communication and provision of documents are thus paramount.

Notes: Briquet, Caroline Khaouch, Youssra Yombi, Jean Cyr

URL: <Go to ISI>://WOS:000953145500001

Reference Type: Journal Article

Record Number: 1981

Author: Brocklehurst, P. R., Williams, L., Burton, C., Goodwin, T. and Rycroft-Malone, J.

Year: 2017

Title: Implementation and trial evidence: a plea for fore-thought

Journal: British Dental Journal

Volume: 222

Issue: 5

Pages: 331-335

Date: Mar

Short Title: Implementation and trial evidence: a plea for fore-thought

ISSN: 0007-0610

DOI: 10.1038/sj.bdj.2017.213

Accession Number: WOS:000396222200014

Notes: Brocklehurst, P. R. Williams, L. Burton, C. Goodwin, T. Rycroft-Malone, J.

Burton, Christopher/0000-0003-1159-1494

1476-5373

URL: <Go to ISI>://WOS:000396222200014

Reference Type: Journal Article

Record Number: 353

Author: Brodbeck, J., Jacinto, S., Gouveia, A., Mendonca, N., Madorin, S., Brandl, L., Schokking, L., Rodrigues, A. M., Goncalves, J., Mooser, B., Marques, M. M., Isaac, J., Nogueira, V., Pires, A. M. and van Velsen, L.

Year: 2022

Title: A Web-Based Self-help Intervention for Coping With the Loss of a Partner: Protocol for Randomized Controlled Trials in 3 Countries

Journal: Jmir Research Protocols

Volume: 11

Issue: 11

Date: Nov

Short Title: A Web-Based Self-help Intervention for Coping With the Loss of a Partner: Protocol for Randomized Controlled Trials in 3 Countries

ISSN: 1929-0748

DOI: 10.2196/37827

Accession Number: WOS:000917774000010

Abstract: Background: The death of a partner is a critical life event in later life, which requires grief work as well as the development of a new perspective for the future. Cognitive behavioral web-based self-help interventions for coping with prolonged grief have established their efficacy in decreasing symptoms of grief, depression, and loneliness. However, no study has tested the efficacy for reducing grief after losses occurring less than 6 months ago and the role of self-tailoring of the content. Objective: This study aims to evaluate the clinical efficacy and acceptance of a web-based self-help intervention to support the grief process of older adults who have lost their partner. It will compare the outcomes, adherence, and working alliance in a standardized format with those in a self-tailored delivery format and investigate the effects of age, time since loss, and severity of grief at baseline as predictors. Focus groups to understand user experience and a cost-effectiveness analysis will complement the study. Methods: The study includes 3 different randomized control trials. The trial in Switzerland comprises a waitlist control group and 2 active arms consisting of 2 delivery formats, standardized and self-tailored. In the Netherlands and in Portugal, the trials follow a 2-arm design that will be, respectively, complemented with focus groups on technology acceptance and cost-effectiveness analysis. The main target group will consist of adults aged >60 years from the general population in Switzerland (n >= 85), the Netherlands (n >= 40), and Portugal (n >= 80) who lost their partner and seek help for coping with grief symptoms, psychological outcome) and depression symptoms and loneliness (secondary outcomes) after the intervention. Measurements will take place at baseline (week 0), after the intervention (week 10), and at follow-up (week 20). Results: The trials started in March 2022 and are expected to end in December 2022 or when the needed sample size is achieved. Conclusions: The

trials will provide insights into the efficacy and acceptance of a web-based self-help intervention among older adults who have recently lost a partner. Results will extend the knowledge on the role of self-tailoring, working alliance, and satisfaction in the effects of the intervention. Finally, the study will suggest adaptations to improve the acceptance of web-based self-help interventions for older mourners and explore the cost-effectiveness of this intervention. Limitations include a self-selective International Registered Report Identifier (IRRID): PRR1-10.2196/37827

Notes: Brodbeck, Jeannette Jacinto, Sofia Gouveia, Afonso Mendonca, Nuno Madorin, Sarah Brandl, Lena Schokking, Lotte Rodrigues, Ana Maria Goncalves, Judit Mooser, Bettina Marques, Marta M. Isaac, Joana Nogueira, Vasco Pires, Ana Matos van Velsen, Lex Jacinto, Sofia/0000-0003-4883-2351; Madorin, Sarah/0000-0002-1942-110X; Mooser, Bettina/0000-0002-3242-847X; Rodrigues de Gouveia, Pedro Afonso/0000-0002-3055-2063; Brandl, Lena/0000-0001-6673-4662; Goncalves, Judite/0000-0002-5563-9974; Rodrigues, Ana Maria/0000-0003-2046-8017; Mendonca, Nuno/0000-0001-7589-9901
URL: <Go to ISI>://WOS:000917774000010

Reference Type: Journal Article

Record Number: 837

Author: Brooks, S. C., Clegg, G. R., Bray, J., Deakin, C. D., Perkins, G. D., Ringh, M., Smith, C. M., Link, M. S., Merchant, R. M., Pezo-Morales, J., Parr, M., Morrison, L. J., Wang, T. L., Koster, R. W., Ong, M. E. H. and Int Liaison Comm, Resuscitation Year: 2022

Title: Optimizing Outcomes After Out-of-Hospital Cardiac Arrest With Innovative Approaches to Public-Access Defibrillation: A Scientific Statement From the International Liaison Committee on Resuscitation
Journal: Circulation

Volume: 145

Issue: 13

Pages: E776-E801

Date: Mar

Short Title: Optimizing Outcomes After Out-of-Hospital Cardiac Arrest With Innovative Approaches to Public-Access Defibrillation: A Scientific Statement From the International Liaison Committee on Resuscitation

ISSN: 0009-7322

DOI: 10.1161/cir.0000000000001013

Accession Number: WOS:000771959800001

Abstract: Out-of-hospital cardiac arrest is a global public health issue experienced by approximate to 3.8 million people annually. Only 8% to 12% survive to hospital discharge. Early defibrillation of shockable rhythms is associated with improved survival, but ensuring timely access to defibrillators has been a significant challenge. To date, the development of public-access defibrillation programs, involving the deployment of automated external defibrillators into the public space, has been the main strategy to address this challenge. Public-access defibrillator programs have

been associated with improved outcomes for out-of-hospital cardiac arrest; however, the devices are used in <3% of episodes of out-of-hospital cardiac arrest. This scientific statement was commissioned by the International Liaison Committee on Resuscitation with 3 objectives: (1) identify known barriers to public-access defibrillator use and early defibrillation, (2) discuss established and novel strategies to address those barriers, and (3) identify high-priority knowledge gaps for future research to address. The writing group undertook systematic searches of the literature to inform this statement. Innovative strategies were identified that relate to enhanced public outreach, behavior change approaches, optimization of static public-access defibrillator deployment and housing, evolved automated external defibrillator technology and functionality, improved integration of public-access defibrillation with existing emergency dispatch protocols, and exploration of novel automated external defibrillator delivery vectors. We provide evidence- and consensus-based policy suggestions to enhance public-access defibrillation and guidance for future research in this area. Notes: Brooks, Steven C. Clegg, Gareth R. Bray, Janet Deakin, Charles D. Perkins, Gavin D. Ringh, Mattias Smith, Christopher M. Link, Mark S. Merchant, Raina M. Pezo-Morales, Jaime Parr, Michael Morrison, Laurie J. Wang, Tzong-Luen Koster, Rudolph W. Ong, Marcus E. H.

Pezo Morales, Jaime Martin/0000-0003-1813-5571; Perkins, Gavin/
0000-0003-3027-7548
1524-4539

URL: <Go to ISI>://WOS:000771959800001

Reference Type: Journal Article

Record Number: 2280

Author: Brose, L. S., McEwen, A., Michie, S., West, R., Chew, X. Y. and Lorencatto, F.

Year: 2015

Title: Treatment manuals, training and successful provision of stop smoking behavioural support

Journal: Behaviour Research and Therapy

Volume: 71

Pages: 34-39

Date: Aug

Short Title: Treatment manuals, training and successful provision of stop smoking behavioural support

ISSN: 0005-7967

DOI: 10.1016/j.brat.2015.05.013

Accession Number: WOS:000358391400005

Abstract: Objective: Translating evidence-based behaviour change interventions into practice is aided by use of treatment manuals specifying the recommended content and format of interventions, and evidence-based training. This study examined whether outcomes of stop smoking behavioural support differed with practitioner's use and evaluation of treatment manuals, or practitioner's training. Methods: English stop smoking practitioners were invited to complete an online survey including questions on: practitioners' training, availability, use and perceived utility of manuals, and annual

biochemically-validated success rates of quit attempts supported (practitioner-reported). Mean success rates were compared between practitioners with/without access to manuals, those using/not using manuals, perceived utility ratings of manuals, and consecutive levels of training completed. Results: Success rates were higher if practitioners had a manual (Mean (SD) = 54.0 (24.0) versus 48.0 (25.3), $t(838) = 2.48$, $p = 0.013$; $n = 840$), used a manual ($F(2,8237) = 4.78$, $p = 0.009$, $n = 840$), perceived manuals as more useful ($F(3,834) = 2.90$, $p = 0.034$, $n = 840$), and had completed training ($F(3,709) = 4.81$, $p = 0.002$, $n = 713$). Differences were diminished when adjusting for professional and demographic characteristics and no longer reached statistical significance using a conventional alpha for perceived utility of manuals and training status (both $p = 0.1$). Conclusions: Practitioners' performance in supporting smokers to quit varied with availability and use of treatment manuals. Evidence was weaker for perceived utility of manuals and practitioners' evidence-based training. Ensuring practitioners have access to treatment manuals within their service, promoting manual use, and training practitioners to competently apply manuals is likely to contribute to higher success rates in clinical practice. (C) 2015 Elsevier Ltd. All rights reserved.

Notes: Brose, Leonie S. McEwen, Andy Michie, Susan West, Robert Chew, Xie Yin Lorencatto, Fabiana
Brose, Leonie S./H-6690-2019; West, Robert/B-5414-2009; West, Robert/B-5414-2009
West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921 1873-622x
URL: <Go to ISI>://WOS:000358391400005

Reference Type: Book
Record Number: 1021
Author: Brosens, D., Schaillee, H., Theeboom, M. and Debognies, P.
Year: 2022
Title: Reflective practices in a volunteer community sport coach training programme
Series Editor: Theeboom, M., Schaillee, H., Roose, R., Willems, S., Lauwerier, E. and Bradt, L.
Series Title: COMMUNITY SPORT AND SOCIAL INCLUSION: Enhancing Strategies for Promoting Personal Development, Health and Social Cohesion
Number of Pages: 45-63
Short Title: Reflective practices in a volunteer community sport coach training programme
ISBN: 978-1-032-12528-2; 978-0-429-34063-5; 978-0-367-35614-9
DOI: 10.4324/9780429340635-5
Accession Number: WOS:000859619400003
Notes: Brosens, Dorien Schaillee, Hebe Theeboom, Marc Debognies, Pieter
URL: <Go to ISI>://WOS:000859619400003

Reference Type: Journal Article
Record Number: 795

Author: Brotherhood, A.

Year: 2023

Title: 'Interpreted space' as a mediator between physical environment and situated substance use: outline of a socio-spatial theory for substance use prevention

Journal: Drugs-Education Prevention and Policy

Volume: 30

Issue: 1

Pages: 42-54

Date: Jan

Short Title: 'Interpreted space' as a mediator between physical environment and situated substance use: outline of a socio-spatial theory for substance use prevention

ISSN: 0968-7637

DOI: 10.1080/09687637.2022.2061918

Accession Number: WOS:000784410600001

Abstract: Environmental approaches to substance use prevention currently rely on a behaviorist paradigm. On this theoretical foundation, useful intervention strategies may be overlooked, and effectiveness may be limited. To address these issues, this study drew on Low's 'sociology of space' to develop a socio-spatial theory for prevention research. Salient dimensions of everyday settings (e.g. home, bar) were identified through mixed-methods research with 24 female university students who were current users of alcohol or cigarettes. Situational pathways explored the event-level interplay of these dimensions with other factors in relation to situational substance use and abstinence. On this basis, the article proposes a visual theory which outlines three mediating steps between physical environment and situated substance use outcomes: perceived space (construal of manifest aspects); interpreted space (construal of latent aspects); and momentary thoughts and feelings. Personal and cultural factors moderate this process. The theory is illustrated using three pathways in smoking ban contexts. The findings can inform intervention design and research into contextual factors of substance use by outlining a mechanism with specified variables, highlighting the role of subjective meaning-making, and suggesting specific environmental aspects for future consideration.

Notes: Brotherhood, Angelina

1465-3370

Si

URL: <Go to ISI>://WOS:000784410600001

Reference Type: Journal Article

Record Number: 730

Author: Brown, A., Edelman, A., Pain, T., Larkins, S. and Harvey, G.

Year: 2022

Title: 'We're Not Providing the Best Care If We Are Not on the Cutting Edge of Research': A Research Impact Evaluation at a Regional Australian Hospital and Health Service

Journal: International Journal of Health Policy and Management

Date: 2022 May

Short Title: 'We're Not Providing the Best Care If We Are Not on the Cutting Edge of Research': A Research Impact Evaluation at a

Regional Australian Hospital and Health Service

DOI: 10.34172/ijhpm.2022.6529

Accession Number: WOS:000804381900001

Abstract: Background: Research is central to high functioning health services alongside clinical care and health professional training. The impact of embedded research includes delivery of high-quality care and improved patient outcomes. Evaluations of research impact help health service leadership ensure investments lead to the greatest healthcare benefits for patients. This study aimed to retrospectively evaluate the impact of research investment from 2008 to 2018 at Townsville Hospital and Health Service (THHS), a regional Hospital and Health Service (HHS) in Queensland, Australia. The evaluation also sought to identify contextual conditions that enable or hinder intended impacts. Methods: A mixed-methods realist-informed evaluation was conducted using documentation, interviews with 15 staff and available databases to identify and measure research investments, impacts and contextual conditions influencing impact outcomes. Results: Between 2008 and 2018, THHS increased resources for research by funding research projects, employing research personnel, building research-enabling facilities, hosting research events, and providing research education and training. Clinical practice, policy and workforce impacts were successful in isolated pockets, championed by individual researchers and facilitated by their policy and community-of-practice networks. However, there was little organisational level support for continuity of research and implementation into practice and policy. Availability of research supports varied geographically across THHS, and across disciplines. Conclusion: Definitive steps in the development of THHS as a credible and productive research centre and leading hospital research centre in Northern Australia are evident. Continuing investments should address support for the research continuum through to translation and establish ongoing, systematic processes for evaluating research investment and impact.

Notes: Brown, Amy Edelman, Alexandra Pain, Tilley Larkins, Sarah Harvey, Gillian

Larkins, Sarah/A-2319-2013; Harvey, Gillian/J-9646-2014

Larkins, Sarah/0000-0002-7561-3202; Pain, Tilley/0000-0002-1032-1831; Edelman, Alexandra/0000-0002-2021-5266; Harvey, Gillian/0000-0003-0937-7819

2322-5939

URL: <Go to ISI>://WOS:000804381900001

Reference Type: Journal Article

Record Number: 1351

Author: Brown, A., Sutherland, R., Janssen, L., Hudson, N., Chooi, A., Reynolds, R., Walton, A., Lecathelinais, C., Reilly, K., Nathan, N. and Wolfenden, L.

Year: 2021

Title: Enhancing the potential effects of text messages delivered via an m-health intervention to improve packing of healthy school lunchboxes

Journal: Public Health Nutrition

Volume: 24

Issue: 10

Pages: 2867-2876

Date: Jul

Short Title: Enhancing the potential effects of text messages delivered via an m-health intervention to improve packing of healthy school lunchboxes

ISSN: 1368-9800

DOI: 10.1017/s1368980020003997

Article Number: Pii s1368980020003997

Accession Number: WOS:000662703500009

Abstract: Objective: The aim of the study was to assess the impact of different lunchbox messages on parents' intention to pack a healthy lunchbox. Design: This study employed an experimental design. Setting: A series of messages were developed to align with the six constructs of the Health Belief Model. Messages were also developed that were (and were not) personalised and varied based on the source of the information provided (university, school, dietitian and health promotion service). During a telephone survey, participants were read the content of each message and asked about their intention to pack a healthy lunchbox. Participants: Parents of primary school-aged children were randomised to receive different messages to encourage the packing of healthy lunchboxes. Results: The study was completed by 511 parents. Linear mixed regression analyses identified significant differences ($P < 0.05$) in intention scores between variant messages targeting the same behavioural constructs for 'susceptibility', 'severity', 'benefits' and 'barriers' but not 'cues to action' or 'self-efficacy'. The highest mean behavioural intention score was for 'benefits', whilst the lowest mean score was for 'barriers'. There were no significant differences in intention scores of parents receiving messages from a dietitian, university, health promotion team or school ($P = 0.37$). Intention scores did not differ in which messages were personalised based on child's name ($P = 0.84$) or grade level ($P = 0.54$). Conclusions: The findings suggest that messages that focus on the benefits of packing healthy lunchboxes may be particularly useful in improving intentions of parents to pack healthy foods for their children to consume at school.

Notes: Brown, Alison Sutherland, Rachel Janssen, Lisa Hudson, Nayerra Chooi, Amelia Reynolds, Renee Walton, Alison Lecathelinais, Christophe Reilly, Kathryn Nathan, Nicole Wolfenden, Luke Reilly, Kathryn/ABC-2167-2021; Brown, Alison/IRZ-7107-2023; Sutherland, Rachel/AEH-9206-2022
Nathan, Nicole/0000-0002-7726-1714; Hudson, Nayerra/0000-0002-0069-1564; Reilly, Kathryn/0000-0002-2862-956X
1475-2727

URL: <Go to ISI>://WOS:000662703500009

Reference Type: Journal Article

Record Number: 1148

Author: Brown, A., Sutherland, R., Reeves, P., Nathan, N. and Wolfenden, L.

Year: 2021

Title: Cost and Cost Effectiveness of a Pilot m-Health Intervention

Targeting Parents of School-Aged Children to Improve the Nutritional Quality of Foods Packed in the Lunchbox

Journal: *Nutrients*

Volume: 13

Issue: 11

Date: Nov

Short Title: Cost and Cost Effectiveness of a Pilot m-Health Intervention Targeting Parents of School-Aged Children to Improve the Nutritional Quality of Foods Packed in the Lunchbox

DOI: 10.3390/nu13114136

Article Number: 4136

Accession Number: WOS:000727285600001

Abstract: The SWAP IT program aims to improve the nutritional quality of school lunchboxes via a multicomponent m-health intervention, involving: weekly support messages to parents; physical resources; school nutrition guidelines and lunchbox lessons. SWAP IT has been reported to be effective. This study aims to determine the cost and cost effectiveness of the SWAP IT m-health intervention. The retrospective trial-based economic evaluation was conducted in 12 Catholic primary schools in New South Wales, Australia. Schools were randomised to intervention or usual care. The costs (AUD, 2019) were evaluated from societal perspectives. The direct cost to uptake the intervention and the incremental cost-effectiveness ratios (ICER) were calculated. ICERS were calculated for two outcomes: reduction in total kJ and reduction in discretionary kJ from the lunchbox. The total cost was calculated to be AUD 55, 467. The mean incremental cost per student to receive the intervention was calculated to be AUD 31/student. The cost per reduction in total lunchbox energy was AUD 0.54. The ICER for the reduction in energy from discretionary foods in the lunchbox was AUD 0.24. These findings suggest that this m-health intervention has potential to be cost effective in reducing the kilojoules from discretionary foods packed in school lunchboxes.

Notes: Brown, Alison Sutherland, Rachel Reeves, Penny Nathan, Nicole Wolfenden, Luke

Brown, Alison/IRZ-7107-2023; Sutherland, Rachel/AEH-9206-2022

Nathan, Nicole/0000-0002-7726-1714

2072-6643

URL: <Go to ISI>://WOS:000727285600001

Reference Type: Journal Article

Record Number: 2400

Author: Brown, B., Young, J., Smith, D. P., Kneebone, A. B., Brooks, A. J., Xhilaga, M., Dominello, A., O'Connell, D. L. and Haines, M.

Year: 2014

Title: Clinician-led improvement in cancer care (CLICC) – testing a multifaceted implementation strategy to increase evidence-based prostate cancer care: phased randomised controlled trial – study protocol

Journal: *Implementation Science*

Volume: 9

Date: May

Short Title: Clinician-led improvement in cancer care (CLICC) –

testing a multifaceted implementation strategy to increase evidence-based prostate cancer care: phased randomised controlled trial - study protocol

ISSN: 1748-5908

DOI: 10.1186/1748-5908-9-64

Article Number: 64

Accession Number: WOS:000338370900001

Abstract: Background: Clinical practice guidelines have been widely developed and disseminated with the aim of improving healthcare processes and patient outcomes but the uptake of evidence-based practice remains haphazard. There is a need to develop effective implementation methods to achieve large-scale adoption of proven innovations and recommended care. Clinical networks are increasingly being viewed as a vehicle through which evidence-based care can be embedded into healthcare systems using a collegial approach to agree on and implement a range of strategies within hospitals. In Australia, the provision of evidence-based care for men with prostate cancer has been identified as a high priority. Clinical audits have shown that fewer than 10% of patients in New South Wales (NSW) Australia at high risk of recurrence after radical prostatectomy receive guideline recommended radiation treatment following surgery. This trial will test a clinical network-based intervention to improve uptake of guideline recommended care for men with high-risk prostate cancer. Methods/Design: In Phase I, a phased randomised cluster trial will test a multifaceted intervention that harnesses the NSW Agency for Clinical Innovation (ACI) Urology Clinical Network to increase evidence-based care for men with high-risk prostate cancer following surgery. The intervention will be introduced in nine NSW hospitals over 10 months using a stepped wedge design. Outcome data (referral to radiation oncology for discussion of adjuvant radiotherapy in line with guideline recommended care or referral to a clinical trial of adjuvant versus salvage radiotherapy) will be collected through review of patient medical records. In Phase II, mixed methods will be used to identify mechanisms of provider and organisational change. Clinicians' knowledge and attitudes will be assessed through surveys. Process outcome measures will be assessed through document review. Semi-structured interviews will be conducted to elucidate mechanisms of change. Discussion: The study will be one of the first randomised controlled trials to test the effectiveness of clinical networks to lead changes in clinical practice in hospitals treating patients with high-risk cancer. It will additionally provide direction regarding implementation strategies that can be effectively employed to encourage widespread adoption of clinical practice guidelines.

Notes: Brown, Bernadette (Bea) Young, Jane Smith, David P. Kneebone, Andrew B. Brooks, Andrew J. Xhilaga, Miranda Dominello, Amanda O'Connell, Dianne L. Haines, Mary

Brown, Bernadette/0000-0003-2851-1809; Kneebone, Andrew/0000-0002-7629-504X; Dominello, Amanda/0000-0002-5514-5886; Smith, David/0000-0002-1474-3214

URL: <Go to ISI>://WOS:000338370900001

Reference Type: Journal Article

Record Number: 2418

Author: Brown, J., Kotz, D., Michie, S., Stapleton, J., Walmsley, M. and West, R.

Year: 2014

Title: How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?

Journal: Drug and Alcohol Dependence

Volume: 135

Pages: 52-58

Date: Feb

Short Title: How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?

ISSN: 0376-8716

DOI: 10.1016/j.drugalcdep.2013.11.003

Accession Number: WOS:000332749700007

Abstract: Background: A national smoking cessation campaign based on behaviour change theory and operating through both traditional and new media was launched across England during late 2012

('Stoptober'). In addition to attempting to start a movement in which smokers would quit at the same time in response to a positive mass quitting trigger, the campaign set smokers the goal of being smoke-free for October and embodied other psychological principles in a range of tools and communications. Methods: Data on quit attempts were obtained from 31,566 past-year smokers during nationally representative household surveys conducted monthly between 2007 and 2012. The effectiveness of the campaign was assessed by the increase in national quit attempt rate in October relative to other months in 2012 vs. 2007-2011. Results: Relative to other months in the year, more people tried to quit in October in 2012 compared with 2007-2011 (OR= 1.79, 95%CI= 1.20-2.68). In 2012 there was an approximately 50% increase in quitting during October compared with other months of the same year (9.6% vs. 6.6%; OR 1.50, 95%CI = 1.05-2.15), whereas in 2007-2011 the rate in October was non-significantly less than in other months of the same period (6.4% vs. 7.5%; OR= 0.84, 95%CI = 0.70-1.00). Stoptober is estimated to have generated an additional 350,000 quit attempts and saved 10,400 discounted life years (DLY) at less than 415 per DLY in the modal age group. Conclusions: Designing a national public health campaign with a clear behavioural target (making a serious quit attempt) using key psychological principles can yield substantial behaviour change and public health impact. (C) 2013 The Authors. Published by Elsevier Ireland Ltd. All rights reserved.

Notes: Brown, Jamie Kotz, Daniel Michie, Susan Stapleton, John Walmsley, Matthew West, Robert

Kotz, Daniel/A-1270-2007; West, Robert/B-5414-2009; Brown, Jamie/F-4413-2011; Michie, Susan/A-1745-2010; West, Robert/B-5414-2009 Kotz, Daniel/0000-0002-9454-023X; West, Robert/0000-0002-0291-5760; Brown, Jamie/0000-0002-2797-5428; Michie, Susan/0000-0003-0063-6378; West, Robert/0000-0001-6398-0921

1879-0046

URL: <Go to ISI>://WOS:000332749700007

Reference Type: Journal Article

Record Number: 596

Author: Brown, J. and Slater, M. J.

Year: 2022

Title: Improving identity leadership through a novel targeted reflective practice intervention

Journal: Journal of Applied Sport Psychology

Date: 2022 Jul

Short Title: Improving identity leadership through a novel targeted reflective practice intervention

ISSN: 1041-3200

DOI: 10.1080/10413200.2022.2098877

Accession Number: WOS:000827567700001

Abstract: The purpose of this study was to investigate the effectiveness of a novel identity leadership-framed reflective practice intervention for developing sport coach leadership skills. We adopted an eight-week randomized control intervention design, including five experimental group coaches and their associated athletes (n = 47) and four control group coaches and their athletes (n = 32). Athletes' perceptions of their coach engaging in identity leadership behaviors were measured at Weeks 0 and 8 for both groups. The experimental group coaches completed three specifically designed social identity-framed reflective practice tasks in Weeks 1, 3, and 5. Results showed that when controlling for baseline scores and compared to the control condition, the experimental condition reported significantly greater advancement, entrepreneurship, and impresarioship, but not prototypicality at post-intervention. The results provide support for the use of tailored reflective practice interventions to elicit desirable identity leadership behaviors as perceived by athletes. Lay summary: Leadership is a key aspect of team sport performance. Reflective practice is a core component of coach development. The present study shows the potential to develop leadership through social identity-framed reflective practice activities. Implications for practice Investigation of new ways for developing leadership In-direct development of Identity Leadership Multi-faceted and innovative approach to reflective practice

Notes: Brown, James Slater, Matthew J.

Slater, Matthew/0000-0002-2470-2790

1533-1571

URL: <Go to ISI>://WOS:000827567700001

Reference Type: Book

Record Number: 2484

Author: Brown, K. E., Bayley, J., Newby, K., Arnab, S., Dunwell, I. and Debattista, K.

Year: 2013

Title: Serious Game for Relationships and Sex Education: Application of an Intervention Mapping Approach to Development

Series Title: Serious Games for Healthcare: Applications and Implications

Number of Pages: 135-166

Short Title: Serious Game for Relationships and Sex Education: Application of an Intervention Mapping Approach to Development

ISBN: 978-1-4666-1903-6

DOI: 10.4018/978-1-4666-1903-6.ch007

Accession Number: WOS:000315288600007

Abstract: This chapter illustrates the application of an Intervention Mapping approach to the development and design of a Serious Game addressing relationships and sex education (RSE) needs in British adolescents. Needs assessment identified experience of pressure/coercion in sexual relationships as the topic for a Serious Game-based RSE session. The process of applying intervention mapping including evidence review, identification of a programme goal, performance objectives and associated determinants, and change objectives are explicated. The way that these were translated into a concept and content for a Serious Game is explained. Evaluation plans grounded in the planning process, and commentary on challenges experienced, are also provided. The chapter provides an important contribution to approaches that can ensure efficacy of Serious Games applied to healthcare issues.

Notes: Brown, Katherine E. Bayley, Julie Newby, Katie Newby, Katie/0000-0002-9348-0116; Brown, Katherine/0000-0003-2472-5754; Bayley, Julie/0000-0002-2448-4383

URL: <Go to ISI>://WOS:000315288600007

Reference Type: Journal Article

Record Number: 930

Author: Brown, M. C., Podmore, M., Araujo-Soares, V., Skinner, R. and Sharp, L.

Year: 2022

Title: Childhood cancer survivors' perceptions of the barriers and facilitators to physical activity: a systematic review and thematic synthesis of qualitative evidence using the theoretical domains framework

Journal: Health Psychology Review

Date: 2022 Feb

Short Title: Childhood cancer survivors' perceptions of the barriers and facilitators to physical activity: a systematic review and thematic synthesis of qualitative evidence using the theoretical domains framework

ISSN: 1743-7199

DOI: 10.1080/17437199.2022.2032795

Accession Number: WOS:000755019900001

Abstract: Physical activity (PA) is recommended for childhood cancer survivors (CCSs). However, many CCSs have low levels of activity. This review aimed to systematically identify, appraise and synthesise qualitative research evidence on the barriers and facilitators to PA from the perspective of CCSs. Six databases (MEDLINE, Embase, PsycINFO, CINAHL, SPORTDiscus, and Scopus) were searched to identify qualitative data on PA gathered from CCSs diagnosed \leq 18 years of age and who had completed active treatment. An inductive thematic synthesis was undertaken to identify descriptive themes relating to barriers and facilitators to PA, before mapping these onto the Theoretical Domains Framework (TDF). Methodological quality was assessed using CASP, and confidence in review findings was assessed using the GRADE-CERQual approach. Eight original studies were eligible. A total of 45 descriptive themes (29

facilitators and 16 barriers) were mapped onto nine domains of the TDF; they were most commonly mapped onto the Environmental Context and Resources (n = 13 descriptive themes) and the Social Influences (n = 13) domains. Study quality was variable and overall confidence in review findings was low. Conclusive/strong evidence for the barriers and facilitators to PA is lacking, highlighting the need for further research on the perceived influences on PA in CCSs. PROSPERO Registration: CRD42019147829.

Notes: Brown, Morven C. Podmore, Mary Araujo-Soares, Vera Skinner, Roderick Sharp, Linda

Araujo-Soares, Vera/F-1806-2015

Araujo-Soares, Vera/0000-0003-4044-2527; Sharp, Linda/0000-0001-9515-1722; Skinner, Rod/0000-0002-1162-675X; Brown, Morven/0000-0003-2501-0670

1743-7202

1743-7202

URL: <Go to ISI>://WOS:000755019900001

Reference Type: Journal Article

Record Number: 2208

Author: Brown, T. J., Todd, A., O'Malley, C., Moore, H. J., Husband, A. K., Bamba, C., Kasim, A., Sniehotta, F. F., Steed, L., Smith, S., Nield, L. and Summerbell, C. D.

Year: 2016

Title: Community pharmacy-delivered interventions for public health priorities: a systematic review of interventions for alcohol reduction, smoking cessation and weight management, including meta-analysis for smoking cessation

Journal: Bmj Open

Volume: 6

Issue: 2

Short Title: Community pharmacy-delivered interventions for public health priorities: a systematic review of interventions for alcohol reduction, smoking cessation and weight management, including meta-analysis for smoking cessation

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2015-009828

Article Number: e009828

Accession Number: WOS:000381514500072

Abstract: Objectives: To systematically review the effectiveness of community pharmacy-delivered interventions for alcohol reduction, smoking cessation and weight management. Design: Systematic review and meta-analyses. 10 electronic databases were searched from inception to May 2014. Eligibility criteria for selecting studies: Study design: randomised and non-randomised controlled trials; controlled before/after studies, interrupted times

series. Intervention: any relevant intervention set in a community pharmacy, delivered by the pharmacy team. No restrictions on duration, country, age, or language. Results: 19 studies were included: 2 alcohol reduction, 12 smoking cessation and 5 weight management. Study quality rating: 6 'strong', 4 'moderate' and 9 'weak'. 8 studies were conducted in the UK, 4 in the USA, 2 in Australia, 1 each in 5 other countries. Evidence from 2 alcohol-reduction interventions was limited. Behavioural support and/or

nicotine replacement therapy are effective and cost-effective for smoking cessation: pooled OR was 2.56 (95% CI 1.45 to 4.53) for active intervention vs usual care. Pharmacy-based interventions produced similar weight loss compared with active interventions in other primary care settings; however, weight loss was not sustained longer term in a range of primary care and commercial settings compared with control. Pharmacy-based weight management interventions have similar provider costs to those delivered in other primary care settings, which are greater than those delivered by commercial organisations. Very few studies explored if and how sociodemographic or socioeconomic variables moderated intervention effects. Insufficient information was available to examine relationships between effectiveness and behaviour change strategies, implementation factors, or organisation and delivery of interventions. Conclusions: Community pharmacy-delivered interventions are effective for smoking cessation, and demonstrate that the pharmacy is a feasible option for weight management interventions. Given the potential reach, effectiveness and associated costs of these interventions, commissioners should consider using community pharmacies to help deliver public health services.

Notes: Brown, Tamara J. Todd, Adam O'Malley, Claire Moore, Helen J. Husband, Andrew K. Bambra, Clare Kasim, Adetayo Sniehotta, Falko F. Steed, Liz Smith, Sarah Nield, Lucie Summerbell, Carolyn D. Summerbell, Carolyn/AAC-3159-2019; Husband, Andrew Kenneth/AAQ-1191-2020; Sniehotta, Falko F/C-5481-2008; Summerbell, Carolyn D/O-3759-2015; Sniehotta, Falko/ABF-7131-2021; Bambra, Clare/C-1392-2010

Summerbell, Carolyn/0000-0003-1910-9383; Husband, Andrew Kenneth/0000-0001-8162-8278; Sniehotta, Falko F/0000-0003-1738-4269; Summerbell, Carolyn D/0000-0003-1910-9383; Sniehotta, Falko/0000-0003-1738-4269; O'Malley, Claire/0000-0002-5004-4568; Nield, Lucie/0000-0003-2072-6602; Kasim, Adetayo Safiriyu/0000-0002-0411-3059; Brown, Tamara/0000-0003-1285-7098; Bambra, Clare/0000-0002-1294-6851; Todd, Adam/0000-0003-1496-9341; Moore, Helen J/0000-0002-0165-7552

URL: <Go to ISI>://WOS:000381514500072

Reference Type: Journal Article

Record Number: 2211

Author: Brown, V. T., Underwood, M., Mohamed, N., Westwood, O. and Morrissey, D.

Year: 2016

Title: Professional interventions for general practitioners on the management of musculoskeletal conditions

Journal: Cochrane Database of Systematic Reviews

Issue: 5

Short Title: Professional interventions for general practitioners on the management of musculoskeletal conditions

ISSN: 1469-493X

DOI: 10.1002/14651858.CD007495.pub2

Article Number: Cd007495

Accession Number: WOS:000377961800051

Abstract: Background Musculoskeletal conditions require particular management skills. Identification of interventions which are effective in equipping general practitioners (GPs) with such necessary skills could translate to improved health outcomes for patients and reduced healthcare and societal costs. Objectives To determine the effectiveness of professional interventions for GPs that aim to improve the management of musculoskeletal conditions in primary care. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL), 2010, Issue 2; MEDLINE, Ovid (1950 – October 2013); EMBASE, Ovid (1980 – October 2013); CINAHL, EbscoHost (1980 – November 2013), and the EPOC Specialised Register. We conducted cited reference searches using ISI Web of Knowledge and Google Scholar; and handsearched selected issues of Arthritis and Rheumatism and Primary Care–Clinics in Office Practice. The latest search was conducted in November 2013. Selection criteria We included randomised controlled trials (RCTs), non-randomised controlled trials (NRCTs), controlled before-and-after studies (CBAs) and interrupted time series (ITS) studies of professional interventions for GPs, taking place in a community setting, aiming to improve the management (including diagnosis and treatment) of musculoskeletal conditions and reporting any objective measure of GP behaviour, patient or economic outcomes. We considered professional interventions of any length, duration, intensity and complexity compared with active or inactive controls. Data collection and analysis Two review authors independently abstracted all data. We calculated the risk difference (RD) and risk ratio (RR) of compliance with desired practice for dichotomous outcomes, and the mean difference (MD) and standardised mean difference (SMD) for continuous outcomes. We investigated whether the direction of the targeted behavioural change affects the effectiveness of interventions. Main results Thirty studies met our inclusion criteria. From 11 studies on osteoporosis, meta-analysis of five studies (high-certainty evidence) showed that a combination of a GP alerting system on a patient's increased risk of osteoporosis and a patient-directed intervention (including patient education and a reminder to see their GP) improves GP behaviour with regard to diagnostic bone mineral density (BMD) testing and osteoporosis medication prescribing (RR 4.44; (95% confidence interval (CI) 3.54 to 5.55; 3 studies; 3,386 participants)) for BMD and RR 1.71 (95% CI 1.50 to 1.94; 5 studies; 4,223 participants) for osteoporosis medication. Meta-analysis of two studies showed that GP alerting on its own also probably improves osteoporosis guideline-consistent GP behaviour (RR 4.75 (95% CI 3.62 to 6.24; 3,047 participants)) for BMD and RR 1.52 (95% CI 1.26 to 1.84; 3,047 participants) for osteoporosis medication) and that adding the patient-directed component probably does not lead to a greater effect (RR 0.94 (95% CI 0.81 to 1.09; 2,995 participants)) for BMD and RR 0.93 (95% CI 0.79 to 1.10; 2,995 participants) for osteoporosis medication. Of the 10 studies on low back pain, seven showed that guideline dissemination and educational opportunities for GPs may lead to little or no improvement with regard to guideline-consistent GP behaviour. Two studies showed that the combination of guidelines and GP feedback on the total number of investigations requested may have an effect on GP behaviour and result in a slight reduction in the

number of tests, while one of these studies showed that the combination of guidelines and GP reminders attached to radiology reports may result in a small but sustained reduction in the number of investigation requests. Of the four studies on osteoarthritis, one study showed that using educationally influential physicians may result in improvement in guideline-consistent GP behaviour. Another study showed slight improvements in patient outcomes (pain control) after training GPs on pain management. Of three studies on shoulder pain, one study reported that there may be little or no improvement in patient outcomes (functional capacity) after GP education on shoulder pain and injection training. Of two studies on other musculoskeletal conditions, one study on pain management showed that there may be worse patient outcomes (pain control) after GP training on the use of validated assessment scales. The 12 remaining studies across all musculoskeletal conditions showed little or no improvement in GP behaviour and patient outcomes. The direction of the targeted behaviour (i.e. increasing or decreasing a behaviour) does not seem to affect the effectiveness of an intervention. The majority of the studies did not investigate the potential adverse effects of the interventions and only three studies included a cost-effectiveness analysis. Overall, there were important methodological limitations in the body of evidence, with just a third of the studies reporting adequate allocation concealment and blinded outcome assessments. While our confidence in the pooled effect estimate of interventions for improving diagnostic testing and medication prescribing in osteoporosis is high, our confidence in the reported effect estimates in the remaining studies is low.

Authors' conclusions There is good-quality evidence that a GP alerting system with or without patient-directed education on osteoporosis improves guideline-consistent GP behaviour, resulting in better diagnosis and treatment rates. Interventions such as GP reminder messages and GP feedback on performance combined with guideline dissemination may lead to small improvements in guideline-consistent GP behaviour with regard to low back pain, while GP education on osteoarthritis pain and the use of educationally influential physicians may lead to slight improvement in patient outcomes and guideline-consistent behaviour respectively. However, further studies are needed to ascertain the effectiveness of such interventions in improving GP behaviour and patient outcomes.

Notes: Brown, Victoria Tzortziou Underwood, Martin Mohamed, Noman Westwood, Olwyn Morrissey, Dylan Underwood, Martin/D-6364-2015 Underwood, Martin/0000-0002-0309-1708; Tzortziou Brown, Victoria/0000-0001-9819-6395; Morrissey, Dylan/0000-0001-7045-3644 1361-6137
URL: <Go to ISI>://WOS:000377961800051

Reference Type: Journal Article

Record Number: 313

Author: Bruce, B. R., Leask, J., De Vries, B. S. and Shepherd, H. L.

Year: 2023

Title: Midwives' perspectives of intravenous fluid management and fluid balance documentation in labour: A qualitative reflexive

thematic analysis study

Journal: Journal of Advanced Nursing

Volume: 79

Issue: 2

Pages: 749-761

Date: Feb

Short Title: Midwives' perspectives of intravenous fluid management and fluid balance documentation in labour: A qualitative reflexive thematic analysis study

ISSN: 0309-2402

DOI: 10.1111/jan.15518

Accession Number: WOS:000892169800001

Abstract: Aim: To describe current practice, examine the influences and explore barriers and facilitators to accurate documentation, for the administration of intravenous fluids during labour. Design: A descriptive qualitative study was performed. Methods: Qualitative semi-structured interviews were conducted with Registered Midwives working across Australia. Midwives were recruited via email and social media advertisements. A maximum variation sampling strategy was used to identify potential participants. Interview questions explored four main areas: (i) understanding of indications for IV fluids in labour; (ii) identification of current practice; (iii) barriers to documentation and (iv) benefits and complications of IV fluid administration. Reflexive thematic analysis of recorded-transcribed interviews was conducted. Results: Eleven midwives were interviewed. Clinical practice variation across Australia was recognized. Midwives reported a potential risk of harm for women and babies and a current lack of evidence, education and clinical guidance contributing to uncertainty around the use of IV fluids in labour. Overall, eight major themes were identified: (i) A variable clinical practice; (ii) Triggers and habits; (iii) Workplace and professional culture; (iv) Foundational knowledge; (v) Perception of risk; (vi) Professional standards and regulations; (vii) The importance of monitoring maternal fluid balance and (viii) barriers and facilitators to fluid balance documentation. Conclusion: There was widespread clinical variation identified and midwives reported a potential risk of harm. The major themes identified will inform future quantitative research examining the impact of IV fluids in labour. Impact: The implications of this research are important and potentially far-reaching. The administration of IV fluids to women in labour is a common clinical intervention. However, there is limited evidence available to guide practice. This study highlights the need for greater education and evidence examining maternal and neonatal outcomes to provide improved clinical guidance.

Notes: Bruce, Belinda R. Leask, Julie De Vries, Bradley S. Shepherd, Heather L.

Leask, Julie/ABE-2077-2020

Leask, Julie/0000-0001-5095-1443; Bruce, Belinda/0000-0003-0772-6093 1365-2648

URL: <Go to ISI>://WOS:000892169800001

Reference Type: Journal Article

Record Number: 1195

Author: Bruno, C., Collier, A., Holyday, M. and Lambert, K.
Year: 2021
Title: Interventions to Improve Hydration in Older Adults: A Systematic Review and Meta-Analysis
Journal: Nutrients
Volume: 13
Issue: 10
Date: Oct
Short Title: Interventions to Improve Hydration in Older Adults: A Systematic Review and Meta-Analysis
DOI: 10.3390/nu13103640
Article Number: 3640
Accession Number: WOS:000714465400001
Abstract: Dehydration is common in the elderly, especially when hospitalised. This study investigated the impact of interventions to improve hydration in acutely unwell or institutionalised older adults for hydration and hydration linked events (constipation, falls, urinary tract infections) as well as patient satisfaction. Four databases were searched from inception to 13 May 2020 for studies of interventions to improve hydration. Nineteen studies (978 participants) were included and two studies (165 participants) were meta-analysed. Behavioural interventions were associated with a significant improvement in hydration. Environmental, multifaceted and nutritional interventions had mixed success. Meta-analysis indicated that groups receiving interventions to improve hydration consumed 300.93 mL more fluid per day than those in the usual care groups (95% CI: 289.27 mL, 312.59 mL; I² = 0%, p < 0.00001). Overall, there is limited evidence describing interventions to improve hydration in acutely unwell or institutionalised older adults. Behavioural interventions appear promising. High-quality studies using validated rather than subjective methods of assessing hydration are needed to determine effective interventions.
Notes: Bruno, Chevonne Collier, Annaleise Holyday, Margaret Lambert, Kelly
Lambert, Kelly/A-3940-2015
Lambert, Kelly/0000-0001-5935-7328; Collier, Annaleise/0000-0001-9244-1978
2072-6643
URL: <Go to ISI>://WOS:000714465400001

Reference Type: Journal Article
Record Number: 93
Author: Bryant, C., Ross, E. and Flores, C.
Year: 2023
Title: Going through changes: A longitudinal study of meat reduction over time in the UK
Journal: Food Quality and Preference
Volume: 107
Date: Apr
Short Title: Going through changes: A longitudinal study of meat reduction over time in the UK
ISSN: 0950-3293
DOI: 10.1016/j.foodqual.2023.104854

Article Number: 104854

Accession Number: WOS:000965594900001

Abstract: There are increasing moral, environmental and public health imperatives to curb meat consumption. While research on meat reduction has proliferated in recent years, the majority of empirical work has taken cross-sectional and/or experimental approaches. Therefore, this study sought to understand the process of dietary change through an observational longitudinal survey of 1,529 UK residents over the course of one year. An online questionnaire was used to take measures of diet, exposure to animal advocacy, exposure to animals and animal-lovers, the transtheoretical model of change, the COM-B model (capability, opportunity, motivation -> behaviour), and demographics at 0, 6, and 12 months. While no support was found for predictions made on the COM-B model, some support was found for hypotheses made on the transtheoretical model -in particular, there was some evidence that those at later stages who still ate meat were more likely to give it up, and those at earlier stages who had given up meat were more likely to start eating it again. There were also generally stronger measures of decisional balance (i.e. conviction in the decision to give up meat) and self-efficacy for those at more advanced stages. Analyses also indicate that increases in consumption of animal product alternatives were significantly correlated with decreases in animal products in the same category. Ordinal regression models yielded low predictive ability, meaning that information on the interventions which may influence animal product consumption was limited. Findings are discussed in the context of previous literature and recommendations for future research.

Notes: Bryant, Christopher Ross, Euan Flores, Charlotte

Bryant, Christopher/0000-0002-5218-3377

1873-6343

URL: <Go to ISI>://WOS:000965594900001

Reference Type: Journal Article

Record Number: 2003

Author: Bryant, M., Burton, W., Cundill, B., Farrin, A. J., Nixon, J., Stevens, J., Roberts, K., Foy, R., Rutter, H., Hartley, S., Tubeuf, S., Collinson, M. and Brown, J.

Year: 2017

Title: Effectiveness of an implementation optimisation intervention aimed at increasing parent engagement in HENRY, a childhood obesity prevention programme the Optimising Family Engagement in HENRY (OFTEN) trial: study protocol for a randomised controlled trial

Journal: Trials

Volume: 18

Date: Jan

Short Title: Effectiveness of an implementation optimisation intervention aimed at increasing parent engagement in HENRY, a childhood obesity prevention programme the Optimising Family Engagement in HENRY (OFTEN) trial: study protocol for a randomised controlled trial

DOI: 10.1186/s13063-016-1732-3

Article Number: 40

Accession Number: WOS:000392760200001

Abstract: Background: Family-based interventions to prevent childhood obesity depend upon parents' taking action to improve diet and other lifestyle behaviours in their families. Programmes that attract and retain high numbers of parents provide an enhanced opportunity to improve public health and are also likely to be more cost-effective than those that do not. We have developed a theory-informed optimisation intervention to promote parent engagement within an existing childhood obesity prevention group programme, HENRY (Health Exercise Nutrition for the Really Young). Here, we describe a proposal to evaluate the effectiveness of this optimisation intervention in regard to the engagement of parents and cost-effectiveness. Methods/design: The Optimising Family Engagement in HENRY (OFTEN) trial is a cluster randomised controlled trial being conducted across 24 local authorities (approximately 144 children's centres) which currently deliver HENRY programmes. The primary outcome will be parental enrolment and attendance at the HENRY programme, assessed using routinely collected process data. Cost-effectiveness will be presented in terms of primary outcomes using acceptability curves and through eliciting the willingness to pay for the optimisation from HENRY commissioners. Secondary outcomes include the longitudinal impact of the optimisation, parent-reported infant intake of fruits and vegetables (as a proxy to compliance) and other parent-reported family habits and lifestyle. Discussion: This innovative trial will provide evidence on the implementation of a theory-informed optimisation intervention to promote parent engagement in HENRY, a community-based childhood obesity prevention programme. The findings will be generalisable to other interventions delivered to parents in other community-based environments. This research meets the expressed needs of commissioners, children's centres and parents to optimise the potential impact that HENRY has on obesity prevention. A subsequent cluster randomised controlled pilot trial is planned to determine the practicality of undertaking a definitive trial to robustly evaluate the effectiveness and cost-effectiveness of the optimised intervention on childhood obesity prevention.

Notes: Bryant, Maria Burton, Wendy Cundill, Bonnie Farrin, Amanda J. Nixon, Jane Stevens, June Roberts, Kim Foy, Robbie Rutter, Harry Hartley, Suzanne Tubeuf, Sandy Collinson, Michelle Brown, Julia Rutter, Harry/HCI-8765-2022; Tubeuf, Sandy/J-5688-2019 Tubeuf, Sandy/0000-0001-9001-1157; Collinson, Michelle/0000-0003-3568-6455; Rutter, Harry/0000-0002-9322-0656; Bryant, Maria/0000-0001-7690-4098; Foy, Robbie/0000-0003-0605-7713; Farrin, Amanda/0000-0002-2876-0584; brown, julia/0000-0002-2719-7064; Cundill, Bonnie/0000-0002-3648-820X; Burton, Wendy/0000-0001-7885-5971
1745-6215

URL: <Go to ISI>://WOS:000392760200001

Reference Type: Journal Article

Record Number: 1316

Author: Buchanan, H., Newton, J. T., Baker, S. R. and Asimakopoulou, K.

Year: 2021

Title: Adopting the COM-B model and TDF framework in oral and dental research: A narrative review

Journal: Community Dentistry and Oral Epidemiology

Volume: 49

Issue: 5

Pages: 385-393

Date: Oct

Short Title: Adopting the COM-B model and TDF framework in oral and dental research: A narrative review

ISSN: 0301-5661

DOI: 10.1111/cdoe.12677

Accession Number: WOS:000673991000001

Abstract: Background Recent advances in the psychological understanding of health-related behaviour have focused on producing a comprehensive framework to model such behaviour. The Capability-Opportunity-Motivation-Behaviour (COM-B) and its associated Theoretical Domains Framework (TDF) allow researchers to classify psychological and behavioural constructs in a consistent and transferable manner across studies. Aim To identify oral and dental health-related studies that have used the TDF and/or COM-B as frameworks to guide research and examine the ways in which these concepts have been practically used in such research. Method Narrative review of published literature. To be included, the paper had to (1) state that the TDF or COM-B had been used and to have targeted at least one construct identified in either framework, (2) include primary empirical data, (3) focus on a behaviour directly related to oral or dental-related health (eg brushing, applying fluoride varnish, flossing) and/or attitudes, intentions and beliefs related to the behaviour. Studies could include any research design, and participants of any age or gender and include patients, parents or dental health professionals. Findings Nine studies were identified that had drawn on the COM-B and/or TDF as the framework for their research. Seven of the studies were based on the TDF only, with one employing both the COM-B and Health Belief Model, and one using the TDF with COM-B. The nine studies covered a broad range of oral health-related behaviours including child tooth brushing, fluoride varnish application and non- or micro-invasive management of proximal caries lesions. The populations in the studies included dentists, dental teams and parents of children. All studies adopted only a subset of the constructs within the TDF, often without justification. Conclusions It is encouraging that oral health researchers are adopting standardized psychological frameworks to develop their research and oral health interventions. Future work should build on the small number of studies identified in this review and consider using standardized tools to do so.

Notes: Buchanan, Heather Newton, Jonathon Timothy Baker, Sarah R. Asimakopoulou, Koula

Baker, Sarah/0000-0002-2861-451X; Asimakopoulou, Koula/0000-0003-3420-8523; Newton, Jonathon Timothy/0000-0003-4082-6942; Buchanan, Heather/0000-0002-0714-5830
1600-0528

URL: <Go to ISI>://WOS:000673991000001

Reference Type: Journal Article

Record Number: 356

Author: Bucher, A., Blazek, E. S. and West, A. B.

Year: 2022

Title: Feasibility of a Reinforcement Learning-Enabled Digital Health Intervention to Promote Mammograms: Retrospective, Single-Arm, Observational Study

Journal: Jmir Formative Research

Volume: 6

Issue: 11

Date: Nov

Short Title: Feasibility of a Reinforcement Learning-Enabled Digital Health Intervention to Promote Mammograms: Retrospective, Single-Arm, Observational Study

DOI: 10.2196/42343

Article Number: e42343

Accession Number: WOS:000904521800056

Abstract: Background: Preventive screenings such as mammograms promote health and detect disease. However, mammogram attendance lags clinical guidelines, with roughly one-quarter of women not completing their recommended mammograms. A scalable digital health intervention leveraging behavioral science and reinforcement learning and delivered via email was implemented in a US health system to promote uptake of recommended mammograms among patients who were 1 or more years overdue for the screening (ie, 2 or more years from last mammogram). Objective: The aim of this study was to establish the feasibility of a reinforcement learning-enabled mammography digital health intervention delivered via email. The research aims included understanding the intervention's reach and ability to elicit behavioral outcomes of scheduling and attending mammograms, as well as understanding reach and behavioral outcomes for women of different ages, races, educational attainment levels, and household incomes. Methods: The digital health intervention was implemented in a large Catholic health system in the Midwestern United States and targeted the system's existing patients who had not received a recommended mammogram in 2 or more years. From August 2020 to July 2022, 139,164 eligible women received behavioral science-based email messages assembled and delivered by a reinforcement learning model to encourage clinically recommended mammograms. Target outcome behaviors included scheduling and ultimately attending the mammogram appointment. Results: In total, 139,164 women received at least one intervention email during the study period, and 81.52% engaged with at least one email. Deliverability of emails exceeded 98%. Among message recipients, 24.99% scheduled mammograms and 22.02% attended mammograms (88.08% attendance rate among women who scheduled appointments). Results indicate no practical differences in the frequency at which people engage with the intervention or take action following a message based on their age, race, educational attainment, or household income, suggesting the intervention may equitably drive mammography across diverse populations. Conclusions: The reinforcement learning-enabled email intervention is feasible to implement in a health system to engage patients who are overdue for their mammograms to

schedule and attend a recommended screening. In this feasibility study, the intervention was associated with scheduling and attending mammograms for patients who were significantly overdue for recommended screening. Moreover, the intervention showed proportionate reach across demographic subpopulations. This suggests that the intervention may be effective at engaging patients of many different backgrounds who are overdue for screening. Future research will establish the effectiveness of this type of intervention compared to typical health system outreach to patients who have not had recommended screenings as well as identify ways to enhance its reach and impact.

Notes: Bucher, Amy Blazek, E. Susanne West, Ashley B. Bucher, Amy/0000-0001-6514-4441; Blazek, E. Susanne/0000-0003-1649-3252 2561-326x
URL: <Go to ISI>://WOS:000904521800056

Reference Type: Journal Article

Record Number: 2294

Author: Buckton, C. H., Lean, M. E. J. and Combet, E.

Year: 2015

Title: 'Language is the source of misunderstandings'-impact of terminology on public perceptions of health promotion messages

Journal: BMC Public Health

Volume: 15

Date: Jun

Short Title: 'Language is the source of misunderstandings'-impact of terminology on public perceptions of health promotion messages

DOI: 10.1186/s12889-015-1884-1

Article Number: 579

Accession Number: WOS:000356571800001

Abstract: Background: The high level of premature death due to non-communicable diseases has been associated with unhealthy lifestyles, including poor diet. The effectiveness of public health strategies designed to promote health via messages focusing on food and diets depends largely on the perception of the messages by the public. The aim of this study was to explore public perceptions of language commonly used to communicate concepts linking health, food and the diet. Methods: This study is a qualitative and semi-quantitative cross-sectional survey exploring public perceptions of terms used to improve eating habits within public health strategies. We recruited adults with no background in nutrition or health-care, from May to July 2013, from urban areas of varying deprivation (n = 12) in Glasgow and Edinburgh, UK. Four key prompt-terms used to convey the idea of improving health through diet were selected for testing: Healthy Eating, Eating for Health, Balanced Diet and Nutritional Balance. Consumer understanding of these terms was explored using mixed-methods, including qualitative focus groups (n = 17) and an interviewer-led word-association exercise (n = 270). Results: The word-association exercise produced 1,386 individual responses from the four prompt-terms, with 130 unique responses associated with a single term. Cluster analysis revealed 16 key themes, with responses affected by prompt-term used, age, gender and

socio-economic status. Healthy Eating was associated with foods considered 'healthy' ($p < 0.05$); Eating for Health and Balanced Diet with negative connotations of foods to avoid (both $p < 0.001$) and Nutritional Balance with the benefits of eating healthily ($p < 0.01$). Focus groups revealed clear differences in perceptions: Eating for Health = positive action one takes to manage existing medical conditions, Healthy Eating = passive aspirational term associated with weight management, Balanced Diet = old fashioned, also dieting for weight loss, Nutritional Balance = maximising physical performance. Food suppliers use Healthy Eating terminology to promote weight management products. Focus group participants welcomed product reformulation to enhance food health properties as a strategy to overcome desensitisation to health-messages.

Conclusions: Public perceptions of messages communicating concepts linking health, food and the diet are influenced by terminology, resulting in confusion. To increase individual commitment to change eating habits in the long term, public health campaigns need strengthening, potentially by investing in tailored approaches to meet the needs of defined groups of consumers.

Notes: Buckton, Christina H. Lean, Michael E. J. Combet, Emilie Combet, Emilie/0000-0002-9302-8971; Buckton, Christina/0000-0002-6004-4334

1471-2458

URL: <Go to ISI>://WOS:000356571800001

Reference Type: Journal Article

Record Number: 44

Author: Budnick, C. J., Stults-Kolehmainen, M., Dadina, C., Bartholomew, J. B., Boullosa, D., Ash, G. I., Sinha, R., Blacutt, M., Houghton, A. and Lu, T. M.

Year: 2023

Title: Motivation states to move, be physically active and sedentary vary like circadian rhythms and are associated with affect and arousal

Journal: Frontiers in Sports and Active Living

Volume: 5

Date: Apr

Short Title: Motivation states to move, be physically active and sedentary vary like circadian rhythms and are associated with affect and arousal

DOI: 10.3389/fspor.2023.1094288

Article Number: 1094288

Accession Number: WOS:000979758000001

Abstract: Introduction Motivation to be physically active and sedentary is a transient state that varies in response to previous behavior. It is not known: (a) if motivational states vary from morning to evening, (b) if they are related to feeling states (arousal/hedonic tone), and (c) whether they predict current behavior and intentions. The primary purpose of this study was to determine if motivation states vary across the day and in what pattern. Thirty adults from the United States were recruited from Amazon MTurk. Methods Participants completed 6 identical online surveys each day for 8 days beginning after waking and every 2-3 h

thereafter until bedtime. Participants completed: (a) the CRAVE scale (Right now version) to measure motivation states for Move and Rest, (b) Feeling Scale, (c) Felt Arousal Scale, and (d) surveys about current movement behavior (e.g., currently sitting, standing, laying down) and intentions for exercise and sleep. Of these, 21 participants (mean age 37.7 y; 52.4% female) had complete and valid data. Results Visual inspection of data determined that: a) motivation states varied widely across the day, and b) most participants had a single wave cycle each day. Hierarchical linear modelling revealed that there were significant linear and quadratic time trends for both Move and Rest. Move peaked near 1500 h when Rest was at its nadir. Cosinor analysis determined that the functional waveform was circadian for Move for 81% of participants and 62% for Rest. Pleasure/displeasure and arousal independently predicted motivation states (all p's < .001), but arousal had an association twice as large. Eating, exercise and sleep behaviors, especially those over 2 h before assessment, predicted current motivation states. Move-motivation predicted current body position (e.g., laying down, sitting, walking) and intentions for exercise and sleep more consistently than rest, with the strongest prediction of behaviors planned for the next 30 min. Discussion While these data must be replicated with a larger sample, results suggest that motivation states to be active or sedentary have a circadian waveform for most people and influence future behavioral intentions. These novel results highlight the need to rethink the traditional approaches typically utilized to increase physical activity levels. Notes: Budnick, Christopher J. J. Stults-Kolehmainen, Matthew Dadina, Cyrus Bartholomew, John B. B. Boullosa, Daniel Ash, Garret I. I. Sinha, Rajita Blacutt, Miguel Haughton, Adrian Lu, Tom 2624-9367
URL: <Go to ISI>://WOS:000979758000001

Reference Type: Journal Article

Record Number: 1113

Author: Buerkle, A., Matharu, H., Al-Yacoub, A., Lohse, N., Bamber, T. and Ferreira, P.

Year: 2022

Title: An adaptive human sensor framework for human-robot collaboration

Journal: International Journal of Advanced Manufacturing Technology

Volume: 119

Issue: 1-2

Pages: 1233-1248

Date: Mar

Short Title: An adaptive human sensor framework for human-robot collaboration

ISSN: 0268-3768

DOI: 10.1007/s00170-021-08299-2

Accession Number: WOS:000721651700002

Abstract: Manufacturing challenges are increasing the demands for more agile and dexterous means of production. At the same time, these systems aim to maintain or even increase productivity. The challenges risen from these developments can be tackled through

human-robot collaboration (HRC). HRC requires effective task distribution according to each party's distinctive strengths, which is envisioned to generate synergetic effects. To enable a seamless collaboration, the human and robot require a mutual awareness, which is challenging, due to the human and robot "speaking" different languages as in analogue and digital. This challenge can be addressed by equipping the robot with a model of the human. Despite a range of models being available, data-driven models of the human are still at an early stage. For this purpose, this paper proposes an adaptive human sensor framework, which incorporates objective, subjective, and physiological metrics, as well as associated machine learning. Thus, it is envisioned to adapt to the uniqueness and dynamic nature of human behavior. To test the framework, a validation experiment was performed, including 18 participants, which aims to predict perceived workload during two scenarios, namely a manual and an HRC assembly task. Perceived workloads are described to have a substantial impact on a human operator's task performance. Throughout the experiment, physiological data from an electroencephalogram (EEG), an electrocardiogram (ECG), and respiration sensor was collected and interpreted. For subjective metrics, the standardized NASA Task Load Index was used. Objective metrics included task completion time and number of errors/assistance requests. Overall, the framework revealed a promising potential towards an adaptive behavior, which is ultimately envisioned to enable a more effective HRC.

Notes: Buerkle, Achim Matharu, Harveen Al-Yacoub, Ali Lohse, Niels Bamber, Thomas Ferreira, Pedro
Buerkle, Achim/0000-0002-0625-6475; Al-Yacoub, Ali/
0000-0003-2010-9882
1433-3015
URL: <Go to ISI>://WOS:000721651700002

Reference Type: Journal Article

Record Number: 1917

Author: Bull, E. R., Mason, C., Domingos, F., Santos, L. V., Scott, A., Ademokun, D., Simiao, Z., Oliver, W. M., Joaquim, F. F. and Cavanagh, S. M.

Year: 2017

Title: Developing nurse medication safety training in a health partnership in Mozambique using behavioural science

Journal: Globalization and Health

Volume: 13

Date: Jul

Short Title: Developing nurse medication safety training in a health partnership in Mozambique using behavioural science

DOI: 10.1186/s12992-017-0265-1

Article Number: 45

Accession Number: WOS:000404960000001

Abstract: Background: Globally, safe and effective medication administration relies on nurses being able to apply strong drug calculation skills in their real-life practice, in the face of stressors and distractions. These may be especially prevalent for nurses in low-income countries such as Mozambique and Continuing

Professional Development post-registration may be important. This study aimed to 1) explore the initial impact of an international health partnership's work to develop a drug calculation workshop for nurses in Beira, Mozambique and 2) reflect upon the role of health psychologists in helping educators apply behavioural science to the training content and evaluation. Methods: In phase one, partners developed a training package, which was delivered to 87 Portuguese-speaking nurses. The partnership's health psychologists coded the training's behaviour change content and recommended enhancements to content and delivery. In phase two, the refined training, including an educational game, was delivered to 36 nurses in Mozambique and recoded by the health psychologists. Measures of participant confidence and intentions to make changes to healthcare practice were collected, as well as qualitative data through post-training questions and 12 short follow-up participant interviews. Results: In phase one six BCTs were used during the didactic presentation. Most techniques targeted participants' capability to calculate drug doses accurately; recommendations aimed to increase participants' motivation and perceived opportunity, two other drivers of practice change. Phase two training included an extra seven BCTs, such as action planning and further skills practice. Participants reported high confidence before and after the training ($p = 0.25$); intentions to use calculators to check drug calculations significantly increased ($p = 0.031$). Qualitative data suggested the training was acceptable, enjoyable and led to practice changes, through improved capability, opportunity and motivation. Opportunity barriers to medication safety were highlighted. Conclusions: Reporting and measuring medication errors and related outcomes is a complex challenge affecting global efforts to improve medication safety. Through strong partnership working, a multi-disciplinary team of health professionals including health psychologists developed, refined and begin to evaluate a locally-led drug calculation CPD workshop for nurses in a low-resource setting. Applying behavioural science helped to collect feasible evaluation data and hopefully improved impact and sustainability.

Notes: Bull, Eleanor Rose Mason, Corina Domingos, Fonseca Junior Santos, Luana Vendramel Scott, Abigail Ademokun, Debo Simiao, Zeferina Oliver, Wingi Manzungu Joaquim, Fernando Francisco Cavanagh, Sarah M.

Bull, Eleanor/0000-0002-9444-0597
1744-8603

URL: <Go to ISI>://WOS:000404960000001

Reference Type: Journal Article

Record Number: 1553

Author: Bullock, H. L., Lavis, J. N., Wilson, M. G., Mulvale, G. and Miatello, A.

Year: 2021

Title: Understanding the implementation of evidence-informed policies and practices from a policy perspective: a critical interpretive synthesis

Journal: Implementation Science

Volume: 16

Issue: 1

Date: Feb

Short Title: Understanding the implementation of evidence-informed policies and practices from a policy perspective: a critical interpretive synthesis

ISSN: 1748-5908

DOI: 10.1186/s13012-021-01082-7

Article Number: 18

Accession Number: WOS:000618197700001

Abstract: Background The fields of implementation science and knowledge translation have evolved somewhat independently from the field of policy implementation research, despite calls for better integration. As a result, implementation theory and empirical work do not often reflect the implementation experience from a policy lens nor benefit from the scholarship in all three fields. This means policymakers, researchers, and practitioners may find it challenging to draw from theory that adequately reflects their implementation efforts. Methods We developed an integrated theoretical framework of the implementation process from a policy perspective by combining findings from these fields using the critical interpretive synthesis method. We began with the compass question: How is policy currently described in implementation theory and processes and what aspects of policy are important for implementation success? We then searched 12 databases as well as gray literature and supplemented these documents with other sources to fill conceptual gaps. Using a grounded and interpretive approach to analysis, we built the framework constructs, drawing largely from the theoretical literature and then tested and refined the framework using empirical literature. Results A total of 11,434 documents were retrieved and assessed for eligibility and 35 additional documents were identified through other sources. Eighty-six unique documents were ultimately included in the analysis. Our findings indicate that policy is described as (1) the context, (2) a focusing lens, (3) the innovation itself, (4) a lever of influence, (5) an enabler/facilitator or barrier, or (6) an outcome. Policy actors were also identified as important participants or leaders of implementation. Our analysis led to the development of a two-part conceptual framework, including process and determinant components. Conclusions This framework begins to bridge the divide between disciplines and provides a new perspective about implementation processes at the systems level. It offers researchers, policymakers, and implementers a new way of thinking about implementation that better integrates policy considerations and can be used for planning or evaluating implementation efforts.

Notes: Bullock, Heather L. Lavis, John N. Wilson, Michael G.

Mulvale, Gillian Miatello, Ashleigh

Lavis, John N/I-7555-2013

Lavis, John N/0000-0001-7917-3657

URL: <Go to ISI>://WOS:000618197700001

Reference Type: Journal Article

Record Number: 1235

Author: Bulteel, N., Henderson, N., Parris, V., Capstick, R.,

Premchand, N., Hunter, E. and Perry, M.

Year: 2021

Title: HIV testing in secondary care: a multicentre longitudinal mixed methods electronic survey of non-HIV specialist hospital physicians in South-East Scotland and Northern England

Journal: Journal of the Royal College of Physicians of Edinburgh

Volume: 51

Issue: 3

Pages: 230-236

Date: Sep

Short Title: HIV testing in secondary care: a multicentre longitudinal mixed methods electronic survey of non-HIV specialist hospital physicians in South-East Scotland and Northern England

ISSN: 1478-2715

DOI: 10.4997/jrcpe.2021.305

Accession Number: WOS:000694717500005

Abstract: Background Increasing the uptake of HIV testing in people who may have undiagnosed HIV is essential to reduce the morbidity associated with late HIV diagnosis. Methods We conducted a multicentre, longitudinal, mixed-methods study, surveying the attitudes, knowledge and practice of non-HIV specialist hospital physicians in South-East Scotland and North-East England with respect to HIV testing. Results We found that although awareness of indications for HIV testing had improved over time, only 13% of clinicians recognised all of the surveyed HIV indicator conditions. Physicians were better at recognising the indicator conditions relevant to their specialty. The perception of working with a low-risk patient population was the most frequently cited barrier to offering an HIV test. Only a third of study respondents had requested more than 10 HIV tests in the preceding year. Conclusions Our study supports a need for targeted and sustained educational initiatives to increase rates of HIV testing in secondary care.

Notes: Bulteel, Naomi Henderson, Naomi Parris, Victoria Capstick, Richard Premchand, Nikhil Hunter, Ewan Perry, Meghan
2042-8189

URL: <Go to ISI>://WOS:000694717500005

Reference Type: Journal Article

Record Number: 1572

Author: Bunten, A., Porter, L., Burgess-Allen, J., Howell-Jones, R., Jackson, J., Ward, D., Staples, V., Staples, P., Rowthorn, H., Saei, A., van Schaik, P., Tydeman, E., Blair, P., Hugueniot, O., Gold, N. and Chadborn, T.

Year: 2021

Title: Using behavioural insights to reduce sugar in primary school children's packed lunches in derby; A cluster randomised controlled trial

Journal: Appetite

Volume: 157

Date: Feb

Short Title: Using behavioural insights to reduce sugar in primary school children's packed lunches in derby; A cluster randomised controlled trial

ISSN: 0195-6663

DOI: 10.1016/j.appet.2020.104987

Article Number: 104987

Accession Number: WOS:000619410100006

Abstract: Children's packed lunches contain more sugar than school-provided meals. Interventions to improve the provision of healthier packed lunches have modest effects on lunch contents. This cluster randomised controlled trial tested an intervention to encourage healthier provision of packed lunches by parents of primary school children in Derby. Schools were randomised to intervention (n = 8) or control (n = 9) using blocked random allocation. In the intervention group, parents of children who brought packed lunches to school in years 3-6 (age 7-11 years) received three bundles of materials (including packed lunch planner, shopping list, information on sugar content of popular lunchbox items and suggestions for healthier swap alternatives) in bookbags/lunchboxes over a 4-week period. Control parents received no materials. Photos of lunchbox contents were taken at baseline, immediately post-intervention and at three-month follow-up. A parental survey aimed to assess capability, opportunity and motivation for packing a healthier lunchbox. No intervention effects were observed for primary outcomes (presence and number of sugary snacks or chilled sugary desserts). The intervention had a significant impact on one secondary outcome (increased number of healthier "swap" items suggested in intervention materials) immediately post-intervention, but this effect had disappeared at three-month follow-up. No intervention effects were found on survey variables. Parent comments revealed that materials were either received positively (as they reinforced existing behaviours) or negatively (as they were not perceived to be helpful or appropriate). The results of this study suggest that providing educational materials and resources to parents of primary school children in Derby was not sufficient to increase provision of healthier packed lunches. Future research should investigate how behavioural science can support families to improve the nutritional content of primary school children's lunchboxes.YY

Notes: Bunten, Amanda Porter, Lucy Burgess-Allen, Jilla Howell-Jones, Rebecca Jackson, Jessica Ward, Derek Staples, Vicki Staples, Paul Rowthorn, Harriet Saei, Ayoub van Schaik, Paul Tydeman, Elizabeth Blair, Penny Hugueniot, Orla Gold, Natalie Chadborn, Tim ; Ward, Derek/L-7706-2015

Staples, Vicki/0000-0001-7677-5951; Jackson, Jessica/0000-0001-9186-3925; Staples, Paul/0000-0002-3915-7676; Rowthorn, Harriet/0000-0002-9985-959X; Ward, Derek/0000-0003-1400-841X 1095-8304

URL: <Go to ISI>://WOS:000619410100006

Reference Type: Journal Article

Record Number: 1543

Author: Bunten, A., Porter, L., Sanders, J. G., Sallis, A., Riches, S. P., Van Schaik, P., Gonzalez-Iraizoz, M., Chadborn, T. and Forwood, S.

Year: 2021

Title: A randomised experiment of health, cost and social norm message frames to encourage acceptance of swaps in a simulation online supermarket

Journal: Plos One

Volume: 16

Issue: 2

Date: Feb

Short Title: A randomised experiment of health, cost and social norm message frames to encourage acceptance of swaps in a simulation online supermarket

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0246455

Article Number: e0246455

Accession Number: WOS:000620633200004

Abstract: Offering lower-energy food swaps to customers of online supermarkets could help to decrease energy (kcal) purchased and consumed. However, acceptance rates of such food swaps tend to be low. This study aimed to see whether framing lower-energy food swaps in terms of cost savings or social norms could improve likelihood of acceptance relative to framing swaps in terms of health benefits. Participants (n = 900) were asked to shop from a 12-item shopping list in a simulation online supermarket. When a target high-energy food was identified in the shopping basket at check-out, one or two lower-energy foods would be suggested as an alternative (a "swap"). Participants were randomised to only see messages emphasising health benefits (fewer calories), cost benefits (lower price) or social norms (others preferred this product). Data were analysed for 713 participants after exclusions. Participants were offered a mean of 3.17 swaps (SD = 1.50), and 12.91% of swaps were accepted (health = 14.31%, cost = 11.49%, social norms = 13.18%). Swap acceptance was not influenced by the specific swap frame used (all $p > .170$). Age was significantly and positively associated with swap acceptance ($b = 0.02$, $SE = 0.00$, $p < .001$), but was also associated with smaller decreases in energy change ($b = 0.46$, $SE = .19$, $p = .014$). Overall, offering swaps reduced both energy (kcal) per product ($b = -9.69$, $SE = 4.07$, $p = .017$) and energy (kcal) per shopping basket ($t(712) = 11.09$, $p < .001$) from pre- to post-intervention. Offering lower-energy food swaps could be a successful strategy for reducing energy purchased by customers of online supermarkets. Future research should explore alternative solutions for increasing acceptance rates of such swaps.

Notes: Bunten, Amanda Porter, Lucy Sanders, Jet G. Sallis, Anna Riches, Sarah Payne Van Schaik, Paul Gonzalez-Iraizoz, Marta Chadborn, Tim Forwood, Suzanna

Forwood, Suzanna/A-5376-2008

Forwood, Suzanna/0000-0002-8406-5121; Porter, Lucy/

0000-0001-8277-4138; Payne Riches, Sarah/0000-0001-8804-9500

URL: <Go to ISI>://WOS:000620633200004

Reference Type: Journal Article

Record Number: 840

Author: Buregyeya, E., Atusingwize, E., Sekandi, J. N., Mugambe, R., Nuwematsiko, R. and Atuyambe, L.

Year: 2022

Title: Developing strategies to address barriers for tuberculosis case finding and retention in care among refugees in slums in Kampala, Uganda: a qualitative study using the COM-B model

Journal: BMC Infectious Diseases

Volume: 22

Issue: 1

Date: Mar

Short Title: Developing strategies to address barriers for tuberculosis case finding and retention in care among refugees in slums in Kampala, Uganda: a qualitative study using the COM-B model

DOI: 10.1186/s12879-022-07283-9

Article Number: 301

Accession Number: WOS:000773973700002

Abstract: Background Globally, displaced populations face an increased burden of tuberculosis (TB). Uganda is currently hosting unprecedented big numbers of refugees from the East African region. Recent evidence shows increased spread of multi-drug resistant TB (MDR-TB) across East Africa as a result of migrants from Somalia- a high MDR-TB prevalent country, calling for urgent identification and management of cases for the countries in the region. One of the strategies recommended is optimization of diagnosis, treatment and prevention of TB in refugees. This study aimed at exploring the barriers to and facilitators for TB case finding and retention in care among urban slum refugees and suggestions on how to improve. This was to guide the development of interventions to improve TB case finding and retention in care among the said population.

Methods A cross-sectional study utilizing qualitative methods was conducted among refugees in an urban slum in Kampala City, Uganda. Key informant interviews with health care workers and community leaders and in-depths interviews with refugee TB patients and care takers of TB patients were conducted (30 interviews in total). Interview questions were based on constructs from the COMB-B model (Capability, Opportunity and Motivation Model of Behaviour change). Manual content analysis was performed and identified targeted intervention strategies guided by the related Behavior Change Wheel implementation framework. Results Key barriers included; physical capability (availability of and easily accessible private facilities in the community with no capacity to diagnose and treat TB), psychological capability (lack of knowledge about TB among refugees), social opportunity (wide spread TB stigma and language barrier), physical opportunity (poor living conditions, mobility of refugees), reflective motivation (lack of facilitation for health workers), automatic motivation (discrimination and rejection of TB patients). Facilitators were; physical capability (availability of free TB services in the public health facilities), social opportunity (availability of translators). We identified education, incentivization, training, enablement, and restructuring of the service environment as relevant intervention functions with potential to address barriers to and enhance facilitators of TB case finding and retention among refugees in urban slums. Conclusion The key barriers to TB control among refugees living urban slums in Kampala- Uganda, included; poor access to health services, limited knowledge about TB, TB stigma, language barrier and lack of

facilitation of community health workers. Identified intervention strategies included; education, training, enablement, environmental restructuring and persuasion. The findings could serve as a guide for the design and implementation of interventions for improving the same.

Notes: Buregyeya, Esther Atusingwize, Edwinah Sekandi, Juliet N. Mugambe, Richard Nuwematsiko, Rebecca Atuyambe, Lynn 1471-2334

URL: <Go to ISI>://WOS:000773973700002

Reference Type: Journal Article

Record Number: 1664

Author: Burgess, D. J., Evans, R., Allen, K. D., Bangerter, A., Bronfort, G., Cross, L. J., Ferguson, J. E., Haley, A., Campbell, E. M. H., Mahaffey, M. R., Matthias, M. S., Meis, L. A., Polusny, M. A., Serpa, J. G., Taylor, S. L. and Taylor, B. C.

Year: 2020

Title: Learning to Apply Mindfulness to Pain (LAMP): Design for a Pragmatic Clinical Trial of Two Mindfulness-Based Interventions for Chronic Pain

Journal: Pain Medicine

Volume: 21

Pages: S29-S36

Date: Dec

Short Title: Learning to Apply Mindfulness to Pain (LAMP): Design for a Pragmatic Clinical Trial of Two Mindfulness-Based Interventions for Chronic Pain

ISSN: 1526-2375

DOI: 10.1093/pm/pnaa337

Accession Number: WOS:000606051800006

Abstract: Background. Mindfulness-based interventions (MBIs) are evidence-based nonpharmacological treatments for treating chronic pain. However, the predominant MBI, mindfulness-based stress reduction, has features that pose significant implementation barriers. Objectives. This study will test two approaches to delivering MBIs for improving Veterans' chronic pain and mental health comorbidities. These two approaches address key implementation barriers. Methods. We will conduct a four-site, three-arm pragmatic randomized controlled trial, Learning to Apply Mindfulness to Pain (LAMP), to test the effectiveness of two MBIs at improving pain and mental health comorbidities. Mobile+Group LAMP consists of prerecorded modules presented by a mindfulness instructor that are viewed in an online group setting and interspersed with discussions led by a facilitator. Mobile LAMP consists of the same prerecorded modules but does not include a group component. We will test whether either of these MBIs will be more effective than usual care at improving chronic pain and whether the Mobile+Group LAMP will be more effective than Mobile LAMP at improving chronic pain. Comparisons for the primary hypotheses will be conducted with continuous outcomes (Brief Pain Inventory interference score) repeated at 10 weeks, 6 months, and 12 months. The secondary hypotheses are that Mobile+Group LAMP and Mobile LAMP will be more effective than usual care at improving secondary

outcomes (e.g., post-traumatic stress disorder, depression). We will also confirm the comparisons for the primary and secondary hypotheses in gender-specific strata. Implications. This trial is expected to result in two approaches for delivering MBIs that will optimize engagement, adherence, and sustainability and be able to reach large numbers of Veterans.

Notes: Burgess, Diana J. Evans, Roni Allen, Kelli D. Bangerter, Ann Bronfort, Gert Cross, Lee J. Ferguson, John E. Haley, Alex Campbell, Emily M. Hagel Mahaffey, Mallory R. Matthias, Marianne S. Meis, Laura A. Polusny, Melissa A. Serpa, J. Greg Taylor, Stephanie L. Taylor, Brent C.

TAYLOR, STEPHANIE/GYV-4768-2022; Taylor, Brent C/A-8069-2009

Taylor, Brent C/0000-0002-2140-8377; Taylor, Stephanie/

0000-0002-3266-1132

1526-4637

2

URL: <Go to ISI>://WOS:000606051800006

Reference Type: Journal Article

Record Number: 2370

Author: Burkhart, G.

Year: 2014

Title: Is Environment Really A Function?

Journal: Prevention Science

Volume: 15

Issue: 6

Pages: 825-828

Date: Dec

Short Title: Is Environment Really A Function?

ISSN: 1389-4986

DOI: 10.1007/s11121-013-0452-0

Accession Number: WOS:000344806700007

Notes: Burkhart, Gregor

Burkhart, Gregor/AAE-3860-2021

1573-6695

URL: <Go to ISI>://WOS:000344806700007

Reference Type: Journal Article

Record Number: 811

Author: Burkhart, G., Tomczyk, S., Koning, I. and Brotherhood, A.

Year: 2022

Title: Environmental Prevention: Why Do We Need It Now and How to Advance It?

Journal: Journal of Prevention

Volume: 43

Issue: 2

Pages: 149-156

Date: Apr

Short Title: Environmental Prevention: Why Do We Need It Now and How to Advance It?

ISSN: 2731-5533

DOI: 10.1007/s10935-022-00676-1

Accession Number: WOS:000879579800002
Notes: Burkhart, Gregor Tomczyk, Samuel Koning, Ina Brotherhood, Angelina
Burkhart, Gregor/0000-0002-5180-8590
2731-5541
URL: <Go to ISI>://WOS:000879579800002

Reference Type: Journal Article

Record Number: 2002

Author: Burton, A., Burgess, C., Dean, S., Koutsopoulou, G. Z. and Hugh-Jones, S.

Year: 2017

Title: How Effective are Mindfulness-Based Interventions for Reducing Stress Among Healthcare Professionals? A Systematic Review and Meta-Analysis

Journal: Stress and Health

Volume: 33

Issue: 1

Pages: 3-13

Date: Feb

Short Title: How Effective are Mindfulness-Based Interventions for Reducing Stress Among Healthcare Professionals? A Systematic Review and Meta-Analysis

ISSN: 1532-3005

DOI: 10.1002/smi.2673

Accession Number: WOS:000397035200001

Abstract: Workplace stress is high among healthcare professionals (HCPs) and is associated with reduced psychological health, quality of care and patient satisfaction. This systematic review and meta-analysis reviews evidence on the effectiveness of mindfulness-based interventions (MBIs) for reducing stress in HCPs. A systematic literature search was conducted. Papers were screened for suitability using inclusion criteria and nine papers were subjected to review and quality assessment. Seven papers, for which full statistical findings could be obtained, were also subjected to meta-analysis. Results of the meta-analysis suggest that MBIs have the potential to significantly improve stress among HCPs; however, there was evidence of a file drawer problem. The quality of the studies was high in relation to the clarity of aims, data collection and analysis, but weaker in terms of sample size and the use of theoretical frameworks. MBIs have the potential to reduce stress among HCPs; however, more high-quality research is needed before this finding can be confirmed. Future studies would benefit from long-term follow-up measures to determine any continuing effects of mindfulness training on stress outcomes. Copyright (C) 2016 John Wiley & Sons, Ltd.

Notes: Burton, Amy Burgess, Catherine Dean, Sarah Koutsopoulou, Gina Z. Hugh-Jones, Siobhan

Hugh-Jones, Siobhan/AAH-4637-2019; Burton, Amy/AAZ-5499-2020;

Burton, Amy/GNP-1659-2022

Burton, Amy/0000-0002-3698-0712; Hugh-Jones, Siobhan/0000-0002-5307-1203; Dean, Sarah/0000-0002-9502-638X

1532-2998

URL: <Go to ISI>://WOS:000397035200001

Reference Type: Journal Article

Record Number: 1298

Author: Burton, A., McKinlay, A., Aughterson, H. and Fancourt, D.

Year: 2021

Title: Impact of the COVID-19 pandemic on the mental health and well-being of adults with mental health conditions in the UK: a qualitative interview study

Journal: Journal of Mental Health

Date: 2021 Jul

Short Title: Impact of the COVID-19 pandemic on the mental health and well-being of adults with mental health conditions in the UK: a qualitative interview study

ISSN: 0963-8237

DOI: 10.1080/09638237.2021.1952953

Accession Number: WOS:000679367500001

Abstract: Background People with mental health conditions have been identified as particularly vulnerable to poor mental health during the coronavirus disease 2019 (COVID-19) pandemic. However, why this population have faced these adverse effects, how they have experienced them and how they have coped remains under-explored. Aims To explore how the COVID-19 pandemic affected the mental health of people with existing mental health conditions, and to identify coping strategies for positive mental health. Methods Semi-structured qualitative interviews with 22 people with mental health conditions. Participants were purposively recruited via social media, study newsletters and third sector mental health organisations. Data were analysed using reflexive thematic analysis. Results Participants were aged 23-70 (mean age 43), predominantly female (59.1%) and of white ethnicity (68.2%). Fifty percent were unable to work due to illness and the most frequently reported mental health condition was depression. Five pandemic-related factors contributed to deteriorating mental health: (i) feeling safe but isolated at home; (ii) disruption to mental health services; (iii) cancelled plans and changed routines; (iv) uncertainty and lack of control; (v) rolling media coverage. Five coping strategies were identified for maintaining mental health: (i) previous experience of adversity; (ii) social comparison and accountability; (iii) engaging in hobbies and activities; (iv) staying connected with others; (v) perceived social support. Conclusions Challenges were identified as a direct result of the pandemic and people with severe mental illnesses were particularly negatively affected. However, some found this period a time of respite, drew upon reserves of resilience and adapted their coping strategies to maintain positive well-being.

Notes: Burton, Alexandra McKinlay, Alison Aughterson, Henry Fancourt, Daisy

McKinlay, Alison R/AAT-2627-2021

McKinlay, Alison R/0000-0002-3271-3502
1360-0567

URL: <Go to ISI>://WOS:000679367500001

Reference Type: Journal Article

Record Number: 844

Author: Burton, A., McKinlay, A., Dawes, J., Roberts, A., Fynn, W., May, T. and Fancourt, D.

Year: 2023

Title: Understanding Barriers and Facilitators to Compliance with UK Social Distancing Guidelines During the COVID-19 Pandemic: A Qualitative Interview Study

Journal: Behaviour Change

Volume: 40

Issue: 1

Pages: 30-50

Date: Apr

Short Title: Understanding Barriers and Facilitators to Compliance with UK Social Distancing Guidelines During the COVID-19 Pandemic: A Qualitative Interview Study

ISSN: 0813-4839

DOI: 10.1017/bec.2021.27

Article Number: Pii s0813483921000279

Accession Number: WOS:000772679700001

Abstract: When followed, there is evidence that social distancing measures play a major role in reducing the transmission of viruses such as COVID-19. However, not all individuals follow the guidance. We explored barriers and facilitators to compliance with UK social distancing guidelines during the COVID-19 pandemic through semi-structured interviews with 116 adults. Data were analysed using reflexive thematic analysis and themes mapped to the Capability, Opportunity and Motivation Model of Behaviour (COM-B). Barriers to compliance included inconsistent rules, caring responsibilities, fatigue, unintended consequences of control measures, and the need for emotional support. Facilitators were informational support and social responsibility. Six themes were both a barrier and a facilitator: lived environment, beliefs about consequences of non-compliance, influence of others, practical support, and trust in government. Reflective motivation, psychological capability, and social opportunity were important drivers for compliance. Measures that enable social support alongside strategies to maintain motivation to comply, provide clear guidance and optimise social cohesion should be promoted.

Notes: Burton, Alexandra McKinlay, Alison Dawes, Jo Roberts, Anna Fynn, Wendy May, Tom Fancourt, Daisy

McKinlay, Alison R/AAT-2627-2021

McKinlay, Alison R/0000-0002-3271-3502; Burton, Alexandra/0000-0002-4433-3902; May, Tom/0000-0003-3077-523X
2049-7768

URL: <Go to ISI>://WOS:000772679700001

Reference Type: Journal Article

Record Number: 2426

Author: Burton, C. R., Malone, J. R., Robert, G., Willson, A. and Hopkins, A.

Year: 2014

Title: Investigating the organisational impacts of quality improvement: a protocol for a realist evaluation of improvement approaches drawing on the Resource Based View of the Firm
Journal: Bmj Open

Volume: 4

Issue: 7

Short Title: Investigating the organisational impacts of quality improvement: a protocol for a realist evaluation of improvement approaches drawing on the Resource Based View of the Firm

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2014-005650

Article Number: e005650

Accession Number: WOS:000339720900127

Abstract: Introduction: Little is understood about the role of quality improvement in enabling health organisations to survive and thrive in the contemporary context of financial and economic challenges. We will draw on the theoretical foundations of the 'Resource Based View of the Firm' (RBV) to develop insights into why health organisations engage in improvement work, how impacts are conceptualised, and 'what works' in delivering these impacts. Specifically, RBV theorises that the mix and use of resources across different organisations may explain differences in performance. Whether improvement work influences these resources is unclear. Methods and analysis: Case study research will be conducted across health organisations participating in four approaches to improvement, including: a national improvement programme; a multiorganisational partnership around implementation; an organisational strategy for quality improvement; and a coproduction project designed to enhance the experience of a clinical service from the perspective of patients. Data will comprise in-depth interviews with key informants, observation of key events and documents; analysed within and then across cases. Adopting a realist perspective, the core tenets of RBV will be evaluated as a programme theory, focusing on the interplay between organisational conditions and behavioural or resource responses that are reported through engagement in improvement. Ethics and dissemination: The study has been approved by Bangor University Ethics Committee. The investigation will not judge the relative merits of different approaches to healthcare quality improvement. Rather, we will develop unique insights into the organisational consequences, and dependencies of quality improvement, providing an opportunity to add to the explanatory potential of RBV in this and other contexts. In addition to scientific and lay reports of the study findings, research outputs will include a framework for constructing the economic impacts of quality improvement and practical guidance for health service managers that maximises the impacts of investment in quality improvement.

Notes: Burton, Christopher R. Malone, Jo Rycroft Robert, Glenn Willson, Alan Hopkins, Angela Robert, Glenn/ABD-6477-2021

Burton, Christopher/0000-0003-1159-1494; Robert, Glenn/0000-0001-8781-6675

URL: <Go to ISI>://WOS:000339720900127

Reference Type: Journal Article

Record Number: 944

Author: Burton, E., O'Driscoll, M. and Fleming, A.

Year: 2022

Title: The protected antimicrobial process in a University Teaching Hospital: a qualitative interview study exploring the knowledge, attitudes, and experiences of healthcare professionals

Journal: International Journal of Clinical Pharmacy

Volume: 44

Issue: 3

Pages: 630-640

Date: Jun

Short Title: The protected antimicrobial process in a University Teaching Hospital: a qualitative interview study exploring the knowledge, attitudes, and experiences of healthcare professionals

ISSN: 2210-7703

DOI: 10.1007/s11096-022-01381-z

Accession Number: WOS:000751721600001

Abstract: Background The protected or restricted supply of certain antimicrobials such as linezolid, caspofungin, aztreonam, in the acute hospital setting is an important element of Antimicrobial Stewardship (AMS) programmes to address the growing problem of antimicrobial resistance. This process involves submitting an application for use to be reviewed typically by a Consultant Microbiologist, Infectious Disease Consultant or Antimicrobial Pharmacist. Aim To investigate healthcare professionals' knowledge, experiences, and attitudes towards the protected/restricted antimicrobials process in order to identify possible methods of optimisation and improvement. Method Semi-structured interviews with stakeholders involved in the protected/restricted antimicrobial prescribing, dispensing and administration process were conducted in September-October 2019 in a 350-bed voluntary, general, acute hospital in Ireland. Interviews were analysed by the Framework method and mapped to the Theoretical Domains Framework (TDF). Results Interviews were conducted with 8 Doctors, 4 Pharmacists and 3 Nurses. TDF domains identified included: 'Knowledge'; 'Social/professional role and identity'; 'Social influences'; 'Memory, attention and decision processes'; 'Beliefs about consequences'; 'Environmental contexts and resources'. The relationship between prescribers and the AMS Team was reported as a facilitator of the process, whereas the inconsistency of the filing and versions of forms on the wards were seen as challenges. Conclusion The results of this study have shown that the existing protected/restricted antimicrobial process is a multi-disciplinary effort with barriers that require attention in order to make future improvements. Standardization of the form across all wards, an electronic version of the form, and structured education around AMS were suggested to optimize the process.

Notes: Burton, E. O'Driscoll, M. Fleming, A.

Fleming, Aoife/0000-0001-5330-951X; Burton, Edel/0000-0002-5847-0174
2210-7711

URL: <Go to ISI>://WOS:000751721600001

Reference Type: Journal Article

Record Number: 1576

Author: Burton, W., Sahota, P., Twiddy, M., Brown, J. and Bryant, M.

Year: 2021

Title: The Development of a Multilevel Intervention to Optimise Participant Engagement with an Obesity Prevention Programme Delivered in UK children's Centres

Journal: Prevention Science

Volume: 22

Issue: 3

Pages: 345-356

Date: Apr

Short Title: The Development of a Multilevel Intervention to Optimise Participant Engagement with an Obesity Prevention Programme Delivered in UK children's Centres

ISSN: 1389-4986

DOI: 10.1007/s11121-021-01205-y

Accession Number: WOS:000613575000001

Abstract: Poor participant engagement threatens the potential impact and cost-effectiveness of public health programmes preventing meaningful evaluation and wider application. Although barriers and levers to engagement with public health programmes are well documented, there is a lack of proven strategies in the literature addressing these. This paper details the development of a participant engagement intervention aimed at promoting enrolment and attendance to a community-based pre-school obesity prevention programme delivered in UK children's centres; HENRY (Health, Exercise, Nutrition for the Really Young). The Behaviour Change Wheel framework was used to guide the development of the intervention. The findings of a coinciding focused ethnography study identified barriers and levers to engagement with HENRY that informed which behaviours should be targeted within the intervention to promote engagement. A COM-B behavioural analysis was undertaken to identify whether capability, opportunity or motivation would need to be influenced for the target behaviours to occur. APEASE criteria were used to agree on appropriate intervention functions and behaviour change techniques. A multi-level participant engagement intervention was developed to promote adoption of target behaviours that were proposed to promote engagement with HENRY, e.g. ensuring the programme is accurately portrayed when approaching individuals to attend and providing 'taster' sessions prior to each programme. At the local authority level, the intervention aimed to increase buy-in with HENRY to increase the level of resource dedicated to engagement efforts. At the centre level, managers were encouraged to widen promotion of the programme and ensure that staff promoted the programme accurately. HENRY facilitators received training to increase engagement during sessions, and parents that had attended HENRY were encouraged to recruit their peers. This paper describes one of the first attempts to develop a theory-based multi-level participant engagement intervention specifically designed to promote recruitment and retention to a community-based obesity prevention programme. Given the challenges to implementing public health programmes with sufficient reach, the process used to develop the

intervention serves as an example of how programmes that are already widely commissioned could be optimised to enable greater impact.

Notes: Burton, Wendy Sahota, Pinki Twiddy, Maureen Brown, Julia Bryant, Maria

Twiddy, Maureen/0000-0002-3794-1598; brown, julia/0000-0002-2719-7064; Burton, Wendy/0000-0001-7885-5971 1573-6695

URL: <Go to ISI>://WOS:000613575000001

Reference Type: Journal Article

Record Number: 299

Author: Buss, P., Howson, H., O'Neill, C. and Berwick, D.

Year: 2022

Title: 'Values to value' for recovery and renewal: prudent healthcare the key to transforming the health and care system

Journal: Journal of the Royal Society of Medicine

Volume: 115

Issue: 12

Pages: 482-483

Date: Dec

Short Title: 'Values to value' for recovery and renewal: prudent healthcare the key to transforming the health and care system

ISSN: 0141-0768

DOI: 10.1177/01410768221142026

Accession Number: WOS:000905471000005

Notes: Buss, Paul Howson, Helen O'Neill, Claire Berwick, Don O'Neill, Claire/0000-0003-3497-0235

1758-1095

URL: <Go to ISI>://WOS:000905471000005

Reference Type: Journal Article

Record Number: 2367

Author: Busse, M., Quinn, L., Dawes, H., Jones, C., Kelson, M., Poile, V., Trubey, R., Townson, J., Edwards, R. T., Rosser, A. and Hood, K.

Year: 2014

Title: Supporting physical activity engagement in people with Huntington's disease (ENGAGE-HD): study protocol for a randomized controlled feasibility trial

Journal: Trials

Volume: 15

Date: Dec

Short Title: Supporting physical activity engagement in people with Huntington's disease (ENGAGE-HD): study protocol for a randomized controlled feasibility trial

DOI: 10.1186/1745-6215-15-487

Article Number: 487

Accession Number: WOS:000346877600001

Abstract: Background: Huntington's disease (HD) is a complex, single-gene inherited neurodegenerative condition resulting in symptoms that occur across a wide range of neurological domains, including cognitive, behavioral and motor. The benefits of regular

physical activity for people with HD are widely recognized. However, a number of factors can prohibit sustained exercise and activity. The purpose of this trial is to explore the feasibility, acceptability and effectiveness of a physical activity intervention program targeted for people with early-to mid-stage HD. Methods/ Design: The proposed trial is a single blind, multisite, exploratory, randomized controlled feasibility trial of a physical activity intervention. A total of 62 participants with genetically confirmed HD will be recruited. Each participant will be involved in the trial for 26 weeks. Participants will be randomized immediately following the baseline assessment into either a physical activity intervention or a social contact control intervention. The physical activity intervention is framed around self-determination theory placed within a broader behaviour change wheel framework. An HD-specific workbook and individual goal setting will be utilized over six 1:1 sessions, with interim telephone calls. All participants will be reassessed at 16 weeks following the baseline assessment, and then again at a final follow-up assessment 26 weeks later. At the end of the study, all participants will be offered a brief version of the alternative intervention, with one home visit and one follow-up telephone call. Discussion: Engaging and supporting people with HD in a regular physical activity program raises a number of challenges. The physical activity intervention and the comparator social interaction intervention have been developed following consultation with people with HD and their families. Each are individually tailored and determined on individual needs and goals. The results from this trial will provide guidance for the development of definitive trials.

Notes: Busse, Monica Quinn, Lori Dawes, Helen Jones, Carys Kelson, Mark Poile, Vincent Trubey, Rob Townson, Julia Edwards, Rhiannon Tudor Rosser, Anne Hood, Kerenza

Busse, Monica/C-2103-2009; Rosser, Anne E/A-6239-2010; Hood, Kerenza/C-2528-2008; Kelson, Mark J/E-6753-2016

Busse, Monica/0000-0002-5331-5909; Hood, Kerenza/0000-0002-5268-8631; Kelson, Mark J/0000-0001-7744-3780; Dawes, Helen/0000-0002-2933-5213; Jones, Carys/0000-0001-6159-1842; Townson, Julia/0000-0001-8679-3619; Rosser, Anne/0000-0002-4716-4753; Quinn, Lori/0000-0002-2982-923X; Trubey, Rob/0000-0002-9550-1785

1745-6215

URL: <Go to ISI>://WOS:000346877600001

Reference Type: Journal Article

Record Number: 1714

Author: Butler, A. M., Hilliard, M. E., Titus, C., Rodriguez, E., Al-Gadi, I., Cole-Lewis, Y. and Thompson, D.

Year: 2020

Title: Barriers and Facilitators to Involvement in Children's Diabetes Management Among Minority Parents

Journal: Journal of Pediatric Psychology

Volume: 45

Issue: 8

Pages: 946-956

Date: Sep

Short Title: Barriers and Facilitators to Involvement in Children's Diabetes Management Among Minority Parents

ISSN: 0146-8693

DOI: 10.1093/jpepsy/jsz103

Accession Number: WOS:000593091300013

Abstract: Objective This study aimed to describe parents' perceptions of the factors that facilitate or are barriers to their involvement in children's type 1 diabetes (T1D) management among African American and Latino parents. Methods African American and Latino parents (N = 28) of 5- to 9-year-old children with T1D completed audio-recorded, semi-structured interviews that were transcribed and analyzed using thematic analysis. Themes were identified that aligned with the theoretically-derived Capability-Opportunity-Motivation-Behavior (COM-B) framework. Results Parents described Capability-based facilitators of parent involvement, including positive stress management, religious/spiritual coping, organizational/planning skills, and diabetes knowledge. Capability-based barriers included child and parent distress. Interpersonal relationships, degree of flexibility in work environments, and access to diabetes technologies were both Opportunity-based facilitators and barriers; and Opportunity-based barriers consisted of food insecurity/low financial resources. Parents' desire for their child to have a "normal" life was described as both a Motivation-based facilitator and barrier. Conclusions African American and Latino families described helpful and unhelpful factors that spanned all aspects of the COM-B model. Reinforcing or targeting families' unique psychological, interpersonal, and environmental strengths and challenges in multilevel interventions has potential to maximize parental involvement in children's diabetes management.

Notes: Butler, Ashley M. Hilliard, Marisa E. Titus, Courtney Rodriguez, Evadne Al-Gadi, Iman Cole-Lewis, Yasmin Thompson, Deborah Thompson, Debbe/GOV-5741-2022

Thompson, Debbe/0000-0002-5491-8816; Hilliard, Marisa/

0000-0002-8813-629X

1465-735x

Si

URL: <Go to ISI>://WOS:000593091300013

Reference Type: Journal Article

Record Number: 46

Author: Butler, J., Asbridge, H. and Stringer, H.

Year: 2023

Title: Applying behaviour change theory to speech and language therapy intervention for inducible laryngeal obstruction

Journal: International Journal of Language & Communication Disorders

Date: 2023 Apr

Short Title: Applying behaviour change theory to speech and language therapy intervention for inducible laryngeal obstruction

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12880

Accession Number: WOS:000973629100001

Abstract: Background: Speech and language therapists (SLTs) provide interventions for inducible laryngeal obstruction (ILO) despite a current lack of evidence to inform intervention delivery. This study is the first step to develop an evidence-based intervention for ILO, using behaviour change theory and the Behaviour Change Technique Taxonomy version 1 (BCTTv1). Outcomes will inform the early development stage of a complex speech and language therapy intervention for ILO, enabling more precise reporting of ILO intervention studies, as per CONSORT guidelines. Aims: (1) To identify whether the BCTTv1 is a useful tool for characterising speech and language therapy interventions for ILO, based on existing literature, current practice and patient interviews. (2) To identify key behaviour change techniques (BCT) used within existing complex speech and language therapy interventions for ILO Methods and Procedures: A five-phase study was conducted: (1) a systematic literature search of six electronic databases (Medline, EMBASE, CINAHL (EBSCO), Scopus, Trip, Web of Science) and grey literature between 2008 and 2020; (2) observations of six speech and language therapy intervention sessions; (3) a semi-structured interview with an SLT to validate the observed BCTs; (4) consensus from four national expert SLTs regarding application of synthesised BCT data to their own experiences of ILO interventions; and (5) patient engagement to review and comment on findings. Outcomes and Results: Forty-seven BCTs in total were coded across all three sources. Thirty-two BCTs were identified in clinical observations; 31 in interviews with SLTs and 18 in the literature. Only six BCT were identified in all three sources. Expert SLTs confirmed clinical application and relevance. Patients reported finding the concept of BCT challenging but highlighted the value of psychoeducation to support their understanding of symptoms and in turn to understand the rationale behind speech and language therapy intervention recommendations. Conclusion: This study indicates that the BCTTv1 is a suitable framework to identify and describe intervention components used within speech and language therapy interventions for ILO. A practice-research gap exists, reinforcing that existing literature does not capture the complexity of speech and language therapy intervention for ILO. Further research is needed to develop our understanding of the BCTs that support optimal behaviour change for this patient group.

Notes: Butler, Jennifer Asbridge, Hannah Stringer, Helen Stringer, Helen/0000-0002-7470-2166
1460-6984
URL: <Go to ISI>://WOS:000973629100001

Reference Type: Journal Article

Record Number: 177

Author: Buttery, C., Birns, J., Gibson, J. and Jones, G. D.

Year: 2023

Title: Use of the Rehabilitation Treatment Specification System (RTSS) in the management of nitrous oxide (N₂O)-induced spinal cord injury

Journal: Bmj Case Reports

Volume: 16

Issue: 2

Date: Feb

Short Title: Use of the Rehabilitation Treatment Specification System (RTSS) in the management of nitrous oxide (N2O)-induced spinal cord injury

DOI: 10.1136/bcr-2022-252529

Article Number: e252529

Accession Number: WOS:000934965000016

Abstract: Nitrous oxide (N2O) is an inhaled anaesthetic gas and a popular intoxicant. Excessive recreational use can cause spinal cord myelopathy. Previous studies have discussed the medical management. However, none have specified the sensorimotor rehabilitation management. This case report documents the investigations, physical rehabilitation and functional outcomes in two cases of N2O-associated myelopathy. Both presented with lower limb strength and sensorimotor integration impairments resulting in ataxic ambulation. Dorsal column signal abnormality was observed on T2-weighted MRI in one case. Myelopathy was diagnosed based on clinical presentation and both were treated with vitamin B-12. Rehabilitation was conceived and specified using the Rehabilitation Treatment Specification System (RTSS). Both cases achieved independent indoor gait on hospital discharge, and full function at 9 months in one case. Appropriate and timely medical management and reasoned rehabilitation provided excellent functional outcomes for N2O-related myelopathy. By using the RTSS, reasoned rehabilitation efficacy can be tested in the future.

Notes: Buttery, Charlotte Birns, Jonathan Gibson, Jamie Jones, Gareth David

Jones, Gareth David/I-3250-2015

Jones, Gareth David/0000-0001-5516-9418; Gibson, Jamie/
0000-0003-1135-3613

1757-790x

URL: <Go to ISI>://WOS:000934965000016

Reference Type: Journal Article

Record Number: 2476

Author: Buttriss, J. L.

Year: 2013

Title: Food reformulation: the challenges to the food industry

Journal: Proceedings of the Nutrition Society

Volume: 72

Issue: 1

Pages: 61-69

Date: Feb

Short Title: Food reformulation: the challenges to the food industry

ISSN: 0029-6651

DOI: 10.1017/s0029665112002868

Accession Number: WOS:000313826700008

Abstract: The role of the food industry (retailers, manufacturers and food service) in helping consumers eat healthily and sustainably has been receiving considerable attention in recent years. This paper focuses on the challenges facing the food industry and the role of food reformulation in meeting these challenges, through the

lens of a public health nutritionist. Attention has been heightened by the Government's Responsibility Deal, launched in early 2011 by the Department of Health (England), by the UK's engagement with the global food security and food supply sustainability agendas and by the Government Office of Science's Foresight report. The Responsibility Deal's food network has to date focused on reduction of trans fatty acids, salt and calories and out-of-home calorie labelling (in food service settings). New pledges are expected soon on increasing fruit and vegetable intakes. Reformulation is a major feature of the Responsibility Deal's approach, and along with other approaches such as portion control, choice editing and information provision, there is potential to increase the breadth of healthier choices available to the public. With the exception of fruit and vegetables, the emphasis has been almost exclusively on aspects of the diet that are in excess for many of the population (e. g. energy and salt). Evidence of low consumption of some key micronutrients by some groups of the population, particularly adolescents and young adults, often alongside excess energy intake compared with expenditure, is all too often overlooked. This paper summarises the progress made to date, the challenges faced and the opportunities that exist, with particular focus on reformulation. One of the biggest challenges is the relatively poor understanding of how to effect positive and long-term dietary behaviour change. The paper concludes that, in isolation, reformulation is unlikely to provide a complete solution to the challenge of improving eating patterns and nutrient provision, although it is a contributor.

Notes: Buttriss, Judith L.

1475-2719

URL: <Go to ISI>://WOS:000313826700008

Reference Type: Journal Article

Record Number: 2054

Author: Buykx, P., Li, J., Gavens, L., Hooper, L., Lovatt, M., de Matos, E. G., Meier, P. and Holmes, J.

Year: 2016

Title: Public awareness of the link between alcohol and cancer in England in 2015: a population-based survey

Journal: BMC Public Health

Volume: 16

Date: Nov

Short Title: Public awareness of the link between alcohol and cancer in England in 2015: a population-based survey

DOI: 10.1186/s12889-016-3855-6

Article Number: 1194

Accession Number: WOS:000389387600001

Abstract: Background: Public knowledge of the association between alcohol and cancer is reported to be low. We aimed to provide up-to-date evidence for England regarding awareness of the link between alcohol and different cancers and to determine whether awareness differs by demographic characteristics, alcohol use, and geographic region. Methods: A representative sample of 2100 adults completed an online survey in July 2015. Respondents were asked to identify which health outcomes, including specific cancers, may be caused by

alcohol consumption. Logistic regressions explored whether demographic, alcohol use, and geographic characteristics predicted correctly identifying alcohol-related cancer risk. Results: Unprompted, 12.9% of respondents identified cancer as a potential health outcome of alcohol consumption. This rose to 47% when prompted (compared to 95% for liver disease and 73% for heart disease). Knowledge of the link between alcohol and specific cancers varied between 18% (breast) and 80% (liver). Respondents identified the following cancers as alcohol-related where no such evidence exists: bladder (54%), brain (32%), ovarian (17%). Significant predictors of awareness of the link between alcohol and cancer were being female, more highly educated, and living in North-East England. Conclusion: There is generally low awareness of the relationship between alcohol consumption and cancer, particularly breast cancer. Greater awareness of the relationship between alcohol and breast cancer in North-East England, where a mass media campaign highlighted this relationship, suggests that population awareness can be influenced by social marketing.

Notes: Buykx, Penny Li, Jessica Gavens, Lucy Hooper, Lucie Lovatt, Melanie de Matos, Elena Gomes Meier, Petra Holmes, John Meier, Petra S/L-7387-2017; Buykx, Penny/ABC-2035-2021; Meier, Petra/P-7504-2019

Meier, Petra S/0000-0001-5354-1933; Buykx, Penny/0000-0003-4788-4002; Meier, Petra/0000-0001-5354-1933; Holmes, John/0000-0001-9283-2151; Gavens, Lucy/0000-0003-3560-4691; Lovatt, Melanie/0000-0002-0185-6199
1471-2458

URL: <Go to ISI>://WOS:000389387600001

Reference Type: Journal Article

Record Number: 1230

Author: Byrne, J., Willis, A., Dunkley, A., Fitzpatrick, C., Campbell, S., Sidhu, M. S., Choudhary, P., Davies, M. J. and Khunti, K.

Year: 2022

Title: Individual, healthcare professional and system-level barriers and facilitators to initiation and adherence to injectable therapies for type 2 diabetes: A systematic review and meta-ethnography

Journal: Diabetic Medicine

Volume: 39

Issue: 1

Date: Jan

Short Title: Individual, healthcare professional and system-level barriers and facilitators to initiation and adherence to injectable therapies for type 2 diabetes: A systematic review and meta-ethnography

ISSN: 0742-3071

DOI: 10.1111/dme.14678

Article Number: e14678

Accession Number: WOS:000692459300001

Abstract: Aims To review and synthesise the contemporary qualitative evidence, relating to the individual, healthcare professional and system-level barriers and facilitators to injectable therapies in

people with type 2 diabetes, and evaluate (using an intersectional approach to explore the diverse perspectives of different identities) whether views have changed with treatment and guideline advancements. Methods A meta-ethnography approach used. Eight databases searched from the years 2006 (GLP-1 analogues introduced) to February 2021. Study selection (using a pre-defined inclusion criteria), quality appraisal and data extraction, conducted independently by two reviewers. Results Screened 7143 abstracts, assessed 93 full-text papers for eligibility and included 42 studies—using data from 818 individuals with type 2 diabetes and 160 healthcare professionals. Studies covered a diverse range of views from healthcare professionals and individuals, including those relating to older adults and people from ethnic migrant backgrounds, and 10 studies rated moderate to strong research value. Key themes abstracted: barriers (physical/psychological/social) and facilitators (motivation/capability/opportunity). Conclusions The first synthesis of contemporary qualitative data to adopt an intersectionality approach and explore diverse views relating to barriers and facilitators that influence engagement with injectable treatments for type 2 diabetes. A model is presented to help patients, health practitioners and policy makers identify barriers and facilitators and understand the complex interplay of physical, psychological and social factors involved when prescribing injectable therapies. Despite advances in injectable treatments and guidelines, findings highlight the many barriers that still exist and show how strongly held culturally-specific health beliefs of people from diverse socio-economic and ethnic backgrounds can become substantial obstacles to treatment.

Notes: Byrne, Jo Willis, Andrew Dunkley, Alison Fitzpatrick, Claire Campbell, Sandra Sidhu, Manbinder S. Choudhary, Pratik Davies, Melanie J. Khunti, Kamlesh
/abc-9527-2021; /gqb-2573-2022
Choudhary, Pratik/0000-0001-7635-4735; Willis, Andrew/
0000-0002-9671-2162; Byrne, Jo/0000-0001-9164-4677; Khunti, Kamlesh/
0000-0003-2343-7099; Davies, Melanie/0000-0002-9987-9371;
Fitzpatrick, Claire/0000-0003-2150-8092
1464-5491
URL: <Go to ISI>://WOS:000692459300001

Reference Type: Journal Article

Record Number: 1736

Author: Byrne, J. L., Dallosso, H. M., Rogers, S., Gray, L. J., Waheed, G., Patel, P., Gupta, P., Doherty, Y., Davies, M. J. and Khunti, K.

Year: 2020

Title: Effectiveness of the Ready to Reduce Risk (3R) complex intervention for the primary prevention of cardiovascular disease: a pragmatic randomised controlled trial

Journal: BMC Medicine

Volume: 18

Issue: 1

Date: Jul

Short Title: Effectiveness of the Ready to Reduce Risk (3R) complex

intervention for the primary prevention of cardiovascular disease: a pragmatic randomised controlled trial

ISSN: 1741-7015

DOI: 10.1186/s12916-020-01664-0

Article Number: 198

Accession Number: WOS:000556290000001

Abstract: Background Cardiovascular disease is responsible for 31% of all global deaths. Primary prevention strategies are needed to improve longer-term adherence to statins and healthy lifestyle behaviours to reduce risk in people at risk of cardiovascular disease. Methods Pragmatic randomised controlled trial recruited between May 2016 and March 2017 from primary care practices, England. Participants (n = 212) prescribed statins for primary prevention of cardiovascular disease with total cholesterol level \geq 5 mmol/l were randomised: 105 to the intervention group and 107 to the control group, stratified by age and sex. The 3R intervention involved two facilitated, structured group education sessions focusing on medication adherence to statins, lifestyle behaviours and cardiovascular risk, with 44 weeks of medication reminders and motivational text messages and two supportive, coaching phone calls (at approximately 2 weeks and 6 months). The control group continued with usual clinical care. Both groups received a basic information leaflet. The primary outcome was medication adherence to statins objectively measured by a biochemical urine test. Self-reported adherence and practice prescription data provided additional measures. Secondary outcomes included cholesterol profile, blood pressure, anthropometric data, cardiovascular risk score, and self-reported lifestyle behaviours and psychological measures (health/medication beliefs, quality of life, health status). All outcomes were assessed at 12 months. Results Baseline adherence to statins was 47% (control) and 62% (intervention). No significant difference between the groups found for medication adherence to statins using either the urine test (OR 1.02, 95% CI 0.34 to 3.06, $P = 0.968$) or other measures. This may have been due to the higher than expected adherence levels at baseline. The adjusted mean difference between the groups (in favour of the intervention group) for diastolic blood pressure (-4.28 mmHg (95% CI -0.98 to -1.58 , $P = 0.002$)) and waist circumference (-2.55 cm (95% CI -4.55 to -0.55 , $P = 0.012$)). The intervention group also showed greater perceived control of treatment and more coherent understanding of the condition.

Conclusions The 3R programme successfully led to longer-term improvements in important clinical lifestyle indicators but no improvement in medication adherence, raising questions about the suitability of such a broad, multiple risk factor approach for improving medication adherence for primary prevention of CVD.

Notes: Byrne, Jo L. Dallosso, Helen M. Rogers, Stephen Gray, Laura J. Waheed, Ghazala Patel, Prashanth Pankaj Gupta Doherty, Yvonne Davies, Melanie J. Khunti, Kamlesh

/abc-9527-2021; /gqb-2573-2022

Khunti, Kamlesh/0000-0003-2343-7099; Gray, Laura/

0000-0002-9284-9321; Byrne, Jo/0000-0001-9164-4677; Davies, Melanie/0000-0002-9987-9371

URL: <Go to ISI>://WOS:000556290000001

Reference Type: Journal Article
Record Number: 405
Author: Byrne-Davis, L., Cohen, S. N. and Turner, R. R.
Year: 2022
Title: Evaluating dermatology education and training
Journal: Clinical and Experimental Dermatology
Volume: 47
Issue: 12
Pages: 2096-2099
Date: Dec
Short Title: Evaluating dermatology education and training
ISSN: 0307-6938
DOI: 10.1111/ced.15398
Accession Number: WOS:000868725200001
Abstract: The purpose of education and training in dermatology ranges from increasing knowledge and skills to improving confidence or enhancing patient outcomes. Specification of the purpose of the education and training is vital so that evaluation can be aligned to purpose, and thus provide evidence on effectiveness. Further, the quality and quality improvement of education and training can be enhanced by a careful specification of how they are expected to achieve their purpose. Multiple theories and methods can be used to evaluate both the process and the outcome of education and training. In this paper, we summarize some of these and focus particularly on the use of behavioural science to evaluate education and training. We illustrate these theories and methods with an example in dermatology.
Notes: Byrne-Davis, Lucie Cohen, Stuart N. Turner, Rebecca R. Turner, Rebecca/0000-0002-0480-4626
1365-2230
URL: <Go to ISI>://WOS:000868725200001

Reference Type: Journal Article
Record Number: 1929
Author: Byrne-Davis, L. M. T., Bull, E. R., Burton, A., Dharni, N., Gillison, F., Maltinsky, W., Mason, C., Sharma, N., Armitage, C. J., Johnston, M., Byrne, G. J. and Hart, J. K.
Year: 2017
Title: How behavioural science can contribute to health partnerships: the case of The Change Exchange
Journal: Globalization and Health
Volume: 33
Date: Jun
Short Title: How behavioural science can contribute to health partnerships: the case of The Change Exchange
DOI: 10.1186/s12992-017-0254-4
Article Number: 30
Accession Number: WOS:000403202000001
Abstract: Background: Health partnerships often use health professional training to change practice with the aim of improving quality of care. Interventions to change practice can learn from behavioural science and focus not only on improving the competence

and capability of health professionals but also their opportunity and motivation to make changes in practice. We describe a project that used behavioural scientist volunteers to enable health partnerships to understand and use the theories, techniques and assessments of behavioural science. Case studies: This paper outlines how The Change Exchange, a collective of volunteer behavioural scientists, worked with health partnerships to strengthen their projects by translating behavioural science in situ. We describe three case studies in which behavioural scientists, embedded in health partnerships in Uganda, Sierra Leone and Mozambique, explored the behaviour change techniques used by educators, supported knowledge and skill development in behaviour change, monitored the impact of projects on psychological determinants of behaviour and made recommendations for future project developments. Discussion: Challenges in the work included having time and space for behavioural science in already very busy health partnership schedules and the difficulties in using certain methods in other cultures. Future work could explore other modes of translation and further develop methods to make them more culturally applicable. Conclusion: Behavioural scientists could translate behavioural science which was understood and used by the health partnerships to strengthen their project work.

Notes: Byrne-Davis, Lucie M. T. Bull, Eleanor R. Burton, Amy Dharni, Nimarta Gillison, Fiona Maltinsky, Wendy Mason, Corina Sharma, Nisha Armitage, Christopher J. Johnston, Marie Byrne, Ged J. Hart, Jo K. Burton, Amy/AAZ-5499-2020; Burton, Amy/GNP-1659-2022
Burton, Amy/0000-0002-3698-0712; Sharma, Nisha/0000-0001-5233-0333;
Byrne, Ged/0000-0002-8194-7540; Maltinsky, Wendy/
0000-0001-6077-1817; Bull, Eleanor/0000-0002-9444-0597; Armitage,
Christopher/0000-0003-2365-1765; Gillison, Fiona/
0000-0002-6461-7638; Hart, Jo/0000-0001-9985-5137
1744-8603

URL: <Go to ISI>://WOS:000403202000001

Reference Type: Journal Article

Record Number: 936

Author: Byrne-Davis, L. M. T., Turner, R. R., Amatya, S., Ashton, C., Bull, E. R., Chater, A. M., Lewis, L. J. M., Shorter, G. W., Whittaker, E. and Hart, J. K.

Year: 2022

Title: Using behavioural science in public health settings during the COVID-19 pandemic: The experience of public health practitioners and behavioural scientists

Journal: Acta Psychologica

Volume: 224

Date: Apr

Short Title: Using behavioural science in public health settings during the COVID-19 pandemic: The experience of public health practitioners and behavioural scientists

ISSN: 0001-6918

DOI: 10.1016/j.actpsy.2022.103527

Article Number: 103527

Accession Number: WOS:000800910900013

Abstract: Introduction: The emergence of COVID-19 and the importance of behaviour change to limit its spread created an urgent need to apply behavioural science to public health. Knowledge mobilisation, the processes whereby research leads to useful findings that are implemented to affect positive outcomes, is a goal for researchers, policy makers and practitioners alike. This study aimed to explore the experience of using behavioural science in public health during COVID-19, to discover barriers and facilitators and whether the rapidly changing context of COVID-19 influenced knowledge mobilisation. **Methods:** We conducted a semi-structured interview study, with ten behavioural scientists and seven public health professionals in England, Scotland, Wales, The Netherlands and Canada. We conducted an inductive thematic analysis. **Results:** We report three key themes and 10 sub-themes: 1. Challenges and facilitators of translation of behavioural science into public health (Methods and frameworks supported translation, Lack of supportive infrastructure, Conviction and sourcing of evidence and Embracing behavioural science) 2. The unique context of translation (Rapid change in context, the multi-disciplinary team and the emotional toll). 3. Recommendations to support future behavioural science translation (Embedding experts into teams, Importance of a collaborative network and showcasing the role of behavioural science). **Discussion:** Barriers and facilitators included factors related to relationships between people, such as networks and teams; the expertise of individual people; and those related to materials, such as the use of frameworks and an overwhelming amount of evidence and literature. **Conclusion:** People and frameworks were seen as important in facilitating behavioural science in practice. Future research could explore how different frameworks are used. We recommend a stepped competency framework for behavioural science in public health and more focus on nurturing networks to facilitate knowledge mobilisation in future emergencies.

Notes: Byrne-Davis, L. M. T. Turner, R. R. Amatya, S. Ashton, C. Bull, E. R. Chater, A. M. Lewis, L. J. M. Shorter, G. W. Whittaker, E. Hart, J. K.

Shorter, Gillian W/H-1929-2015

Shorter, Gillian W/0000-0001-5752-2297; Hart, Jo/

0000-0001-9985-5137; Bull, Eleanor/0000-0002-9444-0597; Turner, Rebecca/0000-0002-0480-4626

1873-6297

URL: <Go to ISI>://WOS:000800910900013

Reference Type: Journal Article

Record Number: 1866

Author: Cadilhac, D. A., Fisher, R. and Bernhardt, J.

Year: 2018

Title: How to do health services research in stroke: A focus on performance measurement and quality improvement

Journal: International Journal of Stroke

Volume: 13

Issue: 2

Pages: 166-174

Date: Feb

Short Title: How to do health services research in stroke: A focus on performance measurement and quality improvement

ISSN: 1747-4930

DOI: 10.1177/1747493017750924

Accession Number: WOS:000426007700010

Abstract: The objective of this How to research series article is to provide guidance on getting started in Health Services Research. The purpose of health services research is to contribute knowledge that can be used to help improve health systems and clinical services through influencing policy and practice. The methods used are broad, have varying levels of rigor, and may require different specialist skills. This paper sets out practical steps for undertaking health services research. Importantly, use of the highlighted techniques can identify solutions to address inadequate knowledge translation or promote greater access to evidence-based stroke care to optimize patient outcomes.

Notes: Cadilhac, Dominique A. Fisher, Rebecca Bernhardt, Julie Fisher, Rebecca J/N-5642-2016; Cadilhac, D A/I-1912-2014; Bernhardt, Julie/F-9538-2015

Fisher, Rebecca J/0000-0001-6866-6341; Cadilhac, D A/0000-0001-8162-682X; Bernhardt, Julie/0000-0002-2787-8484
1747-4949

URL: <Go to ISI>://WOS:000426007700010

Reference Type: Journal Article

Record Number: 2218

Author: Cadogan, C. A., Ryan, C. and Hughes, C.

Year: 2016

Title: Making the case for change: What researchers need to consider when designing behavior change interventions aimed at improving medication dispensing

Journal: Research in Social & Administrative Pharmacy

Volume: 12

Issue: 1

Pages: 149-153

Date: Jan-Feb

Short Title: Making the case for change: What researchers need to consider when designing behavior change interventions aimed at improving medication dispensing

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2015.04.002

Accession Number: WOS:000366299500013

Abstract: There is a growing emphasis on behavior change in intervention development programmes aimed at improving public health and healthcare professionals' practice. A number of frameworks and methodological tools have been established to assist researchers in developing interventions seeking to change healthcare professionals' behaviors. The key features of behavior change intervention design involve specifying the target group (i.e. healthcare professional or patient cohort), the target behavior and identifying mediators (i.e. barriers and facilitators) of behavior change. Once the target behavior is clearly specified and understood, specific behavior change techniques can then be used as the basis of the intervention

to target identified mediators of behavior change. This commentary outlines the challenges for pharmacy practice-based researchers in targeting dispensing as a behavior when developing behavior change interventions aimed at pharmacists and proposes a definition of dispensing to consider in future research. (C) 2016 Elsevier Inc. All rights reserved.

Notes: Cadogan, Cathal A. Ryan, Cristin Hughes, Carmel Ryan, Cristin/0000-0002-6037-4413; Cadogan, Cathal A./0000-0002-8778-0112
1934-8150

URL: <Go to ISI>://WOS:000366299500013

Reference Type: Journal Article

Record Number: 2223

Author: Cadogan, S. L., Browne, J. P., Bradley, C. P. and Cahill, M. R.

Year: 2015

Title: The effectiveness of interventions to improve laboratory requesting patterns among primary care physicians: a systematic review

Journal: Implementation Science

Volume: 10

Date: Dec

Short Title: The effectiveness of interventions to improve laboratory requesting patterns among primary care physicians: a systematic review

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0356-4

Article Number: 167

Accession Number: WOS:000365787300001

Abstract: Background: Laboratory testing is an integral part of day-to-day primary care practice, with approximately 30 % of patient encounters resulting in a request. However, research suggests that a large proportion of requests does not benefit patient care and is avoidable. The aim of this systematic review was to comprehensively search the literature for studies evaluating the effectiveness of interventions to improve primary care physician use of laboratory tests. Methods: A search of PubMed, Cochrane Library, Embase and Scopus (from inception to 09/02/14) was conducted. The following study designs were considered: systematic reviews, randomised controlled trials (RCTs), controlled clinical trials (CCTs), controlled before and after studies (CBAs) and interrupted time series analysis (ITSs). Studies were quality appraised using a modified version of the Effective Practice and Organisation of Care (EPOC) checklist. The population of interest was primary care physicians. Interventions were considered if they aimed to improve laboratory testing in primary care. The outcome of interest was a volume of laboratory tests. Results: In total, 6,166 titles and abstracts were reviewed, followed by 87 full texts. Of these, 11 papers were eligible for inclusion in the systematic review. This included four RCTs, six CBAs and one ITS study. The types of interventions examined included education, feedback, guidelines, education with feedback, feedback with guidelines and changing order

forms. The quality of included studies varied with seven studies deemed to have a low risk of bias, three with unclear risk of bias and one with high risk of bias. All but one study found significant reductions in the volume of tests following the intervention, with effect sizes ranging from 1.2 to 60 %. Due to heterogeneity, meta-analysis was not performed. Conclusions: Interventions such as educational strategies, feedback and changing test order forms may improve the efficient use of laboratory tests in primary care; however, the level of evidence is quite low and the quality is poor. The reproducibility of findings from different laboratories is also difficult to ascertain from the literature. Some standardisation of both interventions and outcome measures is required to enable formal meta-analysis.

Notes: Cadogan, Sharon L. Browne, John P. Bradley, Colin P. Cahill, Mary R.

Cadogan, Sharon/0000-0002-4213-7094; Bradley, Colin/0000-0002-3595-9567; Cahill, Mary R/0000-0002-1655-3078

URL: <Go to ISI>://WOS:000365787300001

Reference Type: Journal Article

Record Number: 2115

Author: Cadogan, S. L., McHugh, S. M., Bradley, C. P., Browne, J. P. and Cahill, M. R.

Year: 2016

Title: General practitioner views on the determinants of test ordering: a theory-based qualitative approach to the development of an intervention to improve immunoglobulin requests in primary care

Journal: Implementation Science

Volume: 11

Date: Jul

Short Title: General practitioner views on the determinants of test ordering: a theory-based qualitative approach to the development of an intervention to improve immunoglobulin requests in primary care

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0465-8

Article Number: 102

Accession Number: WOS:000381663600002

Abstract: Background: Research suggests that variation in laboratory requesting patterns may indicate unnecessary test use. Requesting patterns for serum immunoglobulins vary significantly between general practitioners (GPs). This study aims to explore GP's views on testing to identify the determinants of behaviour and recommend feasible intervention strategies for improving immunoglobulin test use in primary care. Methods: Qualitative semi-structured interviews were conducted with GPs requesting laboratory tests at Cork University Hospital or University Hospital Kerry in the South of Ireland. GPs were identified using a Health Service Executive laboratory list of GPs in the Cork-Kerry region. A random sample of GPs (stratified by GP requesting patterns) was generated from this list. GPs were purposively sampled based on the criteria of location (urban/rural); length of time qualified; and practice size (single-handed/group). Interviews were carried out between December 2014 and February 2015. Interviews were transcribed verbatim using NVivo 10

software and analysed using the framework analysis method. Emerging themes were mapped to the theoretical domains framework (TDF), which outlines 12 domains that can enable or inhibit behaviour change. The behaviour change wheel and behaviour change technique (BCT) taxonomy were then used to identify potential intervention strategies. Results: Sixteen GPs were interviewed (ten males and six females). Findings suggest that intervention strategies should specifically target the key barriers to effective test ordering, while considering the context of primary care practice. Seven domains from the TDF were perceived to influence immunoglobulin test ordering behaviours and were identified as 'mechanisms for change' (knowledge, environmental context and resources, social/professional role and identity, beliefs about capabilities, beliefs about consequences, memory, attention and decision-making processes and behavioural regulation). Using these TDF domains, seven BCTs emerged as feasible 'intervention content' for targeting GPs' ordering behaviour. These included instructions on how to effectively request the test (how to perform behaviour), information on GPs' use of the test (feedback on behaviour), information about patient consequences resulting from not doing the test (information about health consequences), laboratory/consultant-based advice/education (credible source), altering the test ordering form (restructuring the physical environment), providing guidelines (prompts/cues) and adding interpretive comments to the results (adding objects to the environment). These BCTs aligned to four intervention functions: education, persuasion, environmental restructuring and enablement. Conclusions: This study has effectively applied behaviour change theory to identify feasible strategies for improving immunoglobulin test use in primary care using the TDF, 'behaviour change wheel' and BCT taxonomy. The identified BCTs will form the basis of a theory-based intervention to improve the use of immunoglobulin tests among GPs. Future research will involve the development and evaluation of this intervention.

Notes: Cadogan, S. L. McHugh, S. M. Bradley, C. P. Browne, J. P. Cahill, M. R.

Bradley, Colin/0000-0002-3595-9567; Cadogan, Sharon/0000-0002-4213-7094; McHugh, Sheena/0000-0002-6595-0491; Cahill, Mary R/0000-0002-1655-3078

URL: <Go to ISI>://WOS:000381663600002

Reference Type: Journal Article

Record Number: 499

Author: Cai, H. X. and Duan, W.

Year: 2022

Title: Changing Perceptions and Uses of "Companion Animal" Public and Pseudo-Public Spaces in Cities during COVID-19 Pandemic: The Case of Beijing

Journal: Land

Volume: 11

Issue: 9

Date: Sep

Short Title: Changing Perceptions and Uses of "Companion Animal"

Public and Pseudo-Public Spaces in Cities during COVID-19 Pandemic:
The Case of Beijing

DOI: 10.3390/land11091475

Article Number: 1475

Accession Number: WOS:000856776600001

Abstract: This paper examines the debate over the place of "companion animal" public space in China's cities. With the COVID-19 outbreak, this debate has entered a new phase, where the social response to the outbreak may have fundamentally changed the public's use and perception of "companion animal" public and pseudo-public space. This paper combines quantitative and qualitative analysis of posts and comments on two of China's largest social media platforms with a big data approach, based on a case study in Beijing, China. There were statistically significant differences in the perception and use of "companion animal" public spaces and pseudo-public spaces before and after the pandemic. We attribute the impact of the pandemic on "companion animal" spaces to three pathways: changes in opportunity, changes in ability, and changes in motivation. We found that the pandemic led to an increase in the amount of time available to some people but a decrease in the amount of "companion animal" public space available due to the pandemic closure. In addition, the use of "companion animal" public spaces in pseudo-public spaces declined, while those located within the open urban green space on the city's outskirts stood out after the outbreak. With the normalisation of the pandemic, there will be new challenges for the development and operation of companion-animal-related public spaces in cities, which will be the next focus of research. In addition, governments and social media should work together to promote and support sustainable animal ethical practices to better respond to the crisis. These findings will help complement the urban services system and guide future planning, design, and evaluation of related spaces.

Notes: Cai, Haoxian Duan, Wei

; Cai, Haoxian/GQZ-6954-2022

Duan, Wei/0000-0002-2305-4779; Cai, Haoxian/0000-0001-8223-385X
2073-445x

URL: <Go to ISI>://WOS:000856776600001

Reference Type: Journal Article

Record Number: 409

Author: Calvo-Villamanan, A., San Millan, A. and Carrilero, L.

Year: 2023

Title: Tackling AMR from a multidisciplinary perspective: a primer
from education and psychology

Journal: International Microbiology

Volume: 26

Issue: 1

Pages: 1-9

Date: Jan

Short Title: Tackling AMR from a multidisciplinary perspective: a
primer from education and psychology

ISSN: 1139-6709

DOI: 10.1007/s10123-022-00278-1

Accession Number: WOS:000866333100001

Abstract: Antimicrobial resistance (AMR) is currently one of the most concerning threats in public health. The efforts to tackle the problem require a global One Health approach, using multidisciplinary approaches and a thorough understanding of the topic both by the general public and the experts. Currently, the lack of a shared mental model of the problem, the absence of a sense of responsibility amongst the different actors and a deficient education on the topic burden the efforts to slow down the emergency and spread of antimicrobial resistant infections. We here propose a multidisciplinary approach to tackle the AMR problem, taking into consideration not only the input from the biological and medical sciences but also the input from the social sciences. Specifically, we suggest strategies from education and psychology to increase awareness about antimicrobial resistance and to implement more effective interventions. Finally, we advocate for a comprehensive and a solidaristic model as the only solution for a problem which knows no borders. As such, political will and international cooperation will be key to achieve the desired change in antibiotic resistance trend.

Notes: Calvo-Villamanan, Alicia San Millan, Alvaro Carrilero, Laura Calvo-Villamanan, Alicia/0000-0001-7033-2834
1618-1905

URL: <Go to ISI>://WOS:000866333100001

Reference Type: Journal Article

Record Number: 1925

Author: Cambon, L., Petit, A., Ridde, V., Dagenais, C., Porcherie, M., Pommier, J., Ferron, C., Minary, L. and Alla, F.

Year: 2017

Title: Evaluation of a knowledge transfer scheme to improve policy making and practices in health promotion and disease prevention setting in French regions: a realist study protocol

Journal: Implementation Science

Volume: 12

Date: Jun

Short Title: Evaluation of a knowledge transfer scheme to improve policy making and practices in health promotion and disease prevention setting in French regions: a realist study protocol

ISSN: 1748-5908

DOI: 10.1186/s13012-017-0612-x

Article Number: 83

Accession Number: WOS:000405740400001

Abstract: Background: Evidence-based decision-making and practice are pivotal in public health. However, barriers do persist and they relate to evidence properties, organisations and contexts. To address these major knowledge transfer (KT) issues, we need to rethink how knowledge is produced and used, to enhance our understanding of decision-making processes, logics and mechanisms and to examine the ability of public health services to integrate research findings into their decisions and operations. This article presents a realist evaluation protocol to assess a KT scheme in prevention policy and practice at local level in France. Methods/

design: This study is a comparative multiple case study, using a realist approach, to assess a KT scheme in regional health agencies (ARS) and regional non-profit organisations for health education and promotion (IREPS), by analysing the configurations contexts/mechanisms/outcomes of it. The KT scheme assessed is designed for the use of six reviews of systematic reviews concerning the following themes: nutrition, alcohol, tobacco smoking, physical activity, emotional and sexual life and psychosocial skills. It combines the following activities: supporting the access to and the adaptation of scientific and usable evidences; strengthening professionals' skills to analyse, adopt and use the evidences in the course of their practices and their decision-making process; facilitating the use of evidence in the organisations and processes. RAMESE II reporting standards for realist evaluations was used.

Discussion: The aims of this study are to experiment and characterise the factors related to the scheme's ability to enable public health stakeholders to address the challenges of KT and to integrate scientific knowledge into policy and practice. We will use the realist approach in order to document the parameters of successful KT strategies in the specific contexts of preventive health services in France, while seeking to determine the transferability of such strategies.

Notes: Cambon, Linda Petit, Audrey Ridde, Valery Dagenais, Christian Porcherie, Marion Pommier, Jeanine Ferron, Chrisine Minary, Laetitia Alla, Francois

Minary, Laetitia/0-2264-2018; alla, francois/D-2295-2014; Ridde, Valery/AAD-2736-2019; pomier, jeanine/HZH-5157-2023; Cambon, Linda/T-1304-2019; ridde, valery/AAV-1016-2020

Minary, Laetitia/0000-0001-7328-6327; Ridde, Valery/0000-0001-9299-8266; Cambon, Linda/0000-0001-6040-9826; alla, francois/0000-0002-5793-7190; Porcherie, Marion/0000-0002-4575-4549
URL: <Go to ISI>://WOS:000405740400001

Reference Type: Journal Article

Record Number: 1924

Author: Campbell, M. D., Kime, N. and McKenna, J.

Year: 2017

Title: Exercise and physical activity in patients with type 1 diabetes

Journal: Lancet Diabetes & Endocrinology

Volume: 5

Issue: 7

Pages: 493-493

Date: Jul

Short Title: Exercise and physical activity in patients with type 1 diabetes

ISSN: 2213-8587

DOI: 10.1016/s2213-8587(17)30169-9

Accession Number: WOS:000403672400007

Notes: Campbell, Matthew D. Kime, Nicola McKenna, James

Campbell, Matthew/AAZ-2997-2021

Campbell, Matthew/0000-0001-5883-5041; Kime, Nicky/

0000-0002-6714-7539

2213-8595

URL: <Go to ISI>://WOS:000403672400007

Reference Type: Journal Article

Record Number: 734

Author: Campbell, N. R. C., Whelton, P. K., Orias, M., Wainford, R. D., Cappuccio, F. P., Ide, N., Neal, B., Cohn, J., Cobb, L. K., Webster, J., Trieu, K., He, F. J., McLean, R. M., Blanco-Metzler, A., Woodward, M., Khan, N., Kokubo, Y., Nederveen, L., Arcand, J., MacGregor, G. A., Owolabi, M. O., Lisheng, L., Parati, G., Lackland, D. I. T., Charchar, F. J., Williams, B., Tomaszewski, M., Romero, C. A., Champagne, B., L'Abbe, M. R., Weber, M. A., Schlaich, M. P., Fogo, A., Feigin, V. L., Akinyemi, R., Inserra, F., Menon, B., Simas, M., Neves, M. F., Hristova, K., Pullen, C., Pandeya, S., Ge, J. B., Jalil, J. E., Wang, J. G., Wideimsky, J., Kreutz, R., Wenzel, U., Stowasser, M., Arango, M., Protogerou, A., Gkaliagkousi, E., Fuchs, F. D., Patil, M., Chan, A. W. K., Nemcsik, J., Tsuyuki, R. T., Narasingan, S. N., Sarrafzadegan, N., Ramos, M. E., Yeo, N. A., Rakugi, H., Ramirez, A. J., Alvarez, G., Berbari, A., Kim, C. I., Ihm, S. H., Chia, Y. C., Unurjargal, T., Park, H. K., Wahab, K., McGuire, H., Dashdorj, N. J., Ishaq, M., Ona, D. I. D., Mercado-Asis, L. B., Prejbisz, A., Leenaerts, M., Simao, C., Pinto, F., Almustafa, B. A., Spaak, J., Farsky, S., Lovic, D. and Zhang, X. H.
Year: 2022

Title: 2022 World Hypertension League, Resolve To Save Lives and International Society of Hypertension dietary sodium (salt) global call to action

Journal: Journal of Human Hypertension

Date: 2022 May

Short Title: 2022 World Hypertension League, Resolve To Save Lives and International Society of Hypertension dietary sodium (salt) global call to action

ISSN: 0950-9240

DOI: 10.1038/s41371-022-00690-0

Accession Number: WOS:000796849000001

Notes: Campbell, Norm R. C. Whelton, Paul K. Orias, Marcelo Wainford, Richard D. Cappuccio, Francesco P. Ide, Nicole Neal, Bruce Cohn, Jennifer Cobb, Laura K. Webster, Jacqui Trieu, Kathy He, Feng J. McLean, Rachael M. Blanco-Metzler, Adriana Woodward, Mark Khan, Nadia Kokubo, Yoshihiro Nederveen, Leo Arcand, JoAnne MacGregor, Graham A. Owolabi, Mayowa O. Lisheng, Liu Parati, Gianfranco Lackland, Daniel T. Charchar, Fadi J. Williams, Bryan Tomaszewski, Maciej Romero, Cesar A. Champagne, Beatriz L'Abbe, Mary R. Weber, Michael A. Schlaich, Markus P. Fogo, Agnes Feigin, Valery L. Akinyemi, Rufus Inserra, Felipe Menon, Bindu Simas, Marcia Neves, Mario Fritsch Hristova, Krassimira Pullen, Carolyn Pandeya, Sanjay Ge, Junbo Jalil, Jorge E. Wang, Ji-Guang Wideimsky, Jiri Kreutz, Reinhold Wenzel, Ulrich Stowasser, Michael Arango, Manuel Protogerou, Athanasios Gkaliagkousi, Eugenia Fuchs, Flavio Danni Patil, Mansi Chan, Andy Wai-Kwong Nemcsik, Janos Tsuyuki, Ross T. Narasingan, Sanjeevi Nathamuni Sarrafzadegan, Nizal Ramos, Maria Eugenia Yeo, Natalie Rakugi, Hiromi Ramirez, Agustin J. Alvarez, Guillermo Berbari, Adel Kim, Cho-il Ihm, Sang-Hyun Chia, Yook-Chin

Unurjargal, Tzolmon Park, Hye Kyung Wahab, Kolawole McGuire, Helen Dashdorj, Naranjargal J. Ishaq, Mohammed Ona, Deborah Ignacia D. Mercado-Asis, Leilani B. Prejbisz, Aleksander Leenaerts, Marianne Simao, Carla Pinto, Fernando Almufafa, Bader Ali Spaak, Jonas Farsky, Stefan Lovic, Dragan Zhang, Xin-Hua

Unurjargal, Tzolmon/K-5996-2015; Feigin, Valery/AAF-2313-2019; Woodward, Mark/D-8492-2015; Charchar, Fadi/I-6656-2017; Prejbisz, Aleksander/AAM-7672-2020; Klein, Marcia Regina Simas Torres/AAA-1695-2022; Dashdorj, Naranjargal/HHS-4536-2022; Hristova, Krasimira/ABS-7517-2022; Schlaich, Markus P/E-7468-2010; McLean, Rachael/AAF-7596-2019; Wahab, Kolawole Wasuu/F-1206-2010; Chia, Yook-Chin/B-8379-2010

Unurjargal, Tzolmon/0000-0002-6682-0023; Charchar, Fadi/0000-0002-6164-9941; Prejbisz, Aleksander/0000-0001-7085-0244; Klein, Marcia Regina Simas Torres/0000-0003-0298-3613; McLean, Rachael/0000-0002-0005-328X; Cappuccio, Francesco Paolo/0000-0002-7842-5493; Patil, Mansi/0000-0002-2337-385X; Williams, Bryan/0000-0002-8094-1841; Wahab, Kolawole Wasuu/0000-0002-2914-1953; Spaak, Jonas/0000-0002-2135-1294; Dashdorj, Naranjargal/0000-0003-3826-117X; Woodward, Mark/0000-0001-9800-5296; Neal, Bruce/0000-0002-0490-7465; Wainford, Richard/0000-0003-2830-5618; Romero, Cesar/0000-0002-8445-9665; Schlaich, Markus/0000-0002-1765-0195; Webster, Jacqui/0000-0003-3513-3340; Chia, Yook-Chin/0000-0003-1995-0359

1476-5527

URL: <Go to ISI>://WOS:000796849000001

Reference Type: Journal Article

Record Number: 1519

Author: Candy, E., Bunn, L., Virgo, P., Byrne, C. and Bannigan, K.

Year: 2021

Title: Evaluating participants' perceptions of a functional physical fitness assessment for those aged 60 years and over conducted in the community by student physiotherapists

Journal: International Journal of Therapy and Rehabilitation

Volume: 28

Issue: 3

Date: Mar

Short Title: Evaluating participants' perceptions of a functional physical fitness assessment for those aged 60 years and over conducted in the community by student physiotherapists

ISSN: 1741-1645

DOI: 10.12968/ijtr.2019.0050

Accession Number: WOS:000636664200002

Abstract: Background/Aims Physical fitness is crucial in preserving independence and quality of life for older adults. A functional physical fitness assessment has been designed specifically for those aged 60 years and over. This study explored older people's perceptions of this assessment, conducted by student physiotherapists, and the feasibility of a larger study to evaluate the long-term effects of its use. Methods A total of five scheduled drop-in sessions were arranged. Participants aged 60 years and over were recruited. Physiotherapy students conducted the assessment and

participants completed follow-up physical activity status and quality of life questionnaires as well as an evaluation of the session. Focus groups were conducted to explore participant's perceptions and experiences. Data was analysed using descriptive statistics and thematic analysis. Results Overall, 91 adults (aged 60-93 years) participated, 75 (46 (61%) women and 10 (13%) men) completed questionnaires, and seven attended focus groups. In total, 100% of the 91 participants suggested that those aged 60 years and over would benefit from functional fitness assessment, and 79% perceived this would lead to increased physical activity. Focus group participants reported they enjoyed working with students and suggested that regular assessment would provide a yardstick for their level of fitness, that they would like to repeat their tests next year and that 'they were mentally a positive thing'. Conclusions Functional fitness assessments were perceived as useful and encouraged older adults to increase their activity levels. Students successfully completed the tests in non-healthcare settings. This study suggests that a large trial designed to assess the benefit of regular functional fitness assessment for the over 60s in community settings is feasible.

Notes: Candy, Elizabeth Bunn, Lisa Virgo, Pauline Byrne, Christopher Bannigan, Katrina

1759-779x

URL: <Go to ISI>://WOS:000636664200002

Reference Type: Journal Article

Record Number: 2495

Author: Cane, J., O'Connor, D. and Michie, S.

Year: 2012

Title: Validation of the theoretical domains framework for use in behaviour change and implementation research

Journal: Implementation Science

Volume: 7

Date: Apr

Short Title: Validation of the theoretical domains framework for use in behaviour change and implementation research

ISSN: 1748-5908

DOI: 10.1186/1748-5908-7-37

Article Number: 37

Accession Number: WOS:000307385900001

Abstract: Background: An integrative theoretical framework, developed for cross-disciplinary implementation and other behaviour change research, has been applied across a wide range of clinical situations. This study tests the validity of this framework.

Methods: Validity was investigated by behavioural experts sorting 112 unique theoretical constructs using closed and open sort tasks. The extent of replication was tested by Discriminant Content Validation and Fuzzy Cluster Analysis. Results: There was good support for a refinement of the framework comprising 14 domains of theoretical constructs (average silhouette value 0.29): 'Knowledge', 'Skills', 'Social/Professional Role and Identity', 'Beliefs about Capabilities', 'Optimism', 'Beliefs about Consequences', 'Reinforcement', 'Intentions', 'Goals', 'Memory, Attention and

Decision Processes', 'Environmental Context and Resources', 'Social Influences', 'Emotions', and 'Behavioural Regulation'. Conclusions: The refined Theoretical Domains Framework has a strengthened empirical base and provides a method for theoretically assessing implementation problems, as well as professional and other health-related behaviours as a basis for intervention development.

Notes: Cane, James O'Connor, Denise Michie, Susan

Cane, James E/B-4706-2013; O'Connor, Denise/ABC-6655-2020; Michie, Susan/A-1745-2010

Cane, James E/0000-0003-3849-562X; O'Connor, Denise/0000-0002-6836-122X; Michie, Susan/0000-0003-0063-6378

URL: <Go to ISI>://WOS:000307385900001

Reference Type: Journal Article

Record Number: 1740

Author: Cantwell, M., Walsh, D. M. J., Furlong, B., Moyna, N., McCaffrey, N. and Woods, C.

Year: 2020

Title: The Development of the MedEx IMPACT Intervention: A Patient-Centered, Evidenced-Based and Theoretically-Informed Physical Activity Behavior Change Intervention for Individuals Living With and Beyond Cancer

Journal: Cancer Control

Volume: 27

Issue: 3

Date: Jul

Short Title: The Development of the MedEx IMPACT Intervention: A Patient-Centered, Evidenced-Based and Theoretically-Informed Physical Activity Behavior Change Intervention for Individuals Living With and Beyond Cancer

ISSN: 1073-2748

DOI: 10.1177/1073274820906124

Article Number: 1073274820906124

Accession Number: WOS:000556775900001

Abstract: Regular physical activity (PA) can address many of the negative side effects experienced by individuals following cancer treatment and support the optimization of physical and psychosocial well-being. However, many survivors of cancer are not sufficiently active to achieve these health benefits. The purpose of this study was to describe the development of a physical activity behavior change (PABC) intervention, MedEx IMPACT (IMprove Physical Activity after Cancer Treatment), which aims to increase cancer survivors' PA levels. A review of the literature and focus groups with survivors of cancer were conducted in order to generate recommendations to inform the intervention development process. This process was guided and informed by: (1) the Medical Research Council's (MRC) framework for the development, evaluation, and implementation of complex interventions, (2) the Behaviour Change Wheel (BCW), and (3) the Theoretical Domains Framework (TDF). Recommendations for strategies to support habitual PA and adherence to community-based exercise programs, generated by survivors of cancer who participated in 7 focus groups (n = 41), were synthesized with 13 statements of findings that were generated from 10 studies included within the

review of the literature. Detailed mapping exercises are presented which outline the link between these sources, the MRC framework, the BCW and TDF, and the intervention content. MedEx IMPACT is the first PABC intervention for survivors of cancer to be developed through the application of the MRC framework, BCW, and TDF. The next phase in this research is to test the acceptability and effectiveness of MedEx IMPACT.

Notes: Cantwell, Mairead Walsh, Deirdre M. J. Furlong, Brona Moyna, Niall McCaffrey, Noel Woods, Catherine Kehoe, Brona/0000-0003-4552-0555; Woods, Catherine/0000-0002-0892-6591; Cantwell, Mairead/0000-0002-3183-9138; Walsh, Deirdre/0000-0003-4255-299X
1526-2359
URL: <Go to ISI>://WOS:000556775900001

Reference Type: Journal Article

Record Number: 1644

Author: Carino, S., Collins, J., Malekpour, S. and Porter, J.

Year: 2021

Title: Environmentally sustainable hospital foodservices: Drawing on staff perspectives to guide change

Journal: Sustainable Production and Consumption

Volume: 25

Pages: 152-161

Date: Jan

Short Title: Environmentally sustainable hospital foodservices: Drawing on staff perspectives to guide change

ISSN: 2352-5509

DOI: 10.1016/j.spc.2020.08.003

Accession Number: WOS:000608159500011

Abstract: Foodservice is a key contributor to environmental impacts of the healthcare sector, in particular hospitals. Driving towards sustainable solutions in foodservices can bring financial and social benefits, whilst allowing hospitals to position themselves as leaders towards a sustainable food system and healthcare sector. Such a change depends on those working directly or indirectly with foodservices. Staff possess valuable knowledge, ideas, motivation and responsibility for improving the environmental sustainability of the foodservice system. The aim of this study was to explore the perspectives of staff working across the hospital food supply chain towards: (1) sustainable practices in hospital food provision; (2) existing barriers and enablers; and (3) recommendations for implementing sustainable foodservice practices in the future. Through qualitative inquiry, semi-structured interviews were conducted with individuals at operational and management levels responsible for policy, purchasing, production, onsite plating and delivery and waste disposal at three hospitals in Australia. Framework analysis was used to synthesise transcribed data into practices, barriers and enablers, and recommendations. Interviews (n=46 participants) identified current sustainable practices including those related to recyclable packaging, effective equipment and technology and efficient processes. Unsustainable practices included restrictions on sourcing food, packaging that cannot be

separated or recycled, rigid foodservice models and menu, waste production and processes. Enablers to improve sustainability included the power of individuals to influence change, education on recycling, knowledge generation, audits and grants for innovative research, rebates and quality improvement processes. Barriers included competing priorities, poor communication, lack of training opportunities and knowledge, infection control restrictions, lack of policy, funding, and time between meal ordering and delivery. Participants proposed practice changes across the food supply chain and recommended generation and sharing of knowledge, leadership and policy support. Perspectives of individuals within foodservice reveal shared motivation and desire for sustainable foodservices, with support needed from leaders and policy. Future research should use a co-design approach involving staff to create and implement sustainable strategies within hospitals. To see widespread and timely change, action is needed towards effective and meaningful policy. (C) 2020 Institution of Chemical Engineers. Published by Elsevier B.V. All rights reserved.

Notes: Carino, Stefanie Collins, Jorja Malekpour, Shirin Porter, Judi

Porter, Judi/H-6243-2019; Carino, Stefanie/AAC-2110-2021

Porter, Judi/0000-0002-7535-1919; Carino, Stefanie/
0000-0002-1662-3726

URL: <Go to ISI>://WOS:000608159500011

Reference Type: Journal Article

Record Number: 597

Author: Carins, J., Kitunen, A. and Rundle-Thiele, S.

Year: 2022

Title: When Less is More: A Short-form Tool to Increase Segmentation Implementation

Journal: Social Marketing Quarterly

Volume: 28

Issue: 3

Pages: 191-207

Date: Sep

Short Title: When Less is More: A Short-form Tool to Increase Segmentation Implementation

ISSN: 1524-5004

DOI: 10.1177/15245004221116082

Accession Number: WOS:000827202700001

Abstract: Background: Segmentation remains underutilised in social marketing research and practice. Simple segmentation tools that are easy to administer and simple for audience members to complete may increase the use of segmentation across the social marketing process. Focus of the Article: Segmentation is a foundational marketing principle which allows marketers to tailor marketing activity to the needs of specific groups (segments). Evidence shows that behaviour change is more likely when more principles are used, yet segmentation remains underutilised. Data-driven methods are used to identify segments based on several variables collected via surveys, but they take time, require large sample sizes and technical analyses; and can be costly and time consuming. Importance

to the Field: Simple diagnostic tools are needed to simplify data collection and increase the use of key social marketing principles such as segmentation. Methods: Three studies were conducted to create and verify a short diagnostic segmentation tool and later refine a tool that reflects contemporary social marketing practice. The first employed multiple linear regression to predict segment membership based on previously performed two-step cluster analysis. The second applied the tool to another data set to verify whether the tool could predict segment membership accurately. The final study delivers a short diagnostic tool following the same development approach to a data set drawn from a larger sample that included objective measures ensuring focus moved beyond how individuals think and feel. Results: Segments in the first study had been defined by five variables (derived from 16 survey questions). The tool was able to predict segment membership to a high level of accuracy from five questions. In the second study the tool was used to predict segments, which had high correspondence to the segments identified in that analysis, which was also based on five variables (16 questions). The third study extended development to an analysis using 16 defining variables, based on 40 survey questions. The final tool predicted segment membership to a high degree of accuracy based on five survey questions. Recommendations for Research or Practice: Segmentation is important for developing understanding that enables social marketers to design social change programs to meet the needs of more people. This simple tool developed and verified within and across samples has potential to simplify data collection enabling greater uptake of segmentation in social marketing practice. The final tool incorporated objective measures to ensure segmentation moves beyond the myopic consumer focus that has dominated social marketing. Future research could use the approach in this paper to derive short diagnostic tools with a broader range of behavioural contexts and with more diverse populations. Limitations: The behavioural measures used in these studies were self-report measures, and the use of a more objective measure would further strengthen both the segmentation analysis and short diagnostic tool. Notes: Carins, Julia Kitunen, Anna Rundle-Thiele, Sharyn Carins, Julia/S-7517-2019 Carins, Julia/0000-0001-7181-5651; Kitunen, Anna/0000-0002-9250-4219 1539-4093 URL: <Go to ISI>://WOS:000827202700001

Reference Type: Journal Article

Record Number: 1608

Author: Carlford, S., Ludvigsson, M. L., Peolsson, A. and Peterson, G.

Year: 2021

Title: Adoption of a research-based program for neck disorders implemented in primary care physiotherapy: a short- and long-term follow-up survey study

Journal: Physiotherapy Theory and Practice

Volume: 37

Issue: 1

Pages: 89-98

Date: Jan

Short Title: Adoption of a research-based program for neck disorders implemented in primary care physiotherapy: a short- and long-term follow-up survey study

ISSN: 0959-3985

DOI: 10.1080/09593985.2019.1608610

Accession Number: WOS:000608343900010

Abstract: Neck disorders are common in primary health care (PHC) physiotherapy. A neck-specific exercise program based on research findings was implemented among physiotherapists in Swedish PHC. The aim of the study was to evaluate the adoption of the program. We invited PHC physiotherapists to an educational session including theoretical information and practical training. Before the educational session the participants (n = 261) completed a baseline questionnaire. After 3 and 12 months, we distributed surveys to identify changes in practice and in confidence regarding diagnosis and treatment. We compared data from 3-months and 12-months follow-up, respectively, with baseline data. Self-reported frequency of most of the included assessment methods was unchanged after 12 months. Frequency of assessment of neck proprioception had increased significantly. Specific neck muscle exercise for treatment of whiplash associated disorders was applied more frequently after 3 and after 12 months than at baseline. Frequency of other treatment methods remained unchanged. Confidence in diagnosis and treatment increased significantly, particularly among women. The program was not adopted as expected, but resulted in increased confidence regarding diagnosis and treatment. The provision of a short educational session seemed not to be sufficient to obtain a sustained change in practice.

Notes: Carlford, Siw Landen Ludvigsson, Maria Peolsson, Anneli Peterson, Gunnel

1532-5040

URL: <Go to ISI>://WOS:000608343900010

Reference Type: Journal Article

Record Number: 401

Author: Carlson, S. J., Edwards, G., Blyth, C. C., Nattabi, B. and Attwell, K.

Year: 2022

Title: 'Corona is coming': COVID-19 vaccination perspectives and experiences amongst Culturally and Linguistically Diverse West Australians

Journal: Health Expectations

Volume: 25

Issue: 6

Pages: 3062-3072

Date: Dec

Short Title: 'Corona is coming': COVID-19 vaccination perspectives and experiences amongst Culturally and Linguistically Diverse West Australians

ISSN: 1369-6513

DOI: 10.1111/hex.13613

Accession Number: WOS:000870040500001

Abstract: Background Culturally and Linguistically Diverse (CALD) groups within high-income countries are at risk of being left behind by the COVID-19 vaccination rollout. They face both access and attitudinal barriers, including low trust in government and health authorities. Objective To explore perceptions and attitudes towards COVID-19 vaccination, as well as facilitators, barriers and strategies to promote uptake among CALD residents of Western Australia (WA), where there were almost no COVID-19 cases for 2 years. Design and Participants Perth, WA's capital, was chosen as the state's study site because most of the state's CALD population lives there. Eleven semistructured in-depth interviews and three focus groups (with 37 participants) were conducted with CALD residents between August and October 2021. Thematic analysis was conducted, informed by the 'Capability', 'Opportunity', 'Motivation', 'Behaviour' model. Results CALD participants faced barriers including a lack of knowledge about COVID-19 and the vaccines, low self-rated English proficiency and education levels, misinformation, passive government communication strategies and limited access to vaccine clinics/providers. They were, however, motivated to vaccinate by the imminent opening of state and international borders, trust in government and healthcare authorities, travel intentions and the desire to protect themselves and others. Conclusions Despite high levels of trust and significant desire for vaccines among CALD communities in Perth, current strategies were not meeting their needs and the community remains at risk from COVID-19. Tailored intervention strategies are required to provide knowledge, address misinformation and facilitate access to ensure uptake of COVID-19 vaccines—including for additional doses—amongst CALD communities. Governments should work with trusted CALD community members to disseminate tailored COVID-19 vaccine information and adequately translated resources. Patient or Public Contribution The Wesfarmers Centre of Vaccines and Infectious Diseases Community Reference Group at Telethon Kids Institute consulted on this project in September 2020; Ishar Multicultural Women's Health Services consulted on and facilitated the focus groups.

Notes: Carlson, Samantha J. Edwards, Gracie Blyth, Christopher C. Nattabi, Barbara Attwell, Katie Nattabi, Barbara/G-8802-2013; Attwell, Kathryn Louise/D-4346-2018 Nattabi, Barbara/0000-0001-5125-2820; Attwell, Kathryn Louise/0000-0002-0366-2160; Carlson, Samantha/0000-0002-4362-7730; Blyth, Christopher Charles/0000-0003-2017-0683 1369-7625
URL: <Go to ISI>://WOS:000870040500001

Reference Type: Journal Article

Record Number: 255

Author: Carlson, S. J., Tomkinson, S., Blyth, C. C. and Attwell, K.

Year: 2022

Title: COVID-19 vaccine knowledge, attitudes, and experiences of health care workers in Perth, Western Australia: A qualitative study

Journal: Plos One

Volume: 17

Issue: 12

Date: Dec

Short Title: COVID-19 vaccine knowledge, attitudes, and experiences of health care workers in Perth, Western Australia: A qualitative study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0279557

Article Number: e0279557

Accession Number: WOS:000925813500111

Abstract: Introduction Health care workers (HCWs) faced an increased risk of Coronavirus Disease 2019 (COVID19). Australia's COVID-19 vaccine rollout commenced in February 2021 to priority groups, including HCWs. Given their increased risk, as well as influence on patients' vaccine uptake, it was important that HCWs had a positive COVID-19 vaccination experience, as well as trusting the vaccine safety and efficacy data. Methods Semi-structured interviews were undertaken with 19 public- and privately-practicing HCWs in Western Australia between February-July 2021. Data were deductively analysed using NVivo 12 and guided by the Capability-Opportunity-Motivation-Behaviour model. Results 15/19 participants had received at least one COVID-19 vaccine. Participants were highly motivated, mostly to protect themselves and to get back to "normal", but also to protect patients. Many had a heightened awareness of COVID-19 severity due hearing from colleagues working in settings more impacted than Western Australia. Participants trusted the COVID-19 vaccine development and approval process; their histories of having to accept vaccines for work helped them to see COVID-19 vaccination as no different. Many recalled initially being unsure of how and when they'd be able to access the vaccine. Once they had this knowledge, half had difficulties with the booking process, and some were unable to access a clinic at a convenient location or time. Participants learnt about COVID-19 vaccination through government resources, health organisations, and their workplace, but few had seen any government campaigns for the wider public. Finally, most had discussed COVID19 vaccination with their social network. Conclusion HCWs in Western Australia demonstrated good knowledge about COVID-19 vaccination, with many reasons to vaccinate themselves and support the vaccination of others. Addressing the barriers identified in this study will be important for planning to vaccinate health workforces during future pandemics.

Notes: Carlson, Samantha J. Tomkinson, Sian Blyth, Christopher C. Attwell, Katie

; Attwell, Kathryn Louise/D-4346-2018

Tomkinson, Sian/0000-0002-8292-106X; Carlson, Samantha/

0000-0002-4362-7730; Blyth, Christopher Charles/0000-0003-2017-0683;

Attwell, Kathryn Louise/0000-0002-0366-2160

URL: <Go to ISI>://WOS:000925813500111

Reference Type: Conference Proceedings

Record Number: 2206

Author: Carmichael, P., Morisset, C. and Gross, T.

Year of Conference: 2016

Title: Influence Tokens: Analysing Adversarial Behaviour Change in

Coloured Petri Nets

Conference Name: 6th Workshop on Socio-Technical Aspects in Security and Trust (STAST)

Conference Location: Los Angeles, CA

Pages: 29-+

Date: Dec 05

Sponsor: Fonds Natl Rech Luxembourg, Secur and Trust lu, Univ Studi Catania Univ Luxembourg

Short Title: Influence Tokens: Analysing Adversarial Behaviour Change in Coloured Petri Nets

ISBN: 978-1-4503-4826-3

Source: 6th workshop on socio-technical aspects in security and trust (stast 2016)

Year Published:2016

Accession Number: WOS:000434824900003

Abstract: Social Engineers can use influential techniques to exploit human behaviour. For a security officer, simulating and analysing such attacks would provide useful insights towards possible countermeasures. We propose the notion of influence tokens, which a social engineer can exploit to change human behaviour. We model the relationship between agents and a social engineer using Coloured Petri Nets, which govern the behaviour of influence tokens. We then illustrate our results showing how influence tokens propagate, impact and alters a Social Engineers success rate in a tailgating scenario. In particular, we show that a specific combination of tokens will increase the adversaries success rate, whereas, investing in a different set of tokens yields no further rewards for the adversary.

Notes: Carmichael, Peter Morisset, Charles Gross, Thomas

URL: <Go to ISI>://WOS:000434824900003

Reference Type: Conference Proceedings

Record Number: 1884

Author: Carmichael, P., Morisset, C. and Gross, T.

Year of Conference: 2018

Title: SHRUBS: Simulating Influencing Human Behaviour in Security

Conference Name: 8th Workshop on Socio-Technical Aspects in Security and Trust (STAST)

Conference Location: San Juan, PR

Pages: 46-56

Date: Dec 04

Sponsor: Univ Luxembourg, SnT Luxembourg Natl Res Fund Univ Degli Studi Catania

Short Title: SHRUBS: Simulating Influencing Human Behaviour in Security

ISBN: 978-1-4503-7285-5

DOI: 10.1145/3361331.3361337

Source: 8th workshop on socio-technical aspects in security and trust (stast 2018)

Year Published:2018

Accession Number: WOS:000773054100006

Abstract: An organisational requirement of no unauthorised personnel permitted in a restricted area may have a security policy such as

all employees must wear identification badges and employees must challenge people who are not wearing a badge. An employee's choice to wear/not wear their badge can be strongly related to how they perceive the security policy, which we call the compliance attitude. Peoples behaviour towards a security policy can influence other peoples compliance attitudes, such as challenging those not wearing a badge influences the compliance attitudes of the people who are challenged and those observing the challenge. The exchange of a challenge by social interaction between two or more people can create a social influence, whereby a persons choice to wear their badge is nudged. For the organisation, the problem is assessing how these social influences propagate throughout the compliance attitudes for particular security policies of all employees. We present SHRUBS which is a work in progress. It is a tool evaluating global security compliance attitudes of human agents. SHRUBS simulates behaviour for security policies where social interaction is present. It is built from conclusions in psychology, behavioural economics and human factors in security. SHRUBS takes as input, a list of behaviour parameters describing agent behaviour and returns the global compliance attitude from a set of traces formed through simulation. We demonstrate the application of SHRUBS with a running example to illustrate how one might mitigate against poor compliance attitudes amongst agents. We then go onto discuss the validation possibilities and explain this with a real world data set that we have collected. We envision that future versions of the tool would enable organisations to make more informed security policy decisions about employee behaviour, such as the best behavioural intervention to use.

Notes: Carmichael, Peter Morisset, Charles Gross, Thomas

URL: <Go to ISI>://WOS:000773054100006

Reference Type: Journal Article

Record Number: 1101

Author: Carr, S., Burke, A., Chater, A. M., Howlett, N. and Jones, A.

Year: 2021

Title: An Evolving Model of Best Practice in a Community Physical Activity Program: A Case Study of "Active Herts"

Journal: Journal of Physical Activity & Health

Volume: 18

Issue: 12

Pages: 1555-1562

Date: Dec

Short Title: An Evolving Model of Best Practice in a Community Physical Activity Program: A Case Study of "Active Herts"

ISSN: 1543-3080

DOI: 10.1123/jpah.2021-0078

Accession Number: WOS:000724824800013

Abstract: Background: Community-based physical activity programs typically evolve to respond to local conditions and feedback from stakeholders. Process evaluations are essential for capturing how programs are implemented, yet often fail to capture delivery evolution over time, meaning missed opportunities for capturing

lessons learned. Methods: This research paper reports on a staged approach to a process evaluation undertaken within a community-based UK 12-month physical activity program that aimed to capture change and adaptation to program implementation. Twenty-five one-to-one interviews and 12 focus groups took place over the 3 years of program delivery. Participants included program participants, management, and service deliverers. Results: Program adaptations that were captured through the ongoing process evaluation included changes to the design of promotional material, program delivery content, ongoing training in behavior change, and the addition of regular participant community events. The authors address how these strands evolved over program delivery, and how the process evaluation was able to capture them. Conclusion: The pragmatic evaluation approach enabled changes in response to the local context, as well as improvements in the program to be captured in a timely manner, allowing the delivery to be responsive and the evaluation flexible.

Notes: Carr, Shelby Burke, Amanda Chater, Angel Marie Howlett, Neil Jones, Andy

Howlett, Neil/0000-0002-6502-9969; Carr, Shelby/0000-0001-7301-8832 1543-5474

URL: <Go to ISI>://WOS:000724824800013

Reference Type: Journal Article

Record Number: 65

Author: Carrick, A. and Hamilton, C. J.

Year: 2023

Title: Heated Behaviour in the Classroom for Children with FASD: The Relationship between Characteristics Associated with ADHD, ODD and ASD, Hot Executive Function and Classroom Based Reward Systems

Journal: Children-Basel

Volume: 10

Issue: 4

Date: Apr

Short Title: Heated Behaviour in the Classroom for Children with FASD: The Relationship between Characteristics Associated with ADHD, ODD and ASD, Hot Executive Function and Classroom Based Reward Systems

DOI: 10.3390/children10040685

Article Number: 685

Accession Number: WOS:000979068500001

Abstract: Possession of characteristics related to Attention Deficit Hyperactive Disorder, Oppositional Defiance Disorder, and Autism Spectrum Disorder in children prenatally exposed to alcohol contributes to challenges within the diagnostic pathway for Foetal Alcohol Spectrum Disorder (FASD). The presentation of these characteristics, though problematic for the children affected, may not result in referral for diagnosis; focusing on diagnostic thresholds masks the dimensional nature of these characteristics. Children with traits which are undiagnosed may not receive effective support and are often identified as exhibiting challenging behaviour. In the UK, children with undiagnosed Special Educational Needs (SEN) are more likely to experience school exclusion. Common

across each condition are challenges to executive function associated with emotional regulation (hot-executive function). This study explored the relationship between characteristics of Attention Deficit Hyperactive Disorder, Oppositional Defiance Disorder, Autistic-Like Traits, and hot executive functions on the helpfulness of reward-based interventions for children with suspected or diagnosed FASD. Data were collected online using caregiver referral questionnaire screeners for each measure (Child Autism Quotient Questionnaire, Vanderbilt ADHD Parental Rating Scale and The Childhood Executive Functioning Inventory) for children aged 6-12 years with suspected or diagnosed FASD (n = 121). Between-group comparisons showed no significant difference in the reporting of Attention Deficit Hyperactive Disorder characteristics, Oppositional Defiance Disorder characteristics, Autistic-Like Traits, and executive function, regardless of diagnostic state. Multiple regression analyses indicated that these personality characteristics and executive functions were associated with the perception of the reward system helpfulness. However, this pattern was qualified by both the type of hot executive function challenged (significant for Regulation not Inhibition) and whether the child had an FASD diagnosis. Thus, a dimensional approach may strengthen our understanding of the child's classroom experience and help overcome barriers to effective intervention and support.

Notes: Carrick, Andrea Hamilton, Colin J.

2227-9067

URL: <Go to ISI>://WOS:000979068500001

Reference Type: Journal Article

Record Number: 386

Author: Carruthers, S., Mleczeko, N., Page, S., Ahuja, S., Ellis, C., Howlin, P., Leadbitter, K., Taylor, L., Slonims, V. and Charman, T.
Year: 2023

Title: Using implementation science frameworks to explore barriers and facilitators for parents' use of therapeutic strategies following a parent-mediated autism intervention

Journal: Autism

Volume: 27

Issue: 4

Pages: 1011-1025

Date: May

Short Title: Using implementation science frameworks to explore barriers and facilitators for parents' use of therapeutic strategies following a parent-mediated autism intervention

ISSN: 1362-3613

DOI: 10.1177/13623613221125630

Accession Number: WOS:000877283900001

Abstract: One core component of the Paediatric Autism Communication Therapy-Generalised involves supporting parents to change their interaction and communication style with their child. This behaviour change has been found to affect child outcomes. Implementation science methodologies offer a range of opportunities to investigate how interventions are delivered in practice; however, few autism intervention studies have used such designs to explore the behaviour

change of parents. We interviewed 27 parents and explored their use of intervention strategies after the Paediatric Autism Communication Therapy-Generalised trial. We employed the Theoretical Domains Framework and Consolidated Framework for Implementation Research to systematically explore a range of barriers and facilitators experienced by the parents associated with parents' characteristics, their context and features of the intervention. Our analysis revealed barriers and facilitators across three themes: Motivating Factors, which was further subdivided into Compatibility and Buy-In and Alignment of Goals and Outcomes; Opportunity and Support; Parent Characteristics. Almost all parents reported continued use of the Paediatric Autism Communication Therapy-Generalised strategies. Facilitators (e.g. parental confidence in using the strategies) and barriers (e.g. child's behaviour) were identified. Consideration of these factors can inform identification of implementation strategies to test in future studies of Paediatric Autism Communication Therapy-Generalised and other parent-mediated early autism interventions.

Notes: Carruthers, Sophie Mleczko, Natasha Page, Stephanie Ahuja, Shalini Ellis, Ceri Howlin, Patricia Leadbitter, Kathy Taylor, Lauren Slonims, Vicky Charman, Tony

; Charman, Tony/A-2085-2014

Ahuja, Shalini/0000-0002-5433-3340; Leadbitter, Kathy/

0000-0002-0744-2800; Charman, Tony/0000-0003-1993-6549; Taylor,

Lauren/0000-0002-1821-6163

1461-7005

URL: <Go to ISI>://WOS:000877283900001

Reference Type: Journal Article

Record Number: 296

Author: Carson, V., Boyd, M., Potter, M., Rhodes, R., Liu, S. and Naylor, P. J.

Year: 2022

Title: Protocol for the PLAYshop randomised controlled trial: examining efficacy of a virtually delivered parent-focused physical literacy intervention for early childhood on child-specific and family-specific outcomes

Journal: Bmj Open

Volume: 12

Issue: 12

Date: Dec

Short Title: Protocol for the PLAYshop randomised controlled trial: examining efficacy of a virtually delivered parent-focused physical literacy intervention for early childhood on child-specific and family-specific outcomes

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-066962

Article Number: e066962

Accession Number: WOS:000924549200034

Abstract: IntroductionThe PLAYshop programme is a novel, brief, theory-based, parent-focused physical literacy intervention in early childhood designed to address the major public health issue of childhood physical inactivity. The primary objective of this study

is to examine the efficacy of the virtually delivered PLAYshop programme in increasing preschool-aged children's physical literacy, including fundamental movement skills and motivation and enjoyment. Methods and analysis This study aims to recruit 130 families with preschool-aged children (3-5 years) from Alberta and British Columbia, Canada who will be randomised to an intervention or control group. The PLAYshop programme is informed by the Capability, Opportunity, Motivation, Behavior (COM-B) model and includes four intervention strategies: (1) educational training via a 60min virtual synchronous workshop, (2) educational resources via handouts, (3) material resources via a goody bag of basic active play equipment and (4) follow-up support via access to a digital app with an online toolkit and four biweekly booster lessons (1-week, 3-week, 5-week and 7-week follow-up). To assess the primary outcome of physical literacy, five fundamental movement skills (overhand throw, underhand throw, horizontal jump, hop, one leg balance) will be measured virtually at baseline and 2-month follow-up using the Test of Gross Motor Development (TGMD) and the Movement Assessment Battery for Children-Second Edition (MABC-2) tools. Additionally, children's motivation and enjoyment will also be assessed at baseline and 2-month follow-up by: (1) parental-report using items from the Preschool Physical Literacy Assessment (PrePLAY) and (2) self-report using an adapted Five Degrees of Happiness Likert scale for children. The control group will receive the PLAYshop programme after the 2-month follow-up. Ethics and dissemination The protocol was approved by the University of Alberta (00093764) and University of Victoria (16-444) Research Ethics Boards. Findings will be disseminated through peer-reviewed publications, conference presentations, social and traditional media and a circulated infographic. Trial registration number NCT05255250.

Notes: Carson, Valerie Boyd, Madison Potter, Morgan Rhodes, Ryan Liu, Sam Naylor, Patti-Jean Rhodes, Ryan E./ABB-4896-2020 Rhodes, Ryan E./0000-0003-0940-9040 URL: <Go to ISI>://WOS:000924549200034

Reference Type: Journal Article

Record Number: 1243

Author: Carter, J., Mathers, J., Fairweather-Tait, S., Jebb, S., Sattar, N., Jennings, A. and Minihane, A. M.

Year: 2021

Title: Medical Research Council Hot Topic workshop report: Planning a UK Nutrition and Healthy Life Expectancy Trial

Journal: Nutrition Bulletin

Volume: 46

Issue: 3

Pages: 395-408

Date: Sep

Short Title: Medical Research Council Hot Topic workshop report: Planning a UK Nutrition and Healthy Life Expectancy Trial

ISSN: 1471-9827

DOI: 10.1111/nbu.12516

Accession Number: WOS:000684985600014

Abstract: There is a drive in the UK to harness findings from novel fundamental and efficacy nutritional research and, through inter-disciplinary and multi-agency collaborations, to improve eating behaviour for the benefit of population health. This report summarises the progress made during the Medical Research Council-funded Hot Topic workshop on the planning for a potential UK-wide nutrition primary prevention randomised controlled trial with incident disease as the study endpoint: the UK Nutrition and Healthy Life Expectancy (NuLife) Trial. Through two workshops, along with online discussions and a systematic evidence synthesis, over 40 experts from a range of disciplines came together over 6 months. The workshop reached a consensus and delivered a three-stage plan with the ultimate ambitious aim of providing effective eating behaviour change strategies to address the growing inequalities in the UK and contribute to both a reduced risk of prevalent diet-related chronic disease and an increase in healthy life expectancy.

Notes: Carter, Jennifer Mathers, John Fairweather-Tait, Susan Jebb, Susan Sattar, Naveed Jennings, Amy Minihane, Anne-Marie Fairweather-Tait, Susan J/K-4251-2012

Fairweather-Tait, Susan/0000-0002-1413-5569; Carter, Jennifer/0000-0002-5298-4844; Minihane, Anne Marie/0000-0001-9042-4226 1467-3010

URL: <Go to ISI>://WOS:000684985600014

Reference Type: Journal Article

Record Number: 7

Author: Casas, S. A., Calicis, C., Candiago, S., Dendoncker, N., Desair, J., Fickel, T., Finne, E. A., Frison, C., Haensel, M., Hinsch, M., Kulfan, T., Kumagai, J. A., Mialyk, O., Nawrath, M., Nevzati, F., Washbourne, C. and Wuebbelmann, T.

Year: 2023

Title: Head in the clouds, feet on the ground: how transdisciplinary learning can foster transformative change-insights from a summer school

Journal: Biodiversity and Conservation

Date: 2023 May

Short Title: Head in the clouds, feet on the ground: how transdisciplinary learning can foster transformative change-insights from a summer school

ISSN: 0960-3115

DOI: 10.1007/s10531-023-02603-0

Accession Number: WOS:000990471600001

Abstract: There is a pressing need for transformative change, with a vision of long-term human well-being within planetary boundaries. The lack of progress-despite increasing awareness and action-illustrates how challenging it is to foster change in our complex global society. Education and learning are needed to enable change. Transdisciplinary learning, which meaningfully integrates diverse knowledge and perspectives, contributes to developing an integrative understanding-a necessity for tackling complex challenges. We explore how transdisciplinary learning for early-career researchers can foster transformative change and lead to increased biodiversity conservation. This paper focuses on a case study of the authors'

shared experiences during the 2021 Alternet Summer School, which focused on transformative change for biodiversity conservation and human well-being. In this introspective research, we gained insights through an online survey for participants and organizers of the summer school (n = 27). Using qualitative content analysis, we identify seven crucial elements of transdisciplinary learning which can lead to transformative change on (a) a personal level, as the learning process shifts values and helps researchers identify their roles; (b) a research level, by rethinking science and providing tools for transdisciplinary approaches, and (c) a societal level, by moving from the individual to the collective and constructing a shared vision for a sustainable future. Participants highlighted how changes on all these levels could benefit biodiversity conservation. These insights point to the benefit of transdisciplinary learning opportunities that empower young researchers to take up their part in fostering transformative change.

Notes: Atienza Casas, Sara Calicis, Camille Candiago, Sebastian Dendoncker, Nicolas Desair, Jomme Fickel, Thomas Finne, Eirik Aasmo Frison, Christine Haensel, Maria Hinsch, Malte Kulfan, Tyler Kumagai, Joy A. Mialyk, Oleksandr Nawrath, Maximilian Nevzati, Fiona Washbourne, Carla Wuebbelmann, Thea

Washbourne, Carla-Leanne/0000-0001-7818-918X; Desair, Jomme/
0000-0001-9349-078X
1572-9710

URL: <Go to ISI>://WOS:000990471600001

Reference Type: Journal Article

Record Number: 1921

Author: Casey, B., Coote, S., Shirazipour, C., Hannigan, A., Motl, R., Ginis, K. M. and Latimer-Cheung, A.

Year: 2017

Title: Modifiable Psychosocial Constructs Associated With Physical Activity Participation in People With Multiple Sclerosis: A Systematic Review and Meta-Analysis

Journal: Archives of Physical Medicine and Rehabilitation

Volume: 98

Issue: 7

Pages: 1453-1475

Date: Jul

Short Title: Modifiable Psychosocial Constructs Associated With Physical Activity Participation in People With Multiple Sclerosis: A Systematic Review and Meta-Analysis

ISSN: 0003-9993

DOI: 10.1016/j.apmr.2017.01.027

Accession Number: WOS:000404322500018

Abstract: Objective: To synthesize current knowledge of the modifiable psychosocial constructs associated with physical activity (PA) participation in people with multiple sclerosis. Data Sources: A search was conducted through October 2015 in 8 electronic databases: CINAHL, PubMed, SPORTDiscus, Web of Knowledge, MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, and PsycINFO. Study Selection: Cohort and intervention studies were included if they (1) included an objective or subjective measure of PA; (2) measured at

least 1 modifiable psychosocial construct; and (3) reported bivariate correlations (or these could be extracted) between the PA and psychosocial construct measures. A total of 13,867 articles were screened for inclusion, and 26 were included in the final analysis. Data Extraction: Meta-analyses of correlations were conducted using the Hedges-Olkin method. Where a meta-analysis was not possible, results were reported descriptively. Data Synthesis: Meta-analyses indicated a pooled correlation coefficient between (1) objective PA and self-efficacy (n=7) of $r=.30$ ($P<.0001$), indicating a moderate, positive association; (2) subjective PA and self-efficacy (n=7) of $r=.34$ ($P<.0001$), indicating a moderate, positive association; (3) subjective PA and goal-setting (n=5) of $r=.44$ ($P<.0001$), indicating a moderate-to-large positive association; and 4) subjective PA and outcome expectancies (n=4) (physical: $r=.13$, $P=.11$; social: $r=.19$, $P<.0001$; self-evaluative: $r=.27$, $P<.0001$), indicating small-moderate positive associations. Other constructs such as measures of health beliefs, enjoyment, social support, and perceived benefits and barriers were reported to be significantly correlated with PA in individual studies, but the number of studies was not sufficient for a meta-analysis. Conclusions: Future PA interventions should continue to focus on the psychosocial constructs of self-efficacy and goal-setting. However, there is a need to explore the associations between other constructs outside those reported in this review. (C) 2016 by the American Congress of Rehabilitation Medicine Notes: Casey, Blathin Coote, Susan Shirazipour, Celina Hannigan, Ailish Motl, Robert Ginis, Kathleen Martin Latimer-Cheung, Amy Hannigan, Ailish/HJI-7212-2023; Coote, Susan B/H-5480-2012 Coote, Susan B/0000-0001-7077-0164; MARTIN GINIS, KATHLEEN/0000-0002-7076-3594; Latimer, Amy/0000-0002-0442-6848 1532-821x URL: <Go to ISI>://WOS:000404322500018

Reference Type: Journal Article

Record Number: 1273

Author: Cassidy, C., Langley, J., Steenbeek, A., Taylor, B., Kennie-Kaulbach, N., Grantmyre, H., Stratton, L. and Isenor, J.

Year: 2021

Title: A Behavioral analysis of nurses' and pharmacists' role in addressing vaccine hesitancy: scoping review

Journal: Human Vaccines & Immunotherapeutics

Volume: 17

Issue: 11

Pages: 4487-4504

Date: Nov

Short Title: A Behavioral analysis of nurses' and pharmacists' role in addressing vaccine hesitancy: scoping review

ISSN: 2164-5515

DOI: 10.1080/21645515.2021.1954444

Accession Number: WOS:000685996000001

Abstract: The purpose of this review was to identify, characterize, and map the existing knowledge on a) nurses' and pharmacists' perceived barriers and enablers to addressing vaccine hesitancy among patients; and b) strategies or interventions for nurses and

pharmacists to address vaccine hesitancy in their practice. Our comprehensive search strategy targeted peer-reviewed and grey literature. Two independent reviewers screened papers and extracted data. We coded narrative descriptions of barriers and enablers and interventions using the Behavior Change Wheel. Sixty-six records were included in our review. Reported barriers (n = 9) and facilitators (n = 6) were identified in the capability, opportunity and motivation components. The majority of the reported interventions were categorized as education (n = 47) and training (n = 26). This current scoping review offers a detailed behavioral analysis of known barriers and enablers for nurses and pharmacists to address vaccine hesitancy and interventions mapped onto these behavioral determinants.

Notes: Cassidy, Christine Langley, Jodi Steenbeek, Audrey Taylor, Beth Kennie-Kaulbach, Natalie Grantmyre, Hilary Stratton, Lillian Isenor, Jennifer

Isenor, Jennifer/0000-0003-1648-7362
2164-554x

URL: <Go to ISI>://WOS:000685996000001

Reference Type: Journal Article

Record Number: 1139

Author: Cassidy, C. E., Shin, H. D., Ramage, E., Conway, A., Mrklas, K., Laur, C., Beck, A., Varin, M. D., Steinwender, S., Nguyen, T., Langley, J., Dorey, R., Donnelly, L. and Ormel, I.

Year: 2021

Title: Trainee-led research using an integrated knowledge translation or other research partnership approaches: a scoping reviews

Journal: Health Research Policy and Systems

Volume: 19

Issue: 1

Date: Nov

Short Title: Trainee-led research using an integrated knowledge translation or other research partnership approaches: a scoping reviews

ISSN: 1478-4505

DOI: 10.1186/s12961-021-00784-0

Article Number: 135

Accession Number: WOS:000714024000001

Abstract: Background There are increasing expectations for researchers and knowledge users in the health system to use a research partnership approach, such as integrated knowledge translation, to increase the relevance and use of research findings in health practice, programmes and policies. However, little is known about how health research trainees engage in research partnership approaches such as IKT. In response, the purpose of this scoping review was to map and characterize the evidence related to using an IKT or other research partnership approach from the perspective of health research trainees in thesis and/or postdoctoral work. Methods We conducted this scoping review following the Joanna Briggs Institute methodology and Arksey and O'Malley's framework. We searched the following databases in June

2020: MEDLINE, Embase, CINAHL and PsycINFO. We also searched sources of unpublished studies and grey literature. We reported our findings in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews. Results We included 74 records that described trainees' experiences using an IKT or other research partnership approach to health research. The majority of studies involved collaboration with knowledge users in the research question development, recruitment and data collection stages of the research process. Intersecting barriers to IKT or other research partnerships at the individual, interpersonal and organizational levels were reported, including lack of skills in partnership research, competing priorities and trainees' "outsider" status. We also identified studies that evaluated their IKT approach and reported impacts on partnership formation, such as valuing different perspectives, and enhanced relevance of research. Conclusion Our review provides insights for trainees interested in IKT or other research partnership approaches and offers guidance on how to apply an IKT approach to their research. The review findings can serve as a basis for future reviews and primary research focused on IKT principles, strategies and evaluation. The findings can also inform IKT training efforts such as guideline development and academic programme development.

Notes: Cassidy, Christine E. Shin, Hwayeon Danielle Ramage, Emily Conway, Aislinn Mrklas, Kelly Laur, Celia Beck, Amy Varin, Melissa Demery Steinwender, Sandy Nguyen, Tram Langley, Jodi Dorey, Rachel Donnelly, Lauren Ormel, Ilja Conway, Aislinn/0000-0002-7566-3138; Shin, Hwayeon Danielle/0000-0003-4037-4464; Ramage, Emily/0000-0002-0599-7028; Demery Varin, Melissa/0000-0002-7103-3622; Beck, Amy/0000-0001-8703-6951 URL: <Go to ISI>://WOS:000714024000001

Reference Type: Journal Article

Record Number: 704

Author: Cassola, F., Morgado, L., Coelho, A., Paredes, H., Barbosa, A., Tavares, H. and Soares, F.

Year: 2022

Title: Using Virtual Choreographies to Identify Office Users' Behaviors to Target Behavior Change Based on Their Potential to Impact Energy Consumption

Journal: Energies

Volume: 15

Issue: 12

Date: Jun

Short Title: Using Virtual Choreographies to Identify Office Users' Behaviors to Target Behavior Change Based on Their Potential to Impact Energy Consumption

DOI: 10.3390/en15124354

Article Number: 4354

Accession Number: WOS:000816529400001

Abstract: Reducing office buildings' energy consumption can contribute significantly towards carbon reduction commitments since it represents similar to 40% of total energy consumption. Major components of this are lighting, electrical equipment, heating, and

central cooling systems. Solid evidence demonstrates that individual occupants' behaviors impact these energy consumption components. In this work, we propose the methodology of using virtual choreographies to identify and prioritize behavior-change interventions for office users based on the potential impact of specific behaviors on energy consumption. We studied the energy-related office behaviors of individuals by combining three sources of data: direct observations, electricity meters, and computer logs. Data show that there are behaviors with significant consumption impact but with little potential for behavioral change, while other behaviors have substantial potential for lowering energy consumption via behavioral change.

Notes: Cassola, Fernando Morgado, Leonel Coelho, Antonio Paredes, Hugo Barbosa, Antonio Tavares, Helga Soares, Filipe Paredes, Hugo/D-8347-2010; Soares, Filipe J./M-5782-2013; Cassola Marques, Fernando/F-2646-2013; Coelho, Antonio/G-2216-2011; Morgado, Leonel/F-2946-2010

Paredes, Hugo/0000-0002-4274-4783; Soares, Filipe J./0000-0002-0750-5058; Cassola Marques, Fernando/0000-0001-7119-8067; Coelho, Antonio/0000-0001-7949-2877; Morgado, Leonel/0000-0001-5517-644X
1996-1073

URL: <Go to ISI>://WOS:000816529400001

Reference Type: Journal Article

Record Number: 2350

Author: Castillo-Carniglia, A.

Year: 2015

Title: LARGE INCREASE IN ADOLESCENT MARIJUANA USE IN CHILE

Journal: Addiction

Volume: 110

Issue: 1

Pages: 185-186

Date: Jan

Short Title: LARGE INCREASE IN ADOLESCENT MARIJUANA USE IN CHILE

ISSN: 0965-2140

DOI: 10.1111/add.12765

Accession Number: WOS:000346699700027

Notes: Castillo-Carniglia, Alvaro

Castillo-Carniglia, Alvaro/T-4015-2019

Castillo-Carniglia, Alvaro/0000-0002-3016-890X
1360-0443

URL: <Go to ISI>://WOS:000346699700027

Reference Type: Journal Article

Record Number: 1723

Author: Castro, O., Vergeer, I., Bennie, J., Cagas, J. and Biddle, S. J. H.

Year: 2021

Title: Using the Behavior Change Wheel to Understand University Students' Prolonged Sitting Time and Identify Potential Intervention Strategies

Journal: International Journal of Behavioral Medicine

Volume: 28

Issue: 3

Pages: 360-371

Date: Jun

Short Title: Using the Behavior Change Wheel to Understand University Students' Prolonged Sitting Time and Identify Potential Intervention Strategies

ISSN: 1070-5503

DOI: 10.1007/s12529-020-09926-0

Accession Number: WOS:000561243600002

Abstract: Background Several national public health guidelines recommend individuals to minimize time spent in prolonged, continuous periods of sitting. Developing effective interventions to break up sitting, however, requires in-depth understanding of the behavior as well as identification of the key elements that need to be targeted to achieve change. This qualitative study focused on university students—a highly sedentary group—with the aim of the following: (i) exploring the factors influencing prolonged sitting time in this population; and (ii) identifying potential avenues for future intervention, based on the Behavior Change Wheel framework. Method Eighteen ambulatory undergraduate students participated in semi-structured one-on-one interviews, using the Capability, Opportunity, Motivation, Behavior (COM-B) model and the complementary Theoretical Domains Framework (TDF) as the theoretical framework. Data were analyzed using a directed content analysis approach, followed by inductive thematic analysis. Results All COM-B components and eight TDF domains were identified as relevant for influencing the target behavior. Conclusion Findings suggest that interventions and policies aimed at reducing prolonged sitting time in university students should (i) raise awareness about negative health implications; (ii) address productivity concerns; (iii) provide training in behavioral self-regulation; (iv) use external reminders; (v) implement habit formation techniques; and (vi) promote social acceptability for breaking up sitting.

Notes: Castro, Oscar Vergeer, Ineke Bennie, Jason Cagas, Jonathan Biddle, Stuart J. H.

Bennie, Jason/AAY-2915-2020; Castro, Oscar/AER-9005-2022; Cagas, Jonathan Y./AAK-7054-2020

Bennie, Jason/0000-0002-8668-8998; Castro, Oscar/0000-0001-5332-3557; Cagas, Jonathan Y./0000-0003-0233-4023 1532-7558

URL: <Go to ISI>://WOS:000561243600002

Reference Type: Journal Article

Record Number: 2068

Author: Castro-Sanchez, E., Kyratsis, Y., Iwami, M., Rawson, T. M. and Holmes, A. H.

Year: 2016

Title: Serious electronic games as behavioural change interventions in healthcare-associated infections and infection prevention and control: a scoping review of the literature and future directions

Journal: Antimicrobial Resistance and Infection Control

Volume: 5

Date: Oct

Short Title: Serious electronic games as behavioural change interventions in healthcare-associated infections and infection prevention and control: a scoping review of the literature and future directions

ISSN: 2047-2994

DOI: 10.1186/s13756-016-0137-0

Article Number: 34

Accession Number: WOS:000385972100001

Abstract: Background: The uptake of improvement initiatives in infection prevention and control (IPC) has often proven challenging. Innovative interventions such as 'serious games' have been proposed in other areas to educate and help clinicians adopt optimal behaviours. There is limited evidence about the application and evaluation of serious games in IPC. The purposes of the study were: a) to synthesise research evidence on the use of serious games in IPC to support healthcare workers' behaviour change and best practice learning; and b) to identify gaps across the formulation and evaluation of serious games in IPC. Methods: A scoping study was conducted using the methodological framework developed by Arksey and O'Malley. We interrogated electronic databases (Ovid MEDLINE, Embase Classic + Embase, PsycINFO, Scopus, Cochrane, Google Scholar) in December 2015. Evidence from these studies was assessed against an analytic framework of intervention formulation and evaluation. Results: Nine hundred sixty five unique papers were initially identified, 23 included for full-text review, and four finally selected. Studies focused on intervention inception and development rather than implementation. Expert involvement in game design was reported in 2/4 studies. Potential game users were not included in needs assessment and game development. Outcome variables such as fidelity or sustainability were scarcely reported. Conclusions: The growing interest in serious games for health has not been coupled with adequate evaluation of processes, outcomes and contexts involved. Explanations about the mechanisms by which game components may facilitate behaviour change are lacking, further hindering adoption.

Notes: Castro-Sanchez, Enrique Kyratsis, Yiannis Iwami, Michiyo Rawson, Timothy M. Holmes, Alison H.

Castro-Sanchez, Enrique/H-7893-2019; Rawson, Timothy/AAH-1662-2019

Castro-Sanchez, Enrique/0000-0002-3351-9496; Kyratsis, Yiannis/

0000-0002-5185-7413; Rawson, Timothy Miles/0000-0002-2630-9722;

Holmes, Alison/0000-0001-5554-5743

URL: <Go to ISI>://WOS:000385972100001

Reference Type: Journal Article

Record Number: 2067

Author: Catapano, A. L., Graham, I., De Backer, G., Wiklund, O., Chapman, M. J., Drexel, H., Hoes, A. W., Jennings, C. S., Landmesser, U., Pedersen, T. R., Reiner, Z., Riccardi, G., Taskinen, M. R., Tokgozoglu, L., Monique, W. M., Verschuren, W. M. M., Vlachopoulos, C., Wood, D. A. and Zamorano, J. L.

Year: 2016

Title: 2016 ESC/EAS Guidelines for the Management of Dyslipidaemias
Journal: European Heart Journal
Volume: 37
Issue: 39
Pages: 2999-+
Date: Oct
Short Title: 2016 ESC/EAS Guidelines for the Management of
Dyslipidaemias
ISSN: 0195-668X
DOI: 10.1093/eurheartj/ehw272
Accession Number: WOS:000387990800012
Notes: Catapano, Alberico L. Graham, Ian De Backer, Guy Wiklund,
Olov Chapman, M. John Drexel, Heinz Hoes, Arno W. Jennings, Catriona
S. Landmesser, Ulf Pedersen, Terje R. Reiner, Zeljko Riccardi,
Gabriele Taskinen, Marja-Riita Tokgozoglou, Lale Monique, W. M.
Verschuren, W. M. Monique Vlachopoulos, Charalambos Wood, David A.
Luis Zamorano, Jose
Pojskic, Belma/AAO-9702-2021; Marques-Vidal, Pedro M/C-9449-2009;
Barón-Esquivias, Gonzalo/T-7436-2019; Kirchhof, Paulus/
AAT-7074-2021; Mitchenko, Olena/D-9778-2019; De Backer, Guy/
AAI-4607-2021; Cordero, Alberto/GNW-2600-2022; Taskinen, Marja-
Riitta/AAN-5432-2020; Catapano, alberico/AAC-2827-2019; Zelveian,
Parounak/P-8603-2017; Tuñón, José L/R-3037-2016; Bueno, Hector/
I-3910-2015; Mirrakhimov, Erkin/E-6900-2017; chapman, john/
Y-2742-2019
Pojskic, Belma/0000-0002-5374-990X; Marques-Vidal, Pedro M/
0000-0002-4548-8500; Barón-Esquivias, Gonzalo/0000-0002-9103-4753;
Kirchhof, Paulus/0000-0002-1881-0197; Mitchenko, Olena/
0000-0001-6692-6883; Cordero, Alberto/0000-0003-0000-7109; Taskinen,
Marja-Riitta/0000-0002-6229-3588; Catapano, alberico/
0000-0002-7593-2094; Zelveian, Parounak/0000-0002-6513-6772; Tuñón,
José L/0000-0003-2220-180X; Bueno, Hector/0000-0003-0277-7596;
Mirrakhimov, Erkin/0000-0003-2982-6108; Williams, Bryan/
0000-0002-8094-1841; Aboyans, Victor/0000-0002-0322-9818; Cooney,
Marie Therese/0000-0002-9837-7716; Maher, Vincent/
0000-0002-3592-4508; Rynkiewicz, Andrzej/0000-0002-5284-9511
1522-9645
URL: <Go to ISI>://WOS:000387990800012

Reference Type: Journal Article

Record Number: 2078

Author: Catapano, A. L., Graham, I., De Backer, G., Wiklund, O.,
Chapman, M. J., Drexel, H., Hoes, A. W., Jennings, C. S.,
Landmesser, U., Pedersen, T. R., Reiner, Z., Riccardi, G., Taskinen,
M. R., Tokgozoglou, L., Verschuren, W. M. M., Vlachopoulos, C., Wood,
D. A. and Zamorano, J. L.

Year: 2016

Title: 2016 ESC/EAS Guidelines for the Management of Dyslipidaemias
The Task Force for the Management of Dyslipidaemias of the European
Society of Cardiology (ESC) and European Atherosclerosis Society
(EAS) Developed with the special contribution of the European
Association for Cardiovascular Prevention & Rehabilitation (EACPR)
Journal: Atherosclerosis

Volume: 253
Pages: 281-344
Date: Oct
Short Title: 2016 ESC/EAS Guidelines for the Management of
Dyslipidaemias The Task Force for the Management of Dyslipidaemias
of the European Society of Cardiology (ESC) and European
Atherosclerosis Society (EAS) Developed with the special
contribution of the European Association for Cardiovascular
Prevention & Rehabilitation (EACPR)
ISSN: 0021-9150
DOI: 10.1016/j.atherosclerosis.2016.08.018
Accession Number: WOS:000482996300001
Notes: Catapano, Alberico L. Graham, Ian De Backer, Guy Wiklund,
Olov Chapman, M. John Drexel, Heinz Hoes, Arno W. Jennings, Catriona
S. Landmesser, Ulf Pedersen, Terje R. Reiner, Zeljko Riccardi,
Gabriele Taskinen, Marja-Riita Tokgozoglu, Lale Verschuren, W. M.
Monique Vlachopoulos, Charalambos Wood, David A. Luis Zamorano, Jose
De Backer, Guy/AAI-4607-2021
1879-1484
URL: <Go to ISI>://WOS:000482996300001

Reference Type: Journal Article
Record Number: 2415
Author: Cate, H., Bhattacharya, D., Clark, A., Fordham, R., Holland,
R. and Broadway, D. C.
Year: 2014
Title: Improving adherence to glaucoma medication: a randomised
controlled trial of a patient-centred intervention (The Norwich
Adherence Glaucoma Study)
Journal: Bmc Ophthalmology
Volume: 14
Date: Mar
Short Title: Improving adherence to glaucoma medication: a
randomised controlled trial of a patient-centred intervention (The
Norwich Adherence Glaucoma Study)
DOI: 10.1186/1471-2415-14-32
Article Number: 32
Accession Number: WOS:000334462500001
Abstract: Background: Improving adherence to ocular hypertension
(OH)/glaucoma therapy is highly likely to prevent or reduce
progression of optic nerve damage. The present study used a
behaviour change counselling intervention to determine whether
education and support was beneficial and cost-effective in improving
adherence with glaucoma therapy. Methods: A randomised controlled
trial with a 13-month recruitment and 8-month follow-up period was
conducted. Patients with OH/glaucoma attending a glaucoma clinic and
starting treatment with travoprost were approached. Participants
were randomised into two groups and adherence was measured over 8
months, using an electronic monitoring device (Travalert (R) dosing
aid, TDA). The control group received standard clinical care, and
the intervention group received a novel glaucoma education and
motivational support package using behaviour change counselling.
Cost-effectiveness framework analysis was used to estimate any

potential cost benefit of improving adherence. Results: Two hundred and eight patients were recruited (102 intervention, 106 control). No significant difference in mean adherence over the monitoring period was identified with 77.2% (CI, 73.0, 81.4) for the control group and 74.8% (CI, 69.7, 79.9) for the intervention group ($p = 0.47$). Similarly, there was no significant difference in percentage intraocular pressure reduction; 27.6% (CI, 23.5, 31.7) for the control group and 25.3% (CI, 21.06, 29.54) for the intervention group ($p = 0.45$). Participants in the intervention group were more satisfied with information about glaucoma medication with a mean score of 14.47/17 (CI, 13.85, 15.0) compared with control group which was 8.51 (CI, 7.72, 9.30). The mean intervention cost per patient was GB 10.35 pound (<US\$16) and not cost-effective. Conclusions: Adherence with travoprost was high and not further increased by the intervention. Nevertheless, the study demonstrated that provision of information, tailored to the individual, was inexpensive and able to achieve high patient satisfaction with respect to information about glaucoma medication. Measurement of adherence remains problematic since awareness of study participation may cause a change in participant behaviour. Notes: Cate, Heidi Bhattacharya, Debi Clark, Allan Fordham, Richard Holland, Richard Broadway, David C. Bhattacharya, Debi/F-8400-2011 Bhattacharya, Debi/0000-0003-3024-7453; Holland, Richard/0000-0002-4663-6923; Clark, Allan/0000-0003-2965-8941; Fordham, Richard/0000-0002-5520-6255 1471-2415 URL: <Go to ISI>://WOS:000334462500001

Reference Type: Journal Article
Record Number: 2469
Author: Cattaruzza, M. S. and West, R.
Year: 2013
Title: Why do doctors and medical students smoke when they must know how harmful it is?
Journal: European Journal of Public Health
Volume: 23
Issue: 2
Pages: 188-189
Date: Apr
Short Title: Why do doctors and medical students smoke when they must know how harmful it is?
ISSN: 1101-1262
DOI: 10.1093/eurpub/ckt001
Accession Number: WOS:000317425100003
Notes: Cattaruzza, Maria Sofia West, R. Cattaruzza, Maria Sofia/AAW-1519-2020; West, Robert/B-5414-2009; West, Robert/B-5414-2009 Cattaruzza, Maria Sofia/0000-0002-7489-3564; West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921 1464-360x URL: <Go to ISI>://WOS:000317425100003

Reference Type: Journal Article

Record Number: 2154

Author: Cavalheri, V., Straker, L., Gucciardi, D. F., Gardiner, P. A. and Hill, K.

Year: 2016

Title: Changing physical activity and sedentary behaviour in people with COPD

Journal: Respiriology

Volume: 21

Issue: 3

Pages: 419-426

Date: Apr

Short Title: Changing physical activity and sedentary behaviour in people with COPD

ISSN: 1323-7799

DOI: 10.1111/resp.12680

Accession Number: WOS:000373126900005

Abstract: People with chronic obstructive pulmonary disease (COPD) engage in low levels of physical activity (PA). Given the evidence for the health benefits associated with participating in 150min of moderate-to-vigorous intensity PA each week, there is considerable interest in methods to increase PA in people with COPD. Studies to date have focused largely on exercise training and behavioural approaches, and many have demonstrated minimal, if any effect. An intermediate goal that focuses on reducing time spent in sedentary behaviour (SB) and increasing participation in light intensity PA is a more realistic goal in this population and offers a gateway to higher intensity PA. Although strategies that are capable of reducing time spent in SB in COPD are unknown, studies that have shown some increase in PA in this population often provide individualized goal setting, motivational interviewing and frequent contact with health-care professionals to provide advice regarding strategies to overcome barriers. Therefore, these approaches should be considered in interventions to reduce time in SB. There are a range of devices available to monitor time in SB for use in both clinical and research settings. To move this area forward, a theoretically informed and systematic approach to behaviour change is needed. The theoretical model, the behaviour change wheel', is described and an example is provided of how it can be applied to a person with COPD.

Notes: Cavalheri, Vinicius Straker, Leon Gucciardi, Daniel F. Gardiner, Paul A. Hill, Kylie

Straker, Leon M/B-2407-2013; Gucciardi, Daniel F/E-4934-2010;

Gardiner, Paul A/F-2751-2010; Cavalheri, Vinicius/V-2282-2017; Hill, Kylie/A-5152-2016

Straker, Leon M/0000-0002-7786-4128; Gucciardi, Daniel F/0000-0001-5448-3990; Gardiner, Paul A/0000-0002-8072-2673;

Cavalheri, Vinicius/0000-0001-8620-7499; Hill, Kylie/0000-0002-6082-6352

1440-1843

URL: <Go to ISI>://WOS:000373126900005

Reference Type: Journal Article

Record Number: 266

Author: Cavers, D., Nelson, M., Rostron, J., Robb, K. A., Brown, L. R., Campbell, C., Akram, A. R., Dickie, G., Mackean, M., van Beek, E. J. R., Sullivan, F., Steele, R. J., Neilson, A. R. and Weller, D.
Year: 2022

Title: Understanding patient barriers and facilitators to uptake of lung screening using low dose computed tomography: a mixed methods scoping review of the current literature

Journal: Respiratory Research

Volume: 23

Issue: 1

Date: Dec

Short Title: Understanding patient barriers and facilitators to uptake of lung screening using low dose computed tomography: a mixed methods scoping review of the current literature

DOI: 10.1186/s12931-022-02255-8

Article Number: 374

Accession Number: WOS:000922378300001

Abstract: Background Targeted lung cancer screening is effective in reducing mortality by upwards of twenty percent. However, screening is not universally available and uptake is variable and socially patterned. Understanding screening behaviour is integral to designing a service that serves its population and promotes equitable uptake. We sought to review the literature to identify barriers and facilitators to screening to inform the development of a pilot lung screening study in Scotland. Methods We used Arksey and O'Malley's scoping review methodology and PRISMA-ScR framework to identify relevant literature to meet the study aims. Qualitative, quantitative and mixed methods primary studies published between January 2000 and May 2021 were identified and reviewed by two reviewers for inclusion, using a list of search terms developed by the study team and adapted for chosen databases. Results Twenty-one articles met the final inclusion criteria. Articles were published between 2003 and 2021 and came from high income countries. Following data extraction and synthesis, findings were organised into four categories: Awareness of lung screening, Enthusiasm for lung screening, Barriers to lung screening, and Facilitators or ways of promoting uptake of lung screening. Awareness of lung screening was low while enthusiasm was high. Barriers to screening included fear of a cancer diagnosis, low perceived risk of lung cancer as well as practical barriers of cost, travel and time off work. Being health conscious, provider endorsement and seeking reassurance were all identified as facilitators of screening participation. Conclusions Understanding patient reported barriers and facilitators to lung screening can help inform the implementation of future lung screening pilots and national lung screening programmes.

Notes: Cavers, Debbie Nelson, Mia Rostron, Jasmin Robb, Kathryn A. Brown, Lynsey R. Campbell, Christine Akram, Ahsan R. Dickie, Graeme Mackean, Melanie van Beek, Edwin J. R. Sullivan, Frank Steele, Robert J. Neilson, Aileen R. Weller, David

Neilson, Aileen/0000-0003-3758-0566; Rostron, Jasmin/
0000-0003-2960-2892; Steele, Robert JC/0000-0003-4248-6785
1465-993x

URL: <Go to ISI>://WOS:000922378300001

Reference Type: Journal Article

Record Number: 598

Author: Cecchin, H. F. G., Murta, S. G., de Macedo, E. O. S. and Moore, R. A.

Year: 2022

Title: Scoping review of 30 years of suicide prevention in university students around the world: efficacy, effectiveness, and cost-effectiveness

Journal: Psicologia-Reflexao E Critica

Volume: 35

Issue: 1

Date: Jul

Short Title: Scoping review of 30 years of suicide prevention in university students around the world: efficacy, effectiveness, and cost-effectiveness

ISSN: 0102-7972

DOI: 10.1186/s41155-022-00227-x

Article Number: 22

Accession Number: WOS:000826923400001

Abstract: A scoping review of systematic reviews was carried out to identify evidence of efficacy, effectiveness, and cost-effectiveness of universal and selective suicide prevention programs among university students worldwide. Five databases were reviewed using terms in English, Spanish, and Portuguese. The following were the inclusion criteria: systematic review or meta-analysis or meta-synthesis, suicide prevention in college students, evaluation of the efficacy, effectiveness and/or cost-effectiveness of interventions, and peer-reviewed studies. The quality of reviews was assessed. The field of study features three decades of publication in high-income countries. The strategy used, the components of the program, and the target audience to which they are delivered interfere with efficacy. In the psychoeducation strategy, the experiential and didactic components are more efficacious in the knowledge about suicide. And the motivational enhancement component promotes greater self-efficacy in suicide prevention. Programs that take a multimodal approach are effective in increasing short-term attitudes related to suicide and reducing rates of completed suicide. The gatekeeper strategy delivered to peer counselors is the most effective one in the outcomes, including short-term and long-term knowledge about suicide and its prevention and self-efficacy in suicide prevention. A greater number of evaluated studies of gatekeeper interventions were identified, indicating a trend in this research field. No review addressed the effects on subgroups that were classified based on sex, racial or sexual minorities, and special (indigenous) populations. Only one study addressed cost-effectiveness, pointing out that the psychoeducation and gatekeeper strategies have relevant net benefit rates, but the gatekeeper strategy has a higher cost-benefit ratio compared to the psychoeducation strategy. The findings indicate that psychoeducation and gatekeeper interventions tend to be more efficacious when they combine education and skills training to intervene in suicidal behavior. The components of the

intervention and the target audience to which it is delivered influence efficacy. Multimodal interventions evaluate completed suicide outcomes, but require greater implementation efforts, in terms of human and financial resources and more time for the evaluation.

Notes: Garcia Cecchin, Hareli Fernanda Murta, Sheila Giardini Silva de Macedo, Etiene Oliveira Moore, Rafael Alberto

Garcia Cecchin, Hareli Fernanda/HII-2998-2022

Garcia Cecchin, Hareli Fernanda/0000-0003-4875-7638; Oliveira Silva de Macedo, Etiene/0000-0001-6604-1516

1678-7153

URL: <Go to ISI>://WOS:000826923400001

Reference Type: Journal Article

Record Number: 1087

Author: Cedstrand, E., Alvesson, H. M., Augustsson, H., Bodin, T., Bodin, E., Nyberg, A. and Johansson, G.

Year: 2021

Title: Co-Creating an Occupational Health Intervention within the Construction Industry in Sweden: Stakeholder Perceptions of the Process and Output

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 24

Date: Dec

Short Title: Co-Creating an Occupational Health Intervention within the Construction Industry in Sweden: Stakeholder Perceptions of the Process and Output

DOI: 10.3390/ijerph182412872

Article Number: 12872

Accession Number: WOS:000737871700001

Abstract: One way to prevent work-related stress, is to implement primary occupational health interventions aimed at improving the psychosocial work environment. However, such interventions have shown a limited effect, often due to implementation failure and poor contextual fit. Co-creation, where researchers, together with end-users and other relevant stakeholders, develop the intervention is increasingly encouraged. However, few studies have evaluated the effects of co-created interventions, and participants' experience of the co-creation process. This is one of the first studies evaluating stakeholder perceptions of co-creating an occupational health intervention. We applied a thematic analysis, with data from 12 semi-structured interviews with stakeholders involved in the co-creation. Our results show that the respondents, in general, were satisfied with engaging in the co-creation, and they reported an increased awareness regarding risk factors of stress and how these should be handled. Additionally, the respondents described trust in the intervention activities and a good fit into the context. The study indicates that co-creating occupational health interventions can enhance the implementation and the contextual fit.

Notes: Cedstrand, Emma Molsted Alvesson, Helle Augustsson, Hanna Bodin, Theo Bodin, Erika Nyberg, Anna Johansson, Gun

Bodin, Theo/AAC-2823-2020; Augustsson, Hanna/ABA-1645-2021
Bodin, Theo/0000-0002-2074-5857; Augustsson, Hanna/
0000-0001-6203-0676; Cedstrand, Emma/0000-0003-0567-7574; Johansson,
Gun/0000-0003-1877-8569; Alvesson, Helle/0000-0001-6109-7203
1660-4601
URL: <Go to ISI>://WOS:000737871700001

Reference Type: Journal Article

Record Number: 463

Author: Cedstrand, E., Augustsson, H., Alderling, M., Martinez, N. S., Bodin, T., Nyberg, A. and Johansson, G.

Year: 2022

Title: Effects of a co-created occupational health intervention on stress and psychosocial working conditions within the construction industry: A controlled trial

Journal: Frontiers in Public Health

Volume: 10

Date: Sep

Short Title: Effects of a co-created occupational health intervention on stress and psychosocial working conditions within the construction industry: A controlled trial

DOI: 10.3389/fpubh.2022.973890

Article Number: 973890

Accession Number: WOS:000865023800001

Abstract: Background Work-related stress problems, i.e., burnout, depression, and anxiety, is a rising global health challenge. Poor mental health also appears to be a challenge for the construction industry, even though the occupational health focus has traditionally been on the physical work environment and musculoskeletal disorders. Yet, studies targeting the organisational level (i.e., work environment, policy) to enhance mental health within the construction industry are scant. Therefore, our first objective was to evaluate the effectiveness of a co-created occupational health intervention on stress and psychosocial working conditions within the construction industry in Sweden. The second objective was to evaluate whether the intervention was implemented as intended, i.e., implementation fidelity. The trial is registered in the ISRCTN clinical trial registry (ISRCTN16548039,). Methods This is a controlled trial with one intervention and one matched control group. We co-created the program logic with stakeholders from the intervention group. The essence of the chosen intervention components, duties clarification, and structured roundmaking was enhanced planning and role clarification. We assessed adherence to the intervention and dose delivered (i.e., fidelity). We collected data on the outcomes (role clarity, team effectiveness, planning, staffing, quantitative demands, and the psychosocial safety climate) with online questionnaires at baseline, 12, and 24 months. Marginal means models adjusting for missing data patterns were applied to estimate potential differences in outcomes between groups over time. Results Fidelity was considered reasonably high. Yet, we found no intervention effects on the primary outcome stress. All outcomes, except role clarity deteriorated during the trial in the intervention and control group. However, the results indicate a

positive effect of the intervention components on professionals' role clarity. The pandemic appears to have negatively affected stress and psychosocial working conditions. Conclusion The study's results suggest that co-creating occupational health interventions could be one solution for improved implementation fidelity. More studies are needed to evaluate these intervention components. Also, we recommend researchers of future intervention studies consider using missing not at random, sensitivity analysis.

Notes: Cedstrand, Emma Augustsson, Hanna Alderling, Magnus Sanchez Martinez, Nestor Bodin, Theo Nyberg, Anna Johansson, Gun Augustsson, Hanna/ABA-1645-2021; Bodin, Theo/AAC-2823-2020 Augustsson, Hanna/0000-0001-6203-0676; Bodin, Theo/0000-0002-2074-5857; Sanchez Martinez, Nestor/0000-0001-7630-3831; Johansson, Gun/0000-0003-1877-8569 2296-2565
URL: <Go to ISI>://WOS:000865023800001

Reference Type: Journal Article

Record Number: 274

Author: Cekic, S., Karali, Z., Canitez, Y., Esmen, S., Ortac, H., Abdu, S. and Sapan, N.

Year: 2022

Title: Full title: the effects of health literacy on disease control in adolescents with asthma

Journal: Journal of Asthma

Date: 2022 Dec

Short Title: Full title: the effects of health literacy on disease control in adolescents with asthma

ISSN: 0277-0903

DOI: 10.1080/02770903.2022.2160344

Accession Number: WOS:000904985600001

Abstract: Objective: Increased health literacy (HL) improves the management of chronic diseases. Data on the HL levels of adolescents with asthma are limited. In this study, we aimed to investigate the HL levels of adolescents with asthma and the effect of HL levels on asthma control. Methods: Our research included 81 adolescents with asthma and 47 age and sex-matched controls. The validated version of the European Health Literacy Survey Questionnaire (HLS-EU-Q16) was utilized to estimate the participants' health literacy levels. In addition, the Asthma Control Test (ACT) was used to determine the degree of asthma control. Results: No significant difference between the asthmatic adolescents (n = 45, 55.6%) and the control group (n = 28, 59.6%) has been established in terms of the number of participants who were considered to have adequate HL (p = 0.658). The difference between the patient and control groups in health care, disease prevention, health promotion, and overall HL scores was determined non-significant. According to the ACT scores, the overall median HL score was significantly higher in patients with controlled asthma {34.4 (14.6:50)} than in those with uncontrolled asthma {32.3 (16.7:48.9)} (p = 0.037). It was determined that there was a difference in the distribution of controlled asthma, uncontrolled asthma, and controls in HL subgroups (poor, problematic-limited, sufficient, and perfect HL) (p =

0.002). Conclusion: The level of HL is associated with asthma control. A significant proportion of asthmatic adolescents who participated in our research displayed low HL scores. Further studies should be conducted to increase the HL levels of adolescents to achieve better asthma control.

Notes: Cekic, Sukru Karali, Zuhaf Canitez, Yakup Esmen, Selin Ortac, Hatice Abdu, Selin Sapan, Nihat

Cekic, Sukru/L-1933-2017

Cekic, Sukru/0000-0002-9574-1842

1532-4303

URL: <Go to ISI>://WOS:000904985600001

Reference Type: Journal Article

Record Number: 2369

Author: Chaboyer, W. and Gillespie, B. M.

Year: 2014

Title: Understanding nurses' views on a pressure ulcer prevention care bundle: a first step towards successful implementation

Journal: Journal of Clinical Nursing

Volume: 23

Issue: 23-24

Pages: 3415-3423

Date: Dec

Short Title: Understanding nurses' views on a pressure ulcer prevention care bundle: a first step towards successful implementation

ISSN: 0962-1067

DOI: 10.1111/jocn.12587

Accession Number: WOS:000345443300012

Abstract: Aims and Objectives. To explore nurses' views of the barriers and facilitators to the use of a newly devised patient-centred pressure ulcer prevention care bundle. Background. Given pressure ulcer prevention strategies are not implemented consistently, the use of a pressure ulcer care bundle may improve implementation given bundles generally assist in standardising care. Design. A quality improvement project was undertaken after a pressure ulcer prevention care bundle was developed and pilot-tested. Methods. Short, conversational interviews with nurse explored their views of a patient-centred pressure ulcer care bundle. Interviews were audio-taped and transcribed. Inductive content analysis was used to analyse the transcripts. Results. A total of 20 nurses were interviewed. Five categories with corresponding subcategories emerged from the analysis. They were increasing awareness of pressure ulcer prevention, prompting pressure ulcer prevention activities, promoting active patient participation, barriers to using a pressure ulcer prevention care bundle and enabling integration of the pressure ulcer prevention care bundle into routine practice. Conclusions. Benefits of using a patient-centred pressure ulcer prevention care bundle may include prompting patients and staff to implement prevention strategies and promote active patient participation in care. The success of the care bundle relied on both patients' willingness to participate and nurses' willingness to incorporate it into their routine work.

Relevance to Clinical Practice. A patient-centred pressure ulcer prevention care bundle may facilitate more consistent implementation of pressure ulcer prevention strategies and active patient participation in care.

Notes: Chaboyer, Wendy Gillespie, Brigid M.

Gillespie, Brigid M/E-7799-2012; Chaboyer, Wendy/F-9588-2018

Chaboyer, Wendy/0000-0001-9528-7814; Gillespie, Brigid/
0000-0003-3186-5691

1365-2702

URL: <Go to ISI>://WOS:000345443300012

Reference Type: Journal Article

Record Number: 85

Author: Chad, P.

Year: 2023

Title: Rescuing Unwanted Household Goods: Moving Towards a Circular Economy

Journal: Australasian Marketing Journal

Date: 2023 Mar

Short Title: Rescuing Unwanted Household Goods: Moving Towards a Circular Economy

ISSN: 1441-3582

DOI: 10.1177/14413582231165268

Accession Number: WOS:000960781500001

Abstract: The world's current 'linear economy' business model diminishes finite resources and disregards ongoing detrimental effects being created on our planet. Society needs to do something different, and move to a circular economy for sustainability. Changing existing consumer behaviour to extend the life of currently unwanted household goods can play a beneficial role to increase circularity. Underpinned by the COM-B model of behaviour and associated Behaviour Change Wheel (BCW), this study explores householders' existing behaviour and views regarding unwanted goods, and perspectives of local government employees/contractors involved in collection of unwanted household goods, to develop recommended interventions to increase circularity. The study offers theoretical contributions as one of the first studies to apply the COM-B model and BCW within the circular economy context and identifies prioritisation/co-ordination as key issues needed in the model. Additionally, practical contributions are provided including recommendations for increased education, incentivisation and enablement (including improved infrastructure); with cost, safety, technology and politics key barriers to increasing circularity of unwanted goods by households. A crucial finding is a need for responsabilisation whereby all stakeholders must accept the specific role each needs to play in a co-ordinated effort to address the challenge of sustainability. The study provides social contribution addressing SDG Goal 12 (responsible consumption) and identifies how various stakeholders can do something different to assist increasing household participation in a circular economy - for the future of humankind and the planet.

Notes: Chad, Paul

Chad, Paul/M-1095-2014

Chad, Paul/0000-0002-7333-5608
1839-3349
URL: <Go to ISI>://WOS:000960781500001

Reference Type: Journal Article
Record Number: 43
Author: Chalabaev, A., Cheval, B., Maltagliati, S., Saoudi, I. and Sniehotta, F. F.
Year: 2023

Title: Beyond Individual Cognitions: Time for Intervention Science to Focus on Health Context and Audience

Journal: Journal of Physical Activity & Health

Date: 2023 Apr

Short Title: Beyond Individual Cognitions: Time for Intervention Science to Focus on Health Context and Audience

ISSN: 1543-3080

DOI: 10.1123/jpah.2023-0072

Accession Number: WOS:000974597600001

Abstract: Intervention science faces a hazardous paradox: on the one hand, vulnerable populations (eg, patients, people from low socioeconomic background, older adults) are those for whom adoption of healthy behaviors is most urgent; on the other hand, behavior change models are less predictive, and interventions less successful, in these populations. This commentary presents 4 reasons that may explain this issue: (1) research mostly focuses on what causes behavior and how to change it, at the expense of investigating among whom and under what conditions models are valid; (2) models put an undue emphasis on individual cognitions; (3) most studies are not conducted on vulnerable populations; and (4) most researchers are from high-income countries. Several avenues are proposed to address this issue: (1) providing a central place to the context and audience in health behavior change modelization, through collaborations with researchers from other disciplines and countries, and with members of the targeted audience; (2) better reporting samples' sociodemographic characteristics and increasing samples' diversity; and (3) using more rigorous and innovative designs (eg, powered randomized controlled trials, N-of-1 trials, intensive longitudinal studies). In conclusion, it becomes urgent to change the way we do research: the social utility and credibility of intervention science depend on it.

Notes: Chalabaev, Aina Cheval, Boris Maltagliati, Silvio Saoudi, Ilyes Sniehotta, Falko F.

Cheval, Boris/H-4574-2019; Sniehotta, Falko/C-5481-2008

Cheval, Boris/0000-0002-6236-4673; Maltagliati, Silvio/0000-0001-7199-0599; SAOUDI, Ilyes/0000-0001-9326-6454; Sniehotta, Falko/0000-0003-1738-4269

1543-5474

URL: <Go to ISI>://WOS:000974597600001

Reference Type: Journal Article

Record Number: 2034

Author: Chamberlain, C., O'Mara-Eves, A., Porter, J., Coleman, T.,

Perlen, S. M., Thomas, J. and McKenzie, J. E.

Year: 2017

Title: Psychosocial interventions for supporting women to stop smoking in pregnancy

Journal: Cochrane Database of Systematic Reviews

Issue: 2

Short Title: Psychosocial interventions for supporting women to stop smoking in pregnancy

ISSN: 1469-493X

DOI: 10.1002/14651858.CD001055.pub5

Article Number: Cd001055

Accession Number: WOS:000396096600002

Abstract: Background Tobacco smoking remains one of the few preventable factors associated with complications in pregnancy, and has serious long-term implications for women and babies. Smoking in pregnancy is decreasing in high-income countries, but is strongly associated with poverty and is increasing in low-to middle-income countries. Objectives To assess the effects of smoking cessation interventions during pregnancy on smoking behaviour and perinatal health outcomes. Search methods In this sixth update, we searched the Cochrane Pregnancy and Childbirth Group's Trials Register (13 November 2015), checked reference lists of retrieved studies and contacted trial authors. Selection criteria Randomised controlled trials, cluster-randomised trials, and quasi-randomised controlled trials of psychosocial smoking cessation interventions during pregnancy. Data collection and analysis Two review authors independently assessed trials for inclusion and trial quality, and extracted data. Direct comparisons were conducted in RevMan, with meta-regression conducted in STATA 14. Main results The overall quality of evidence was moderate to high, with reductions in confidence due to imprecision and heterogeneity for some outcomes. One hundred and two trials with 120 intervention arms (studies) were included, with 88 trials (involving over 28,000 women) providing data on smoking abstinence in late pregnancy. Interventions were categorised as counselling, health education, feedback, incentives, social support, exercise and dissemination. In separate comparisons, there is high-quality evidence that counselling increased smoking cessation in late pregnancy compared with usual care (30 studies; average risk ratio (RR) 1.44, 95% confidence interval (CI) 1.19 to 1.73) and less intensive interventions (18 studies; average RR 1.25, 95% CI 1.07 to 1.47). There was uncertainty whether counselling increased the chance of smoking cessation when provided as one component of a broader maternal health intervention or comparing one type of counselling with another. In studies comparing counselling and usual care (largest comparison), it was unclear whether interventions prevented smoking relapse among women who had stopped smoking spontaneously in early pregnancy. However, a clear effect was seen in smoking abstinence at zero to five months postpartum (11 studies; average RR 1.59, 95% CI 1.26 to 2.01) and 12 to 17 months (two studies, average RR 2.20, 95% CI 1.23 to 3.96), with a borderline effect at six to 11 months (six studies; average RR 1.33, 95% CI 1.00 to 1.77). In other comparisons, the effect was unclear for most secondary outcomes, but sample sizes were small. Evidence suggests a borderline effect of health education compared with usual

care (five studies; average RR 1.59, 95% CI 0.99 to 2.55), but the quality was downgraded to moderate as the effect was unclear when compared with less intensive interventions (four studies; average RR 1.20, 95% CI 0.85 to 1.70), alternative interventions (one study; RR 1.88, 95% CI 0.19 to 18.60), or when smoking cessation health education was provided as one component of a broader maternal health intervention. There was evidence feedback increased smoking cessation when compared with usual care and provided in conjunction with other strategies, such as counselling (average RR 4.39, 95% CI 1.89 to 10.21), but the confidence in the quality of evidence was downgraded to moderate as this was based on only two studies and the effect was uncertain when feedback was compared to less intensive interventions (three studies; average RR 1.29, 95% CI 0.75 to 2.20). High-quality evidence suggests incentive-based interventions are effective when compared with an alternative (non-contingent incentive) intervention (four studies; RR 2.36, 95% CI 1.36 to 4.09). However pooled effects were not calculable for comparisons with usual care or less intensive interventions (substantial heterogeneity, $I^2 = 93\%$). High-quality evidence suggests the effect is unclear in social support interventions provided by peers (six studies; average RR 1.42, 95% CI 0.98 to 2.07), in a single trial of support provided by partners, or when social support for smoking cessation was provided as part of a broader intervention to improve maternal health. The effect was unclear in single interventions of exercise compared to usual care (RR 1.20, 95% CI 0.72 to 2.01) and dissemination of counselling (RR 1.63, 95% CI 0.62 to 4.32). Importantly, high-quality evidence from pooled results demonstrated that women who received psychosocial interventions had a 17% reduction in infants born with low birthweight, a significantly higher mean birthweight (mean difference (MD) 55.60 g, 95% CI 29.82 to 81.38 g higher) and a 22% reduction in neonatal intensive care admissions. However the difference in preterm births and stillbirths was unclear. There did not appear to be adverse psychological effects from the interventions. The intensity of support women received in both the intervention and comparison groups has increased over time, with higher intensity interventions more likely to have higher-intensity comparisons, potentially explaining why no clear differences were seen with increasing intervention intensity in meta-regression analyses. Among meta-regression analyses: studies classified as having 'unclear' implementation and unequal baseline characteristics were less effective than other studies. There was no clear difference between trials implemented by researchers (efficacy studies), and those implemented by routine pregnancy staff (effectiveness studies), however there was uncertainty in the effectiveness of counselling in four dissemination trials where the focus on the intervention was at an organisational level. The pooled effects were similar in interventions provided for women classified as having predominantly low socioeconomic status, compared to other women. The effect was significant in interventions among women from ethnic minority groups; however not among indigenous women. There were similar effect sizes in trials with biochemically validated smoking abstinence and those with self-reported abstinence. It was unclear whether incorporating use of self-help manuals or telephone support increased the effectiveness of interventions. Authors'

conclusions Psychosocial interventions to support women to stop smoking in pregnancy can increase the proportion of women who stop smoking in late pregnancy and the proportion of infants born low birthweight. Counselling, feedback and incentives appear to be effective, however the characteristics and context of the interventions should be carefully considered. The effect of health education and social support is less clear. New trials have been published during the preparation of this review and will be included in the next update.

Notes: Chamberlain, Catherine O'Mara-Eves, Alison Porter, Jessie Coleman, Tim Perlen, Susan M. Thomas, James McKenzie, Joanne E. Perlen, Susan/P-8508-2019; Chamberlain, Catherine R/A-4218-2013 Perlen, Susan/0000-0001-7814-9743; Coleman, Tim/0000-0002-7303-4805; O'Mara-Eves, Alison/0000-0002-0359-6423; Chamberlain, Catherine/0000-0003-3446-0227
1361-6137
URL: <Go to ISI>://WOS:000396096600002

Reference Type: Journal Article

Record Number: 1548

Author: Chan, A. J., O'Donnell, D., Kaasa, B., Mathers, A., Papaioannou, A., Brazil, K., Paraschiv, N., Goldstein, M., Sadowski, C. and Dolovich, L.

Year: 2021

Title: Barriers and facilitators of implementing an antimicrobial stewardship intervention for urinary tract infection in a long-term care facility

Journal: Canadian Pharmacists Journal

Volume: 154

Issue: 2

Pages: 100-109

Date: Mar

Short Title: Barriers and facilitators of implementing an antimicrobial stewardship intervention for urinary tract infection in a long-term care facility

ISSN: 1715-1635

DOI: 10.1177/1715163521989756

Article Number: 1715163521989756

Accession Number: WOS:000620757200001

Abstract: Background: Fifty percent of antibiotic courses in long-term care facilities (LTCFs) are unnecessary, leading to increased risk of harm. Most studies to improve antibiotic prescribing in LTCFs showed modest and unsustainable results. We aimed to identify facilitators, barriers and strategies in implementing a urinary tract infection (UTI)-focused antimicrobial stewardship (AS) intervention at a LTCF, with the secondary objective of exploring the pharmacist's potential roles. Methods: The study used a qualitative descriptive design. Participants attended either a focus group or one-on-one interview. Data were analyzed inductively using a codebook modified in an iterative analytic process. Barrier and facilitator themes were mapped using the capability, opportunity, motivation and behaviour (COM-B) model. Similarly, themes were identified from the transcripts regarding the pharmacist's roles.

Results: Sixteen participants were interviewed. Most barriers and facilitators mapped to the opportunities domain of the COM-B model. The main barrier themes were lack of access, lack of knowledge, ineffective communication, lack of resources and external factors, while the main facilitator themes were education, effective collaboration, good communication, sufficient resources and access. For the pharmacist's role, the barrier themes were ineffective collaboration and communication. Conclusion: This study supports the importance of tailoring interventions to target factors underlying barriers to behaviour change. At this LTCF, an effective antimicrobial stewardship intervention should incorporate strategies to improve access, knowledge, communication and collaboration in its design, having sufficient resources and addressing external factors to optimize its success and long-term sustainability.

Notes: Chan, April J. O'Donnell, Denis Kaasa, Benjamin Mathers, Annalise Papaioannou, Alexandra Brazil, Kevin Paraschiv, Nicoleta Goldstein, Mark Sadowski, Cheryl Dolovich, Lisa Sadowski, Cheryl/0000-0002-4526-7054; Chan, April/0000-0002-5821-0516; Mathers, Annalise/0000-0002-4864-6359; Brazil, Kevin/0000-0001-7669-4991; Dolovich, Lisa/0000-0002-0061-6783 1913-701x

URL: <Go to ISI>://WOS:000620757200001

Reference Type: Journal Article

Record Number: 2299

Author: Chan, C. K. Y., Oldenburg, B. and Viswanath, K.

Year: 2015

Title: Advancing the Science of Dissemination and Implementation in Behavioral Medicine: Evidence and Progress

Journal: International Journal of Behavioral Medicine

Volume: 22

Issue: 3

Pages: 277-282

Date: Jun

Short Title: Advancing the Science of Dissemination and Implementation in Behavioral Medicine: Evidence and Progress

ISSN: 1070-5503

DOI: 10.1007/s12529-015-9490-2

Accession Number: WOS:000355340700001

Abstract: The enormous time lag between the discovery of new knowledge and its implementation poses a significant challenge to improving public health because of the very slow uptake into policy and practice. The field of dissemination and implementation research in behavioral medicine is receiving increased attention because of the keen interest in accelerating knowledge transfer from relevant research to improve the health and wellbeing of populations in many different settings, contexts, and countries around the world. This is particularly important in high-risk populations, resource-poor and developing regions of the world where the difference in health systems, languages, and cultures very significantly influences the translation of evidence into policy and practice. Moreover, demonstrating the broader societal and economic value of behavioral interventions in settings where they are implemented can further

support the sustainability, uptake, and implementation of these findings in other settings and contexts. This special issue presents a series of empirical studies, reviews, and case studies that address dissemination, implementation, and translation issues in both developed and developing countries. Specifically, the learnings from the application of many and varied theories and research methodologies are very relevant for bridging the current division between research findings and their translation and uptake into policy and practice.

Notes: Chan, Carina K. Y. Oldenburg, Brian Viswanath, Kasisomayajula Chan, Carina/AAO-6804-2021; Chan, Carina/O-6258-2014 Oldenburg, Brian/0000-0002-7712-5413; Chan, Carina/0000-0002-1799-7877 1532-7558

Si

URL: <Go to ISI>://WOS:000355340700001

Reference Type: Journal Article

Record Number: 1068

Author: Chang, C., Wong, J., Kamari, A. I., Cheah, S. C. H., Chan, M. A. and Zainuldin, R.

Year: 2022

Title: Understanding perspectives and choices for sedentary behaviour and physical activity in older adults' post-acute exacerbation of chronic obstructive pulmonary disease

Journal: Proceedings of Singapore Healthcare

Volume: 31

Date: Nov

Short Title: Understanding perspectives and choices for sedentary behaviour and physical activity in older adults' post-acute exacerbation of chronic obstructive pulmonary disease

ISSN: 2010-1058

DOI: 10.1177/20101058211066418

Accession Number: WOS:000732956800001

Abstract: Background: Individuals recovering from acute exacerbation of chronic obstructive pulmonary disease (AECOPD) are most likely to exhibit sedentary behaviour (SB) and low levels of physical activity (PA). This study seeks to explore their choices for adopting current patterns of SB and PA post AECOPD and add to current literature on stable COPD. Method: A semi-structured interview, based on the broad framework of the Behaviour Change Wheel, was conducted on patients post AECOPD. A phenomenological approach was utilised inductively. Results: Six participants were interviewed at their homes. Four major themes were identified: (1) low perceived capabilities for engaging in PA; (2) limited understanding on COPD and PA; (3) lack of translation of health knowledge and intentions into actions; and (4) poor adherence to movement-advice from physiotherapist. Conclusion: Our findings revealed largely psychological and behavioural deficits influencing SB and PA in people post AECOPD, similar to those in stable COPD.

Notes: Chang, Chevonne Wong, John Kamari, Ahmad Iqbal Cheah, Sophia C. Hui Chan, Mark A. Zainuldin, Rahizan Zainuldin, Rahizan/0000-0003-1143-9580

2059-2329

URL: <Go to ISI>://WOS:000732956800001

Reference Type: Journal Article

Record Number: 1465

Author: Chang, D. W., Neville, T. H., Parrish, J., Ewing, L., Rico, C., Jara, L., Sim, D., Tseng, C. H., van Zyl, C., Storms, A. D., Kamangar, N., Liebler, J. M., Lee, M. M. and Yee, H. F.

Year: 2021

Title: Evaluation of Time-Limited Trials Among Critically Ill Patients With Advanced Medical Illnesses and Reduction of Nonbeneficial ICU Treatments

Journal: Jama Internal Medicine

Volume: 181

Issue: 6

Pages: 786-794

Date: Jun

Short Title: Evaluation of Time-Limited Trials Among Critically Ill Patients With Advanced Medical Illnesses and Reduction of Nonbeneficial ICU Treatments

ISSN: 2168-6106

DOI: 10.1001/jamainternmed.2021.1000

Accession Number: WOS:000640666100003

Abstract: IMPORTANCE For critically ill patients with advanced medical illnesses and poor prognoses, overuse of invasive intensive care unit (ICU) treatments may prolong suffering without benefit. OBJECTIVE To examine whether use of time-limited trials (TLTs) as the default care-planning approach for critically ill patients with advanced medical illnesses was associated with decreased duration and intensity of nonbeneficial ICU care. DESIGN, SETTING, AND PARTICIPANTS This prospective quality improvement study was conducted from June 1, 2017, to December 31, 2019, at the medical ICUs of 3 academic public hospitals in California. Patients at risk for nonbeneficial ICU treatments due to advanced medical illnesses were identified using categories from the Society of Critical Care Medicine guidelines for admission and triage. INTERVENTIONS Clinicians were trained to use TLTs as the default communication and care-planning approach in meetings with family and surrogate decision makers. MAIN OUTCOMES AND MEASURES Quality of family meetings (process measure) and ICU length of stay (clinical outcome measure). RESULTS A total of 209 patients were included (mean [SD] age, 63.6 [16.3] years; 127 men [60.8%]; 101 Hispanic patients [48.3%]), with 113 patients (54.1%) in the preintervention period and 96 patients (45.9%) in the postintervention period. Formal family meetings increased from 68 of 113 (60.2%) to 92 of 96 (95.8%) patients between the preintervention and postintervention periods ($P < .01$). Key components of family meetings, such as discussions of risks and benefits of ICU treatments (preintervention, 15 [34.9%] vs postintervention, 56 [94.9%]; $P < .01$), eliciting values and preferences of patients (20 [46.5%] vs 58 [98.3%]; $P < .01$), and identifying clinical markers of improvement (9 [20.9%] vs 52 [88.1%]; $P < .01$), were discussed more frequently after intervention. Median ICU length of stay was significantly reduced

between preintervention and postintervention periods (8.7 [interquartile range (IQR), 5.7–18.3] days vs 7.4 [IQR, 5.2–11.5] days; $P = .02$). Hospital mortality was similar between the preintervention and postintervention periods (66 of 113 [58.4%] vs 56 of 96 [58.3%], respectively; $P = .99$). Invasive ICU procedures were used less frequently in the postintervention period (eg, mechanical ventilation preintervention, 97 [85.8%] vs postintervention, 70 [72.9%]; $P = .02$). CONCLUSIONS AND RELEVANCE In this study, a quality improvement intervention that trained physicians to communicate and plan ICU care with family members of critically ill patients in the ICU using TLTs was associated with improved quality of family meetings and a reduced intensity and duration of ICU treatments. This study highlights a patient-centered approach for treating critically ill patients that may reduce nonbeneficial ICU care.

Notes: Chang, Dong W. Neville, Thanh H. Parrish, Jennifer Ewing, Lian Rico, Christy Jara, Liliacna Sim, Danielle Tseng, Chi-hong van Zyl, Carin Storms, Aaron D. Kamangar, Nader Liebler, Janice M. Lee, May M. Yee, Hal F., Jr.

Kamangar, Nader/0000-0002-9206-4954
2168-6114

URL: <Go to ISI>://WOS:000640666100003

Reference Type: Journal Article

Record Number: 1299

Author: Chang, D. W., Parrish, J. and Yee, H. F.

Year: 2021

Title: Reporting of Death in US Food and Drug Administration Medical Device Adverse Event Reports in Categories Other Than Death COMMENT & RESPONSE

Journal: Jama Internal Medicine

Date: 2021 Jul

Short Title: Reporting of Death in US Food and Drug Administration Medical Device Adverse Event Reports in Categories Other Than Death COMMENT & RESPONSE

ISSN: 2168-6106

Accession Number: WOS:000679479000004

Notes: Chang, Dong W. Parrish, Jennifer Yee, Hal F., Jr.
2168-6114

URL: <Go to ISI>://WOS:000679479000004

Reference Type: Journal Article

Record Number: 334

Author: Chang, L. Y., Wang, C. J. and Chiang, T. L.

Year: 2022

Title: Childhood Handwashing Habit Formation and Later COVID-19 Preventive Practices: A Cohort Study

Journal: Academic Pediatrics

Volume: 22

Issue: 8

Pages: 1390-1398

Date: Nov-Dec

Short Title: Childhood Handwashing Habit Formation and Later COVID-19 Preventive Practices: A Cohort Study

ISSN: 1876-2859

DOI: 10.1016/j.acap.2022.05.014

Accession Number: WOS:000889963700020

Abstract: OBJECTIVE: This study identified developmental patterns of handwashing habit formation during childhood and examined their associations with later COVID-19 preventive practices. METHODS: We used data from the Taiwan Birth Cohort Study, which included 11,254 adolescents with complete data on childhood handwashing behavior and age-15 COVID-19 survey items. Bias-adjusted 3-step latent class analysis was used to test study hypotheses. RESULTS: The rates of handwashing and mask-wearing during the pandemic were 63.8% and 93.8%, respectively. Five distinct patterns of handwashing habit formation were identified: early formation (14.89%), delayed formation (17.73%), gradual formation (42.98%), inconsistent formation (9.78%), and nonformation (14.62%). Compared with adolescents with an early formation pattern of handwashing habits, those with other patterns exhibited lower odds ratios (ORs) of handwashing during COVID-19; these ORs were 0.67 (95% confidence interval [CI], 0.49-0.85), 0.60 (95% CI, 0.44-0.77), 0.29 (95% CI, 0.08-0.49), and 0.21 (95% CI, 0.01-0.40) for those with delayed formation, gradual formation, inconsistent formation, and nonformation patterns, respectively. Moreover, relative to that of adolescents with the early formation pattern, mask-wearing was less common among adolescents with gradual formation, inconsistent formation, and nonformation patterns, with ORs of 0.54 (95% CI, 0.16-0.92), 0.50 (95% CI, 0.03-0.96), and 0.26 (95% CI, 0.00-0.65), respectively. CONCLUSIONS: The early formation of hygienic habits is associated with higher adherence to pandemic preventive practices among adolescents. Our findings suggest that interventions to promote hygienic behaviors can start as early as age 3 through the introduction of healthy habits such as handwashing.

Notes: Chang, Ling-Yin Wang, C. Jason Chiang, Tung-liang Chiang, Tung-liang/B-9237-2009

1876-2867

URL: <Go to ISI>://WOS:000889963700020

Reference Type: Journal Article

Record Number: 1444

Author: Chang, W. J., Wang, Y. L., Chang, Y. H. and Lo, S. Y.

Year: 2021

Title: Effectiveness of an App-Based Mobile Intervention for Precision Oral Self-Care in Patients with Periodontitis from Initial Therapy to Re-Evaluation

Journal: Applied Sciences-Basel

Volume: 11

Issue: 9

Date: May

Short Title: Effectiveness of an App-Based Mobile Intervention for Precision Oral Self-Care in Patients with Periodontitis from Initial Therapy to Re-Evaluation

DOI: 10.3390/app11094229

Article Number: 4229

Accession Number: WOS:000649871900001

Abstract: Good oral hygiene is essential to oral health and oral disease prevention. Strengthening the adherence of patients with periodontitis to oral hygiene behaviors (OHBs) is crucial for the success of periodontal treatment. This study aims to investigate the intervention effectiveness of a novel mobile app for precision oral self-care, which was developed to help patients with periodontitis improving their oral hygiene through daily oral self-care. One-hundred and fifty eligible patients were recruited into this study and randomly allocated to the control (n = 75) or intervention group (n = 75), and their oral hygiene status (OHS) and OHBs were recorded at baseline and re-evaluation. The participants in the intervention group were required to perform daily oral self-care using our oral self-care app (OSCA) and the functional preferences and overall likeability of the OSCA were evaluated through a questionnaire survey. In total, 39 patients from the control group and 49 from the intervention group completed clinical examinations at baseline and re-evaluation. The results demonstrated that there was no significant difference in OHS improvement between the two groups. However, OHS improvement significantly differed between low-, moderate-, and high-frequency users, with frequency of use being positively correlated to the likeability of the app. Further investigation of the effectiveness of the OSCA intervention revealed that behavioral change in oral hygiene, frequency of OSCA use, and smoking affected OHS improvement. These outcomes indicate that our app-based mobile intervention may be of value for precision oral self-care in patients with periodontitis.

Notes: Chang, Wen-Jen Wang, Yen-Li Chang, Yen-Hsiang Lo, Shih-Yin 2076-3417

URL: <Go to ISI>://WOS:000649871900001

Reference Type: Journal Article

Record Number: 693

Author: Chang, Y. W. and Hsu, Y.

Year: 2022

Title: Beauty Consumption Matchmaking Mechanism for Confirming the Requirement Specification of App Development in the Post-COVID-19 Era

Journal: Frontiers in Psychology

Volume: 13

Date: Jun

Short Title: Beauty Consumption Matchmaking Mechanism for Confirming the Requirement Specification of App Development in the Post-COVID-19 Era

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2022.925905

Article Number: 925905

Accession Number: WOS:000813974700001

Abstract: COVID-19 began to spread worldwide in early 2020. Various governments have taken measures such as isolation, travel bans, and evacuation, mandating people to wear masks and go out less, in an attempt to prevent the spread of the virus. Governments also

restrict human contact service industries, including beauty and hair salons. When the pandemic was very serious, consumers had great doubts about going for hairdressing so the beauty industry was greatly affected. This study designed and developed an app platform that considers the COVID-19 and is used for the psychological role of consumer safety. The methodology of this research is a qualitative study. Based on the Capability, Opportunity, Motivation, Behavior (COM-B) model, and presenting the context of capabilities, opportunities, and motives of the theoretical framework, this study investigates the factors that identify the demand for the development of the platform for the beauty industry app matching mechanism. Four groups of people including consumers, beauty technicians, store managers, and application development engineers all conduct interviews based on their ability, opportunity, and motivation after experiencing the using application of OpenBeautiful. The results found that all groups of people already had the knowledge and ability to avoid infection in a pandemic, so it was possible to establish the need and feasibility of using the app platform. The use of the beauty industry app platform can bring new consumption patterns and career opportunities, and can trigger more business behavior activities. Therefore, this study starts from the COM-B model, and then explores the user needs of the platform according to the COM-B model framework, and proposes the mechanism and platform of app matching. Finally, based on the conclusion of the study, we propose practices and suggestions for the future operation of the app matching platform.

Notes: Chang, Yang-Wen Hsu, Yen

URL: <Go to ISI>://WOS:000813974700001

Reference Type: Journal Article

Record Number: 2321

Author: Chansrichavala, P., Wongsuwan, N., Suddee, S., Malasit, M., Hongsuwan, M., Wannapinij, P., Kitphati, R., Day, N. P. J., Michie, S., Peacock, S. J. and Limmathurotsakul, D.

Year: 2015

Title: Public Awareness of Melioidosis in Thailand and Potential Use of Video Clips as Educational Tools

Journal: Plos One

Volume: 10

Issue: 3

Date: Mar

Short Title: Public Awareness of Melioidosis in Thailand and Potential Use of Video Clips as Educational Tools

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0121311

Article Number: e0121311

Accession Number: WOS:000353889600146

Abstract: Background Melioidosis causes more than 1,000 deaths in Thailand each year. Infection occurs via inoculation, ingestion or inhalation of the causative organism (*Burkholderia pseudomallei*) present in soil and water. Here, we evaluated public awareness of melioidosis using a combination of population-based questionnaire, a public engagement campaign to obtain video clips made by the public,

and viewpoints on these video clips as potential educational tools about the disease and its prevention. Methods A questionnaire was developed to evaluate public awareness of melioidosis, and knowledge about its prevention. From 1 March to 31 April 2012, the questionnaire was delivered to five randomly selected adults in each of 928 districts in Thailand. A video clip contest entitled "Melioidosis, an infectious disease that Thais must know" was run between May and October 2012. The best 12 video clips judged by a contest committee were shown to 71 people at risk from melioidosis (diabetics). Focus group interviews were used to evaluate their perceptions of the video clips. Results Of 4,203 Thais who completed our study questionnaire, 74% had never heard of melioidosis, and 19% had heard of the disease but had no further knowledge. Most participants in all focus group sessions felt that video clips were beneficial and could positively influence them to increase adherence to recommended preventive behaviours, including drinking boiled water and wearing protective gear if in contact with soil or environmental water. Participants suggested that video clips should be presented in the local dialect with simple words rather than medical terms, in a serious manner, with a doctor as the one presenting the facts, and having detailed pictures of each recommended prevention method. Conclusions In summary, public awareness of melioidosis in Thailand is very low, and video clips could serve as a useful medium to educate people and promote disease prevention.

Notes: Chansrichavala, Praveen Wongsuwan, Nittayasee Suddee, Suthee Malasit, Mayura Hongsuwan, Maliwan Wannapinij, Prapass Kitphati, Rungreung Day, Nicholas P. J. Michie, Susan Peacock, Sharon J. Limmathurotsakul, Direk Malasit, Mayura/HJB-2270-2022; Peacock, Sharon J/ABE-6331-2020 Peacock, Sharon/0000-0002-1718-2782; Limmathurotsakul, Direk/0000-0001-7240-5320
URL: <Go to ISI>://WOS:000353889600146

Reference Type: Journal Article

Record Number: 256

Author: Chaplin, H., Sekhon, M. and Godfrey, E.

Year: 2022

Title: The challenge of exercise (non-)adherence: a scoping review of methods and techniques applied to improve adherence to physical activity and exercise in people with inflammatory arthritis

Journal: Rheumatology Advances in Practice

Volume: 7

Issue: 1

Date: Dec

Short Title: The challenge of exercise (non-)adherence: a scoping review of methods and techniques applied to improve adherence to physical activity and exercise in people with inflammatory arthritis

DOI: 10.1093/rap/rkac096

Article Number: rkac096

Accession Number: WOS:000922124700005

Abstract: Lay Summary What does this mean for patients? People with inflammatory arthritis can benefit from physical activity and

exercise, but many do not stick to (adhere to) recommendations and carry out enough to see any benefit. We aimed to review previous research to look for ways to improve this. Four English language scientific databases were searched, and articles were included if they assessed whether people with inflammatory arthritis adhered to physical activity and/or exercise intervention(s). Eighteen studies were included, but adherence was normally assessed only as a less important, secondary outcome. Most studies did not measure adherence properly or use any theory to help promote it. We found that adherence to physical activity and exercise interventions was rarely the focus of research, despite its importance to maintaining health in people with inflammatory arthritis. These results suggest that there is considerable room for improvement, and more high-quality research is needed to understand how to improve adherence and develop successful interventions for people with inflammatory arthritis.

Objectives The aims were to explore the nature of methods/techniques applied to improve adherence to physical activity (PA) and exercise in people with inflammatory arthritis and to identify whether studies were theory based and/or used behaviour change techniques (BCTs).

Methods Searches were undertaken of English language articles within four databases: Embase, Medline, PsycINFO and Cochrane. Articles were included if they assessed adherence to a PA and/or exercise intervention. A narrative synthesis of the findings is reported.

Results Of 1909 studies screened, 18 studies met inclusion criteria. Adherence was most frequently included as a secondary outcome. Reporting of adherence measures was poor, in that 13 studies did not use a validated measure of adherence, with only three validated measures being identified. The majority of studies were not theory driven (n = 13), although the health belief model was the most used theoretical framework (n = 5). Only two studies mentioned both theory and BCTs. Four studies reported components that were mapped onto BCTs, with goal setting being the most prevalent.

Conclusion This scoping review found that adherence to PA and/or exercise interventions was rarely the focus of research, despite its importance in maintaining health in people with inflammatory arthritis. Where research has been conducted in this area, serious shortcomings were revealed, in that psychological theory, evidence-based BCTs derived from theory and valid adherence measures were not used to inform intervention design and target adherence, meaning that interventions were suboptimal. These results suggest that there is considerable room for improvement and that more high-quality research is required to investigate determinants of adherence and develop impactful interventions.

Notes: Chaplin, Hema Sekhon, Mandeep Godfrey, Emma Chaplin, Hema/0000-0002-9402-9669; Sekhon, Mandeep/0000-0002-5109-9536; Godfrey, Emma/0000-0001-8995-9653 2514-1775
URL: <Go to ISI>://WOS:000922124700005

Reference Type: Journal Article

Record Number: 341

Author: Charters, B., Heffernan, T. and Daly, M.

Year: 2023

Title: When individual action requires collective approval: a roadmap for solar power adoption by strata property owners

Journal: Journal of Social Marketing

Volume: 13

Issue: 1

Pages: 100-120

Date: Jan

Short Title: When individual action requires collective approval: a roadmap for solar power adoption by strata property owners

ISSN: 2042-6763

DOI: 10.1108/jsocm-04-2022-0076

Accession Number: WOS:000879402600001

Abstract: Purpose This paper aims to examine a situation in which individual action requires collective approval – solar power adoption in strata properties – and offers a motivation-opportunity-ability theory-based model with which such a situation may be approached. Design/methodology/approach A Delphi methodology was undertaken for this study, with three iterative questionnaires administered online to a panel of strata property, renewable energy and sustainable housing experts. Findings The Delphi panel's insights have informed a new conceptual model, the Strata Solar Champion Roadmap (SSCR), outlining the variables affecting strata-based solar power adoption. Research limitations/implications Researchers and practitioners are encouraged to test and enhance the model's generalisability. Further case studies or quantitative analysis measuring the strength of the relationships identified in the SSCR model is particularly necessary. The SSCR could also be applied when examining other common strata governance disputes. Practical implications Policymakers and social marketers are encouraged to apply the SSCR when planning interventions to facilitate strata scheme solar power adoption. Furthermore, the SSCR offers guidance to strata property owners and strata schemes seeking to adopt solar power, thus increasing renewable energy use in a major sector of the Australian energy market. Originality/value Within this context, the SSCR's conceptualisation of strata-based solar PV adoption provides new insights into individual behaviour change requiring collective approval.

Notes: Charters, Ben Heffernan, Troy Daly, Matthew

Daly, Matthew/J-8331-2014

Daly, Matthew/0000-0003-1974-6884

2042-6771

URL: <Go to ISI>://WOS:000879402600001

Reference Type: Journal Article

Record Number: 1634

Author: Chater, A., Milton, S., Green, J., Gilworth, G. and Roposch, A.

Year: 2021

Title: Understanding physician behaviour in the 6-8 weeks hip check in primary care: a qualitative study using the COM-B

Journal: Bmj Open

Volume: 11

Issue: 3

Short Title: Understanding physician behaviour in the 6–8 weeks hip check in primary care: a qualitative study using the COM-B

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-044114

Article Number: e044114

Accession Number: WOS:000632921900036

Abstract: Objectives A compulsory hip check is performed on an infant at 6–8 weeks in primary care for the detection of developmental dysplasia of the hip (DDH). Missed diagnoses and infants incorrectly labelled with DDH remain an important problem. The nature of physician behaviour as a likely source of this problem has not been explored. The aims of this study were to make a behavioural diagnosis of general practitioners (GPs) who perform these hip checks, and identify potential behavioural change techniques that could make the hip checks more effective. Design Qualitative study with in-depth semistructured interviews of 6–8 weeks checks. We used the Capability, Opportunity, Motivation and Behaviour model in making a behavioural diagnosis and elicited factors that can be linked to improving the assessment. Setting Primary care. Participants 17 GPs (15 female) who had between 5 and 34 years of work experience were interviewed. Results Capability related to knowledge of evidence-based criteria and skill to identify DDH were important behavioural factors. Both physical (clinic time and space) and social (practice norms), opportunity were essential for optimal behaviour. Furthermore, motivation related to the importance of the 6–8 weeks check and confidence to perform the check and refer appropriately were identified in the behavioural diagnosis. Conclusion Aspects of capability, opportunity and motivation affect GPs' diagnosis and referral behaviours in relation to DDH. The findings from this work extend current knowledge and will inform the development of an intervention aimed at improving the diagnosis of DDH.

Notes: Chater, Angel Milton, Sarah Green, Judith Gilworth, Gill Roposch, Andreas

URL: <Go to ISI>://WOS:000632921900036

Reference Type: Journal Article

Record Number: 478

Author: Chater, A. M., Schulz, J., Jones, A., Burke, A., Carr, S., Kukucska, D., Troop, N., Trivedi, D. and Howlett, N.

Year: 2022

Title: Outcome evaluation of Active Herts: A community-based physical activity programme for inactive adults at risk of cardiovascular disease and/or low mental wellbeing

Journal: Frontiers in Public Health

Volume: 10

Date: Sep

Short Title: Outcome evaluation of Active Herts: A community-based physical activity programme for inactive adults at risk of cardiovascular disease and/or low mental wellbeing

DOI: 10.3389/fpubh.2022.903109

Article Number: 903109

Accession Number: WOS:000861750200001

Abstract: Background: A high proportion of UK adults are inactive, which can lead to a range of physical and mental health concerns. Active Herts is a community-based physical activity programme for inactive adults at risk of cardiovascular disease and/or low mental wellbeing. This paper provides a pragmatic evaluation of this programme. Method: This longitudinal study observed 717 adults (68% female, mean age = 56.9 years) from the "Active Herts " programme. Programme users were provided with a 45-min consultation with a "Get Active Specialist, " who talked them through an Active Herts self-help booklet and then signposted them to free or subsidized local exercise sessions. Programme users were followed up with a booster call 2 weeks later. The Get Active Specialist was a registered exercise professional (REPS Level 3), with additional training from the study team in motivational interviewing, health coaching, COM-B behavioral diagnosis and delivery of behavior change techniques (BCTs) in practice. The Active Herts booklet contained theoretically-driven and evidence-based BCTs to translate behavioral science into public health practice. Physical activity (Metabolic Equivalent Time [METs], measured using the International Physical Activity Questionnaire (IPAQ), perceived health (EQ-5D-5L) and mental wellbeing (Warwick-Edinburgh Mental Wellbeing Scale: WEMWBS) were measured at baseline, 3, 6 and 12 months. Results: At the end of the 12-month programme, users showed sustained improvements in physical activity (by +1331 METS), exceeding weekly recommendations. Sitting (reducing by over an hour per day), sporting participation, and perceptions of health were also improved, with improvements in mental wellbeing in the first 3 months. Conclusion: Designing and delivering a community-based physical activity programme that is theoretically-driven and evidence-based with frequent behavior change training and supervision can yield a significant increase in self-reported physical activity, reduction in sitting behavior and improvements to perceived health and mental wellbeing. Future research should extend this approach, utilizing a real-world, pragmatic evaluation.

Notes: Chater, Angel M. Schulz, Joerg Jones, Andy Burke, Amanda Carr, Shelby Kukucska, Dora Troop, Nick Trivedi, Daksha Howlett, Neil

Trivedi, Daksha/0000-0002-7572-4113; Carr, Shelby/
0000-0001-7301-8832; Howlett, Neil/0000-0002-6502-9969
2296-2565

URL: <Go to ISI>://WOS:000861750200001

Reference Type: Journal Article

Record Number: 338

Author: Chauhan, A., Bunting, H. and Dubey, S.

Year: 2022

Title: Adherence with mycophenolate mofetil in patients with autoimmune inflammatory rheumatic diseases in coventry: Signs of progress but challenges remain

Journal: Musculoskeletal Care

Date: 2022 Nov

Short Title: Adherence with mycophenolate mofetil in patients with

autoimmune inflammatory rheumatic diseases in coventry: Signs of progress but challenges remain

ISSN: 1478-2189

DOI: 10.1002/msc.1712

Accession Number: WOS:000881704200001

Abstract: Objective: The study investigated adherence with MMF treatment among patients attending rheumatology clinics at University Hospitals Coventry and Warwickshire NHS Trust (UHCW) with Autoimmune inflammatory rheumatic diseases (AIIRDs). Methods: This retrospective study collated hospital pharmacy data in patients who requested the prescription for MMF between January 2015 and December 2018. Clinical data were obtained from paper and electronic notes. Data were analysed using Microsoft Excel. Ethical approval was obtained through Coventry University. Results: We recruited 144 patients into this study with age range from 18 to 91 years, including 100 females and 44 males. There were 112 White patients, 22 of South Asian origin, 3 East Asian and 4 black patients. SLE (56), scleroderma (18), mixed connective tissue disease (15), myositis (13), vasculitis (13) were the commonest diagnoses. Overall adherence with Mycophenolate mofetil was 62%. The adherence rates were below 80% for all age groups with similar to 60% of patients having adherence levels of >60%. Poor adherence with MMF correlated with 3-fold increase in risk of flares compared to good adherence ($p = 0.002$). We also found a significant difference between Asian patients (mean adherence 47%) and White patients (mean adherence 65%, $p < 0.001$). Conclusion: Adherence with MMF has improved considerably compared to historical studies, although these remain suboptimal. Certain population groups such as young adults, elderly and Asian patients continue to have lower adherence and higher risk of flares. Strategies are needed to improve adherence levels overall and specifically in the high-risk groups to reduce risk of flares and organ damage.

Notes: Chauhan, Aarti Bunting, Helen Dubey, Shirish

Chauhan, Aarti/0000-0002-3969-5773

1557-0681

URL: <Go to ISI>://WOS:000881704200001

Reference Type: Journal Article

Record Number: 2010

Author: Chauhan, B. F., Jeyaraman, M., Mann, A. S., Lys, J., Skidmore, B., Sibley, K. M., Abou-Setta, A. and Zarychanski, R.

Year: 2017

Title: Behavior change interventions and policies influencing primary healthcare professionals' practice—an overview of reviews

Journal: Implementation Science

Volume: 12

Date: Jan

Short Title: Behavior change interventions and policies influencing primary healthcare professionals' practice—an overview of reviews

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0538-8

Article Number: 3

Accession Number: WOS:000395704600003

Abstract: Background: There is a plethora of interventions and policies aimed at changing practice habits of primary healthcare professionals, but it is unclear which are the most appropriate, sustainable, and effective. We aimed to evaluate the evidence on behavior change interventions and policies directed at healthcare professionals working in primary healthcare centers. Methods: Study design: overview of reviews. Data source: MEDLINE (Ovid), Embase (Ovid), The Cochrane Library (Wiley), CINAHL (EbscoHost), and grey literature (January 2005 to July 2015). Study selection: two reviewers independently, and in duplicate, identified systematic reviews, overviews of reviews, scoping reviews, rapid reviews, and relevant health technology reports published in full-text in the English language. Data extraction and synthesis: two reviewers extracted data pertaining to the types of reviews, study designs, number of studies, demographics of the professionals enrolled, interventions, outcomes, and authors' conclusions for the included studies. We evaluated the methodological quality of the included studies using the AMSTAR scale. For the comparative evaluation, we classified interventions according to the behavior change wheel (Michie et al.). Results: Of 2771 citations retrieved, we included 138 reviews representing 3502 individual studies. The majority of systematic reviews (91%) investigated behavior and practice changes among family physicians. Interactive and multifaceted continuous medical education programs, training with audit and feedback, and clinical decision support systems were found to be beneficial in improving knowledge, optimizing screening rate and prescriptions, enhancing patient outcomes, and reducing adverse events. Collaborative team-based policies involving primarily family physicians, nurses, and pharmacists were found to be most effective. Available evidence on environmental restructuring and modeling was found to be effective in improving collaboration and adherence to treatment guidelines. Limited evidence on nurse-led care approaches were found to be as effective as general practitioners in patient satisfaction in settings like asthma, cardiovascular, and diabetes clinics, although this needs further evaluation. Evidence does not support the use of financial incentives to family physicians, especially for long-term behavior change. Conclusions: Behavior change interventions including education, training, and enablement in the context of collaborative team-based approaches are effective to change practice of primary healthcare professionals. Environmental restructuring approaches including nurse-led care and modeling need further evaluation. Financial incentives to family physicians do not influence long-term practice change.

Notes: Chauhan, Bhupendrasinh F. Jeyaraman, Maya Mann, Amrinder Singh Lys, Justin Skidmore, Becky Sibley, Kathryn M. Abou-Setta, Ahmed Zarychanski, Ryan Skidmore, Becky/0000-0001-8293-9238
URL: <Go to ISI>://WOS:000395704600003

Reference Type: Journal Article

Record Number: 592

Author: Chen, C., Ahlqvist, V. H., Henriksson, P., Migueles, J. H., Christiansen, F., Galanti, M. R. and Berglind, D.

Year: 2022

Title: Increasing Children's physical Activity by Policy (CAP) in preschools within the Stockholm region: study protocol for a pragmatic cluster-randomized controlled trial

Journal: Trials

Volume: 23

Issue: 1

Date: Jul

Short Title: Increasing Children's physical Activity by Policy (CAP) in preschools within the Stockholm region: study protocol for a pragmatic cluster-randomized controlled trial

DOI: 10.1186/s13063-022-06513-4

Article Number: 577

Accession Number: WOS:000827750400003

Abstract: Background: Systematic reviews suggest that preschool environmental/organizational changes may be effective in increasing physical activity (PA) levels of preschool children, but evidence is scarce regarding feasible, effective, and equitable interventions that can be scaled up. Specifically, it is essential to understand whether introducing a multicomponent organizational change in terms of policy in the preschool context may be beneficial for children's PA levels and concomitant health outcomes. To bridge this knowledge gap, our main aim is to examine the feasibility and effectiveness of a policy package in increasing PA levels in preschool children, using a large-scale pragmatic cluster-randomized controlled trial.

Methods: This proposed study is a pragmatic cluster-randomized controlled trial with two conditions (intervention and control with a 1:1 ratio) with preschools as clusters and the unit of randomization. We aim to recruit approximately 4000 3–5-year-old children from 90 preschools and retain more than 2800 children from 85 preschools to provide adequate statistical power for the analyses. The intervention to implement is a co-created, multicomponent policy package running for 6 months in preschools randomized to intervention. Change in accelerometer measured PA levels in children between intervention and control from pre- and post-intervention will be the primary outcome of the study, while secondary outcomes include health outcomes such as musculoskeletal fitness, psychosocial functioning, and absence due to illness in children among others. Implementation will be studied carefully using both quantitative (dose, fidelity) and qualitative (interview) methodologies. The change in primary and secondary outcomes, from pre- to post-intervention, will be analyzed with linear mixed-effect models (to allow both fixed and random effects) nested on a preschool level. Discussion: This is a large-scale co-creation project involving the City of Stockholm, childcare stakeholders, preschool staff, and the research group with the potential to influence more than 30,000 preschool children within the Stockholm area. The study will add reliable evidence for the implementation of PA policies at the organizational level of preschools and clarify its potential effect on objectively measured PA and health markers in children.

Notes: Chen, C. Ahlqvist, V. H. Henriksson, P. Migueles, J. H. Christiansen, F. Galanti, M. R. Berglind, D. Berglind, Daniel/AF0-8234-2022

Berglind, Daniel/0000-0003-0616-7779; Ahlqvist, Viktor/
0000-0003-1383-3194; Chen, Chu/0000-0001-6350-3797
1745-6215
URL: <Go to ISI>://WOS:000827750400003

Reference Type: Journal Article

Record Number: 477

Author: Chen, D. D., Zhang, H., Cui, N. Q., Song, F., Tang, L. W.,
Shao, J., Wu, J. J., Guo, P. P., Liu, N., Wang, X. Y. and Ye, Z. H.
Year: 2022

Title: Development of a behavior change intervention to improve
physical activity adherence in individuals with metabolic syndrome
using the behavior change wheel

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Sep

Short Title: Development of a behavior change intervention to
improve physical activity adherence in individuals with metabolic
syndrome using the behavior change wheel

DOI: 10.1186/s12889-022-14129-1

Article Number: 1740

Accession Number: WOS:000853908000004

Abstract: Background Adherence to physical activity is inadequate in
adults with metabolic syndrome. Adherence to physical activity
recommendations is crucial and can result in improved health
outcomes and reduced medical burdens. A comprehensive behavior
change intervention, including identifying determinants of adherence
to physical activity recommendations, intervention options,
intervention content and implementation options, was imperative for
enhancing physical activity adherence. The aim of the study is to
develop an intervention to increase physical activity adherence
among individuals with metabolic syndrome. Methods The study
followed the eight steps of the Behavior Change Wheel guide,
including defining the problem in behavioral terms (Step 1),
selecting target behavior (Step 2), specifying target behavior (Step
3), identifying what needs to change (Step 4), identifying
intervention functions (Step 5), identifying policy categories (Step
6), identifying behavior change techniques (Step 7), and determining
model of delivery (Step 8). The semi-structured, in-depth interviews
were employed to identify the determinants of adherence to physical
activity among twenty-eight individuals with metabolic syndrome
based on capability, opportunity, motivation and behavior model.
Next, the intervention functions and policy categories were chosen
to address these determinants. Finally, behavior change techniques
were selected to assist in the delivery of the intervention
functions and be translated into intervention content. Results Our
study identified eighteen facilitators and fifteen barriers to
physical activity adherence. It resulted in the selection of seven
intervention functions and nineteen behavior change techniques for
the intervention program. Then, the current study identified an app
as the delivery mode. Finally, a behavioral change intervention was
generated for individuals with metabolic syndrome to increase

physical activity recommendation adherence. Conclusions The Behavior Change Wheel provided a systematic approach to designing a behavior change intervention, which helped improve the health outcomes and reduce medical burdens and economic burdens among individuals with metabolic syndrome. The findings suggested that potential intervention should pay special attention to increasing knowledge in metabolic syndrome, imparting skills of physical activity, offering a supportive environment, and providing suggestions on regular physical activity using the appropriate behavior change techniques. A feasibility study will be undertaken to assess the acceptability and effectiveness of the intervention program in the future.

Notes: Chen, Dandan Zhang, Hui Cui, Nianqi Song, Feng Tang, Leiwen Shao, Jing Wu, Jingjie Guo, Pingping Liu, Na Wang, Xiyi Ye, Zhihong Wang, Xiyi/HDM-3904-2022

Wang, Xiyi/0000-0002-6470-8556
1471-2458

URL: <Go to ISI>://WOS:000853908000004

Reference Type: Journal Article

Record Number: 686

Author: Chen, D. D., Zhang, H., Shao, J., Tang, L. W., Cui, N. Q., Wang, X. Y., Wu, J. J., Wang, D. and Ye, Z. H.

Year: 2023

Title: Determinants of adherence to diet and exercise behaviours among individuals with metabolic syndrome based on the Capability, Opportunity, Motivation, and Behaviour model: a cross-sectional study

Journal: European Journal of Cardiovascular Nursing

Volume: 22

Issue: 2

Pages: 193-200

Date: Mar

Short Title: Determinants of adherence to diet and exercise behaviours among individuals with metabolic syndrome based on the Capability, Opportunity, Motivation, and Behaviour model: a cross-sectional study

ISSN: 1474-5151

DOI: 10.1093/eurjcn/zvac034

Accession Number: WOS:000807118400001

Abstract: Aims Adherence to diet and exercise recommendations is crucial among metabolic syndrome (MetS) individuals. However, no studies have focused on comprehensive behavioural changes of diet and exercise among individuals with MetS. The present study aimed to explore determinants of adherence to diet and exercise behaviours among people with MetS based on the Capability, Opportunity, Motivation, and Behaviour (COM-B) model. Methods and results A cross-sectional study was conducted in a health promotion centre of a large and general university hospital in Zhejiang Province, China, in 2021. A total of 241 individuals with MetS completed all scales. The mediation model was tested using structural equation modelling with bootstrapped samples. In the regression-based path analysis, MetS knowledge ($\beta = 0.140$), socioeconomic status ($\beta = 0.162$), and social support ($\beta = 0.143$) directly positively influenced

diet behaviour. In addition, social support indirectly positively influenced exercise behaviour through coping and adaptation ($\beta = 0.090$). The final theoretical model showed a good fit (root mean square error of approximation = 0.057, comparative fit index = 0.946). Conclusion Factors associated with diet behaviour were knowledge of MetS, socioeconomic status, and social support. Adaptation may be a mediator between social support and exercise behaviour. Intervention programmes targeting increased adherence to diet and exercise could include these factors for individuals with MetS. [GRAPHICS] .

Notes: Chen, Dandan Zhang, Hui Shao, Jing Tang, Leiwen Cui, Nianqi Wang, Xiyi Wu, Jingjie Wang, Dan Ye, Zhihong Wang, Xiyi/HDM-3904-2022 Wang, Xiyi/0000-0002-6470-8556; Cui, Nianqi/0000-0002-7963-4887; Ye, Zhihong/0000-0001-6947-3330; Tang, Leiwen/0000-0003-4058-0161 1873-1953
URL: <Go to ISI>://WOS:000807118400001

Reference Type: Journal Article

Record Number: 1913

Author: Chen, J., Lieffers, J., Bauman, A., Hanning, R. and Allman-Farinelli, M.

Year: 2017

Title: The use of smartphone health apps and other mobile health (mHealth) technologies in dietetic practice: a three country study

Journal: Journal of Human Nutrition and Dietetics

Volume: 30

Issue: 4

Pages: 439-452

Date: Aug

Short Title: The use of smartphone health apps and other mobile health (mHealth) technologies in dietetic practice: a three country study

ISSN: 0952-3871

DOI: 10.1111/jhn.12446

Accession Number: WOS:000405385800004

Abstract: Background: Smartphone health applications (apps) and other mobile health (mHealth) technologies may assist dietitians in improving the efficiency of patient care. The present study investigated the use of health apps and text messaging in dietetic practice and formulated intervention recommendations for supporting app uptake by dietitians based on the behavioural COM-B' system, where interactions between capability, opportunity and motivation influence behaviour. Methods: A 52-item online survey tool, taking 20min to complete, was developed and piloted, with questions exploring the use of health apps and text messaging in dietetic practice, types of apps dietitians recommended and that patients used, and barriers and enablers to app use in dietetic practice. The Australian, New Zealand and British dietetic associations distributed the survey to their members. Results: A 5% response rate was achieved internationally, with 570 completed responses included for further analysis. Health apps, namely nutrition apps, were used by 62% of dietitians in their practice, primarily as an information

resource (74%) and for patient self-monitoring (60%). The top two nutrition apps recommended were MyFitnessPal((R)) (62%) and the Monash University Low FODMAP Diet((R)) (44%). Text messaging was used by 51% of respondents, mainly for appointment-related purposes (84%). Conclusions: Although the reported use of smartphone health apps in dietetic practice is high, health apps and other mHealth technologies are not currently being used for behaviour change, nor are they an integral part of the nutrition care process. Dietetic associations should provide training, education and advocacy to enable the profession to more effectively engage with and implement apps into their practice.

Notes: Chen, J. Liefers, J. Bauman, A. Hanning, R. Allman-Farinelli, M.

Chen, Juliana/0000-0003-2844-6947
1365-277x

URL: <Go to ISI>://WOS:000405385800004

Reference Type: Journal Article

Record Number: 1135

Author: Chen, M. M., Mott, N. M., Miller, J., Kazemi, R., Stover, M., Graboyes, E. M., Divi, V., Malloy, K. M., Wallner, L. P., Pitt, S. C. and Dossett, L. A.

Year: 2022

Title: Clinician Attitudes and Beliefs About Deintensifying Head and Neck Cancer Surveillance

Journal: Jama Otolaryngology-Head & Neck Surgery

Volume: 148

Issue: 1

Pages: 43-51

Date: Jan

Short Title: Clinician Attitudes and Beliefs About Deintensifying Head and Neck Cancer Surveillance

ISSN: 2168-6181

DOI: 10.1001/jamaoto.2021.2824

Accession Number: WOS:000714699800006

Abstract: IMPORTANCE Surveillance imaging and visits are costly and have not been shown to improve oncologic outcomes for patients with head and neck cancer (HNC). However, the benefit of surveillance visits may extend beyond recurrence detection. To better understand surveillance and potentially develop protocols to tailor current surveillance paradigms, it is important to elicit the perspectives of the clinicians who care for patients with HNC. OBJECTIVE To characterize current surveillance practices and explore clinician attitudes and beliefs on deintensifying surveillance for patients with HNC. DESIGN, SETTING, AND PARTICIPANTS This qualitative study was performed from January to March 2021. Guided by an interpretive description approach, interviews were analyzed to produce a thematic description. Data analysis was performed from March to April 2021. Otolaryngologists and radiation oncologists were recruited using purposive and snowball sampling strategies. MAIN OUTCOMES AND MEASURES The main outcomes were current practice, attitudes, and beliefs about deintensifying surveillance and survivorship as well as patients' values and perspectives collected from interviews of

participating physicians. RESULTS Twenty-one physicians (17 [81%] men) were interviewed, including 13 otolaryngologists and 8 radiation oncologists with a median of 8 years (IQR, 5–20 years) in practice. Twelve participants (57%) stated their practice comprised more than 75% of patients with HNC. Participants expressed that there was substantial variation in the interpretation of the surveillance guidelines. Participants were open to the potential for deintensification of surveillance or incorporating symptom-based surveillance protocols but had concerns that deintensification may increase patient anxiety and shift some of the burden of recurrence monitoring to patients. Patient and physician peace of mind, the importance of maintaining the patient–physician relationship, and the need for adequate survivorship and management of treatment-associated toxic effects were reported to be important barriers to deintensifying surveillance. CONCLUSIONS AND RELEVANCE In this qualitative study, clinicians revealed a willingness to consider altering cancer surveillance but expressed a need to maintain patient and clinician peace of mind, maintain the patient–clinician relationship, and ensure adequate monitoring of treatment-associated toxic effects and other survivorship concerns. These findings may be useful in future research on the management of posttreatment surveillance.

Notes: Chen, Michelle M. Mott, Nicole M. Miller, Jacquelyn Kazemi, Ruby Stover, Michael Graboyes, Evan M. Divi, Vasu Malloy, Kelly M. Wallner, Lauren P. Pitt, Susan C. Dossett, Lesly A.

Chen, Michelle/N-9056-2013; Mott, Nicole/HNS-5239-2023

Chen, Michelle/0000-0002-6988-5658; Mott, Nicole/0000-0003-4834-3400 2168-619x

URL: <Go to ISI>://WOS:000714699800006

Reference Type: Journal Article

Record Number: 95

Author: Chen, S. J., Wang, R., Xu, N., Zhang, J. J., Liu, Y., Cong, S. N., Sun, X. Q., Zhu, Z., Zhou, H., Gu, P. and Zhang, A. X.

Year: 2023

Title: Identification of factors influencing core competence promotion among professional nurses and midwives: A qualitative study using the COM-B model

Journal: Nurse Education in Practice

Volume: 69

Date: May

Short Title: Identification of factors influencing core competence promotion among professional nurses and midwives: A qualitative study using the COM-B model

ISSN: 1471-5953

DOI: 10.1016/j.nepr.2023.103619

Article Number: 103619

Accession Number: WOS:000966302700001

Abstract: Aim: To identify factors influencing a behaviour of improving core competencies among nurses and midwives in the Maternity and Child Health Care Hospital using the capability, opportunity, motivation and behaviour (COMB) model. Background: With the increasing number of women with pregnancy complications and the

COVID-19 pandemic, nurses and midwives are being challenged and enhancing their core competencies is imperative to ensure highquality care. To develop effective intervention strategies, it is essential to systematically explore what influences nurses and midwives to improve their core competencies. To this end, this study applied the COM-B model of behavioural change. Design: Qualitative study using the COM-B model. Methods: This qualitative descriptive study was conducted in 2022 using face-to-face interviews, including 49 nurses and midwives. Topic guides for the interviews were developed based on the COM-B model. Transcribed verbatim interviews were analysed using deductive thematic analysis. Results: The COM-B model captures several factors. Capability factors included clinical knowledge and selfdirected learning abilities. Opportunity factors included professional education covering necessary clinical skills, adequate clinical practice, personalised training, available time, insufficient clinical learning resources, absence of scientific research resources and support from leadership. Motivational factors were access to longterm work, incentive policies based on individuals' work values and responses to upward social comparison. Conclusions: The findings of this study suggested that prior to developing intervention strategies to enhance the core competencies of nurses and midwives, processing barriers to nurses' and midwives' capabilities, opportunities and motivation can facilitate the implementation of interventions.

Notes: Chen, Sijing Wang, Rui Xu, Nuo Zhang, Jingjing Liu, Yan Cong, Shengnan Sun, Xiaoqing Zhu, Zhu Zhou, Hui Gu, Ping Zhang, Aixia Zhang, Jing/ISA-6627-2023

Zhang, Jing/0009-0003-5039-5688; chen, sijing/0000-0003-4881-580X;

Zhang, Jingjing/0000-0003-3239-254X

1873-5223

URL: <Go to ISI>://WOS:000966302700001

Reference Type: Journal Article

Record Number: 750

Author: Chen, Y., Gong, X. X., Zhong, W. S., Wang, J. B., Yang, Z. M., Yan, S. Q., Geng, F. L., Zhou, Y., Zhang, X. T., Chen, Z. C., Hu, H. T., Tong, L. S., Chen, H. F., Ke, S. F., He, Y. P., Wang, Y. X., Zhang, X. L., Wang, Z. M., Chen, Z. H., Zhao, H., Yuan, C. Z., Lou, M. and Investigators, Case

Year: 2022

Title: Evaluation of a Multilevel Program to Improve Clinician Adherence to Management Guidelines for Acute Ischemic Stroke

Journal: Jama Network Open

Volume: 5

Issue: 5

Date: May

Short Title: Evaluation of a Multilevel Program to Improve Clinician Adherence to Management Guidelines for Acute Ischemic Stroke

ISSN: 2574-3805

DOI: 10.1001/jamanetworkopen.2022.10596

Article Number: e2210596

Accession Number: WOS:000791489500002

Abstract: IMPORTANCE Promotion of clinician adherence to stroke

guidelines can improve stroke outcomes. **OBJECTIVE** To investigate the outcomes of a multilevel system program on clinician adherence to guidelines for treatment of patients with acute ischemic stroke (AIS). **DESIGN, SETTING, AND PARTICIPANTS** This quality improvement study used a prospective interrupted time series (ITS) and difference-in-difference (DID) design, from August 1, 2018, to January 31, 2020, divided into preprogram term and short and long postprogram terms; each term had 6 months. Data were collected during hospitalization and at discharge with an automated medical record data capture system in 58 public hospitals in Zhejiang province, China. Data were analyzed from August 2018 to January 2020. **EXPOSURES** The multilevel system program included a modularized standard template for medical records, centrally supported continuing education, continuous monitoring and feedback, and collaborative workshops. **MAIN OUTCOMES AND MEASURES** The primary outcome was adherence to 12 key performance indicators (KPIs), expressed as (1) percentage of patient-applicable KPIs achieved in each participant and (2) percentage of participants among whom all applicable KPIs were achieved (dichotomous all-or-none measure). The secondary outcome was severe disability or death (modified Rankin Scale 5–6) at discharge. **RESULTS** Among 45 091 patients (mean [SD] age, 69 [12] years; 18 347 female [40.7%]), 28 721 from 30 hospitals received the program and 16 370 from 28 hospitals continued routine care. In adjusted DID analysis, the program was associated with an increase in the absolute percentage of KPIs achieved per patient (6.46%; 95% CI, 5.49% to 7.43%), absolute rate of all-or-none success (8.29%; 95% CI, 6.99% to 9.60%), and decreased rate of severe disability or death at discharge (–1.68%; 95% CI, –2.99% to –0.38%). The ITS result showed the program was associated with an increase in KPIs achieved per patient per week (slope change in short-term period, 0.36%; 95% CI, 0.20% to 0.52%; level change in long-term period, 9.64%; 95% CI, 4.58% to 14.69%) and in all-or-none success (slope change in short-term period 0.34%; 95% CI, 0.23% to 0.46%; level change in long-term period 5.89%; 95% CI, 0.19% to 11.59%). **CONCLUSIONS AND RELEVANCE** The centrally supported program was associated with increases in clinician adherence to guidelines and reduced the proportion of severely disabled or deceased patients with AIS at discharge, providing support for its wider implementation.

Notes: Chen, Yi Gong, Xiaoxian Zhong, Wansi Wang, Jianbing Yang, Zongming Yan, Shenqiang Geng, Fangli Zhou, Ying Zhang, Xuting Chen, Zhicai Hu, Haitao Tong, Lusha Chen, Hongfang Ke, Shaofa He, Yuping Wang, Yaxian Zhang, Xiaoling Wang, Zhimin Chen, Zhihui Zhao, Heng Yuan, Changzheng Lou, Min

URL: <Go to ISI>://WOS:000791489500002

Reference Type: Journal Article

Record Number: 1423

Author: Cheng, B. B. Y., Ryan, B., Copland, D. A. and Wallace, S. J.

Year: 2022

Title: Prognostication in post-stroke aphasia: speech pathologists' clinical insights on formulating and delivering information about recovery

Journal: Disability and Rehabilitation

Volume: 44

Issue: 18

Pages: 5046-5059

Date: Aug

Short Title: Prognostication in post-stroke aphasia: speech pathologists' clinical insights on formulating and delivering information about recovery

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1922514

Accession Number: WOS:000648451100001

Abstract: Purpose For people with post-stroke aphasia, "Will I get better?" is a question often asked, but one that is intellectually and emotionally demanding for speech pathologists to answer. Speech pathologists' formulation and delivery of aphasia prognoses is varied and there is limited evidence for optimising practice. We aimed to understand speech pathologists' clinical experiences, reasoning, and support needs in aphasia prognostication. Materials and methods Twenty-five Australian speech pathologists working with people with aphasia participated in individual, semi-structured interviews. Their age, level of experience, work setting, and location were maximally varied. Interview responses were analysed qualitatively using thematic analysis. Results Five themes were drawn from the interviews: (1) prognostic challenges are shared but not voiced; (2) truth is there's no quick fix; (3) recovery is more than words; (4) the power of words; and, (5) prognostic competence is implicit. Conclusions Speech pathologists use implicit competencies to formulate and deliver aphasia prognoses. A patient-centred, holistic contextualisation of aphasia recovery may enable realistic, optimistic, and constructive conversations about prognosis. These conversations may have therapeutic potential if prognostic uncertainty, emotional adjustment, and conditional outcomes are carefully addressed. Future research should seek to understand the perceptions and preferences of people with aphasia and their significant others.

Notes: Cheng, Bonnie B. Y. Ryan, Brooke Copland, David A. Wallace, Sarah J.

Copland, David/AAE-5334-2020; Wallace, Sarah J./K-8381-2015; Cheng, Bonnie/AAP-2212-2020

Copland, David/0000-0002-2257-4270; Wallace, Sarah J./

0000-0002-0600-9343; Ryan, Brooke/0000-0002-6053-7614; Ross, Bonnie Bond Yee/0000-0002-3433-8486

1464-5165

URL: <Go to ISI>://WOS:000648451100001

Reference Type: Journal Article

Record Number: 415

Author: Cheng, F. and Yin, Y. L.

Year: 2022

Title: Organizational antecedents and multiple paths of knowledge-sharing behavior of construction project members: evidence from Chinese construction enterprises

Journal: Engineering Construction and Architectural Management

Date: 2022 Oct

Short Title: Organizational antecedents and multiple paths of knowledge-sharing behavior of construction project members: evidence from Chinese construction enterprises

ISSN: 0969-9988

DOI: 10.1108/ecam-07-2022-0614

Accession Number: WOS:000865805000001

Abstract: Purpose Lack of knowledge-sharing behavior (KSB) among construction project members hinders propagation of expertise, working methods, and lessons learned within an organization, and deprives the organization of a sustainable competitive edge. The present study investigates the combined effect of organizational antecedents of construction projects on members' KSB and provides a reference for developing management initiatives to motivate KSB.

Design/methodology/approach Based on organizational theory and organizational behavior literature, five organizational antecedents associated with KSB from organizational culture and structure were identified. Subsequently, the authors used survey data from 152 organization members in Chinese construction enterprises to conduct the fuzzy-set qualitative comparative analysis (fsQCA) and reveal configurations of organizational antecedents influencing KSB.

Findings This study identifies five configuration paths that are sufficient for shaping the KSB of construction project members, integrated into two types of driving modes, namely "trust-driven" and "incentive-driven". Relevant discussions can guide managers of construction project organizations to position the driving strategies of KSB that match different organizational scenarios or constraints. Originality/value By analyzing the configuration effects of organizational antecedents on KSB, novel clues are provided for governing the deficiency of KSB among construction project members. This contributes to the literature on knowledge transfer and organizational behavior. The findings provide actionable insights for improving knowledge flow in construction project organizations and designing KSB guidance regimes.

Notes: Cheng, Fan Yin, Yilin

1365-232x

URL: <Go to ISI>://WOS:000865805000001

Reference Type: Journal Article

Record Number: 1335

Author: Cheng, S. W. M., Alison, J., Stamatakis, E., Dennis, S., McNamara, R., Spencer, L. and McKeough, Z.

Year: 2022

Title: Six-week behaviour change intervention to reduce sedentary behaviour in people with chronic obstructive pulmonary disease: a randomised controlled trial

Journal: Thorax

Volume: 77

Issue: 3

Pages: 231-238

Date: Mar

Short Title: Six-week behaviour change intervention to reduce sedentary behaviour in people with chronic obstructive pulmonary

disease: a randomised controlled trial

ISSN: 0040-6376

DOI: 10.1136/thoraxjnl-2020-214885

Accession Number: WOS:000728299200001

Abstract: Introduction This study aimed to determine whether a 6-week behaviour change intervention was more effective than a sham intervention for reducing sedentary behaviour (SB) in people with chronic obstructive pulmonary disease (COPD). Methods People with stable COPD on the waitlist for entry into pulmonary rehabilitation were recruited to this multicentre trial with randomisation (independent, concealed allocation) to either an intervention group or sham group, assessor blinding and intention-to-treat (ITT) analysis. The behaviour change intervention consisted of once weekly sessions for 6 weeks with a physiotherapist to reduce SB through education, guided goals setting and real-time feedback on SB. The sham intervention consisted of once weekly phone calls for 6 weeks to monitor health status. SB was measured continuously over 7 days using thigh-worn accelerometry (activPAL3 micro). The primary outcome was time spent in SB. Participants with at least 4 days of ≥ 10 hours waking wear time were included in the ITT analysis and those who reported achieving $\geq 70\%$ of goals to reduce SB or who completed all sham calls were included in a per-protocol analysis. Results 70 participants were recruited and 65 completed the study (mean \pm SD age 74 \pm 9 years, mean FEV1 55% \pm 19% predicted, 49% male). At 6 weeks, no between-group differences in time spent in SB were observed in the ITT analysis (mean difference 5 min/day, 95% CI -38 to 48) or per-protocol analysis (-16 min/day, 95% CI -80 to 48). Discussion A 6-week behaviour change intervention did not reduce time in SB compared with a sham intervention in people with stable moderate-to-severe COPD prior to pulmonary rehabilitation. Notes: Cheng, Sonia Wing Mei Alison, Jennifer Stamatakis, Emmanuel Dennis, Sarah McNamara, Renae Spencer, Lissa McKeough, Zoe Cheng, Sonia/GZM-8978-2022; McKeough, Zoe/B-5405-2015 McKeough, Zoe/0000-0002-3657-7229; McNamara, Renae/0000-0001-5468-7176 1468-3296 URL: <Go to ISI>://WOS:000728299200001

Reference Type: Journal Article

Record Number: 203

Author: Chernick, L. S., Bugaighis, M., Britton, L., Cruz, A. T., Goyal, M. K., Mistry, R. D., Reed, J. L., Bakken, S., Santelli, J. S. and Dayan, P. S.

Year: 2023

Title: Factors influencing the conduction of confidential conversations with adolescents in the emergency department: A multicenter, qualitative analysis

Journal: Academic Emergency Medicine

Volume: 30

Issue: 2

Pages: 99-109

Date: Feb

Short Title: Factors influencing the conduction of confidential

conversations with adolescents in the emergency department: A
multicenter, qualitative analysis

ISSN: 1069-6563

DOI: 10.1111/acem.14638

Accession Number: WOS:000918149500001

Abstract: Background: Health care providers (HCPs) in the emergency department (ED) frequently must decide whether to conduct or forego confidential conversations with adolescent patients about sensitive topics, such as those related to mental health, substance use, and sexual and reproductive health. The objective of this multicenter qualitative analysis was to identify factors that influence the conduct of confidential conversations with adolescent patients in the ED. **Methods:** In this qualitative study, we conducted semistructured interviews of ED HCPs from five academic, pediatric EDs in distinct geographic regions. We purposively sampled HCPs across gender, professional title, and professional experience. We used the Theoretical Domains Framework (TDF) to develop an interview guide to assess individual and system-level factors affecting HCP behavior regarding the conduct of confidential conversations with adolescents. Enrollment continued until we reached saturation. Interviews were recorded, transcribed, and coded by three investigators based on thematic analysis. We used the coded transcripts to collaboratively generate belief statements, which are first-person statements that reflect shared perspectives. **Results:** We conducted 38 interviews (18 physicians, 11 registered nurses, five nurse practitioners, and four physician assistants). We generated 17 belief statements across nine TDF domains. Predominant influences on having confidential conversations included self-efficacy in speaking with adolescents alone, wanting to address sexual health complaints, maintaining patient flow, experiencing parental resistance and limited space, and having inadequate resources to address patient concerns and personal preconceptions about patients. Perspectives divided between wanting to provide focused medical care related only to their chief complaint versus self-identifying as a holistic medical HCP. **Conclusions:** The factors influencing the conduct of confidential conversations included multiple TDF domains, elucidating how numerous intersecting factors influence whether ED HCPs address sensitive adolescent health needs. These data suggest methods to enhance and facilitate confidential conversations when deemed appropriate in the care of adolescents in the ED.

Notes: Chernick, Lauren S. Bugaighis, Mona Britton, Laura Cruz, Andrea T. Goyal, Monika K. Mistry, Rakesh D. Reed, Jennifer L. Bakken, Suzanne Santelli, John S. Dayan, Peter S.

Chernick, Lauren/0000-0001-7050-0025
1553-2712

URL: <Go to ISI>://WOS:000918149500001

Reference Type: Journal Article

Record Number: 251

Author: Chesson, L., Jones, B. and Backhouse, S. H.

Year: 2023

Title: "Is the focus in professional rugby ever really on health?":
A qualitative study on the uptake of illness prevention guidelines

in rugby

Journal: Psychology of Sport and Exercise

Volume: 64

Date: Jan

Short Title: "Is the focus in professional rugby ever really on health?": A qualitative study on the uptake of illness prevention guidelines in rugby

ISSN: 1469-0292

DOI: 10.1016/j.psychsport.2022.102327

Article Number: 102327

Accession Number: WOS:000890466000006

Abstract: Illness prevention is essential for athlete health management, but little is known about its uptake in sport. Prior to the pandemic, the International Olympic Committee (IOC) published a consensus statement recommending illness prevention guidelines are implemented in sports. Yet, little is known about guideline uptake. Therefore, this study aimed to explore the (1) illness experiences of rugby players and athlete support personnel and (2) barriers and enablers to illness prevention guideline uptake in rugby, using the lens of behaviour change theory. In a bid to inform and enhance athlete welfare, we sought to amplify the voices of participants through qualitative inquiry. Between August 2020 and May 2021, 16 semi-structured interviews were undertaken with players and athlete support personnel working across rugby. Analysis was conducted using Braun and Clarke's reflexive thematic analysis. Prior to COVID-19, participants deemed illness to be of little concern, with experience of illnesses and the global pandemic critical enablers to guideline uptake. The rugby environment was a barrier to illness prevention, particularly in women's and academy teams where resource deficiency was highlighted. 'Rugby identity' acted as both a barrier and enabler with participants' passion for rugby driving both guideline adherence and non-adherence. Tackling resource inequalities between men's and women's cohorts is critical to effectively implement guidelines. Coach and player education is essential, and emphasis must be placed on continuing preventative behaviours adopted due to COVID-19. Our findings offer new insight into illness prevention, moving away from prevailing quantitative research, and instead voicing players' experiences.

Notes: Chesson, Lucy Jones, Ben Backhouse, Susan H.

Backhouse, Susan/A-1113-2010; Backhouse, Susan/IAN-8892-2023

Backhouse, Susan/0000-0002-4810-5173

1878-5476

URL: <Go to ISI>://WOS:000890466000006

Reference Type: Journal Article

Record Number: 772

Author: Chien, L. J., Slade, D., Dahm, M. R., Brady, B., Roberts, E., Goncharov, L., Taylor, J., Eggins, S. and Thornton, A.

Year: 2022

Title: Improving patient-centred care through a tailored intervention addressing nursing clinical handover communication in its organizational and cultural context

Journal: Journal of Advanced Nursing

Volume: 78

Issue: 5

Pages: 1413–1430

Date: May

Short Title: Improving patient-centred care through a tailored intervention addressing nursing clinical handover communication in its organizational and cultural context

ISSN: 0309-2402

DOI: 10.1111/jan.15110

Accession Number: WOS:000786813000020

Abstract: Aims To increase the quality and safety of patient care, many hospitals have mandated that nursing clinical handover occur at the patient's bedside. This study aims to improve the patient-centredness of nursing handover by addressing the communication challenges of bedside handover and the organizational and cultural practices that shape handover. Design Qualitative linguistic ethnographic design combining discourse analysis of actual handover interactions and interviews and focus groups before and after a tailored intervention. Methods Pre-intervention we conducted interviews with nursing, medical and allied health staff (n = 14) and focus groups with nurses and students (n = 13) in one hospital's Rehabilitation ward. We recorded handovers (n = 16) and multidisciplinary team huddles (n = 3). An intervention of communication training and recommendations for organizational and cultural change was delivered to staff and championed by ward management. After the intervention we interviewed nurses and recorded and analyzed handovers. Data were collected from February to August 2020. Ward management collected hospital-acquired complication data. Results Notable changes post-intervention included a shift to involve patients in bedside handovers, improved ward-level communication and culture, and an associated decrease in reported hospital-acquired complications. Conclusions Effective change in handover practices is achieved through communication training combined with redesign of local practices inhibiting patient-centred handovers. Strong leadership to champion change, ongoing mentoring and reinforcement of new practices, and collaboration with nurses throughout the change process were critical to success. Impact Ineffective communication during handover jeopardizes patient safety and limits patient involvement. Our targeted, locally designed communication intervention significantly improved handover practices and patient involvement through the use of informational and interactional protocols, and redesigned handover tools and meetings. Our approach promoted a ward culture that prioritizes patient-centred care and patient safety. This innovative intervention resulted in an associated decrease in hospital-acquired complications. The intervention has been rolled out to a further five wards across two hospitals.

Notes: Chien, Laura J. Slade, Diana Dahm, Maria R. Brady, Bernadette Roberts, Elizabeth Goncharov, Liza Taylor, Joanne Eggins, Suzanne Thornton, Anna

Dahm, Maria/0000-0001-8067-4600; Chien, Laura/0000-0003-2211-0844; Slade, Diana/0000-0001-6143-5989
1365-2648

URL: <Go to ISI>://WOS:000786813000020

Reference Type: Journal Article

Record Number: 1164

Author: Chin, S., Wong, R. Y., Hirani, V. and O'Leary, F.

Year: 2021

Title: Nutrition knowledge assessment tools for older adults and their carers: a scoping review

Journal: Nutrition Research Reviews

Date: Oct

Short Title: Nutrition knowledge assessment tools for older adults and their carers: a scoping review

ISSN: 0954-4224

DOI: 10.1017/s0954422421000330

Accession Number: WOS:000973202200001

Abstract: Poor nutritional intake is common among older adults. Given that nutrition knowledge is an important determinant of eating behaviour and nutritional status, understanding areas of inadequate knowledge can guide educational interventions to reduce risk of nutritional deficiencies and promote healthy ageing. This review investigated tools assessing general nutritional knowledge of older adults and their carers. Following the Joanna Briggs for Scoping Reviews guidelines, 4 databases (MEDLINE, CINAHL, Global Health and Embase) and grey literature were searched. Studies of any type containing general nutrition knowledge assessment tools for older adults or their carers were included. In total, 6934 articles were identified, of which 24 met the eligibility criteria, and 23 unique nutrition knowledge assessment tools were included. Of these tools, 14 were original, 6 were modified from other tools and 3 used dietary-related responses from national dietary survey questions. 6 tools were developed for carers (mostly nurses) and 17 tools for older adults. Tools had between 4 and 110 items. The most common topics for general nutrition knowledge questions were related to nutrients and roles, food sources of nutrients, and diet-disease relationships. 8 tools were developed prior to 2000. Most studies did not specify or assess psychometric properties of the tool, with only 9 (38 %) and 6 (26 %) studies testing for reliability and validity, respectively, and only 1 tool was considered reliable. Additional research for the development of reliable and validated tools or the validation of existing tools to assess nutrition knowledge of older adults and their carers is needed across different healthcare settings.

Notes: Chin, Shuyan Wong, Raymond Hirani, Vasant O'Leary, Fiona 1475-2700

URL: <Go to ISI>://WOS:000973202200001

Reference Type: Journal Article

Record Number: 1814

Author: Chisholm, A., Ang-Chen, P., Peters, S., Harts, J. and Beenstock, J.

Year: 2019

Title: Public health practitioners' views of the 'Making Every Contact Count' initiative and standards for its evaluation

Journal: Journal of Public Health

Volume: 41

Issue: 1

Pages: E70-E77

Date: Mar

Short Title: Public health practitioners' views of the 'Making Every Contact Count' initiative and standards for its evaluation

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdy094

Accession Number: WOS:000467912400020

Abstract: Background National Health Service England encourages staff to use everyday interactions with patients to discuss healthy lifestyle changes as part of the 'Making Every Contact Count' (MECC) approach. Although healthcare, government and public health organisations are now expected to adopt this approach, evidence is lacking about how MECC is currently implemented in practice. This study explored the views and experiences of those involved in designing, delivering and evaluating MECC. Methods We conducted a qualitative study using semi-structured interviews with 13 public health practitioners with a range of roles in implementing MECC across England. Interviews were conducted via telephone, transcribed verbatim and analysed using an inductive thematic approach. Results Four key themes emerged identifying factors accounting for variations in MECC implementation: (i) 'design, quality and breadth of training', (ii) 'outcomes attended to and measured', (iii) 'engagement levels of trainees and trainers' and (iv) 'system-level influences'. Conclusions MECC is considered a valuable public health approach but because organisations interpret MECC differently, staff training varies in nature. Practitioners believe that implementation can be improved, and an evidence-base underpinning MECC developed, by sharing experiences more widely, introducing standardization to staff training and finding better methods for assessing meaningful outcomes.

Notes: Chisholm, A. Ang-Chen, P. Peters, S. Harts, J. Beenstock, J. Hart, Jo/0000-0001-9985-5137; Beenstock, Jane/0000-0001-7533-6279 1741-3850

URL: <Go to ISI>://WOS:000467912400020

Reference Type: Journal Article

Record Number: 443

Author: Chiu, M., Moist, L., Al-Jaishi, A. and Jain, A. K.

Year: 2022

Title: Recognition of Obesity and Perceptions of Weight Loss Management in Patients With Chronic Kidney Disease: A Retrospective Cross-Sectional Study

Journal: Canadian Journal of Kidney Health and Disease

Volume: 9

Date: Oct

Short Title: Recognition of Obesity and Perceptions of Weight Loss Management in Patients With Chronic Kidney Disease: A Retrospective Cross-Sectional Study

DOI: 10.1177/20543581221129465

Article Number: 20543581221129465

Accession Number: WOS:000869096400001

Abstract: Background: Obesity is, directly and indirectly, linked to the progression of chronic kidney disease (CKD). However, nephrologists' recognition of obesity and willingness to address and manage obesity are unknown. Objectives: The aim of this article is to investigate if obesity is recognized and documented in the clinical encounter and to examine nephrologists' perceptions of obesity and comfort with weight loss management. Design: We conducted a 2-part study. Part I used a retrospective chart review and part II used an anonymous online survey of practicing nephrologists (n = 14) in our center. Setting: The study took place in the Multi-care Kidney Clinic (MCKC) at London Health Sciences Centre in London, Ontario, Canada. Patients: In part I, we conducted a retrospective chart review of 10 random patients with advanced CKD and obesity (body mass index [BMI] > 30 kg/m²) from each of the nephrologists between January and December 2019. Methods: In part I, charts were assessed for documentation of obesity and/or a treatment plan (lifestyle counseling, pharmacologic intervention, and specialist referral). In part II, a survey completed by the nephrologists explored their current experience and perceptions of obesity and comfort with weight loss management. Responses were ranked on a 5-point Likert scale. Results: In all, 140 patient charts were reviewed. The median age was 69 (interquartile range [IQR] = 60–77) years, estimated glomerular filtration rate (eGFR) was 17 (IQR = 12–20) ml/min/1.73 m², weight was 99 (IQR = 90–116) kg, and BMI was 36 (IQR 33–40) kg/m². Obesity with a BMI was documented in 36 (26%) charts, and only 2 (1%) documented a weight loss plan, which only included non-pharmacologic strategies. There were 13 survey responses (93% response rate). All nephrologists agreed that obesity negatively affects the health of patients with CKD. Twelve (92%) reported discussing obesity with patients, but none felt that they had time to treat it. All reported discussions of obesity would evoke a negative patient response, while 5 (38%) thought patients actually want to discuss obesity. Regarding treatment, 8 (62%) nephrologists felt comfortable with non-pharmacologic treatment, but only 1 respondent was comfortable with pharmacologic treatments. Twelve (92%) nephrologists thought patients should be referred to a specialist. Limitations: There was limited generalizability as this was a single center study. The BMI may reflect hypervolemia rather than body mass. Conclusion: In our study, nephrologists rarely document and manage obesity in patients with advanced CKD, despite their perception of treatment benefits. Improved outcomes of obesity management for patients with CKD will require increased knowledge and clinical tools to efficiently address obesity with patients.

Notes: Chiu, Michael Moist, Louise Al-Jaishi, Ahmed Jain, Arsh K. Chiu, Michael/HZJ-5823-2023

Chiu, Michael/0000-0003-1192-0542; Al-Jaishi, Ahmed/
0000-0003-0376-2214
2054-3581

URL: <Go to ISI>://WOS:000869096400001

Reference Type: Journal Article

Record Number: 1216

Author: Choi, M., Raeside, R., Hyun, K., Partridge, S. R., Thiagalingam, A. and Redfern, J.

Year: 2021

Title: Understanding Preferences for Lifestyle-Focused Visual Text Messages in Patients With Cardiovascular and Chronic Respiratory Disease: Discrete Choice Experiment

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 9

Date: Sep

Short Title: Understanding Preferences for Lifestyle-Focused Visual Text Messages in Patients With Cardiovascular and Chronic Respiratory Disease: Discrete Choice Experiment

ISSN: 1438-8871

DOI: 10.2196/26224

Article Number: e26224

Accession Number: WOS:000697697700001

Abstract: Background: Supporting healthy lifestyle changes is a key aim of cardiovascular and pulmonary rehabilitation programs. SMS text messaging programs have demonstrated effectiveness in cardiovascular disease risk reduction, weight loss, increasing physical activity, and smoking cessation. The optimization of SMS text messaging programs may deliver greater population benefits as mobile phone use becomes ubiquitous. Visual messaging (ie, image-based messages) has the potential to communicate health messages via digital technology and result in enhanced engagement. Objective: This study aims to determine and understand patient preferences for lifestyle-focused visual text messages that support cardiovascular and pulmonary rehabilitation. Methods: A discrete choice experiment was conducted in a 4-stage iterative process to elicit patient preferences for visual message features. Attribute and level development yielded 3 attributes (purpose, image type, and web address), and 16 choice sets were subsequently constructed according to a full factorial design. Patients participating in cardiovascular and pulmonary rehabilitation were surveyed (on the web) for their preferences regarding the visual message choice sets. Respondents were asked to choose among 16 pairs of visual messages regarding key lifestyle behaviors, namely, physical activity and nutrition. The data were analyzed using a conditional logit model. Results: There was a total of 1728 observations from 54 unique respondents. Two factors that were associated with patient preference were gain-framed purpose compared with no purpose (odds ratio [OR] 1.93, 95% CI 1.40–2.65) and real images compared with cartoon images (OR 1.26, 95% CI 1.04–1.54). A loss-framed purpose was less preferred than no purpose (OR 0.55, 95% CI 0.42–0.74). Overall, patients preferred positive images that were colorful and engaged with text that supported the image and had a preference for images of real people rather than cartoons. Conclusions: A discrete choice experiment is a scientific method for eliciting patient preferences for a visual messaging intervention that is designed to support changes in lifestyle behaviors. SMS text messaging programs that use visual aids may result in greater patient satisfaction by using a gain frame, using real images, and avoiding a loss frame. Further

research is needed to explore the feasibility of implementation and the health and behavioral outcomes associated with such visual messaging programs.

Notes: Choi, Michael Raeside, Rebecca Hyun, Karice Partridge, Stephanie R. Thiagalingam, Aravinda Redfern, Julie Redfern, Julie/AAM-8617-2020; Partridge, Stephanie/B-7327-2018 Redfern, Julie/0000-0001-8707-5563; Partridge, Stephanie/0000-0001-5390-3922; Raeside, Rebecca/0000-0003-2016-6393; Choi, Michael/0000-0002-3642-9007; Hyun, Karice/0000-0002-0164-7725; Thiagalingam, Aravinda/0000-0002-7763-7806
URL: <Go to ISI>://WOS:000697697700001

Reference Type: Journal Article

Record Number: 1734

Author: Cholerton, R., Breckon, J., Butt, J. and Quirk, H.

Year: 2020

Title: Experiences Influencing Walking Football Initiation in 55-to 75-Year-Old Adults: A Qualitative Study

Journal: Journal of Aging and Physical Activity

Volume: 28

Issue: 4

Pages: 521-533

Date: Aug

Short Title: Experiences Influencing Walking Football Initiation in 55-to 75-Year-Old Adults: A Qualitative Study

ISSN: 1063-8652

DOI: 10.1123/japa.2019-0123

Accession Number: WOS:000552014100003

Abstract: Adults aged 55 and older are least likely to play sport. Despite research suggesting this population experiences physical and psychological benefits when doing so, limited research focuses on older adult sport initiation, especially in "adapted sports" such as walking football. The aim of this study was to explore initiation experiences of walking football players between 55 and 75 years old. Semistructured interviews took place with 17 older adults playing walking football for 6 months minimum (M-age = 64). Inductive analysis revealed six higher order themes representing preinitiation influences. Eight further higher order themes were found, relating to positive and negative experiences during initiation. Fundamental influences preinitiation included previous sporting experiences and values and perceptions. Emergent positive experiences during initiation included mental development and social connections. Findings highlight important individual and social influences when initiating walking football, which should be considered when encouraging 55- to 75-year-old adults to play adapted sport. Policy and practice recommendations are discussed.

Notes: Cholerton, Rachel Breckon, Jeff Butt, Joanne Quirk, Helen Cholerton, Rachel/AAX-9864-2021

Cholerton, Rachel/0000-0002-6440-8537; Quirk, Helen/0000-0003-2716-4681; Breckon, Jeff/0000-0003-4911-9814 1543-267x

URL: <Go to ISI>://WOS:000552014100003

Reference Type: Journal Article
Record Number: 1092
Author: Choudhury, S. M., Kudrna, L., Celiktemur, B. and Lilford, R. J.
Year: 2021
Title: Application of behavioural psychology principles to self-care programmes for people living with leprosy
Journal: Leprosy Review
Volume: 92
Issue: 4
Pages: 344-355
Date: Dec
Short Title: Application of behavioural psychology principles to self-care programmes for people living with leprosy
ISSN: 0305-7518
DOI: 10.47276/lr.92.4.344
Accession Number: WOS:000734846700005
Notes: Choudhury, Sopna Mannan Kudrna, Laura Celiktemur, Bahadir Lilford, Richard James
Kudrna, Laura/0000-0002-8163-7112
2162-8807
URL: <Go to ISI>://WOS:000734846700005

Reference Type: Journal Article
Record Number: 224
Author: Christiansen, P. K., Rothmann, M. J., Skjoth, M. M., Kjaer, T., Vinter, C. A., Lorenzen, L. E. and Draborg, E.
Year: 2023
Title: The development of an IT-based intervention to support a healthy postpartum lifestyle through behavioral change
Journal: Health Informatics Journal
Volume: 29
Issue: 1
Date: Jan
Short Title: The development of an IT-based intervention to support a healthy postpartum lifestyle through behavioral change
ISSN: 1460-4582
DOI: 10.1177/14604582231153523
Article Number: 14604582231153523
Accession Number: WOS:000967981000023
Abstract: Background: Pregnancy and the postpartum period are difficult times with increased risks of weight gain and weight retention. This study aims to provide new insights into developing and designing information and communication technology interventions to support a healthy postpartum lifestyle through behavioral changes. Methods: A participatory design approach, combined with the behavior change wheel, was applied. The intervention was based on outcomes from co-creation with postpartum parents, healthcare professionals, IT consultants, and researchers. Results: An intervention was developed that reflects users' requests and needs to support a healthy postpartum lifestyle through behavioral change. The intervention includes podcasts, video exercises, weight

tracking, and weekly push notifications. Conclusion: Developing an intervention to support a healthy postpartum lifestyle is feasible using both a participatory design and the behavior change wheel.

Notes: Christiansen, Pernille Kjaergaard Rothmann, Mette Juel Skjoth, Mette Maria Kjaer, Trine Vinter, Christina Anne Lorenzen, Line Elberg Draborg, Eva Christiansen, Pernille/0000-0002-5423-4414; Draborg, Eva/0000-0002-5894-7243; Vinter, Christina/0000-0001-5084-6053; Kjaer, Trine/0000-0002-9554-374X 1741-2811

URL: <Go to ISI>://WOS:000967981000023

Reference Type: Journal Article

Record Number: 1466

Author: Christiansen, P. K., Skjoth, M. M., Lorenzen, L. E., Draborg, E., Vinter, C. A., Kjaer, T. and Rothmann, M. J.

Year: 2021

Title: Barriers to a healthy postpartum lifestyle and the possibilities of an information technology-based intervention: A qualitative study

Journal: Midwifery

Volume: 98

Date: Jul

Short Title: Barriers to a healthy postpartum lifestyle and the possibilities of an information technology-based intervention: A qualitative study

ISSN: 0266-6138

DOI: 10.1016/j.midw.2021.102994

Article Number: 102994

Accession Number: WOS:000654352300006

Abstract: Background: Being overweight or obese is associated with higher risk of adverse maternal and fetal outcomes, including gestational diabetes and childhood obesity. Many women exceed the gestational weight gain recommendations. Thus, it is important to focus on the women's lifestyle between their pregnancies to lower the risk of weight retention before the next pregnancy as well as in a life course perspective. Objective: The objective of this study was to explore barriers postpartum women experience with respect to a healthy lifestyle during the postpartum period, and to assess whether an IT-based intervention might be a supportive tool to assist and motivate postpartum women to healthy lifestyle. Method: A systematic text condensation was applied to semi-structured focus groups. Five focus group interviews were carried out with a total of 17 postpartum women and two interviews with a total of six health professionals. Participants were recruited through the municipality in Svendborg, Denmark, and at Odense University Hospital in Odense, Denmark, during a four-month period in early 2018. The results were analysed within the frame of the capability, opportunity, motivation and behaviour model (COM-B). Results: From the women's perspective, better assistance is needed from the health professionals to obtain or maintain a healthy lifestyle. The women need tools that inform and help them understand and prioritize own health related risks, and to motivate them to plan and take care of their own health.

There is room for engaging the partner more in the communication related to the baby and family's lifestyle. Lastly, the women already use audiobooks and podcasts to obtain information. Conclusion: Postpartum women need tools that inform and motivate for a healthy lifestyle postpartum. The tools should allow access to high quality information from health care professionals when the information is needed and also allow engagement from the partner. An IT-based intervention could be a way to support and motivate postpartum women for a healthy lifestyle.

Notes: Christiansen, Pernille Kjaergaard Skjoth, Mette Maria Lorenzen, Line Elberg Draborg, Eva Vinter, Christina Anne Kjaer, Trine Rothmann, Mette Juel
Rothmann, Mette Juel/0000-0001-6505-4163; Draborg, Eva/0000-0002-5894-7243; Vinter, Christina/0000-0001-5084-6053; Kjaer, Trine/0000-0002-9554-374X
1532-3099
URL: <Go to ISI>://WOS:000654352300006

Reference Type: Journal Article

Record Number: 518

Author: Christie, L. J., Rendell, R., McCluskey, A., Fearn, N., Hunter, A. and Lovarini, M.

Year: 2022

Title: Adult experiences of constraint-induced movement therapy programmes: a qualitative study using the Theoretical Domains Framework and Capability, Opportunity, Motivation - Behaviour system
Journal: Brain Impairment

Date: 2022 Aug

Short Title: Adult experiences of constraint-induced movement therapy programmes: a qualitative study using the Theoretical Domains Framework and Capability, Opportunity, Motivation - Behaviour system

ISSN: 1443-9646

DOI: 10.1017/BrImp.2022.18

Article Number: Pii s1443964622000183

Accession Number: WOS:000843906000001

Abstract: Aim: To explore the experiences of adults who completed a constraint-induced movement therapy (CIMT) programme, and the barriers and enablers to their participation. Methods: Qualitative design using semi-structured interviews. Stroke and brain injury survivors (n = 45) who had completed CIMT as part of their usual rehabilitation were interviewed 1 month post-CIMT. Interviews were audio-recorded, transcribed and imported into Nvivo for analysis. Inductive coding was used to identify initial themes. Themes were then deductively mapped to the Capability, Opportunity, Motivation - Behaviour system, a behaviour change model, to identify barriers and enablers to CIMT programme adherence and engagement. Results: Enablers influencing participation included being provided with education about the programme (Capability - psychological), seeing improvements in arm function (Motivation - reflective), being committed to the programme (Motivation - reflective) and having strong social support from staff, family and allied health students (Opportunity - social). The structured programme was a motivator and

offered a way to fill the time, particularly during inpatient rehabilitation (Opportunity – physical). Barriers to participation included experiencing physical and mental fatigue (Capability – physical) and frustration early in the CIMT programme (Motivation – automatic), and finding exercises boring and repetitive (Motivation – automatic). Conclusion: Therapist provision of educational supports for CIMT participants and their families is important to maximise CIMT programme uptake. During CIMT delivery, we recommend the provision of positive feedback and coaching in alignment with CIMT principles, and the inclusion of social supports such as group-based programmes to enhance participant adherence.

Notes: Christie, Lauren J. Rendell, Reem McCluskey, Annie Fearn, Nicola Hunter, Abigail Lovarini, Meryl McCluskey, Annie/0000-0002-9719-6657; Lovarini, Meryl/0000-0003-4304-0793; Fearn, Nicola/0000-0002-9332-1043; Christie, Lauren/0000-0003-4900-5614; Rendell, Reem/0000-0001-7522-3012 1839-5252

URL: <Go to ISI>://WOS:000843906000001

Reference Type: Journal Article

Record Number: 765

Author: Christie-de Jong, F., Kotzur, M., Amiri, R., Ling, J., Mooney, J. D. and Robb, K. A.

Year: 2022

Title: Qualitative evaluation of a codesigned faith-based intervention for Muslim women in Scotland to encourage uptake of breast, colorectal and cervical cancer screening

Journal: Bmj Open

Volume: 12

Issue: 5

Date: May

Short Title: Qualitative evaluation of a codesigned faith-based intervention for Muslim women in Scotland to encourage uptake of breast, colorectal and cervical cancer screening

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-058739

Article Number: e058739

Accession Number: WOS:000800792400024

Abstract: Objectives This pilot study aimed to evaluate the acceptability of a codesigned, culturally tailored, faith-based online intervention to increase uptake of breast, colorectal and cervical screening in Scottish Muslim women. The intervention was codesigned with Scottish Muslim women (n=10) and underpinned by the reframe, reprioritise and reform model and the behaviour change wheel. Setting The study was conducted online, using Zoom, due to the COVID-19 pandemic. Participants Participants (n=18) taking part in the intervention and subsequently in its evaluation, were Muslim women residing in Scotland, recruited through purposive and snowball sampling from a mosque and community organisations. Participants were aged between 25 years and 54 years and of Asian and Arab ethnicity. Design The study's codesigned intervention included (1) a peer-led discussion of barriers to screening, (2) a health education session led by a healthcare provider, (3) videos of Muslim women's

experiences of cancer or screening, and (4) a religious perspective on cancer screening delivered by a female religious scholar (alimah). The intervention was delivered twice online in March 2021, followed 1 week later by two focus groups, consisting of the same participants, respectively, to discuss participants' experiences of the intervention. Focus group transcripts were analysed thematically. Results Participants accepted the content and delivery of the intervention and were positive about their experience of the intervention. Participants reported their knowledge of screening had increased and shared positive views towards cancer screening. They valued the multidimensional delivery of the intervention, appreciated the faith-based perspective, and in particular liked the personal stories and input from a healthcare provider. Conclusion Participatory and community-centred approaches can play an important role in tackling health inequalities in cancer and its screening. Despite limitations, the intervention showed potential and was positively received by participants. Feasibility testing is needed to investigate effectiveness on a larger scale in a full trial. Notes: Christie-de Jong, Floor Kotzur, Marie Amiri, Rana Ling, Jonathan Mooney, John D. Robb, Kathryn A. Christie-de Jong, Floor/GRJ-1473-2022; Jong, Floor Christie-de/AAO-7805-2021 Christie-de Jong, Floor/0000-0001-5275-8030; Jong, Floor Christie-de/0000-0001-5275-8030; Mooney, John/0000-0002-6639-8491 URL: <Go to ISI>://WOS:000800792400024

Reference Type: Journal Article

Record Number: 279

Author: Chung, O. S., Dowling, N. L., Brown, C., Robinson, T., Johnson, A. M., Ng, C. H., Yucel, M. and Segrave, R. A.

Year: 2023

Title: Using the Theoretical Domains Framework to Inform the Implementation of Therapeutic Virtual Reality into Mental Healthcare
Journal: Administration and Policy in Mental Health and Mental Health Services Research

Volume: 50

Issue: 2

Pages: 237-268

Date: Mar

Short Title: Using the Theoretical Domains Framework to Inform the Implementation of Therapeutic Virtual Reality into Mental Healthcare
ISSN: 0894-587X

DOI: 10.1007/s10488-022-01235-w

Accession Number: WOS:000898605900001

Abstract: Evidence supporting the efficacy of therapeutic virtual reality (VR) for mental health conditions is rapidly growing. However, little is known about how best to implement VR, or the challenges perceived by treatment providers. This study aimed to (1) synthesis perspectives of staff working in private mental healthcare and (2) use the Theoretical Domains Framework (TDF) and Behaviour Change Wheel (BCW) to identify mechanisms of change targets and intervention functions to facilitate its clinical implementation. Semi-structured interviews were conducted with clinicians (n = 14)

and service managers (n = 5) working in a major private mental health hospital in Victoria, Australia. Transcripts were coded using framework analysis to identify relevant TDF domains. Specific belief statements were generated and coded as a barrier and/or facilitator and thematically organised within domains. Domains were ranked for importance based on frequency, elaboration, and evidence of conflicting beliefs. Using the BCW, domains were mapped to their respective COM-B components and indicated intervention functions. A total of 11 TDF domains were identified as relevant to early-stage implementation of therapeutic VR. Three domains were judged as highly important (beliefs about consequences; environmental context and resources; knowledge), while seven domains were judged as moderately important (social/professional role and identity; emotions; skills; memory, attention, and decision processes; intentions; beliefs about capabilities; social influences). Based on current data, we propose a theory-informed roadmap to promote VR uptake in mental healthcare services. A priority for intervention development should be addressing knowledge gaps and attitudinal barriers (e.g., safety concerns) with education and training.

Notes: Chung, Olivia S. Dowling, Nathan L. Brown, Catherine Robinson, Tracy Johnson, Alisha M. Ng, Chee H. Yucel, Murat Segrave, Rebecca A.
Robinson, Tracy/0000-0002-3512-7023; Chung, Olivia/
0000-0002-1836-8175
1573-3289
URL: <Go to ISI>://WOS:000898605900001

Reference Type: Journal Article
Record Number: 2204
Author: Cibrian, F. L., Tentori, M. and Martinez-Garcia, A. I.
Year: 2016
Title: Hunting Relics: A Persuasive Exergame to Promote Collective Exercise in Young Children
Journal: International Journal of Human-Computer Interaction
Volume: 32
Issue: 3
Pages: 277-294
Short Title: Hunting Relics: A Persuasive Exergame to Promote Collective Exercise in Young Children
ISSN: 1044-7318
DOI: 10.1080/10447318.2016.1136180
Accession Number: WOS:000370849000006
Abstract: Child obesity and being overweight is a health problem of increasing occurrence. Sedentary lifestyles and lack of exercise affect young children's motor skills development, hence their quality of life. This study presents the design and evaluation of Hunting Relics, a collaborative exergame to promote collective exertion in young children. The system runs on an interactive floor and was designed using an iterative user-centered methodology in combination with the Capability, Opportunity, and Motivation to generate Behavior (COM-B) model. To evaluate the impact of our design choices, two deployment studies were conducted. Results show that Hunting Relics augments existing exercise routines, keeps young

children engaged for the long term, and persuades them to discover new collaborative practices to support exercising. A discussion follows about how the COM-B model is a useful framework to design exergames for young children and the impact of Hunting Relics from an educational, technical, and clinical perspective.

Notes: Cibrian, Franceli L. Tentori, Monica Martinez-Garcia, Ana I. Tentori, Monica/C-7852-2016

Tentori, Monica/0000-0002-1491-0043; Cibrian, Franceli L./0000-0002-7084-6904
1532-7590

Si

URL: <Go to ISI>://WOS:000370849000006

Reference Type: Journal Article

Record Number: 2268

Author: Ciro, C. A. and Smith, P.

Year: 2015

Title: Improving Personal Characterization of Meaningful Activity in Adults with Chronic Conditions Living in a Low-Income Housing Community

Journal: International Journal of Environmental Research and Public Health

Volume: 12

Issue: 9

Pages: 11379-11395

Date: Sep

Short Title: Improving Personal Characterization of Meaningful Activity in Adults with Chronic Conditions Living in a Low-Income Housing Community

DOI: 10.3390/ijerph120911379

Accession Number: WOS:000361889100057

Abstract: Purpose: To understand how adults living in a low-income, public housing community characterize meaningful activity (activity that gives life purpose) and if through short-term intervention, could overcome identified individual and environmental barriers to activity engagement. Methods: We used a mixed methods design where Phase 1 (qualitative) informed the development of Phase 2 (quantitative). Focus groups were conducted with residents of two low-income, public housing communities to understand their characterization of meaningful activity and health. From these results, we developed a theory-based group intervention for overcoming barriers to engagement in meaningful activity. Finally, we examined change in self-report scores from the Meaningful Activity Participation Assessment (MAPA) and the Engagement in Meaningful Activity Survey (EMAS). Results: Health literacy appeared to impact understanding of the questions in Phase 1. Activity availability, transportation, income and functional limitations were reported as barriers to meaningful activity. Phase 2 within group analysis revealed a significant difference in MAPA pre-post scores ($p = 0.007$), but not EMAS ($p = 0.33$). Discussion: Health literacy should be assessed and addressed in this population prior to intervention. After a group intervention, participants had a change in characterization of what is considered healthy, meaningful

activity but reported fewer changes to how their activities aligned with their values.

Notes: Ciro, Carrie A. Smith, Patsy
1660-4601

URL: <Go to ISI>://WOS:000361889100057

Reference Type: Journal Article

Record Number: 1931

Author: Claes, J., Buys, R., Woods, C., Briggs, A., Geue, C., Aitken, M., Moyna, N., Moran, K., McCaffrey, N., Chouvarda, I., Walsh, D., Budts, W., Filos, D., Triantafyllidis, A., Maglaveras, N. and Cornelissen, V. A.

Year: 2017

Title: PATHway I: design and rationale for the investigation of the feasibility, clinical effectiveness and cost-effectiveness of a technology-enabled cardiac rehabilitation platform

Journal: Bmj Open

Volume: 7

Issue: 6

Date: Jun

Short Title: PATHway I: design and rationale for the investigation of the feasibility, clinical effectiveness and cost-effectiveness of a technology-enabled cardiac rehabilitation platform

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2017-016781

Article Number: e016781

Accession Number: WOS:000406391200242

Abstract: Introduction Exercise-based cardiac rehabilitation (CR) independently alters the clinical course of cardiovascular diseases resulting in a significant reduction in all-cause and cardiac mortality. However, only 15%-30% of all eligible patients participate in a phase 2 ambulatory programme. The uptake rate of community-based programmes following phase 2 CR and adherence to long-term exercise is extremely poor. Newer care models, involving telerehabilitation programmes that are delivered remotely, show considerable promise for increasing adherence. In this view, the PATHway (Physical Activity Towards Health) platform was developed and now needs to be evaluated in terms of its feasibility and clinical efficacy. Methods and analysis In a multicentre randomised controlled pilot trial, 120 participants (m/f, age 40-80 years) completing a phase 2 ambulatory CR programme will be randomised on a 1:1 basis to PATHway or usual care. PATHway involves a comprehensive, internet-enabled, sensor-based home CR platform and provides individualised heart rate monitored exercise programmes (exerclasses and exergames) as the basis on which to provide a personalised lifestyle intervention programme. The control group will receive usual care. Study outcomes will be assessed at baseline, 3 months and 6 months after completion of phase 2 of the CR programme. The primary outcome is the change in active energy expenditure. Secondary outcomes include cardiopulmonary endurance capacity, muscle strength, body composition, cardiovascular risk factors, peripheral endothelial vascular function, patient satisfaction, health-related quality of life (HRQoL), well-being,

mediators of behaviour change and safety. HRQoL and healthcare costs will be taken into account in cost-effectiveness evaluation. Ethics and dissemination The study will be conducted in accordance with the Declaration of Helsinki. This protocol has been approved by the director and clinical director of the PATHway study and by the ethical committee of each participating site. Results will be disseminated via peer-reviewed scientific journals and presentations at congresses and events.

Notes: Claes, Jomme Buys, Roselien Woods, Catherine Briggs, Andrew Geue, Claudia Aitken, Moira Moyna, Niall Moran, Kieran McCaffrey, Noel Chouvarda, Ioanna Walsh, Deirdre Budts, Werner Filos, Dimitris Triantafyllidis, Andreas Maglaveras, Nicos Cornelissen, Veronique A. Triantafyllidis, Andreas/ABD-1180-2021; Chouvarda, Ioanna/AAV-1500-2020; Budts, Werner/AAG-1643-2019; Claes, Jomme/ISB-2284-2023; Maglaveras, Nicos/ABI-2190-2020; Briggs, Andrew/ABA-9009-2020; Moran, Kieran/D-4220-2016 Chouvarda, Ioanna/0000-0001-8915-6658; Claes, Jomme/0000-0003-3922-0038; Maglaveras, Nicos/0000-0002-4919-0664; Briggs, Andrew/0000-0002-0777-1997; Woods, Catherine/0000-0002-0892-6591; Walsh, Deirdre/0000-0003-4255-299X; Buys, Roselien/0000-0001-8379-3971; Moran, Kieran/0000-0003-2015-8967; SIM, MOIRA/0000-0003-1294-356X; Filos, Dimitrios/0000-0001-5613-652X
URL: <Go to ISI>://WOS:000406391200242

Reference Type: Journal Article

Record Number: 1070

Author: Claflin, S. B., Mainsbridge, C., Campbell, J., Klekociuk, S. and Taylor, B. V.

Year: 2022

Title: Self-reported behaviour change among multiple sclerosis community members and interested laypeople following participation in a free online course about multiple sclerosis

Journal: Health Promotion Journal of Australia

Volume: 33

Issue: 3

Pages: 768-778

Date: Jul

Short Title: Self-reported behaviour change among multiple sclerosis community members and interested laypeople following participation in a free online course about multiple sclerosis

ISSN: 1036-1073

DOI: 10.1002/hpja.559

Accession Number: WOS:000729421200001

Abstract: Issue addressed Evaluated the impact of Understanding Multiple Sclerosis (MS) massive open online course, which was intended to increase understanding and awareness about MS, on self-reported health behaviour change. Methods Observational cohort study evaluating pre- (baseline) and post-course (8-10-week follow-up) survey data. The main study outcomes were self-reported health behaviour change, change type and measurable improvement. We also collected participant characteristic data (eg, age, physical activity). We compared participants who reported health behaviour change at follow-up to those who did not and compared those who

improved with those who did not using chi square and t tests. Participant characteristics, change types and change improvement were described descriptively. Results A total of N = 560 course completers were included in this study. The study cohort included MS community members (eg, people with MS, health care providers) and nonmembers. Two hundred and forty-seven (44.1%) reported behaviour change in ≥ 1 area at follow-up, 160 (64.8%) reported a measurable change and, of these, 109 (68.1%) showed improvement. Participants who reported a change and those who improved had significantly lower precourse health behaviours and characteristics (eg, quality of life, diet quality). The most reported change types were knowledge, exercise/physical activity, diet and care practice. Conclusion Understanding MS encourages health behaviour change among course completers, primarily through the provision of information and goal-setting activities and discussions. So what? An online education intervention can effectively encourage health behaviour change over an 8-10-week follow-up period. Information provision, including both scientific evidence and lived experience, and goal-setting activities and discussions are the primary mechanisms underpinning that change.

Notes: Claflin, Suzi B. Mainsbridge, Casey Campbell, Julie Klekociuk, Shannon Taylor, Bruce V.

Klekociuk, Shannon Z/J-7930-2014

Klekociuk, Shannon Z/0000-0001-8654-2924; Claflin, Suzi/0000-0001-6545-946X

2201-1617

URL: <Go to ISI>://WOS:000729421200001

Reference Type: Journal Article

Record Number: 278

Author: Clapham, R. P., McKinley, K., Stone, M., Candy, M. A., Candy, P., Carragher, M. and O'Halloran, R.

Year: 2023

Title: Acute post-stroke aphasia management: An implementation science study protocol using a behavioural approach to support practice change

Journal: International Journal of Language & Communication Disorders

Volume: 58

Issue: 3

Pages: 968-976

Date: May

Short Title: Acute post-stroke aphasia management: An implementation science study protocol using a behavioural approach to support practice change

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12816

Accession Number: WOS:000898938500001

Abstract: BackgroundEvidence should guide decisions in aphasia practice across the continuum of stroke care; however, evidence-practice gaps persist. This is particularly pertinent in the acute setting where 30% of people with stroke will have aphasia, and speech pathologists experience many challenges implementing evidence-based practice. This has important consequences for people

with aphasia and their close others, as well as speech pathologists working in acute settings. Aims This study protocol details how we will target practice change using a behavioural approach, with the aim of promoting the uptake of synthesized evidence in aphasia management post-stroke in the acute hospital setting. Methods & Procedures We will conduct a mixed-methods before-and-after study following the Knowledge-to-Action (KTA) framework. Researchers, speech pathologists and people with lived experience of aphasia will collaborate to identify and prioritize practice gaps, and develop and implement changes to clinical practice based on the Theoretical Domains Framework and Behaviour Change Wheel. Discussion This study may provide a template for acute stroke services in how to use an implementation science approach to promote the application of synthesized evidence into routine clinical practice to ensure people with aphasia receive high-quality services. Collaboration among researchers, healthcare providers, people with aphasia and their close others ensures that the identification and targeting of practice gaps are driven by theory, lived experience and the local context. WHAT THIS PAPER ADDS What is already known on this subject Synthesized evidence, such as clinical guidelines and consensus statements, provides the highest level of evidence to inform clinical practice, yet discrepancies between delivered care and evidence remain. This discrepancy is of note in the acute setting where clinicians report many challenges implementing the best available evidence, combined with a high proportion of people with stroke who will have aphasia (30%). There are many reasons why evidence is not put into practice, and efforts to change clinical practice need to consider these barriers when developing interventions. What this paper adds to existing knowledge This study protocol details an implementation science approach to affect clinical practice change, informed by a collaboration of key stakeholders (researchers, speech pathologists, and people with aphasia and their close others). Protocol papers that focus on bridging the gap between evidence and practice are uncommon in communication disorders; moreover, explicit prioritization of practice gaps is a critical but often overlooked aspect of promoting evidence-based practice. What are the potential or actual clinical implications of this work? This protocol provides insights into how one study site identified and prioritized evidence-practice gaps using a participatory approach. We provide insights into how clinical practice change may occur by describing how we plan to identify priority evidence-practice gaps and develop an intervention to improve the use of aphasia evidence in routine practice. This protocol aims to share an implementation science approach to service improvement that may be replicated across other services.

Notes: Clapham, Renee P. McKinley, Kathryn Stone, Marissa Candy, Mary-Anne Candy, Phil Carragher, Marcella O'Halloran, Robyn Carragher, Marcella/HDO-1793-2022
Clapham, Renee/0000-0002-8888-1003
1460-6984
URL: <Go to ISI>://WOS:000898938500001

Reference Type: Journal Article

Record Number: 2335

Author: Clare, L., Nelis, S. M., Jones, I. R., Hindle, J. V., Thom, J. M., Nixon, J. A., Cooney, J., Jones, C. L., Edwards, R. T. and Whitaker, C. J.

Year: 2015

Title: The Agewell trial: a pilot randomised controlled trial of a behaviour change intervention to promote healthy ageing and reduce risk of dementia in later life

Journal: BMC Psychiatry

Volume: 15

Date: Feb

Short Title: The Agewell trial: a pilot randomised controlled trial of a behaviour change intervention to promote healthy ageing and reduce risk of dementia in later life

DOI: 10.1186/s12888-015-0402-4

Article Number: 25

Accession Number: WOS:000349923200001

Abstract: Background: Lifestyle factors represent prime targets for behaviour change interventions to promote healthy ageing and reduce dementia risk. We evaluated a goal-setting intervention aimed at promoting increased cognitive and physical activity and improving mental and physical fitness, diet and health. Methods: This was a pilot randomised controlled trial designed to guide planning for a larger-scale investigation, provide preliminary evidence regarding efficacy, and explore feasibility and acceptability. Primary outcomes were engagement in physical and cognitive activity. Participants aged over 50 living independently in the community were recruited through a community Agewell Centre. Following baseline assessment participants were randomly allocated to one of three conditions: control (IC) had an interview in which information about activities and health was discussed; goal-setting (GS n = 24) had an interview in which they set behaviour change goals relating to physical, cognitive and social activity, health and nutrition; and goal-setting with mentoring (GM, n = 24) had the goal-setting interview followed by bi-monthly telephone mentoring. Participants and researchers were blinded to group assignment. Participants were reassessed after 12 months. Results: Seventy-five participants were randomised (IC n = 27, GS n = 24, GM n = 24). At 12-month follow-up, the two goal-setting groups, taken together (GS n = 21, GM n = 22), increased their level of physical (effect size 0.37) and cognitive (effect size 0.15) activity relative to controls (IC n = 27). In secondary outcomes, the two goal-setting groups taken together achieved additional benefits compared to control (effect sizes ≥ 0.2) in memory, executive function, cholesterol level, aerobic capacity, flexibility, balance, grip strength, and agility. Adding follow-up mentoring produced further benefits compared to goal-setting alone (effect sizes ≥ 0.2) in physical activity, body composition, global cognition and memory, but not in other domains. Implementation of the recruitment procedure, assessment and intervention was found to be feasible and the approach taken was acceptable to participants, with no adverse effects. Conclusions: A brief, low-cost goal-setting intervention is feasible and acceptable, and has the potential to achieve increased activity engagement.

Notes: Clare, Linda Nelis, Sharon M. Jones, Ian R. Hindle, John V. Thom, Jeanette M. Nixon, Julie A. Cooney, Jennifer Jones, Carys L. Edwards, Rhiannon Tudor Whitaker, Christopher J. Clare, Linda/0000-0003-3989-5318; Nelis, Sharon/0000-0001-9055-3837; Jones, Ian/0000-0002-1682-9134; Thom, Jeanette/0000-0002-6575-3711 1471-244x
URL: <Go to ISI>://WOS:000349923200001

Reference Type: Journal Article

Record Number: 797

Author: Clark, E., Wood, F. and Wood, S.

Year: 2022

Title: Barriers and facilitators to the use of personal information documents in health and social care settings for people living with dementia: A thematic synthesis and mapping to the COM-B framework

Journal: Health Expectations

Volume: 25

Issue: 4

Pages: 1215-1231

Date: Aug

Short Title: Barriers and facilitators to the use of personal information documents in health and social care settings for people living with dementia: A thematic synthesis and mapping to the COM-B framework

ISSN: 1369-6513

DOI: 10.1111/hex.13497

Accession Number: WOS:000781615100001

Abstract: Introduction: People living with dementia experience communication difficulties. Personal information documents, or healthcare passports, enable communication of information essential for the care of a person with dementia. Despite the potential for providing person-centred care, personal information documents are not ubiquitously used. The Capability Opportunity Motivation-Behaviour (COM-B) model can be used to understand factors determining individuals' behaviours. Objectives: This study aimed to identify the barriers to and facilitators of the use of healthcare passports for people living with dementia through a systematic review methodology. Methods: A systematic search of six electronic databases was undertaken. Grey literature was searched using three databases. All study types reporting barriers to or facilitators of the use of personal information documents in the care of adults living with dementia in high-income countries were included. Study quality was assessed using the NICE Quality Appraisal Checklist. Thematic synthesis was used to develop descriptive themes, which were subsequently mapped to the COM-B framework. Results: Nineteen papers were included. Themes included training, awareness, embedding the process in norms and appreciating the value of the personal information documents. A broad range of barriers and facilitators was identified within each COM-B domain. Conclusion: This framework provides a starting point for evidence-informed initiatives to improve the use of personal information documents in the care of people with dementia.

Notes: Clark, Emily Wood, Fiona Wood, Suzanne

Clark, Emily/GVR-7159-2022
Wood, Fiona/0000-0001-7397-4074; Clark, Emily/0000-0003-2272-8943
1369-7625
URL: <Go to ISI>://WOS:000781615100001

Reference Type: Journal Article
Record Number: 2281
Author: Clark, K., Curry, T. and Byfieldt, N.
Year: 2015
Title: The effect of a care bundle on nursing staff when caring for the dying
Journal: International Journal of Palliative Nursing
Volume: 21
Issue: 8
Pages: 392-398
Date: Aug
Short Title: The effect of a care bundle on nursing staff when caring for the dying
ISSN: 1357-6321
DOI: 10.12968/ijpn.2015.21.8.392
Accession Number: WOS:000389314500007
Abstract: Background: Most Australians die in acute hospital settings. Despite this, hospitals remain ill-equipped to care for dying patients with hospital deaths not uncommonly perceived as distressing by both patients and their families. As a quality improvement project, a care bundle for the dying was developed and piloted on two medical wards. The aim of this study was to examine whether or not the quality initiative had any effect on the ward nurse's attitudes and self-assessed competency to care for dying patients. Methods: A pre-and post-survey using self-administered questionnaires were given to nursing staff who voluntarily completed these before and after implementation of the caring for the dying bundle. Results: Over the 6 months the bundle was piloted, 74.5% of people who died did so with the bundle in place. While this was seen as clinically useful by nearly half the nurses who responded, there was not a significant change in the staff's attitudes or self-assessed competency to care for dying patients. There was a minor change in the Thanatophobia Scale (pre 18.2: SD +/- 9.0 versus post 16.8: SD 7.8; P=0.53), the Self-efficacy in Palliative Care Scale for communication (pre 47.4: SD +/- 17.4 versus post 54.7: SD +/- 17.9; P=0.11) and patient management respectively (pre 54.3: SD +/- 12.9 versus 59.1: SD +/- 12.6; P=0.15). Discussion: This work highlighted that at least in the short term, that a quality initiative had only a modest impact on nursing attitudes to caring for dying patients. However, as a collection of clinical tools grouped as a care bundle, a proportion of nursing staff acknowledged this initiative as useful. Conclusion: Further research is required to understand if such an initiative approach may, in the long term, positively impacts attitude. This is highly relevant given the increasing numbers of people likely to die in acute care.
Notes: Clark, Katherine Curry, Therese Byfieldt, Naomi Cruz (nee Byfieldt), Naomi/S-1014-2019
Cruz (nee Byfieldt), Naomi/0000-0002-7493-4928

URL: <Go to ISI>://WOS:000389314500007

Reference Type: Journal Article

Record Number: 1732

Author: Clark, N., Trimmingham, R. and Wilson, G. T.

Year: 2020

Title: Incorporating Consumer Insights into the UK Food Packaging Supply Chain in the Transition to a Circular Economy

Journal: Sustainability

Volume: 12

Issue: 15

Date: Aug

Short Title: Incorporating Consumer Insights into the UK Food Packaging Supply Chain in the Transition to a Circular Economy

DOI: 10.3390/su12156106

Article Number: 6106

Accession Number: WOS:000559156600001

Abstract: The growth of eating lunch purchased out of the home has led to an increased need for pre-packaged food-to-go products. Single-use plastic packaging is frequently chosen for its food safety and convenience attributes; however, the material format is under scrutiny due to concerns over economic waste and environmental impact. A circular economy could transform linear make-use-dispose supply chains into circular systems, ensuring the cycling of valuable plastic resources. However, there has been limited research into how consumers will behave within circular economic systems. Understanding consumer behaviour with packaging disposed out of the home could aid designers in developing solutions society will adopt in the transition to a circular economy. This study evaluates the application of behaviour research methods, and the behavioural insight outputs, with stakeholders from the UK food-to-go packaging supply chain. A novel co-design workshop and business origami technique allowed multiple stakeholder groups to collaboratively discuss, evaluate, and plan how consumer behaviour techniques could be used within their supply chain packaging development process. Although all stakeholders identified strengths in incorporating behaviour studies into the development process, providing essential knowledge feedback loops, barriers to their application include the cost and time to implement, plus the existing inconsistent UK waste infrastructure.

Notes: Clark, Nikki Trimmingham, Rhoda Wilson, Garrath T.

Wilson, Garrath T./I-3175-2019

Wilson, Garrath T./0000-0002-3454-5995; Clark, Nikki/
0000-0003-2027-7237

2071-1050

URL: <Go to ISI>://WOS:000559156600001

Reference Type: Journal Article

Record Number: 994

Author: Clark, N., Trimmingham, R. and Wilson, G. T.

Year: 2022

Title: A remote ethnography methodology to gain packaging behaviour

insights

Journal: Packaging Technology and Science

Volume: 35

Issue: 4

Pages: 373-392

Date: Apr

Short Title: A remote ethnography methodology to gain packaging behaviour insights

ISSN: 0894-3214

DOI: 10.1002/pts.2635

Accession Number: WOS:000743074000001

Abstract: Remote ethnography requires the observation of human interaction in the natural world without the researcher being present. Well-established in industrial and user experience design remote ethnography provides insight into the user's behaviour whilst completing a specific task in a defined environment. Designers in established fields such as Design for Sustainable Behaviour have applied this behavioural understanding to develop interventions to positively adapt unsustainable behaviours. Existing research techniques have evidenced limitations in fully understanding consumer packaging disposal behaviour, with a clear gap in behavioural insights with packaging used out of the home. A novel mixed-methods approach was developed using remote ethnography to explore consumer food-to-go packaging disposal behaviour out of the home, providing insights which could be evaluated for their application within the packaging development process. In explaining the new methodological approach, this paper (a) proposes a mixed-methods approach by which packaging developers can better understand packaging disposal behaviour out of the home, (b) explains this research method in the context of a food-to-go packaging disposal case study and (c) evaluates the value of the mixed-methods approach within the food packaging development process.

Notes: Clark, Nikki Trimmingham, Rhoda Wilson, Garrath T.

Wilson, Garrath T./I-3175-2019

Wilson, Garrath T./0000-0002-3454-5995; Clark, Nikki/

0000-0003-2027-7237

1099-1522

URL: <Go to ISI>://WOS:000743074000001

Reference Type: Journal Article

Record Number: 1941

Author: Clark, R. E., McArthur, C., Papaioannou, A., Cheung, A. M., Laprade, J., Lee, L., Jain, R. and Giangregorio, L. M.

Year: 2017

Title: "I do not have time. Is there a handout I can use?": combining physicians' needs and behavior change theory to put physical activity evidence into practice

Journal: Osteoporosis International

Volume: 28

Issue: 6

Pages: 1953-1963

Date: Jun

Short Title: "I do not have time. Is there a handout I can use?":

combining physicians' needs and behavior change theory to put physical activity evidence into practice

ISSN: 0937-941X

DOI: 10.1007/s00198-017-3975-6

Accession Number: WOS:000402832500019

Abstract: Guidelines for physical activity exist and following them would improve health. Physicians can advise patients on physical activity. We found barriers related to physicians' knowledge, a lack of tools and of physician incentives, and competing demands for limited time with a patient. We discuss interventions that could reduce these barriers. Uptake of physical activity (PA) guidelines would improve health and reduce mortality in older adults. However, physicians face barriers in guideline implementation, particularly when faced with needing to tailor recommendations in the presence of chronic disease. We performed a behavioral analysis of physician barriers to PA guideline implementation and to identify interventions. The Too Fit To Fracture physical activity recommendations were used as an example of disease-specific PA guidelines. Focus groups and semi-structured interviews were conducted with physicians and nurse practitioners in Ontario, stratified by type of physician, geographic area, and urban/rural, and transcribed verbatim. Two researchers coded data and identified emerging themes. Using the behavior change wheel framework, themes were categorized into capability, opportunity and motivation, and interventions were identified. Fifty-nine family physicians, specialists, and nurse practitioners participated. Barriers were as follows: Capability-lack of exercise knowledge or where to refer; Opportunity-pragmatic tools, fit within existing workflow, available programs that meet patients' needs, physical activity literacy and cultural practices; Motivation-lack of incentives, not in their scope of practice or professional identity, competing priorities, outcome expectancies. Interventions selected: education, environmental restructuring, enablement, persuasion. Policy categories: communications/marketing, service provision, guidelines. Key barriers to PA guideline implementation among physicians include knowledge on where to refer or what to say, access to pragmatic programs or resources, and things that influence motivation, such as competing priorities or lack of incentives. Future work will report on the development and evaluation of knowledge translation interventions informed by the barriers.

Notes: Clark, R. E. McArthur, C. Papaioannou, A. Cheung, A. M. Laprade, J. Lee, L. Jain, R. Giangregorio, L. M.

McArthur, Caitlin/0000-0001-9985-2796; Giangregorio, Lora/0000-0002-3739-1805; Clark, Rebecca/0000-0002-8748-7856; Cheung, Angela M./0000-0001-8332-0744
1433-2965

URL: <Go to ISI>://WOS:000402832500019

Reference Type: Journal Article

Record Number: 2221

Author: Clarke, J. L., Griffin, T. L., Lancashire, E. R., Adab, P., Parry, J. M., Pallan, M. J. and Investigators, Waves Study Trial

Year: 2015

Title: Parent and child perceptions of school-based obesity prevention in England: a qualitative study

Journal: BMC Public Health

Volume: 15

Date: Dec

Short Title: Parent and child perceptions of school-based obesity prevention in England: a qualitative study

DOI: 10.1186/s12889-015-2567-7

Article Number: 1224

Accession Number: WOS:000366010800001

Abstract: Background: Schools are key settings for childhood obesity prevention, and the location for many intervention studies. This qualitative study aims to explore parent and child experiences of the WAVES study obesity prevention intervention, in order to gain understanding of the mechanisms by which the intervention results in behaviour change, and provide context to support interpretation of the main trial results. Methods: Focus groups were held with 30 parents and 62 children (aged 6–7 years) from primary schools in the West Midlands, UK. Data analysis (conducted using NVivo 10) was guided by the Framework Approach. Results: Three over-arching themes were identified: 'Impact', 'Sustainability' and 'Responsibilities', under which sub-themes were determined. Participants were supportive of the school-based intervention. Parental involvement and the influential role of the teacher were seen as key ingredients for success in promoting consistent messages and empowering some parents to make positive behavioural changes at home. Parents recognised that whilst they held the primary responsibility for obesity prevention in their children, they faced a number of barriers to healthier lifestyles, and agreed that schools have an important role to play. Conclusions: This study enabled us to better understand aspects of the WAVES study intervention programme that have the potential to initiate positive behaviour changes in families, and indicated that a combination of pathways influenced such changes. Pathways included: increasing capability through improving knowledge and skills of children and parents; increasing motivation through parental empowerment and role modelling; and the direct provision of opportunities to lead healthier lifestyles. Strategies to sustain behaviour changes, and the school role in supporting these, are important considerations.

Notes: Clarke, Joanne L. Griffin, Tania L. Lancashire, Emma R. Adab, Peymane Parry, Jayne M. Pallan, Miranda J.

Adab, Peymane/ABC-9651-2021; Barrett, Timothy/F-1682-2010; Clarke, Joanne/AAY-3849-2020; Pallan, Miranda/AAD-7795-2020

Adab, Peymane/0000-0001-9087-3945; Barrett, Timothy/

0000-0002-6873-0750; Clarke, Joanne/0000-0003-2563-5451; Pallan, Miranda/0000-0002-2868-4892; Griffin, Tania/0000-0003-0146-4440

1471-2458

URL: <Go to ISI>://WOS:000366010800001

Reference Type: Journal Article

Record Number: 6

Author: Claussen, C., Exner-Cortens, D., Baker, E., Roy, M. and Coupland, K.

Year: 2023

Title: Promotion of Sexual Health Self-Efficacy through Gender-Transformative Intervention with Adolescent Boys

Journal: American Journal of Sexuality Education

Date: 2023 May

Short Title: Promotion of Sexual Health Self-Efficacy through Gender-Transformative Intervention with Adolescent Boys

ISSN: 1554-6128

DOI: 10.1080/15546128.2023.2213453

Accession Number: WOS:000993492500001

Abstract: This mixed-methods study examined how WiseGuyz, a gender-transformative healthy relationships program, can support positive sexual health self-efficacy (SHSE) among adolescents. 570 adolescent boys provided data on SHSE from before to after the program, and 20 adolescent boys participated in interviews and focus groups to discuss their sexual health education needs. Results showed that boys who participated in WiseGuyz reported a significant increase in SHSE from pretest to post-test and that WiseGuyz was different from typical school-based sexual health education in terms of content and facilitation and increasing program engagement. These findings indicate the potential for gender-transformative interventions in supporting positive SHSE.

Notes: Claussen, Caroline Exner-Cortens, Deiner Baker, Elizabeth Roy, Mili Coupland, Kerry

1554-6136

URL: <Go to ISI>://WOS:000993492500001

Reference Type: Journal Article

Record Number: 2401

Author: Cleland, C. L., Hunter, R. F., Tully, M. A., Scott, D., Kee, F., Donnelly, M., Prior, L. and Cupples, M. E.

Year: 2014

Title: Identifying solutions to increase participation in physical activity interventions within a socio-economically disadvantaged community: a qualitative study

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 11

Date: May

Short Title: Identifying solutions to increase participation in physical activity interventions within a socio-economically disadvantaged community: a qualitative study

DOI: 10.1186/1479-5868-11-68

Article Number: 68

Accession Number: WOS:000336765700001

Abstract: Background: There is an urgent need to increase population levels of physical activity, particularly amongst those who are socio-economically disadvantaged. Multiple factors influence physical activity behaviour but the generalisability of current evidence to such 'hard-to-reach' population subgroups is limited by difficulties in recruiting them into studies. Also, rigorous qualitative studies of lay perceptions and perceptions of community leaders about public health efforts to increase physical activity

are sparse. We sought to explore, within a socio-economically disadvantaged community, residents' and community leaders' perceptions of physical activity (PA) interventions and issues regarding their implementation, in order to improve understanding of needs, expectations, and social/environmental factors relevant to future interventions. Methods: Within an ongoing regeneration project (Connswater Community Greenway), in a socio-economically disadvantaged community in Belfast, we collaborated with a Community Development Agency to purposively sample leaders from public- and voluntary-sector community groups and residents. Individual semi-structured interviews were conducted with 12 leaders. Residents (n = 113), of both genders and a range of ages (14 to 86 years) participated in focus groups (n = 14) in local facilities. Interviews and focus groups were recorded, transcribed verbatim and analysed using a thematic framework. Results: Three main themes were identified: awareness of PA interventions; factors contributing to intervention effectiveness; and barriers to participation in PA interventions. Participants reported awareness only of interventions in which they were involved directly, highlighting a need for better communications, both inter- and intra-sectoral, and with residents. Meaningful engagement of residents in planning/organisation, tailoring to local context, supporting volunteers, providing relevant resources and an 'exit strategy' were perceived as important factors related to intervention effectiveness. Negative attitudes such as apathy, disappointing experiences, information with no perceived personal relevance and limited access to facilities were barriers to people participating in interventions. Conclusions: These findings illustrate the complexity of influences on a community's participation in PA interventions and support a social-ecological approach to promoting PA. They highlight the need for cross-sector working, effective information exchange, involving residents in bottom-up planning and providing adequate financial and social support. An in-depth understanding of a target population's perspectives is of key importance in translating PA behaviour change theories into practice.

Notes: Cleland, Claire L. Hunter, Ruth F. Tully, Mark A. Scott, David Kee, Frank Donnelly, Michael Prior, Lindsay Cupples, Margaret E.

Tully, Mark/AAB-2939-2019

Tully, Mark/0000-0001-9710-4014; Prior, Lindsay/0000-0001-9903-5841;

Cleland, Claire/0000-0002-2738-8274; Cupples, Margaret/

0000-0002-4248-9700

1479-5868

URL: <Go to ISI>://WOS:000336765700001

Reference Type: Journal Article

Record Number: 2136

Author: Clemens, M., Rijke, J., Pathirana, A., Evers, J. and Quan, N. H.

Year: 2016

Title: Social learning for adaptation to climate change in developing countries: insights from Vietnam

Journal: Journal of Water and Climate Change

Volume: 7

Issue: 2

Pages: 365-378

Date: Jun

Short Title: Social learning for adaptation to climate change in developing countries: insights from Vietnam

ISSN: 2040-2244

DOI: 10.2166/wcc.2015.004

Accession Number: WOS:000378052600007

Abstract: Social learning concepts of developed countries are often recommended for implementing strategies for climate change adaptation in developing countries. The effectiveness of these replications is questionable, because it is necessary to align the set-up of learning processes with the social, economic and environmental conditions of the local context. In this paper, we compare the theory of social learning in Learning Alliances with a Working Group for climate change adaptation in Can Tho City in Vietnam to see how far it is possible to extrapolate current social learning concepts from developed countries to developing countries. The Working Group facilitates participation processes among stakeholders to use and produce knowledge, to work together on problems and to further develop solutions. This is mostly similar to the social learning form of a Learning Alliance. However, the interactions among stakeholders in the Working Group evolve in a much more formal way, which leads to several problems caused by the relative inflexibility of the top-down stipulation of stakeholders' participation, planning procedures and solution approaches. To overcome this challenge, we recommend introducing elements of Learning Alliances to the Working Group, in order to stimulate an open dialogue with incentives and an extension of an action practice approach.

Notes: Clemens, Maria Rijke, Jeroen Pathirana, Assela Evers, Jaap Nguyen Hong Quan

Evers, Jaap/AAC-6142-2022

Evers, Jaap/0000-0002-9191-0338; Nguyen, Hong Quan/0000-0001-7685-8191

URL: <Go to ISI>://WOS:000378052600007

Reference Type: Journal Article

Record Number: 1240

Author: Clemson, L., Laver, K., Rahja, M., Culph, J., Scanlan, J. N., Day, S., Comans, T., Jeon, Y. H., Low, L. F., Crotty, M., Kurrle, S., Cations, M., Piersol, C. V. and Gitlin, L. N.

Year: 2021

Title: Implementing a Reablement Intervention, "Care of People With Dementia in Their Environments (COPE)": A Hybrid Implementation-Effectiveness Study

Journal: Gerontologist

Volume: 61

Issue: 6

Pages: 965-976

Date: Sep

Short Title: Implementing a Reablement Intervention, "Care of People

With Dementia in Their Environments (COPE)": A Hybrid
Implementation-Effectiveness Study

ISSN: 0016-9013

DOI: 10.1093/geront/gnaa105

Accession Number: WOS:000692622100021

Abstract: Background and Objectives: The translation of reablement programs into practice is lagging despite strong evidence for interventions that maintain function for the person living with dementia as well as improve carer well-being. The aim was to evaluate the implementation of an evidence-based program, Care of People with Dementia in Their Environments (COPE), into health services. Research Design and Methods: An implementation-effectiveness hybrid design was used to evaluate implementation outcomes while simultaneously involving a pragmatic pre-post evaluation of outcomes for people with dementia. We report uptake, fidelity to intervention, outcomes for people living with dementia and carers, and beliefs and behaviors of interventionists contributing to successful implementation. Results: Seventeen organizations in Australia across 3 health contexts, 38 occupational therapists, and 17 nurses participated in training and implementation. While there were challenges and delays in implementation, most organizations were able to offer the program and utilized different models of funding. Overall, we found there was moderate fidelity to components of the program. Pre-post outcomes for carer well-being and coping (Perceived Change Index, $p < .001$) and activity engagement of the person living with dementia ($p = .002$) were significantly increased, replicating previous trial results. What contributed most to therapists implementing the program (Determinants of Implementation Behaviour Questionnaire) was a stronger intent to deliver ($p < .001$), higher confidence ($p < .001$), a sense of control in delivery ($p = .004$), and a belief the program was very useful to their clients ($p = .002$). Discussion and Implications: This study demonstrated that implementation is possible in multiple health systems and beneficial to individuals and their families.

Notes: Clemson, Lindy Laver, Kate Rahja, Miia Culph, Jennifer Scanlan, Justin N. Day, Sally Comans, Tracy Jeon, Yun-Hee Low, Lee-Fay Crotty, Maria Kurrle, Sue Cations, Monica Piersol, Cathy, V Gitlin, Laura N.

Scanlan, Justin Newton/G-3187-2011; Laver, Kate/AFM-0623-2022; jeon, yun-hee/I-1754-2013; Clemson, Lindy/B-7736-2014

Scanlan, Justin Newton/0000-0002-5639-6476; Laver, Kate/0000-0003-0259-2209; Day, Sally/0000-0002-1194-4360; Rahja, Miia/0000-0003-0845-5459; Low, Lee-Fay/0000-0001-9283-3525; Clemson, Lindy/0000-0003-2687-1114; jeon, yun-hee/0000-0003-2031-9134 1758-5341

URL: <Go to ISI>://WOS:000692622100021

Reference Type: Journal Article

Record Number: 1990

Author: Clemson, L., Mackenzie, L., Roberts, C., Poulos, R., Tan, A., Lovarini, M., Sherrington, C., Simpson, J. M., Willis, K., Lam, M., Tiedemann, A., Pond, D., Peiris, D., Hilmer, S., Pit, S. W.,

Howard, K., Lovitt, L. and White, F.

Year: 2017

Title: Integrated solutions for sustainable fall prevention in primary care, the iSOLVE project: a type 2 hybrid effectiveness implementation design

Journal: Implementation Science

Volume: 12

Date: Feb

Short Title: Integrated solutions for sustainable fall prevention in primary care, the iSOLVE project: a type 2 hybrid effectiveness implementation design

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0529-9

Article Number: 12

Accession Number: WOS:000395707600001

Abstract: Background: Despite strong evidence giving guidance for effective fall prevention interventions in community-residing older people, there is currently no clear model for engaging general medical practitioners in fall prevention and routine use of allied health professionals in fall prevention has been slow, limiting widespread dissemination. This protocol paper outlines an implementation-effectiveness study of the Integrated Solutions for Sustainable Fall Prevention (iSOLVE) intervention which has developed integrated processes and pathways to identify older people at risk of falls and engage a whole of primary care approach to fall prevention. Methods/design: This protocol paper presents the iSOLVE implementation processes and change strategies and outlines the study design of a blended type 2 hybrid design. The study consists of a two-arm cluster randomized controlled trial in 28 general practices and recruiting 560 patients in Sydney, Australia, to evaluate effectiveness of the iSOLVE intervention in changing general practitioner fall management practices and reducing patient falls and the cost effectiveness from a healthcare funder perspective. Secondary outcomes include change in medications known to increase fall risk. We will simultaneously conduct a multi-methodology evaluation to investigate the workability and utility of the implementation intervention. The implementation evaluation includes in-depth interviews and surveys with general practitioners and allied health professionals to explore acceptability and uptake of the intervention, the coherence of the proposed changes for those in the work setting, and how to facilitate the collective action needed to implement changes in practice; social network mapping will explore professional relationships and influences on referral patterns; and, a survey of GPs in the geographical intervention zone will test diffusion of evidence-based fall prevention practices. The project works in partnership with a primary care health network, state fall prevention leaders, and a community of practice of fall prevention advocates. Discussion: The design is aimed at providing clear direction for sustainability and informing decisions about generalization of the iSOLVE intervention processes and change strategies. While challenges exist in hybrid designs, there is a potential for significant outcomes as the iSOLVE pathways project brings together practice and research to collectively solve a major national problem with implications for policy service delivery.

Trial registration: Australian New Zealand Clinical Trials Registry
ACTRN12615000401550

Notes: Clemson, Lindy Mackenzie, Lynette Roberts, Chris Poulos, Roslyn Tan, Amy Lovarini, Meryl Sherrington, Cathie Simpson, Judy M. Willis, Karen Lam, Mary Tiedemann, Anne Pond, Dimity Peiris, David Hilmer, Sarah Pit, Sabrina Winona Howard, Kirsten Lovitt, Lorraine White, Fiona

POND, CONSTANCE/I-1390-2019; Hilmer, Sarah N/AW-8554-2020; Roberts, Chris/L-3346-2013; Sherrington, Catherine/S-9196-2019; Clemson, Lindy/B-7736-2014

POND, CONSTANCE/0000-0001-6520-4213; Roberts, Chris/0000-0001-8613-682X; Sherrington, Catherine/0000-0001-8934-4368; Clemson, Lindy/0000-0003-2687-1114; Lam, Mary/0000-0001-9451-8203; Achilova, Diyora/0000-0002-7645-9497; Peiris, David/0000-0002-6898-3870; Howard, Kirsten/0000-0002-0918-7540; Hilmer, Sarah/0000-0002-5970-1501; Willis, Karen/0000-0001-8036-8814

URL: <Go to ISI>://WOS:000395707600001

Reference Type: Journal Article

Record Number: 1396

Author: Clifford-Rashotte, M., Fawcett, N., Fowler, B., Reinhart, J. and Tan, D. H. S.

Year: 2021

Title: Assessing the Potential for Nurse-Led HIV Pre- and Postexposure Prophylaxis in Ontario

Journal: Canadian Journal of Nursing Research

Volume: 53

Issue: 2

Pages: 145-154

Date: Jun

Short Title: Assessing the Potential for Nurse-Led HIV Pre- and Postexposure Prophylaxis in Ontario

ISSN: 0844-5621

DOI: 10.1177/0844562120924269

Accession Number: WOS:000655051700007

Abstract: Background and purpose: HIV prevention efforts in Ontario require increased implementation of strategies including post- and pre-exposure prophylaxis. Access to these interventions could be improved by their provision through nurse-led models of care. We assessed nurses' readiness to deliver these interventions using a behavioral change framework. Methods: We distributed an online survey to nurses in every Ontario sexual health clinic, HIV clinic, and community health center between March-June 2018, to determine the level of support for nurse-led postexposure prophylaxis/preexposure prophylaxis; we also explored nurses' "capabilities," "opportunities," and "motivations" for providing postexposure prophylaxis/pre-exposure prophylaxis. Results: Overall, 72.7% of respondents supported implementation of both nurse-led postexposure prophylaxis and pre-exposure prophylaxis. More experienced nurses were less likely to support nurse-led postexposure prophylaxis and pre-exposure prophylaxis (adjusted odds ratio = 0.55 per decade nursing, 95% confidence interval (0.37, 0.82)). Nurses reported a high degree of knowledge of topics related to postexposure

prophylaxis/pre-exposure prophylaxis, with the exception of creatinine interpretation. Conclusions: Ontario nurses report high levels of support for nurse-led postexposure prophylaxis and pre-exposure prophylaxis and are well positioned to provide these interventions. Targeted education and implementation efforts are needed to engage these nurses in postexposure prophylaxis and pre-exposure prophylaxis delivery.

Notes: Clifford-Rashotte, Matthew Fawcett, Natalie Fowler, Barbara Reinhart, Jeffrey Tan, Darrell H. S.
1705-7051

URL: <Go to ISI>://WOS:000655051700007

Reference Type: Journal Article

Record Number: 1640

Author: Coates, E., Amiel, S., Baird, W., Benaissa, M., Brennan, A., Campbell, M. J., Chadwick, P., Chater, T., Choudhary, P., Cooke, D., Cooper, C., Cross, E., De Zoysa, N., Eissa, M., Elliott, J., Gianfrancesco, C., Good, T., Hopkins, D., Hui, Z., Lawton, J., Lorencatto, F., Michie, S., Pollard, D. J., Rankin, D., Schutter, J., Scott, E., Speight, J., Stanton-Fay, S., Taylor, C., Thompson, G., Totton, N., Yardley, L., Zaitcev, A., Heller, S. and Grp, D.
AFNEplus

Year: 2021

Title: Protocol for a cluster randomised controlled trial of the DAFNEplus (Dose Adjustment For Normal Eating) intervention compared with 5x1 DAFNE: a lifelong approach to promote effective self-management in adults with type 1 diabetes

Journal: Bmj Open

Volume: 11

Issue: 1

Short Title: Protocol for a cluster randomised controlled trial of the DAFNEplus (Dose Adjustment For Normal Eating) intervention compared with 5x1 DAFNE: a lifelong approach to promote effective self-management in adults with type 1 diabetes

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-040438

Article Number: e040438

Accession Number: WOS:000611963800056

Abstract: Introduction The successful treatment of type 1 diabetes (T1D) requires those affected to employ insulin therapy to maintain their blood glucose levels as close to normal to avoid complications in the long-term. The Dose Adjustment For Normal Eating (DAFNE) intervention is a group education course designed to help adults with T1D develop and sustain the complex self-management skills needed to adjust insulin in everyday life. It leads to improved glucose levels in the short term (manifest by falls in glycated haemoglobin, HbA1c), reduced rates of hypoglycaemia and sustained improvements in quality of life but overall glucose levels remain well above national targets. The DAFNEplus intervention is a development of DAFNE designed to incorporate behavioural change techniques, technology and longer-term structured support from healthcare professionals (HCPs). Methods and analysis A pragmatic cluster randomised controlled trial in adults with T1D, delivered in

diabetes centres in National Health Service secondary care hospitals in the UK. Centres will be randomised on a 1:1 basis to standard DAFNE or DAFNEplus. Primary clinical outcome is the change in HbA1c and the primary endpoint is HbA1c at 12 months, in those entering the trial with HbA1c >7.5% (58 mmol/mol), and HbA1c at 6 months is the secondary endpoint. Sample size is 662 participants (approximately 47 per centre); 92% power to detect a 0.5% difference in the primary outcome of HbA1c between treatment groups. The trial also measures rates of hypoglycaemia, psychological outcomes, an economic evaluation and process evaluation. Ethics and dissemination Ethics approval was granted by South West-Exeter Research Ethics Committee (REC ref: 18/SW/0100) on 14 May 2018. The results of the trial will be published in a National Institute for Health Research monograph and relevant high-impact journals.

Notes: Coates, Elizabeth Amiel, Stephanie Baird, Wendy Benaissa, Mohammed Brennan, Alan Campbell, Michael Joseph Chadwick, Paul Chater, Tim Choudhary, Pratik Cooke, Debbie Cooper, Cindy Cross, Elizabeth De Zoysa, Nicole Eissa, Mohammad Elliott, Jackie Gianfrancesco, Carla Good, Tim Hopkins, David Hui, Zheng Lawton, Julia Lorencatto, Fabiana Michie, Susan Pollard, Daniel John Rankin, David Schutter, Jose Scott, Elaine Speight, Jane Stanton-Fay, Stephanie Taylor, Carolin Thompson, Gillian Totton, Nikki Yardley, Lucy Zaitcev, Aleksandr Heller, Simon Brennan, Alan/B-4459-2009; Cooper, Cindy L/A-2670-2010; Eissa, Mohammad R./GLU-1698-2022; Speight, Jane/AES-0292-2022; Campbell, Michael/I-4253-2014; Chater, Tim/Q-4355-2016; Totton, Nikki/G-6143-2016; Michie, Susan/A-1745-2010 Eissa, Mohammad R./0000-0002-5584-5815; Speight, Jane/0000-0002-1204-6896; Amiel, Stephanie/0000-0003-2686-5531; Campbell, Michael/0000-0003-3529-2739; Heller, Simon/0000-0002-2425-9565; chadwick, paul/0000-0002-7101-5993; Yardley, Lucy/0000-0002-3853-883X; Chater, Tim/0000-0002-1138-0147; Cooper, Cindy/0000-0002-2995-5447; Totton, Nikki/0000-0002-1900-2773; Hopkins, David/0000-0002-0451-0900; Stanton-Fay, Stephanie/0000-0001-5003-8072; Choudhary, Pratik/0000-0001-7635-4735; Michie, Susan/0000-0003-0063-6378; Pollard, Daniel/0000-0001-5630-0115; Brennan, Alan/0000-0002-1025-312X; Good, Tim/0000-0001-7495-9757
URL: <Go to ISI>://WOS:000611963800056

Reference Type: Journal Article

Record Number: 1059

Author: Coates, E., Zarotti, N., Williams, I., White, S., Halliday, V., Beever, D., Hackney, G., Stavroulakis, T., White, D., Norman, P., McDermott, C. and High, Cals Grp

Year: 2023

Title: Patient, carer and healthcare professional perspectives on increasing calorie intake in Amyotrophic Lateral Sclerosis

Journal: Chronic Illness

Volume: 19

Issue: 2

Pages: 368-382

Date: Jun

Short Title: Patient, carer and healthcare professional perspectives

on increasing calorie intake in Amyotrophic Lateral Sclerosis

ISSN: 1742-3953

DOI: 10.1177/17423953211069090

Article Number: 17423953211069090

Accession Number: WOS:000737888000001

Abstract: Objectives Research suggests that higher Body Mass Index is associated with improved survival in people with Amyotrophic Lateral Sclerosis (pwALS). Yet, understanding of the barriers and enablers to increasing calorie intake is limited. This study sought to explore these issues from the perspective of pwALS, informal carers, and healthcare professionals. Methods Interviews with 18 pwALS and 16 informal carers, and focus groups with 51 healthcare professionals. Data were analysed using template analysis and mapped to the COM-B model and Theoretical Domains Framework (TDF). Results All three COM-B components (Capability, Opportunity and Motivation) are important to achieving high calorie diets in pwALS. Eleven TDF domains were identified: Physical skills (ALS symptoms); Knowledge (about high calorie diets and healthy eating); Memory, attention, and decision processes (reflecting cognitive difficulties); Environmental context/resources (availability of informal and formal carers); Social influences (social aspects of eating); Beliefs about consequences (healthy eating vs. high calorie diets); Identity (interest in health lifestyles); Goals (sense of control); Reinforcement (eating habits); and Optimism and Emotion (low mood, poor appetite). Discussion To promote high calorie diets for pwALS, greater clarity around the rationale and content of recommended diets is needed. Interventions should be tailored to patient symptoms, preferences, motivations, and opportunities.

Notes: Coates, Elizabeth Zarotti, Nicolo Williams, Isobel White, Sean Halliday, Vanessa Beaver, Daniel Hackney, Gemma Stavroulakis, Theocharis White, David Norman, Paul McDermott, Christopher McDermott, Chris/GQZ-3919-2022; McDermott, Christopher/AU-4988-2020 McDermott, Christopher/0000-0002-1269-9053; /0000-0002-3535-7822; Zarotti, Nicolo/0000-0002-8129-6151 1745-9206

URL: <Go to ISI>://WOS:000737888000001

Reference Type: Journal Article

Record Number: 97

Author: Cockcroft, E. J., Wooding, E. L., Narendran, P., Dias, R. P., Barker, A. R., Moudiotis, C., Clarke, R. and Andrews, R. C.

Year: 2023

Title: Factors affecting the support for physical activity in children and adolescents with type 1 diabetes mellitus: a national survey of health care professionals' perceptions

Journal: BMC Pediatrics

Volume: 23

Issue: 1

Date: Mar

Short Title: Factors affecting the support for physical activity in children and adolescents with type 1 diabetes mellitus: a national survey of health care professionals' perceptions

DOI: 10.1186/s12887-023-03940-3

Article Number: 131

Accession Number: WOS:000954718400003

Abstract: Background Many children and adolescents with Type 1 Diabetes Mellitus (T1DM) don't meet the recommended levels of physical activity. Healthcare professionals (HCPs) have a key role in supporting and encouraging children and adolescents with T1DM to be physically active. This study aims to understand the perspectives of HCPs in relation to supporting physical activity and implementing guidelines relating to physical activity. **Methods** An online mixed methods survey was circulated to HCPs in pediatric diabetes units in England and Wales. Participants were asked about how they support physical activity in their clinic and their perceptions of barriers/enablers of providing physical activity support to children and adolescents with T1DM. Quantitative data were analysed descriptively. An deductive thematic approach was applied to the free text responses using the Capability Opportunity Motivation model of Behaviour (COM-B) as a framework. **Results** Responses were received from 114 individuals at 77 different pediatric diabetes units (45% of pediatric diabetes units in England and Wales). HCPs surveyed felt that the promotion of physical activity is important (90%) and advised patients to increase levels of physical activity (88%). 19% of the respondents felt they did not have sufficient knowledge to provide support. HCPs reported limited knowledge and confidence, time and resources as barriers to providing support. They also felt the current guidance was too complicated with few practical solutions. **Conclusion** Pediatric HCPs need training and support to be able to encourage and support children and adolescents with T1D to be a physical activity. In addition, resources that provide simple and practical advice to manage glucose around exercise are needed.

Notes: Cockcroft, Emma J. Wooding, Eva L. Narendran, Parth Dias, Renuka P. Barker, Alan R. Moudiotis, Christopher Clarke, Ross Andrews, Robert C.

andrews, robert/0000-0003-4939-1738
1471-2431

URL: <Go to ISI>://WOS:000954718400003

Reference Type: Journal Article

Record Number: 204

Author: Cody, R., Beck, J., Brand, S., Donath, L., Faude, O., Hatzinger, M., Imboden, C., Kreppke, J. N., Lang, U. E., Ludyga, S., Mans, S., Mikoteit, T., Oswald, A., Schweinfurth, N., Zahner, L. and Gerber, M.

Year: 2023

Title: Short-term outcomes of physical activity counseling in in-patients with Major Depressive Disorder: Results from the PACINPAT randomized controlled trial

Journal: Frontiers in Psychiatry

Volume: 13

Date: Jan

Short Title: Short-term outcomes of physical activity counseling in in-patients with Major Depressive Disorder: Results from the PACINPAT randomized controlled trial

ISSN: 1664-0640

DOI: 10.3389/fpsy.2022.1045158

Article Number: 1045158

Accession Number: WOS:000924246000001

Abstract: Introduction A physical activity counseling intervention based on a motivation-volition model was developed and delivered to in-patients with Major Depressive Disorders with the aim of increasing lifestyle physical activity. The aim of this study is to evaluate the short-term outcomes of this intervention. **Methods** A multi-center randomized controlled trial was conducted in four Swiss psychiatric clinics. Adults who were initially insufficiently physically active and were diagnosed with Major Depressive Disorder according to ICD-10 were recruited. The sample consisted of 113 participants in the intervention group (M-age = 42 years, 56% women) and 107 in the control group (M-age = 40 years, 49% women). Motivation and volition determinants of physical activity were assessed with questionnaires. Implicit attitudes were assessed with an Implicit Association Test. Physical activity was self-reported and measured with hip-worn accelerometers over 7 consecutive days starting on the day following the data collection. **Results** According to accelerometer measures, step count decreased on average 1,323 steps less per day (95% CI = -2,215 to -431, $p < 0.01$) over time in the intervention group compared to the control group. A trend was recognized indicating that moderate-to-vigorous physical activity decreased on average 8.37 min less per day (95% CI = -16.98 to 0.23, $p < 0.06$) over time in the intervention group compared to the control group. The initial phase of the intervention does not seem to have affected motivational and volitional determinants of and implicit attitudes toward physical activity. **Conclusion** Physical activity counseling may be considered an important factor in the transition from in-patient treatment. Methods to optimize the intervention during this period could be further explored to fulfill the potential of this opportunity.

Notes: Cody, Robyn Beck, Johannes Brand, Serge Donath, Lars Faude, Oliver Hatzinger, Martin Imboden, Christian Kreppke, Jan-Niklas Lang, Undine E. Ludyga, Sebastian Mans, Sarah Mikoteit, Thorsten Oswald, Anja Schweinfurth, Nina Zahner, Lukas Gerber, Markus Brand, Serge/H-7159-2019

Brand, Serge/0000-0003-2175-2765

URL: <Go to ISI>://WOS:000924246000001

Reference Type: Journal Article

Record Number: 591

Author: Cody, R., Christensen, M., Kreppke, J. N., Faude, O., Gerber, M. and Nicca, D.

Year: 2022

Title: The experience of a physical activity counseling intervention among people with major depression within the PACINPAT trial - A reflexive thematic analysis

Journal: Mental Health and Physical Activity

Volume: 23

Date: Oct

Short Title: The experience of a physical activity counseling

intervention among people with major depression within the PACINPAT trial – A reflexive thematic analysis

ISSN: 1755-2966

DOI: 10.1016/j.mhpa.2022.100464

Article Number: 100464

Accession Number: WOS:000835725300002

Abstract: Introduction: Physical activity can be an effective complementary treatment for major depression, yet among afflicted people, physical inactivity is prevalent. The aim of the "Physical Activity Counseling in In-Patients with Major Depression" (PACINPAT) trial was to promote a more physically active lifestyle by implementing a theory-based in-person and remote counseling intervention. It is not only important to establish whether this approach works, but also how, when and why it works. Hence, the aim of this study was to explore how participants receiving a theory-based physical activity counseling intervention experienced the intervention. Methods: Semi-structured interviews were conducted with 12 participants who were recruited purposively after completing the intervention and data assessments within the PACINPAT randomized controlled trial being conducted in four Swiss psychiatric clinics. The interviews were analyzed according to the six steps of reflexive thematic analysis. Findings: Twelve initially physically inactive adults described managing life with depression as "balancing pressures" which strongly influenced their well-being and physical activity behaviors. This became visible in the varying experiences to the intervention: (1) Expansive: increasing well-being with maintained physical activity; (2) Adoptive: fragile well-being with relationship-dependent physical activity; (3) Stagnant: declining well-being with shift away from physical activity; and (4) Confirmatory: unchanged well-being with unaffected physical activity. Conclusion: Participants with major depression who took part in the same physical activity counseling intervention experienced it in four distinguishable ways, which were noticeably linked with their level of self-management. Identifying these experience patterns is promising, because it could lead to refining the intervention to improve effectiveness for individuals. Further investigation is required to validate these suggested experience patterns.

Notes: Cody, Robyn Christensen, Michael Kreppke, Jan-Niklas Faude, Oliver Gerber, Markus Nicca, Dunja

Cody, Robyn/GQH-8301-2022; Gerber, Markus/H-8654-2014

Gerber, Markus/0000-0001-6140-8948

1878-0199

URL: <Go to ISI>://WOS:000835725300002

Reference Type: Journal Article

Record Number: 16

Author: Cody, R., Kreppke, J. N., Fischer, X., Faude, O., Beck, J., Brand, S., Hatzinger, M., Imboden, C., Kugerl, N., Lang, U. E., Mans, S., Maurer, R., Mikoteit, T., Oswald, A., Rhodius, L. S., Schweinfurth, N., Wechsler, L. and Gerber, M.

Year: 2023

Title: An implementation evaluation of the physical activity

counseling for in-patients with major depressive disorder (PACINPAT)
intervention: a randomized controlled trial

Journal: BMC Psychiatry

Volume: 23

Issue: 1

Date: May

Short Title: An implementation evaluation of the physical activity
counseling for in-patients with major depressive disorder (PACINPAT)
intervention: a randomized controlled trial

DOI: 10.1186/s12888-023-04834-5

Article Number: 316

Accession Number: WOS:000982157600003

Abstract: Background The physical activity counseling for in-patients with major depression (PACINPAT) randomized controlled trial was launched to tackle physical inactivity for in-patients with major depressive disorder. Evidence shows that despite potential treatment effects, physical inactivity is prevalent in this population. To contribute to the assessment of how this in-person and remote, theory-based, individually tailored intervention was designed, received and effected behavior, the aim of this study was to evaluate its implementation. Methods This implementation evaluation was conducted within a multi-center randomized controlled trial according to the Process Evaluation Framework by the Medical Research Council including the analysis of reach, dose, fidelity and adaptation. Data were collected from the implementers and the participants randomized to the intervention group of the trial. Results The study sample comprised 95 physically inactive in-patients (mean age: 42 years, 53% women) with diagnosed major depressive disorder. The intervention reached the intended population (N = 95 in-patients enrolled in the study). The intervention dose varied between early dropouts (counseling sessions, M = 1.67) and study completers with some participants receiving a low dose (counseling sessions, M = 10.05) and high dose (counseling sessions, M = 25.37). Differences in the attendance groups were recognizable in the first two counseling sessions (duration of counseling session about 45 min in early dropouts versus 60 min for study completers). Fidelity of the in-person counseling content was partly achieved and adapted, whereas that of the remote counseling content was well achieved. Participants (86% at follow up) reported satisfaction with the implementers of the intervention. Adaptations were made to content, delivery mode and dose. Conclusion The PACINPAT trial was implemented in the intended population, in varying doses and with adaptations made to in-person counseling content and remote counseling dose. These findings are key to understanding outcome analyses within the PACINPAT trial, further developing interventions and contributing to implementation research among in-patients with depressive disorders.

Notes: Cody, Robyn Kreppke, Jan-Niklas Fischer, Xenia Faude, Oliver Beck, Johannes Brand, Serge Hatzinger, Martin Imboden, Christian Kuglerl, Nadine Lang, Undine E. Mans, Sarah Maurer, Reto Mikoteit, Thorsten Oswald, Anja Rhodius, Lilja-Sophie Schweinfurth, Nina Wechsler, Laura Gerber, Markus

1471-244x

URL: <Go to ISI>://WOS:000982157600003

Reference Type: Journal Article

Record Number: 742

Author: Coetzee, B. J., Vogel, L., Sander, S., Field, C., Kagee, A. and Roomaney, R.

Year: 2023

Title: Re-visiting the relevance and importance of health psychology in South Africa

Journal: South African Journal of Psychology

Volume: 53

Issue: 1

Pages: 57-67

Date: Mar

Short Title: Re-visiting the relevance and importance of health psychology in South Africa

ISSN: 0081-2463

DOI: 10.1177/00812463221094728

Article Number: 00812463221094728

Accession Number: WOS:000798307700001

Abstract: Health psychology as a discipline has existed for more than four decades and is primarily concerned with research, theory, and practice at the nexus of psychology and health. The discipline is well established across Europe, the United States, and Australia with health psychology societies, postgraduate programmes, conferences, and academic journals dedicated to the discipline in the majority of these countries. However, in South Africa, health psychology remains a broad umbrella term under which psychologists and other health care professionals conduct research. Health psychology is concerned with the biological, social, psychological, contextual, and structural drivers of health and illness, and relies on theory and empirically-driven research to identify and understand important links between health and behaviour. In South Africa, where a large proportion of the population faces multiple co-occurring disease epidemics, such as HIV/AIDS, TB, COVID-19, diabetes, and heart disease, there is a need for a uniting sub-discipline like health psychology to focus intervention efforts and to meet the sustainable development goals. The recent re-establishment of a special interest group in health psychology in the Psychological Society of South Africa (PsySSA) is an important first step. In this article, and as members of the newly re-established special interest group in health psychology, we call attention to the need to promote health psychology in South Africa. In this article, we describe the paradigmatic traditions and theoretical models that inform the discipline. We then argue why health psychology should be prioritised again and recommend future directions for health psychology in South Africa.

Notes: Coetzee, Bronwyne J. Vogel, Lodewyk Sander, Susan Field, Courtney Kagee, Ashraf Roomaney, Rizwana

Coetzee, Bronwyne/D-5385-2013

Coetzee, Bronwyne/0000-0003-1545-418X; Kagee, Ashraf/

0000-0003-1241-2566

2078-208x

URL: <Go to ISI>://WOS:000798307700001

Reference Type: Journal Article

Record Number: 1851

Author: Cole, J., Torabi, P., Dostal, I., Homer, K. and Robson, J.

Year: 2018

Title: Opportunistic pulse checks in primary care to improve recognition of atrial fibrillation: a retrospective analysis of electronic patient records

Journal: British Journal of General Practice

Volume: 68

Issue: 671

Pages: E388-E393

Date: Jun

Short Title: Opportunistic pulse checks in primary care to improve recognition of atrial fibrillation: a retrospective analysis of electronic patient records

ISSN: 0960-1643

DOI: 10.3399/bjgp18X696605

Accession Number: WOS:000442323400001

Abstract: Background Atrial fibrillation (AF) is an important and modifiable risk factor for stroke. Earlier identification may reduce stroke-related morbidity and mortality. Trial evidence shows that opportunistic pulse regularity checks in individuals aged ≥ 65 years increases detection of AF. However, this is not currently recommended by the National Screening Programme or implemented by most clinical commissioning groups (CCGs). Aim To evaluate the impact of a systematic programme to promote pulse regularity checks, the programme's uptake in general practice, and the prevalence of AF. Design and setting Retrospective analysis of electronic primary care patient records in three east London CCGs (City and Hackney, Newham, and Tower Hamlets) over 10 years. Method Rates of pulse regularity checks and prevalence of AF in individuals aged ≥ 65 years were compared from the pre-intervention period, 2007-2011, to the post-intervention period, 2012-2017. Results Across the three CCGs, rates of pulse regularity checks increased from a mean of 7.3% pre-intervention to 66.4% post-intervention, achieving 93.1% (n = 58 722) in the final year. Age-standardised prevalence of AF in individuals aged ≥ 65 years increased significantly from a pre-intervention mean of 61.4/1000 to a post-intervention mean of 64.5/1000. There was a significant increase in a post-intervention trend to a final-year mean of 67.3/1000: an improvement of 9.6% (5.9/1000) with 790 additional new cases identified. Conclusion Organisational alignment, standardised data entry, peer-performance dashboards, and financial incentives rapidly and generally increased opportunistic screening with pulse regularity checks. This was associated with a significant increase in detection and prevalence of AF and is of public health importance.

Notes: Cole, James Torabi, Payam Dostal, Isabel Homer, Kate Robson, John

Robson, John/H-3904-2014

Robson, John/0000-0001-6889-0415; Cole, James/0000-0002-8202-0181 1478-5242

URL: <Go to ISI>://WOS:000442323400001

Reference Type: Journal Article

Record Number: 2451

Author: Cole, J. A., Smith, S. M., Hart, N. and Cupples, M. E.

Year: 2013

Title: Do practitioners and friends support patients with coronary heart disease in lifestyle change? a qualitative study

Journal: BMC Family Practice

Volume: 14

Date: Aug

Short Title: Do practitioners and friends support patients with coronary heart disease in lifestyle change? a qualitative study

DOI: 10.1186/1471-2296-14-126

Article Number: 126

Accession Number: WOS:000323837100001

Abstract: Background: Healthy lifestyles help to prevent coronary heart disease (CHD) but outcomes from secondary prevention interventions which support lifestyle change have been disappointing. This study is a novel, in-depth exploration of patient factors affecting lifestyle behaviour change within an intervention designed to improve secondary prevention for patients with CHD in primary care using personalised tailored support. We aimed to explore patients' perceptions of factors affecting lifestyle change within a trial of this intervention (the SPHERE Study), using semi-structured, one-to-one interviews, with patients in general practice. Methods: Interviews (45) were conducted in purposively selected general practices (15) which had participated in the SPHERE Study. Individuals, with CHD, were selected to include those who succeeded in improving physical activity levels and dietary fibre intake and those who did not. We explored motivations, barriers to lifestyle change and information utilised by patients. Data collection and analysis, using a thematic framework and the constant comparative method, were iterative, continuing until data saturation was achieved. Results: We identified novel barriers to lifestyle change: such disincentives included strong negative influences of social networks, linked to cultural norms which encouraged consumption of 'delicious' but unhealthy food and discouraged engagement in physical activity. Findings illustrated how personalised support within an ongoing trusted patient-professional relationship was valued. Previously known barriers and facilitators relating to support, beliefs and information were confirmed. Conclusions: Intervention development in supporting lifestyle change in secondary prevention needs to more effectively address patients' difficulties in overcoming negative social influences and maintaining interest in living healthily.

Notes: Cole, Judith A. Smith, Susan M. Hart, Nigel Cupples, Margaret E.

Cupples, Margaret/0000-0002-4248-9700; Smith, Susan/

0000-0001-6027-2727

1471-2296

URL: <Go to ISI>://WOS:000323837100001

Reference Type: Journal Article

Record Number: 1687

Author: Coleman, M., Hodges, A., Henn, S. and Lambert, C. C.

Year: 2020

Title: Integrated Pharmacy and PrEP Navigation Services to Support PrEP Uptake: A Quality Improvement Project

Journal: Janac–Journal of the Association of Nurses in Aids Care

Volume: 31

Issue: 6

Pages: 685–692

Date: Nov–Dec

Short Title: Integrated Pharmacy and PrEP Navigation Services to Support PrEP Uptake: A Quality Improvement Project

ISSN: 1055–3290

DOI: 10.1097/jnc.000000000000182

Accession Number: WOS:000587791500008

Abstract: Preexposure prophylaxis (PrEP) is highly effective in preventing HIV among both men and women, with the reduction in risk directly linked to medication adherence. Navigation services and other adherence interventions have demonstrated efficacy in medication uptake; however, their use may not be fully integrated into clinic operations or their roles clearly defined. This quality improvement (QI) project developed an evidenced–based PrEP Navigation (PN) tool to identify patient–reported barriers to uptake and to support process improvement at a large community health center in Washington, DC. Outcomes related to patient–reported barriers, patient demographics, and time to medication pickup from the pharmacy were measured before and after implementation. A total of 198 patients were included in this analysis. Mean days from initial prescription to medication pickup was reduced by 1.42 days ($p = .030$) following PN tool implementation. The evidenced–based PN tool is modifiable to the needs of the individual clinic and the patients they care for to support wide–scale PrEP uptake and continuous system process improvements.

Notes: Coleman, Megan Hodges, Ashley Henn, Sarah Lambert, Crystal Chapman

1552–6917

URL: <Go to ISI>://WOS:000587791500008

Reference Type: Journal Article

Record Number: 2013

Author: Coll–Planas, L., Gomez, G. D., Bonilla, P., Masat, T., Puig, T. and Monteserin, R.

Year: 2017

Title: Promoting social capital to alleviate loneliness and improve health among older people in Spain

Journal: Health & Social Care in the Community

Volume: 25

Issue: 1

Pages: 145–157

Date: Jan

Short Title: Promoting social capital to alleviate loneliness and improve health among older people in Spain

ISSN: 0966-0410

DOI: 10.1111/hsc.12284

Accession Number: WOS:000392755700015

Abstract: Loneliness is especially frequent among older people in Southern Europe. Furthermore, promoting social capital to tackle loneliness and its health effects is an understudied intervention strategy. Therefore, a complex intervention was piloted in Spain in a pre-post study with a 2-year follow-up. Its aims were to explore the feasibility of the intervention and its short- and long-term effects. It was conducted in one mixed rural/urban and two urban areas of diverse socioeconomic levels from 2011 to 2012. The intervention framework was based on social capital theory applying a behaviour change model and care co-ordination. The intervention comprised: (i) a co-ordinated action aimed at building a network between primary healthcare centres and community assets in the neighbourhood and (ii) a group-based programme, which promoted social capital among lonely older people, especially social support and participation. Older people active in senior centres volunteered as gatekeepers. The main outcome domain was loneliness. Secondary outcome domains were participation, social support, self-perceived health, quality of life, depressive symptoms and use of health resources. Pre-post changes were assessed with t-test, Wilcoxon signed-rank test and McNemar's test. Differences between the three time points were assessed with a one-way ANOVA with repeated measures. Social workers and nurses were successfully involved as group leaders, 10 volunteers took part and 38 participants were included. After the intervention, loneliness decreased while social participation and support significantly increased. Furthermore, the number of visits to nurses increased. Exactly 65.8% of the participants built social contacts within the group and 47.4% became engaged in new activities. Two years later, social effects were maintained and depressive symptoms had decreased. Exactly 44.7% of the participants continued to be in contact with at least one person from the group and 39.5% continued participating. The intervention contributes a novel and feasible social capital-based approach for alleviating loneliness among older adults while prompting meaningful changes in their lives.

Notes: Coll-Planas, Laura del Valle Gomez, Gabriela Bonilla, Petra Masat, Teresa Puig, Teresa Monteserin, Rosa

coll planas, laura/ABC-4362-2021

Coll-Planas, Laura/0000-0001-5204-8717
1365-2524

URL: <Go to ISI>://WOS:000392755700015

Reference Type: Journal Article

Record Number: 554

Author: Collier, R. J., Lerner, C. F., Chung, P. J., Klitzner, T. S., Cushing, C. C., Warner, G., Nacht, C. L., Thompson, L. R., Eickhoff, J., Ehlenbach, M. L., Garrity, B. M., Bowe, T. and Berry, J. G.

Year: 2022

Title: Caregiving and Confidence to Avoid Hospitalization for Children with Medical Complexity

Journal: Journal of Pediatrics

Volume: 247

Pages: 109--

Date: Aug

Short Title: Caregiving and Confidence to Avoid Hospitalization for Children with Medical Complexity

ISSN: 0022-3476

DOI: 10.1016/j.jpeds.2022.05.011

Accession Number: WOS:000854101300024

Abstract: Objective To test associations between parent-reported confidence to avoid hospitalization and caregiving strain, activation, and health-related quality of life (HRQOL). Study design In this prospective cohort study, enrolled parents of children with medical complexity (n = 75) from 3 complex care programs received text messages (at random times every 2 weeks for 3 months) asking them to rate their confidence to avoid hospitalization in the next month. Low confidence, as measured on a 10-point Likert scale (1 = not confident; 10 = fully confident), was defined as a mean rating <5. Caregiving measures included the Caregiver Strain Questionnaire, Family Caregiver Activation in Transition (FCAT), and caregiver HRQOL (Medical Outcomes Study Short Form 12 [SF12]). Relationships between caregiving and confidence were assessed with a hierarchical logistic regression and classification and regression trees (CART) model. Results The parents were mostly mothers (77%) and were linguistically diverse (20% spoke Spanish as their primary language), and 18% had low confidence on average. Demographic and clinical variables had weaker associations with confidence. In regression models, low confidence was associated with higher caregiver strain (aOR, 3.52; 95% CI, 1.45-8.54). Better mental HRQOL was associated with lower likelihood of low confidence (aOR, 0.89; 95% CI, 0.80-0.97). In the CART model, higher strain similarly identified parents with lower confidence. In all models, low confidence was not associated with caregiver activation (FCAT) or physical HRQOL (SF12) scores. Conclusions Parents of children with medical complexity with high strain and low mental HRQOL had low confidence in the range in which intervention to avoid hospitalization would be warranted. Future work could determine how adaptive interventions to improve confidence and prevent hospitalizations should account for strain and low mental HRQOL.

Notes: Collier, Ryan J. Lerner, Carlos F. Chung, Paul J. Klitzner, Thomas S. Cushing, Christopher C. Warner, Gemma Nacht, Carrie L. Thompson, Lindsey R. Eickhoff, Jens Ehlenbach, Mary L. Garrity, Brigid M. Bowe, Terah Berry, Jay G.

Nacht, Carrie/0000-0002-2533-3034

1097-6833

URL: <Go to ISI>://WOS:000854101300024

Reference Type: Journal Article

Record Number: 1037

Author: Collier, B., Flynn, G., Stewart, J. and Thomas, D.

Year: 2022

Title: Influence government: Exploring practices, ethics, and power in the use of targeted advertising by the UK state

Journal: Big Data & Society

Volume: 9

Issue: 1

Date: Jan

Short Title: Influence government: Exploring practices, ethics, and power in the use of targeted advertising by the UK state

ISSN: 2053-9517

DOI: 10.1177/20539517221078756

Article Number: 20539517221078756

Accession Number: WOS:000772268000001

Abstract: We have identified an emerging tool being used by the UK government across a range of public bodies in the service of public policy – the online targeted advertising infrastructure and the practices, consultancy firms, and forms of expertise which have grown up around it. This reflects an intensification and adaptation of a broader 'behavioural turn' in the governmentality of the UK state and the increasing sophistication of everyday government communications. Contemporary UK public policy is fusing with the powerful tools for behaviour change created by the platform economy. Operational data and associated systems of classification and profiling from public bodies are being hybridised with traditional consumer marketing profiles and then 'projected' onto the classification systems of the targeted advertising infrastructures. This is not simply a case of algorithms being used for sorting, surveilling, and scoring; rather this suggests that targeted interventions in the cultural and behavioural life of communities are now a core part of governmental power which is being algorithmically-driven, in combination with influencer networks, traditional forms of messaging, and frontline operational practices. We map these uses and practices of what we describe as the 'Surveillance Influence Infrastructure', identifying key ethical issues and implications which we believe have yet to be fully investigated or considered. What we find particularly striking is the coming-together of two separate structures of power – the governmental turn to behaviourism and prevention on one hand, and the infrastructures of targeting and influence (and their complex tertiary markets) on the other. We theorise this as a move beyond 'nudge' or 'behavioural science' approaches, towards a programme which we term 'influence government'.

Notes: Collier, Ben Flynn, Gemma Stewart, James Thomas, Daniel Collier, Ben/0000-0002-9207-3068; Thomas, Daniel/0000-0001-8936-0683

URL: <Go to ISI>://WOS:000772268000001

Reference Type: Journal Article

Record Number: 1954

Author: Collins, J., Huggins, C. E., Porter, J. and Palermo, C.

Year: 2017

Title: Factors influencing hospital foodservice staff's capacity to deliver a nutrition intervention

Journal: Nutrition & Dietetics

Volume: 74

Issue: 2

Pages: 129-137

Date: Apr

Short Title: Factors influencing hospital foodservice staff's capacity to deliver a nutrition intervention

ISSN: 1446-6368

DOI: 10.1111/1747-0080.12344

Accession Number: WOS:000399944700003

Abstract: AimImplementation of an intervention can result in a discrepancy between what was planned and what is delivered, affecting outcomes for recipients. The aim was to explore, from the perspective of hospital foodservice staff, their experiences delivering a nutrition intervention and the barriers and enablers to its implementation. MethodsA process evaluation of a pilot study was undertaken using qualitative description. A purposive sample (n = 15) of hospital foodservice supervisors and foodservice assistants responsible for delivering a higher energy menu to hospital patients participated in focus groups and semistructured interviews. Theoretical frameworks of behaviour underpinned the method. Content analysis elicited factors (sub-themes) influencing foodservice staff's capability, opportunity and motivation to provide the nutrition intervention. Thematic analysis (by two independent researchers) further explored factors (themes) related to the process of the intervention's implementation. ResultsFive key themes (and 15 sub-themes) explained factors effecting implementation of the nutrition intervention. Aspects of the foodservice environment and patients' resistance were barriers to implementation and perceived sustainability. Teamwork, problem solving, leadership and job satisfaction were enablers. There was an opportunity to optimise training and feedback. Characteristics of foodservice staff, including their: knowledge, beliefs and perceptions of diet, health and their job role, had the potential to influence their behaviours and decision making. ConclusionsA number of interacting factors influenced foodservice staff's delivery of a higher energy menu as planned. Addressing the challenges of time, foodservice structure, patients' resistance, gaps in knowledge and misconceptions among foodservice staff may enhance similar nutrition interventions in the future.

Notes: Collins, Jorja Huggins, Catherine E. Porter, Judi Palermo, Claire

Porter, Judi/H-6243-2019

Porter, Judi/0000-0002-7535-1919; Collins, Jorja/

0000-0001-9541-6129; Huggins, Catherine/0000-0003-3929-7756

1747-0080

URL: <Go to ISI>://WOS:000399944700003

Reference Type: Journal Article

Record Number: 618

Author: Colombage, U. N., Lin, K. Y., Soh, S. E., Brennen, R. and Frawley, H. C.

Year: 2022

Title: Experiences of pelvic floor dysfunction and treatment in women with breast cancer: a qualitative study

Journal: Supportive Care in Cancer

Volume: 30

Issue: 10

Pages: 8139–8149

Date: Oct

Short Title: Experiences of pelvic floor dysfunction and treatment in women with breast cancer: a qualitative study

ISSN: 0941-4355

DOI: 10.1007/s00520-022-07273-2

Accession Number: WOS:000821994100001

Abstract: Purpose To explore the experiences of women with breast cancer and pelvic floor (PF) dysfunction and the perceived enablers and barriers to uptake of treatment for PF dysfunction during their recovery. Method Purposive sampling was used to recruit 30 women with a past diagnosis of breast cancer and PF dysfunction. Semi-structured interviews were conducted, and data were analysed inductively to identify new concepts in the experiences of PF dysfunction in women with breast cancer and deductively according to the capability, opportunity, motivation and behaviour (COM-B) framework to identify the enablers and barriers to the uptake of treatment for PF dysfunction in women with breast cancer. Results Participants were aged between 31 and 88 years, diagnosed with stages I–IV breast cancer and experienced either urinary incontinence (n = 24/30, 80%), faecal incontinence (n = 6/30, 20%) or sexual dysfunction (n = 20/30, 67%). They were either resigned to or bothered by their PF dysfunction; bother was exacerbated by embarrassment from experiencing PF symptoms in public. Barriers to accessing treatment for PF dysfunction included a lack of awareness about PF dysfunction following breast cancer treatments and health care professionals not focussing on the management of PF symptoms during cancer treatment. An enabler was their motivation to resume their normal pre-cancer lives. Conclusion Participants in this study reported that there needs to be more awareness about PF dysfunction in women undergoing treatment for breast cancer. They would like to receive information about PF dysfunction prior to starting cancer treatment, be screened for PF dysfunction during cancer treatment and be offered therapies for their PF dysfunction after primary cancer treatment. Therefore, a greater focus on managing PF symptoms by clinicians may be warranted in women with breast cancer.

Notes: Colombage, Udari N. Lin, Kuan-Yin Soh, Sze-Ee Brennen, Robyn Frawley, Helena C.

Frawley, Helena C/B-9840-2017

Frawley, Helena C/0000-0002-7126-6979; Lin, Kuan-Yin/0000-0002-2902-3156; Colombage, Udari/0000-0003-0662-9363; Brennen, Robyn/0000-0002-7054-8261

1433-7339

URL: <Go to ISI>://WOS:000821994100001

Reference Type: Journal Article

Record Number: 2405

Author: Colquhoun, H., Leeman, J., Michie, S., Lokker, C., Bragge, P., Hempel, S., McKibbin, K. A., Peters, G. J. Y., Stevens, K. R., Wilson, M. G. and Grimshaw, J.

Year: 2014

Title: Towards a common terminology: a simplified framework of interventions to promote and integrate evidence into health

practices, systems, and policies

Journal: Implementation Science

Volume: 9

Date: May

Short Title: Towards a common terminology: a simplified framework of interventions to promote and integrate evidence into health practices, systems, and policies

ISSN: 1748-5908

DOI: 10.1186/1748-5908-9-51

Article Number: 51

Accession Number: WOS:000335606400001

Abstract: Background: A wide range of diverse and inconsistent terminology exists in the field of knowledge translation. This limits the conduct of evidence syntheses, impedes communication and collaboration, and undermines knowledge translation of research findings in diverse settings. Improving uniformity of terminology could help address these challenges. In 2012, we convened an international working group to explore the idea of developing a common terminology and an overarching framework for knowledge translation interventions. Findings: Methods included identifying and summarizing existing frameworks, mapping together a subset of those frameworks, and convening a multi-disciplinary group to begin working toward consensus. The group considered four potential approaches to creating a simplified framework: melding existing taxonomies, creating a framework of intervention mechanisms rather than intervention strategies, using a consensus process to expand one of the existing models/frameworks used by the group, or developing a new consensus framework. Conclusions: The work group elected to draft a new, simplified consensus framework of interventions to promote and integrate evidence into health practices, systems and policies. The framework will include four key components: strategies and techniques (active ingredients), how they function (causal mechanisms), how they are delivered (mode of delivery), and what they aim to change (intended targets). The draft framework needs to be further developed by feedback and consultation with the research community and tested for usefulness through application and evaluation.

Notes: Colquhoun, Heather Leeman, Jennifer Michie, Susan Lokker, Cynthia Bragge, Peter Hempel, Susanne McKibbin, K. Ann Peters, Gjalgt-Jorn Y. Stevens, Kathleen R. Wilson, Michael G. Grimshaw, Jeremy

Grimshaw, Jeremy/D-8726-2013; Leeman, Jennifer/AAF-6531-2020;

Lokker, Cynthia/L-4177-2017

Lokker, Cynthia/0000-0003-2436-4290

URL: <Go to ISI>://WOS:000335606400001

Reference Type: Journal Article

Record Number: 2110

Author: Colquhoun, H. L., Helis, E., Lowe, D., Belanger, D., Hill, S., Mayhew, A., Taylor, M. and Grimshaw, J. M.

Year: 2016

Title: Development of training for medicines-oriented policymakers to apply evidence

Journal: Health Research Policy and Systems

Volume: 14

Date: Jul

Short Title: Development of training for medicines-oriented policymakers to apply evidence

ISSN: 1478-4505

DOI: 10.1186/s12961-016-0130-3

Article Number: 57

Accession Number: WOS:000381784300001

Abstract: Background: Health systems globally promote appropriate prescribing by healthcare providers and safe and effective medicine use by consumers. Rx for Change, a publicly available database, provides access to systematic reviews regarding best practices for prescribing and using medicines. Despite the value of the database for improving prescribing and medicine use, its use remains suboptimal. This study aimed to develop a training program for five medicine-focused organisations in Canada and Australia to facilitate the use and understanding of the Rx for Change database. Methods: Four steps were undertaken: 1) key informant interviews were completed across all organisations to understand the knowledge user perspective; 2) a directed content analysis was completed of the interview transcripts and proposed training was developed; 3) a second round of feedback on the proposed training by knowledge users was gathered; and 4) feedback was integrated to develop the final training. Results: Sixteen key informant interviews with knowledge users were conducted. Themes for training content included the scope of, navigation and strategies for using Rx for Change (generic content) and practical examples on incorporating evidence within their workplace context (tailored content). The final training consisted of an informational video, a 60-minute face-to-face workshop and two post-training reminders. Conclusions: A method of engaging knowledge users in the development of a training program to improve the use of an on-line database of systematic reviews was established and used to design training. Next steps include the delivery and evaluation of the training.

Notes: Colquhoun, H. L. Helis, E. Lowe, D. Belanger, D. Hill, S. Mayhew, A. Taylor, M. Grimshaw, J. M.

Grimshaw, Jeremy/D-8726-2013

Lowe, Dianne/0000-0002-7946-2472; Taylor, Michael/
0000-0001-7868-8624

URL: <Go to ISI>://WOS:000381784300001

Reference Type: Journal Article

Record Number: 1537

Author: Combes, G., Owen, G., Damery, S., Flanagan, S., Brown, C. and Currie, G.

Year: 2021

Title: Implementing a new clinical pathway in a non-receptive context: Mixed methods evaluation of a new fracture pathway for older people in a hospital Trust in the West Midlands, UK

Journal: Plos One

Volume: 16

Issue: 2

Date: Feb

Short Title: Implementing a new clinical pathway in a non-receptive context: Mixed methods evaluation of a new fracture pathway for older people in a hospital Trust in the West Midlands, UK

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0247455

Article Number: e0247455

Accession Number: WOS:000623082400056

Abstract: Objectives This paper reports a mixed methods evaluation of a new pathway to improve clinical outcomes for older people with fractures treated at a hospital Trust in the West Midlands, UK. The paper focuses specifically on the context surrounding the translation of the new pathway into practice and the way that external and internal factors influenced its adaptation and implementation. Methods Quantitative analysis used a controlled Interrupted Time Series (ITS) to estimate the effect of the new pathway on patient complication rate, median length of hospital stay and 30-day mortality by comparing the pre- and post-intervention periods. ITS data were extracted from the UK Trauma Audit and Research Network (TARN) database and a patient-level control group identified using propensity score matching. Parallel qualitative analysis aimed to examine the context surrounding the new pathway and how external and internal factors might influence its adaptation and implementation into clinical practice. Data were collected via semi-structured interviews (n = 16) undertaken with staff and clinical stakeholders within the Trust and were analysed using the COM-B (Capability, Opportunity, Motivation) model of behaviour. Results No statistically significant effects were found for any of the patient outcomes studied in the controlled ITS analysis. Qualitative data suggest that the lack of effectiveness of the new initiative can be explained with reference to the capability, opportunity and motivation of internal Trust stakeholders to engage with the pathway, which created a non-receptive environment within the Trust. Conclusions Successfully implementing new care pathways in environments that may be non-receptive to change requires efforts to be put into winning 'hearts and minds' within the organisation to ensure engagement from key stakeholders during intervention development. Evidence must be provided internally of the way that a given intervention will alleviate the problematic issues being experienced within the organisation, and external dissemination of results should be avoided until there is evidence of a positive effect within the organisation where the new care pathway is first implemented.

Notes: Combes, Gill Owen, Gareth Damery, Sarah Flanagan, Sarah Brown, Celia Currie, Graeme

Damery, Sarah/ABA-8641-2021

Damery, Sarah/0000-0003-3681-8608

URL: <Go to ISI>://WOS:000623082400056

Reference Type: Journal Article

Record Number: 1309

Author: Combes, S., Forbes, G., Gillett, K., Norton, C. and Nicholson, C. J.

Year: 2021

Title: Development of a theory-based intervention to increase cognitively able frail elders' engagement with advance care planning using the behaviour change wheel

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Jul

Short Title: Development of a theory-based intervention to increase cognitively able frail elders' engagement with advance care planning using the behaviour change wheel

DOI: 10.1186/s12913-021-06548-4

Article Number: 712

Accession Number: WOS:000677514000002

Abstract: Background Advance care planning (ACP) conversations support people to think about, discuss and document their beliefs, values and preferences regarding future care. This process means that should the person lose capacity in the future, care can be provided, consistent with their personal values and beliefs. The ACP process is particularly relevant for older people living with frailty (frail elders) as they are vulnerable to sudden deterioration. However, ACP is rarely undertaken by frail elders. The aim of this study was to develop an intervention to increase multidisciplinary health and social care professionals' (H&SCPs) engagement of cognitively able, domestic-dwelling frail elders with ACP. **Methods** Intervention development was guided by the Medical Research Council framework for complex interventions and the Behaviour Change Wheel. Multiple methods were used to understand ACP barriers and enablers: a systematic integrative review, a survey (n=73 H&SCPs), and semi-structured interviews (n=10 frail elders, n=8 family members). A conceptual model, developed from the integrative review, underpinned data collection for the survey and interviews. Synthesis of this data, including patient and public involvement, was then used to identify H&SCPs behaviours that needed to change for ACP to be implemented and decide content and implementation for the intervention. **Results** Following the Behaviour Change Wheel system, and based on the findings of the review, survey and interviews, the prototype intervention, Conversations on Living and Dying (CLaD), was developed. The CLaD prototype consisted of one 3.5-hour educational skills session for H&SCPs supported by a toolkit. Content focussed on the relevance of ACP for frail elders, experience of ACP by frail elders, and strategies H&SCPs could adopt to encourage frail elders' engagement with ACP. Strategies include recognising the importance of relationships and living well now, preparing frail elders for ACP conversations and starting ACP early. Participants who took part in initial prototype refinement reported that the intervention helped them think differently about ACP and encouraged them to engage with frail elders. **Conclusions** The use of behavioural theory enabled the development of CLaD, an evidence-based, theory-driven, person-centred intervention to support ACP engagement with frail elders. While feasibility testing is required, initial prototype refinement demonstrated that H&SCPs found the intervention to be acceptable, engaging, and clinically valuable in their practice with frail elders and their families.

Notes: Combes, S. Forbes, G. Gillett, K. Norton, C. Nicholson, C. J. Blondeel, Sofie/AAE-5307-2022; Gillett, Karen/AAL-2542-2020
Gillett, Karen/0000-0001-6557-8610; Combes, Sarah/
0000-0002-9708-4495
1472-6963
URL: <Go to ISI>://WOS:000677514000002

Reference Type: Journal Article

Record Number: 390

Author: Connell, H., Logan, G., Somers, C., Baker, G., Broadfield, S., Bunn, C., Harper, L. D., Kelly, P., McIntosh, E., Pell, J. P., Puttnam, J., Robson, S., Gill, J. M. R. and Gray, C. M.

Year: 2022

Title: Development and optimisation of a multi-component workplace intervention to increase cycling for the Cycle Nation Project

Journal: Frontiers in Sports and Active Living

Volume: 4

Date: Oct

Short Title: Development and optimisation of a multi-component workplace intervention to increase cycling for the Cycle Nation Project

DOI: 10.3389/fspor.2022.857554

Article Number: 857554

Accession Number: WOS:000882188400001

Abstract: The Cycle Nation Project (CNP) aimed to develop, test the feasibility of and optimize a multi-component individual-/social-level workplace-based intervention to increase cycling among office staff at a multinational bank (HSBC UK). To do this, we first explored barriers to cycling in a nationally-representative survey of UK adults, then undertook focus groups with bank employees to understand any context-specific barriers and ways in which these might be overcome. These activities led to identification of 10 individual-level, two social-level, and five organizational-level modifiable factors, which were mapped to candidate intervention components previously identified in a scoping review of cycling initiatives. Interviews with HSBC UK managers then explored the practicality of implementing the candidate intervention components in bank offices. The resultant pilot CNP intervention included 32 core components across six intervention functions (education, persuasion, incentivisation, training, environmental restructuring, enablement). Participants received a loan bike for 12-weeks (or their own bike serviced), and a 9-week cycle training course (condensed to 6 weeks for those already confident in basic cycling skills), including interactive information sharing activities, behavior change techniques (e.g., weekly goal setting), bike maintenance training, practical off-road cycling skill games and on-road group rides. Sessions were delivered by trained bank staff members who were experienced cyclists. The CNP pilot intervention was delivered across three sites with 68 participants. It was completed in two sites (the third site was stopped due to COVID-19) and was feasible and acceptable to both women and men and across different ethnicities. In addition, the CNP intervention was successful (at least in the short term) in increasing cycling by 3

rides/week on average, and improving perceptions of safety, vitality, confidence, and motivation to cycle. Following minor modifications, the long-term effectiveness and cost-effectiveness of the CNP intervention should be tested in a full-scale randomized controlled trial.

Notes: Connell, Hayley Logan, Greig Somers, Camilla Baker, Graham Broadfield, Sarah Bunn, Christopher Harper, Luke D. Kelly, Paul McIntosh, Emma Pell, Jill P. Puttnam, Jill Robson, Sam Gill, Jason M. R. Gray, Cindy M.

McIntosh, Emma J/AAC-7255-2019

McIntosh, Emma J/0000-0003-2552-9173; Baker, Graham/0000-0002-9547-6778; McIntosh, Emma/0000-0001-6340-3083 2624-9367

URL: <Go to ISI>://WOS:000882188400001

Reference Type: Journal Article

Record Number: 2324

Author: Connell, L. A., McMahon, N. E., Redfern, J., Watkins, C. L. and Eng, J. J.

Year: 2015

Title: Development of a behaviour change intervention to increase upper limb exercise in stroke rehabilitation

Journal: Implementation Science

Volume: 10

Date: Mar

Short Title: Development of a behaviour change intervention to increase upper limb exercise in stroke rehabilitation

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0223-3

Article Number: 34

Accession Number: WOS:000350849000001

Abstract: Background: Two thirds of survivors will achieve independent ambulation after a stroke, but less than half will recover upper limb function. There is strong evidence to support intensive repetitive task-oriented training for recovery after stroke. The number of repetitions needed is suggested to be in the order of hundreds, but this is not currently being achieved in clinical practice. In an effort to bridge this evidence-practice gap, we have developed a behaviour change intervention that aims to increase provision of upper limb repetitive task-oriented training in stroke rehabilitation. This paper aims to describe the systematic processes that took place in collaboratively developing the behaviour change intervention. Methods: The methods used in this study were not defined a priori but were guided by the Behaviour Change Wheel. The process was collaborative and iterative with four stages of development emerging (i) establishing an intervention development group; (ii) structured discussions to understand the problem, prioritise target behaviours and analyse target behaviours; (iii) collaborative design of theoretically underpinned intervention components and (iv) piloting and refining of intervention components. Results: The intervention development group consisted of the research team and stroke therapy team at a local stroke rehabilitation unit. The group prioritised four target behaviours at

the therapist level: (i) identifying suitable patients for exercises, (ii) provision of exercises, (iii) communicating exercises to family/visitors and (iv) monitoring and reviewing exercises. It also provides a method for self-monitoring performance in order to measure fidelity. The developed intervention, PRACTISE (Promoting Recovery of the Arm: Clinical Tools for Intensive Stroke Exercise), consists of team meetings and the PRACTISE Toolkit (screening tool and upper limb exercise plan, PRACTISE exercise pack and an audit tool). Conclusions: This paper provides an example of how the Behaviour Change Wheel may be applied in the collaborative development of a behaviour change intervention for health professionals. The process involved was resource-intensive, and the iterative process was difficult to capture. The use of a published behaviour change framework and taxonomy will assist replication in future research and clinical use. The feasibility and acceptability of PRACTISE is currently being explored in two other stroke rehabilitation units.

Notes: Connell, Louise A. McMahon, Naoimh E. Redfern, Judith Watkins, Caroline L. Eng, Janice J.

Connell, Louise/C-9133-2016; Watkins, Caroline L/E-6898-2013

Connell, Louise/0000-0002-0629-2919; Watkins, Caroline L/0000-0002-9403-3772; Eng, Janice/0000-0002-2093-0788; McMahon, Naoimh/0000-0001-6319-2263

URL: <Go to ISI>://WOS:000350849000001

Reference Type: Journal Article

Record Number: 2051

Author: Connell, L. A., McMahon, N. E., Tyson, S. F., Watkins, C. L. and Eng, J. J.

Year: 2016

Title: Case Series of a Knowledge Translation Intervention to Increase Upper Limb Exercise in Stroke Rehabilitation

Journal: Physical Therapy

Volume: 96

Issue: 12

Pages: 1930-1937

Date: Dec

Short Title: Case Series of a Knowledge Translation Intervention to Increase Upper Limb Exercise in Stroke Rehabilitation

ISSN: 0031-9023

DOI: 10.2522/ptj.20150694

Accession Number: WOS:000389399100009

Abstract: Background and Purpose. Current approaches to upper limb rehabilitation are not sufficient to drive neural reorganization and maximize recovery after stroke. To address this evidence-practice gap, a knowledge translation intervention using the Behaviour Change Wheel was developed. The intervention involves collaboratively working with stroke therapy teams to change their practice and increase therapy intensity by therapists prescribing supplementary self-directed arm exercise. The purposes of this case series are:

(1) to provide an illustrative example of how a research-informed process changed clinical practice and (2) to report on staff members' and patients' perceptions of the utility of the developed

intervention. Case Descriptions. A participatory action research approach was used in 3 stroke rehabilitation units in the United Kingdom. The intervention aimed to change 4 therapist-level behaviors: (1) screening patients for suitability for supplementary self-directed arm exercise, (2) provision of exercises, (3) involving family and caregivers in assisting with exercises, and (4) monitoring and progressing exercises. Data on changes in practice were collected by therapy teams using a bespoke audit tool. Utility of the intervention was explored in qualitative interviews with patients and staff. Outcomes. Components of the intervention were successfully embedded in 2 of the 3 stroke units. At these sites, almost all admitted patients were screened for suitability for supplementary self-directed exercise. Exercises were provided to 77%, 70%, and 88% of suitable patients across the 3 sites. Involving family and caregivers and monitoring and progressing exercises were not performed consistently. Conclusions. This case series is an example of how a rigorous research-informed knowledge translation process resulted in practice change. Research is needed to demonstrate that these changes can translate into increased intensity of upper limb exercise and affect patient outcomes. Notes: Connell, Louise A. McMahon, Naoimh E. Tyson, Sarah F. Watkins, Caroline L. Eng, Janice J. Tyson, Sarah/J-3874-2014; Connell, Louise/C-9133-2016 Tyson, Sarah/0000-0001-6301-8791; Connell, Louise/0000-0002-0629-2919; McMahon, Naoimh/0000-0001-6319-2263 1538-6724 URL: <Go to ISI>://WOS:000389399100009

Reference Type: Journal Article

Record Number: 2083

Author: Connell, L. A., McMahon, N. E., Tyson, S. F., Watkins, C. L. and Eng, J. J.

Year: 2016

Title: Mechanisms of action of an implementation intervention in stroke rehabilitation: a qualitative interview study

Journal: BMC Health Services Research

Volume: 16

Date: Sep

Short Title: Mechanisms of action of an implementation intervention in stroke rehabilitation: a qualitative interview study

DOI: 10.1186/s12913-016-1793-8

Article Number: 534

Accession Number: WOS:000384370500004

Abstract: Background: Despite best evidence demonstrating the effectiveness of increased intensity of exercise after stroke, current levels of therapy continue to be below those required to optimise motor recovery. We developed and tested an implementation intervention that aims to increase arm exercise in stroke rehabilitation. The aim of this study was to illustrate the use of a behaviour change framework, the Behaviour Change Wheel, to identify the mechanisms of action that explain how the intervention produced change. Methods: We implemented the intervention at three stroke rehabilitation units in the United Kingdom. A purposive sample of

therapy team members were recruited to participate in semi-structured interviews to explore their perceptions of how the intervention produced change at their work place. Audio recordings were transcribed and imported into NVivo 10 for content analysis. Two coders separately analysed the transcripts and coded emergent mechanisms. Mechanisms were categorised using the Theoretical Domains Framework (TDF) (an extension of the Capability, Opportunity, Motivation and Behaviour model (COM-B) at the hub of the Behaviour Change Wheel). Results: We identified five main mechanisms of action: 'social/professional role and identity', 'intentions', 'reinforcement', 'behavioural regulation' and 'beliefs about consequences'. At the outset, participants viewed the research team as an external influence for whom they endeavoured to complete the study activities. The study design, with a focus on implementation in real world settings, influenced participants' intentions to implement the intervention components. Monthly meetings between the research and therapy teams were central to the intervention and acted as prompt or reminder to sustain implementation. The phased approach to introducing and implementing intervention components influenced participants' beliefs about the feasibility of implementation. Conclusions: The Behaviour Change Wheel, and in particular the Theoretical Domains Framework, were used to investigate mechanisms of action of an implementation intervention. This approach allowed for consideration of a range of possible mechanisms, and allowed us to categorise these mechanisms using an established behaviour change framework. Identification of the mechanisms of action, following testing of the intervention in a number of settings, has resulted in a refined and more robust intervention programme theory for future testing.

Notes: Connell, Louise A. McMahon, Naoimh E. Tyson, Sarah F. Watkins, Caroline L. Eng, Janice J.

Watkins, Caroline L/E-6898-2013; Connell, Louise/C-9133-2016; Tyson, Sarah/J-3874-2014

Watkins, Caroline L/0000-0002-9403-3772; Connell, Louise/0000-0002-0629-2919; Tyson, Sarah/0000-0001-6301-8791; McMahon, Naoimh/0000-0001-6319-2263
1472-6963

URL: <Go to ISI>://WOS:000384370500004

Reference Type: Journal Article

Record Number: 1619

Author: Coomar, D., Hazlehurst, J. M., Austin, F., Foster, C., Hitman, G. A., Heslehurst, N., Iliodromiti, S., Betran, A. P., Moss, N., Poston, L., Nirantharakumar, K., Roberts, T., Simpson, S. A., Teede, H. J., Riley, R., Allotey, J., Thangaratinam, S. and Int Weight Management Pregnancy, I.

Year: 2021

Title: Diet and physical activity in pregnancy to prevent gestational diabetes: a protocol for an individual participant data (IPD) meta-analysis on the differential effects of interventions with economic evaluation

Journal: Bmj Open

Volume: 11

Issue: 6

Short Title: Diet and physical activity in pregnancy to prevent gestational diabetes: a protocol for an individual participant data (IPD) meta-analysis on the differential effects of interventions with economic evaluation

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-048119

Article Number: e048119

Accession Number: WOS:000691229700002

Abstract: Introduction Mothers with gestational diabetes mellitus (GDM) are at increased risk of pregnancy-related complications and developing type 2 diabetes after delivery. Diet and physical activity-based interventions may prevent GDM, but variations in populations, interventions and outcomes in primary trials have limited the translation of available evidence into practice. We plan to undertake an individual participant data (IPD) meta-analysis of randomised trials to assess the differential effects and cost-effectiveness of diet and physical activity-based interventions in preventing GDM and its complications. **Methods** The International Weight Management in Pregnancy Collaborative Network database is a living repository of IPD from randomised trials on diet and physical activity in pregnancy identified through a systematic literature search. We shall update our existing search on MEDLINE, Embase, BIOSIS, LILACS, Pascal, Science Citation Index, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Database of Abstracts of Reviews of Effects and Health Technology Assessment Database without language restriction to identify relevant trials until March 2021. Primary researchers will be invited to join the Network and share their IPD. Trials including women with GDM at baseline will be excluded. We shall perform a one and two stage random-effect meta-analysis for each intervention type (all interventions, diet-based, physical activity-based and mixed approach) to obtain summary intervention effects on GDM with 95% CIs and summary treatment-covariate interactions. Heterogeneity will be summarised using I^2 and $\tau(2)$ statistics with 95% prediction intervals. Publication and availability bias will be assessed by examining small study effects. Study quality of included trials will be assessed by the Cochrane Risk of Bias tool, and the Grading of Recommendations, Assessment, Development and Evaluations approach will be used to grade the evidence in the results. A model-based economic analysis will be carried out to assess the cost-effectiveness of interventions to prevent GDM and its complications compared with usual care. Ethics and dissemination Ethics approval is not required. The study is registered on the International Prospective Register of Systematic Reviews (CRD42020212884). Results will be submitted for publication in peer-reviewed journals.

Notes: Coomar, Dyuti Hazlehurst, Jonathan M. Austin, Frances Foster, Charlie Hitman, Graham A. Heslehurst, Nicola Iliodromiti, Stamatina Betran, Ana Pilar Moss, Ngawai Poston, Lucilla Nirantharakumar, Krishnarajah Roberts, Tracy Simpson, Sharon A. Teede, Helena J. Riley, Richard Allotey, John Thangaratinam, Shakila Heslehurst, Nicola/0000-0001-8656-2319; Iliodromiti, Stamatina/0000-0001-6453-6654; Moss, Ngawai/0000-0001-9369-5072; Foster, Charlie/0000-0002-5041-0601

URL: <Go to ISI>://WOS:000691229700002

Reference Type: Journal Article

Record Number: 1510

Author: Coombes, J. S., Williams, A. and Radford, J.

Year: 2021

Title: Training health professionals to provide physical activity counselling

Journal: Progress in Cardiovascular Diseases

Volume: 64

Pages: 72-76

Date: Jan-Feb

Short Title: Training health professionals to provide physical activity counselling

ISSN: 0033-0620

DOI: 10.1016/j.pcad.2020.12.005

Accession Number: WOS:000647221400011

Abstract: Introduction 72 Effectiveness of HPs PA counselling 73 Changing HP PA counselling behaviour 73 Changing patient PA behaviour 73 Brief PA counselling 73 Case studies 74 Case study 1 – HP students working together with patients with persistent pain 74 Case study 2 ? accredited exercise physiology case study sessions 74 Case study 3 ? experiential learning: medical students exercise trained by exercise science students 75 Case study 4 ? targeting hospital-based HPs 75 There is strong evidence that physical activity (PA) counselling from a health professional (HPs) leads to in-creased PA of their patients. Despite this, there remains a large evidence-practice gap between HP knowledge of the contribution of physical inactivity to chronic disease prevention and management, and routine effective assessment and prescription of PA. This article will present evidence on the effectiveness of HP-PA counselling and suggested behaviour change frameworks that can be used by HP. Four case studies are provided as examples of programs integrated into current HP student and post-graduate training programs. ? 2020 Elsevier Inc. All rights reserved.

Notes: Coombes, Jeff S. Williams, Andrew Radford, Jan 1873-1740

URL: <Go to ISI>://WOS:000647221400011

Reference Type: Journal Article

Record Number: 890

Author: Coope, C., Schneider, A., Zhang, T. T., Kadetz, P., Feng, R., Lambert, H., Wang, D. B., Oliver, I., Michie, S. and Cabral, C.

Year: 2022

Title: Identifying key influences on antibiotic use in China: a systematic scoping review and narrative synthesis

Journal: Bmj Open

Volume: 12

Issue: 3

Date: Mar

Short Title: Identifying key influences on antibiotic use in China: a systematic scoping review and narrative synthesis

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-056348

Article Number: e056348

Accession Number: WOS:000775120600016

Abstract: Introduction The inappropriate use of antibiotics is a key driver of antimicrobial resistance. In China, antibiotic prescribing and consumption exceed recommended levels and are relatively high internationally. Understanding the influences on antibiotic use is essential to informing effective evidence-based interventions. We conducted a scoping review to obtain an overview of empirical research about key behavioural, cultural, economic and social influences on antibiotic use in China. Methods Searches were conducted in Econlit, Medline, PsycINFO, Social Science citation index and the Cochrane Database of Systematic Reviews for the period 2003 to early 2018. All study types were eligible including observational and intervention, qualitative and quantitative designs based in community and clinical settings. Two authors independently screened studies for inclusion. A data extraction form was developed incorporating details on study design, behaviour related to antibiotic use, influences on behaviour and information on effect (intervention studies only). Results Intervention studies increased markedly from 2014, and largely focused on the impact of national policy and practice directives on antibiotic use in secondary and tertiary healthcare contexts in China. Most studies used pragmatic designs, such as before and after comparisons. Influences on antibiotic use clustered under four themes: antibiotic prescribing; adherence to antibiotics; self-medicating behaviour and over-the-counter sale of antibiotics. Many studies highlighted the use of antibiotics without a prescription for common infections, which was facilitated by availability of left-over medicines and procurement from local pharmacies. Conclusions Interventions aimed at modifying antibiotic prescribing behaviour show evidence of positive impact, but further research using more robust research designs, such as randomised trials, and incorporating process evaluations is required to better assess outcomes. The effect of national policy at the primary healthcare level needs to be evaluated and further exploration of the influences on antibiotic self-medicating is required to develop interventions that tackle this behaviour.

Notes: Coope, Caroline Schneider, Annegret Zhang, Tingting Kadetz, Paul Feng, Rui Lambert, Helen Wang, DeBin Oliver, Isabel Michie, Susan Cabral, Christie

; Michie, Susan/A-1745-2010; Kadetz, Paul I./A-6216-2018

Cabral, Christie/0000-0002-9884-0555; Zhang, Tingting/

0000-0002-2612-0014; Michie, Susan/0000-0003-0063-6378; Kadetz, Paul I./0000-0002-2824-1856; Coope, Caroline/0000-0001-7803-8760

URL: <Go to ISI>://WOS:000775120600016

Reference Type: Journal Article

Record Number: 1448

Author: Cooper, C., Mansour, H., Carter, C., Rapaport, P., Morgan-Trimmer, S., Marchant, N. L., Poppe, M., Higgs, P., Brierley, J., Solomon, N., Budgett, J., Bird, M., Walters, K., Barber, J., Wenborn, J., Lang, I. A., Huntley, J., Ritchie, K., Kales, H. C.,

Brody, H., Aguirre, E., Betz, A. and Palomo, M.

Year: 2021

Title: Social connectedness and dementia prevention: Pilot of the APPLE-Tree video-call intervention during the Covid-19 pandemic

Journal: Dementia-International Journal of Social Research and Practice

Volume: 20

Issue: 8

Pages: 2779-2801

Date: Nov

Short Title: Social connectedness and dementia prevention: Pilot of the APPLE-Tree video-call intervention during the Covid-19 pandemic

ISSN: 1471-3012

DOI: 10.1177/14713012211014382

Article Number: 14713012211014382

Accession Number: WOS:000649167000001

Abstract: Background and Objectives The Covid-19 pandemic reduced access to social activities and routine health care that are central to dementia prevention. We developed a group-based, video-call, cognitive well-being intervention; and investigated its acceptability and feasibility; exploring through participants' accounts how the intervention was experienced and used in the pandemic context. Research Design and Method We recruited adults aged 60+ years with memory concerns (without dementia). Participants completed baseline assessments and qualitative interviews/focus groups before and after the 10-week intervention. Qualitative interview data and facilitator notes were integrated in a thematic analysis. Results 12/17 participants approached completed baseline assessments, attended 100/120 (83.3%) intervention sessions and met 140/170 (82.4%) of goals set. Most had not used video calling before. In the thematic analysis, our overarching theme was social connectedness. Three sub-themes were as follows: Retaining independence and social connectedness: social connectedness could not be at the expense of independence; Adapting social connectedness in the pandemic: participants strived to compensate for previous social connectedness as the pandemic reduced support networks; Managing social connections within and through the intervention: although there were tensions, for example, between sharing of achievements feeling supportive and competitive, participants engaged with various lifestyle changes; social connections supported group attendance and implementation of lifestyle changes. Discussion and Implications Our intervention was acceptable and feasible to deliver by group video-call. We argue that dementia prevention is both an individual and societal concern. For more vulnerable populations, messages that lifestyle change can help memory should be communicated alongside supportive, relational approaches to enabling lifestyle changes.

Notes: Cooper, Claudia Mansour, Hassan Carter, Christine Rapaport, Penny Morgan-Trimmer, Sarah Marchant, Natalie L. Poppe, Michaela Higgs, Paul Brierley, Janine Solomon, Noa Budgett, Jessica Bird, Megan Walters, Kate Barber, Julie Wenborn, Jennifer Lang, Iain A. Huntley, Jonathan Ritchie, Karen Kales, Helen C. Brody, Henry Aguirre, Elisa Betz, Anna Palomo, Marina Lang, Iain A/B-8255-2008; Aguirre, Elisa/GYA-2814-2022; Higgs, Paul

f d/C-1328-2009; kales, helen christine/HTL-6930-2023; Cooper, Claudia/C-1556-2008
Higgs, Paul f d/0000-0003-0077-0710; kales, helen christine/0000-0002-2032-370X; Huntley, Jonathan/0000-0001-6304-6231; Walters, Kate/0000-0003-2173-2430; Lang, Iain/0000-0002-8473-2350; Budgett, Jessica/0000-0003-1095-5065; Rapaport, Penny/0000-0003-0479-6950; Mansour, Hassan/0000-0002-4478-8923; Cooper, Claudia/0000-0002-2777-7616
1741-2684
URL: <Go to ISI>://WOS:000649167000001

Reference Type: Journal Article

Record Number: 1836

Author: Cooper, R., Dunn, N., Coulton, P., Walker, S., Rodgers, P., Cruikshank, L., Tseklevs, E., Hands, D., Whitham, R., Boyko, C. T., Richards, D., Aryana, B., Pollastri, S., Escalante, M. A. L., Knowles, B., Lopez-Galviz, C., Cureton, P. and Coulton, C.

Year: 2018

Title: ImaginationLancaster: Open-Ended, Anti- Disciplinary, Diverse

Journal: She Ji-the Journal of Design Economics and Innovation

Volume: 4

Issue: 4

Pages: 307-341

Date: Win

Short Title: ImaginationLancaster: Open-Ended, Anti- Disciplinary, Diverse

ISSN: 2405-8726

DOI: 10.1016/j.sheji.2018.11.001

Accession Number: WOS:000984300800002

Abstract: The paper is the story of building a design research group from scratch. As there has been some recent interest in design research as a team based activity, this article illustrates how we built the Imagination research team and how it continues to develop. This article gives us the chance to reflect on how far we have come in the last decade. Once we were a few dedicated members of staff wanting to bring design research to a small university in the north of the UK. Now we are one of the leading centers of excellence worldwide for design research. This article uses case studies from research projects and Ph.D. research to demonstrate Imagination's research philosophy-open-ended and anti-disciplinary. We celebrate the plurality of ways design research is carried out. The article highlights how we use design research to address global challenges, and how these have also shaped our teaching and further research. We end by considering the value of design research and how we, as a team, can take Imagination forward into the next decade.

Notes: Cooper, Rachel Dunn, Nick Coulton, Paul Walker, Stuart Rodgers, Paul Cruikshank, Leon Tseklevs, Emmanuel Hands, David Whitham, Roger Boyko, Christopher T. Richards, Daniel Aryana, Bijan Pollastri, Serena Escalante, Maria Alejandra Lujan Knowles, Bran Lopez-Galviz, Carlos Cureton, Paul Coulton, Claire

Rodgers, Paul Anthony/0000-0002-3149-191X
2405-8718

URL: <Go to ISI>://WOS:000984300800002

Reference Type: Journal Article

Record Number: 1191

Author: Cooray, N., Sun, S. L., Ho, C., Adams, S., Keay, L., Nassar, N. and Brown, J.

Year: 2021

Title: Toward a Behavior Theory-Informed and User-Centered Mobile App for Parents to Prevent Infant Falls: Development and Usability Study

Journal: Jmir Pediatrics and Parenting

Volume: 4

Issue: 4

Date: Oct-Dec

Short Title: Toward a Behavior Theory-Informed and User-Centered Mobile App for Parents to Prevent Infant Falls: Development and Usability Study

ISSN: 2561-6722

DOI: 10.2196/29731

Article Number: e29731

Accession Number: WOS:000780484800012

Abstract: Background: Falls account for approximately 50% of infant injury hospitalizations, and caretaker behavior is central to preventing infant falls. Behavior theory-informed interventions for injury prevention have been suggested, but to date, few have been reported. The potential of using smartphones for injury prevention intervention delivery is also underexploited. Objective: This study aims to develop a behavior theory- and evidence-based as well as user-centered digital intervention as a mobile app for parents to prevent infant falls following agile development practices. Methods: Infant falls while feeding was selected as the fall mechanism to demonstrate the approach being taken to develop this intervention. In phase 1, the Behaviour Change Wheel was used as a theoretical framework supported by a literature review to define intervention components that were then implemented as a mobile app. In phase 2, after the person-based approach, user testing through think-aloud interviews and comprehension assessments were used to refine the content and implementation of the intervention. Results: The target behaviors identified in phase 1 were adequate rest for the newborn's mother and safe feeding practices defined as prepare, position, and place. From behavioral determinants and the Behaviour Change Wheel, the behavior change functions selected to achieve these target behaviors were psychological capability, social opportunity, and reflective motivation. The selected behavior change techniques aligned with these functions were providing information on health consequences, using a credible source, instruction on performing each behavior, and social support. The defined intervention was implemented in a draft Android app. In phase 2, 4 rounds of user testing were required to achieve the predefined target comprehension level. The results from the think-aloud interviews were used to refine the intervention content and app features. Overall, the results from phase 2 revealed that users found the information provided to be helpful. Features such as self-tracking and inclusion of the social and environmental aspects of falls prevention were

liked by the participants. Important feedback for the successful implementation of the digital intervention was also obtained from the user testing. Conclusions: To our knowledge, this is the first study to apply the Behaviour Change Wheel to develop a digital intervention for child injury prevention. This study provides a detailed example of evidence-based development of a behavior theory-informed mobile intervention for injury prevention refined using the person-based approach.

Notes: Cooray, Nipuna Sun, Si Louise Ho, Catherine Adams, Susan Keay, Lisa Nassar, Natasha Brown, Julie Sun, Si Louise/0000-0003-1209-2435; Keay, Lisa/0000-0003-2215-0678; Cooray, Nipuna/0000-0003-1816-1454; Adams, Susan/0000-0001-5629-8414; Ho, Catherine/0000-0002-9658-5466; Brown, Julie/0000-0002-7284-0127
URL: <Go to ISI>://WOS:000780484800012

Reference Type: Journal Article

Record Number: 2155

Author: Cope, A. L., Francis, N. A., Wood, F. and Chestnutt, I. G.

Year: 2016

Title: Antibiotic prescribing in UK general dental practice: a cross-sectional study

Journal: Community Dentistry and Oral Epidemiology

Volume: 44

Issue: 2

Pages: 145-153

Date: Apr

Short Title: Antibiotic prescribing in UK general dental practice: a cross-sectional study

ISSN: 0301-5661

DOI: 10.1111/cdoe.12199

Accession Number: WOS:000372036600006

Abstract: Objectives To assess the extent to which antibiotic prescribing in general dental practice conforms to clinical guidelines and to describe factors associated with antibiotic prescription in the absence of spreading infection or systemic involvement. Methods A cross-sectional study of the management of adult patients with acute dental conditions by General Dental Practitioners (GDPs) in Wales, UK. Clinical information on the management of patients was compared to clinical and prescribing guidelines published by the Scottish Dental Clinical Effectiveness Programme and the Faculty of General Dental Practice (UK).

Multilevel logistic regression was used to identify patient, practitioner and consultation characteristics predictive of antibiotic prescribing in the absence of infection.

Results Antibiotics were prescribed to 57.4% of 568 patients. Over half of antibiotics (65.6%) were prescribed in situations where there was no evidence of spreading infection, and 70.6% were used without the provision of an operative intervention. Only 19.0% of antibiotics were prescribed in situations where their use was indicated by clinical guidelines. Factors associated ($P < 0.05$) with antibiotic prescription in the absence of infection were failure of previous operative treatment (Odds Ratio (OR) 13.57), shortage of

clinical time to undertake treatment (OR 10.21), patients who were unable or unwilling to accept operative treatment (OR 4.89), patient requests for antibiotics (OR 3.69) and acute periodontal conditions (OR 3.37). Conclusions A high level of inappropriate antibiotic prescribing was observed amongst the GDPs studied. Features of the healthcare environment, such as clinical time pressures, and patient-related characteristics, such as expectations for antibiotics and refusal of operative treatment, are associated with antibiotic prescribing in the absence of infection. Individuals responsible for the commissioning and delivery of dental services should seek to develop targeted interventions addressing these issues in order to ensure optimal antimicrobial stewardship within dentistry.

Notes: Cope, Anwen L. Francis, Nick A. Wood, Fiona Chestnutt, Ivor G.

Francis, Nick/B-7413-2009

Francis, Nick/0000-0001-8939-7312; Wood, Fiona/0000-0001-7397-4074 1600-0528

URL: <Go to ISI>://WOS:000372036600006

Reference Type: Journal Article

Record Number: 257

Author: Cornwall, N., Swaites, L., Woodcock, C., Healey, E. L. and Hider, S. L.

Year: 2022

Title: Implementation of physical activity interventions for people with inflammatory arthritis: an overview and future recommendations

Journal: Rheumatology Advances in Practice

Volume: 7

Issue: 1

Date: Dec

Short Title: Implementation of physical activity interventions for people with inflammatory arthritis: an overview and future recommendations

DOI: 10.1093/rap/rkac094

Article Number: rkac094

Accession Number: WOS:000922124700008

Abstract: Regular physical activity is important for both physical and mental health. This is particularly important for people with inflammatory arthritis, because of the benefits on both disease-specific and systemic outcomes and the increased risk of comorbidities such as cardiovascular disease. Despite a wealth of evidence supporting physical activity interventions, there remains a significant gap in implementation into routine care. This overview describes what implementation is, examines why it is important to consider implementation approaches to improve uptake of physical activity, highlights factors that influence successful implementation using exemplars from both osteoarthritis and inflammatory arthritis and recommends where future research is needed. Lay Summary Regular physical activity is important for physical and mental health in people with arthritis. Physical activity may help arthritis symptoms and reduce the chances of developing other conditions such as heart disease. However, physical

activity is not routinely recommended to all. Physical activity programs are not offered to everyone with arthritis who may benefit. This is called an implementation gap. This overview describes what implementation is and how it can be used to improve physical activity uptake. We report examples of successful physical activity implementation for arthritis and recommend where more research is needed.

Notes: Cornwall, Nicola Swaithe, Laura Woodcock, Charlotte Healey, Emma L. Hider, Samantha L.

Cornwall, Nicola/0000-0003-2207-859X; Swaithe, Laura/0000-0002-6739-1996; Hider, Samantha Lara/0000-0002-9958-3909 2514-1775

URL: <Go to ISI>://WOS:000922124700008

Reference Type: Journal Article

Record Number: 1030

Author: Corral-Abos, A., Zaragoza, J., Aibar, A., Ibor, E. and Julian, J. A.

Year: 2022

Title: Applying the Intervention Mapping Protocol to promote Active Transport to School in primary school students: the ProATS intervention

Journal: Retos-Nuevas Tendencias En Educacion Fisica Deporte Y Recreacion

Issue: 46

Pages: 76-92

Short Title: Applying the Intervention Mapping Protocol to promote Active Transport to School in primary school students: the ProATS intervention

ISSN: 1579-1726

Accession Number: WOS:000832990200001

Abstract: The school setting is presented as an ideal context for behavioral interventions. Accordingly, evidence shows that school-based interventions positively impact on Active Transportation to School (ATS). However, behavioral interventions are rarely developed in a systematic way. The aim of this manuscript is to describe the content and development process of the ProATS (Promoting Active Transportation to School) intervention. For this purpose, an Intervention Mapping Protocol (IMP) is used for the design, implementation, and evaluation of ProATS. This intervention aims to increase ATS in children aged 10 to 12 years is used. ProATS is based on a literature review and is developed by a multidisciplinary team. There is input from experts (Local Working Group), school representatives (Planning Committee), and a facilitator in each school (a member of the research team). The ProATS intervention results in the following two components (i) curricular path, (ii) non-curricular path. In parallel, a guide is elaborated, which includes the strategies and activities to design and implement the ProATS project. The results of the pilot study seem promising, showing a significant increase in ATS (i.e., the frequency of ATS). IMP, targeting behavioral changes such as ATS, is a complex and time-consuming process. Yet, it helped us to carry out the planning and development of the ProATS intervention to make it feasible,

effective, and sustainable. The process explanation followed with the IMP allows replication of the intervention in other school contexts.

Notes: Corral-Abos, Ana Zaragoza, Javier Aibar, Alberto Ibor, Eduardo Julian, Jose Antonio

Casterad, Javier Zaragoza/A-1405-2018; Corral-Abos, Ana/AAL-6466-2020

Casterad, Javier Zaragoza/0000-0002-9761-1953; Corral-Abos, Ana/0000-0003-4484-4873
1988-2041

URL: <Go to ISI>://WOS:000832990200001

Reference Type: Journal Article

Record Number: 1203

Author: Correia-De-Sousa, J., Vicente, C., Brito, D., Tsiligianni, I., Kocks, J. W., Roman-Rodriguez, M., Baxter, N., Maricoto, T. and Williams, S.

Year: 2021

Title: Managing asthma in primary healthcare

Journal: Minerva Medica

Volume: 112

Issue: 5

Pages: 582-604

Date: Oct

Short Title: Managing asthma in primary healthcare

ISSN: 0026-4806

Accession Number: WOS:000722156900006

Abstract: Asthma brings considerable challenges for family doctors because of its variety of shapes, different levels of severity, a wide age range, and the fact that in the last decades clinicians are able to offer much better treatment options with a better level of disease control and a higher quality of life. The objectives of the current review article are to provide an up-to-date review by primary care respiratory leaders from different countries of the most significant challenges regarding asthma diagnosis and management, the importance of team work and the problems in recognizing and dealing with difficult-to-manage and severe asthma in primary care. The article provides a short review of the main challenges faced by family physicians and other primary health care professionals in supporting their patients in the management of asthma, such as asthma diagnosis, promoting access to spirometry, the importance of a multiprofessional team for the management of asthma, how to organize an asthma review, the promotion of patient autonomy and shared decision-making, improving the use of inhalers, the importance of the personalized asthma action plan, dealing with difficult-to-manage and severe asthma in primary care and choosing when, where and how to refer patients with severe asthma. The article also discusses the development of an integrated approach to asthma care in the community and the promotion of Asthma Right Care.

Notes: Correia-De-Sousa, Jaime Vicente, Claudia Brito, Dinis Tsiligianni, Ioanna Kocks, Janwillem W. Roman-Rodriguez, Miguel Baxter, Noel Maricoto, Tiago Williams, Sian de Sousa, Jaime Correia/H-5607-2015

de Sousa, Jaime Correia/0000-0001-6459-7908; Brito, Dinis/
0000-0002-7547-0053
1827-1669
URL: <Go to ISI>://WOS:000722156900006

Reference Type: Journal Article

Record Number: 1575

Author: Costa, A., Mourao, S., Santos, O., Alarcao, V., Virgolino, A., Nogueira, P., Bettencourt, M. R., Reis, S., Graca, A. and Henriques, A.

Year: 2021

Title: I-DECIDE: A Social Prescribing and Digital Intervention Protocol to Promote Sexual and Reproductive Health and Quality of Life among Young Cape Verdeans

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 3

Date: Feb

Short Title: I-DECIDE: A Social Prescribing and Digital Intervention Protocol to Promote Sexual and Reproductive Health and Quality of Life among Young Cape Verdeans

DOI: 10.3390/ijerph18030850

Article Number: 850

Accession Number: WOS:000615141000001

Abstract: Cape Verdean governments have intensified the investment on the National Reproductive Health Program, aiming to provide universal and qualified services, especially to the youngest people. Nevertheless, data suggest that some health challenges remain in this group (e.g., high rates of early/unplanned pregnancies, illegal abortions, sexual risk behaviors). In this paper, we present a protocol of a community-based social prescribing and digital intervention to promote wellbeing and quality of life across the life course of young Cape Verdeans, with a specific focus on Sexual and Reproductive Health (SRH) related behaviors. The intervention program, to be developed in three years, will follow an Intervention Mapping approach, namely regarding needs assessment and study's protocol. The program's implementation and evaluation will occur simultaneously. The main expected result is the development of a sustainable training program implemented in coproduction with Cape Verdeans from Mindelo (in Sao Vicente island), with replicable potential in other Cape Verdean regions. The intervention will contribute to SRH-related literacy through the digital health literacy materials and to quality of life across the young's life course.

Notes: Costa, Andreia Mourao, Susana Santos, Osvaldo Alarcao, Violeta Virgolino, Ana Nogueira, Paulo Bettencourt, Marlinda Rocha Reis, Suelly Graca, Albertino Henriques, Adriana Henriques, Maria Adriana/ABA-9541-2020; Nogueira, Paulo Jorge/AAR-5605-2020; da Costa, Andreia Jorge Silva/ABE-5195-2020; de Alarcão, Violeta Sabina Niego Perestrelo/L-3256-2015; Santos, Osvaldo/E-7995-2010; Nogueira, Paulo/HDL-7482-2022
Henriques, Maria Adriana/0000-0003-0288-6653; Nogueira, Paulo Jorge/

0000-0001-8316-5035; de Alarcão, Violeta Sabina Niego Perestrelo/
0000-0002-4807-5904; Santos, Osvaldo/0000-0002-0836-4314; Virgolino,
Ana/0000-0003-0428-6643; Monteiro Mourao, Susana Sofia/
0000-0003-2828-7640; Mourao, Susana/0000-0003-2555-3405; Costa,
Andreia/0000-0002-2727-4402
1660-4601
URL: <Go to ISI>://WOS:000615141000001

Reference Type: Conference Proceedings
Record Number: 1883
Author: Costa, L. V., Veloso, A. I., Loizou, M. and Arnab, S.
Year of Conference: 2018
Title: Breaking barriers to game-based learning for active ageing
and healthy lifestyles A qualitative interview study with experts in
the field
Conference Name: IEEE 6th International Conference on Serious Games
and Applications for Health (SeGAH)
Conference Location: Vienna, AUSTRIA
Series Title: IEEE International Conference on Serious Games and
Applications for Health
Date: May 16-18
Sponsor: Ieee
Short Title: Breaking barriers to game-based learning for active
ageing and healthy lifestyles A qualitative interview study with
experts in the field
ISBN: 978-1-5386-6298-4
Source: 2018 ieee 6th international conference on serious games and
applications for health (segah '18)
Year Published:2018
Accession Number: WOS:000587893500009
Abstract: This study aims to explore a set of design components that
a game-based learning programme should have in order to encourage
active ageing and healthy lifestyles. Semi-structured interviews
were conducted with 10 Subject Matter Experts from the Industry and
the Educational Sector in the fields of Games, Human-Computer
Interaction, Psychology and Ageing Studies. A thematic analysis of
the interviewee's answers identified a set of recommendations for
the following topics: Designing age-friendly environments;
Perspectives on the (Co-) Design Process; Designing for learning and
behaviour change; and the monetization of a game.
Notes: Costa, Liliana Vale Veloso, Ana Isabel Loizou, Michael Arnab,
Sylvester
Costa, Liliana Vale/L-3655-2017
Costa, Liliana Vale/0000-0003-2451-3073
2330-5649
URL: <Go to ISI>://WOS:000587893500009

Reference Type: Journal Article
Record Number: 536
Author: Costa-Font, J., Knapp, M. and Vilaplana-Prieto, C.
Year: 2023
Title: The 'welcomed lockdown' hypothesis? Mental wellbeing and

mobility restrictions

Journal: European Journal of Health Economics

Volume: 24

Issue: 5

Pages: 679-699

Date: Jul

Short Title: The 'welcomed lockdown' hypothesis? Mental wellbeing and mobility restrictions

ISSN: 1618-7598

DOI: 10.1007/s10198-022-01490-6

Accession Number: WOS:000839990400001

Abstract: The COVID-19 pandemic and its mobility restrictions have been an external shock, influencing mental wellbeing. However, does risk exposure to COVID-19 affect the mental wellbeing effect of lockdowns? This paper examines the 'welcomed lockdown' hypothesis, namely the extent to which there is a level of risk where mobility restrictions are not a hindrance to mental wellbeing. We exploit the differential timing of exposure to the pandemic, and the different stringency of lockdown policies across European countries and we focus on the effects on two mental health conditions, namely anxiety and depression. We study whether differences in the individual symptoms of anxiety and depression are explained by the combination of pandemic mortality and stringency of lockdown. We draw on an event study approach, complemented with a Difference-in-Difference (DiD), and Regression Discontinuity Design (RDD). Our estimates suggest an average increase in depression (3.95%) and anxiety (10%) symptoms relative to the mean level on the day that lockdown took effect. However, such effects are wiped out when a country's exhibits high mortality ('pandemic category 5'). Hence, we conclude that in an environment of high mortality, lockdowns no longer give rise to a reduction in mental wellbeing consistent with the 'welcome lockdown' hypothesis.

Notes: Costa-Font, Joan Knapp, Martin Vilaplana-Prieto, Cristina

Knapp, Martin RJ/G-3011-2011; Costa-i-Font, Joan/C-9609-2013

Knapp, Martin/0000-0003-1427-0215; Costa-i-Font, Joan/

0000-0001-7174-7919

1618-7601

URL: <Go to ISI>://WOS:000839990400001

Reference Type: Journal Article

Record Number: 1614

Author: Cota, L. O. M., Villar, C. C., Vettore, M. V., Campos, J. R., do Amaral, Gcls, Cortelli, J. R. and Cortelli, S. C.

Year: 2021

Title: Periodontal diseases: is it possible to prevent them? A populational and individual approach

Journal: Brazilian Oral Research

Volume: 35

Short Title: Periodontal diseases: is it possible to prevent them? A populational and individual approach

ISSN: 1807-3107

DOI: 10.1590/1807-3107bor-2021.vol35.0098

Article Number: e098

Accession Number: WOS:000745242300004

Abstract: Periodontal diseases are infectious inflammatory chronic diseases of a multifactorial nature. They are primarily caused by dysbiotic ecological changes in dental biofilm, which may be influenced by risk factors. The prevention of periodontal diseases may involve different strategies focused on reducing distal, intermediate, and proximal risk factors at both the population and individual levels. Effective prevention depends on interdisciplinary and common risk factor approaches. Also, patient-centered preventive models are more effective than professional-centered models in the management of periodontal diseases. Regular and periodic control of dental biofilm is an essential measure for the different levels of prevention of periodontal diseases. The effectiveness of periodontal disease prevention largely depends on positive modifications of behavior, knowledge, health literacy, patient empowerment, motivation, and compliance.

Notes: Miranda Cota, Luis Otavio Villar, Cristina Cunha Vettore, Mario Vianna Campos, Julya Ribeiro Lima Silva do Amaral, Guilherme Castro Cortelli, Jose Roberto Cortelli, Sheila Cavalca Cortelli, Sheila C/C-3641-2013; cortelli, jose/AGP-8091-2022; Vettore, Mario/N-5347-2016; Villar, Cristina/D-6353-2013 Cortelli, Sheila C/0000-0003-0809-6935; Cortelli, Jose/0000-0001-5147-0705; Castro Lima Silva do Amaral, Guilherme/0000-0001-5250-1817; Vettore, Mario/0000-0001-6299-4432; Villar, Cristina/0000-0002-5905-5079

2

URL: <Go to ISI>://WOS:000745242300004

Reference Type: Journal Article

Record Number: 2023

Author: Cote, J., Cossette, S., Ramirez-Garcia, P., Rouleau, G., Auger, P., Boudreau, F. and Gagnon, M. P.

Year: 2017

Title: Improving Health and Reducing Comorbidity Associated with HIV: The Development of TAVIE en sante, a Web-Based Tailored Intervention to Support the Adoption of Health Promoting Behaviors among People Living with HIV

Journal: Biomed Research International

Volume: 2017

Short Title: Improving Health and Reducing Comorbidity Associated with HIV: The Development of TAVIE en sante, a Web-Based Tailored Intervention to Support the Adoption of Health Promoting Behaviors among People Living with HIV

ISSN: 2314-6133

DOI: 10.1155/2017/4092304

Article Number: 4092304

Accession Number: WOS:000398788500001

Abstract: Background. In the domain of health behavior change, the deployment and utilization of information and communications technologies as a way to deliver interventions appear to be promising. This article describes the development of a web-based tailored intervention, TAVIE en sante, to support people living with HIV in the adoption of healthy behaviors. Methods. This intervention

was developed through an Intervention Mapping (IM) framework and is based on the theory of planned behavior. Results. Crucial steps of IM are the selection of key determinants of behavior and the selection of useful theory-based intervention methods to change the targeted determinants (active ingredients). The content and the sequence of the intervention are then created based on these parameters. TAVIE en sante is composed of 7 interactive web sessions hosted by a virtual nurse. It aims to develop and strengthen skills required for behavior change. Based on an algorithm using individual cognitive data (attitude, perceived behavioral control, and intention), the number of sessions, theory-based intervention methods, and messages contents are tailored to each user. Conclusion. TAVIE en sante is currently being evaluated. The use of IM allows developing intervention with a systematic approach based on theory, empirical evidence, and clinical and experiential knowledge.

Notes: Cote, Jose Cossette, Sylvie Ramirez-Garcia, Pilar Rouleau, Genevieve Auger, Patricia Boudreau, Francois Gagnon, Marie-Pierre Cossette, Sylvie/AAV-3330-2021; Gagnon, Marie-Pierre/I-3013-2019; Boudreau, François/AAH-2938-2021; Ramirez-Garcia, Pilar/AAG-5707-2020

Gagnon, Marie-Pierre/0000-0002-0782-5457; Cossette, Sylvie/0000-0001-5840-9122; Ramirez-Garcia, Maria Pilar/0000-0001-6628-8762 2314-6141

URL: <Go to ISI>://WOS:000398788500001

Reference Type: Journal Article

Record Number: 42

Author: Coukan, F., Murray, K. K., Papageorgiou, V., Lound, A., Saunders, J., Atchison, C. and Ward, H.

Year: 2023

Title: Barriers and facilitators to HIV Pre-Exposure Prophylaxis (PrEP) in Specialist Sexual Health Services in the United Kingdom: A systematic review using the PrEP Care Continuum

Journal: Hiv Medicine

Date: 2023 Apr

Short Title: Barriers and facilitators to HIV Pre-Exposure Prophylaxis (PrEP) in Specialist Sexual Health Services in the United Kingdom: A systematic review using the PrEP Care Continuum

ISSN: 1464-2662

DOI: 10.1111/hiv.13492

Accession Number: WOS:000972296500001

Abstract: ObjectivesHIV pre-exposure prophylaxis (PrEP) delivery in the UK is inequitable; over 95% of PrEP users were men who have sex with men (MSM) despite making up less than 50% of new HIV diagnoses. We conducted a systematic review to identify modifiable barriers and facilitators to PrEP delivery in the UK among underserved populations. MethodsWe searched bibliographic/conference databases using the terms HIV, PrEP, barriers, facilitators, underserved populations, and UK. Modifiable factors were mapped along the PrEP Care Continuum (PCC) to identify targets for interventions. ResultsIn total, 44 studies were eligible: 29 quantitative, 12 qualitative and three mixed-methods studies. Over half (n = 24

[54.5%]) exclusively recruited MSM, whereas 11 were in mixed populations (all included MSM as a sub-population) and the other nine were in other underserved populations (gender and ethnicity minorities, women, and people who inject drugs). Of the 15 modifiable factors identified, two-thirds were at the PrEP contemplation and PrEP preparation steps of the PCC. The most reported barriers were lack of PrEP awareness (n = 16), knowledge (n = 19), willingness (n = 16), and access to a PrEP provider (n = 16), whereas the more reported facilitators were prior HIV testing (n = 8), agency and self-care (n = 8). All but three identified factors were at the patient rather than provider or structural level. Conclusions This review highlights that the bulk of the scientific literature focuses on MSM and on patient-level factors. Future research needs to ensure underserved populations are included and prioritized (e.g. ethnicity and gender minorities, people who inject drugs) and provider and structural factors are investigated. Notes: Coukan, Flavien Murray, Keitumetse-Kabelo Papageorgiou, Vasiliki Lound, Adam Saunders, John Atchison, Christina Ward, Helen Ward, Helen/A-1836-2009; Papageorgiou, Vasiliki/ABG-3132-2020 Ward, Helen/0000-0001-8238-5036; Papageorgiou, Vasiliki/0000-0002-2387-6780; Atchison, Christina/0000-0001-8304-7389; Coukan, Flavien/0000-0002-2666-0125 1468-1293 URL: <Go to ISI>://WOS:000972296500001

Reference Type: Journal Article

Record Number: 282

Author: Coulthard, P., Feder, G., Evans, M. A., Johnson, M., Walsh, T., Robinson, P. G., Armitage, C. J., Barbosa, E., Tickle, M. and Femi-Ajao, O.

Year: 2022

Title: Dentistry responding to domestic violence and abuse: a dental, practice-based intervention and a feasibility study for a cluster randomised trial

Journal: British Dental Journal

Volume: 233

Issue: 11

Pages: 949-955

Date: Dec

Short Title: Dentistry responding to domestic violence and abuse: a dental, practice-based intervention and a feasibility study for a cluster randomised trial

ISSN: 0007-0610

DOI: 10.1038/s41415-022-5271-x

Accession Number: WOS:000927940500019

Abstract: Objectives Assess the feasibility of using the Identification and Referral to Improve Safety (IRIS) intervention in a general dental practice setting and evaluating it using a cluster randomised trial design. IRIS is currently used in general medical practices to aid recognition and support referral into specialist support of adults presenting with injuries and other presenting factors that might have resulted from domestic violence and abuse. Also, to explore the feasibility of a cluster randomised trial

design to evaluate the adapted IRIS. Design Feasibility study for a cluster randomised trial of a practice-based intervention. Setting Greater Manchester general dental practices. Results It was feasible to adapt the IRIS intervention used in general medical practices to general dental practices in terms of training the clinical team and establishing a direct referral pathway to a designated advocate educator. General dental practices were keen to adopt the intervention, discuss with patients when presented with the opportunity and utilise the referral pathway. However, we could not use practice IT software prompts and data collection as for general practitioners because there is no unified dental IT system and because coding in dentistry for diagnoses, procedures and outcomes is not developed in the UK. Conclusion While it was feasible to adapt elements of the IRIS intervention to general dental practice and there was general acceptability, we did not have enough empirical data to plan a definitive cluster randomised trial design to evaluate the IRIS-dentistry intervention within general dental practices.

Notes: Coulthard, Paul Feder, Gene Evans, Maggie A. Johnson, Medina Walsh, Tanya Robinson, Peter G. Armitage, Christopher J. Barbosa, Estela Tickle, Martin Femi-Ajao, Omolade Capelas Barbosa, Estela/0000-0001-8282-131X 1476-5373
URL: <Go to ISI>://WOS:000927940500019

Reference Type: Journal Article

Record Number: 1281

Author: Coupe, N., Cotterill, S. and Peters, S.

Year: 2022

Title: Enhancing community weight loss groups in a low socioeconomic status area: Application of the COM-B model and Behaviour Change Wheel

Journal: Health Expectations

Volume: 25

Issue: 5

Pages: 2043-2055

Date: Oct

Short Title: Enhancing community weight loss groups in a low socioeconomic status area: Application of the COM-B model and Behaviour Change Wheel

ISSN: 1369-6513

DOI: 10.1111/hex.13325

Accession Number: WOS:000681081600001

Abstract: Background Obesity rates are higher among people of lower socioeconomic status. While numerous health behaviour interventions targeting obesity exist, they are more successful at engaging higher socioeconomic status populations, leaving those in less affluent circumstances with poorer outcomes. This highlights a need for more tailored interventions. The aim of this study was to enhance an existing weight loss course for adults living in low socioeconomic communities. Methods The Behaviour Change Wheel approach was followed to design an add-on intervention to an existing local authority-run weight loss group, informed by mixed-methods research

and stakeholder engagement. Results The COM-B analysis of qualitative data revealed that changes were required to psychological capability, physical and social opportunity and reflective motivation to enable dietary goal-setting behaviours. The resulting SMART-C booklet included 6 weeks of dietary goal setting, with weekly behavioural contract and review. Conclusion This paper details the development of the theory- and evidence-informed SMART-C intervention. This is the first report of the Behaviour Change Wheel being used to design an add-on tool to enhance existing weight loss services. The process benefitted from a further checking stage with stakeholders.

Notes: Coupe, Nia Cotterill, Sarah Peters, Sarah Peters, Sarah/0000-0003-1949-3995; Coupe, Nia/0000-0003-4974-5794; Cotterill, Sarah/0000-0001-5136-390X 1369-7625
URL: <Go to ISI>://WOS:000681081600001

Reference Type: Journal Article

Record Number: 66

Author: Cousins, S., McKechnie, R., Jackman, P., Middleton, G., Rasekaba, T. and Blackberry, I.

Year: 2023

Title: Interventions to Increase Physical Activity in Community-Dwelling Older Adults in Regional and Rural Areas: A Realist Synthesis Review Protocol

Journal: Methods and Protocols

Volume: 6

Issue: 2

Date: Apr

Short Title: Interventions to Increase Physical Activity in Community-Dwelling Older Adults in Regional and Rural Areas: A Realist Synthesis Review Protocol

DOI: 10.3390/mps6020029

Article Number: 29

Accession Number: WOS:000978243400001

Abstract: The importance of physical activity (PA) for the health and wellbeing of older adults is well documented, yet many older adults are insufficiently active. This issue is more salient in regional and rural areas, where evidence of the most critical components of interventions that explain PA participation and maintenance in older populations is sparse. This realist review will (1) systematically identify and synthesise literature on PA interventions in community-dwelling older adults in regional and rural areas, and (2) explore how and why those interventions increase PA in that population. Using a realist synthesis framework and the behaviour change wheel (BCW), context-mechanism-outcome (C-M-O) patterns of PA interventions for older adults in regional and rural areas will be synthesised. Thematic analysis will be employed to compare, contrast, and refine emerging C-M-O patterns to understand how contextual factors trigger mechanisms that influence regional and rural community-dwelling older adults' participation in PA interventions. This realist review will be the first to adopt a BCW analysis and a realist synthesis framework to explore PA

interventions in community-dwelling older adults in regional and rural areas. This review will provide recommendations for evidence-based interventions to improve PA participation and adherence by revealing the important mechanisms apparent in this context.

Systematic review registration: (PROSPERO CRD42023402499).

Notes: Cousins, Stephen McKechnie, Rebecca Jackman, Patricia Middleton, Geoff Rasekaba, Tshepo Blackberry, Irene

Jackman, Patricia/0000-0002-5756-4494; Blackberry, Irene/
0000-0003-4482-4936

2409-9279

URL: <Go to ISI>://WOS:000978243400001

Reference Type: Journal Article

Record Number: 1337

Author: Couth, S., Loughran, M. T., Plack, C. J., Moore, D. R., Munro, K. J., Ginsborg, J., Dawes, P. and Armitage, C. J.

Year: 2022

Title: Identifying barriers and facilitators of hearing protection use in early-career musicians: a basis for designing interventions to promote uptake and sustained use

Journal: International Journal of Audiology

Volume: 61

Issue: 6

Pages: 463-472

Date: Jun

Short Title: Identifying barriers and facilitators of hearing protection use in early-career musicians: a basis for designing interventions to promote uptake and sustained use

ISSN: 1499-2027

DOI: 10.1080/14992027.2021.1951852

Accession Number: WOS:000686001100001

Abstract: Objective The current study aimed to: i) determine the patterns of hearing protection device (HPD) use in early-career musicians, ii) identify barriers to and facilitators of HPD use, and iii) use the Behaviour Change Wheel (BCW) to develop an intervention to increase uptake and sustained use of HPDs. Design A mixed-methods approach using questionnaires and semi-structured interviews. Study sample Eighty early-career musicians (age range = 18-26 years; women n = 39), across all categories of musical instrument. Results 42.5% percent of participants reported using HPDs at least once a week, 35% less than once a week, and 22.5% reported never using HPDs for music-related activities. Six barriers and four facilitators of HPD use were identified. Barriers include the impact of HPDs on listening to music and performing, and a lack of concern about noise exposure. Barriers/facilitators were mapped onto the Theoretical Domains Framework. Following the systematic process of the BCW, our proposed intervention strategies are based on 'Environmental Restructuring', such as providing prompts to increase awareness of noisy settings, and 'Persuasion/Modelling', such as providing credible role models. Conclusions For the first time, the present study demonstrates the use of the BCW for designing interventions in the context of hearing conservation.

Notes: Couth, Samuel Loughran, Michael T. Plack, Christopher J.

Moore, David R. Munro, Kevin J. Ginsborg, Jane Dawes, Piers Armitage, Christopher J.
Plack, Christopher/P-4209-2017; munro, kevin/A-2899-2015
Plack, Christopher/0000-0002-2987-5332; Dawes, Piers/
0000-0003-3180-9884; Ginsborg, Jane/0000-0003-0297-1751; Couth, Samuel/0000-0003-3635-863X; Loughran, Michael/0000-0002-1158-1096;
Moore, David/0000-0002-1567-1945; Armitage, Christopher/
0000-0003-2365-1765; munro, kevin/0000-0001-6543-9098
1708-8186
URL: <Go to ISI>://WOS:000686001100001

Reference Type: Journal Article

Record Number: 1262

Author: Coventry, P. A., Young, B., Balogun-Katang, A., Taylor, J., Brown, J. V. E., Kitchen, C., Kellar, I., Peckham, E., Bellass, S., Wright, J., Alderson, S., Lister, J., Holt, R. I. G., Doherty, P., Carswell, C., Hewitt, C., Jacobs, R., Osborn, D., Boehnke, J., Siddiqi, N. and Team, Diamonds Res

Year: 2021

Title: Determinants of Physical Health Self-Management Behaviours in Adults With Serious Mental Illness: A Systematic Review

Journal: Frontiers in Psychiatry

Volume: 12

Date: Aug

Short Title: Determinants of Physical Health Self-Management Behaviours in Adults With Serious Mental Illness: A Systematic Review

ISSN: 1664-0640

DOI: 10.3389/fpsy.2021.723962

Article Number: 723962

Accession Number: WOS:000692555300001

Abstract: Behavioural interventions can support the adoption of healthier lifestyles and improve physical health outcomes, but it is unclear what factors might drive success of such interventions in people with serious mental illness (SMI). We systematically identified and reviewed evidence of the association between determinants of physical health self-management behaviours in adults with SMI. Data about American Association of Diabetes Educator's Self-Care Behaviours (AADE-7) were mapped against the novel Mechanisms of Action (MoA) framework. Twenty-eight studies were included in the review, reporting evidence on 104 determinant-behaviour links. Beliefs about capabilities and beliefs about consequences were the most important determinants of behaviour, especially for being physically active and healthy eating. There was some evidence that emotion and environmental context and resources played a role in determining reducing risks, being active, and taking medications. We found very limited evidence associated with problem solving, and no study assessed links between MoAs and healthy coping. Although the review predominantly identified evidence about associations from cross-sectional studies that lacked validated and objective measures of self-management behaviours, these findings can facilitate the identification of behaviour change techniques with hypothesised links to determinants to support self-

management in people with SMI.

Notes: Coventry, Peter A. Young, Ben Balogun-Katang, Abisola Taylor, Johanna Brown, Jennifer V. E. Kitchen, Charlotte Kellar, Ian Peckham, Emily Bellass, Sue Wright, Judy Alderson, Sarah Lister, Jennie Holt, Richard I. G. Doherty, Patrick Carswell, Claire Hewitt, Catherine Jacobs, Rowena Osborn, David Boehnke, Jan Siddiqi, Najma Wright, Judy M/B-3768-2011; Boehnke, Jan R./H-3468-2019; Osborn, David P/B-8165-2009; Kellar, Ian/F-5536-2015; Brown, Jennifer Valeska Elli/C-6947-2019; Coventry, Peter/H-6714-2014 Wright, Judy M/0000-0002-5239-0173; Boehnke, Jan R./0000-0003-0249-1870; Osborn, David P/0000-0003-2519-1539; Kellar, Ian/0000-0003-1608-5216; Doherty, Patrick Joseph/0000-0002-1887-0237; Holt, Richard/0000-0001-8911-6744; Carswell, Claire/0000-0003-3781-3286; Siddiqi, Najma/0000-0003-1794-2152; Brown, Jennifer Valeska Elli/0000-0003-0943-5177; Alderson, Sarah/0000-0002-5418-0495; Bellass, Sue/0000-0001-9383-4116; Hewitt, Catherine Elizabeth/0000-0002-0415-3536; Coventry, Peter/0000-0003-0625-3829; Jacobs, Rowena/0000-0001-5225-6321
URL: <Go to ISI>://WOS:000692555300001

Reference Type: Journal Article

Record Number: 1968

Author: Coxon, K., Chisholm, A., Malouf, R., Rowe, R. and Hollowell, J.

Year: 2017

Title: What influences birth place preferences, choices and decision-making amongst healthy women with straightforward pregnancies in the UK? A qualitative evidence synthesis using a 'best fit' framework approach

Journal: BMC Pregnancy and Childbirth

Volume: 17

Date: Mar

Short Title: What influences birth place preferences, choices and decision-making amongst healthy women with straightforward pregnancies in the UK? A qualitative evidence synthesis using a 'best fit' framework approach

DOI: 10.1186/s12884-017-1279-7

Article Number: 103

Accession Number: WOS:000397716200001

Abstract: Background: English maternity care policy has supported offering women choice of birth setting for over twenty years, but only 13% of women in England currently give birth in settings other than obstetric units (OUs). It is unclear why uptake of non-OU settings for birth remains relatively low. This paper presents a synthesis of qualitative evidence which explores influences on women's experiences of birth place choice, preference and decision-making from the perspectives of women using maternity services. Methods: Qualitative evidence synthesis of UK research published January 1992-March 2015, using a 'best-fit' framework approach. Searches were run in seven electronic data bases applying a comprehensive search strategy. Thematic framework analysis was used to synthesise extracted data from included studies. Results: Twenty-four papers drawing on twenty studies met the inclusion criteria.

The synthesis identified support for the key framework themes. Women's experiences of choosing or deciding where to give birth were influenced by whether they received information about available options and about the right to choose, women's preferences for different services and their attributes, previous birth experiences, views of family, friends and health care professionals and women's beliefs about risk and safety. The synthesis additionally identified that women's access to choice of place of birth during the antenatal period varied. Planning to give birth in OU was straightforward, but although women considering birth in a setting other than hospital OU were sometimes well-supported, they also encountered obstacles and described needing to 'counter the negativity' surrounding home birth or birth in midwife-led settings. Conclusions: Over the period covered by the review, it was straightforward for low risk women to opt for hospital birth in the UK. Accessing home birth was more complex and contested. The evidence on freestanding midwifery units (FMUs) is more limited, but suggests that women wanting to opt for an FMU birth experienced similar barriers. The extent to which women experienced similar problems accessing alongside midwifery units (AMUs) is unclear. Women's preferences for different birth options, particularly for 'hospital' vs non-hospital settings, are shaped by their pre-existing values, beliefs and experience, and not all women are open to all birth settings.

Notes: Coxon, Kirstie Chisholm, Alison Malouf, Reem Rowe, Rachel Hollowell, Jennifer
Rowe, Rachel E/F-1430-2011; Coxon, KIRSTIE/HGQ-1180-2022; Hollowell, Jennifer/B-5052-2009
Rowe, Rachel E/0000-0003-2994-3240; Hollowell, Jennifer/
0000-0002-4041-5732; Chisholm, Alison/0000-0002-0009-6757; Coxon, Kirstie/0000-0001-5480-597X
1471-2393
URL: <Go to ISI>://WOS:000397716200001

Reference Type: Journal Article

Record Number: 829

Author: Cradock, K. A., Quinlan, L. R., Finucane, F. M., Gainforth, H. L., Ginis, K. A. M., Sanders, E. B. N. and O'laighin, G.

Year: 2022

Title: Design of a Planner-Based Intervention to Facilitate Diet Behaviour Change in Type 2 Diabetes

Journal: Sensors

Volume: 22

Issue: 7

Date: Apr

Short Title: Design of a Planner-Based Intervention to Facilitate Diet Behaviour Change in Type 2 Diabetes

DOI: 10.3390/s22072795

Article Number: 2795

Accession Number: WOS:000781122800001

Abstract: Diet behaviour is influenced by the interplay of the physical and social environment as well as macro-level and individual factors. In this study, we focus on diet behaviour at an individual level and describe the design of a behaviour change

artefact to support diet behaviour change in persons with type 2 diabetes. This artefact was designed using a human-centred design methodology and the Behaviour Change Wheel framework. The designed artefact sought to support diet behaviour change through the addition of healthy foods and the reduction or removal of unhealthy foods over a 12-week period. These targeted behaviours were supported by the enabling behaviours of water consumption and mindfulness practice. The artefact created was a behaviour change planner in calendar format, that incorporated behaviour change techniques and which focused on changing diet behaviour gradually over the 12-week period. The behaviour change planner forms part of a behaviour change intervention which also includes a preparatory workbook exercise and one-to-one action planning sessions and can be customised for each participant.

Notes: Cradock, Kevin A. Quinlan, Leo R. Finucane, Francis M. Gainforth, Heather L. Ginis, Kathleen A. Martin Sanders, Elizabeth B-N OLaighin, Gearoid
Finucane, Francis/G-6031-2012; Quinlan, Leo/N-4117-2014; OLaighin, Gearoid/A-5239-2009
Finucane, Francis/0000-0002-5374-7090; Quinlan, Leo/
0000-0002-4011-6732; OLaighin, Gearoid/0000-0002-1885-814X; Cradock, Kevin/0000-0002-0960-2951
1424-8220
URL: <Go to ISI>://WOS:000781122800001

Reference Type: Journal Article

Record Number: 1173

Author: Cragun, D., Beckstead, J., Farmer, M., Hooker, G., Dean, M., Matloff, E., Reid, S., Tezak, A., Weidner, A., Whisenant, J. G. and Pal, T.

Year: 2021

Title: IMProving care After inherited Cancer Testing (IMPACT) study: protocol of a randomized trial evaluating the efficacy of two interventions designed to improve cancer risk management and family communication of genetic test results

Journal: BMC Cancer

Volume: 21

Issue: 1

Date: Oct

Short Title: IMProving care After inherited Cancer Testing (IMPACT) study: protocol of a randomized trial evaluating the efficacy of two interventions designed to improve cancer risk management and family communication of genetic test results

DOI: 10.1186/s12885-021-08822-4

Article Number: 1099

Accession Number: WOS:000707007100001

Abstract: Background Implementing genetic testing for inherited cancer predisposition into routine clinical care offers a tremendous opportunity for cancer prevention and early detection. However, genetic testing itself does not improve outcomes; rather, outcomes depend on implemented follow-up care. The IMPACT study is a hybrid type I randomized effectiveness-implementation trial to simultaneously evaluate the effectiveness of two interventions for

individuals with inherited cancer predisposition focused on: 1) increasing family communication (FC) of genetic test results; and 2) improving engagement with guideline-based cancer risk management (CRM). Methods This prospective study will recruit a racially, geographically, and socioeconomically diverse population of individuals with a documented pathogenic/likely pathogenic (P/LP) variant in an inherited cancer gene. Eligible participants will be asked to complete an initial trial survey and randomly assigned to one of three arms: A) GeneSHARE, a website designed to increase FC of genetic test results; B) My Gene Counsel's Living Lab Report, a digital tool designed to improve understanding of genetic test results and next steps, including CRM guidelines; or C) a control arm in which participants continue receiving standard care. Follow-up surveys will be conducted at 1, 3, and 12 months following randomization. These surveys include single-item measures, scales, and indices related to: 1) FC and CRM behaviors and behavioral factors following the COM-B theoretical framework (i.e., capability, opportunity, and motivation); 2) implementation outcomes (i.e., acceptability, appropriateness, exposure, and reach); and 3) other contextual factors (i.e., sociodemographic and clinical factors, and uncertainty, distress, and positive aspects of genetic test results). The primary outcomes are an increase in FC of genetic test results (Arm A) and improved engagement with guideline-based CRM without overtreatment or undertreatment (Arm B) by the 12-month follow-up survey. Discussion Our interventions are designed to shift the paradigm by which individuals with P/LP variants in inherited cancer genes are provided with information to enhance FC of genetic test results and engagement with guideline-based CRM. The information gathered through evaluating the effectiveness and implementation of these real-world approaches is needed to modify and scale up adaptive, stepped interventions that have the potential to maximize FC and CRM. Protocol version September 17th, 2021 Amendment Number 04.

Notes: Cragun, Deborah Beckstead, Jason Farmer, Meagan Hooker, Gillian Dean, Marleah Matloff, Ellen Reid, Sonya Tezak, Ann Weidner, Anne Whisenant, Jennifer G. Pal, Tuya
1471-2407

URL: <Go to ISI>://WOS:000707007100001

Reference Type: Journal Article

Record Number: 1433

Author: Craig, K. J. T., Morgan, L. C., Chen, C. H., Michie, S., Fusco, N., Snowden, J. L., Scheufele, E., Gagliardi, T. and Sill, S.
Year: 2021

Title: Systematic review of context-aware digital behavior change interventions to improve health

Journal: Translational Behavioral Medicine

Volume: 11

Issue: 5

Pages: 1037-1048

Date: May

Short Title: Systematic review of context-aware digital behavior change interventions to improve health

ISSN: 1869-6716

DOI: 10.1093/tbm/ibaa099

Accession Number: WOS:000732777000001

Abstract: Health risk behaviors are leading contributors to morbidity, premature mortality associated with chronic diseases, and escalating health costs. However, traditional interventions to change health behaviors often have modest effects, and limited applicability and scale. To better support health improvement goals across the care continuum, new approaches incorporating various smart technologies are being utilized to create more individualized digital behavior change interventions (DBCIs). The purpose of this study is to identify context-aware DBCIs that provide individualized interventions to improve health. A systematic review of published literature (2013-2020) was conducted from multiple databases and manual searches. All included DBCIs were context-aware, automated digital health technologies, whereby user input, activity, or location influenced the intervention. Included studies addressed explicit health behaviors and reported data of behavior change outcomes. Data extracted from studies included study design, type of intervention, including its functions and technologies used, behavior change techniques, and target health behavior and outcomes data. Thirty-three articles were included, comprising mobile health (mHealth) applications, Internet of Things wearables/sensors, and internet-based web applications. The most frequently adopted behavior change techniques were in the groupings of feedback and monitoring, shaping knowledge, associations, and goals and planning. Technologies used to apply these in a context-aware, automated fashion included analytic and artificial intelligence (e.g., machine learning and symbolic reasoning) methods requiring various degrees of access to data. Studies demonstrated improvements in physical activity, dietary behaviors, medication adherence, and sun protection practices. Context-aware DBCIs effectively supported behavior change to improve users' health behaviors.

Notes: Craig, Kelly J. Thomas Morgan, Laura C. Chen, Ching-Hua Michie, Susan Fusco, Nicole Snowdon, Jane L. Scheufele, Elisabeth Gagliardi, Thomas Sill, Stewart

Thomas Craig, Kelly Jean/ABE-6181-2021; Michie, Susan/A-1745-2010

Thomas Craig, Kelly Jean/0000-0002-9954-2795; Michie, Susan/
0000-0003-0063-6378

1613-9860

URL: <Go to ISI>://WOS:000732777000001

Reference Type: Journal Article

Record Number: 1103

Author: Craveiro, D., Marques, S., Bell, R., Khan, M., Godinho, C. and Peixeiro, F.

Year: 2021

Title: Behavioural change box? Applying the COM-B model to understand behavioural triggers that support consumption of fruits and vegetable among subscribers of a fruit and vegetable box scheme

Journal: Public Health Nutrition

Volume: 24

Issue: 18

Pages: 6488–6498

Date: Dec

Short Title: Behavioural change box? Applying the COM-B model to understand behavioural triggers that support consumption of fruits and vegetable among subscribers of a fruit and vegetable box scheme

ISSN: 1368–9800

DOI: 10.1017/s1368980021003839

Article Number: Pii s1368980021003839

Accession Number: WOS:000721004700051

Abstract: Objective: To understand the key mechanisms that support healthy dietary habits promoted by fruit and vegetable (F&V) box schemes, testing relevant behaviour change triggers identified under the COM-B model in an evaluation research study of a Portuguese F&V box scheme (PROVE). Design: Correlation study with a post-test-only non-equivalent group design based on survey data. The mechanisms underpinning the differences between subscribers and non-subscribers are operationalised as mediation effects. Data availability, theoretical relevance and empirical validation supported the selection and testing of four potential mediators for the effects of subscribing to the box scheme on F&V consumption. These estimations derive from the coefficients of a structural equation model combined with the product coefficient approach and Sobel test. Setting: The study is part of a wider evaluation study on the impact of the PROVE box scheme on sustainability, health and equity. Participants: A sample of PROVE box subscribers (n 294) was compared with a matched subsample of non-subscribers (n 571) in a nationally representative survey. Results: Subscribing to the PROVE box correlates with an increased probability of eating at least five portions of F&V, irrespective of differences in age, education and perceived economic difficulties. Diet quality perceptions, and more robustly, the strength of meal habits and household availability were identified as relevant mediators. Conclusions: The subscription to an F&V box scheme is connected with proximal context that enables the consumption of F&V by ensuring more readily available F&V and better situational conditions associated with healthier meal habits.

Notes: Craveiro, Daniela Marques, Sibila Bell, Ruth Khan, Matluba Godinho, Cristina Peixeiro, Filomena

Marques, Sibila/0000-0001-7295-6923; Godinho, Cristina/0000-0002-2293-7190; Craveiro, Daniela/0000-0003-4365-2255 1475-2727

URL: <Go to ISI>://WOS:000721004700051

Reference Type: Journal Article

Record Number: 229

Author: Crawshaw, A. F., Hickey, C., Lutumba, L. M., Kitoko, L. M., Nkemi, S., Knights, F., Ciftci, Y., Goldsmith, L. P., Vandrevalla, T., Forster, A. S. and Hargreaves, S.

Year: 2023

Title: Codesigning an intervention to strengthen COVID-19 vaccine uptake in Congolese migrants in the UK (LISOLO MALAMU): a participatory qualitative study protocol

Journal: Bmj Open

Volume: 13

Issue: 1

Date: Jan

Short Title: Codesigning an intervention to strengthen COVID-19 vaccine uptake in Congolese migrants in the UK (LISOLO MALAMU): a participatory qualitative study protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-063462

Accession Number: WOS:000922698000003

Abstract: Introduction Migrants positively contribute to host societies yet experience barriers to health and vaccination services and systems and are considered to be an underimmunised group in many European countries. The COVID-19 pandemic has highlighted stark inequities in vaccine uptake, with migrants facing access and informational barriers and lower vaccine confidence. A key challenge, therefore, is developing tailored vaccination interventions, services and systems which account for and respond to the unique drivers of vaccine uptake in different migrant populations. Participatory research approaches, which meaningfully involve communities in co-constructing knowledge and solutions, have generated considerable interest in recent years for those tasked with designing and delivering public health interventions. How such approaches can be used to strengthen initiatives for COVID-19 and routine vaccination merits greater consideration. Methods and analysis LISOLO MALAMU ('Good Talk') is a community-based participatory research study which uses qualitative and coproduction methodologies to involve adult Congolese migrants in developing a tailored intervention to increase COVID-19 vaccine uptake. Led by a community-academic coalition, the study will involve (1) semistructured in-depth interviews with adult Congolese migrants (born in Democratic Republic of Congo, >18 years), (2) interviews with professional stakeholders and (3) codesign workshops with adult Congolese migrants. Qualitative data will be analysed collaboratively using reflexive thematic analysis, and behaviour change theory will be used in parallel to support the coproduction of interventions and make recommendations across socioecological levels. The study will run from approximately November 2021 to November 2022. Ethics and dissemination Ethics approval was granted by the St George's University Research Ethics Committee (REC reference: 2021.0128). Study findings will be disseminated to a range of local, national and international audiences, and a community celebration event will be held to show impact and recognise contributions. Recommendations for implementation and evaluation of prototyped interventions will be made.

Notes: Crawshaw, Alison F. Hickey, Caroline Lutumba, Laura Muzinga Kitoko, Lusau Mimi Nkembu, Sarah Knights, Felicity Ciftci, Yusuf Goldsmith, Lucy Pollyanna Vandrevalla, Tushna Forster, Alice S. Hargreaves, Sally

Crawshaw, Alison/GMW-8131-2022; Vandrevalla, Tushna/AAD-8351-2020; Goldsmith, Lucy Pollyanna/AFB-2121-2022

Crawshaw, Alison/0000-0003-0450-7258; Vandrevalla, Tushna/0000-0002-1140-8445; Goldsmith, Lucy Pollyanna/0000-0002-6934-1925;

Hargreaves, Sally/0000-0003-2974-4348

URL: <Go to ISI>://WOS:000922698000003

Reference Type: Journal Article
Record Number: 389
Author: Creaser, A. V., Clemes, S. A., Bingham, D. D. and Costa, S.
Year: 2022
Title: Applying the COM-B model to understand wearable activity tracker use in children and adolescents
Journal: Journal of Public Health-Heidelberg
Date: 2022 Oct
Short Title: Applying the COM-B model to understand wearable activity tracker use in children and adolescents
ISSN: 2198-1833
DOI: 10.1007/s10389-022-01763-7
Accession Number: WOS:000876026400002
Abstract: Aim Wearable activity trackers (wearables) are increasingly popular intervention tools for increasing child and adolescent physical activity (PA) levels. However, the large-scale habitual use of wearables in children and adolescents is unknown. This study investigated the prevalence of wearable use in children and adolescents, and what factors impact their use. Subjects and methods This study utilised a cross-sectional survey and the 'Capability, Opportunity, Motivation and Behaviour' (COM-B) model was applied to explore what child/adolescent and parental characteristics impact wearable use. Parents/guardians of 5- to 17-year-olds were invited to complete the survey. The survey was open internationally, and consisted of between 19 and 23 questions, depending on child/adolescent wearable use. Multinomial logistic regression analyses were conducted to explore variables impacting wearable use, in children (5 to 9 years) and adolescents (10 to 17 years). Results The survey was completed by 652 parents, representing 831 children/adolescents. Most children/adolescents had never used a wearable (n = 429; 51.6%), and 252 (30.3%) and 150 (18.1%) currently or had previously used a wearable, respectively. Child age and sex, capability, opportunity and motivation for PA were associated with wearable use, and differences were present between child (5 to 9 years) and adolescent (10 to 17 years) wearable use. Conclusions This study offers a novel contribution to the understanding of child and adolescent habitual wearable use, and what impacts wearable use in these age groups.
Notes: Creaser, Amy, V Clemes, Stacy A. Bingham, Daniel D. Costa, Silvia
Creaser, Amy/HTM-4816-2023
Creaser, Amy/0000-0003-3326-3678
1613-2238
URL: <Go to ISI>://WOS:000876026400002

Reference Type: Journal Article
Record Number: 1705
Author: Croker, H., Russell, S. J., Gireesh, A., Bonham, A., Hawkes, C., Bedford, H., Michie, S. and Viner, R. M.
Year: 2020
Title: Obesity prevention in the early years: A mapping study of national policies in England from a behavioural science perspective

Journal: Plos One

Volume: 15

Issue: 9

Date: Sep

Short Title: Obesity prevention in the early years: A mapping study of national policies in England from a behavioural science perspective

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0239402

Article Number: e0239402

Accession Number: WOS:000577103100015

Abstract: Background Evidence indicates that early life is critical for determining future obesity risk. A sharper policy focus on pregnancy and early childhood could help improve obesity prevention efforts. This study aimed to systematically identify and categorise policy levers used in England with potential to influence early life course (pregnancy, 0–5 years) and identify how these interface with energy balance behaviours. The objective is to identify gaps and where further policy actions could most effectively focus. Methods A behavioural science approach was taken using the Capability–Opportunity–Motivation–Behaviour (COM–B) model and Behaviour Change Wheel (BCW) framework. The key determinants of energy balance in the early years were identified from the Foresight Systems Map. Policy actions were scoped systematically from available literature, including any health or non-health policies which could impact on energy balance behaviours. Foresight variables and policy actions were considered in terms of COM–B and the BCW to determine approaches likely to be effective for obesity prevention and treatment. Existing policies were overlaid across the map of key risk factors to identify gaps in obesity prevention and treatment provision. Results A wide range of policy actions were identified (n = 115) to address obesity-relevant risk factors. These were most commonly educational or guidelines relating to environmental restructuring (i.e. changing the physical or social context). Scope for strengthening policies relating to the food system (e.g. the market price of food) and psychological factors contributing to obesity were identified. Policies acted via all aspects of the COM–B model, but there was scope for improving policies to increase capability through skills acquisition and both reflective and automatic motivation. Conclusions There is substantial policy activity to address early years obesity but much is focused on education. Scope exists to strengthen actions relating to upstream policies which act on food systems and those targeting psychological factors contributing to obesity risk.

Notes: Croker, Helen Russell, Simon J. Gireesh, Aswathikutty Bonham, Aida Hawkes, Corinna Bedford, Helen Michie, Susan Viner, Russell M. Viner, Russell M/A-1441-2009; Michie, Susan/A-1745-2010 Viner, Russell M/0000-0003-3047-2247; Croker, Helen/0000-0002-7247-6599; Michie, Susan/0000-0003-0063-6378; Russell, Simon/0000-0001-9447-1169

URL: <Go to ISI>://WOS:000577103100015

Reference Type: Journal Article

Record Number: 1791

Author: Croot, L., O'Cathain, A., Sworn, K., Yardley, L., Turner, K., Duncan, E. and Hoddinott, P.

Year: 2019

Title: Developing interventions to improve health: a systematic mapping review of international practice between 2015 and 2016

Journal: Pilot and Feasibility Studies

Volume: 5

Issue: 1

Date: Nov

Short Title: Developing interventions to improve health: a systematic mapping review of international practice between 2015 and 2016

DOI: 10.1186/s40814-019-0512-8

Article Number: 127

Accession Number: WOS:000704687000001

Abstract: Background Researchers publish the processes they use to develop interventions to improve health. Reflecting on this endeavour may help future developers to improve their practice. **Methods** Our aim was to collate, describe, and analyse the actions developers take when developing complex interventions to improve health. We carried out a systematic mapping review of empirical research studies that report the development of complex interventions to improve health. A search was undertaken of five databases over 2015–2016 using the term 'intervention dev*'. Eighty-seven journal articles reporting the process of intervention development were identified. A purposive subset of 30 articles, using a range of published approaches to developing interventions, was selected for in-depth analysis using principles of realist synthesis to identify the actions of intervention development and rationales underpinning those actions. **Results** The 87 articles were from the USA (39/87), the UK (32/87), continental Europe (6/87), and the rest of the world (10/87). These mainly took a pragmatic self-selected approach (n = 43); a theory- and evidence-based approach, e.g. Intervention Mapping, Behaviour Change Wheel (n = 22); or a partnership approach, e.g. community-based participatory research, co-design (n = 10). Ten actions of intervention development were identified from the subset of 30 articles, including identifying a need for an intervention, selecting the intervention development approach to follow, considering the needs of the target population, reviewing published evidence, involving stakeholders, drawing or generating theory, and designing and refining the intervention. **Rationales** for these actions were that they would produce more engaging, acceptable, feasible, and effective interventions. **Conclusions** Developers take a variety of approaches to the international endeavour of complex intervention development. We have identified and described a set of actions taken within this endeavour regardless of whether developers follow a published approach or not. Future developers can use these actions and the rationales that underpin them to help them make decisions about the process of intervention development.

Notes: Croot, Liz O'Cathain, Alicia Sworn, Katie Yardley, Lucy Turner, Katrina Duncan, Edward Hoddinott, Pat Sworn, Katie/0000-0001-6247-4007; Turner, Katrina/

0000-0002-6375-2918; Yardley, Lucy/0000-0002-3853-883X
2055-5784
URL: <Go to ISI>://WOS:000704687000001

Reference Type: Journal Article

Record Number: 987

Author: Cross, A. J., Buchbinder, R., Mathieson, S., Bourne, A.,
Maher, C. G., Lin, C. W. C. and O'Connor, D. A.

Year: 2022

Title: Barriers and enablers to monitoring and deprescribing opioid
analgesics for chronic non-cancer pain: a systematic review with
qualitative evidence synthesis using the Theoretical Domains
Framework

Journal: Bmj Quality & Safety

Volume: 31

Issue: 5

Pages: 387-400

Date: May

Short Title: Barriers and enablers to monitoring and deprescribing
opioid analgesics for chronic non-cancer pain: a systematic review
with qualitative evidence synthesis using the Theoretical Domains
Framework

ISSN: 2044-5415

DOI: 10.1136/bmjqs-2021-014186

Accession Number: WOS:000746630100001

Abstract: Background Understanding barriers and enablers to
monitoring and deprescribing opioids will enable the development of
tailored interventions to improve both practices. Objective To
perform a qualitative evidence synthesis of the barriers and
enablers to monitoring ongoing appropriateness and deprescribing of
opioids for chronic non-cancer pain (CNCP) and to map the findings
to the Theoretical Domains Framework (TDF). Methods We included
English-language qualitative studies that explored healthcare
professional (HCP), patient, carer and the general public's
perceptions regarding monitoring and deprescribing opioids for CNCP.
We searched MEDLINE, EMBASE, Cumulative Index to Nursing and Allied
Health Literature (CINAHL), Allied and Complementary Medicine
Database (AMED) and PsycINFO from inception to August 2020. Two
authors independently selected the studies, extracted the data,
assessed the methodological quality using the Critical Appraisal
Skills Programme, and assessed the confidence in the findings using
GRADE CERQual (Grading of Recommendations Assessment, Development,
and Evaluation Confidence in the Evidence from Reviews of
Qualitative Research). We used an inductive approach to synthesis of
qualitative data and mapped identified themes to TDF domains.
Results From 6948 records identified we included 21 studies,
involving 209 HCPs and 330 patients. No studies involved carers or
the general public. Five barrier themes were identified: limited
alternatives to opioids, management of pain is top priority, patient
understanding, expectations and experiences, prescriber pressures,
and reluctance to change. Four enabler themes were identified:
negative effects of opioids and benefits of deprescribing, clear
communication and expectations for deprescribing, support for

patients, and support for prescribers. 16 barrier and 12 enabler subthemes were identified; most were graded as high (n=15) or moderate (n=9) confidence. The TDF domains 'beliefs about consequences', 'environmental context and resources', 'social influences' and 'emotion' were salient for patients and HCPs. The domains 'skills' and 'beliefs about capabilities' were more salient for HCPs. Conclusion Future implementation interventions aimed at monitoring and deprescribing opioids should target the patient and HCP barriers and enablers identified in this synthesis. PROSPERO registration number CRD42019140784.

Notes: Cross, Amanda J. Buchbinder, Rachelle Mathieson, Stephanie Bourne, Allison Maher, Christopher G. Lin, Chung-Wei Christine O'Connor, Denise A.

Maher, Christopher/AAC-6267-2019

Maher, Christopher/0000-0002-1628-7857; Cross, Amanda/

0000-0001-6001-9211

2044-5423

URL: <Go to ISI>://WOS:000746630100001

Reference Type: Journal Article

Record Number: 1963

Author: Crowley, S. L., Hinchliffe, S. and McDonald, R. A.

Year: 2017

Title: Invasive species management will benefit from social impact assessment

Journal: Journal of Applied Ecology

Volume: 54

Issue: 2

Pages: 351-357

Date: Apr

Short Title: Invasive species management will benefit from social impact assessment

ISSN: 0021-8901

DOI: 10.1111/1365-2664.12817

Accession Number: WOS:000397930300002

Abstract: 1. Invasive species management aims to prevent or mitigate the impacts of introduced species but management interventions can themselves generate social impacts that must be understood and addressed. 2. Established approaches for addressing the social implications of invasive species management can be limited in effectiveness and democratic legitimacy. More deliberative, participatory approaches are emerging that allow integration of a broader range of socio-political considerations. Nevertheless, there is a need to ensure that these are rigorous applications of social science. 3. Social impact assessment offers a structured process of identifying, evaluating and addressing social costs and benefits. We highlight its potential value for enabling meaningful public participation in planning and as a key component of integrated assessments of management options. 4. Policy implications. As invasive species management grows in scope and scale, social impact assessment provides a rigorous process for recognising and responding to social concerns. It could therefore produce more democratic, less conflict-prone and more effective interventions.

Notes: Crowley, Sarah L. Hinchliffe, Steve McDonald, Robbie A.
Crowley, Sarah L./AAC-1058-2020; McDonald, Robbie A/A-2931-2012;
McDonald, Robbie/AAK-2718-2020
Crowley, Sarah L./0000-0002-4854-0925; McDonald, Robbie A/
0000-0002-6922-3195; McDonald, Robbie/0000-0002-6922-3195
1365-2664
URL: <Go to ISI>://WOS:000397930300002

Reference Type: Journal Article

Record Number: 2435

Author: Crowther, C. A., Middleton, P. F., Bain, E., Ashwood, P.,
Bubner, T., Flenady, V., Morris, J., McIntyre, S. and Team, Wish
Project

Year: 2013

Title: Working to improve survival and health for babies born very
preterm: the WISH project protocol

Journal: BMC Pregnancy and Childbirth

Volume: 13

Date: Dec

Short Title: Working to improve survival and health for babies born
very preterm: the WISH project protocol

DOI: 10.1186/1471-2393-13-239

Article Number: 239

Accession Number: WOS:000329252300002

Abstract: Background: Babies born very preterm (before 30 weeks
gestation) are at high risk of dying in their first weeks of life,
and those who survive are at risk of developing cerebral palsy in
childhood. Recent high-quality evidence has shown that giving women
magnesium sulphate immediately prior to very early birth can
significantly increase the chances of their babies surviving free of
cerebral palsy. In 2010 Australian and New Zealand clinical practice
guidelines recommended this therapy. The WISH (Working to Improve
Survival and Health for babies born very preterm) Project aims to
bi-nationally improve and monitor the use of this therapy to reduce
the risk of very preterm babies dying or having cerebral palsy.

Methods/Design: The WISH Project is a prospective cohort study. The
25 Australian and New Zealand tertiary level maternity hospitals
will be provided with a package of active implementation strategies
to guide the introduction and local adaptation of guideline
recommendations. Surveys will be conducted at individual hospitals
to evaluate outcomes related to local implementation progress and
the use and value of the WISH implementation strategies. For the
hospitals participating in the 'WISH audit of uptake and health
outcomes data collection', the primary health outcomes (assessed
through case note review, and 24 month corrected age questionnaires)
will be: the proportion of eligible women receiving antenatal
magnesium sulphate; and rates of death prior to primary hospital
discharge and cerebral palsy at two years corrected age in infants
born to eligible mothers. For hospitals wishing to assess factors
influencing translation locally, barriers and facilitators will be
measured through interviews with health care professionals, to
further guide implementation strategies. Study outcomes for the
early phase of the project (Year 1) will be compared with the later

intervention phase (Years 2 and 3). Discussion: The WISH Project will offer insight into the effectiveness of a multifaceted implementation strategy to improve the uptake of a novel neuroprotective therapy in obstetric clinical practice. The successful implementation of antenatal magnesium sulphate for fetal neuroprotection in Australia and New Zealand could lead to over 90 fewer very preterm babies dying or suffering the long-term consequences of cerebral palsy each year.

Notes: Crowther, Caroline A. Middleton, Philippa F. Bain, Emily Ashwood, Pat Bubner, Tanya Flenady, Vicki Morris, Jonathan McIntyre, Sarah

McIntyre, Sarah/L-7850-2014; Flenady, Vicki Jane/O-9609-2014;

Shepherd, Emily S/N-9420-2016; McIntyre, Sarah/A-3191-2014

McIntyre, Sarah/0000-0002-0544-6533; Flenady, Vicki Jane/0000-0001-8114-7677; Shepherd, Emily S/0000-0002-9669-788X;

McIntyre, Sarah/0000-0002-0234-1541

1471-2393

URL: <Go to ISI>://WOS:000329252300002

Reference Type: Journal Article

Record Number: 1384

Author: Cruz, A. M., Monsalve, L., Ladurner, A. M., Jaime, L. F., Wang, D. and Quiroga, D. A.

Year: 2021

Title: Information and Communication Technologies for Managing

Frailty: A Systematic Literature Review

Journal: Aging and Disease

Volume: 12

Issue: 3

Pages: 914-933

Date: Jun

Short Title: Information and Communication Technologies for Managing

Frailty: A Systematic Literature Review

ISSN: 2152-5250

DOI: 10.14336/ad.2020.1114

Accession Number: WOS:000667454200020

Abstract: Frailty is a prevalent condition among Canadians; over one million are diagnosed as medically frail, and in the next ten years this number will double. Information and telecommunication technologies can provide a low-cost method for managing frailty more proactively. This study aims to examine the range and extent of information and telecommunication technologies for managing frailty in older adults, their technology readiness level, the evidence, and the associated outcomes. A systematic literature review was conducted. Four databases were searched for studies: Medline, EMBASE, CINAHL, and Web of Science. In total, we included 19 studies (out of 9,930) for the data abstraction. Overall, our findings indicate that (1) the proposed frailty phenotype is the most common ground truth to be used for assessing frailty; (2) the most common uses of information and telecommunication technologies for managing frailty are detection, and monitoring and detection, while interventional studies on frailty are very rare; (3) the five main types of information and telecommunication technologies for managing

frailty in older adults are information and telecommunication technology-based platforms, smartphones, telemonitoring (home monitoring), wearable sensors and devices (commercial off-the-shelf), and multimedia formats for online access; (4) the technology readiness level of information and telecommunication technologies for managing frailty in older adults is the "Technology Demonstration" level, i.e., not yet ready to be operated in an actual operating environment; and (5) the level of evidence is still low for information and telecommunication technology studies that manage frailty in older adults. In conclusion, information and telecommunication technologies for managing frailty in the older adult population are not yet ready to be full-fledged technologies for this purpose.

Notes: Cruz, Antonio Miguel Monsalve, Laura Ladurner, Anna-Maria Jaime, Luisa Fernanda Wang, Daniel Alejandro Quiroga, Daniel Quiroga, David Antonio A. B. Barbosa/B-5624-2019
Quiroga, David Antonio A. B. Barbosa/0000-0002-3659-7262
URL: <Go to ISI>://WOS:000667454200020

Reference Type: Journal Article

Record Number: 34

Author: Cruz, G. V., Khazaal, Y. and Etter, J. F.

Year: 2023

Title: Predicting the Users' Level of Engagement with a Smartphone Application for Smoking Cessation: Randomized Trial and Machine Learning Analysis

Journal: European Addiction Research

Date: 2023 Apr

Short Title: Predicting the Users' Level of Engagement with a Smartphone Application for Smoking Cessation: Randomized Trial and Machine Learning Analysis

ISSN: 1022-6877

DOI: 10.1159/000530111

Accession Number: WOS:000975484600001

Abstract: Introduction: Studies of the users' engagement with smoking cessation application (apps) can help understand how these apps are used by smokers, in order to improve their reach and efficacy. Objective: The present study aimed at identifying the best predictors of the users' level of engagement with a smartphone app for smoking cessation and at examining the relationships between predictors and outcomes related to the users' level of engagement with the app. Methods: A secondary analysis of data from a randomized trial testing the efficacy of the Stop-Tabac smartphone app was used. The experimental group used the "full" app and the control group used a "dressed down" app. The study included a baseline and 1-month and 6-month follow-up questionnaires. A total of 5,293 participants answered at least the baseline questionnaires; however, in the current study, only the 1,861 participants who answered at least the baseline and the 1-month follow-up questionnaire were included. Predictors were measured at baseline and after 1 month and outcomes after 6 months. Data were analyzed using machine learning algorithms. Results: The best predictors of the outcomes were, in decreasing order of importance, intention to

stop smoking, dependence level, perceived helpfulness of the app, having quit smoking after 1 month, self-reported usage of the app after 1 month, belonging to the experimental group (vs. control group), age, and years of smoking. Most of these predictors were also significantly associated with the participants' level of engagement with the app. Conclusions: This information can be used to further target the app to specific groups of users, to develop strategies to enroll more smokers, and to better adapt the app's content to the users' needs.

Notes: Cruz, Germano Vera Khazaal, Yasser Etter, Jean-Francois khazaal, yasser/0000-0002-8549-6599; VERA CRUZ, Germano/0000-0002-8297-6933

1421-9891

URL: <Go to ISI>://WOS:000975484600001

Reference Type: Journal Article

Record Number: 1474

Author: Cuevas, C., Batura, N., Wulandari, L. P. L., Khan, M. and Wiseman, V.

Year: 2021

Title: Improving antibiotic use through behaviour change: a systematic review of interventions evaluated in low- and middle-income countries

Journal: Health Policy and Planning

Volume: 36

Issue: 5

Pages: 754-773

Date: Jun

Short Title: Improving antibiotic use through behaviour change: a systematic review of interventions evaluated in low- and middle-income countries

ISSN: 0268-1080

DOI: 10.1093/heapol/czab021

Accession Number: WOS:000728176700016

Abstract: Antibiotic resistance (ABR) has been identified as a critical threat to global health at the highest policy fora. A leading cause of ABR is the inappropriate use of antibiotics by both patients and healthcare providers. Although countries around the world have committed to developing and implementing national action plans to tackle ABR, there is a considerable gap in evidence about effective behaviour change interventions addressing inappropriate use of antibiotics in low- and middle-income countries (LMICs), where ABR is growing at an alarming rate. We conducted a systematic review to synthesize evidence about the effectiveness and cost-effectiveness of behaviour change interventions to reduce inappropriate use of antibiotics in LMICs. Three databases were searched using a set of predefined search terms and exclusion criteria. The search identified 43 relevant articles. A narrative synthesis of results was conducted using the Behaviour Change Wheel framework to categorize intervention components. The majority of the reviewed studies were set in lower-middle-income or low-income countries located in Sub-Saharan Africa or East Asia and the Pacific. Twenty-four articles evaluated multi-faceted interventions

over a period of 12 months or less. Despite the widespread use of antibiotics in the community, interventions were primarily implemented in public health facilities, targeting health professionals such as doctors, nurses, and other allied medical staff. Although education for providers was the most widely used strategy for influencing antibiotic use, it was shown to be most effective when used in conjunction with training or other enabling and supportive measures to nudge behaviour. Six articles included an evaluation of costs of interventions and found a reduction in costs in inpatient and outpatient settings, and one article found a training and guidelines implementation-based intervention to be highly cost-effective. However, the small number of articles conducting an economic evaluation highlights the need for such analyses to be conducted more frequently to support priority setting in resource-constrained environments.

Notes: Cuevas, Carla Batura, Neha Wulandari, Luh Putu Lila Khan, Mishal Wiseman, Virginia

Batura, Neha/0000-0002-8175-8125
1460-2237

URL: <Go to ISI>://WOS:000728176700016

Reference Type: Journal Article

Record Number: 2444

Author: Cuffee, Y. L., Hargraves, J. L., Rosal, M., Briesacher, B. A., Schoenthaler, A., Person, S., Hullett, S. and Allison, J.

Year: 2013

Title: Reported Racial Discrimination, Trust in Physicians, and Medication Adherence Among Inner-City African Americans With Hypertension

Journal: American Journal of Public Health

Volume: 103

Issue: 11

Pages: E55-E62

Date: Nov

Short Title: Reported Racial Discrimination, Trust in Physicians, and Medication Adherence Among Inner-City African Americans With Hypertension

ISSN: 0090-0036

DOI: 10.2105/ajph.2013.301554

Accession Number: WOS:000331038500020

Abstract: Objectives. We sought to determine if reported racial discrimination was associated with medication nonadherence among African Americans with hypertension and if distrust of physicians was a contributing factor. Methods. Data were obtained from the TRUST project conducted in Birmingham, Alabama, 2006 to 2008. All participants were African Americans diagnosed with hypertension and receiving care at an inner city, safety net setting. Three categories of increasing adherence were defined based on the Morisky Medication Adherence Scale. Trust in physicians was measured with the Hall General Trust Scale, and discrimination was measured with the Experiences of Discrimination Scale. Associations were quantified by ordinal logistic regression, adjusting for gender, age, education, and income. Results. The analytic sample consisted

of 227 African American men and 553 African American women, with a mean age of 53.7 +/- 9.9 years. Mean discrimination scores decreased monotonically across increasing category of medication adherence (4.1, 3.6, 2.9; P = .025), though the opposite was found for trust scores (36.5, 38.5, 40.8; P < .001). Trust mediated 39% (95% confidence interval = 17%, 100%) of the association between discrimination and medication adherence. Conclusions. Within our sample of inner city African Americans with hypertension, racial discrimination was associated with lower medication adherence, and this association was partially mediated by trust in physicians. Patient, physician and system approaches to increase "earned" trust may enhance existing interventions for promoting medication adherence.

Notes: Cuffee, Yendelela L. Hargraves, J. Lee Rosal, Milagros Briesacher, Becky A. Schoenthaler, Antoinette Person, Sharina Hullett, Sandral Allison, Jeroan Schoenthaler, Antoinette/0000-0003-4905-5136; Allison, Jeroan/0000-0003-4472-2112 1541-0048

URL: <Go to ISI>://WOS:000331038500020

Reference Type: Journal Article

Record Number: 1012

Author: Cullen, L., Hanrahan, K., Edmonds, S. W., Reisinger, H. S. and Wagner, M.

Year: 2022

Title: Iowa Implementation for Sustainability Framework

Journal: Implementation Science

Volume: 17

Issue: 1

Date: Jan

Short Title: Iowa Implementation for Sustainability Framework

ISSN: 1748-5908

DOI: 10.1186/s13012-021-01157-5

Article Number: 1

Accession Number: WOS:000738622600001

Abstract: Background An application-oriented implementation framework designed for clinicians and based on the Diffusion of Innovations theory included 81 implementation strategies with suggested timing for use within four implementation phases. The purpose of this research was to evaluate and strengthen the framework for clinician use and propose its usefulness in implementation research. Methods A multi-step, iterative approach guided framework revisions. Individuals requesting the use of the framework over the previous 7 years were sent an electronic questionnaire. Evaluation captured framework usability, generalizability, accuracy, and implementation phases for each strategy. Next, nurse leaders who use the framework pile sorted strategies for cultural domain analysis. Last, a panel of five EBP/implementation experts used these data and built consensus to strengthen the framework. Results Participants (n = 127/1578; 8% response) were predominately nurses (94%), highly educated (94% Master's or higher), and from across healthcare (52% hospital/

system, 31% academia, and 7% community) in the USA (84%). Most (96%) reported at least some experience using the framework and 88% would use the framework again. A 4-point scale (1 = not/disagree to 4 = very/agree) was used. The framework was deemed useful (92%, rating 3-4), easy to use (72%), intuitive (67%), generalizable (100%), flexible and adaptive (100%), with accurate phases (96%), and accurate targets (100%). Participants (n = 51) identified implementation strategy timing within four phases (Cochran's Q); 54 of 81 strategies (66.7%, $p < 0.05$) were significantly linked to a specific phase; of these, 30 (55.6%) matched the original framework. Next, nurse leaders (n = 23) completed a pile sorting activity. Anthropac software was used to analyze the data and visualize it as a domain map and hierarchical clusters with 10 domains. Lastly, experts used these data and implementation science to refine and specify each of the 75 strategies, identifying phase, domain, actors, and function. Strategy usability, timing, and groupings were used to refine the framework. Conclusion The Iowa Implementation for Sustainability Framework offers a typology to guide implementation for evidence-based healthcare. This study specifies 75 implementation strategies within four phases and 10 domains and begins to validate the framework. Standard use of strategy names is foundational to compare and understand when implementation strategies are effective, in what dose, for which topics, by whom, and in what context.

Notes: Cullen, Laura Hanrahan, Kirsten Edmonds, Stephanie W. Reisinger, Heather Schacht Wagner, Michele Reisinger, Heather/0000-0002-5348-063X
URL: <Go to ISI>://WOS:000738622600001

Reference Type: Journal Article

Record Number: 2436

Author: Cullinan, S., Fleming, A., O'Mahony, D., Ryan, C., O'Sullivan, D., Gallagher, P. and Byrne, S.

Year: 2013

Title: Why? A qualitative study of potentially inappropriate prescribing in older patients

Journal: International Journal of Clinical Pharmacy

Volume: 35

Issue: 6

Pages: 1254-1254

Date: Dec

Short Title: Why? A qualitative study of potentially inappropriate prescribing in older patients

ISSN: 2210-7703

Accession Number: WOS:000328208800037

Notes: Cullinan, S. Fleming, A. O'Mahony, D. Ryan, C. O'Sullivan, D. Gallagher, P. Byrne, S.

2210-7711

URL: <Go to ISI>://WOS:000328208800037

Reference Type: Journal Article

Record Number: 2307

Author: Cullinan, S., Fleming, A., O'Mahony, D., Ryan, C.,
O'Sullivan, D., Gallagher, P. and Byrne, S.

Year: 2015

Title: Doctors' perspectives on the barriers to appropriate
prescribing in older hospitalized patients: a qualitative study

Journal: British Journal of Clinical Pharmacology

Volume: 79

Issue: 5

Pages: 860-869

Date: May

Short Title: Doctors' perspectives on the barriers to appropriate
prescribing in older hospitalized patients: a qualitative study

ISSN: 0306-5251

DOI: 10.1111/bcp.12555

Accession Number: WOS:000353346700016

Abstract: Aims Older patients commonly suffer from multimorbidities and take multiple medications. As a result, these patients are more vulnerable to potentially inappropriate prescribing (PIP). PIP in older patients may result in adverse drug events (ADEs) and hospitalizations. However, little has been done to identify why PIP occurs. The objectives of this study were (i) to identify hospital doctors' perceptions as to why PIP occurs, (ii) to identify the barriers to addressing the issues identified and (iii) to determine which intervention types would be best suited to improving prescribing. Methods Semi-structured interviews based on the Theoretical Domains Framework (TDF), a tool used to apply behaviour change theories, were conducted with 22 hospital doctors. Content analysis was conducted to identify domains of the TDF that could be targeted to improve prescribing for older people. These domains were then mapped to the behaviour change wheel to identify possible intervention types. Results Content analysis identified five of the 12 domains in the TDF as relevant: (i) environmental context and resources, (ii) knowledge, (iii) skills, (iv) social influences and (v) memory/attention and decision processes. Using the behaviour change wheel, the types of interventions deemed suitable were those based on training and environmental restructuring. Conclusion This study shows that doctors feel there is insufficient emphasis on geriatric pharmacotherapy in their undergraduate/postgraduate training. An intervention providing supplementary training, with particular emphasis on decision processes and dealing with social influences would be justified. This study has, however, uncovered many areas for potential intervention in the future.

Notes: Cullinan, Shane Fleming, Aoife O'Mahony, Denis Ryan, Cristin O'Sullivan, David Gallagher, Paul Byrne, Stephen

Cullinan, Shane/K-2490-2013

Cullinan, Shane/0000-0003-0648-1477; Fleming, Aoife/
0000-0001-5330-951X; Ryan, Cristin/0000-0002-6037-4413

1365-2125

URL: <Go to ISI>://WOS:000353346700016

Reference Type: Journal Article

Record Number: 1584

Author: Culph, J., Clemson, L., Jeon, Y. H., Scanlan, J. and Laver,

K.

Year: 2021

Title: Preparing for Implementation Within Therapy Services for People With Dementia: Exploring Expectations and Experiences Among Service Providers

Journal: Journal of Applied Gerontology

Volume: 40

Issue: 10

Pages: 1172-1179

Date: Oct

Short Title: Preparing for Implementation Within Therapy Services for People With Dementia: Exploring Expectations and Experiences Among Service Providers

ISSN: 0733-4648

DOI: 10.1177/0733464820986286

Article Number: 0733464820986286

Accession Number: WOS:000618412200001

Abstract: Background: This study examined how occupational therapists, nurses, and their managers within different organizational contexts in the Australian health and aged care system prepare for implementation. The program being implemented was the Care of People with dementia in their Environment (COPE) program, a community reablement program for people with dementia and their carers. Methods: Qualitative data from 29 in-depth interviews were collected from occupational therapists, nurses, and their managers. Recruitment ensured a variety of organizational contexts were included. Thematic analysis was used to capture key themes. Results: Themes include innovation in a time of instability and uncertainty, values that align with the innovation, shifting the day-to-day practice, and confidence in new specialized skills. Conclusion: Organizations need to carefully consider internal and external contexts when planning implementation efforts. Study findings have informed plans for embedding delivery of the program within the health and aged care sector.

Notes: Culph, Jennifer Clemson, Lindy Jeon, Yun-Hee Scanlan, Justin Laver, Kate

Scanlan, Justin Newton/G-3187-2011; jeon, yun-hee/I-1754-2013;

Laver, Kate/AFM-0623-2022

Scanlan, Justin Newton/0000-0002-5639-6476; Laver, Kate/

0000-0003-0259-2209; Culph, Jennifer/0000-0002-6070-3141; jeon, yun-hee/0000-0003-2031-9134

1552-4523

URL: <Go to ISI>://WOS:000618412200001

Reference Type: Journal Article

Record Number: 2312

Author: Cunha-Cruz, J., Milgrom, P., Shirtcliff, R. M., Huebner, C. E., Ludwig, S., Allen, G. and Scott, J.

Year: 2015

Title: "Everybody Brush!": Protocol for a Parallel-Group Randomized Controlled Trial of a Family-Focused Primary Prevention Program With Distribution of Oral Hygiene Products and Education to Increase Frequency of Toothbrushing

Journal: Jmir Research Protocols

Volume: 4

Issue: 2

Date: Apr-Jun

Short Title: "Everybody Brush!": Protocol for a Parallel-Group Randomized Controlled Trial of a Family-Focused Primary Prevention Program With Distribution of Oral Hygiene Products and Education to Increase Frequency of Toothbrushing

ISSN: 1929-0748

DOI: 10.2196/resprot.4485

Article Number: e58

Accession Number: WOS:000360877600012

Abstract: Background: Twice daily toothbrushing with fluoridated toothpaste is the most widely advocated preventive strategy for dental caries (tooth decay) and is recommended by professional dental associations. Not all parents, children, or adolescents follow this recommendation. This protocol describes the methods for the implementation and evaluation of a quality improvement health promotion program. Objective: The objective of the study is to show a theory-informed, evidence-based program to improve twice daily toothbrushing and oral health-related quality of life that may reduce dental caries, dental treatment need, and costs. Methods: The design is a parallel-group, pragmatic randomized controlled trial. Families of Medicaid-insured children and adolescents within a large dental care organization in central Oregon will participate in the trial (n=21,743). Families will be assigned to one of three groups: a test intervention, an active control, or a passive control condition. The intervention aims to address barriers and support for twice-daily toothbrushing. Families in the test condition will receive toothpaste and toothbrushes by mail for all family members every three months. In addition, they will receive education and social support to encourage toothbrushing via postcards, recorded telephone messages, and an optional participant-initiated telephone helpline. Families in the active control condition will receive the kit of supplies by mail, but no additional instructional information or telephone support. Families assigned to the passive control will be on a waiting list. The primary outcomes are restorative dental care received and, only for children younger than 36 months old at baseline, the frequency of twice-daily toothbrushing. Data will be collected through dental claims records and, for children younger than 36 months old at baseline, parent interviews and clinical exams. Results: Enrollment of participants and baseline interviews have been completed. Final results are expected in early summer, 2017. Conclusions: If proven effective, this simple intervention can be sustained by the dental care organization and replicated by other organizations and government.

Notes: Cunha-Cruz, Joana Milgrom, Peter Shirtcliff, R. Michael Huebner, Colleen E. Ludwig, Sharity Allen, Gary Scott, JoAnna Cunha-Cruz, Joana/I-4532-2014; Scott, JoAnna/AAK-4692-2021 Cunha-Cruz, Joana/0000-0002-8276-9838; Scott, JoAnna/0000-0001-6256-0220

URL: <Go to ISI>://WOS:000360877600012

Reference Type: Journal Article
Record Number: 2164
Author: Cunningham, J. A.
Year: 2016
Title: Addiction and eHealth
Journal: Addiction
Volume: 111
Issue: 3
Pages: 389-390
Date: Mar
Short Title: Addiction and eHealth
ISSN: 0965-2140
DOI: 10.1111/add.13243
Accession Number: WOS:000370252100002
Notes: Cunningham, John A.
Cunningham, John/0000-0002-0668-5982
1360-0443
URL: <Go to ISI>://WOS:000370252100002

Reference Type: Journal Article
Record Number: 1696
Author: Cunningham, K. B., Rogowsky, R. H., Carstairs, S. A.,
Sullivan, F. and Ozakinci, G.
Year: 2021
Title: Methods of connecting primary care patients with community-
based physical activity opportunities: A realist scoping review
Journal: Health & Social Care in the Community
Volume: 29
Issue: 4
Pages: 1169-1199
Date: Jul
Short Title: Methods of connecting primary care patients with
community-based physical activity opportunities: A realist scoping
review
ISSN: 0966-0410
DOI: 10.1111/hsc.13186
Accession Number: WOS:000579213100001
Abstract: Deemed a global public health problem by the World Health
Organization, physical inactivity is estimated to be responsible for
one in six deaths in the United Kingdom (UK) and to cost the
nation's economy 7.4 pound billion per year. A response to the
problem receiving increasing attention is connecting primary care
patients with community-based physical activity opportunities. We
aimed to explore what is known about the effectiveness of different
methods of connecting primary care patients with community-based
physical activity opportunities in the United Kingdom by answering
three research questions: 1) What methods of connection from primary
care to community-based physical activity opportunities have been
evaluated?; 2) What processes of physical activity promotion
incorporating such methods of connection are (or are not) effective
or acceptable, for whom, to what extent and under what
circumstances; 3) How and why are (or are not) those processes
effective or acceptable? We conducted a realist scoping review in

which we searched Cochrane, Medline, PsycNET, Google Advanced Search, National Health Service (NHS) Evidence and NHS Health Scotland from inception until August 2020. We identified that five methods of connection from primary care to community-based physical activity opportunities had been evaluated. These were embedded in 15 processes of physical activity promotion, involving patient identification and behaviour change strategy delivery, as well as connection. In the contexts in which they were implemented, four of those processes had strong positive findings, three had moderately positive findings and eight had negative findings. The underlying theories of change were highly supported for three processes, supported to an extent for four and refuted for eight processes. Comparisons of the processes and their theories of change revealed several indications helpful for future development of effective processes. Our review also highlighted the limited evidence base in the area and the resulting need for well-designed theory-based evaluations.

Notes: Cunningham, Kathryn B. Rogowsky, Rayna H. Carstairs, Sharon A. Sullivan, Frank Ozakinci, Gozde

Sullivan, Frank/L-8286-2019; Ozakinci, Gozde/B-7897-2012;

Cunningham, Kathryn/ABF-5556-2020; Carstairs, Sharon Ann/ABD-2283-2021

Sullivan, Frank/0000-0002-6623-4964; Ozakinci, Gozde/

0000-0001-5869-3274; Cunningham, Kathryn/0000-0002-3300-7220;

Carstairs, Sharon Ann/0000-0001-6593-5972; Rogowsky, Rayna/0000-0003-2313-5613

1365-2524

URL: <Go to ISI>://WOS:000579213100001

Reference Type: Journal Article

Record Number: 1290

Author: Cunningham, U., De Brun, A., Willgerodt, M., Blakeney, E. A. R. and McAuliffe, E.

Year: 2021

Title: A Realist Evaluation of Team Interventions in Acute Hospital Contexts-Use of Two Case Studies to Test Initial Programme Theories

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 16

Date: Aug

Short Title: A Realist Evaluation of Team Interventions in Acute Hospital Contexts-Use of Two Case Studies to Test Initial Programme Theories

DOI: 10.3390/ijerph18168604

Article Number: 8604

Accession Number: WOS:000689204700001

Abstract: Background: Designing and implementing team interventions to improve quality and safety of care in acute hospital contexts is challenging. There is little emphasis in the literature on how contextual conditions impact interventions or how specific active ingredients of interventions impact on team members' reasoning and enact change. This realist evaluation helps to deepen the

understanding of the enablers and barriers for effective team interventions in these contexts. Methods: Five previously developed initial programme theories were tested using case studies from two diverse hospital contexts. Data were collected from theory driven interviews (n = 19) in an Irish context and from previously conducted evaluative interviews (n = 16) in a US context. Data were explored to unpack the underlying social and psychological drivers that drove both intended and unintended outcomes. Patterns of regularity were identified and synthesised to develop middle-range theories (MRTs). Results: Eleven MRTs demonstrate how and why intervention resources introduced in specific contextual conditions enact reasoning mechanisms and generate intended and unintended outcomes for patients, team members, the team and organisational leaders. The triggered mechanisms relate to shared mental models; openness, inclusivity and connectedness; leadership and engagement; social identity and intrinsic motivational factors. Conclusions: The findings provide valuable information for architects and facilitators of team interventions in acute hospital contexts, as well as help identify avenues for future research. Dataset: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to their sensitive nature and potential identification of participants. Notes: Cunningham, Una De Brun, Aoife Willgerodt, Mayumi Blakeney, Erin Abu-Rish McAuliffe, Eilish Blakeney, Erin/ABA-4959-2021 Blakeney, Erin/0000-0002-4902-181X; McAuliffe, Eilish/0000-0002-9714-5040 1660-4601 URL: <Go to ISI>://WOS:000689204700001

Reference Type: Journal Article

Record Number: 606

Author: Curran, E. T.

Year: 2022

Title: Maintaining safe office spaces to minimise risks of SARS-CoV-2 transmission

Journal: Infection Disease & Health

Volume: 27

Issue: 3

Pages: 142-148

Date: Aug

Short Title: Maintaining safe office spaces to minimise risks of SARS-CoV-2 transmission

ISSN: 2468-0451

DOI: 10.1016/j.idh.2022.03.003

Accession Number: WOS:000831242200005

Abstract: Background: SARS-CoV-2 can be transmitted within offices. Traditional respiratory transmission modes have undergone reassessment and a new paradigm has emerged. This paradigm needs examining prior to identifying control measures to prevent office acquired infections (OAI). Methods: An ongoing assessment of the SARS-CoV-2 transmission literature, including international public health guidance, began 30/1/2020 and continued to submission

7/2/2022. The evidence for the established respiratory transmission paradigm (either droplet or aerosols) and that of a newly emerging paradigm (aerosol and/or droplets) were explored. Based on the new paradigm control measures needed to minimise OAI were produced. Results: The old paradigm of respiratory transmission of being either droplet or airborne cannot be evidenced. SARS-CoV-2 is emitted in virus laden particles that can be inhaled and/or sprayed on facial mucous membranes (Airborne being the dominant route). Office hygiene measures include: minimising the opportunities for the virus to enter the building. Reducing the susceptibility of people to the virus. Minimising exposure risks within offices, and optimising success in deployment. Conclusion: Standard office hygiene precautions are needed to reduce OAI risks from SARS-CoV-2. Efforts should focus on enabling the smooth functioning of the office whilst minimising risks that the virus will transmit therein. This includes: local risk assessments as transmission risks vary based on building design, ventilation, capacity, and ways of working. Additionally, using experts to optimise ventilation systems. (c) 2022 Australasian College for Infection Prevention and Control. Published by Elsevier B.V. All rights reserved.
Notes: Curran, Evonne T.
URL: <Go to ISI>://WOS:000831242200005

Reference Type: Journal Article

Record Number: 1745

Author: Curran, J. A., Cassidy, C., Bishop, A., Wozney, L., Plint, A. C., Ritchie, K., Straus, S. E., Wong, H., Newton, A., Jabbour, M., MacPhee, S., Breneol, S., Burns, E., Chorney, J., Lawton, J., Doyle, M., MacKay, R., Zemek, R., Penney, T., Grimshaw, J. and Pediat Emergency Res Canada, Perc

Year: 2020

Title: & para;& para;& para;& para; Codesigning discharge communication interventions with healthcare providers, youth and parents for emergency practice settings: EDUCATE study protocol

Journal: Bmj Open

Volume: 10

Issue: 5

Date: May

Short Title: & para;& para;& para;& para; Codesigning discharge communication interventions with healthcare providers, youth and parents for emergency practice settings: EDUCATE study protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-038314

Article Number: e038314

Accession Number: WOS:000738373200102

Abstract: Introduction Discharge communication is an important aspect of patient care but frequently has shortcomings in emergency departments (EDs). In a paediatric context, youth or parents with young children often leave the ED with minimal opportunity to ask questions or to ensure comprehension of important information. Strategies for improving discharge communication have primarily targeted patients and/or parents, although neither group has been engaged in intervention design or implementation. Furthermore, ED

healthcare providers (HCPs), important actors in discharge communication practice, are rarely consulted regarding intervention design decisions. We will generate evidence to enhance discharge communication by engaging youth, parents and HCPs in the codesign of ED discharge communication strategies (EDUCATE) for asthma and minor head injury. Methods and analysis This mixed methods study will take place at two academic paediatric EDs in Canada. The study will occur in two phases: (A) codesign and refinement of the intervention prototypes; and (B) usability testing of the prototypes. During the first phase, two codesign teams (one for each condition) will follow a series of structured design meetings based on the Behavior Change Wheel to develop the EDUCATE interventions. Each codesign team (composed of youth, parents, HCPs and study researchers) will collaborate to identify priority target behaviours and acceptable components to include in the interventions. During the second phase, we will conduct usability testing in two EDs with a group of youth, parents and HCPs to refine the interventions. Two cycles of usability testing will be conducted with intervention refinement occurring at the end of each cycle. Ethics and dissemination Informed consent will be obtained from all participants. Ethics approval for this study has been obtained from the Research Ethics Board, IWK Health Centre. Results from this study will form the basis of a future effectiveness implementation trial. Key findings will be presented at national and international conferences and published within peer-reviewed journals.

Notes: Curran, Janet A. Cassidy, Christine Bishop, Andrea Wozney, Lori Plint, Amy C. Ritchie, Krista Straus, Sharon E. Wong, Helen Newton, Amanda Jabbour, Mona MacPhee, Shannon Breneol, Sydney Burns, Emma Chorney, Jill Lawton, Jennifer Doyle, Melanie MacKay, Rebecca Zemek, Roger Penney, Tanya Grimshaw, Jeremy Burns, Emma/IAM-6934-2023; Grimshaw, Jeremy/D-8726-2013 Burns, Emma/0000-0001-8042-7124; Wozney, Lori/0000-0003-4280-3322; Ritchie, Krista/0000-0003-3148-1452; Cassidy, Christine/0000-0001-7770-5058; Curran, Janet/0000-0001-9977-0467
URL: <Go to ISI>://WOS:000738373200102

Reference Type: Journal Article

Record Number: 1956

Author: Curtis, J., Walton, A. and Dodd, M.

Year: 2017

Title: Understanding the potential of facilities managers to be advocates for energy efficiency retrofits in mid-tier commercial office buildings

Journal: Energy Policy

Volume: 103

Pages: 98-104

Date: Apr

Short Title: Understanding the potential of facilities managers to be advocates for energy efficiency retrofits in mid-tier commercial office buildings

ISSN: 0301-4215

DOI: 10.1016/j.enpol.2017.01.016

Accession Number: WOS:000397356000008

Abstract: Realising energy efficiency opportunities in new commercial office buildings is an easier task than retrofitting older, mid-tier building stock. As a result, a number of government programs aim to support retrofits by offering grants, upgrades, and energy audits to facilitate energy efficiency opportunities. This study reports on a state government program in Victoria, Australia, where the uptake of such offerings was lower than expected, prompting the program team to consider whether targeting facilities managers (FMs), rather than building owners, might be a better way of delivering the program. The influences and practices of FMs that impact on their ability to be advocates for energy efficiency were explored. The results revealed that complex building ownership arrangements, poor communication skills, isolation from key decision making processes, a lack of credible business cases and information, split incentives, and the prospect of business disruptions can all impact on FMs' ability to drive organizational change. Future program efforts should continue to interrogate the social context of retrofits in mid-tier buildings, including other influences and influencers beyond FMs, and adapt accordingly.

Notes: Curtis, Jim Walton, Andrea Dodd, Michael

Walton, Andrea/H-1985-2013

Walton, Andrea/0000-0001-5483-6397

1873-6777

URL: <Go to ISI>://WOS:000397356000008

Reference Type: Journal Article

Record Number: 1984

Author: Curtis, K., Fry, M., Shaban, R. Z. and Considine, J.

Year: 2017

Title: Translating research findings to clinical nursing practice

Journal: Journal of Clinical Nursing

Volume: 26

Issue: 5-6

Pages: 862-872

Date: Mar

Short Title: Translating research findings to clinical nursing practice

ISSN: 0962-1067

DOI: 10.1111/jocn.13586

Accession Number: WOS:000398914400028

Abstract: Aims and objectives To describe the importance of, and methods for, successfully conducting and translating research into clinical practice. Background There is universal acknowledgement that the clinical care provided to individuals should be informed on the best available evidence. Knowledge and evidence derived from robust scholarly methods should drive our clinical practice, decisions and change to improve the way we deliver care. Translating research evidence to clinical practice is essential to safe, transparent, effective and efficient healthcare provision and meeting the expectations of patients, families and society. Despite its importance, translating research into clinical practice is challenging. There are more nurses in the frontline of health care than any other healthcare profession. As such, nurse-led research is

increasingly recognised as a critical pathway to practical and effective ways of improving patient outcomes. However, there are well-established barriers to the conduct and translation of research evidence into practice. Design This clinical practice discussion paper interprets the knowledge translation literature for clinicians interested in translating research into practice. Methods This paper is informed by the scientific literature around knowledge translation, implementation science and clinician behaviour change, and presented from the nurse clinician perspective. We provide practical, evidence-informed suggestions to overcome the barriers and facilitate enablers of knowledge translation. Examples of nurse-led research incorporating the principles of knowledge translation in their study design that have resulted in improvements in patient outcomes are presented in conjunction with supporting evidence. Conclusions Translation should be considered in research design, including the end users and an evaluation of the research implementation. The success of research implementation in health care is dependent on clinician/consumer behaviour change and it is critical that implementation strategy includes this. Relevance to practice Translating best research evidence can make for a more transparent and sustainable healthcare service, to which nurses are central.

Notes: Curtis, Kate Fry, Margaret Shaban, Ramon Z. Considine, Julie Fry, Margaret/F-8082-2017

Fry, Margaret/0000-0003-1265-7096; Shaban, Ramon/0000-0002-5203-0557; Considine, Julie/0000-0003-3801-2456
1365-2702

URL: <Go to ISI>://WOS:000398914400028

Reference Type: Journal Article

Record Number: 537

Author: Curtis, K., Kourouche, S., Asha, S., Buckley, T., Considine, J., Middleton, S., Mitchell, R., Munroe, B., Shaban, R. Z., Lam, M. and Fry, M.

Year: 2022

Title: Effect of an intervention for patients 65 years and older with blunt chest injury: Patient and health service outcomes

Journal: Injury-International Journal of the Care of the Injured

Volume: 53

Issue: 9

Pages: 2939-2946

Date: Sep

Short Title: Effect of an intervention for patients 65 years and older with blunt chest injury: Patient and health service outcomes

ISSN: 0020-1383

DOI: 10.1016/j.injury.2022.04.024

Accession Number: WOS:000884904500006

Abstract: Introduction: Blunt chest injury in older adults, aged 65 years and older, leads to significant morbidity and mortality. The aim of this study was to evaluate the effect of a multidisciplinary chest injury care bundle (ChIP) on patient and health service outcomes in older adults with blunt chest injury. Methods: ChIP comprised multidimensional implementation guidance in three key

pillars of care for blunt chest injury: respiratory support, analgesia, and complication prevention. Implementation was guided using the Behaviour Change Wheel. This proof-of-concept controlled pre-and post-test study with two intervention and two control sites in Australia was conducted from July 2015 to June 2019. The primary outcomes were non-invasive ventilation (NIV) use, unplanned Intensive Care Unit (ICU) admissions, and in-hospital mortality. Secondary outcomes were health service and costing outcomes. Results: There were 1122 patients included in the analysis, with 673 at intervention sites (331 pre-test and 342 post-test) and 449 at control sites (256 pre-test and 193 post-test). ChIP was associated with unplanned ICU admissions and in NIV use with a reduction of the odds in the post vs the pre periods in the intervention sites when compared to the controls (ratio of OR = 0.13, 95%CI = 0.03-0.55) and (ratio of OR = 0.14, 95%CI = 0.02-0.98) respectively. There was no significant change in mortality. Implementing ChIP was also associated with health service team reviews with an increased odds in the post vs pre periods in the intervention sites in comparison to the controls for surgical review (ratio of OR = 6.93, 95%CI = 4.70-10.28), ICU doctor (ratio of OR = 5.06, 95%CI = 2.26-9.25), ICU liaison (ratio of OR = 14.14, 95%CI = 3.15-63.31), and pain (ratio of OR = 5.59, 95%CI = 3.25-9.29). ChIP was also related to incentive spirometry (ratio of OR = 6.35, 95%CI = 3.15-12.82) and overall costs (ratio of mean ratio = 1.34, 95%CI = 1.09-1.66) with a higher ratio for intervention sites. Conclusion: Implementation of ChIP using the Behaviour Change Wheel was associated with reduced unplanned ICU admissions and NIV use and improved health care delivery. Trial registration: ANZCTR: ACTRN12618001548224, approved 17/09/2018 (c) 2022 Elsevier Ltd. All rights reserved.

Notes: Curtis, Kate Kourouche, Sarah Asha, Stephen Buckley, Thomas Considine, Julie Middleton, Sandy Mitchell, Rebecca Munroe, Belinda Shaban, Ramon Z. Lam, Mary Fry, Margaret

Mitchell, Rebecca J/J-6105-2012; Middleton, Sandy/J-5526-2015

Mitchell, Rebecca J/0000-0003-1939-1761; Middleton, Sandy/

0000-0002-7201-4394; Curtis, Kate/0000-0002-3746-0348; Shaban,

Ramon/0000-0002-5203-0557; Asha, Stephen/0000-0002-6245-672X

1879-0267

URL: <Go to ISI>://WOS:000884904500006

Reference Type: Journal Article

Record Number: 1180

Author: Curtis, K., Kourouche, S., Asha, S., Considine, J., Fry, M., Middleton, S., Mitchell, R., Munroe, B., Shaban, R. Z., D'Amato, A., Skinner, C., Wiseman, G. and Buckley, T.

Year: 2021

Title: Impact of a care bundle for patients with blunt chest injury (ChIP): A multicentre controlled implementation evaluation

Journal: Plos One

Volume: 16

Issue: 10

Date: Oct

Short Title: Impact of a care bundle for patients with blunt chest injury (ChIP): A multicentre controlled implementation evaluation

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0256027

Article Number: e0256027

Accession Number: WOS:000752443000006

Abstract: Background Blunt chest injury leads to significant morbidity and mortality. The aim of this study was to evaluate the effect of a multidisciplinary chest injury care bundle (ChIP) on patient and health service outcomes. ChIP provides guidance in three key pillars of care for blunt chest injury—respiratory support, analgesia and complication prevention. ChIP was implemented using a multi-faceted implementation plan developed using the Behaviour Change Wheel. **Methods** This controlled pre-and post-test study (two intervention and two non-intervention sites) was conducted from July 2015 to June 2019. The primary outcome measures were unplanned Intensive Care Unit (ICU) admissions, non-invasive ventilation use and mortality. **Results** There were 1790 patients included. The intervention sites had a 58% decrease in non-invasive ventilation use in the post- period compared to the pre-period (95% CI 0.18–0.96). ChIP was associated with 90% decreased odds of unplanned ICU admissions (95% CI 0.04–0.29) at the intervention sites compared to the control groups in the post- period. There was no significant change in mortality. There were higher odds of health service team reviews (surgical OR 6.6 (95% CI 4.61–9.45), physiotherapy OR 2.17 (95% CI 1.52–3.11), ICU doctor OR 6.13 (95% CI 3.94–9.55), ICU liaison OR 55.75 (95% CI 17.48–177.75), pain team OR 8.15 (95% CI 5.52 --12.03), analgesia (e.g. patient controlled analgesia OR 2.6 (95% CI 1.64–3.94) and regional analgesia OR 8.8 (95% CI 3.39–22.79), incentive spirometry OR 8.3 (95% CI 4.49–15.37) and, high flow nasal oxygen OR 22.1 (95% CI 12.43–39.2) in the intervention group compared to the control group in the post-period. **Conclusion** The implementation of a chest injury care bundle using behaviour change theory was associated with a sustained improvement in evidence-based practice resulting in reduced unplanned ICU admissions and non-invasive ventilation requirement. **Notes:** Curtis, Kate Kourouche, Sarah Asha, Stephen Considine, Julie Fry, Margaret Middleton, Sandy Mitchell, Rebecca Munroe, Belinda Shaban, Ramon Z. D'Amato, Alfa Skinner, Clare Wiseman, Glen Buckley, Thomas

Mitchell, Rebecca J/J-6105-2012; Middleton, Sandy/J-5526-2015

Mitchell, Rebecca J/0000-0003-1939-1761; Middleton, Sandy/
0000-0002-7201-4394

URL: <Go to ISI>://WOS:000752443000006

Reference Type: Journal Article

Record Number: 1754

Author: Curtis, K., Qian, S. Y., Yu, P., White, J., Ruperto, K., Balzer, S. and Munroe, B.

Year: 2020

Title: Does electronic medical record redesign increase screening of risk for pressure injury, falls and substance use in the Emergency Department? An implementation evaluation

Journal: Australasian Emergency Care

Volume: 24

Issue: 1
Pages: 20-27
Date: Mar

Short Title: Does electronic medical record redesign increase screening of risk for pressure injury, falls and substance use in the Emergency Department? An implementation evaluation

DOI: 10.1016/j.auec.2020.04.002

Accession Number: WOS:000647173400001

Abstract: Background: Following the provision of urgent care, screening for risks known to impact patient outcomes is an extension of safe emergency nursing care, in particular for falls, pressure injury and substance use. Screening is a process that primarily aims to identify people at increased risk for specific complications. This study aimed to describe and evaluate the implementation of a consolidated electronic checklist on the screening completion rates for falls, pressure injury and substance use in a regional health district. Methods: This pre-post study used emergency data from four Emergency Departments (EDs) in southern NSW, Australia between November 2016 and February 2019. Patient characteristics, triage category, discharge diagnosis, arrival date and time, screening completion date and time and treatment location were extracted. Descriptive statistics were used to describe the characteristics of the presentations. Z test with adjusted p-values using Bonferroni Correction method was used to compare the characteristics of the presentations and the rates of screening completion. The Theoretical Domains Framework was used to identify any deficits in the implementation. Results: There were 33,561 patients in the pre and 35,807 in the post group. There were no differences in patient characteristics between the two groups. The mean emergency department (ED) length of stay was unchanged (490.5 min pre vs 489.9 min post). The proportion of patients who had all three screens completed increased from 1.3% to 5.5% ($p < 0.001$). Pressure injury risk screening increased from 46.6% (pre) to 53.1% (post) ($p < 0.001$) as did substance use screening (1.7% vs 12.4%, $p < 0.001$). Screening was strongly associated to which hospital the patient was admitted, their age and ED length of stay. Of the 51 mapped intervention functions, 20 (39%) were used in the implementation. Conclusions: The introduction of a consolidated electronic checklist for use by emergency nurses to complete fall, pressure injury and substance use screening resulted in an overall increase in risk screening. However screening rates remained poor. Implementation that considers the capability, opportunity and motivation of those that need to alter their behaviour would likely improve the overall compliance. Crown Copyright (C) 2020 Published by Elsevier Ltd on behalf of College of Emergency Nursing Australasia. All rights reserved.

Notes: Curtis, Kate Qian, Siyu Yu, Ping White, Janet Ruperto, Kate Balzer, Sharyn Munroe, Belinda

Qian, Siyu/ABB-5105-2020; Yu, Ping/B-1205-2008

Qian, Siyu/0000-0002-1332-4800; Yu, Ping/0000-0002-7910-9396;

Curtis, Kate/0000-0002-3746-0348

2588-994x

URL: <Go to ISI>://WOS:000647173400001

Reference Type: Journal Article

Record Number: 2318

Author: Curtis, K. E., Lahiri, S. and Brown, K. E.

Year: 2015

Title: Targeting Parents for Childhood Weight Management:
Development of a Theory-Driven and User-Centered Healthy Eating App

Journal: Jmir Mhealth and Uhealth

Volume: 3

Issue: 2

Date: Apr-Jun

Short Title: Targeting Parents for Childhood Weight Management:
Development of a Theory-Driven and User-Centered Healthy Eating App

ISSN: 2291-5222

DOI: 10.2196/mhealth.3857

Article Number: e69

Accession Number: WOS:000359791800019

Abstract: Background: The proliferation of health promotion apps along with mobile phones' array of features supporting health behavior change offers a new and innovative approach to childhood weight management. However, despite the critical role parents play in children's weight related behaviors, few industry-led apps aimed at childhood weight management target parents. Furthermore, industry-led apps have been shown to lack a basis in behavior change theory and evidence. Equally important remains the issue of how to maximize users' engagement with mobile health (mHealth) interventions where there is growing consensus that inputs from the commercial app industry and the target population should be an integral part of the development process. Objective: The aim of this study is to systematically design and develop a theory and evidence-driven, user-centered healthy eating app targeting parents for childhood weight management, and clearly document this for the research and app development community. Methods: The Behavior Change Wheel (BCW) framework, a theoretically-based approach for intervention development, along with a user-centered design (UCD) philosophy and collaboration with the commercial app industry, guided the development process. Current evidence, along with a series of 9 focus groups (total of 46 participants) comprised of family weight management case workers, parents with overweight and healthy weight children aged 5-11 years, and consultation with experts, provided data to inform the app development. Thematic analysis of focus groups helped to extract information related to relevant theoretical, user-centered, and technological components to underpin the design and development of the app. Results: Inputs from parents and experts working in the area of childhood weight management helped to identify the main target behavior: to help parents provide appropriate food portion sizes for their children. To achieve this target behavior, the behavioral diagnosis revealed the need for eliciting change in parents' capability, motivation, and opportunity in 10-associated Theoretical Domains Framework (TDF) domains. Of the 9 possible intervention functions, 6 were selected to bring about this change which guided the selection of 21 behavior change techniques. Parents' preferences for healthy eating app features revolved around four main themes (app features, time saving

and convenience, aesthetics, and gamification) whereupon a criterion was applied to guide the selection on which preferences should be integrated into the design of the app. Collaboration with the app company helped to build on users' preferences for elements of gamification such as points, quizzes, and levels to optimize user engagement. Feedback from parents on interactive mock-ups helped to inform the final development of the prototype app. Conclusions: Here, we fully explicate a systematic approach applied in the development of a family-oriented, healthy eating health promotion app grounded in theory and evidence, and balanced with users' preferences to help maximize its engagement with the target population.

Notes: Curtis, Kristina Elizabeth Lahiri, Sudakshina Brown, Katherine Elizabeth Brown, Katherine/0000-0003-2472-5754; Curtis, Kristina/0000-0001-6845-1236; Lahiri Ceglarek, Sudakshina/0000-0002-2455-6180
URL: <Go to ISI>://WOS:000359791800019

Reference Type: Journal Article

Record Number: 1086

Author: Czajkowski, S. M. and Hunter, C. M.

Year: 2021

Title: From Ideas to Interventions: A Review and Comparison of Frameworks Used in Early Phase Behavioral Translation Research

Journal: Health Psychology

Volume: 40

Issue: 12

Pages: 829-844

Date: Dec

Short Title: From Ideas to Interventions: A Review and Comparison of Frameworks Used in Early Phase Behavioral Translation Research

ISSN: 0278-6133

DOI: 10.1037/hea0001095

Accession Number: WOS:000750056800010

Abstract: Developing and testing more effective health-related behavioral interventions is critical to making progress in improving disease prevention and treatment. One way to achieve this goal is to use a systematic and progressive framework that outlines the steps needed to translate theories, findings, and basic understandings about human behavior into risk factor and disease management or mitigation strategies. Although several frameworks and process models have been designed to inform the development and optimization of health-related behavioral interventions, little guidance is available to compare key aspects of these models, clarify their common and unique features, and aid in selecting the best approach for a specific research question. This article describes the major frameworks that focus on early phase translation—that is, approaches that address the design and optimization of behavioral interventions before testing in Phase III efficacy trials. Differences between and common features of these models are described, opportunities for combining frameworks to maximize their impact are noted, and guidance is provided to enable investigators to choose the most useful model(s) when designing and optimizing health-related

behavioral interventions. The goal of this article is to promote the consistent use of frameworks that encourage a systematic, progressive approach to behavioral intervention development and testing as one way to encourage the creation of well-characterized, optimized, and potentially more effective health-related behavioral interventions.

Notes: Czajkowski, Susan M. Hunter, Christine M.
1930-7810

Si

URL: <Go to ISI>://WOS:000750056800010

Reference Type: Journal Article

Record Number: 2259

Author: Czajkowski, S. M., Powell, L. H., Adler, N., Naar-King, S., Reynolds, K. D., Hunter, C. M., Laraia, B., Olster, D. H., Perna, F. M., Peterson, J. C., Epel, E., Boyington, J. E., Charlson, M. E. and Obesity Related Behav, Intervention

Year: 2015

Title: From Ideas to Efficacy: The ORBIT Model for Developing Behavioral Treatments for Chronic Diseases

Journal: Health Psychology

Volume: 34

Issue: 10

Pages: 971-982

Date: Oct

Short Title: From Ideas to Efficacy: The ORBIT Model for Developing Behavioral Treatments for Chronic Diseases

ISSN: 0278-6133

DOI: 10.1037/hea0000161

Accession Number: WOS:000361636600001

Abstract: Objective: Given the critical role of behavior in preventing and treating chronic diseases, it is important to accelerate the development of behavioral treatments that can improve chronic disease prevention and outcomes. Findings from basic behavioral and social sciences research hold great promise for addressing behaviorally based clinical health problems, yet there is currently no established pathway for translating fundamental behavioral science discoveries into health-related treatments ready for Phase III efficacy testing. This article provides a systematic framework for developing behavioral treatments for preventing and treating chronic diseases. Method: The Obesity-Related Behavioral Intervention Trials (ORBIT) model for behavioral treatment development features a flexible and progressive process, prespecified clinically significant milestones for forward movement, and return to earlier stages for refinement and optimization. Results: This article presents the background and rationale for the ORBIT model, a summary of key questions for each phase, a selection of study designs and methodologies well-suited to answering these questions, and prespecified milestones for forward or backward movement across phases. Conclusions: The ORBIT model provides a progressive, clinically relevant approach to increasing the number of evidence-based behavioral treatments available to prevent and treat chronic diseases.

Notes: Czajkowski, Susan M. Powell, Lynda H. Adler, Nancy Naar-King, Sylvie Reynolds, Kim D. Hunter, Christine M. Laraia, Barbara Olster, Deborah H. Perna, Frank M. Peterson, Janey C. Epel, Elissa Boyington, Josephine E. Charlson, Mary E. Laraia, Barbara/GXG-1829-2022
1930-7810
URL: <Go to ISI>://WOS:000361636600001

Reference Type: Journal Article
Record Number: 1385
Author: d'Ancona, G. and Weinman, J.
Year: 2021
Title: Improving adherence in chronic airways disease: are we doing it wrongly?
Journal: Breathe
Volume: 17
Issue: 2
Date: Jun
Short Title: Improving adherence in chronic airways disease: are we doing it wrongly?
ISSN: 1810-6838
DOI: 10.1183/20734735.0022-2021
Article Number: 210022
Accession Number: WOS:000664946400005
Abstract: Non-adherence to medicines is a significant clinical and financial burden, but successful strategies to improve it, and thus bring about significant improvements in clinical outcome, remain elusive. Many barriers exist, including a lack of awareness amongst some healthcare professionals as to the extent and impact of non-adherence and a dearth of skills to address it successfully. Patients may not appreciate that they are non-adherent, feel they cannot disclose it or underestimate its impact on their health in the short and longer term. In describing the evidence-based frameworks that identify the causal factors behind medicines taking (or not taking) behaviours, we can start to personalise interventions to enable individuals to make informed decisions about their treatments and thus overcome real and perceived barriers to adherence.
Notes: d'Ancona, Grainne Weinman, John
d'Ancona, Grainne/0000-0003-1936-6769
2073-4735
URL: <Go to ISI>://WOS:000664946400005

Reference Type: Journal Article
Record Number: 1367
Author: d'Arma, A., Rossi, V., Pugnetti, L., Grosso, C., Sinatra, M., Dos Santos, R., Di Giusto, G. and Mendozzi, L.
Year: 2022
Title: Managing chronic disease in the COVID-19 pandemic: an e-learning application to promote a healthy lifestyle for persons with multiple sclerosis
Journal: Psychology Health & Medicine

Volume: 27

Issue: 2

Pages: 428-435

Date: Feb

Short Title: Managing chronic disease in the COVID-19 pandemic: an e-learning application to promote a healthy lifestyle for persons with multiple sclerosis

ISSN: 1354-8506

DOI: 10.1080/13548506.2021.1939072

Accession Number: WOS:000662071600001

Abstract: E-health applications can support continuing care for persons with chronic diseases such as multiple sclerosis (MS). We have developed a web-based mobile app called VIOLA to be used at home by persons with MS (pwMS) who previously participated in an innovative multidisciplinary rehab program. The purpose of VIOLA is to reinforce what participants have learned about a healthy lifestyle and to keep them motivated to adhere to rehabilitation programs. As the outbreak of the Covid-19 pandemic has severely curtailed pwMS contact with their usual health providers, we quickly updated VIOLA to grant continuity of care to our home-bound patients. By monitoring pwMS subscriptions to individual modules, we found a definite increase after the national lockdown was declared. Subscribers rated the app very positively. Encouraged by the positive feedbacks, we are planning to extend the access to our app also to pwMS with no prior specific learning experience. This would limit the psychophysical consequences of the lockdown. Furthermore, VIOLA could be effective in maintaining a proper lifestyle, contributing to improve the quality of life of pwMS. VIOLA has the potential of increasing the adherence of pwMS to the rehabilitation confirming that digital communication tools are a valuable solution for those home-bound.]

Notes: d'Arma, A. Rossi, V Puggnetti, L. Grosso, C. Sinatra, M. Dos Santos, R. Di Giusto, G. Mendozzi, L.

Mendozzi, Laura/0000-0001-7394-4588; d'Arma, Alessia/0000-0002-4855-4577

1465-3966

URL: <Go to ISI>://WOS:000662071600001

Reference Type: Journal Article

Record Number: 1136

Author: D'Souza, S., Ciccone, N., Hersh, D., Janssen, H., Armstrong, E. and Godecke, E.

Year: 2022

Title: Staff and volunteers' perceptions of a Communication Enhanced Environment model in an acute/slow stream rehabilitation and a rehabilitation hospital ward: a qualitative description study within a before-and-after pilot study

Journal: Disability and Rehabilitation

Volume: 44

Issue: 23

Pages: 7009-7022

Date: Nov

Short Title: Staff and volunteers' perceptions of a Communication

Enhanced Environment model in an acute/slow stream rehabilitation and a rehabilitation hospital ward: a qualitative description study within a before-and-after pilot study

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1977397

Accession Number: WOS:000714784500001

Abstract: Purpose A lack of social interaction during early stroke recovery can negatively affect neurological recovery and health-related quality of life of patients with aphasia following stroke. A Communication Enhanced Environment (CEE) model was developed to increase patient engagement in language activities early after stroke. This study aimed to examine staff (n = 20) and volunteer (n = 2) perceptions of a CEE model and factors influencing the implementation and use of the model. This study formed part of a broader study that developed and embedded a CEE model on two hospital wards. **Materials and methods** Six focus groups and one interview with hospital staff were conducted and analysed using a qualitative description approach. Feedback emailed by volunteers was included in the data set. **Results** Staff and volunteers perceived the CEE model benefitted themselves, the hospital system and patients. Staff identified a range of factors that influenced the implementation and use of the CEE model including individual staff, volunteer and patient factors, hospital features, the ease with which the CEE model could be used, and the implementation approach. **Conclusions** This study provides valuable insights into staff perceptions which may inform the implementation of interventions and future iterations of a CEE model.

Notes: D'Souza, Sarah Ciccone, Natalie Hersh, Deborah Janssen, Heidi Armstrong, Elizabeth Godecke, Erin

Godecke, Erin/D-5838-2014

Godecke, Erin/0000-0002-7210-1295; D'Souza, Sarah/0000-0001-6221-3229; Ciccone, Natalie/0000-0002-1822-7217; Hersh, Deborah/0000-0003-2466-0225; Janssen, Heidi/0000-0002-8612-0112 1464-5165

URL: <Go to ISI>://WOS:000714784500001

Reference Type: Journal Article

Record Number: 1129

Author: D'Souza, S., Godecke, E., Ciccone, N., Hersh, D., Armstrong, E., Tucak, C. and Janssen, H.

Year: 2022

Title: Investigation of the implementation of a Communication Enhanced Environment model on an acute/slow stream rehabilitation and a rehabilitation ward: A before-and-after pilot study

Journal: Clinical Rehabilitation

Volume: 36

Issue: 1

Pages: 15-39

Date: Jan

Short Title: Investigation of the implementation of a Communication Enhanced Environment model on an acute/slow stream rehabilitation and a rehabilitation ward: A before-and-after pilot study

ISSN: 0269-2155

DOI: 10.1177/02692155211032655

Article Number: 02692155211032655

Accession Number: WOS:000717189500001

Abstract: Objectives: Develop and implement a Communication Enhanced Environment model and explore its effect on language activities for patients early after stroke. Method and design: Before-and-after pilot study. Setting: An acute/slow stream rehabilitation and a rehabilitation ward in a private hospital in Perth, Western Australia. Participants: Fourteen patients recruited within 21 days of stroke. Seven recruited during the before-phase (control group: patients with aphasia = 3, patients without aphasia = 4) and seven recruited in the after-phase (intervention group: patients with aphasia = 4, patients without aphasia = 3). Intervention: The intervention group exposed to a Communication Enhanced Environment model had access to equipment, resources, planned social activities and trained communication partners. Both groups received usual stroke care. Data collection: Hospital site champions monitored the availability of the intervention. Behavioural mapping completed during the first minute of each 5-minute interval over 12 hours (between 7 am and 7 pm) determined patient engagement in language activities. Results: Seventy-one percent of the Communication Enhanced Environment model was available to the intervention group who engaged in higher, but not significant (95% CI), levels of language activities (600 of 816 observation time points, 73%) than the control group (551 of 835 observation time points, 66%). Unforeseen reorganisation of the acute ward occurred during the study. Conclusions: Implementation of a Communication Enhanced Environment model was feasible in this specific setting and may potentially influence patients' engagement in language activities. The unforeseen contextual challenges that occurred during the study period demonstrate the challenging nature of the hospital environment and will be useful in future research planning. Notes: D'Souza, Sarah Godecke, Erin Ciccone, Natalie Hersh, Deborah Armstrong, Elizabeth Tucak, Claire Janssen, Heidi Godecke, Erin/D-5838-2014 Godecke, Erin/0000-0002-7210-1295; Hersh, Deborah/0000-0003-2466-0225; D'Souza, Sarah/0000-0001-6221-3229; Janssen, Heidi/0000-0002-8612-0112 1477-0873 URL: <Go to ISI>://WOS:000717189500001

Reference Type: Journal Article

Record Number: 2395

Author: Daivadanam, M., Wahlstrom, R., Ravindran, T. K. S., Thankappan, K. R. and Ramanathan, M.

Year: 2014

Title: Conceptual model for dietary behaviour change at household level: a 'best-fit' qualitative study using primary data

Journal: BMC Public Health

Volume: 14

Date: Jun

Short Title: Conceptual model for dietary behaviour change at household level: a 'best-fit' qualitative study using primary data

DOI: 10.1186/1471-2458-14-574

Article Number: 574

Accession Number: WOS:000338965500003

Abstract: Background: Interventions having a strong theoretical basis are more efficacious, providing a strong argument for incorporating theory into intervention planning. The objective of this study was to develop a conceptual model to facilitate the planning of dietary intervention strategies at the household level in rural Kerala. Methods: Three focus group discussions and 17 individual interviews were conducted among men and women, aged between 23 and 75 years. An interview guide facilitated the process to understand: 1) feasibility and acceptability of a proposed dietary behaviour change intervention; 2) beliefs about foods, particularly fruits and vegetables; 3) decision-making in households with reference to food choices and access; and 4) to gain insights into the kind of intervention strategies that may be practical at community and household level. The data were analysed using a modified form of qualitative framework analysis, which combined both deductive and inductive reasoning. A priori themes were identified from relevant behaviour change theories using construct definitions, and used to index the meaning units identified from the primary qualitative data. In addition, new themes emerging from the data were included. The associations between the themes were mapped into four main factors and its components, which contributed to construction of the conceptual model. Results: Thirteen of the a priori themes from three behaviour change theories (Trans-theoretical model, Health Belief model and Theory of Planned Behaviour) were confirmed or slightly modified, while four new themes emerged from the data. The conceptual model had four main factors and its components: impact factors (decisional balance, risk perception, attitude); change processes (action-oriented, cognitive); background factors (personal modifiers, societal norms); and overarching factors (accessibility, perceived needs and preferences), built around a three-stage change spiral (pre-contemplation, intention, action). Decisional balance was the strongest in terms of impacting the process of behaviour change, while household efficacy and perceived household cooperation were identified as 'markers' for stages-of-change at the household level. Conclusions: This type of framework analysis made it possible to develop a conceptual model that could facilitate the design of intervention strategies to aid a household-level dietary behaviour change process.

Notes: Daivadanam, Meena Wahlstrom, Rolf Ravindran, T. K. Sundari Thankappan, K. R. Ramanathan, Mala Thankappan, Kavumpurathu Raman/ABC-9551-2021; Daivadanam, Meena/F-1747-2018; Ramanathan, Mala/AAI-7031-2020 Thankappan, Kavumpurathu Raman/0000-0002-4536-2684; Daivadanam, Meena/0000-0002-9532-6059; 1471-2458

URL: <Go to ISI>://WOS:000338965500003

Reference Type: Journal Article

Record Number: 1520

Author: Daniel, M., Maulik, P. K., Kallakuri, S., Kaur, A., Devarapalli, S., Mukherjee, A., Bhattacharya, A., Billot, L., Thornicroft, G., Praveen, D., Raman, U., Sagar, R., Kant, S., Essue, B., Chatterjee, S., Saxena, S., Patel, A. and Peiris, D.

Year: 2021

Title: An integrated community and primary healthcare worker intervention to reduce stigma and improve management of common mental disorders in rural India: protocol for the SMART Mental Health programme

Journal: Trials

Volume: 22

Issue: 1

Date: Mar

Short Title: An integrated community and primary healthcare worker intervention to reduce stigma and improve management of common mental disorders in rural India: protocol for the SMART Mental Health programme

DOI: 10.1186/s13063-021-05136-5

Article Number: 179

Accession Number: WOS:000625418900001

Abstract: Background: Around 1 in 7 people in India are impacted by mental illness. The treatment gap for people with mental disorders is as high as 75–95%. Health care systems, especially in rural regions in India, face substantial challenges to address these gaps in care, and innovative strategies are needed. Methods: We hypothesise that an intervention involving an anti-stigma campaign and a mobile-technology-based electronic decision support system will result in reduced stigma and improved mental health for adults at high risk of common mental disorders. It will be implemented as a parallel-group cluster randomised, controlled trial in 44 primary health centre clusters servicing 133 villages in rural Andhra Pradesh and Haryana. Adults aged ≥ 18 years will be screened for depression, anxiety and suicide based on Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorders (GAD-7) scores. Two evaluation cohorts will be derived—a high-risk cohort with elevated PHQ-9, GAD-7 or suicide risk and a non-high-risk cohort comprising an equal number of people not at elevated risk based on these scores. Outcome analyses will be conducted blinded to intervention allocation. Expected outcomes: The primary study outcome is the difference in mean behaviour scores at 12 months in the combined 'high-risk' and 'non-high-risk' cohort and the mean difference in PHQ-9 scores at 12 months in the 'high-risk' cohort. Secondary outcomes include depression and anxiety remission rates in the high-risk cohort at 6 and 12 months, the proportion of high-risk individuals who have visited a doctor at least once in the previous 12 months, and change from baseline in mean stigma, mental health knowledge and attitude scores in the combined non-high-risk and high-risk cohort. Trial outcomes will be accompanied by detailed economic and process evaluations. Significance: The findings are likely to inform policy on a low-cost scalable solution to destigmatise common mental disorders and reduce the treatment gap for under-served populations in low-and middle-income country settings.

Notes: Daniel, Mercian Maulik, Pallab K. Kallakuri, Sudha Kaur,

Amanpreet Devarapalli, Siddhardha Mukherjee, Ankita Bhattacharya, Amritendu Billot, Laurent Thornicroft, Graham Praveen, Devarsetty Raman, Usha Sagar, Rajesh Kant, Shashi Essue, Beverley Chatterjee, Susmita Saxena, Shekhar Patel, Anushka Peiris, David Thornicroft, Graham/B-4027-2010; Sagar, Rajesh/L-7775-2016; Mukherjee, Ankita/ABB-1776-2021; Praveen, Devarsetty/K-8729-2014 Thornicroft, Graham/0000-0003-0662-0879; Mukherjee, Ankita/0000-0002-6236-1317; Billot, Laurent/0000-0002-4975-9793; Praveen, Devarsetty/0000-0002-0973-943X; Peiris, David/0000-0002-6898-3870; Patel, Anushka/0000-0003-3825-4092; Daniel, Mercian/0000-0002-2583-3792; Essue, Beverley/0000-0002-1512-4634; Kaur, Amanpreet/0000-0002-8049-1385; SAGAR, RAJESH/0000-0003-4563-7841; kumar, satya/0000-0003-1411-8846; Maulik, Pallab Kumar/0000-0001-6835-6175
1745-6215
URL: <Go to ISI>://WOS:000625418900001

Reference Type: Book

Record Number: 2362

Author: Danis, C., Minniti, M. J., Ballen, S., Ball, M., Cashon, S., Piscitelli, M., Miller, M. and Farrell, R.

Year: 2015

Title: Patient engagement at the point of care: technology as an enabler

Series Editor: Grando, M. A., Rozenblum, R. and Bates, D. W.

Series Title: Information Technology for Patient Empowerment in Healthcare

Number of Pages: 199-226

Short Title: Patient engagement at the point of care: technology as an enabler

ISBN: 978-1-61451-434-3; 978-1-61451-592-0

Accession Number: WOS:000401763200015

Abstract: There is a long-standing interest among clinicians and researchers in the healthcare community in the role that patients' involvement in their healthcare management might play in improving health outcomes and healthcare quality, as well as in controlling the costs of healthcare provision. Recent advances in mobile computing technology make it feasible to scale successful patient engagement programs first delivered in limited face-to-face trials to larger patient populations. However, comparatively little is known about how technology-enabled patient engagement systems might fare in deployments in clinical contexts involved in the treatment of patients with chronic diseases. We initiated a six-month trial with 25 patients to explore patient and provider interactions with one commercially available patient engagement system. We deployed the system comprised of a kiosk, mobile phone and web user interfaces to patients with a primary diagnosis of Diabetes Mellitus, type 2 or Hypertension who were receiving care at a large urban medical practice that emphasizes patient engagement. We used a mixed-methods methodology to collect qualitative and quantitative feedback on the use of the technology. We found a large range among patients in their ability to engage through the technology.

Physicians were generally interested and positive about the use of

the technology. We are currently exploring ways to help both stakeholders improve in incorporating the newly available data into their work practices.

Notes: Danis, Catalina Minniti, Martha Jean (Marty) Ballen, Sasha Ball, Marion Cashon, Scott Piscitelli, Margaret Miller, Marjorie Farrell, Robert

URL: <Go to ISI>://WOS:000401763200015

Reference Type: Journal Article

Record Number: 1024

Author: Dannapfel, P., Thomas, K., Chakhunashvili, A., Melin, J. and Lagerros, Y. T.

Year: 2022

Title: A Self-help Tool to Facilitate Implementation of eHealth Initiatives in Health Care (E-Ready): Formative Evaluation

Journal: Jmir Formative Research

Volume: 6

Issue: 1

Date: Jan

Short Title: A Self-help Tool to Facilitate Implementation of eHealth Initiatives in Health Care (E-Ready): Formative Evaluation

DOI: 10.2196/17568

Article Number: e17568

Accession Number: WOS:000854067700023

Abstract: Background: eHealth interventions have the potential to increase the efficiency and effectiveness of health care. However, research has shown that implementing eHealth in routine health care practice is difficult. Organizational readiness to change has been shown to be central to successful implementation. This paper describes the development and formative evaluation of a generic self-help tool, E-Ready, designed to be used by managers, project leaders, or others responsible for implementation in a broad range of health care settings. Objective: The aim of this study is to develop and evaluate a tool that could facilitate eHealth implementation in, for example, health care. Methods: A first version of the tool was generated based on implementation theory (E-Ready 1.0). A formative evaluation was undertaken through expert panels (n=15), cognitive interviews (n=17), and assessment of measurement properties on E-Ready items from 3 different workplaces (n=165) using Rasch analyses. E-Ready 1.0 was also field tested among the target population (n=29). Iterative revisions were conducted during the formative evaluation process, and E-Ready 2.0 was generated. Results: The E-Ready Tool consists of a readiness assessment survey and a hands-on manual. The survey measures perceived readiness for change (willingness and capability) at individual and collective levels: perceived conditions for change at the workplace, perceived individual conditions for change, perceived support and engagement among management, perceived readiness among colleagues, perceived consequences on status quo, and perceived workplace attitudes. The manual contains a brief introduction, instructions on how to use the tool, information on the themes of E-Ready, instructions on how to create an implementation plan, brief advice for success, and tips for further reading on implementation

theory. Rasch analyses showed overall acceptable measurement properties in terms of fit validity. The subscale Individual conditions for change (3 items) had the lowest person reliability (0.56), whereas Perceived consequences on status quo (5 items) had the highest person reliability (0.87). Conclusions: E-Ready 2.0 is a new self-help tool to guide implementation targeting health care provider readiness and engagement readiness ahead of eHealth initiatives in, for example, health care settings. E-Ready can be improved further to capture additional aspects of implementation; improvements can also be made by evaluating the tool in a larger sample.

Notes: Dannapfel, Petra Thomas, Kristin Chakhunashvili, Alexander Melin, Jeanette Lagerros, Ylva Trolle

Trolle, Ylva/AAH-7683-2020; Melin, Jeanette/W-6680-2018

Trolle, Ylva/0000-0001-6816-7577; Melin, Jeanette/
0000-0002-3700-3921; Thomas, Kristin/0000-0001-6434-4855
2561-326x

URL: <Go to ISI>://WOS:000854067700023

Reference Type: Journal Article

Record Number: 119

Author: Das, S. and Singh, K.

Year: 2023

Title: From projects to systems: Being explicit about assumptions in systems-level theories of change

Journal: Evaluation and Program Planning

Volume: 97

Date: Apr

Short Title: From projects to systems: Being explicit about assumptions in systems-level theories of change

ISSN: 0149-7189

DOI: 10.1016/j.evalprogplan.2023.102263

Article Number: 102263

Accession Number: WOS:000992739500001

Abstract: Projects and programs have long been the primary instrument for achieving development goals in low- and middle-income countries. One criticism of the project-focused approach is its failure to focus on broader systemlevel changes. This paper explores how Mayne's COM-B Theory of Change model can enhance the evaluation of how projects and system-level investments can lead to system-level changes, especially in a development context. Using a real-world example, we offer several evaluation questions to initiate thinking about what might be needed to extend the ideas in the COM-B theory of change to facilitate better interrogation of systems-level change efforts.

Notes: Das, Shyamashree Singh, Kultar
1873-7870

URL: <Go to ISI>://WOS:000992739500001

Reference Type: Journal Article

Record Number: 2252

Author: Davey, P.

Year: 2015
Title: The 2015 Garrod Lecture: Why is improvement difficult?
Journal: Journal of Antimicrobial Chemotherapy
Volume: 70
Issue: 11
Pages: 2931–2944
Date: Nov
Short Title: The 2015 Garrod Lecture: Why is improvement difficult?
ISSN: 0305-7453
DOI: 10.1093/jac/dkv214
Accession Number: WOS:000368245500002
Abstract: The pressing need to measure and improve antibiotic use was recognized >40 years ago, so why have we failed to achieve sustained improvement at scale? In his 2014 Reith Lectures about the future of medicine, the US surgeon Atul Gawande said that failure in medicine is largely due to ineptitude (failure to use existing knowledge) rather than ignorance (lack of knowledge). Consequently, it is notable that most interventions to improve antimicrobial prescribing are either designed to educate individual practitioners or patients about policies or to restrict prescribing to make practitioners follow policies. Interventions that enable practitioners to apply existing knowledge through decision support, feedback and action planning are relatively uncommon. There is an urgent need to improve the design and reporting of interventions to change behaviour. However, achieving sustained improvement at scale will also require a more profound understanding of the role of context. What makes contexts receptive to change and which elements of context, under what circumstances, are important for human performance? Answering these questions will require interdisciplinary work with social scientists to integrate complementary approaches from human factors and ergonomics, improvement science and educational research. We need to rethink professional education to embrace complexity and enable teams to learn in practice. Workplace-based learning of improvement science will enable students and early-career professionals to become change agents and transform training from a burden on clinical teams into a driver for improvement. This will make better use of existing resources, which is the key to sustainability at scale.
Notes: Davey, Peter
1460-2091
URL: <Go to ISI>://WOS:000368245500002

Reference Type: Journal Article
Record Number: 2035
Author: Davey, P., Marwick, C. A., Scott, C. L., Charani, E., McNeil, K., Brown, E., Gould, I. M., Ramsay, C. R. and Michie, S.
Year: 2017
Title: Interventions to improve antibiotic prescribing practices for hospital inpatients
Journal: Cochrane Database of Systematic Reviews
Issue: 2
Short Title: Interventions to improve antibiotic prescribing practices for hospital inpatients

ISSN: 1469-493X

DOI: 10.1002/14651858.CD003543.pub4

Article Number: Cd003543

Accession Number: WOS:000396096600014

Abstract: Background Antibiotic resistance is a major public health problem. Infections caused by multidrug-resistant bacteria are associated with prolonged hospital stay and death compared with infections caused by susceptible bacteria. Appropriate antibiotic use in hospitals should ensure effective treatment of patients with infection and reduce unnecessary prescriptions. We updated this systematic review to evaluate the impact of interventions to improve antibiotic prescribing to hospital inpatients. Objectives To estimate the effectiveness and safety of interventions to improve antibiotic prescribing to hospital inpatients and to investigate the effect of two intervention functions: restriction and enablement. Search methods We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (the Cochrane Library), MEDLINE, and Embase. We searched for additional studies using the bibliographies of included articles and personal files. The last search from which records were evaluated and any studies identified incorporated into the review was January 2015. Selection criteria We included randomised controlled trials (RCTs) and non-randomised studies (NRS). We included three non-randomised study designs to measure behavioural and clinical outcomes and analyse variation in the effects: non-randomised trials (NRT), controlled beforeafter (CBA) studies and interrupted time series (ITS) studies. For this update we also included three additional NRS designs (case control, cohort, and qualitative studies) to identify unintended consequences. Interventions included any professional or structural interventions as defined by the Cochrane Effective Practice and Organisation of Care Group. We defined restriction as 'using rules to reduce the opportunity to engage in the target behaviour (or increase the target behaviour by reducing the opportunity to engage in competing behaviours)'. We defined enablement as 'increasing means/reducing barriers to increase capability or opportunity'. The main comparison was between intervention and no intervention. Data collection and analysis Two review authors extracted data and assessed study risk of bias. We performed meta-analysis and meta-regression of RCTs and metaregression of ITS studies. We classified behaviour change functions for all interventions in the review, including those studies in the previously published versions. We analysed dichotomous data with a risk difference (RD). We assessed certainty of evidence with GRADE criteria. Main results This review includes 221 studies (58 RCTs, and 163 NRS). Most studies were from North America (96) or Europe (87). The remaining studies were from Asia (19), South America (8), Australia (8), and the East Asia (3). Although 62% of RCTs were at a high risk of bias, the results for the main review outcomes were similar when we restricted the analysis to studies at low risk of bias. More hospital inpatients were treated according to antibiotic prescribing policy with the intervention compared with no intervention based on 29 RCTs of predominantly enablement interventions (RD 15%, 95% confidence interval (CI) 14% to 16%; 23,394 participants; high-certainty evidence). This represents an increase from 43% to 58%. There were

high levels of heterogeneity of effect size but the direction consistently favoured intervention. The duration of antibiotic treatment decreased by 1.95 days (95% CI 2.22 to 1.67; 14 RCTs; 3318 participants; high-certainty evidence) from 11.0 days. Information from non-randomised studies showed interventions to be associated with improvement in prescribing according to antibiotic policy in routine clinical practice, with 70% of interventions being hospital-wide compared with 31% for RCTs. The risk of death was similar between intervention and control groups (11% in both arms), indicating that antibiotic use can likely be reduced without adversely affecting mortality (RD 0%, 95% CI -1% to 0%; 28 RCTs; 15,827 participants; moderate-certainty evidence). Antibiotic stewardship interventions probably reduce length of stay by 1.12 days (95% CI 0.7 to 1.54 days; 15 RCTs; 3834 participants; moderate-certainty evidence). One RCT and six NRS raised concerns that restrictive interventions may lead to delay in treatment and negative professional culture because of breakdown in communication and trust between infection specialists and clinical teams (low-certainty evidence). Both enablement and restriction were independently associated with increased compliance with antibiotic policies, and enablement enhanced the effect of restrictive interventions (high-certainty evidence). Enabling interventions that included feedback were probably more effective than those that did not (moderate-certainty evidence). There was very low-certainty evidence about the effect of the interventions on reducing *Clostridium difficile* infections (median 48.6%, interquartile range -80.7% to -19.2%; 7 studies). This was also the case for resistant gram-negative bacteria (median -12.9%, interquartile range -35.3% to 25.2%; 11 studies) and resistant gram-positive bacteria (median -19.3%, interquartile range -50.1% to +23.1%; 9 studies). There was too much variance in microbial outcomes to reliably assess the effect of change in antibiotic use. Heterogeneity of intervention effect on prescribing outcomes We analysed effect modifiers in 29 RCTs and 91 ITS studies. Enablement and restriction were independently associated with a larger effect size (high-certainty evidence). Feedback was included in 4 (17%) of 23 RCTs and 20 (47%) of 43 ITS studies of enabling interventions and was associated with greater intervention effect. Enablement was included in 13 (45%) of 29 ITS studies with restrictive interventions and enhanced intervention effect. Authors' conclusions We found high-certainty evidence that interventions are effective in increasing compliance with antibiotic policy and reducing duration of antibiotic treatment. Lower use of antibiotics probably does not increase mortality and likely reduces length of stay. Additional trials comparing antibiotic stewardship with no intervention are unlikely to change our conclusions. Enablement consistently increased the effect of interventions, including those with a restrictive component. Although feedback further increased intervention effect, it was used in only a minority of enabling interventions. Interventions were successful in safely reducing unnecessary antibiotic use in hospitals, despite the fact that the majority did not use the most effective behaviour change techniques. Consequently, effective dissemination of our findings could have considerable health service and policy impact. Future research

should instead focus on targeting treatment and assessing other measures of patient safety, assess different stewardship interventions, and explore the barriers and facilitators to implementation. More research is required on unintended consequences of restrictive interventions.

Notes: Davey, Peter Marwick, Charis A. Scott, Claire L. Charani, Esmita McNeil, Kirsty Brown, Erwin Gould, Ian M. Ramsay, Craig R. Michie, Susan

Curiello, Simona/HGT-7408-2022; Ramsay, Craig/AAD-8249-2021

Ramsay, Craig/0000-0003-4043-7349

1361-6137

URL: <Go to ISI>://WOS:000396096600014

Reference Type: Journal Article

Record Number: 1166

Author: Davids, E. L., Zembe, Y., de Vries, P. J., Mathews, C. and Swartz, A.

Year: 2021

Title: Exploring condom use decision-making among adolescents: the synergistic role of affective and rational processes

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Oct

Short Title: Exploring condom use decision-making among adolescents: the synergistic role of affective and rational processes

DOI: 10.1186/s12889-021-11926-y

Article Number: 1894

Accession Number: WOS:000708891500007

Abstract: Background: Condom use remains the most effective behavioural method for the prevention of HIV and unplanned pregnancies. However, condom use remains inconsistent among young people. Exploring the condom use decision-making processes that adolescents engage in might provide information that would assist in the prevention of many challenges related to poor sexual and reproductive health outcomes. This study therefore aimed to explore the factors that influenced decision-making about sexual debut and condom use of adolescents from two schools in the Western Cape, South Africa. Methods: A sample of 16 adolescents were selected using purposive sampling. Data were collected using semi-structured, individual interviews. Thematic analysis was used to analyse the data generated. Results: The link between sexual debut and affective processes was frequently discussed in condom use decision-making. Decisions about sexual debut were influenced by the belief that sex was a perceived symbol of 'true love' on the one hand, and respect for perceived parental expectations of age-appropriate sex, on the other. Condom use decision-making was shaped by adolescents' concerns about their future and lack of stability in their lives. Adolescents' fears of pregnancy, parenthood and disease shaped their condom use decision-making. It became evident that rational and affective decision-making in condom use choice were not mutually exclusive, but that these processes happened simultaneously. Conclusions: The study highlighted the role of affective states as

part of the process of examining alternatives when deciding to use a condom or not. Interventions to strengthen condom use decision-making should therefore incorporate not only rational but also affective processes to improve adolescent sexual and reproductive outcomes.

Notes: Davids, Eugene L. Zembe, Yanga de Vries, Petrus J. Mathews, Catherine Swartz, Alison

Davids, Eugene Lee/0000-0002-3805-3904; Swartz, Alison/
0000-0002-4021-9838
1471-2458

URL: <Go to ISI>://WOS:000708891500007

Reference Type: Journal Article

Record Number: 1471

Author: Davies, A. R., Honeyman, M. and Gann, B.

Year: 2021

Title: Addressing the Digital Inverse Care Law in the Time of COVID-19: Potential for Digital Technology to Exacerbate or Mitigate Health Inequalities

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 4

Date: Apr

Short Title: Addressing the Digital Inverse Care Law in the Time of COVID-19: Potential for Digital Technology to Exacerbate or Mitigate Health Inequalities

ISSN: 1438-8871

DOI: 10.2196/21726

Article Number: e21726

Accession Number: WOS:000637594200003

Abstract: Digital technologies have been transforming methods of health care delivery and have been embraced within the health, social, and public response to the COVID-19 pandemic. However, this has directed attention to the "inverse information law" (also called "digital inverse care law") and digital inequalities, as people who are most in need of support (in particular, older people and those experiencing social deprivation) are often least likely to engage with digital platforms. The response to the COVID-19 pandemic represents a sustained shift to the adoption of digital approaches to working and engaging with populations, which will continue beyond the COVID-19 pandemic. Therefore, it is important to understand the underlying factors contributing to digital inequalities and act immediately to avoid digital inequality contributing to health inequalities in the future. The response to COVID-19 represents a sustained shift to adopting digital approaches to working and engaging with populations which will continue beyond this pandemic. Therefore it is important that we understand the underlying factors contributing to digital inequalities, and act now to protect against digital inequality contributing to health inequalities in the future.

Notes: Davies, Alisha R. Honeyman, Matthew Gann, Bob

Davies, Alisha/0000-0002-8066-7264

URL: <Go to ISI>://WOS:000637594200003

Reference Type: Journal Article

Record Number: 1038

Author: Davies, E. L., Hussain, S., Brooke, J. M., Hale, T., Cadle, M. and Hennelly, S. E.

Year: 2022

Title: Taking Action in Student Harassment Situations: Application of the Behaviour Change Wheel to Bystander Intervention

Journal: Violence and Victims

Volume: 37

Issue: 1

Pages: 116-140

Short Title: Taking Action in Student Harassment Situations: Application of the Behaviour Change Wheel to Bystander Intervention

ISSN: 0886-6708

DOI: 10.1891/vv-d-19-00078

Accession Number: WOS:000758930500007

Abstract: This study applied the Behaviour Change Wheel (BCW) to understand barriers and facilitators to bystander behaviours in UK students. The BCW includes detailed examination of the capabilities, opportunities and motivations involved in behaviours. Two surveys (n = 515; n = 201) and a focus group study (n = 12) were undertaken. Capability to intervene may be influenced by confidence and beliefs about physical ability and safety. Students appeared to have the physical opportunity to intervene, but social opportunity might be influenced by cultural norms. Motivations might be influenced by beliefs as well as inherent stereotypes about perpetrators and victims. Behaviour change techniques (BCTs) such as instruction on how to perform the behaviour, reattribution and creating a valued self-identity should be applied to overcome these barriers. A logic model to theorise the change processes underlying bystander behaviours in this population offers a new perspective on what needs to be addressed in interventions.

Notes: Davies, Emma L. Hussain, Sofia Brooke, Joanne M. Hale, Tristan Cadle, Martha Hennelly, Sarah E.

1945-7073

URL: <Go to ISI>://WOS:000758930500007

Reference Type: Journal Article

Record Number: 955

Author: Davila, V. S., Conroy, D. E. and Danilovich, M. K.

Year: 2022

Title: Factors That Influence Walking Intervention Adherence for Older Adults Living in Retirement Communities

Journal: Journal of Aging and Physical Activity

Volume: 30

Issue: 1

Pages: 65-72

Date: Feb

Short Title: Factors That Influence Walking Intervention Adherence for Older Adults Living in Retirement Communities

ISSN: 1063-8652

DOI: 10.1123/japa.2020-0279

Accession Number: WOS:000771574200009

Abstract: Walking interventions improve health outcomes among older adults. However, few clinical trials evaluate long-term behavior change adherence. The authors explored factors that influence walking adherence in older adults following their participation in a clinical trial. They conducted n= 7 focus groups with n= 23 participants enrolled in the parent study (ClinicalTrials.gov number: NCT03654807). The authors used content analysis to code data according to the social-ecological model. They found that supportive services (exercise classes) in retirement communities have multilevel impacts on adherence to walking activity. Residents from communities offering services continued walking because of increased confidence gained in the parent trial, while residents in communities without services were motivated by their functional improvements. Residents voiced frustration with retirement community physical activity programs that did not address the full spectrum of physical functioning. Findings support the need for retirement communities to account for various motivational factors in tailoring programs to promote increased physical activity for older adults.

Notes: Davila, Victoria S. Conroy, David E. Danilovich, Margaret K. 1543-267x

URL: <Go to ISI>://WOS:000771574200009

Reference Type: Journal Article

Record Number: 104

Author: Davis, A. M., Befort, C. A., Lancaster, B. D., Tuck, C., Polivka, B. J., Carlson, J. A., Fleming, K., Romine, R. S., Dean, K. and Murray, M.

Year: 2023

Title: Rationale and design of integrating a parents first obesity intervention with a pediatric weight management intervention for rural families-Evaluating the ripple effect

Journal: Contemporary Clinical Trials

Volume: 128

Date: May

Short Title: Rationale and design of integrating a parents first obesity intervention with a pediatric weight management intervention for rural families-Evaluating the ripple effect

ISSN: 1551-7144

DOI: 10.1016/j.cct.2023.107140

Article Number: 107140

Accession Number: WOS:000951896900001

Abstract: Rural families are disproportionately affected by obesity. Obesity often runs in families and is impacted by hereditary components, the shared home environment, and parent modeling/child observational learning. Moreover, parent changes in weight predict child changes in weight. Thus, targeting the family unit has the potential to enhance outcomes for adults and children simultaneously. Additionally, engaging rural nurses in medical clinics and schools may be important in determining whether rural telehealth programs are successfully implemented and sustained. This paper describes the rationale and design of a randomized control

trial (RCT) evaluating the effectiveness of an integrated adult-and child-focused obesity treatment tailored for rural participants. Outcomes of this study include participant weight loss from baseline to 9-months, device-measured physical activity, and dietary intake. This project will additionally compare reach between clinic and school settings and evaluate the impact of nurse engagement. This study will include 240 participants from eight rural communities who will be randomized to either a Parent +Family-based group or a Newsletter +Family-based group. Parents in the Parent +Family-based group will receive a 3-month adult obesity treatment designed for adult behavior change as a first step. Then, parents and children together will enter the family-based program (iAmHealthy), allowing for potential enhancement of a theorized ripple effect. Parents in the Newsletter +Family-based group will receive 3 monthly newsletters and then participate in the 6-month family-based intervention designed for child behavior change. This study is the first RCT to examine the effectiveness of an integrated adult-and child-focused obesity treatment program.

Notes: Davis, Ann M. Befort, Christie A. Lancaster, Brittany D. Tuck, Chris Polivka, Barbara J. Carlson, Jordan A. Fleming, Kandace Romine, Rebecca Swinburne Dean, Kelsey Murray, Megan

Polivka, Barbara/0-3946-2017

Polivka, Barbara/0000-0002-6415-0580
1559-2030

URL: <Go to ISI>://WOS:000951896900001

Reference Type: Journal Article

Record Number: 845

Author: Davis, J. L., Ayakaka, I., Ggita, J. M., Ochom, E., Babirye, D., Turimumahoro, P., Gupta, A. J., Mugabe, F. R., Armstrong-Hough, M., Cattamanchi, A. and Katamba, A.

Year: 2022

Title: Theory-Informed Design of a Tailored Strategy for Implementing Household TB Contact Investigation in Uganda

Journal: Frontiers in Public Health

Volume: 10

Date: Mar

Short Title: Theory-Informed Design of a Tailored Strategy for Implementing Household TB Contact Investigation in Uganda

DOI: 10.3389/fpubh.2022.837211

Article Number: 837211

Accession Number: WOS:000781991300001

Abstract: Since 2012, the World Health Organization has recommended household contact investigation as an evidence-based intervention to find and treat individuals with active tuberculosis (TB), the most common infectious cause of death worldwide after COVID-19.

Unfortunately, uptake of this recommendation has been suboptimal in low- and middle-income countries, where the majority of affected individuals reside, and little is known about how to effectively deliver this service. Therefore, we undertook a systematic process to design a novel, theory-informed implementation strategy to promote uptake of contact investigation in Uganda, using the COM-B (Capability-Opportunity-Motivation-Behavior) model and the Behavior

Change Wheel (BCW) framework. We systematically engaged national, clinic-, and community-based stakeholders and collectively re-examined the results of our own formative, parallel mixed-methods studies. We identified three core behaviors within contact investigation that we wished to change, and multiple antecedents (i.e., barriers and facilitators) of those behaviors. The BCW framework helped identify multiple intervention functions targeted to these antecedents, as well as several policies that could potentially enhance the effectiveness of those interventions. Finally, we identified multiple behavior change techniques and policies that we incorporated into a multi-component implementation strategy, which we compared to usual care in a household cluster-randomized trial. We introduced some components in both arms, including those designed to facilitate initial uptake of contact investigation, with improvement relative to historical controls. Other components that we introduced to facilitate completion of TB evaluation-home-based TB-HIV evaluation and follow-up text messaging-returned negative results due to implementation failures. In summary, the Behavior Change Wheel framework provided a feasible and transparent approach to designing a theory-informed implementation strategy. Future studies should explore the use of experimental methods such as micro-randomized trials to identify the most active components of implementation strategies, as well as more creative and entrepreneurial methods such as human-centered design to better adapt the forms and fit of implementation strategies to end users.

Notes: Davis, J. Lucian Ayakaka, Irene Ggita, Joseph M. Ochom, Emmanuel Babirye, Diana Turimumahoro, Patricia Gupta, Amanda J. Mugabe, Frank R. Armstrong-Hough, Mari Cattamanchi, Adithya Katamba, Achilles

Ggita, Joseph/H0H-2992-2023

Gupta, Amanda J/0000-0003-2318-1783

2296-2565

URL: <Go to ISI>://WOS:000781991300001

Reference Type: Journal Article

Record Number: 764

Author: Davison, S., Steinke, V., Wasylynuk, B. A. and Holroyd-Leduc, J.

Year: 2022

Title: Identification of core components and implementation strategies for a Conservative Kidney Management Pathway across a complex, multisector healthcare system in Canada using World Cafes and the Theoretical Domains Framework

Journal: Bmj Open

Volume: 12

Issue: 5

Date: May

Short Title: Identification of core components and implementation strategies for a Conservative Kidney Management Pathway across a complex, multisector healthcare system in Canada using World Cafes and the Theoretical Domains Framework

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-054422

Article Number: e054422

Accession Number: WOS:000804163100023

Abstract: Objective Develop a Conservative Kidney Management (CKM) Pathway for patients unlikely to benefit from dialysis. We sought to determine (1) core components of care and (2) implementation strategies across a multisector healthcare system. Design We used the Knowledge to Action Cycle and the Theoretical Domains Framework to identify barriers and facilitators to CKM. Activities included a current state assessment, World Cafes, interviews, focus groups and readiness for change assessments. Setting A provincial initiative in Alberta, Canada. Participants 282 participants were purposively selected to reflect those involved in the care of patients receiving CKM. This included policy-makers, multidisciplinary healthcare professionals, patients and their family. Main outcome measures Theoretical domains linked to pathway content and implementation strategies. Results Environmental context and resources, social/professional role and identity, knowledge and social influences were the most influential behaviour change domains identified. The most effective strategies for facilitating behaviour change were identified to be education, training, environmental restructuring and modelling. Core components of care were determined to be guidelines for treating symptoms and disease complications consistent with the philosophy of CKM, timely communication of the choice for CKM, coordination with community services, crisis planning, advance care planning and tools to enhance patients' capacity for self-management and shared decision-making. This resulted in development of Alberta's CKM Pathway, an interactive, digital, decision-support tool consisting of: (1) a patient decision aid; (2) a patient/family portal; and (3) a healthcare professional portal, where all resources can be freely accessed. Conclusions The pathway was codesigned by patients and healthcare professionals and involves tailor-made combinations of tools to address unique patient needs and system-community circumstances. Most of the strategies are adaptable to local context and are likely translatable to the implementation of sustainable CKM in other national and international jurisdictions.

Notes: Davison, Sara Steinke, Vanessa Wasylynuk, Betty Ann Holroyd-Leduc, Jayna

Davison, Sara/0000-0003-4513-6449

URL: <Go to ISI>://WOS:000804163100023

Reference Type: Journal Article

Record Number: 1069

Author: Dawes, J., May, T., McKinlay, A., Fancourt, D. and Burton, A.

Year: 2021

Title: Impact of the COVID-19 pandemic on the mental health and wellbeing of parents with young children: a qualitative interview study

Journal: BMC Psychology

Volume: 9

Issue: 1

Date: Dec

Short Title: Impact of the COVID-19 pandemic on the mental health and wellbeing of parents with young children: a qualitative interview study

DOI: 10.1186/s40359-021-00701-8

Article Number: 194

Accession Number: WOS:000730546500001

Abstract: Background Parents have faced unique challenges during the coronavirus disease 2019 (COVID-19) pandemic, including mobility constraints, isolation measures, working from home, and the closure of schools and childcare facilities. There is presently a lack of in-depth qualitative research exploring how these changes have affected parents' mental health and wellbeing. Methods Semi-structured qualitative interviews with 29 parents of young children. Interviews were analysed using reflexive thematic analysis. Results We identified five superordinate themes affecting participant mental health and wellbeing: (1) navigation of multiple responsibilities and change inside the home; (2) disruption to home life; (3) changes to usual support networks; (4) changes in personal relationships; and (5) use of coping strategies. Participants described stress and exhaustion from navigating multiple pressures and conflicting responsibilities with home, schooling, and work, without their usual support networks and in the context of disrupted routines. Family roles and relationships were sometimes tested, however, many parents identified coping strategies that protected their wellbeing including access to outdoor space, spending time away from family, and avoiding conflict and pandemic-related media coverage. Conclusions Employers must be cognisant of the challenges that the pandemic has placed on parents, particularly women and lone parents. Flexible working arrangements and support might therefore relieve stress and increase productivity. Coping strategies identified by parents in this study could be harnessed and encouraged by employers and policymakers to promote positive wellbeing during times of stress throughout the pandemic and beyond.

Notes: Dawes, Jo May, Tom McKinlay, Alison Fancourt, Daisy Burton, Alexandra

McKinlay, Alison R/AAT-2627-2021

McKinlay, Alison R/0000-0002-3271-3502
2050-7283

URL: <Go to ISI>://WOS:000730546500001

Reference Type: Journal Article

Record Number: 1007

Author: Dawson, S., Oster, C., Scanlan, J., Kernot, J., Ayling, B., Pelichowski, K. and Beamish, A.

Year: 2022

Title: A realist evaluation of weighted modalities as an alternative to pro re nata medication for mental health inpatients

Journal: International Journal of Mental Health Nursing

Volume: 31

Issue: 3

Pages: 553-566

Date: Jun

Short Title: A realist evaluation of weighted modalities as an alternative to pro re nata medication for mental health inpatients

ISSN: 1445-8330

DOI: 10.1111/inm.12971

Accession Number: WOS:000739893100001

Abstract: Implementing psychosocial approaches into mental health inpatient settings continues to be challenging. This is despite mental health policies prioritizing trauma-informed and recovery-orientated care approaches. This study reports on an interdisciplinary project that implemented and examined the uptake of weighted modalities in a psychiatric inpatient rehabilitation setting. While over-reliance on pro re nata (PRN) medication in these settings has been reported, weighted modalities are a sensory approach that can be self-initiated by consumers as an alternative to use of PRN to manage distress and agitation. A mixed-methods realist approach was used to determine what works, for whom, and in what circumstances weighted modalities were offered by clinicians and used by consumers. Additionally, we were interested in determining whether there was an associated change in PRN use during the trial. Data included in-depth interviews with consumers (n = 12) and clinicians (n = 11), and extraction of PRN medication use preceding, throughout, and following implementation. Statistical analysis revealed a significant increase in PRN rates in the first 3 months of implementation (mean difference from baseline = 29.5, P = 0.047) but a significant decrease in the second three-month period following implementation (mean difference from baseline = -30.7, P = 0.036). Qualitative findings highlighted the key components of successful implementation as being environmental restructuring (availability/accessibility and visibility of weighted modalities) and social influences. Strategies to enhance these components are discussed.

Notes: Dawson, Suzanne Oster, Candice Scanlan, Justin Kernot, Jocelyn Ayling, Barry Pelichowski, Katarzyna Beamish, Amelia Scanlan, Justin Newton/G-3187-2011; Kernot, Jocelyn/F-4116-2013 Scanlan, Justin Newton/0000-0002-5639-6476; Kernot, Jocelyn/0000-0001-8702-7705; Oster, Candice/0000-0002-8214-3704 1447-0349

URL: <Go to ISI>://WOS:000739893100001

Reference Type: Journal Article

Record Number: 1310

Author: De Bacquer, D., Astin, F., Kotseva, K., Pogossova, N., De Smedt, D., De Backer, G., Ryden, L., Wood, D., Jennings, C. and European Soc, Cardiology

Year: 2022

Title: Poor adherence to lifestyle recommendations in patients with coronary heart disease: results from the EUROASPIRE surveys

Journal: European Journal of Preventive Cardiology

Volume: 29

Issue: 2

Pages: 383-395

Date: Mar

Short Title: Poor adherence to lifestyle recommendations in patients

with coronary heart disease: results from the EUROASPIRE surveys

ISSN: 2047-4873

DOI: 10.1093/eurjpc/zwab115

Accession Number: WOS:000756327500001

Abstract: Aims Despite the high use of cardioprotective medications, the risk factor control in patients with coronary heart disease (CHD) is still inadequate. Guidelines identify healthy lifestyles as equally important in secondary prevention as pharmacotherapy. Here, we describe reasons for poor lifestyle adherence from the patient's perspective. Methods and results In the EUROASPIRE IV and V surveys, 16 259 CHD patients were examined and interviewed during a study visit \geq 6 months after hospital discharge. Data gathering was fully standardized. The Brief Illness Perception questionnaire was completed by a subsample of 2379 patients. Half of those who were smoking prior to hospital admission, were still smoking; 37% of current smokers had not attempted to quit and 51% was not considering to do so. The prevalence of obesity was 38%. Half of obese patients tried to lose weight in the past month and 61% considered weight loss in the following month. In relation to physical activity, 40% was on target with half of patients trying to do more everyday activities. Less than half had the intention to engage in planned exercise. Only 29% of all patients was at goal for all three lifestyle factors. The number of adverse lifestyles was strongly related to the way patients perceive their illness as threatening. Lifestyle modifications were more successful in those having participated in a cardiac rehabilitation and prevention programme. Patients indicated lack of self-confidence as the main barrier to change their unhealthy behaviour. Conclusion Modern secondary prevention programmes should target behavioural change in all patients with adverse lifestyles.

Notes: De Bacquer, Dirk Astin, Felicity Kotseva, Kornelia Pogosova, Nana De Smedt, Delphine De Backer, Guy Ryden, Lars Wood, David Jennings, Catriona

Astin, Felicity/F-8713-2016; De Bacquer, Dirk/HGU-3191-2022; Astin, Felicity/HHM-2624-2022; Pogosova, Goar-Nana/G-7470-2016

Astin, Felicity/0000-0002-8055-3072; Pogosova, Goar-Nana/0000-0002-4165-804X

2047-4881

URL: <Go to ISI>://WOS:000756327500001

Reference Type: Journal Article

Record Number: 1678

Author: de Carvalho, D. R., de Castro, L. A., Morita, A. A., Loyola, W. S., Fujisawa, D. S. and Probst, V. S.

Year: 2021

Title: The impact of chronic obstructive pulmonary disease in patients' lives: The perception of the health professionals

Journal: Physiotherapy Research International

Volume: 26

Issue: 1

Date: Jan

Short Title: The impact of chronic obstructive pulmonary disease in patients' lives: The perception of the health professionals

ISSN: 1358-2267

DOI: 10.1002/pri.1886

Article Number: e1886

Accession Number: WOS:000587332000001

Abstract: Introduction: The perception of health professionals about chronic obstructive pulmonary disease (COPD) has not been thoroughly investigated. Objective: To analyze the perception of health professionals about the impact of COPD on the lives of affected individuals. Materials and methods: Qualitative and cross-sectional study with five health professionals: two nurses, two physiotherapists, and one medical doctor. They participated in a focus group (FG) session, with semistructured questions covering: definition of COPD, activities of daily living (ADL), and physical activity of daily living (PADL), as well as the importance of these outcomes in the lives of individuals with COPD. Data analysis: The FG was recorded, transcribed, and analyzed according to the content analysis. Results: The FG highlighted four main themes: physical-functional and emotional impairment of individuals, the importance of patient-health professional contact, repercussions of COPD on the patients' physical activity, and strategies for promoting physical activity. Based on the four themes exposed, the health professionals reported that there is a progression in the lives of individuals' with COPD, which is divided into three phases: adaptation, reluctance, and dependence. Conclusion: There was a negative perception of the health professionals regarding the functionality and emotion of patients with COPD. Emotional aspects, family support, and architectural structure can positively or negatively influence patients' ADL and PADL. Finally, there was a perception of progression in the life of patients with COPD, since their initial adaptation, evolving to physical and emotional dependence.

Notes: Rafaelli de Carvalho, Debora Araujo de Castro, Larissa Morita, Andrea Akemi Loyola, Walter Sepulveda Fujisawa, Dirce Shizuko Probst, Vanessa Suziane

Probst, Vanessa Suziane/H-2173-2018; Loyola, Walter Sepulveda/G-7400-2018

Probst, Vanessa Suziane/0000-0003-1483-5319; Loyola, Walter Sepulveda/0000-0001-6173-1104
1471-2865

URL: <Go to ISI>://WOS:000587332000001

Reference Type: Journal Article

Record Number: 1324

Author: de Foubert, M., Cummins, H., McCullagh, R., Brueton, V. and Naughton, C.

Year: 2021

Title: Systematic review of interventions targeting fundamental care to reduce hospital-associated decline in older patients

Journal: Journal of Advanced Nursing

Volume: 77

Issue: 12

Pages: 4661-4678

Date: Dec

Short Title: Systematic review of interventions targeting

fundamental care to reduce hospital-associated decline in older patients

ISSN: 0309-2402

DOI: 10.1111/jan.14954

Accession Number: WOS:000671166600001

Abstract: Aims To examine the effectiveness of targeted nursing interventions on mobilization, nutrition and cognitive engagement to reduce functional and hospital-associated decline (HAD) in older patients. Design Systematic review of experimental studies using randomized and quasi-experimental designs. Data sources We searched electronic databases CINAHL, MEDLINE, EMBASE, Cochrane library, google scholar and BMJ quality reports from January 2009 to February 2020. Review methods We reviewed intervention studies that targeted ward nursing teams to increase mobilization, nutrition or cognitive engagement of older adults. Inclusion criteria included older patients, acute care (medical, surgical and older adult wards) and reporting patient level outcomes. Quality appraisal included the Joanna Briggs Critical Appraisal Checklist for Quasi-Experimental Studies. Results From 1729 papers, 18 studies using quasi-experimental and pre-post designs were selected. Study heterogeneity necessitated a narrative synthesis. The quality of evidence was low to moderate. All studies used multicomponent strategies, and 10 studies used evidence translation frameworks to align interventions to local barriers. Overall, 74% (n = 14) of studies reported a significant improvement in the stated primary outcome. Eight studies reported a significant increase in mobilization (e.g., sitting in a chair or walking), and four reported improved functional outcomes. Five studies improved nutrition outcomes (e.g., protein or energy intake), and three studies reported a significant reduction in delirium. Conclusion Acknowledging methodological limitations, the evidence indicates that nursing teams using evidence-translation frameworks can improve mobilization, nutrition and cognitive engagement in acute care settings. Future research requires higher-quality pragmatic trial designs, standardized outcomes, staff co-designed interventions, evidence-translation frameworks and patient engagement to make more confident inference about effectiveness. Impact Nursing teams with the support of hospital management have to address ward and system barriers to prioritize fundamental care to improve patient outcomes. There is sufficient evidence on multicomponent interventions and implementation strategies to inform nurse-led quality improvement.

Notes: de Foubert, Marguerite Cummins, Helen McCullagh, Ruth Brueton, Valerie Naughton, Corina

Brueton, Valerie/HKE-8349-2023

Brueton, Valerie/0000-0003-2694-1469; de Foubert, Marguerite/0000-0002-3746-3389; McCullagh, Ruth/0000-0002-6489-183X 1365-2648

URL: <Go to ISI>://WOS:000671166600001

Reference Type: Journal Article

Record Number: 522

Author: De Geest, S., Valenta, S., Ribaut, J., Gerull, S., Mielke, J., Simon, M., Bartakova, J., Kaier, K., Eckstein, J., Leppla, L.,

Teynor, A. and Team, S. MILE

Year: 2022

Title: The SMILE integrated care model in allogeneic Stem cell Transplantation facilitated by eHealth: a protocol for a hybrid effectiveness-implementation randomised controlled trial

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Aug

Short Title: The SMILE integrated care model in allogeneic Stem cell Transplantation facilitated by eHealth: a protocol for a hybrid effectiveness-implementation randomised controlled trial

DOI: 10.1186/s12913-022-08293-8

Article Number: 1067

Accession Number: WOS:000842154100005

Abstract: Background: While effectiveness outcomes of eHealth-facilitated integrated care models (eICMs) in transplant and oncological populations are promising, implementing and sustaining them in real-world settings remain challenging. Allogeneic stem cell transplant (alloSCT) patients could benefit from an eICM to enhance health outcomes. To combat health deterioration, integrating chronic illness management, including continuous symptom and health behaviour monitoring, can shorten reaction times. We will test the 1st-year post-alloSCT effectiveness and evaluate bundled implementation strategies to support the implementation of a newly developed and adapted eICM in allogeneic stem cell transplantation facilitated by eHealth (SMILE-ICM). SMILE-ICM has been designed by combining implementation, behavioural, and computer science methods. Adaptions were guided by FRAME and FRAME-IS. It consists of four modules: 1) monitoring & follow-up; 2) infection prevention; 3) physical activity; and 4) medication adherence, delivered via eHealth and a care coordinator (an Advanced Practice Nurse). The implementation was supported by contextually adapted implementation strategies (e.g., creating new clinical teams, informing local opinion leaders). Methods: Using a hybrid effectiveness-implementation randomised controlled trial, we will include a consecutive sample of 80 adult alloSCT patients who were transplanted and followed by University Hospital Basel (Switzerland). [Inclusion criteria are basic German proficiency; elementary computer literacy; internet access; and written informed consent. Patients will be excluded if their condition prevents the use of technology, or if they are followed up only at external centres. Patient-level (1:1) stratified randomisation into a usual care group and a SMILE-ICM group will take place 10 days pre-transplantation. To gauge the SMILE-ICM's effectiveness primary outcome (re-hospitalisation rate), secondary outcomes (healthcare utilization costs; length of inpatient re-hospitalizations, medication adherence; treatment and self-management burden; HRoL; Graft-versus-Host Disease rate; survival; overall survival rate) and implementation outcomes (acceptability, appropriateness, feasibility, fidelity), we will use multi-method, multi-informant assessment (via questionnaires, interviews, electronic health record data, cost capture methods). Discussion: The SMILE-ICM has major innovative potential for reengineering alloSCT follow-up care,

particularly regarding short- and medium-term outcomes. Our dual focus on implementation and effectiveness will both inform optimization of the SMILE-ICM and provide insights regarding implementation strategies and pathway, understudied in eHealth-facilitated ICMs in chronically ill populations.

Notes: De Geest, Sabina Valenta, Sabine Ribaut, Janette Gerull, Sabine Mielke, Juliane Simon, Michael Bartakova, Jana Kaier, Klaus Eckstein, Jens Leppla, Lynn Teynor, Alexandra Valenta, Sabine/ADK-0349-2022; Simon, Michael/AFK-2509-2022; Kaier, Klaus/B-4227-2009; Mielke, Juliane/GXG-1708-2022 Valenta, Sabine/0000-0002-5598-9579; Simon, Michael/0000-0003-2349-7219; Kaier, Klaus/0000-0003-0837-6945; Mielke, Juliane/0000-0002-9771-2383; Ribaut, Janette/0000-0003-0654-4052; Bartakova, Jana/0000-0001-5392-7801; Leppla, Lynn/0000-0003-0233-7304; DE GEEST, SABINA/0000-0001-6596-7237 1472-6963
URL: <Go to ISI>://WOS:000842154100005

Reference Type: Journal Article

Record Number: 1856

Author: de Jong, L. D., Kitchen, S., Foo, Z. and Hill, A. M.

Year: 2018

Title: Exploring falls prevention capabilities, barriers and training needs among patient sitters in a hospital setting: A pilot survey

Journal: Geriatric Nursing

Volume: 39

Issue: 3

Pages: 263-270

Date: May-Jun

Short Title: Exploring falls prevention capabilities, barriers and training needs among patient sitters in a hospital setting: A pilot survey

ISSN: 0197-4572

DOI: 10.1016/j.gerinurse.2017.09.006

Accession Number: WOS:000437808100002

Abstract: Older patients in hospitals are at high risk of falls. Patient sitters are sometimes employed to directly observe patients to reduce their risk of falling although there is scant evidence that this reduces falls. The primary aim of this pilot survey (n = 31) was to explore the patient sitters' falls prevention capability, self-efficacy and the barriers and enablers they perceived influenced their ability to care for patients during their shifts. Feedback was also sought regarding training needs. Most (90%) participants felt confident in their role. The most frequent reasons for falls identified were patient-related (n = 91, 64%), but the most frequent responses identifying preventive strategies were environment-related (n = 54, 64%), suggesting that the sitters' capability was limited. The main barriers identified to keeping patients safe from falling were patient-related (n = 36, 62%) such as cognitive impairment. However, opportunities that would enable sitters to do their work properly were most frequently categorized as being staff related (n = 20, 83%), suggesting that the sitters

have limited ability to address these barriers encountered. While 74% of sitters reported they had received previous training, 84% of participants would like further training. Patient sitters need more training, and work practice needs to be standardized prior to future research into sitter use for falls prevention. (C) 2017 Elsevier Inc. All rights reserved.

Notes: de Jong, Lex D. Kitchen, Su Foo, Zi Hill, Anne-Marie Hill, Anne-Marie/C-2252-2011

de Jong, Lex D./0000-0002-1478-2619; Hill, Anne-Marie/0000-0003-1411-6752

1528-3984

URL: <Go to ISI>://WOS:000437808100002

Reference Type: Journal Article

Record Number: 2066

Author: de Koning, Jijc, Ta, T. H., Crul, M. R. M., Wever, R. and Brezet, J. C.

Year: 2016

Title: GetGreen Vietnam: towards more sustainable behaviour among the urban middle class

Journal: Journal of Cleaner Production

Volume: 134

Pages: 178-190

Date: Oct

Short Title: GetGreen Vietnam: towards more sustainable behaviour among the urban middle class

ISSN: 0959-6526

DOI: 10.1016/j.jclepro.2016.01.063

Accession Number: WOS:000382409700017

Abstract: In Vietnam, the middle class is expected to grow from 12 million to 33 million people between 2012 and 2020. The growth causes an increase as well as a shift in consumption. Products that were not accessible or affordable before will become increasingly so, such as cars, dishwashers, meat products and air-conditioning. In urban areas the changes are most prominent and so are the side effects: increased amounts of waste, smog, pollution and use of fossil energy or pesticides. The main objective of this study was to identify sustainable behaviour that followed or did not follow from the intervention project GetGreen Vietnam. 604 urban middle class consumers participated in a series of sustainable consumption trainings. Before, during and after the trainings, quantitative and qualitative data was collected on 90 sustainable actions. 64% of the participants self-reported to be engaged in a sustainable action before the intervention and this percentage increased to 80% after. The group environment and activity-based meetings of GetGreen Vietnam project (GGVN) were critical for the success of the intervention. Participants reported that before GGVN certain actions were already habitual as a money saving strategy (e.g. sparse electricity use or food leftovers re-use) or due to past scarcity (e.g. sparse water use). Many participants reported the intention to buy sustainable products but fewer participants took action to do so. A powerful strategy toward more sustainable consumption in Vietnam can be to create more group based activities around the

themes of energy and shopping for food. A twofold approach is needed that both installs new sustainable consumption patterns and keeps old habits rooted in daily rituals. Role models should set an example for the young population and consumers and (Vietnamese) producers should be better connected to increase mutual trust and transparency. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: de Koning, Joffe I. J. C. Thu Huong Ta Crul, Marcel R. M. Wever, Renee Brezet, Johannes C.

Wever, Renee/E-4868-2010; de Koning, jotte/ABG-7218-2021

Wever, Renee/0000-0001-9819-1009; de Koning, Jotte/
0000-0003-4378-4557

1879-1786

Si

A

URL: <Go to ISI>://WOS:000382409700017

Reference Type: Journal Article

Record Number: 380

Author: de la Serna, C. D. D., Fernandez-Ortega, P. and Lluch-Canut, T.

Year: 2022

Title: Lifestyle Behavior Interventions for Preventing Cancer in Adults with Inherited Cancer Syndromes: Systematic Review

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 21

Date: Nov

Short Title: Lifestyle Behavior Interventions for Preventing Cancer in Adults with Inherited Cancer Syndromes: Systematic Review

DOI: 10.3390/ijerph192114098

Article Number: 14098

Accession Number: WOS:000881197900001

Abstract: (1) Background: The link between lifestyle behaviors and cancer risk is well established, which is important for people with personal/family history or genetic susceptibility. Genetic testing is not sufficient motivation to prompt healthier lifestyle behaviors. This systematic review aims to describe and assess interventions for promoting healthy behaviors in people at high risk of cancer. (2) Methods: The review was performed according to PRISMA guidelines using search terms related to hereditary cancer and health education to identify studies indexed in: CINAHL, MEDLINE, PubMed, Cochrane Library, Scopus, and Joanna Briggs, and published from January 2010 to July 2022. (3) Results: The search yielded 1558 initial records; four randomized controlled trials were eligible. Three included patients with and without a personal history of cancer who were at increased risk of cancer due to inherited cancer syndromes, and one included people undergoing genetic testing due to family history. Interventions targeted diet, physical activity, and alcohol. (4) Conclusions: There is a paucity of research on interventions for promoting healthy lifestyle behaviors in people with a high risk of cancer. Interventions produced positive short-term results, but there was no evidence that behavioral

modifications were sustained over time. All healthcare professionals can actively promote healthy behaviors that may prevent cancer.

Notes: de los Rios de la Serna, Celia Diez Fernandez-Ortega, Paz Lluch-Canut, Teresa

Fernández-Ortega, Paz/H-7881-2019; Diez de los Rios, Celia/IQW-6761-2023

Fernández-Ortega, Paz/0000-0001-7957-3909; Diez de los Rios, Celia/0000-0003-2630-2106; Lluch-Canut, Teresa/0000-0002-2064-8811 1660-4601

URL: <Go to ISI>://WOS:000881197900001

Reference Type: Journal Article

Record Number: 2236

Author: De Leeuw, E. and Peters, D.

Year: 2015

Title: Nine questions to guide development and implementation of Health in All Policies

Journal: Health Promotion International

Volume: 30

Issue: 4

Pages: 987-997

Date: Dec

Short Title: Nine questions to guide development and implementation of Health in All Policies

ISSN: 0957-4824

DOI: 10.1093/heapro/dau034

Accession Number: WOS:000366625500016

Abstract: Based on the policy science literature, we formulate nine core questions that can guide the formulation, negotiation, development and implementation of Health in All Policies (HiAP). Each question is grounded in the political and policy science literature and culminates in checklist items that HiAP developers must consider.

Notes: De Leeuw, Evelyne Peters, Dorothee

de Leeuw, Evelyne/R-9219-2019

de Leeuw, Evelyne/0000-0003-3434-1439

1460-2245

URL: <Go to ISI>://WOS:000366625500016

Reference Type: Journal Article

Record Number: 2156

Author: de Matos, M. G. and Simoes, C.

Year: 2016

Title: From Positive Youth Development to Youth's Engagement: the Dream Teens

Journal: International Journal of Emotional Education

Volume: 8

Issue: 1

Pages: 4-17

Date: Apr

Short Title: From Positive Youth Development to Youth's Engagement: the Dream Teens

ISSN: 2073-7629

Accession Number: WOS:000407310600002

Abstract: In addition to the empirical validation of 'health and happiness' determinants, theoretical models suggesting where to ground actions are necessary. In the beginning of the twentieth century, intervention models focused on evaluation and empirical validation were only concerned about overt behaviours (verbal and non-verbal) and covert behaviours (cognitions and emotions). Later on in the middle of the century, there was a shift from treating the problems to a positive approach, focused on promoting assets and individual strengths. Thus, the role of social competences, self-regulation and resilience became salient. Researchers also highlighted the importance of social cohesion and social support, as active health and wellbeing facilitators. More recently, in the twentyfirst century, the population's engagement (positive engagement) has become crucial. This paper presents the evolution of this theoretical and scientific path, using Portugal as a case study, where early interventions focused on the positive aspects of both covert and overt behaviours, while more recent interventions included explicitly the perspective of youth engagement and participation, as is the case of the Dream Teens Project. It is expected that the political and professional understanding of this trajectory will allow professionals to provide better health and educational services, improving young people's engagement, quality of life, health and wellbeing.

Notes: de Matos, Margarida Gaspar Simoes, Celeste

Simões, Celeste/AAC-4116-2020; Simões, Celeste/GVR-8488-2022; de

Matos, Margarida Gaspar/H-3824-2012

Simões, Celeste/0000-0003-0229-1422; de Matos, Margarida Gaspar/
0000-0003-2114-2350

Si

URL: <Go to ISI>://WOS:000407310600002

Reference Type: Journal Article

Record Number: 1663

Author: De Moel-Mandel, C., Taket, A. and Graham, M.

Year: 2020

Title: Identifying barriers and facilitators of full service nurse-led early medication abortion provision: qualitative findings from a Delphi study

Journal: Australian Journal of Advanced Nursing

Volume: 38

Issue: 1

Pages: 18-26

Date: Dec-Feb

Short Title: Identifying barriers and facilitators of full service nurse-led early medication abortion provision: qualitative findings from a Delphi study

ISSN: 0813-0531

DOI: 10.37464/2020.381.144

Accession Number: WOS:000626045900004

Abstract: Objective: To explore factors that can influence implementation of a nurse-led model of care for early medication

abortion provision in the primary healthcare setting of regional and rural Victoria, Australia. Background: Global research indicates that an increased involvement of primary healthcare nurses in the delivery of early medication abortion provision has the potential to improve abortion access. In Victoria, access in regional and rural areas is restricted despite abortion being legal. A nurse-led early medication abortion provision model is feasible and can potentially improve the current situation. Study design and methods: An online three-round classic Delphi method was used. This paper reports the qualitative findings. Non-probability sampling techniques were used to recruit a panel of professional experts. Data from the three questionnaires were collected and analysed using thematic analysis. Factors influencing model implementation were categorised into the Capabili Opportunity, Motivation-Behaviour framework. Results: A total of 24 medical and other health professionals participated. They identified a range of factors that can hinder model implementation, including a lack of affordable medication abortion education, no remuneration for nurse-led early medication abortion provision, and concerns related to stigma and support. Discussion and conclusion: Understanding and addressing barriers to model implementation may enable the development of primary healthcare nurses' role in the delivery of early medication abortion provision to improve abortion access. Impact: To improve abortion access in Victoria's under-served regions, the potential of nurse-led early medication abortion provision was explored. Barriers to model implementation relate to a lack of medication abortion education and funding, professional support and stigma concerns. The study identified a range of support elements that would enable primary healthcare nurses to develop new roles and responsibilities in the delivery of medication abortion services.

Notes: De Moel-Mandel, Caroline Taket, Ann Graham, Melissa
1447-4328

URL: <Go to ISI>://WOS:000626045900004

Reference Type: Journal Article

Record Number: 422

Author: De Peuter, S. and Conix, S.

Year: 2023

Title: Fostering a research integrity culture: Actionable advice for institutions

Journal: Science and Public Policy

Volume: 50

Issue: 1

Pages: 133-145

Date: Feb

Short Title: Fostering a research integrity culture: Actionable advice for institutions

ISSN: 0302-3427

DOI: 10.1093/scipol/scac059

Accession Number: WOS:000864181100001

Abstract: Research institutions' research culture is increasingly recognized as a central driver of research integrity. Institutions are urged to develop research integrity promotion plans to foster a

culture of research integrity. A host of guidelines and associated initiatives have been issued but specific, actionable recommendations for institutions are scattered across the scientific literature and generally not acknowledged and implemented (yet). Based on a broad literature review, in the current paper some practical advice for institutions is suggested, grouped into (1) policies, procedures, and processes; (2) dealing with breaches of research integrity; (3) education and training; and (4) monitoring and evaluation. With each section, we formulate specific recommendations.

Notes: De Peuter, Steven Conix, Stijn
Conix, Stijn/0000-0002-1487-0213; De Peuter, Steven/
0000-0003-4137-4431
1471-5430
URL: <Go to ISI>://WOS:000864181100001

Reference Type: Journal Article

Record Number: 607

Author: de Salas, K., Ashbarry, L., Seabourne, M., Lewis, I., Wells, L., Dermoudy, J., Roehrer, E., Springer, M., Sauer, J. D. and Scott, J.

Year: 2022

Title: Improving Environmental Outcomes With Games: An Exploration of Behavioural and Technological Design and Evaluation Approaches

Journal: Simulation & Gaming

Volume: 53

Issue: 5

Pages: 470-512

Date: Oct

Short Title: Improving Environmental Outcomes With Games: An Exploration of Behavioural and Technological Design and Evaluation Approaches

ISSN: 1046-8781

DOI: 10.1177/10468781221114160

Accession Number: WOS:000823500400001

Abstract: Background To overcome the high failure rate of gameful interventions, we need to better understand their design and evaluation strategies to build an evidence-base for best-practice approaches that bring about meaningful change. This systematic review asks: 'What behavioural and technological design and evaluation theories and approaches are applied in games developed to bring about positive environmental outcomes?'. Method We reviewed 52 papers published between 2015 and 2020 that used gameful interventions to improve behaviour related to environmental outcomes. These papers were analysed to review the behavioural and technical design, and the assessment and evaluation approaches, employed by the intervention designers. Results We found that these publications report on simple aspects of the behavioural and technical design behind the intervention but fail to justify their design choices in terms of theory and evidence. Furthermore, variability across their evaluation approaches and outcomes exists. Discussion This review highlights several systemic flaws in the literature that limit our understanding of gameful interventions in

the pro-environmental context. First, based on this review, we cannot be convinced that these interventions were designed according to best practice for intervention design or for technology development. Second, the justification for proposing a gameful intervention is not always clear. Finally, it is unclear whether these interventions are being evaluated based on best practice. Thus, it is not clear that we can draw confident conclusions about evidence-based outcomes of short-term engagement (in structural gamification interventions) or long-term behaviour change (in content gamification and serious game interventions).

Notes: de Salas, Kristy Ashbarry, Louise Seabourne, Mikaela Lewis, Ian Wells, Lindsay Dermoudy, Julian Roehrer, Erin Springer, Matthew Sauer, James D. Scott, Jenn

Roehrer, Erin/0000-0001-6211-7747; de Salas, Kristy/
0000-0002-2552-5108
1552-826x

URL: <Go to ISI>://WOS:000823500400001

Reference Type: Journal Article

Record Number: 622

Author: de Salas, K., Scott, J. L., Schuez, B. and Norris, K.

Year: 2022

Title: The super wicked problem of ocean health: a socio-ecological and behavioural perspective

Journal: Philosophical Transactions of the Royal Society B-Biological Sciences

Volume: 377

Issue: 1854

Date: Jul

Short Title: The super wicked problem of ocean health: a socio-ecological and behavioural perspective

ISSN: 0962-8436

DOI: 10.1098/rstb.2021.0271

Article Number: 20210271

Accession Number: WOS:000797648500006

Abstract: We are dependent on our oceans for economic, health and social benefits; however, demands on our oceans are escalating, and the state of the oceans is deteriorating. Only 2% of countries are on track to achieve the desired outcomes for the sustainable development goal (SDG 14) for the oceans by 2030, and the changes needed to prevent further degradation, or limit the impact of existing degradation, are not being undertaken fast enough. This paper uses a socio-ecological lens to explore the nature of actors and behaviours for change at the local, community, state, national and international levels, and introduces the need for technology, information- and knowledge-sharing, and policy as interconnected mediators, that work both in concert, and independently, to address the 'super wicked' problem of ocean health and to promote resilience. We recommend the need to develop transformational teams and leaders, as well as transformative policies within a holistic and integrated system to ensure ocean health initiatives are greater than the sum of their parts and are actual, realistic, achievable and evidence-informed pathways to change. This article is part of the

theme issue 'Nurturing resilient marine ecosystems'.

Notes: de Salas, Kristy Scott, Jennifer Louise Schuez, Benjamin Norris, Kimberley

Norris, Kimberley/J-7260-2014; Schuz, Benjamin/A-9188-2018

Norris, Kimberley/0000-0003-3661-2749; de Salas, Kristy/0000-0002-2552-5108; Schuz, Benjamin/0000-0002-0801-498X 1471-2970

URL: <Go to ISI>://WOS:000797648500006

Reference Type: Journal Article

Record Number: 674

Author: de Wit, J. B. F., Adam, P. C. G., den Daas, C. and Jonas, K.

Year: 2023

Title: Sexually transmitted infection prevention behaviours: health impact, prevalence, correlates, and interventions

Journal: Psychology & Health

Volume: 38

Issue: 6

Pages: 675-700

Date: Jun

Short Title: Sexually transmitted infection prevention behaviours: health impact, prevalence, correlates, and interventions

ISSN: 0887-0446

DOI: 10.1080/08870446.2022.2090560

Accession Number: WOS:000815471100001

Abstract: Sexually transmitted infections (STIs) remain a major public health threat, disproportionately affecting young people, and men who have sex with men. In this narrative review of the current state of behavioural science research on STI prevention, we consider the definition, health impacts, correlates and determinants, and interventions to promote STI prevention behaviour. Research on STI prevention behaviour has extended from a focus on abstinence, partner reduction and condom use, to also include novel preventive behaviours, notably treatment-as-prevention, pre-exposure prophylaxis (i.e., the preventive use of medicines by uninfected people), and vaccination for some STIs. Social-cognitive factors specified by, for instance the theory of planned behaviour, are critical proximal determinants of STI prevention behaviours, and related interventions can effectively promote STI prevention behaviours. Social-ecological perspectives highlight that individual-level determinants are embedded in more distal environmental influences, with social stigma especially affecting STI prevention behaviours and requiring effective intervention. Further to providing a major domain of application, STI prevention also poses critical challenges and opportunities for health psychology theory and research. We identify a need for health behaviour theory that addresses the processes linking multiple levels of influence on behaviour and provides practical guidance for multi-level behaviour change interventions adapted to specific contexts.

Notes: de Wit, John B. F. Adam, Philippe C. G. den Daas, Chantal Jonas, Kai

Jonas, Kai/AAB-3120-2021

Jonas, Kai/0000-0001-6607-1993; den Daas, Chantal/
0000-0003-0955-3691
1476-8321
Si
URL: <Go to ISI>://WOS:000815471100001

Reference Type: Journal Article

Record Number: 169

Author: De Zylva, R., Mortimer, E., Miller, E., Tsourtos, G., Lawn, S., Wilson, C., Karnon, J., Woodman, R. and Ward, P.

Year: 2023

Title: Efficacy of mindfulness and goal setting interventions for increasing resilience and reducing smoking in lower socio-economic groups: randomised controlled trial protocol

Journal: Addiction Science & Clinical Practice

Volume: 18

Issue: 1

Date: Feb

Short Title: Efficacy of mindfulness and goal setting interventions for increasing resilience and reducing smoking in lower socio-economic groups: randomised controlled trial protocol

ISSN: 1940-0640

DOI: 10.1186/s13722-022-00355-w

Article Number: 7

Accession Number: WOS:000928119000001

Abstract: Background Smoking and resulting health problems disproportionately impact low socioeconomic status (SES) individuals. Building resilience presents an approach to 'closing the gap'. Mindfulness-based interventions and setting realistic goals are preferred in low socioeconomic communities. We aim to test if these interventions, delivered online and consolidated with peer support offered via ex-smokers, are successful in promoting smoking cessation and resilience. Our conceptualisation of resilience encompasses the inner capacity/skills and external resources (e.g., social support) which smokers utilise to bounce back from adversity. We include a process evaluation of barriers/facilitators to interventions and cost-effectiveness analysis (from health system perspective). Methods We plan a four-arm parallel 12-month RCT with a 6-month follow-up to test the efficacy of three group-based interventions each followed by peer support. Arm 1: mindfulness-integrated cognitive behavioural therapy; Arm 2: mindfulness training; Arm 3: setting realistic goals; Arm 4: active control group directed to quit services. All interventions will be administered online. Participants are adult smokers in Australia (N = 812) who have an average weekly household income less than \$457AUD or receive welfare benefits. Group-based interventions will occur over 6 months, followed by 6 months of forum-based peer support. Primary outcome: self-reported 14-day period prevalence of smoking abstinence at 6 months, with remote biochemical verification of saliva cotinine (< 30 ng/mL). Secondary outcomes include: internal resilience (Connor-Davidson Resilience Scale-25); external resilience (ENRICH social support tool); quality adjusted life years (EQ-5D-5L); self-efficacy for smoking abstinence (Smoking-

Abstinence Self-Efficacy Questionnaire); motivation to quit smoking (Biener and Abrams Contemplation Ladder); nicotine dependence (Fagerstrom Test for Nicotine Dependency); equanimity (Equanimity Scale-16); stress (Perceived Stress Scale-10); goal assessment/attainment (Problems and Goals Assessment Scale). Discussion This study is the first to compare resilience interventions for low SES smokers which have been identified by them as acceptable. Our various repeated measures and process evaluation will facilitate exploration of mechanisms of impact. We intervene within the novel framework of the Psychosocial Model of Resilience, applying a promising paradigm to address a critical and inequitable public health problem. Trial registration Australian New Zealand Clinical Trials Registry ID: ACTRN12621000445875, registered 19 April 2021 (). The Universal Trial Number is U1111-1261-8951

Notes: De Zylva, Reece Mortimer, Elissa Miller, Emma Tsourtos, George Lawn, Sharon Wilson, Carlene Karnon, Jonathan Woodman, Richard Ward, Paul

Ward, Paul R/A-1368-2008; Woodman, Richard/D-4004-2012; Lawn, Sharon/E-1171-2015

Woodman, Richard/0000-0002-4094-1222; Miller, Emma/0000-0002-6373-5720; Karnon, Jonathan/0000-0003-3220-2099; Ward, Paul/0000-0002-5559-9714; Lawn, Sharon/0000-0002-5464-8887; De Zylva, Reece/0000-0002-6564-1592

URL: <Go to ISI>://WOS:000928119000001

Reference Type: Journal Article

Record Number: 1137

Author: Dean, A. J., Newton, F. J., Gulliver, R. E., Fielding, K. S. and Ross, H.

Year: 2023

Title: Accelerating the adoption of water sensitive innovations: community perceptions of practices and technologies to mitigate urban stormwater pollution

Journal: Journal of Environmental Planning and Management

Volume: 66

Issue: 4

Pages: 759-778

Date: Mar

Short Title: Accelerating the adoption of water sensitive innovations: community perceptions of practices and technologies to mitigate urban stormwater pollution

ISSN: 0964-0568

DOI: 10.1080/09640568.2021.2002279

Accession Number: WOS:000741248900001

Abstract: Water management increasingly focuses on tackling stormwater pollution to improve waterway health. Community members have a role in adopting pollution-reduction practices and supporting technologies such as water sensitive urban design. However, because communities are unfamiliar with these practices and technologies, little is known about how they make sense of these 'water sensitive innovations'. Drawing on Diffusion of Innovations theory, we conduct focus groups across different regions of Australia. Our findings indicate that key barriers to adoption included poor understanding

of the relative advantage of these practices and technologies, and perceived poor compatibility with community members' lifestyle and local geography. In turn, appraisals of relative advantage were constrained by limited observability of stormwater pollution and the benefits that innovations generate for people and the environment. Our findings suggest engagement strategies should emphasize the relevance and advantages of water sensitive innovations, and help individuals visualize the intangible elements of stormwater pollution management.

Notes: Dean, Angela J. Newton, Fiona J. Gulliver, Robyn E. Fielding, Kelly S. Ross, Helen

Fielding, Kelly S/A-6023-2011; Dean, Angela J/D-5618-2011

Dean, Angela J/0000-0003-4017-4809

1360-0559

URL: <Go to ISI>://WOS:000741248900001

Reference Type: Journal Article

Record Number: 1428

Author: Debas, K., Beauchamp, J. and Ouellet, C.

Year: 2021

Title: Toward Optimal Management of Behavioral and Psychological Symptoms of Dementia: Insights From a COVID-19 Pandemic Experience

Journal: Frontiers in Psychiatry

Volume: 12

Date: May

Short Title: Toward Optimal Management of Behavioral and Psychological Symptoms of Dementia: Insights From a COVID-19 Pandemic Experience

ISSN: 1664-0640

DOI: 10.3389/fpsy.2021.634398

Article Number: 634398

Accession Number: WOS:000651830400001

Abstract: The first wave of SARS-CoV-2 has deeply affected long term care facilities in the province of Quebec. In response, governmental officials took protective measures, such as suspending visits and activities and even requiring residents to self-isolate to their room. Consequently, residents with major cognitive impairments were cut from their routine as well as from significant social interactions, support, and stimulation essential to their well-being. This isolation negatively affected many residents. For some of them, the loss of bearings resulted in newly or deteriorated behavioral and psychological symptoms of dementia (BPSD). These residents were then more at risk of contracting the virus or contaminating others. To face this challenge, hotels in the Greater Montreal area were transformed into temporary care facilities. As members of a multidisciplinary team specialized in the management of BPSD, we were asked to support the redeployed staff who had little experience in this domain. In this paper, we present the innovative tools implemented in this uncommon work setting. We also discuss factors identified as facilitating the care and treatment of people with BPSD. This experience leads us to propose avenues toward better BPSD management.

Notes: Debas, Karen Beauchamp, Joanny Ouellet, Christine

URL: <Go to ISI>://WOS:000651830400001

Reference Type: Journal Article

Record Number: 2160

Author: Deek, H., Newton, P. J., Nouredine, S., Inglis, S. C., Al Arab, G., Kabbani, S., Chalak, W., Timany, N., Macdonald, P. S. and Davidson, P. M.

Year: 2016

Title: Protocol for a block randomised controlled trial of an intervention to improve heart failure care

Journal: Nurse Researcher

Volume: 23

Issue: 4

Pages: 24-29

Date: Mar

Short Title: Protocol for a block randomised controlled trial of an intervention to improve heart failure care

ISSN: 1351-5578

DOI: 10.7748/nr.23.4.24.s6

Accession Number: WOS:000376183800006

Abstract: Aim To describe the design of a randomised controlled trial conducted to evaluate a culturally tailored, nurseled educational intervention. Background Self-care strategies are critical to improving health outcomes in heart failure. The family unit is crucial in collectivist cultures, but little is known about involving the family in the self-care of patients with heart failure. Discussion Involving the family in the self-care of heart failure is a novel approach. To the authors' knowledge, no one has evaluated it using a randomised controlled trial. Conclusion A valid comparison of outcomes between the control group and the intervention group involved in the study was provided in this trial. The chosen design, randomised controlled trial, enabled the assessment of the intervention. Implications for practice The application of a family self-care intervention in a collectivist culture was shown to improve clinical and quality outcomes of patients with heart failure. Considering the individual and the community needs is vital in improving these outcomes.

Notes: Deek, Hiba Newton, Phillip J. Nouredine, Samar Inglis, Sally C. Al Arab, Ghina Kabbani, Samer Chalak, Wael Timany, Nadim Macdonald, Peter S. Davidson, Patricia M.

Newton, Phillip J/B-2774-2013; Deek, Hiba/Y-9356-2019; Newton, Phillip J/Q-3343-2018; Macdonald, Peter/Q-3188-2019

Newton, Phillip J/0000-0002-5006-2037; Deek, Hiba/0000-0002-0242-4339; Newton, Phillip J/0000-0002-5006-2037;

Davidson, Patricia M./0000-0003-2050-1534
2047-8992

URL: <Go to ISI>://WOS:000376183800006

Reference Type: Journal Article

Record Number: 2178

Author: Deek, H., Nouredine, S., Newton, P. J., Inglis, S. C., MacDonald, P. S. and Davidson, P. M.

Year: 2016

Title: A family-focused intervention for heart failure self-care: conceptual underpinnings of a culturally appropriate intervention

Journal: Journal of Advanced Nursing

Volume: 72

Issue: 2

Pages: 434-450

Date: Feb

Short Title: A family-focused intervention for heart failure self-care: conceptual underpinnings of a culturally appropriate intervention

ISSN: 0309-2402

DOI: 10.1111/jan.12768

Accession Number: WOS:000367947700018

Abstract: Aim. A discussion of the conceptual elements of an intervention tailored to the needs of Lebanese families. Background. The role of informal caregiving is strongly recommended for individuals with chronic conditions including heart failure. Although this importance is recognized, conceptual and theoretical underpinnings are not well elucidated nor are methods of intervention implementation. Design. Discussion paper on the conceptual underpinning of the FAMILY model. Methods and data sources. This intervention was undertaken using linked methods: (1) Appraisal of theoretical model; (2) review of systematic reviews on educational interventions promoting self-management in chronic conditions in four databases with no year limit; (3) socio-cultural context identification from selected papers; (4) expert consultation using consensus methods; and (5) model development. Results. Theories on self-care and behavioural change, eighteen systematic reviews on educational interventions and selected papers identifying sociocultural elements along with expert opinion were used to guide the development of The FAMILY Intervention Heart Failure Model. Theory and practice driven concepts identified include: behavioural change, linkage, partnership and self-regulation. Implications for nursing. Heart failure is a common condition often requiring in-hospital and home-based care. Educational interventions targeting the sociocultural influences of the patients and their family caregivers through a structured and well-designed program can improve outcomes. Conclusion. As the burden of chronic diseases increases globally, particularly in emerging economies, developing models of intervention that are appropriate to both the individual and the socio-cultural context are necessary.

Notes: Deek, Hiba Nouredine, Samar Newton, Phillip J. Inglis, Sally C. MacDonald, Peter S. Davidson, Patricia M.

Deek, Hiba/Y-9356-2019; Newton, Phillip J/Q-3343-2018; Macdonald,

Peter/Q-3188-2019; Newton, Phillip J/B-2774-2013

Deek, Hiba/0000-0002-0242-4339; Newton, Phillip J/

0000-0002-5006-2037; Newton, Phillip J/0000-0002-5006-2037;

Davidson, Patricia M./0000-0003-2050-1534

1365-2648

URL: <Go to ISI>://WOS:000367947700018

Reference Type: Journal Article

Record Number: 80

Author: DeGregoris, J. P., Bandong, L., White, T. and Brennan, M. M.

Year: 2023

Title: Quality Improvement to Promote Sepsis Reassessment The Sepsis Reassessment Protocol Improvement Project (SRPIP)

Journal: Journal of Nursing Care Quality

Volume: 38

Issue: 2

Pages: 107-113

Date: Apr-Jun

Short Title: Quality Improvement to Promote Sepsis Reassessment The Sepsis Reassessment Protocol Improvement Project (SRPIP)

ISSN: 1057-3631

DOI: 10.1097/ncq.0000000000000646

Accession Number: WOS:000938255200006

Abstract: Background:Implementation of the Surviving Sepsis Campaign (SSC) guidelines into practice has demonstrated improved outcomes.

Local Problem:Compliance with a sepsis protocol, based on the SSC guidelines, in an urban teaching hospital was below the national average.

Methods:A pre- and posttest intervention design was used to improve clinician knowledge, confidence, and compliance with the protocol.

Interventions:Educational modules were developed on the SSC guidelines and reminder system alerts (RSA) for timely reevaluation of patients with sepsis and lactate monitoring were implemented.

Results:A total of 33 (48%) clinicians participated. There was an increase in knowledge, documentation of sepsis reassessment, and serum lactate monitoring.

Conclusions:The results demonstrate that education, combined with RSAs, can improve protocol knowledge and compliance.

Notes: DeGregoris, Jana P. Bandong, Lyza White, Tameka Brennan, Mary M.

1550-5065

URL: <Go to ISI>://WOS:000938255200006

Reference Type: Journal Article

Record Number: 2037

Author: Deijle, I. A., Van Schaik, S. M., Van Wegen, E. E. H., Weinstein, H. C., Kwakkel, G. and Van den Berg-Vos, R. M.

Year: 2017

Title: Lifestyle Interventions to Prevent Cardiovascular Events After Stroke and Transient Ischemic Attack Systematic Review and Meta-Analysis

Journal: Stroke

Volume: 48

Issue: 1

Pages: 174-+

Date: Jan

Short Title: Lifestyle Interventions to Prevent Cardiovascular Events After Stroke and Transient Ischemic Attack Systematic Review and Meta-Analysis

ISSN: 0039-2499

DOI: 10.1161/strokeaha.116.013794

Accession Number: WOS:000391944900031

Abstract: Background and Purpose—Patients with a transient ischemic attack or ischemic stroke have an increased risk of subsequent cardiovascular events. The purpose of this systematic review and meta-analysis was to determine whether lifestyle interventions focusing on behaviorally modifiable risk factors with or without an exercise program are effective in terms of (1) preventing recurrent cardiovascular events, (2) reducing mortality, and (3) improving modifiable risk factors associated with cardiovascular disease in patients after a transient ischemic attack or ischemic stroke. Methods—For this systematic review and meta-analysis, we systematically searched PubMed, Embase, PsycInfo, and the Cochrane Library from the start of the database to May 7, 2015. Subgroup analyses were conducted to explore the influence of therapy-related factors. Results—Twenty-two randomized controlled trials were identified with a total of 2574 patients. Pooling showed a significant reduction in systolic blood pressure by the lifestyle interventions applied, compared with usual care (mean difference, -3.6 mm Hg; 95% confidence interval, -5.6 to -1.6, I² = 33%). No significant effect was found on cardiovascular events, mortality, diastolic blood pressure, or cholesterol. In the subgroup analyses, the trials with cardiovascular fitness interventions, trials with an intervention that lasted longer than 4 months, and interventions that used >3 behavior change techniques were more effective in reducing systolic blood pressure. Conclusions—We found that lifestyle interventions are effective in lowering systolic blood pressure. About other end points, this systematic review found no effect of lifestyle interventions on cardiovascular event rate mortality, diastolic blood pressure, or total cholesterol. Notes: Deijle, Inger A. Van Schaik, Sander M. Van Wegen, Erwin E. H. Weinstein, Henry C. Kwakkel, Gert Van den Berg-Vos, Renske M. Weinstein, Henry C/ABG-4587-2020 Weinstein, Henry C/0000-0002-3534-4618; Kwakkel, Gert/0000-0002-4041-4043 1524-4628 URL: <Go to ISI>://WOS:000391944900031

Reference Type: Journal Article

Record Number: 699

Author: Delameillieure, A., Wuyts, W. A., Pironet, A. and Dobbels, F.

Year: 2022

Title: Electronically monitored medication adherence in idiopathic pulmonary fibrosis: prevalence, predictors and outcomes

Journal: Erj Open Research

Volume: 8

Issue: 3

Date: Jun

Short Title: Electronically monitored medication adherence in idiopathic pulmonary fibrosis: prevalence, predictors and outcomes

DOI: 10.1183/23120541.00030-2022

Article Number: 00030

Accession Number: WOS:000835961400001

Abstract: Medication adherence studies in idiopathic pulmonary fibrosis (IPF) are limited, use cross-sectional designs and report discontinuation rates. We prospectively investigated adherence to pirfenidone in IPF patients using electronic monitoring, which provides insights on whether and when the medication was taken on a day-by-day basis. We investigated the impact of nonadherence on lung function and selected predictors for nonadherence based on the COM-B behavioural model. The longitudinal statistical analyses included generalised estimation equations and linear mixed effects models. 55 patients initiating pirfenidone were followed-up for 2 years after diagnosis (76.4% men, mean age 71.1 years (range 50–87 years), mean forced vital capacity (FVC) 88% predicted (SD 18.3), mean diffusing capacity of the lung for carbon monoxide (D-LCO) 58.1% predicted (SD 14.7)). Our data showed an association ($p=0.03$) between the proportion of days with three pirfenidone intakes (i.e. dosing adherence) and FVC % predicted, whereby a high dosing adherence seemed necessary to maintain stable or improving FVC % predicted values. 58.2% of the participants were able to implement at least 90% correct dosing days, yet adherence significantly decreased over time. Too short dosing intervals had negative effects on lung function outcomes. Knowledge on IPF and self-reported adherence were significantly associated with electronically measured adherence. In conclusion, nonadherence is prevalent and might negatively affect lung function. Further research is needed on the impact of nonadherence on outcomes and its predictors, so that tailored interventions can be developed. Meanwhile, a self-report questionnaire could be used to identify adherence issues and teams should equip patients with knowledge about their treatment and how to take it.

Notes: Delameillieure, Anouk Wuyts, Wim A. Pironet, Antoine Dobbels, Fabienne

Delameillieure, Anouk/0000-0003-1612-0317; Wuyts, Wim/
0000-0001-9648-3497
2312-0541

URL: <Go to ISI>://WOS:000835961400001

Reference Type: Journal Article

Record Number: 1926

Author: Delaney, M. M., Maji, P., Kalita, T., Kara, N., Rana, D., Kumar, K., Masoinneuve, J., Cousens, S., Gawande, A. A., Kumar, V., Kodkany, B., Sharma, N., Saurastri, R., Singh, V. P., Hirschhorn, L. R., Semrau, K. E. A. and Firestone, R.

Year: 2017

Title: Improving Adherence to Essential Birth Practices Using the WHO Safe Childbirth Checklist With Peer Coaching: Experience From 60 Public Health Facilities in Uttar Pradesh, India

Journal: Global Health-Science and Practice

Volume: 5

Issue: 2

Pages: 217-231

Date: Jun

Short Title: Improving Adherence to Essential Birth Practices Using the WHO Safe Childbirth Checklist With Peer Coaching: Experience

From 60 Public Health Facilities in Uttar Pradesh, India

ISSN: 2169-575X

DOI: 10.9745/ghsp-d-16-00410

Accession Number: WOS:000406250500007

Abstract: Background: Adherence to evidence-based essential birth practices is critical for improving health outcomes for mothers and newborns. The WHO Safe Childbirth Checklist (SCC) incorporates these practices, which occur during 4 critical pause points: on admission, before pushing (or cesarean delivery), soon after birth, and before discharge. A peer-coaching strategy to support consistent use of the SCC may be an effective approach to increase birth attendants' adherence to these practices. Methods: We assessed data from 60 public health facilities in Uttar Pradesh, India, that received an 8-month staggered coaching intervention from December 2014 to September 2016 as part of the BetterBirth Trial, which is studying effectiveness of an SCC-centered intervention on maternal and neonatal harm. Nurse coaches recorded birth attendants' adherence to 39 essential birth practices. Practice adherence was calculated for each intervention month. After 2 months of coaching, a subsample of 15 facilities was selected for independent observation when the coach was not present. We compared adherence to the 18 practices recorded by both coaches and independent observers. Results: Coaches observed birth attendants' behavior during 5,971 deliveries. By the final month of the intervention, 35 of 39 essential birth practices had achieved >90% adherence in the presence of a coach, compared with only 7 of 39 practices during the first month. Key behaviors with the greatest improvement included explanation of danger signs, temperature measurement, assessment of fetal heart sounds, initiation of skin-to-skin contact, and breastfeeding. Without a coach present, birth attendants' average adherence to practices and checklist use was 24 percentage points lower than when a coach was present (range: -1% to 62%). Conclusion: Implementation of the WHO Safe Childbirth Checklist with coaching improved uptake of and adherence to essential birth practices. Coordination and communication among facility staff, as well as behaviors with an immediate, tangible benefit, showed the greatest improvement. Difficult-to-perform behaviors and those with delayed or theoretical benefits were less likely to be sustained without a coach present. Coaching may be an important component in implementing the Safe Childbirth Checklist at scale. Note: At the time of publication of this article, the results of evaluation of the impact of the BetterBirth intervention were pending publication in another journal. After the impact findings have been published, we will update this article on the effect of the intervention on birth practices with a reference to the impact findings.

Notes: Delaney, Megan Marx Maji, Pinki Kalita, Tapan Kara, Nabihah Rana, Darpan Kumar, Krishan Masoinneuve, Jenny Cousens, Simon Gawande, Atul A. Kumar, Vishwajeet Kodkany, Bhala Sharma, Narender Saurastri, Rajiv Singh, Vinay Pratap Hirschhorn, Lisa R. Semrau, Katherine E. A. Firestone, Rebecca

Semrau, Katherine/0000-0002-8360-1391

URL: <Go to ISI>://WOS:000406250500007

Reference Type: Journal Article

Record Number: 2081

Author: Delanoe, A., Lepine, J., Turcotte, S., Portocarrero, M. E. L., Robitaille, H., Giguere, A. M. C., Wilson, B. J., Witteman, H. O., Levesque, I., Guillaumie, L. and Legare, F.

Year: 2016

Title: Role of Psychosocial Factors and Health Literacy in Pregnant Women's Intention to Use a Decision Aid for Down Syndrome Screening: A Theory-Based Web Survey

Journal: Journal of Medical Internet Research

Volume: 18

Issue: 10

Date: Oct

Short Title: Role of Psychosocial Factors and Health Literacy in Pregnant Women's Intention to Use a Decision Aid for Down Syndrome Screening: A Theory-Based Web Survey

ISSN: 1438-8871

DOI: 10.2196/jmir.6362

Article Number: e283

Accession Number: WOS:000387985700012

Abstract: Background: Deciding about undergoing prenatal screening is difficult, as it entails risks, potential loss and regrets, and challenges to personal values. Shared decision making and decision aids (DAs) can help pregnant women give informed and values-based consent or refusal to prenatal screening, but little is known about factors influencing the use of DAs. Objective: The objective of this study was to identify the influence of psychosocial factors on pregnant women's intention to use a DA for prenatal screening for Down syndrome (DS). We also added health literacy variables to explore their influence on pregnant women's intention. Methods: We conducted a survey of pregnant women in the province of Quebec (Canada) using a Web panel. Eligibility criteria included age > 18 years, > 16 weeks pregnant, low-risk pregnancy, and having decided about prenatal screening for the current pregnancy. We collected data based on an extended version of the Theory of Planned Behavior assessing 7 psychosocial constructs (intention, attitude, anticipated regret, subjective norm, descriptive norm, moral norm, and perceived control), 3 related sets of beliefs (behavioral, normative, and control beliefs), 4 health literacy variables, and sociodemographics. Eligible women watched a video depicting the behavior of interest before completing a Web-based questionnaire. We performed descriptive, bivariate, and ordinal logistic regression analyses. Results: Of the 383 eligible pregnant women who agreed to participate, 350 pregnant women completed the Web-based questionnaire and 346 were retained for analysis (completion rate 350/383, 91.4%; mean age 30.1, SD 4.3, years). In order of importance, factors influencing intention to use a DA for prenatal screening for DS were attitude (odds ratio, OR, 9.16, 95% CI 4.02-20.85), moral norm (OR 7.97, 95% CI 4.49-14.14), descriptive norm (OR 2.83, 95% CI 1.63-4.92), and anticipated regret (OR 2.43, 95% CI 1.71-3.46). Specific attitudinal beliefs significantly related to intention were that using a DA would reassure them (OR 2.55, 95% CI 1.73-4.01), facilitate their reflections with their spouse (OR 1.55, 95% CI 1.05-2.29), and let them know about the

advantages of doing or not doing the test (OR 1.53, 95% CI 1.05–2.24). Health literacy did not add to the predictive power of our model (P values range .43–.92). Conclusions: Implementation interventions targeting the use of a DA for prenatal screening for DS by pregnant women should address a number of modifiable factors, especially by introducing the advantages of using the DA (attitude), informing pregnant women that they might regret not using it (anticipated regret), and presenting the use of DAs as a common practice (descriptive norm). However, interventions on moral norms related to the use of DA should be treated with caution. Further studies that include populations with low health literacy are needed before decisive claims can be made.

Notes: Delanoe, Agathe Lepine, Johanie Turcotte, Stephane Portocarrero, Maria Esther Leiva Robitaille, Hubert Giguere, Anik M. C. Wilson, Brenda J. Witteman, Holly O. Levesque, Isabelle Guillaumie, Laurence Legare, France ; Guillaumie, Laurence/C-2461-2015

Witteman, Holly/0000-0003-4192-0682; Lepine, Johanie/0000-0001-8358-1362; Giguere, Anik/0000-0001-9928-7395; Delanoe, Agathe/0000-0001-9374-8904; Guillaumie, Laurence/0000-0003-1138-8285; Legare, France/0000-0002-2296-6696; Leiva Portocarrero, Maria Esther/0000-0002-9607-9117

URL: <Go to ISI>://WOS:000387985700012

Reference Type: Journal Article

Record Number: 1031

Author: Demjaha, A., Parkin, S. and Pym, D.

Year: 2022

Title: The boundedly rational employee: Security economics for behaviour intervention support in organizations

Journal: Journal of Computer Security

Volume: 30

Issue: 3

Pages: 435-464

Short Title: The boundedly rational employee: Security economics for behaviour intervention support in organizations

ISSN: 0926-227X

DOI: 10.3233/jcs-210046

Accession Number: WOS:000824268300006

Abstract: Security policy-makers (influencers) in an organization set security policies that embody intended behaviours for employees (as decision-makers) to follow. Decision-makers then face choices, where this is not simply a binary decision of whether to comply or not, but also how to approach compliance and secure working alongside other workplace pressures, and limited resources for identifying optimal security-related choices. Conflict arises because of information asymmetries present in the relationship, where influencers and decision-makers both consider costs, gains, and losses in ways which are not necessarily aligned. With the need to promote 'good enough' decisions about security-related behaviours under such constraints, we hypothesize that actions to resolve this misalignment can benefit from constructs from both traditional economics and behavioural economics. Here we demonstrate how current

approaches to security behaviour provisioning in organizations mirror rational-agent economics, even where behavioural economics is embodied in the promotion of individual security behaviours. We develop and present a framework to accommodate bounded security decision-making, within an ongoing programme of behaviours which must be provisioned for and supported. Our four stage plan to Capture, Adapt, Realign, and Enable behaviour choices provides guidance for security managers, focusing on a more effective response to the uncertainty associated with security behaviour in organizations.

Notes: Demjaha, Albese Parkin, Simon Pym, David
1875-8924

URL: <Go to ISI>://WOS:000824268300006

Reference Type: Journal Article

Record Number: 1115

Author: Deng, N., Sheng, L. Y., Jiang, W. S., Hao, Y. F., Wei, S. S., Wang, B., Duan, H. L. and Chen, J.

Year: 2021

Title: A home-based pulmonary rehabilitation mHealth system to enhance the exercise capacity of patients with COPD: development and evaluation

Journal: BMC Medical Informatics and Decision Making

Volume: 21

Issue: 1

Date: Nov

Short Title: A home-based pulmonary rehabilitation mHealth system to enhance the exercise capacity of patients with COPD: development and evaluation

DOI: 10.1186/s12911-021-01694-5

Article Number: 325

Accession Number: WOS:000721961400002

Abstract: Background Patients with chronic obstructive pulmonary disease (COPD) experience deficits in exercise capacity and physical activity as their disease progresses. Pulmonary rehabilitation (PR) can enhance exercise capacity of patients and it is crucial for patients to maintain a lifestyle which is long-term physically active. This study aimed to develop a home-based rehabilitation mHealth system incorporating behavior change techniques (BCTs) for COPD patients, and evaluate its technology acceptance and feasibility. Methods Guided by the medical research council (MRC) framework the process of this study was divided into four steps. In the first step, the prescription was constructed. The second step was to formulate specific intervention functions based on the behavior change wheel theory. Subsequently, in the third step we conducted iterative system development. And in the last step two pilot studies were performed, the first was for the improvement of system functions and the second was to explore potential clinical benefits and validate the acceptance and usability of the system. Results A total of 17 participants were enrolled, among them 12 COPD participants completed the 12-week study. For the clinical outcomes, Six-Minute Walk Test (6MWT) showed significant difference ($P = .023$) over time with an improvement exceeded the minimal clinically

important difference (MCID). Change in respiratory symptom (CAT score) was statistically different ($P = .031$) with a greater decrease of -3 . The mMRC levels reduced overall and showed significant difference. The overall compliance of this study reached 82.20% ($\pm 1.68\%$). The results of questionnaire and interviews indicated good technology acceptance and functional usability. The participants were satisfied with the mHealth-based intervention. Conclusions This study developed a home-based PR mHealth system for COPD patients. We showed that the home-based PR mHealth system incorporating BCTs is a feasible and acceptable intervention for COPD patients, and COPD patients can benefit from the intervention delivered by the system. The proposed system played an important auxiliary role in offering exercise prescription according to the characteristics of patients. It provided means and tools for further individuation of exercise prescription in the future.

Notes: Deng, Ning Sheng, Lei Yi Jiang, Wangshu Hao, Yongfa Wei, Shuoshuo Wang, Bei Duan, Huilong Chen, Juan
1472-6947

URL: <Go to ISI>://WOS:000721961400002

Reference Type: Journal Article

Record Number: 2343

Author: Denney-Wilson, E., Laws, R., Russell, C. G., Ong, K. L., Taki, S., Elliot, R., Azadi, L., Lymer, S., Taylor, R., Lynch, J., Crawford, D., Ball, K., Askew, D., Litterbach, E. K. and Campbell, K. J.

Year: 2015

Title: Preventing obesity in infants: the Growing healthy feasibility trial protocol

Journal: Bmj Open

Volume: 5

Issue: 11

Short Title: Preventing obesity in infants: the Growing healthy feasibility trial protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2015-009258

Article Number: e009258

Accession Number: WOS:000368840100038

Abstract: Introduction: Early childhood is an important period for establishing behaviours that will affect weight gain and health across the life course. Early feeding choices, including breast and/or formula, timing of introduction of solids, physical activity and electronic media use among infants and young children are considered likely determinants of childhood obesity. Parents play a primary role in shaping these behaviours through parental modelling, feeding styles, and the food and physical activity environments provided. Children from low socioeconomic backgrounds have higher rates of obesity, making early intervention particularly important. However, such families are often more difficult to reach and may be less likely to participate in traditional programs that support healthy behaviours. Parents across all socio-demographic groups frequently access primary health care (PHC) services, including nurses in community health services and general medical practices, providing

unparalleled opportunity for engagement to influence family behaviours. One emerging and promising area that might maximise engagement at a low cost is the provision of support for healthy parenting through electronic media such as the Internet or smart phones. The Growing healthy study explores the feasibility of delivering such support via primary health care services. Methods: This paper describes the Growing healthy study, a non-randomised quasi experimental study examining the feasibility of an intervention delivered via a smartphone app (or website) for parents living in socioeconomically disadvantaged areas, for promoting infant feeding and parenting behaviours that promote healthy rather than excessive weight gain. Participants will be recruited via their primary health care practitioner and followed until their infant is 9 months old. Data will be collected via web-based questionnaires and the data collected inherently by the app itself. Ethics and dissemination: This study received approval from the University of Technology Sydney Ethics committee and will be disseminated via peer-reviewed publications and conference presentations.

Notes: Denney-Wilson, Elizabeth Laws, Rachel Russell, Catherine Georgina Ong, Kok-leong Taki, Sarah Elliot, Roz Azadi, Leva Lymer, Sharyn Taylor, Rachael Lynch, John Crawford, David Ball, Kylie Askew, Deborah Litterbach, Eloise Kate Campbell, Karen J. Ball, Kylie/B-5866-2015; Crawford, David A/K-6301-2015; Litterbach, Eloise-Kate/AFD-8394-2022; Lynch, John W/A-4797-2008; Laws, Rachel/P-4948-2016; Askew, Deborah/B-3284-2010

Ball, Kylie/0000-0003-2893-8415; Crawford, David A/0000-0002-2467-7556; Lynch, John W/0000-0003-2781-7902; Laws, Rachel/0000-0003-4328-1116; Russell, Catherine Georgina/0000-0002-0848-2724; Taylor, Rachael/0000-0001-9516-2253; Askew, Deborah/0000-0003-3943-620X; Denney-Wilson, Elizabeth/0000-0001-9879-4969

URL: <Go to ISI>://WOS:000368840100038

Reference Type: Journal Article

Record Number: 992

Author: Dennis, C. L., Brennenstuhl, S., Brown, H. K., Bell, R. C., Marini, F. and Birken, C. S.

Year: 2022

Title: High-risk health behaviours of pregnancy-planning women and men: Is there a need for preconception care?

Journal: Midwifery

Volume: 106

Date: Mar

Short Title: High-risk health behaviours of pregnancy-planning women and men: Is there a need for preconception care?

ISSN: 0266-6138

DOI: 10.1016/j.midw.2021.103244

Article Number: 103244

Accession Number: WOS:000791684500013

Abstract: Aim: To examine the prevalence and predictors of high-risk health behaviours in pregnancy-planning women and men. Design: Cross-sectional online survey. Setting: Canada. Participants: Canadian women (n = 529) and men (n = 92) self-identifying as planning a

pregnancy within 5 years, recruited through email and social media. Measurements: Health behaviours examined included smoking, alcohol and cannabis use, internet addiction, low physical activity, overweight and obesity, eating habits, and sleeping less than 6 h/night. Findings: Prevalent preconception high-risk health behaviours in both women and men were low physical activity (women 44.9%, men 38.8%), overweight and obesity (women 52.5%, men 64.9%), and unhealthy eating habits (women 42.8%, men 55.8%), while men had a significantly higher prevalence of cigarette smoking (women 4.9%, men 12.0%, $p = .008$) and alcohol use (women 19.6%, men 40.7%, $p < .001$). The mean number of high-risk health behaviours in women was 2.1 (SD = 1.37) compared to 2.5 (SD = 1.37) in men ($p = .001$). Significant predictors of a higher number of high-risk health behaviours included multiparity, low education and depression in women, and higher perceived stress in men. Key Conclusions: There is a high prevalence of high-risk health behaviours in women and men actively trying to conceive or planning to achieve pregnancy soon. Health promotion should be a key component of preconception health interventions for both women and men as part of a life course approach to optimizing population health. Implementation for Practice: Findings demonstrate modifiable targets for preconception programs and factors that can be used to identify at-risk groups requiring intervention. Individual-level interventions require societal changes that promote healthy behaviours through better health policies and strong public health messaging. (c) 2021 Published by Elsevier Ltd.

Notes: Dennis, Cindy-Lee Brennenstuhl, Sarah Brown, Hilary K. Bell, Rhonda C. Marini, Flavia Birken, Catherine S.

Dennis, Cindy-Lee/ABA-2860-2020

Dennis, Cindy-Lee/0000-0002-0135-7242

1532-3099

URL: <Go to ISI>://WOS:000791684500013

Reference Type: Journal Article

Record Number: 230

Author: Denton, F., Waddell, A., Kite, C., Hesketh, K., Atkinson, L., Cocks, M., Jones, H., Randevara, H., Davenport, N., Powell, R., Clark, C., Kyrou, I., Harwood, A. E. and McGregor, G.

Year: 2023

Title: Remote maintenance cardiac rehabilitation (MAINTAIN): A protocol for a randomised feasibility study

Journal: Digital Health

Volume: 9

Short Title: Remote maintenance cardiac rehabilitation (MAINTAIN): A protocol for a randomised feasibility study

ISSN: 2055-2076

DOI: 10.1177/20552076231152176

Article Number: 20552076231152176

Accession Number: WOS:000937266300001

Abstract: Background Long-term adherence to exercise is often poor for people with coronary heart disease (CHD) who have completed supervised, centre-based cardiac rehabilitation. The aim of this study is to assess the feasibility of a remotely prescribed,

delivered and monitored cardiac rehabilitation intervention using a wearable device to support long-term adherence to exercise and physical activity during maintenance of cardiac rehabilitation. Methods After completing cardiac rehabilitation, 30 participants with CHD, will be randomised (1:1) to an intervention (n = 15) or a usual care group (n = 15) in a 12-month feasibility randomised controlled trial (RCT). The intervention will comprise of an exercise consultation, personalised exercise prescription delivered via a wearable activity monitor using biometric feedback, regular monitoring via check-ins, and feedback text-messages for 6-months. Participants will be assessed at baseline (following completion of cardiac rehabilitation) and at three-, six-, and 12-months post-randomisation. The primary outcome will be feasibility, including assessment of eligibility, recruitment, adherence, and acceptability. Secondary outcomes will include exercise capacity, physical activity behaviours, cardiovascular disease risk and quality of life. Semi-structured interviews will be conducted at three-, six-, and 12-months post-randomisation (and with those who drop-out) to explore the acceptability of the study intervention and procedures. A questionnaire will be offered to those who decline participation. Discussion The MAINTAIN study will evaluate the feasibility of conducting a future definitive multi-centre RCT testing a remotely prescribed and monitored long-term mHealth maintenance exercise programme, versus usual care, for people with CHD who have completed cardiac rehabilitation.

Notes: Denton, Francesca Waddell, Alexander Kite, Chris Hesketh, Katie Atkinson, Lou Cocks, Matthew Jones, Helen Randeve, Harpal Davenport, Nathan Powell, Richard Clark, Cain Kyrou, Ioannis Harwood, Amy E. McGregor, Gordon

McGregor, Gordon/AAP-1917-2020

McGregor, Gordon/0000-0001-8963-9107; Denton, Francesca/0000-0002-1016-1786; Clark, Dr. Cain/0000-0002-6610-4617; Harwood, Amy Elizabeth/0000-0002-5745-2564

URL: <Go to ISI>://WOS:000937266300001

Reference Type: Journal Article

Record Number: 1046

Author: Derbyshire, A. E., MacKintosh, M. L., Pritchard, C. M., Pontula, A., Ammori, B. J., Syed, A. A., Beeken, R. J. and Crosbie, E. J.

Year: 2022

Title: Women's Risk Perceptions and Willingness to Engage in Risk-Reducing Interventions for the Prevention of Obesity-Related Endometrial Cancer

Journal: International Journal of Womens Health

Volume: 14

Pages: 57-66

Short Title: Women's Risk Perceptions and Willingness to Engage in Risk-Reducing Interventions for the Prevention of Obesity-Related Endometrial Cancer

ISSN: 1179-1411

DOI: 10.2147/ijwh.S326417

Accession Number: WOS:000750552400001

Abstract: Introduction: Endometrial cancer rates are rising in parallel with the global obesity epidemic. Our aim was to assess the willingness of women at greatest risk of obesity-related endometrial cancer to engage with risk-reducing strategies and establish perceived barriers that may preclude their participation in a randomized controlled trial of primary endometrial cancer prevention. Materials and Methods: Women attending gynecology, obesity and sleep apnea clinics in Manchester Academic Health Sciences Centre-affiliated hospitals with obesity classes II (BMI 35-39.9kg/m(2)) and III (BMI >= 40kg/m(2)) were invited to participate in a cross-sectional survey. We asked women about their perceived risk, knowledge of risk factors and willingness to engage with endometrial cancer risk-reducing interventions. Results: Seventy-four women with a median age of 51 years (range 22-73) and BMI of 47kg/m(2) (range 34-81) took part in the study. Two-thirds (65.6%) knew that obesity was a risk factor for endometrial cancer but few were able to recall other major risk factors. Just over half (53.5%) perceived their risk of developing endometrial cancer to be higher than average. Women were prepared to lose weight (94%), eat healthily (91%), exercise more (87%), take a pill every day (74%) or receive an intra-uterine device (49%) for primary endometrial cancer prevention. Perceived barriers included cost, forgetting, willpower, finding time, physical fitness, social anxiety, possible side effects and previous bad experiences. Conclusion: Women at highest risk of obesity-related endometrial cancer may not always appreciate their susceptibility. However, willingness to engage in risk-reducing strategies suggests recruitment to a randomized controlled trial for primary endometrial cancer prevention could be feasible. Notes: Derbyshire, Abigail E. MacKintosh, Michelle L. Pritchard, Christina M. Pontula, Arya Ammori, Basil J. Syed, Akheel A. Beeken, Rebecca J. Crosbie, Emma J. Syed, Akheel A/G-3138-2011; Beeken, Rebecca/HPG-2516-2023 Syed, Akheel A/0000-0001-8696-7121; Beeken, Rebecca/0000-0001-8287-9351; Crosbie, Emma/0000-0003-0284-8630 URL: <Go to ISI>://WOS:000750552400001

Reference Type: Journal Article

Record Number: 2371

Author: DeSmet, A., Van Ryckeghem, D., Compernelle, S., Baranowski, T., Thompson, D., Crombez, G., Poels, K., Van Lippevelde, W., Bastiaensens, S., Van Cleemput, K., Vandebosch, H. and De Bourdeaudhuij, I.

Year: 2014

Title: A meta-analysis of serious digital games for healthy lifestyle promotion

Journal: Preventive Medicine

Volume: 69

Pages: 95-107

Date: Dec

Short Title: A meta-analysis of serious digital games for healthy lifestyle promotion

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2014.08.026

Accession Number: WOS:000346221600018

Abstract: Several systematic reviews have described health-promoting effects of serious games but so far no meta-analysis has been reported. This paper presents a meta-analysis of 54 serious digital game studies for healthy lifestyle promotion, in which we investigated the overall effectiveness of serious digital games on healthy lifestyle promotion outcomes and the role of theoretically and clinically important moderators. Findings showed that serious games have small positive effects on healthy lifestyles ($g = 0.260$, 95% CI $0.148; 0.373$) and their determinants ($g = 0.334$, 95% CI $0.260; 0.407$), especially for knowledge. Effects on clinical outcomes were significant, but much smaller ($g = 0.079$, 95% CI $0.038; 0.120$). Long-term effects were maintained for all outcomes except for behavior. Serious games are best individually tailored to both socio-demographic and change need information, and benefit from a strong focus on game theories or a dual theoretical foundation in both behavioral prediction and game theories. They can be effective either as a stand-alone or multi-component programs, and appeal to populations regardless of age and gender. Given that effects of games remain heterogeneous, further explorations of which game features create larger effects are needed. (C) 2014 Elsevier Inc. All rights reserved.

Notes: DeSmet, Ann Van Ryckeghem, Dimitri Compernelle, Sofie Baranowski, Tom Thompson, Debbe Crombez, Geert Poels, Karolien Van Lippevelde, Wendy Bastiaensens, Sara Van Cleemput, Katrien Vandebosch, Heidi De Bourdeaudhuij, Ilse Van ryckeghem, Dimitri/P-8116-2019; Van Lippevelde, Wendy/AAM-6490-2021; Van Ryckeghem, Dimitri ML/R-6061-2018; De+Bourdeaudhuij, Ilse/AAC-5528-2019; Vandebosch, Heidi/A-6858-2017; Poels, Karolien/AAT-3647-2021; Thompson, Debbe/GOV-5741-2022 Van ryckeghem, Dimitri/0000-0002-4981-8896; Van Ryckeghem, Dimitri ML/0000-0002-4981-8896; De+Bourdeaudhuij, Ilse/0000-0001-9969-7597; Vandebosch, Heidi/0000-0001-6779-3170; Poels, Karolien/0000-0002-5276-0293; Thompson, Debbe/0000-0002-5491-8816; Baranowski, Tom/0000-0002-0653-2222; DeSmet, Ann/0000-0002-7473-140X; Van Lippevelde, Wendy/0000-0002-8535-0215; Compernelle, Sofie/0000-0001-7742-2592; Bastiaensens, Sara/0000-0001-7430-9404 1096-0260
URL: <Go to ISI>://WOS:000346221600018

Reference Type: Journal Article

Record Number: 2485

Author: Desroches, S., Lapointe, A., Ratte, S., Gravel, K., Legare, F. and Turcotte, S.

Year: 2013

Title: Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults

Journal: Cochrane Database of Systematic Reviews

Issue: 2

Short Title: Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults

ISSN: 1469-493X

DOI: 10.1002/14651858.CD008722.pub2

Article Number: Cd008722

Accession Number: WOS:000315460300010

Abstract: Background It has been recognized that poor adherence can be a serious risk to the health and wellbeing of patients, and greater adherence to dietary advice is a critical component in preventing and managing chronic diseases. Objectives To assess the effects of interventions for enhancing adherence to dietary advice for preventing and managing chronic diseases in adults. Search methods We searched the following electronic databases up to 29 September 2010: The Cochrane Library (issue 9 2010), PubMed, EMBASE (Embase.com), CINAHL (Ebsco) and PsycINFO (PsycNET) with no language restrictions. We also reviewed: a) recent years of relevant conferences, symposium and colloquium proceedings and abstracts; b) web-based registries of clinical trials; and c) the bibliographies of included studies. Selection criteria We included randomized controlled trials that evaluated interventions enhancing adherence to dietary advice for preventing and managing chronic diseases in adults. Studies were eligible if the primary outcome was the client's adherence to dietary advice. We defined 'client' as an adult participating in a chronic disease prevention or chronic disease management study involving dietary advice. Data collection and analysis Two review authors independently assessed the eligibility of the studies. They also assessed the risk of bias and extracted data using a modified version of the Cochrane Consumers and Communication Review Group data extraction template. Any discrepancies in judgement were resolved by discussion and consensus, or with a third review author. Because the studies differed widely with respect to interventions, measures of diet adherence, dietary advice, nature of the chronic diseases and duration of interventions and follow-up, we conducted a qualitative analysis. We classified included studies according to the function of the intervention and present results in a narrative table using vote counting for each category of intervention. Main results We included 38 studies involving 9445 participants. Among studies that measured diet adherence outcomes between an intervention group and a control/usual care group, 32 out of 123 diet adherence outcomes favoured the intervention group, 4 favoured the control group whereas 62 had no significant difference between groups (assessment was impossible for 25 diet adherence outcomes since data and/or statistical analyses needed for comparison between groups were not provided). Interventions shown to improve at least one diet adherence outcome are: telephone follow-up, video, contract, feedback, nutritional tools and more complex interventions including multiple interventions. However, these interventions also shown no difference in some diet adherence outcomes compared to a control/usual care group making inconclusive results about the most effective intervention to enhance dietary advice. The majority of studies reporting a diet adherence outcome favouring the intervention group compared to the control/usual care group in the short-term also reported no significant effect at later time points. Studies investigating interventions such as a group session, individual session, reminders, restriction and behaviour change techniques reported no diet adherence outcome showing a

statistically significant difference favouring the intervention group. Finally, studies were generally of short duration and low quality, and adherence measures varied widely. Authors' conclusions There is a need for further, long-term, good-quality studies using more standardized and validated measures of adherence to identify the interventions that should be used in practice to enhance adherence to dietary advice in the context of a variety of chronic diseases.

Notes: Desroches, Sophie Lapointe, Annie Ratte, Stephane Gravel, Karine Legare, France Turcotte, Stephane
1361-6137

URL: <Go to ISI>://WOS:000315460300010

Reference Type: Journal Article

Record Number: 2159

Author: Desveaux, L., Gomes, T., Tadrous, M., Jeffs, L., Taljaard, M., Rogers, J., Bell, C. M. and Ivers, N. M.

Year: 2016

Title: Appropriate prescribing in nursing homes demonstration project (APDP) study protocol: pragmatic, cluster-randomized trial and mixed methods process evaluation of an Ontario policy-maker initiative to improve appropriate prescribing of antipsychotics

Journal: Implementation Science

Volume: 11

Date: Mar

Short Title: Appropriate prescribing in nursing homes demonstration project (APDP) study protocol: pragmatic, cluster-randomized trial and mixed methods process evaluation of an Ontario policy-maker initiative to improve appropriate prescribing of antipsychotics

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0410-x

Article Number: 45

Accession Number: WOS:000373182100001

Abstract: Background: Antipsychotic medications are routinely prescribed in nursing homes to address the behavioral and psychological symptoms of dementia. Unfortunately, inappropriate prescribing of antipsychotic medications is common and associated with increased morbidity, adverse drug events, and hospitalizations. Multifaceted interventions can achieve a 12-20 % reduction in antipsychotic prescribing levels in nursing homes. Effective interventions have featured educational outreach and ongoing performance feedback. Methods/Design: This pragmatic, cluster-randomized control trial and embedded process evaluation seeks to determine the effect of adding academic detailing to audit and feedback on prescribing of antipsychotic medications in nursing homes, compared with audit and feedback alone. Nursing homes within pre-determined regions of Ontario, Canada, are eligible if they express an interest in the intervention. The academic detailing intervention will be delivered by registered health professionals following an intensive training program including relevant clinical issues and techniques to support health professional behavior change. Physicians in both groups will have the opportunity to access confidential reports summarizing their prescribing patterns

for antipsychotics in comparison to the local and provincial average. Participating homes will be allocated to one of the two arms of the study (active/full intervention versus standard audit and feedback) in two waves, with a 2:1 allocation ratio. Homes will be randomized after stratifying for geography, baseline antipsychotic prescription rates, and size, to ensure a balance of characteristics. The primary outcome is antipsychotic dispensing in nursing homes, measured 6 months after allocation; secondary outcomes include clinical outcomes and healthcare utilization. Discussion: Policy-makers and the public have taken note that antipsychotics are used in nursing homes in Ontario far more than other jurisdictions. Academic detailing can be an effective technique to address challenges in appropriate prescribing in nursing homes, but effect sizes vary widely. This opportunistic, policy-driven evaluation, embedded within a government-initiated demonstration project, was designed to ensure policy-makers receive the best evidence possible regarding whether and how to scale up the intervention.

Notes: Desveaux, Laura Gomes, Tara Tadrous, Mina Jeffs, Lianne Taljaard, Monica Rogers, Jess Bell, Chaim M. Ivers, Noah M. Jeffs, Lianne P/U-9147-2018; Bell, Chaim/C-4611-2015; Ivers, Noah/0-7643-2018; Tadrous, Mina/E-9136-2018
Bell, Chaim/0000-0002-3778-9469; Gomes, Tara/0000-0002-1468-1965; Ivers, Noah/0000-0003-2500-2435; Taljaard, Monica/0000-0002-3978-8961; Tadrous, Mina/0000-0003-1911-6129
URL: <Go to ISI>://WOS:000373182100001

Reference Type: Journal Article

Record Number: 107

Author: Dharma, C. and Bondy, S. J.

Year: 2023

Title: Changes in Concerns and Preventative Behaviours of Canadians During the COVID-19 Pandemic and Their Demographic Associations

Journal: Canadian Journal of Behavioural Science-Revue Canadienne Des Sciences Du Comportement

Date: 2023 Mar

Short Title: Changes in Concerns and Preventative Behaviours of Canadians During the COVID-19 Pandemic and Their Demographic Associations

ISSN: 0008-400X

DOI: 10.1037/cbs0000373

Accession Number: WOS:000947173700001

Abstract: Understanding diversity of views, values, and experiences through audience segmentation are essential elements in effective public health messaging. The present study aims to describe the patterns of preventive behaviours and concerns among Canadians throughout different times of the pandemic, as well as identify demographic characteristics that are associated with these patterns. A probability-based sample of 4,627 Canadians was collected by Statistics Canada to complete COVID-19-related surveys in April 2020 and July 2020. Latent class analysis was used to determine the clusters of concerns and preventive behaviours from 21 variables; a set of chi-square tests were run to determine the demographic

association. Six classes emerge with varying levels of concerns and preventive behaviours across both time points, albeit some of the group interpretations have changed. Most notably, one latent group showed very little concern about the pandemic. All groups, including the ones with the least concern, still performed the most basic preventive measures such as washing their hands more often across both times. There were also some notable groups who were concerned about social cohesion on top of concerns for overall population health. Demographic associations appear mixed across time, although men, rural residents, and those with lower education were more likely to be in the group showing the least concerns and fewest preventive behaviours. Novel strategies might be required to reach segments whose concerns might be unaddressed and continually skeptical towards public health messaging for the ongoing vaccine rollouts and future health crisis.

Notes: Dharma, Christoffer Bondy, Susan J.

Dharma, Christoffer/0000-0002-5223-5755

1879-2669

URL: <Go to ISI>://WOS:000947173700001

Reference Type: Journal Article

Record Number: 434

Author: Dhinakaran, D. A., Martinengo, L., Ho, M. H. R., Joty, S., Kowatsch, T., Atun, R. and Car, L. T.

Year: 2022

Title: Designing, Developing, Evaluating, and Implementing a Smartphone-Delivered, Rule-Based Conversational Agent (DISCOVER): Development of a Conceptual Framework

Journal: Jmir Mhealth and Uhealth

Volume: 10

Issue: 10

Date: Oct

Short Title: Designing, Developing, Evaluating, and Implementing a Smartphone-Delivered, Rule-Based Conversational Agent (DISCOVER): Development of a Conceptual Framework

ISSN: 2291-5222

DOI: 10.2196/38740

Article Number: e38740

Accession Number: WOS:000882790100004

Abstract: Background: Conversational agents (CAs), also known as chatbots, are computer programs that simulate human conversations by using predetermined rule-based responses or artificial intelligence algorithms. They are increasingly used in health care, particularly via smartphones. There is, at present, no conceptual framework guiding the development of smartphone-based, rule-based CAs in health care. To fill this gap, we propose structured and tailored guidance for their design, development, evaluation, and implementation. Objective: The aim of this study was to develop a conceptual framework for the design, evaluation, and implementation of smartphone-delivered, rule-based, goal-oriented, and text-based CAs for health care. Methods: We followed the approach by Jabareen, which was based on the grounded theory method, to develop this conceptual framework. We performed 2 literature reviews focusing on

health care CAs and conceptual frameworks for the development of mobile health interventions. We identified, named, categorized, integrated, and synthesized the information retrieved from the literature reviews to develop the conceptual framework. We then applied this framework by developing a CA and testing it in a feasibility study. Results: The Designing, Developing, Evaluating, and Implementing a Smartphone-Delivered, Rule-Based Conversational Agent (DISCOVER) conceptual framework includes 8 iterative steps grouped into 3 stages, as follows: design, comprising defining the goal, creating an identity, assembling the team, and selecting the delivery interface; development, including developing the content and building the conversation flow; and the evaluation and implementation of the CA. They were complemented by 2 cross-cutting considerations—user-centered design and privacy and security—that were relevant at all stages. This conceptual framework was successfully applied in the development of a CA to support lifestyle changes and prevent type 2 diabetes. Conclusions: Drawing on published evidence, the DISCOVER conceptual framework provides a step-by-step guide for developing rule-based, smartphone-delivered CAs. Further evaluation of this framework in diverse health care areas and settings and for a variety of users is needed to demonstrate its validity. Future research should aim to explore the use of CAs to deliver health care interventions, including behavior change and potential privacy and safety concerns.

Notes: Dhinakaran, Dhakshenya Ardhithy Martinengo, Laura Ho, Moon-Ho Ringo Joty, Shafiq Kowatsch, Tobia Atun, Rifat Car, Loraine Tudor Martinengo, Laura/AAY-8201-2020
Martinengo, Laura/0000-0003-3539-7207; Dhinakaran, Dhakshenya Ardhithy/0000-0003-0629-5199; Tudor Car, Loraine/0000-0001-8414-7664; Atun, Rifat/0000-0002-1531-5983
URL: <Go to ISI>://WOS:000882790100004

Reference Type: Journal Article

Record Number: 1084

Author: Dhinakaran, D. A., Sathish, T., Soong, A., Theng, Y. L., Best, J. and Car, L. T.

Year: 2021

Title: Conversational Agent for Healthy Lifestyle Behavior Change: Web-Based Feasibility Study

Journal: Jmir Formative Research

Volume: 5

Issue: 12

Date: Dec

Short Title: Conversational Agent for Healthy Lifestyle Behavior Change: Web-Based Feasibility Study

DOI: 10.2196/27956

Article Number: e27956

Accession Number: WOS:000853675400018

Abstract: Background: The rising incidence of chronic diseases is a growing concern, especially in Singapore, which is one of the high-income countries with the highest prevalence of diabetes.

Interventions that promote healthy lifestyle behavior changes have been proven to be effective in reducing the progression of

prediabetes to diabetes, but their in-person delivery may not be feasible on a large scale. Novel technologies such as conversational agents are a potential alternative for delivering behavioral interventions that promote healthy lifestyle behavior changes to the public. Objective: The aim of this study is to assess the feasibility and acceptability of using a conversational agent promoting healthy lifestyle behavior changes in the general population in Singapore. Methods: We performed a web-based, single-arm feasibility study. The participants were recruited through Facebook over 4 weeks. The Facebook Messenger conversational agent was used to deliver the intervention. The conversations focused on diet, exercise, sleep, and stress and aimed to promote healthy lifestyle behavior changes and improve the participants' knowledge of diabetes. Messages were sent to the participants four times a week (once for each of the 4 topics of focus) for 4 weeks. We assessed the feasibility of recruitment, defined as at least 75% (150/200) of our target sample of 200 participants in 4 weeks, as well as retention, defined as 33% (66/200) of the recruited sample completing the study. We also assessed the participants' satisfaction with, and usability of, the conversational agent. In addition, we performed baseline and follow-up assessments of quality of life, diabetes knowledge and risk perception, diet, exercise, sleep, and stress. Results: We recruited 37.5% (75/200) of the target sample size in 1 month. Of the 75 eligible participants, 60 (80%) provided digital informed consent and completed baseline assessments. Of these 60 participants, 56 (93%) followed the study through till completion. Retention was high at 93% (56/60), along with engagement, denoted by 50% (30/60) of the participants communicating with the conversational agent at each interaction. Acceptability, usability, and satisfaction were generally high. Preliminary efficacy of the intervention showed no definitive improvements in health-related behavior. Conclusions: The delivery of a conversational agent for healthy lifestyle behavior change through Facebook Messenger was feasible and acceptable. We were unable to recruit our planned sample solely using the free options in Facebook. However, participant retention and conversational agent engagement rates were high. Our findings provide important insights to inform the design of a future randomized controlled trial. Notes: Dhinakaran, Dhakshenya Ardhithy Sathish, Thirunavukkarasu Soong, AiJia Theng, Yin-Leng Best, James Car, Lorainne Tudor Thirunavukkarasu, Sathish/ABM-9697-2022 Thirunavukkarasu, Sathish/0000-0002-2016-4964; Tudor Car, Lorainne/0000-0001-8414-7664; Dhinakaran, Dhakshenya Ardhithy/0000-0003-0629-5199; Theng, Yin-Leng/0000-0003-2351-8884; Best, James/0000-0002-5239-9274 2561-326x URL: <Go to ISI>://WOS:000853675400018

Reference Type: Journal Article

Record Number: 863

Author: Di Sebastiano, K. M., Lau, E. Y., Yun, L. R. and Faulkner, G.

Year: 2022

Title: An Evaluation of a Commercialized mHealth Intervention to Promote Physical Activity in the Workplace

Journal: Frontiers in Public Health

Volume: 10

Date: Mar

Short Title: An Evaluation of a Commercialized mHealth Intervention to Promote Physical Activity in the Workplace

DOI: 10.3389/fpubh.2022.740350

Article Number: 740350

Accession Number: WOS:000777345500001

Abstract: BackgroundUPnGO with ParticipACTION (UPnGO) was a commercialized 12-month workplace physical activity intervention, aimed at encouraging employees to sit less and move more at work. Its design took advantage of the ubiquitous nature of mobile fitness trackers and aimed to be implemented in any office-based workplace in Canada. The program was available at cost from June 2017 to April 2020. The objectives of this study are to evaluate the program and identify key lessons from the commercialization of UPnGO.

MethodsUsing a quasi-experimental design over 3 time points: baseline, 6 months, 12 months, five evaluation indicators were measured as guided by the RE-AIM framework. Reach was defined as the number and percentage of employees who registered for UPnGO and the number and percentage of sedentary participants registered. Effectiveness was assessed through average daily step count.

Adoption was determined by workplace champion and senior leadership responses to the off-platform survey. Implementation was assessed as the percentage of participants who engaged with specific program elements at the 3-evaluation time points. Maintenance was assessed by the number of companies who renewed their contracts for UPnGO.

ResultsReach across 17 organizations, 1980 employees participated in UPnGO, with 27% of participants identified as sedentary at baseline. Effectiveness Daily step count declined from 7,116 +/- 3,558 steps at baseline to 6,969 +/- 6,702 ($p = <0.001$) at 12 months. Adoption Workplace champion and senior leadership engagement declined from 189 to 21 and 106 to 5 from baseline to 12 months, respectively.

Maintenance Two companies renewed their contracts beyond the first year. ConclusionsThe commercialization of UPnGO was an ambitious initiative that met with limited success; however, some key lessons can be generated from the attempt. The workplace remains an important environment for PA interventions but effective mHealth PA programs may be difficult to implement and sustain long-term.

Notes: Di Sebastiano, Katie M. Lau, Erica Y. Yun, Lira Faulkner, Guy 2296-2565

URL: <Go to ISI>://WOS:000777345500001

Reference Type: Journal Article

Record Number: 175

Author: Diamond-Smith, N., Walker, D., Afulani, P. A., Donnay, F., Lin, S., Peca, E. and Stanton, M. E.

Year: 2023

Title: The Case for Using a Behavior Change Model to Design Interventions to Promote Respectful Maternal Care

Journal: Global Health-Science and Practice

Volume: 11
Issue: 1
Date: Feb
Short Title: The Case for Using a Behavior Change Model to Design Interventions to Promote Respectful Maternal Care
ISSN: 2169-575X
DOI: 10.9745/ghsp-d-22-00278
Article Number: e2200278
Accession Number: WOS:000941563100010
Notes: Diamond-Smith, Nadia Walker, Dilys Afulani, Patience A. Donnay, France Lin, Sunny (Pei Yi) Peca, Emily Stanton, Mary Ellen
URL: <Go to ISI>://WOS:000941563100010

Reference Type: Journal Article

Record Number: 1508

Author: Dianati, K., Schafer, L., Milner, J., Gomez-Sanabria, A., Gitau, H., Hale, J., Langmaack, H., Kiesewetter, G., Muindi, K., Mberu, B., Zimmermann, N., Michie, S., Wilkinson, P. and Davies, M.
Year: 2021

Title: A system dynamics-based scenario analysis of residential solid waste management in Kisumu, Kenya

Journal: Science of the Total Environment

Volume: 777

Date: Jul

Short Title: A system dynamics-based scenario analysis of residential solid waste management in Kisumu, Kenya

ISSN: 0048-9697

DOI: 10.1016/j.scitotenv.2021.146200

Article Number: 146200

Accession Number: WOS:000655612000018

Abstract: The problem of solid waste management presents an issue of increasing importance in many low-income settings, including the progressively urbanised context of Kenya. Kisumu County is one such setting with an estimated 500 t of waste generated per day and with less than half of it regularly collected. The open burning and natural decay of solid waste is an important source of greenhouse gas (GHG) emissions and atmospheric pollutants with adverse health consequences. In this paper, we use system dynamics modelling to investigate the expected impact on GHG and PM_{2.5} emissions of (i) a waste-to-biogas initiative and (ii) a regulatory ban on the open burning of waste in landfill. We use life tables to estimate the impact on mortality of the reduction in PM_{2.5} exposure. Our results indicate that combining these two interventions can generate over 1.1 million tonnes of cumulative savings in GHG emissions by 2035, of which the largest contribution (42%) results from the biogas produced replacing unclean fuels in household cooking. Combining the two interventions is expected to reduce PM_{2.5} emissions from the waste and residential sectors by over 30% compared to our baseline scenario by 2035, resulting in at least around 1150 cumulative life years saved over 2021-2035. The contribution and novelty of this study lies in the quantification of a potential waste-to-biogas scenario and its environmental and health impact in Kisumu for the first time. (C) 2021 The Authors. Published by Elsevier B.V.

Notes: Dianati, K. Schafer, L. Milner, J. Gomez-Sanabria, A. Gitau, H. Hale, J. Langmaack, H. Kieseletter, G. Muindi, K. Mberu, B. Zimmermann, N. Michie, S. Wilkinson, P. Davies, M. Davies, Michael/GWV-2527-2022; Michie, Susan/A-1745-2010 Hale, Joanna/0000-0003-3610-8411; Michie, Susan/0000-0003-0063-6378; Kieseletter, Gregor/0000-0002-9369-9812 1879-1026
URL: <Go to ISI>://WOS:000655612000018

Reference Type: Journal Article

Record Number: 1248

Author: Dicker, D., Alfadda, A. A., Coutinho, W., Cuevas, A., Halford, J. C. G., Hughes, C. A., Iwabu, M., Kang, J. H., Nawar, R., Reynoso, R., Rhee, N., Rigas, G., Salvador, J., Sbraccia, P., Vazquez-Velazquez, V. and Catterson, I. D.

Year: 2021

Title: Patient motivation to lose weight: Importance of healthcare professional support, goals and self-efficacy

Journal: European Journal of Internal Medicine

Volume: 91

Pages: 10-16

Date: Sep

Short Title: Patient motivation to lose weight: Importance of healthcare professional support, goals and self-efficacy

ISSN: 0953-6205

DOI: 10.1016/j.ejim.2021.01.019

Accession Number: WOS:000690383400003

Abstract: Background: People with obesity (PwO) often struggle to achieve and maintain weight loss. This can perpetuate and/or be influenced by feelings of low motivation. This analysis from ACTION-IO data identified factors associated with PwO motivation to lose weight. Methods: PwO completed an online survey in 11 countries. Exploratory multinomial logistic regression analyses identified independent variables associated with self-report of feeling motivated versus not motivated to lose weight. Results: Data from 10,854 PwO were included (5,369 motivated; 3,312 neutral; 2,173 not motivated). Variables associated with feeling motivated versus not motivated included (odds ratio [95% confidence interval]): acknowledgement of healthcare professional (HCP) responsibility to contribute to weight loss (2.32 [1.86-2.88]), comfort in talking to their HCP about weight (1.46 [1.24-1.72]), agreement that it is easy to lose weight (1.73 [1.30-2.31]), and a goal of reducing risks from excess weight (1.45 [1.22-1.73]). Conversely, if PwO considered obesity less important than other diseases they were less likely to report feeling motivated (0.49 [0.41-0.58]). PwO who reported being motivated to lose weight were more likely to exercise ≥ 5 times a week versus <1 time a week (2.77 [2.09-3.68]) than those who reported they were not motivated. Conclusions: Positive interactions with HCPs, self-efficacy, setting goals and knowledge of the importance of weight management, in addition to regular exercising, may increase PwO motivation for weight loss. Appropriate HCP support may help PwO who are ready to engage in weight management. Clinical trial registration: : NCT03584191.

Notes: Dicker, Dror Alfadda, Assim A. Coutinho, Walmir Cuevas, Ada Halford, Jason C. G. Hughes, Carly A. Iwabu, Masato Kang, Jae-Heon Nawar, Rita Reynoso, Ricardo Rhee, Nicolai Rigas, Georgia Salvador, Javier Sbraccia, Paolo Vazquez-Velazquez, Veronica Caterson, Ian D. Nawar, Rita/IAR-0401-2023; Hughes, Carly/AAE-8274-2021; Alfadda, Assim/AAF-4499-2020
Hughes, Carly/0000-0001-9560-7873; Halford, Jason Christian Grovenor/0000-0003-1629-3189; Kang, Jae-Heon/0000-0002-5209-0824; Reynoso Mendoza, Ricardo Arturo/0000-0002-5468-9582
1879-0828
URL: <Go to ISI>://WOS:000690383400003

Reference Type: Journal Article

Record Number: 466

Author: Diefenbacher, S., Grgic, M., Neuberger, F., Maly-Motta, H., Spensberger, F. and Kuger, S.

Year: 2022

Title: Pedagogical practices in ECEC institutions and children's linguistic, motor, and socio-emotional needs during the COVID-19 pandemic: results from a longitudinal multi-perspective study in Germany

Journal: Early Child Development and Care

Date: 2022 Sep

Short Title: Pedagogical practices in ECEC institutions and children's linguistic, motor, and socio-emotional needs during the COVID-19 pandemic: results from a longitudinal multi-perspective study in Germany

ISSN: 0300-4430

DOI: 10.1080/03004430.2022.2116431

Accession Number: WOS:000858056500001

Abstract: During the COVID-19 pandemic, German early childhood education and care (ECEC) institutions had to limit their provision of ECEC, implement protective measures, and handle new organizational tasks. Data from two longitudinal surveys (October 2020 to July 2021) among ECEC managers and pedagogical staff were analysed. Limited staff resources, limited access, and high pandemic-related challenges (i.e. difficulties and conflicts related to implementing protective measures), were negatively associated with the frequency of pedagogical practices (Models 1, 2). Manager ratings suggested increased developmental needs for children with low socio-economic status; also higher frequency of pedagogical practices at early stages of the pandemic (T1) was associated with lower increase of developmental needs at a later stage (T2, about 5 months later). In sum, this contribution provides evidence about how the COVID-19 pandemic might have affected quality in ECEC provision on both the structural and interaction level and how this, subsequently, impacted child outcomes.

Notes: Diefenbacher, S. Grgic, M. Neuberger, F. Maly-Motta, H. Spensberger, F. Kuger, S.

Diefenbacher, Svenne/0000-0001-7560-2565; Kuger, Susanne/
0000-0002-7874-7556
1476-8275

URL: <Go to ISI>://WOS:000858056500001

Reference Type: Journal Article

Record Number: 2359

Author: DiLiberto, D. D., Staedke, S. G., Nankya, F., Maiteki-Sebuguzi, C., Taaka, L., Nayiga, S., Kanya, M. R., Haaland, A. and Chandler, C. I. R.

Year: 2015

Title: Behind the scenes of the PRIME intervention: designing a complex intervention to improve malaria care at public health centres in Uganda

Journal: Global Health Action

Volume: 8

Short Title: Behind the scenes of the PRIME intervention: designing a complex intervention to improve malaria care at public health centres in Uganda

DOI: 10.3402/gha.v8.29067

Article Number: 29067

Accession Number: WOS:000363400100001

Abstract: Background: In Uganda, health system challenges limit access to good quality healthcare and contribute to slow progress on malaria control. We developed a complex intervention (PRIME), which was designed to improve quality of care for malaria at public health centres. Objective: Responding to calls for increased transparency, we describe the PRIME intervention's design process, rationale, and final content and reflect on the choices and challenges encountered during the design of this complex intervention. Design: To develop the intervention, we followed a multistep approach, including the following: 1) formative research to identify intervention target areas and objectives; 2) prioritization of intervention components; 3) review of relevant evidence; 4) development of intervention components; 5) piloting and refinement of workshop modules; and 6) consolidation of the PRIME intervention theories of change to articulate why and how the intervention was hypothesized to produce desired outcomes. We aimed to develop an intervention that was evidence-based, grounded in theory, and appropriate for the study context; could be evaluated within a randomized controlled trial; and had the potential to be scaled up sustainably. Results: The process of developing the PRIME intervention package was lengthy and dynamic. The final intervention package consisted of four components: 1) training in fever case management and use of rapid diagnostic tests for malaria (mRDTs); 2) workshops in health centre management; 3) workshops in patient-centred services; and 4) provision of mRDTs and antimalarials when stocks ran low.

Conclusions: The slow and iterative process of intervention design contrasted with the continually shifting study context. We highlight the considerations and choices made at each design stage, discussing elements we included and why, as well as those that were ultimately excluded. Reflection on and reporting of 'behind the scenes' accounts of intervention design may improve the design, assessment, and generalizability of complex interventions and their evaluations.

Notes: DiLiberto, Deborah D. Staedke, Sarah G. Nankya, Florence Maiteki-Sebuguzi, Catherine Taaka, Lilian Nayiga, Susan Kanya, Moses R. Haaland, Ane Chandler, Clare I. R.

DiLiberto, Deborah/0000-0003-0528-5773; Chandler, Clare/
0000-0001-6499-7522
1654-9880
URL: <Go to ISI>://WOS:000363400100001

Reference Type: Journal Article

Record Number: 1594

Author: Dillon, L., Gandhi, S., Tang, D., Liew, G., Hackett, M.,
Craig, A., Mitchell, P., Keay, L. and Gopinath, B.

Year: 2021

Title: Perspectives of people with late age-related macular
degeneration on mental health and mental wellbeing programmes: a
qualitative study

Journal: Ophthalmic and Physiological Optics

Volume: 41

Issue: 2

Pages: 255-265

Date: Mar

Short Title: Perspectives of people with late age-related macular
degeneration on mental health and mental wellbeing programmes: a
qualitative study

ISSN: 0275-5408

DOI: 10.1111/opo.12779

Accession Number: WOS:000606516600001

Abstract: Purpose: People with age-related macular degeneration
(AMD) experience high rates of depression, but rarely engage in or
have access to tailored mental wellbeing programmes. This
qualitative study investigated the perspectives of those primarily
with late AMD on mental health and mental wellbeing programmes.
Methods: Twenty-eight people with late AMD in at least one eye, and
one person with early AMD in both eyes, aged 56-87 years (mean age
78 years) attending a private eye clinic between December 2019 and
January 2020 in Sydney, New South Wales, Australia, participated.
Individual semi-structured interviews were conducted and analysed
deductively using content analysis, following the individual level
factors for health promotion interventions in the behaviour change
wheel: Capability (Physical & Psychological), Opportunity (Physical
& Social), and Motivation (Reflective & Automatic). Results; Six
major themes were identified: Capability: (1) Impact of vision loss
on mobility and leisure pursuits; (2) Adjustment to living with
vision loss; Opportunity: (3) Program considerations for those with
AMD; (4) Stigma and self-perception of vision loss and mental
health; Motivation: (5) Accumulation of vision-related issues as a
barrier to participation; (6) Examples of others living with vision
loss. General personal factors relevant to delivery of a programme
in this age group were also identified: Comorbidities; Limitations
using technology; Isolation; Financial concerns and Beliefs that
undesired effects of aging are inevitable. Conclusions: Complex
individual, environmental and social factors influence the
perspectives of people with late AMD on mental health, and potential
participation in mental wellbeing programmes. These factors should
be considered when developing and implementing mental wellbeing
programmes to improve the emotional and functional rehabilitation

outcomes for people with AMD.

Notes: Dillon, Lisa Gandhi, Sarthak Tang, Diana Liew, Gerald Hackett, Maree Craig, Ashley Mitchell, Paul Keay, Lisa Gopinath, Bamini

Liew, Gerald/AAB-6870-2022; Hackett, Maree L/0-8752-2016

Hackett, Maree L/0000-0003-1211-9087; Tang, Diana/

0000-0003-2007-9054; Gandhi, Sarthak/0000-0003-4198-8505; Dillon,

Lisa/0000-0002-8124-6154; Keay, Lisa/0000-0003-2215-0678

1475-1313

URL: <Go to ISI>://WOS:000606516600001

Reference Type: Journal Article

Record Number: 1252

Author: Dimitrova, V. and Mitrovic, A.

Year: 2022

Title: Choice Architecture for Nudges to Support Constructive Learning in Active Video Watching

Journal: International Journal of Artificial Intelligence in Education

Volume: 32

Issue: 4

Pages: 892-930

Date: Dec

Short Title: Choice Architecture for Nudges to Support Constructive Learning in Active Video Watching

ISSN: 1560-4292

DOI: 10.1007/s40593-021-00263-1

Accession Number: WOS:000687925900002

Abstract: Video-based learning is widely used today in both formal education and informal learning in a variety of contexts. Videos are especially powerful for transferable skills learning (e.g. communicating, negotiating, collaborating), where contextualization in personal experience and ability to see different perspectives are crucial. With the ubiquity of widely available video content, video-based learning is seen as one of the main strategies to provide engaging learning environments. However, numerous studies show that to learn effectively while watching videos, students need to engage actively with video content. We have developed an active video watching platform (AVW-Space) to facilitate engagement with video content by providing means for constructive learning. The initial studies with AVW-Space on presentation skills show that only students who commented on videos and who rated comments written by their peers have improved their understanding of the target transferable skill. In order to foster deeper engagement, we designed a choice architecture and a set of nudges to encourage students to engage deeper. We conducted two studies investigating the effect of nudges. The results provide evidence that the initial set of implemented nudges is effective: the students who received nudges wrote more comments, used different aspects, and there were more students who wrote comments. The nudges were particularly helpful for undergraduate students who were less experienced in self-regulated learning. Future work includes designing additional nudges to enhance student engagement by improving the quality of

comments and by encouraging participation in collaborative activities.

Notes: Dimitrova, Vania Mitrovic, Antonija Mitrovic, Antonija/0000-0003-0936-0806
1560-4306
URL: <Go to ISI>://WOS:000687925900002

Reference Type: Conference Proceedings

Record Number: 2036

Author: Dimitrova, V., Mitrovic, A., Piotrkowicz, A., Lau, L. D., Weerasinghe, A. and Acm

Year of Conference: 2017

Title: Using Learning Analytics to Devise Interactive Personalised Nudges for Active Video Watching

Conference Name: 25th ACM International Conference on User Modeling, Adaptation and Personalization (UMAP)

Conference Location: Bratislava, SLOVAKIA

Pages: 22-31

Date: Jul 09-12

Sponsor: Assoc Comp Machinery, Acm Sigchi Acm Sigweb

Short Title: Using Learning Analytics to Devise Interactive Personalised Nudges for Active Video Watching

ISBN: 978-1-4503-4635-1

DOI: 10.1145/3079628.3079683

Source: Proceedings of the 25th conference on user modeling, adaptation and personalization (umap'17)

Year Published:2017

Accession Number: WOS:000850446100006

Abstract: Videos can be a powerful medium for acquiring soft skills, where learning requires contextualisation in personal experience and ability to see different perspectives. However, to learn effectively while watching videos, students need to actively engage with video content. We implemented interactive notetaking during video watching in an active video watching system (AVW) as a means to encourage engagement. This paper proposes a systematic approach to utilise learning analytics for the introduction of adaptive intervention – a choice architecture for personalised nudges in the AVW to extend learning. A user study was conducted and used as an illustration. By characterising clusters derived from user profiles, we identify different styles of engagement, such as parochial learning, habitual video watching, and self-regulated learning (which is the target ideal behaviour). To find opportunities for interventions, interaction traces in the AVW were used to identify video intervals with high user interest and relevant behaviour patterns that indicate when nudges may be triggered. A prediction model was developed to identify comments that are likely to have high social value, and can be used as examples in nudges. A framework for interactive personalised nudges was then conceptualised for the case study.

Notes: Dimitrova, Vania Mitrovic, Antonija Piotrkowicz, Alicja Lau, Lydia Weerasinghe, Amali

URL: <Go to ISI>://WOS:000850446100006

Reference Type: Journal Article

Record Number: 2113

Author: Dinsdale, S., Branch, K., Cook, L. and Shucksmith, J.

Year: 2016

Title: "As soon as you've had the baby that's it..." a qualitative study of 24 postnatal women on their experience of maternal obesity care pathways

Journal: BMC Public Health

Volume: 16

Date: Jul

Short Title: "As soon as you've had the baby that's it..." a qualitative study of 24 postnatal women on their experience of maternal obesity care pathways

Accession Number: WOS:000380230000013

Abstract: Background: Maternal obesity is associated with risks to mother and infant, and has implications for healthcare costs. United Kingdom (UK) levels of maternal obesity are rising, with higher prevalence in North East (NE) England, where this study was set. Pregnancy is often seen as an opportune time for intervention – a 'teachable moment' – which is ripe for promoting behaviour change. In response to rising obesity levels, a National Health Service (NHS) Foundation Trust in NE England implemented three maternal obesity care pathways contingent on Body Mass Index (BMI) at time of booking: pathway 1 for those with BMI ≥ 30 kg/m²; pathway 2 for BMI ≥ 35 kg/m²; and pathway 3 for BMI ≥ 40 kg/m². These incorporated relevant antenatal, intrapartum and postnatal clinical requirements, and included a focus on weight management intervention. This evaluation explored the accounts of postnatal women who had been through one of these pathways in pregnancy. Methods: The study used a generic qualitative approach. Semi-structured interviews were carried out to explore the views and experiences of 24 recent mothers (aged 20–42), living in NE England, who had commenced on one of the pathways during pregnancy. Interviews explored experiences of weight management support during and after pregnancy, and perceived gaps in this support. Data were analysed using thematic content analysis. Results: Three main themes emerged reflecting women's views and experiences of the pathways: communication about the pathways; treating obese pregnant women with sensitivity and respect; and appropriate and accessible lifestyle services and information for women during and after pregnancy. An overarching theme: differences in care, support and advice, was evident when comparing the experiences of women on pathways 1 or 2 with those on pathway 3. Conclusions: This study indicated that women were not averse to risk management and weight management intervention during and after pregnancy. However, in order to improve reach and effectiveness, such interventions need to be well communicated and offer constructive, individualised advice and support. The postnatal phase may also offer an opportune moment for intervention, suggesting that the simple notion of seeing pregnancy alone as a window of opportunity or a 'teachable moment' should be reconsidered.

Notes: Dinsdale, Sarah Branch, Kay Cook, Lindsay Shucksmith, Janet 1471–2458

URL: <Go to ISI>://WOS:000380230000013

Reference Type: Journal Article

Record Number: 2114

Author: Dinsdale, S., Branch, K., Cook, L. and Shucksmith, J.

Year: 2016

Title: "As soon as you've had the baby that's it ..." a qualitative study of 24 postnatal women on their experience of maternal obesity care pathways

Journal: BMC Public Health

Volume: 16

Date: Jul

Short Title: "As soon as you've had the baby that's it ..." a qualitative study of 24 postnatal women on their experience of maternal obesity care pathways

DOI: 10.1186/s12889-016-3289-1

Article Number: 625

Accession Number: WOS:000380230000003

Abstract: Background: Maternal obesity is associated with risks to mother and infant, and has implications for healthcare costs. United Kingdom (UK) levels of maternal obesity are rising, with higher prevalence in North East (NE) England, where this study was set. Pregnancy is often seen as an opportune time for intervention – a 'teachable moment' – which is ripe for promoting behaviour change. In response to rising obesity levels, a National Health Service (NHS) Foundation Trust in NE England implemented three maternal obesity care pathways contingent on Body Mass Index (BMI) at time of booking: pathway 1 for those with BMI ≥ 30 kg/m²; pathway 2 for BMI ≥ 35 kg/m²; and pathway 3 for BMI ≥ 40 kg/m². These incorporated relevant antenatal, intrapartum and postnatal clinical requirements, and included a focus on weight management intervention. This evaluation explored the accounts of postnatal women who had been through one of these pathways in pregnancy. Methods: The study used a generic qualitative approach. Semi-structured interviews were carried out to explore the views and experiences of 24 recent mothers (aged 20–42), living in NE England, who had commenced on one of the pathways during pregnancy. Interviews explored experiences of weight management support during and after pregnancy, and perceived gaps in this support. Data were analysed using thematic content analysis. Results: Three main themes emerged reflecting women's views and experiences of the pathways: communication about the pathways; treating obese pregnant women with sensitivity and respect; and appropriate and accessible lifestyle services and information for women during and after pregnancy. An overarching theme: differences in care, support and advice, was evident when comparing the experiences of women on pathways 1 or 2 with those on pathway 3. Conclusions: This study indicated that women were not averse to risk management and weight management intervention during and after pregnancy. However, in order to improve reach and effectiveness, such interventions need to be well communicated and offer constructive, individualised advice and support. The postnatal phase may also offer an opportune moment for intervention, suggesting that the simple notion of seeing pregnancy

alone as a window of opportunity or a 'teachable moment' should be reconsidered.

Notes: Dinsdale, Sarah Branch, Kay Cook, Lindsay Shucksmith, Janet Shucksmith, Janet/0000-0003-3825-413X

1471-2458

URL: <Go to ISI>://WOS:000380230000003

Reference Type: Journal Article

Record Number: 1204

Author: Dinsmore, N., McRae, J. E., Quinn, H. E., Glover, C., Dougherty, S., McMinn, A., Crawford, N., Marshall, H., Carlson, S. J., Blyth, C., Lucas, R., Irwin, A., Macartney, K., Britton, P. N. and Wood, N.

Year: 2021

Title: Paediatric Active Enhanced Disease Surveillance (PAEDS) 2019: Prospective hospital-based surveillance for serious paediatric conditions

Journal: Communicable Diseases Intelligence

Volume: 45

Pages: 1-24

Date: Sep

Short Title: Paediatric Active Enhanced Disease Surveillance (PAEDS) 2019: Prospective hospital-based surveillance for serious paediatric conditions

ISSN: 0725-3141

DOI: 10.33321/cdi.2021.45.53

Accession Number: WOS:000716842000001

Abstract: Introduction The Paediatric Active Enhanced Disease Surveillance (PAEDS) network is an Australian hospital-based active surveillance system employing prospective case ascertainment for selected serious childhood conditions, particularly vaccine preventable diseases and potential adverse events following immunisation (AEFI). This report presents surveillance data for 2019. Methods Specialist nurses screened hospital admissions, emergency department records, laboratory and other data on a daily basis in seven paediatric tertiary referral hospitals across Australia, to identify children with the conditions under surveillance. Standardised protocols and case definitions were used across all sites. In 2019, the conditions under surveillance comprised: acute flaccid paralysis (AFP; a syndrome associated with poliovirus infection), acute childhood encephalitis (ACE), influenza, intussusception (IS; a potential AEFI with rotavirus vaccines), pertussis, varicella-zoster virus infection (varicella and herpes zoster), invasive meningococcal and invasive Group A streptococcus diseases and two new conditions, Kawasaki disease and gram-negative bloodstream infections. An additional social research component continued to evaluate parental attitudes to influenza vaccination. Results PAEDS captured 2,701 cases for 2019 across all conditions under surveillance. Key outcomes of PAEDS included: contribution to national AFP surveillance to reach the World Health Organization reporting targets for detection of poliomyelitis cases; demonstration of high influenza activity in 2019 and influenza-associated deaths in ACE cases; identification of key barriers to

influenza vaccination of children hospitalised for acute respiratory illness; reporting of all IS cases associated with vaccine receipt to relevant state health department; and showing a further reduction nationally in varicella cases. Enhanced pertussis surveillance continued to capture controls to support vaccine efficacy estimation. Invasive meningococcal disease surveillance showed predominance of serotype B and a reduction in cases nationally. Surveillance for invasive group A streptococcus captured severe cases in children. Monitoring of Kawasaki disease incidence and gram-negative bloodstream infections commenced. Conclusions PAEDS continues to provide unique policy-relevant data on serious paediatric conditions using sentinel hospital-based enhanced surveillance.

Notes: Dinsmore, Nicole McRae, Jocelyne E. Quinn, Helen E. Glover, Catherine Dougherty, Sonia McMinn, Alissa Crawford, Nigel Marshall, Helen Carlson, Samantha J. Blyth, Christopher Lucas, Ryan Irwin, Adam Macartney, Kristine Britton, Philip N. Wood, Nicholas Britton, Philip/ABD-2085-2020; Irwin, Adam/D-7551-2017; Blyth, Christopher/ABG-8231-2020
Britton, Philip/0000-0002-2993-6000; Irwin, Adam/0000-0001-8974-6789; Blyth, Christopher/0000-0003-2017-0683; Carlson, Samantha/0000-0002-4362-7730
2209-6051
URL: <Go to ISI>://WOS:000716842000001

Reference Type: Journal Article

Record Number: 1412

Author: Dixon, D., Den Daas, C., Hubbard, G. and Johnston, M.

Year: 2022

Title: Using behavioural theory to understand adherence to behaviours that reduce transmission of COVID-19; evidence from the CHARIS representative national study

Journal: British Journal of Health Psychology

Volume: 27

Issue: 1

Pages: 116-135

Date: Feb

Short Title: Using behavioural theory to understand adherence to behaviours that reduce transmission of COVID-19; evidence from the CHARIS representative national study

ISSN: 1359-107X

DOI: 10.1111/bjhp.12533

Accession Number: WOS:000651196500001

Abstract: Objectives. To examine the ability of four models of behaviour, namely, Protection Motivation Theory (PMT), the Common Sense Self-Regulation Model (CS-SRM), and Social Cognitive Theory and the Reasoned Action Approach (SCT and RAA) to understand adherence to transmission-reducing behaviours (TRBs) advised by national governments for suppression of SARS-CoV2. Design. A series of six cross-sectional telephone surveys of a random representative sample of adults living in Scotland. Methods. Self-reported adherence to three TRBs (physical distancing, wearing a face covering and handwashing), PMT, CS-SRM, and SCT/RAA constructs, and

sociodemographic variables were measured each week for 6 weeks (n = similar to 500 p/w; third June–15th July) via a 15 min telephone survey. Results. Adherence was high ('Always' or 'Most times') throughout for physical distancing and handwashing, and, when mandated, for wearing a face covering. Older people were more adherent to all TRBs. Constructs from all three models predicted all three TRBs. Intention and self-efficacy (SCT/RAA) were the only beliefs to predict to all three TRBs each week and for all groups equally; intention was the strongest predictor. The predictive utility of PMT and CS-SRM varied by TRB and by group. Of note was the observation that several illness beliefs were associated with adherence only for those who believed they had not had COVID-19. Conclusions. The CHARIS project has identified beliefs about specific behaviours, the illness and the risks associated with lower adherence rates that might be addressed in national interventions. It confirms previous findings that some groups show lower levels of adherence and might be specially targeted.

Notes: Dixon, Diane Den Daas, Chantal Hubbard, Gill Johnston, Marie ; Dixon, Diane/A-2021-2010

Hubbard, Gill/0000-0003-2165-5770; den Daas, Chantal/0000-0003-0955-3691; Dixon, Diane/0000-0001-7099-204X 2044-8287

URL: <Go to ISI>://WOS:000651196500001

Reference Type: Journal Article

Record Number: 1737

Author: Dixon, D. and Johnston, M.

Year: 2020

Title: MAP: A mnemonic for mapping BCTs to three routes to behaviour change

Journal: British Journal of Health Psychology

Volume: 25

Issue: 4

Pages: 1086-1101

Date: Nov

Short Title: MAP: A mnemonic for mapping BCTs to three routes to behaviour change

ISSN: 1359-107X

DOI: 10.1111/bjhp.12458

Accession Number: WOS:000552345300001

Abstract: Objective Over 90 behaviour change techniques (BCTs) have been specified but there is limited guidance to assist non-specialist practitioners in the choice of which BCTs to select for use with clients. This paper describes the development of MAP, a theory-based mnemonic designed to aid practitioners in their use of BCTs. Each BCT is MAPed to one or more of three recognized routes to behaviour change, namely Motivation development, Action control, and Prompted or cued route. Design A cross-sectional online discriminant content validity (DCV) questionnaire. Methods Fourteen judges participated, decided whether each BCT affects behaviour via each of the three routes, and provided a confidence rating for each judgement. Wilcoxon one-sample tests classified each BCT to a route or combination of routes. Intraclass correlation coefficients (ICC)

assessed agreement between judges. Results Fifty-eight BCTs were judged to affect behaviour via a single route; 28, 21, and nine BCTs were judged to act via the Motivation, Action, or Prompted routes, respectively. Judges did not agree on a route for 35 BCTs. Overall ICC (0.89) value was high and did not differ between routes.

Conclusions There was good agreement on candidate BCTs for interventions designed to operate through Motivation, Action, or Prompted/Cued psychological processes. MAP is a mnemonic that can be used by non-specialist practitioners who implement behaviour change with their clients. MAP is not a replacement for sophisticated theory-based organization of BCTs required for theory testing. While providing practical guidance, further work is necessary to establish effectiveness of BCTs tailored to each route.

Notes: Dixon, Diane Johnston, Marie

Dixon, Diane/A-2021-2010

Dixon, Diane/0000-0001-7099-204X

2044-8287

URL: <Go to ISI>://WOS:000552345300001

Reference Type: Journal Article

Record Number: 1221

Author: Dodd, R., Shanthosh, J., Lung, T., Robaigau, A., Perman, M. L., Rafai, E., Poulos, R., Zwi, A. B., John, R. and Palagyi, A.

Year: 2021

Title: Gender, health and ageing in Fiji: a mixed methods analysis

Journal: International Journal for Equity in Health

Volume: 20

Issue: 1

Date: Sep

Short Title: Gender, health and ageing in Fiji: a mixed methods analysis

DOI: 10.1186/s12939-021-01529-9

Article Number: 205

Accession Number: WOS:000695833900001

Abstract: Background Women are disadvantaged by ageing: older women are more likely than older men to suffer from ill-health, have less access to health care and suffer discrimination within the health care system. Globally, there is a dearth of health research on gender and ageing with substantial knowledge gaps in low and middle-income country contexts. Part of a wider investigation on health and ageing in Fiji, our objective was to identify and describe gendered differences in healthy ageing in this Pacific Island context. We believe this to be the first such study in the Pacific region.

Methods Applying a health systems lens, we used a mixed-methods approach, encompassing analysis of cause of death data; focus group discussion to gather community and family attitudes to health services; and policy analysis, and then used data triangulation techniques to draw out key themes and insights. Results We found that gender affects health outcomes among older persons, attitudes towards and experience of healthy ageing, and an older person's access to and use of health services. We also found that while Fiji's policy response to ageing has recognised the importance of gender, to-date there has been limited action to address gender

differences. Gender (as oppose to sex differences) has direct and indirect implications for the health of older Fijians, while gendered inequalities and patriarchal norms appear to affect both men and women's experience of ageing and the health system response. Further, gender and age discrimination may be intersecting, intensifying their separate effects. Conclusion This study demonstrates the feasibility and importance of applying a gender lens to the study of healthy ageing. Our findings from Fiji may be relevant to other island nations in the south Pacific which share similar challenges of population ageing, a constrained health budget and geographically-dispersed populations. The data triangulation methodology may be considered an efficient and insightful way to examine gendered responses to healthy ageing elsewhere.

Notes: Dodd, Rebecca Shanthosh, Janani Lung, Thomas Robaigau, Aporosa Perman, Mai Ling Rafai, Eric Poulos, Roslyn Zwi, Anthony B. John, Renu Palagyi, Anna Palagyi, Anna/AAB-5634-2022; Lung, Thomas/J-9686-2017 Lung, Thomas/0000-0001-9978-6311; Dodd, Rebecca/0000-0003-3469-8999; John, Renu/0000-0001-9652-034X; Palagyi, Anna/0000-0002-8127-9351; Zwi, Anthony/0000-0001-6902-6602; Perman, Mai Ling/0000-0002-3511-3297 1475-9276
URL: <Go to ISI>://WOS:000695833900001

Reference Type: Journal Article

Record Number: 1944

Author: Dodd, R. H., Forster, A. S., Waller, J. and Marlow, L. A. V.
Year: 2017

Title: Discussing HPV with oropharyngeal cancer patients: A cross-sectional survey of attitudes in health professionals

Journal: Oral Oncology

Volume: 68

Pages: 67-73

Date: May

Short Title: Discussing HPV with oropharyngeal cancer patients: A cross-sectional survey of attitudes in health professionals

ISSN: 1368-8375

DOI: 10.1016/j.oraloncology.2017.03.014

Accession Number: WOS:000402469100011

Abstract: Background: Human papillomavirus (HPV) is now known to cause a significant proportion of head and neck cancers (HNC). Qualitative research has shown that some health professionals find it difficult to discuss HPV with patients due to its sexually transmitted nature, and have concerns about their own knowledge of the virus. We used a survey to quantify attitudes towards discussing HPV among HNC health professionals. Methods: We carried out a cross-sectional survey of HNC health professionals (n = 260) in the UK and Ireland, assessing participants' knowledge of HPV, their experiences of and attitudes towards discussing HPV with patients, and their willingness to discuss HPV with their patients in the future.

Results: Overall, health professionals had good knowledge of HPV (mean score: 9.97 out of 12). Oncologists had significantly greater knowledge than specialist nurses, speech and language therapists and

'other' health professionals. Most were willing to discuss HPV with patients (mean = 4.3 out of 5). Willingness to discuss HPV in the future was associated with higher HPV knowledge ($r = 0.35$, $p < 0.001$), fewer negative and more positive attitudes towards discussing HPV ($r = -0.23$ and $r = 0.20$ respectively, both $p < 0.001$), fewer personal barriers ($r = -0.49$, $p < 0.001$) and greater confidence ($r = 0.58$, $p < 0.001$). Conclusion: Knowledge, experiences and attitudes to discussing HPV varied across HNC health professionals. Addressing gaps in health professionals' HPV knowledge and improving their confidence in discussing HPV with patients may increase their willingness to have such conversations. This may help minimise the negative psychosocial consequences of an HPV diagnosis in this patient group. (C) 2017 The Author(s).

Published by Elsevier Ltd.

Notes: Dodd, Rachael H. Forster, Alice S. Waller, Jo Marlow, Laura A. V.

Waller, Jo/C-1705-2008; Dodd, Rachael/I-1752-2019

Waller, Jo/0000-0003-4025-9132; Dodd, Rachael/0000-0002-8080-6359;

Marlow, Laura A.V/0000-0003-1709-2397

1879-0593

URL: <Go to ISI>://WOS:000402469100011

Reference Type: Journal Article

Record Number: 1772

Author: Dodds, L., L'Henaff, P., Maddison, J. and Yates, D.

Year: 2020

Title: A manifesto for increasing access to data in engineering

Journal: Data-Centric Engineering

Volume: 1

Short Title: A manifesto for increasing access to data in engineering

DOI: 10.1017/dce.2020.3

Article Number: e5

Accession Number: WOS:000851324300005

Abstract: This paper introduces a set of principles that articulate a shared vision for increasing access to data in the engineering and related sectors. The principles are intended to help guide progress toward a data ecosystem that provides sustainable access to data, in ways that will help a variety of stakeholders in maximizing its value while mitigating potential harms. In addition to being a manifesto for change, the principles can also be viewed as a means for understanding the alignment, overlaps and gaps between a range of existing research programs, policy initiatives, and related work on data governance and sharing. After providing background on the growing data economy and relevant recent policy initiatives in the United Kingdom and European Union, we then introduce the nine key principles of the manifesto. For each principle, we provide some additional rationale and links to related work. We invite feedback on the manifesto and endorsements from a range of stakeholders.

Notes: Dodds, Leigh L'Henaff, Pauline Maddison, James Yates, Deborah 2632-6736

URL: <Go to ISI>://WOS:000851324300005

Reference Type: Journal Article

Record Number: 1682

Author: Dong, M., Salamanca, L. F., Medina, V., Firpo-Greenwood, J. Y., Carter, E. J., Malhotra, S., Ortiz, Y. and Moise, N.

Year: 2020

Title: Patient-level barriers and facilitators to sustaining collaborative care programs for underserved minorities: A qualitative study

Journal: General Hospital Psychiatry

Volume: 67

Pages: 169-170

Date: Nov-Dec

Short Title: Patient-level barriers and facilitators to sustaining collaborative care programs for underserved minorities: A qualitative study

ISSN: 0163-8343

DOI: 10.1016/j.genhosppsy.2020.06.016

Accession Number: WOS:000596333300033

Notes: Dong, Melissa Salamanca, Ludwing Florez Medina, Vivian Firpo-Greenwood, Jenny Yenilshia Carter, Eileen J. Malhotra, Sujata Ortiz, Yvette Moise, Nathalie

Moise, Nathalie/0000-0002-5660-5573; Carter, Eileen/0000-0002-5629-8892

1873-7714

URL: <Go to ISI>://WOS:000596333300033

Reference Type: Journal Article

Record Number: 1104

Author: Dono, J., Ettridge, K. A., Wakefield, M., Pettigrew, S., Coveney, J., Roder, D., Durkin, S., Wittert, G., Martin, J. and Miller, C. L.

Year: 2021

Title: Intentions to reduce sugar-sweetened beverage consumption: the importance of perceived susceptibility to health risks

Journal: Public Health Nutrition

Volume: 24

Issue: 17

Pages: 5663-5672

Date: Dec

Short Title: Intentions to reduce sugar-sweetened beverage consumption: the importance of perceived susceptibility to health risks

ISSN: 1368-9800

DOI: 10.1017/s1368980021000239

Article Number: Pii s1368980021000239

Accession Number: WOS:000720784600012

Abstract: Objective: There are numerous health effects associated with excess sugar-sweetened beverage (SSB) consumption.

Interventions aimed at reducing population-level consumption require understanding of the relevant barriers and facilitators. This study aimed to identify the variables with the strongest relationship with intentions to reduce SSB consumption from a suite of variables

derived from the literature. Design: Random-digit dialling of landline and mobile phones was used to survey adults using computer-assisted telephone interviews. The outcome variable was 'likelihood of reducing SSB consumption in next 6 months', and the predictor variables were demographics, SSB attitudes and behaviour, health risk perceptions and social/environmental exposure. Setting: Australia. Participants: A subsample of 1630 regular SSB consumers from a nationally representative sample of 3430 Australian adults (38 % female, 51 % aged 18-45 years, 56 % overweight or obese). Results: Respondents indicated that they were 'not at all' (30 center dot 1 %), 'somewhat' (43 center dot 9 %) and 'very likely' (25 center dot 3 %) to reduce SSB consumption. Multivariate nominal logistic regressions showed that perceiving future health to be 'very much' at risk was the strongest predictor of intention to reduce SSB consumption (OR = 8 center dot 1, 95 % CI 1 center dot 8, 37 center dot 0, P < 0 center dot 01). Other significant predictors (P < 0 center dot 01) included self-perceptions about too much consumption, habitual consumption, difficulty reducing consumption and likelihood of benefitting from reduced consumption. Conclusions: Health risk perceptions had the strongest relationship with intentions to reduce consumption. Age and consumption perceptions were also predictors in the multivariate models, whereas social/environmental exposure variables were not. Interventions may seek to incorporate strategies to denormalise consumption practices and increase knowledge about perceived susceptibility to health risks. Notes: Dono, Joanne Ettridge, Kerry A. Wakefield, Melanie Pettigrew, Simone Coveney, John Roder, David Durkin, Sarah Wittert, Gary Martin, Jane Miller, Caroline L. Wakefield, Melanie/E-5019-2012; Roder, David/B-7038-2013; Roder, David/0000-0001-6442-4409; Martin, Jane/0000-0002-9132-0928; Ettridge, Kerry/0000-0001-7928-9692; Wittert, Gary/0000-0001-6818-6065; Coveney, John/0000-0001-8237-0248; Pettigrew, Simone/0000-0003-3921-1174; Durkin, Sarah/0000-0002-2795-6454; Wakefield, Melanie/0000-0002-6183-5699 1475-2727 URL: <Go to ISI>://WOS:000720784600012

Reference Type: Journal Article

Record Number: 974

Author: Donovan, G., Hall, N., Ling, J., Smith, F. and Wilkes, S.

Year: 2022

Title: Influencing medication taking behaviors using automated two-way digital communication: A narrative synthesis systematic review informed by the Behavior Change Wheel

Journal: British Journal of Health Psychology

Volume: 27

Issue: 3

Pages: 861-890

Date: Sep

Short Title: Influencing medication taking behaviors using automated two-way digital communication: A narrative synthesis systematic review informed by the Behavior Change Wheel

ISSN: 1359-107X

DOI: 10.1111/bjhp.12580

Accession Number: WOS:000746898100001

Abstract: Purpose Around half of prescribed medications for long-term conditions are not taken as directed. Automated two-way digital communication, such as text messaging and interactive voice response technology, could deliver interventions to improve medication adherence, and subsequently health. However, exploration of how such interventions may improve medication adherence is limited. This review aimed to explore how automated two-way digital communication can improve medication taking with or without using non-digital intervention components, such as phone calls with healthcare professionals. Methods A theory-informed narrative synthesis systematic review. Several databases were searched including CINAHL, Embase, Medline, and Web of Science using key words relating to 'medication adherence' and digital communication technologies. The Behavior Change Technique (BCT) coding using the BCT Taxonomy V1 and the Behavior Change Wheel were used to identify BCTs delivered within the included interventions. Results A total of 3,018 records were screened with 43 study reports included in the review. Four medication-taking behaviors: taking medication, obtaining medication, self-testing, and asking for support were identified as targets for behavior change within the included interventions. Most BCTs within the digital communication component aimed to increase motivation for medication adherence, with non-digital intervention components included to address other medication taking barriers, such as physical and psychological capability. Conclusion Automated two-way digital communication can detect barriers to medication adherence by monitoring performance of the taking medication behavior. Monitoring outcomes from taking medication may increase reflective motivation to take medicines. Addressing physical opportunity to taking medication by facilitating the behavior obtaining medication may also increase adherence.

Notes: Donovan, Gemma Hall, Nicola Ling, Jonathan Smith, Felicity Wilkes, Scott

Ling, Jonathan/AAY-4098-2020

Ling, Jonathan/0000-0003-2932-4474; wilkes, scott/

0000-0003-2949-7711; Smith, Felicity/0000-0001-9565-758X; Donovan, Gemma/0000-0003-0588-2666; Hall, Nicola/0000-0002-0216-512X
2044-8287

URL: <Go to ISI>://WOS:000746898100001

Reference Type: Journal Article

Record Number: 293

Author: Donovan, G., Hall, N., Smith, F., Ling, J. and Wilkes, S.

Year: 2022

Title: Two-way Automated Text Messaging Support From Community Pharmacies for Medication Taking in Multiple Long-term Conditions: Human-Centered Design With Nominal Group Technique Development Study
Journal: Jmir Formative Research

Volume: 6

Issue: 12

Date: Dec

Short Title: Two-way Automated Text Messaging Support From Community

Pharmacies for Medication Taking in Multiple Long-term Conditions:
Human-Centered Design With Nominal Group Technique Development Study
DOI: 10.2196/41735

Article Number: e41735

Accession Number: WOS:000968623100034

Abstract: Background: Reviews of digital communication technologies suggest that they can be effective in supporting medication use; however, their use alongside nondigital components is unclear. We also explored the delivery of a digital communication intervention in a relatively novel setting of community pharmacies and how such an intervention might be delivered to patients with multiple long-term conditions. This meant that despite the large number of intervention examples available in the literature, design questions remained, which we wanted to explore with key stakeholders. Examples of how to involve stakeholders in the design of complex health care interventions are lacking; however, human-centered design (HCD) has been suggested as a potential approach. **Objective:** This study aimed to design a new community pharmacy text messaging intervention to support medication use for multiple long-term conditions, with patient and health care professional stakeholders in primary care. **Methods:** HCD was used to map the intervention "journey" and identify design questions to explore with patients and health care professionals. Six prototypes were developed to communicate the intervention concept, and a modified version of the Nominal Group Technique was used to gather feedback. Nominal group meetings generated qualitative data using questions about the aspects that participants liked for each prototype and any suggested changes. The discussion was analyzed using a framework approach to transform feedback into statements. These statements were then ranked using a web-based questionnaire to establish a consensus about what elements of the design were valued by stakeholders and what changes to the design were most important. **Results:** A total of 30 participants provided feedback on the intervention design concept over 5 nominal group meetings (21 health care professionals and 9 patients) with a 57% (17/30) response rate to the ranking questionnaire. Furthermore, 51 proposed changes in the intervention were generated from the framework analysis. Of these 51 changes, 27 (53%) were incorporated into the next design stage, focusing on changes that were ranked highest. These included suggestions for how text message content might be tailored, patient information materials, and the structure for pharmacist consultation. All aspects that the participants liked were retained in the future design and provided evidence that the proposed intervention concept had good acceptability. **Conclusions:** HCD incorporating the Nominal Group Technique is an appropriate and successful approach for obtaining feedback from key stakeholders as part of an iterative design process. This was particularly helpful for our intervention, which combined digital and nondigital components for delivery in the novel setting of a community pharmacy. This approach enabled the collection and prioritization of useful multiperspective feedback to inform further development and testing of our intervention. This model has the potential to minimize research waste by gathering feedback early in the complex intervention design process.

Notes: Donovan, Gemma Hall, Nicola Smith, Felicity Ling, Jonathan

Wilkes, Scott
; Ling, Jonathan/AAY-4098-2020
wilkes, scott/0000-0003-2949-7711; Donovan, Gemma/
0000-0003-0588-2666; Ling, Jonathan/0000-0003-2932-4474; Hall,
Nicola/0000-0002-0216-512X; Smith, Felicity/0000-0001-9565-758X
2561-326x
URL: <Go to ISI>://WOS:000968623100034

Reference Type: Journal Article
Record Number: 1712
Author: Dorling, H., Mwaanga, O. and Jones, M. A.
Year: 2021
Title: Implementing physically active teaching and learning in
primary school curricula in the United Kingdom
Journal: Education 3-13
Volume: 49
Issue: 8
Pages: 970-985
Date: Nov
Short Title: Implementing physically active teaching and learning in
primary school curricula in the United Kingdom
ISSN: 0300-4279
DOI: 10.1080/03004279.2020.1817968
Accession Number: WOS:000570901100001
Abstract: There currently exists worldwide concern around obesity,
inactivity and sedentary school curricula. EduMove (Education
through Movement) offers physically active and movement-based
teaching and learning promoting cross-curricula delivery in schools.
This research assessed effectiveness of mechanisms and processes
underpinning the claims of EduMove, stakeholder relationships and
Student Practitioner delivery. Semi-structured interviews were
undertaken with Teachers and Student Practitioners relating to
physical activity, delivery methods and enjoyment levels to gauge
understanding and engagement with the EduMove philosophy. Findings
demonstrated increases in pupil concentration and confidence,
although wider outcomes relating to school-wide physical activity,
health and educational attainment need further exploration. Students
as delivery agents was positive in relation to stakeholder
interaction, although further training is required to achieve more
sustainable outcomes. Embedding movement within cross-curricula
planning has potential after evidence of enthusiasm and acceptance
although further professional development is required to deliver
activities that address complex societal and curricula issues.
Notes: Dorling, H. Mwaanga, O. Jones, M. A.
Jones, Michelle/0000-0002-1357-3559
1475-7575
URL: <Go to ISI>://WOS:000570901100001

Reference Type: Journal Article
Record Number: 1399
Author: Dormoy, J., Vuillemin, M. O., Rossi, S., Boivin, J. M. and
Guillet, J.

Year: 2021

Title: Perceptions of Antibiotic Use and Resistance: Are Antibiotics the Dentists' Anxiolytics?

Journal: Antibiotics-Basel

Volume: 10

Issue: 6

Date: Jun

Short Title: Perceptions of Antibiotic Use and Resistance: Are Antibiotics the Dentists' Anxiolytics?

ISSN: 2079-6382

DOI: 10.3390/antibiotics10060735

Article Number: 735

Accession Number: WOS:000665401700001

Abstract: Background: Antibiotic resistance is a global health crisis. The aim of this study was to explore dentists' perceptions of antibiotic resistance. Methods: A qualitative method was used. Seventeen dentists practising in the Nancy (Lorraine, France) region were surveyed. They were general practitioners or specialised in oral surgery, implantology, or periodontology. The practitioners took part in semi-structured interviews between September 2019 and July 2020. All of the interviews were transcribed in full and analysed thematically. Results: Four major themes have been selected: attitudes of the dentists in regard to the guidelines, clinical factors that influence prescriptions, non-clinical factors that influence prescriptions, and the perception of antibiotic resistance. The dentists stated that they were very concerned regarding the public health issue of antibiotic resistance. However, they often prescribe according to their own interests and habits rather than according to the relevant guidelines. Conclusions: Although dentists are generally well aware of antibiotic resistance, they often do not adequately appreciate the link between their prescribing habits and the phenomenon of antibiotic resistance. Regular updating of practitioners' knowledge in this regard is necessary, but patients and the general public should also be made more aware of the issue.

Notes: Dormoy, Julie Vuillemin, Marc-Olivier Rossi, Silvia Boivin, Jean-Marc Guillet, Julie

GUILLET, Julie/0000-0003-0326-9729

URL: <Go to ISI>://WOS:000665401700001

Reference Type: Journal Article

Record Number: 1278

Author: Dornan, T., Lee, C., Findlay-White, F., Gillespie, H. and Conn, R.

Year: 2021

Title: Acting wisely in complex clinical situations: 'Mutual safety' for clinicians as well as patients

Journal: Medical Teacher

Volume: 43

Issue: 12

Pages: 1419-1429

Date: Dec

Short Title: Acting wisely in complex clinical situations: 'Mutual

safety' for clinicians as well as patients

ISSN: 0142-159X

DOI: 10.1080/0142159x.2021.1951693

Accession Number: WOS:000683203400001

Abstract: Purpose The hope that reliably testing clinicians' competencies would improve patient safety is unfulfilled and clinicians' psychosocial safety is deteriorating. Our purpose was to conceptualise 'mutual safety', which could increase benefit as well as reduce harm. Methods A cultural-historical analysis of how medical education has positioned the patient as an object of benefit guided implementation research into how mutual safety could be achieved. Results Educating doctors to abide by moral principles and use rigorous habits of mind and scientific technologies made medicine a profession. Doctors' complex attributes addressed patients' complex diseases and personal circumstances, from which doctors benefited too. The patient safety movement drove reforms, which reorientated medical education from complexity to simplicity: clinicians' competencies should be standardised and measurable, and clinicians whose 'incompetence' caused harm remediated. Applying simple standards to an increasingly complex, and therefore inescapably risky, practice could, however, explain clinicians' declining psychosocial health. We conducted a formative intervention to examine how 'acting wisely' could help clinicians benefit patients amidst complexity. We chose the everyday task of insulin therapy, where benefit and harm are precariously balanced. 247 students, doctors, and pharmacists used a thought tool to plan how best to perform this risky task, given their current clinical capabilities, and in the sometimes-hostile clinical milieus where they practised. Analysis of 1000 commitments to behaviour change and 600 learning points showed that addressing complexity called for a skills-set that defied standardisation. Clinicians gained confidence, intrinsic motivation, satisfaction, capability, and a sense of legitimacy from finding new ways of benefiting patients. Conclusion Medical education needs urgently to acknowledge the complexity of practice and synergise doctors' and patients' safety. We have shown how this is possible.

Notes: Dornan, Tim Lee, Ciara Findlay-White, Florence Gillespie, Hannah Conn, Richard

Conn, Richard/AAQ-6798-2021

Conn, Richard/0000-0002-2564-254X; Lee, Ciara/0000-0002-2296-7867;

Gillespie, Hannah/0000-0001-6465-7990; Findlay-White, Florence/

0000-0001-7903-7719; Dornan, Tim/0000-0001-7830-0183

1466-187x

URL: <Go to ISI>://WOS:000683203400001

Reference Type: Journal Article

Record Number: 1285

Author: Doyle, R. E., Wieland, B., Saville, K., Grace, D. and Campbell, A. J. D.

Year: 2021

Title: The importance of animal welfare and Veterinary Services in a changing world

Journal: Revue Scientifique Et Technique-Office International Des

Epizootics

Volume: 40

Issue: 2

Pages: 469-481

Date: Aug

Short Title: The importance of animal welfare and Veterinary Services in a changing world

ISSN: 0253-1933

DOI: 10.20506/rst.40.2.3238

Accession Number: WOS:000707067100010

Abstract: Animal welfare is an essential component of the future of sustainable agriculture and the United Nations Sustainable Development Goals. There is growing global recognition of the importance of animal welfare, which must always be considered as part of the decision-making around food and nutrition security. Veterinary Services, encompassing public and private veterinarians and para-veterinarians, are custodians of animal welfare and key players in future actions to improve it. The welfare of animals is everyone's responsibility, from the individual farmer and practitioner to policymakers at the national and intergovernmental level. In this paper, after providing background information about current animal welfare issues and identifying animal welfare risks, the authors make a number of recommendations for action at the institutional and individual level. They do so because while the former is essential to generate change at scale and effective resourcing, the latter can create immediate action at a local level and drive change from the ground up. Without coordinated action from Veterinary Services, opportunities to improve animal welfare, alongside human and environmental health and well-being, may very well be lost, and animal welfare may fail to improve or even be at risk of decline.

Notes: Doyle, R. E. Wieland, B. Saville, K. Grace, D. Campbell, A. J. D.

Doyle, Rebecca E/B-2296-2017

Doyle, Rebecca E/0000-0001-6229-4700

1608-0637

URL: <Go to ISI>://WOS:000707067100010

Reference Type: Journal Article

Record Number: 1561

Author: Drawbridge, D. C., Truong, D., Nguyen, N. T., Lorenti, V. L. and Vincent, G. M.

Year: 2021

Title: Risk-need-responsivity: Evaluating need-to-service matching with reach, effectiveness, adoption, implementation, maintenance

Journal: Behavioral Sciences & the Law

Volume: 39

Issue: 1

Pages: 106-122

Date: Feb

Short Title: Risk-need-responsivity: Evaluating need-to-service matching with reach, effectiveness, adoption, implementation, maintenance

ISSN: 0735-3936

DOI: 10.1002/bsl.2502

Accession Number: WOS:000614235800001

Abstract: With a sample of 125 adults under community supervision (71.20% male, 76.00% White, mean age = 33.17 years), this study evaluated need-to-service matching using an evaluation framework from implementation science. Need-to-service matching is a case management strategy intended to align service referrals in case plans with justice-involved persons' criminogenic needs. The results indicated that need-to-service matching reached a high percentage of its target population at 81.70%. Within criminogenic need areas, good match frequencies ranged from 80.00% in family/marital problems to 98.29% in alcohol/drug problems. Clinical staff also met the adherence benchmark applied by the current study, which required a 75.00% match between individuals' criminogenic needs and the services they received. Justice-involved persons had, on average, 90.46% of their criminogenic needs matched with at least one service referral. Over-prescription of services (i.e., recommendation of services that were not needed) was high, with frequencies in need areas ranging from 60.98% in education/employment to 82.21% in antisocial patterns. Methods from implementation science are useful for structuring evaluations of need-to-service matching, understanding implementation success and failure, and generating recommendations for improving implementation practice. The field would benefit greatly from benchmarks for need-to-service matching evaluation elements.

Notes: Drawbridge, Dara C. Truong, Debbie Nguyen, Ngoc T. Lorenti, Vincent L. Vincent, Gina M.

Nguyen, Ngoc/0000-0002-8265-4846

1099-0798

Si

URL: <Go to ISI>://WOS:000614235800001

Reference Type: Journal Article

Record Number: 1496

Author: Duan, Z. H., Liu, C. J., Han, M., Wang, D., Zhang, X. P. and Liu, C. X.

Year: 2021

Title: Understanding consumer behavior patterns in antibiotic usage for upper respiratory tract infections: A study protocol based on the COM-B framework

Journal: Research in Social & Administrative Pharmacy

Volume: 17

Issue: 5

Pages: 978-985

Date: May

Short Title: Understanding consumer behavior patterns in antibiotic usage for upper respiratory tract infections: A study protocol based on the COM-B framework

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2020.07.033

Accession Number: WOS:000633997800017

Abstract: Background: Irrational use of antibiotics is prevalent

worldwide. But our understanding on consumer behaviors in the use of antibiotics is very limited. This study aims to identify consumer behavior patterns in the use of antibiotics for upper respiratory tract infections (URTIs). Methods: The study will employ a mixed methods approach based on the 'Capacity & Opportunity & Motivation ? Behavior' (COM-B) framework. The COM-B attributes of consumers in relation to the use of antibiotics will be extracted from a systematic literature review. Semi-structured in-depth interviews will be conducted on 20-25 community residents with URTI symptoms over the past three months to illustrate the meaning and implications of the thematic categories of COM-B attributes for the purpose of measurement development. The measurement instruments will be modified and validated through Delphi consultations with 15 experts and a survey of 300 adult residents in Wuhan. A cross-sectional survey using the finalised measurement instruments will be conducted on 2700 adult residents randomly selected from 18 residential communities across 9 municipalities in 3 provinces in China. Multi-level latent class analyses will be performed to categorise the respondents based on the indicators measuring the behavioral features (need recognition, information searching, alternative assessment, purchase, use, and post-use evaluation) of consumers in purchasing, consuming and disposing antibiotics for URTIs. Multi-nominal regression analyses will be performed to determine the predictors of different behavior patterns. Discussion: This study aims to classify consumers into distinguished categories of behavior patterns toward the use of antibiotics for URTIs. Such a classification system categories the consumers with similar behavior features into the same group so that better targeted interventions can be developed. The COM-B model adopted in this study can also help us better understand the underlying mechanisms of different behavior patterns of consumers.

Notes: Duan, Zhonghong Liu, Chaojie Han, Meng Wang, Dan Zhang, Xiping Liu, Chenxi

Liu, Chenxi/AAD-5168-2019; Liu, Chaojie/Q-6915-2018

Liu, Chenxi/0000-0003-0567-8032; Liu, Chaojie/0000-0003-0877-0424
1934-8150

URL: <Go to ISI>://WOS:000633997800017

Reference Type: Journal Article

Record Number: 891

Author: Duarte-Anselmi, G., Leiva-Pinto, E., Vanegas-Lopez, J. and Thomas-Lange, J.

Year: 2022

Title: Experiences and perceptions on sexuality, risk and STI/HIV prevention campaigns by university students. Designing a digital intervention

Journal: Ciencia & Saude Coletiva

Volume: 27

Issue: 3

Pages: 909-920

Date: Mar

Short Title: Experiences and perceptions on sexuality, risk and STI/HIV prevention campaigns by university students. Designing a digital

intervention

ISSN: 1413-8123

DOI: 10.1590/1413-81232022273.05372021

Accession Number: WOS:000775556700009

Abstract: This study reports on the qualitative phase of a study that seeks to design a digital intervention for the prevention of STI / HIV and promotion of sexual health in university students. The experience and perception that university students have about sexuality, risk and prevention campaigns are addressed through focus groups. Semi-structured interviews are conducted with key informants. The results reveal that sexual education is limited and restricted to the biological aspect, as well as loaded with prejudices and gender biases, which narrows the information provided to the student population. Wavering prevention strategies that fail to motivate students or offer them opportunities for making informed and independent decisions about their sexual health are apparent. The STI / HIV campaigns assessed are distant, fear-based and not inclusive. Interventions in sexual health do not weigh experiential aspects of youth sexuality, as they are based on models of ideal and stereotyped behavior, discarding first-person narratives and their rich complexity. It is imperative to innovate in the prevention of STI/HIV, formulating interventions based on an integrative, multidisciplinary and contextualized design that values the theory and experience of the target populations.

Notes: Duarte-Anselmi, Giuliano Leiva-Pinto, Eduardo Vanegas-Lopez, Jairo Thomas-Lange, Jeffrey

Duarte, Giuliano/GYA-2853-2022

Leiva Pinto, Eduardo Esteban/0000-0002-9026-0345; Duarte Anselmi,

Giuliano/0000-0001-9724-0796; Vanegas, Jairo/0000-0001-5281-483X;

Thomas-Lange, Jeffrey/0000-0002-3414-7858

1678-4561

URL: <Go to ISI>://WOS:000775556700009

Reference Type: Journal Article

Record Number: 648

Author: Duckers, M., van Hoof, W., Willems, A. and te Brake, H.

Year: 2022

Title: Appraising Evidence-Based Mental Health and Psychosocial Support (MHPSS) Guidelines-PART II: A Content Analysis with Implications for Disaster Risk Reduction

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 13

Date: Jul

Short Title: Appraising Evidence-Based Mental Health and Psychosocial Support (MHPSS) Guidelines-PART II: A Content Analysis with Implications for Disaster Risk Reduction

DOI: 10.3390/ijerph19137798

Article Number: 7798

Accession Number: WOS:000823953000001

Abstract: High quality mental health and psychosocial support (MHPSS) guidelines are indispensable for policy and practice to

address the mental health consequences of disasters. This contribution complements a review that assessed the methodological quality of 13 MHPSS guidelines. We analyzed the content of the four highest-ranking guidelines and explored implications for disaster risk reduction (DRR). A qualitative explorative thematic analysis was conducted. The four guidelines proved largely similar, overlapping or at least complementary in their MHPSS definitions, stated purpose of the guidelines, user and target groups, terminology, and models used. Many recommended MHPSS measures and interventions were found in all of the guidelines and could be assigned to five categories: basic relief, information provision, emotional and social support, practical support, and health care. The guidelines stress the importance of monitoring needs and problems, evaluating the effect of service delivery, deliberate implementation and preparation, and investments in proper conditions and effective coordination across professions, agencies, and sectors. The MHPSS knowledge base embedded in the guidelines is comprehensive, coherent, and sufficiently universal to serve as the "overarching framework" considered missing yet vital for the integration of MHPSS approaches in DRR. Although application contexts differ geographically, this common ground should allow policymakers and practitioners globally to plan, implement, and evaluate MHPSS actions contributing to DRR, ideally together with target groups.

Notes: Duckers, Michel van Hoof, Wera Willems, Andrea te Brake, Hans Duckers, Michel/0000-0001-7746-053X

1660-4601

URL: <Go to ISI>://WOS:000823953000001

Reference Type: Journal Article

Record Number: 2391

Author: Duckers, M. L. A., Groenewegen, P. P. and Wagner, C.

Year: 2014

Title: Quality improvement collaboratives and the wisdom of crowds: spread explained by perceived success at group level

Journal: Implementation Science

Volume: 9

Date: Jul

Short Title: Quality improvement collaboratives and the wisdom of crowds: spread explained by perceived success at group level

ISSN: 1748-5908

DOI: 10.1186/s13012-014-0091-2

Article Number: 91

Accession Number: WOS:000340795900001

Abstract: Background: Many studies have been conducted to evaluate the impact of quality improvement collaboratives (QICs) on the quality of healthcare. This article addresses an underexplored topic, namely the use of QICs as 'intentional spread strategy.' Its objective is to predict the dissemination of projects within hospitals participating a change programme based on several QICs. We tested whether the average project success at QIC level (based on opinions of individual project team leaders) explains the dissemination of projects one year later. Findings: After one year,

148 project team leaders of 16 hospitals participating in the two-year programme were asked to rate the success of their improvement project on a scale from 1 to 10. At the end of the second year, the programme coordinator of each hospital provided information on the second-year dissemination. Average success scores and dissemination statistics were calculated for each QIC (N = 12). The non-parametric correlation between team leader judgment and dissemination rate at QIC level is 0.73 (P < 0.01). Conclusions: Previous work, focusing on the team and hospital level, showed which factors contributed to local success stories. It also illustrated how successes play a role in dissemination processes within programme. The current study suggests that we cannot ignore the extent to which the dissemination potential of individual projects is defined by their QIC. Aggregated team leader judgments at the QIC level might predict the future dissemination in participating organizations. The findings, however, need to be replicated in larger, independent samples.

Notes: Duckers, Michel L. A. Groenewegen, Peter P. Wagner, Cordula Groenewegen, Peter P./I-1574-2013

Groenewegen, Peter/0000-0003-2127-8442; Duckers, Michel/0000-0001-7746-053X

URL: <Go to ISI>://WOS:000340795900001

Reference Type: Journal Article

Record Number: 1145

Author: Dufvenberg, M., Diarbakerli, E., Charalampidis, A., Oberg, B., Tropp, H., Ahl, A. A., Moller, H., Gerdhem, P. and Abbott, A.
Year: 2021

Title: Six-Month Results on Treatment Adherence, Physical Activity, Spinal Appearance, Spinal Deformity, and Quality of Life in an Ongoing Randomised Trial on Conservative Treatment for Adolescent Idiopathic Scoliosis (CONTRAIS)

Journal: Journal of Clinical Medicine

Volume: 10

Issue: 21

Date: Nov

Short Title: Six-Month Results on Treatment Adherence, Physical Activity, Spinal Appearance, Spinal Deformity, and Quality of Life in an Ongoing Randomised Trial on Conservative Treatment for Adolescent Idiopathic Scoliosis (CONTRAIS)

DOI: 10.3390/jcm10214967

Article Number: 4967

Accession Number: WOS:000777190700011

Abstract: Adolescents with idiopathic scoliosis (AIS) often receive conservative treatments aiming to prevent progression of the spinal deformity during puberty. This study aimed to explore patient adherence and secondary outcomes during the first 6 months in an ongoing randomised controlled trial of three treatment interventions. Interventions consisted of physical activity combined with either hypercorrective Boston brace night shift (NB), scoliosis-specific exercise (SSE), or physical activity alone (PA). Measures at baseline and 6 months included angle of trunk rotation (ATR), Cobb angle, International Physical Activity Questionnaire short form (IPAQ-SF), pictorial Spinal Appearance Questionnaire

(pSAQ), Scoliosis Research Society (SRS-22r), EuroQol 5-Dimensions Youth (EQ-5D-Y) and Visual Analogue Scale (EQ-VAS). Patient adherence, motivation, and capability in performing the intervention were reported at 6 months. The study included 135 patients (111 females) with AIS and >1-year estimated remaining growth, mean age 12.7 (1.4) years, and mean Cobb angle 31 (+/- 5.3). At 6 months, the proportion of patients in the groups reporting high to very high adherence ranged between 72 and 95%, while motivation ranged between 65 and 92%, with the highest proportion seen in the NB group ($p = 0.014$, $p = 0.002$). IPAQ-SF displayed significant between group main effects regarding moderate activity ($F = 5.7$; $p = 0.004$; $\eta^2(p) = 0.10$), with a medium-sized increase favouring the SSE group compared to NB. Walking showed significant between group main effects, as did metabolic equivalent (MET-min/week), with medium ($F = 6.8$, $p = 0.002$; $\eta^2(p) = 0.11$, and large ($F = 8.3$, $p = < 0.001$, $\eta^2(p) = 0.14$) increases, respectively, for the SSE and PA groups compared to NB. From baseline to 6 months, ATR showed significant between group medium-sized main effects ($F = 1.2$, $p = 0.019$, $\eta^2(p) = 0.007$) favouring the NB group compared to PA, but not reaching a clinically relevant level. In conclusion, patients reported high adherence and motivation to treatment, especially in the NB group. Patients in the SSE and PA groups increased their physical activity levels without other clinically relevant differences between groups in other clinical measures or patient-reported outcomes. The results suggest that the prescribed treatments are viable first-step options during the first 6 months.

Notes: Dufvenberg, Marlene Diarbakerli, Elias Charalampidis, Anastasios Oberg, Birgitta Tropp, Hans Ahl, Anna Aspberg Moller, Hans Gerdhem, Paul Abbott, Allan

Dufvenberg, Marlene/0000-0002-3639-6380; Abbott, Allan/0000-0002-4318-9216; Oberg, Birgitta/0000-0001-8612-583X; Charalampidis, Anastasios/0000-0001-5228-738X
2077-0383

URL: <Go to ISI>://WOS:000777190700011

Reference Type: Journal Article

Record Number: 2270

Author: Dumoulin, C., Hay-Smith, J., Frawley, H., McClurg, D., Alewijnse, D., Bo, K., Burgio, K., Chen, S. Y., Chiarelli, P., Dean, S., Hagen, S., Herbert, J., Mahfooza, A., Mair, F., Stark, D. and Van Kampen, M.

Year: 2015

Title: 2014 consensus statement on improving pelvic floor muscle training adherence: International Continence Society 2011 State-of-the-Science Seminar

Journal: Neurourology and Urodynamics

Volume: 34

Issue: 7

Pages: 600-605

Date: Sep

Short Title: 2014 consensus statement on improving pelvic floor muscle training adherence: International Continence Society 2011 State-of-the-Science Seminar

ISSN: 0733-2467

DOI: 10.1002/nau.22796

Accession Number: WOS:000359710200002

Abstract: Aims To summarize the findings and expert-panel consensus of the State-of-the-Science Seminar on pelvic floor muscle training (PFMT) adherence held prior to the 41st International Continence Society scientific meeting, Glasgow, 2011. Methods Summaries of research and theory about PFMT adherence (based on a comprehensive literature search) were presented by subject experts at the 2011 Seminar to generate discussion and guidance for clinical practice and future research. Supplemental research, post-seminar, resulted in, three review papers summarizing: (1) relevant behavioral theories, (2) adherence measurement, determinants and effectiveness of PFMT adherence interventions, and (3) patients' PFMT experiences. A fourth, reported findings from an online survey of health professionals and the public. Results Few high-quality studies were found. Paper I summarizes 12 behavioral frameworks relevant to theoretical development of PFMT adherence interventions and strategies. Findings in Paper II suggest both PFMT self-efficacy and intention-to-adhere predict PFMT adherence. Paper III identified six potential adherence modifiers worthy of further investigation. Paper IV found patient-related factors were the biggest adherence barrier to PFMT adherence. Conclusion Given the lack of high-quality studies, the conclusions were informed by expert opinion. Adherence is central to short- and longer-term PFMT effect. More attention and explicit reporting is needed regarding: (1) applying health behavior theory in PFMT program planning; (2) identifying adherence determinants; (3) developing and implementing interventions targeting known adherence determinants; (4) using patient-centred approaches to evaluating adherence barriers and facilitators; (5) measuring adherence, including refining and testing instruments; and (6) testing the association between adherence and PFMT outcome. *Neurourol. Urodynam.* 34:???-???, 2015. (c) 2015 Wiley Periodicals, Inc.

Notes: Dumoulin, Chantale Hay-Smith, Jean Frawley, Helena McClurg, Doreen Alewijnse, Dianne Bo, Kari Burgio, Kathryn Chen, Shu-Yueh Chiarelli, Pauline Dean, Sarah Hagen, Suzanne Herbert, Julia Mahfooza, Aishath Mair, Frances Stark, Diane Van Kampen, Marijke Frawley, Helena C/B-9840-2017

Frawley, Helena C/0000-0002-7126-6979; HAGEN, SUZANNE/0000-0002-9741-9160; McClurg, Doreen/0000-0002-2872-1702; Mair, Frances/0000-0001-9780-1135; Dean, Sarah/0000-0002-3682-5149 1520-6777

URL: <Go to ISI>://WOS:000359710200002

Reference Type: Journal Article

Record Number: 453

Author: Dunlop, K. L. A., Marshall, H. M., Stone, E., Sharman, A. R., Dodd, R. H., Rhee, J. J., McCullough, S. and Rankin, N. M.

Year: 2022

Title: Motivation is not enough: A qualitative study of lung cancer screening uptake in Australia to inform future implementation

Journal: Plos One

Volume: 17

Issue: 9

Date: Sep

Short Title: Motivation is not enough: A qualitative study of lung cancer screening uptake in Australia to inform future implementation

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0275361

Article Number: e0275361

Accession Number: WOS:000933365700050

Abstract: Introduction Participation in lung cancer screening (LCS) trials and real-world programs is low, with many people at high-risk for lung cancer opting out of baseline screening after registering interest. We aimed to identify the potential drivers of participation in LCS in the Australian setting, to inform future implementation. Methods Semi-structured telephone interviews were conducted with individuals at high-risk of lung cancer who were eligible for screening and who had either participated ('screeners') or declined to participate ('decliners') in the International Lung Screening Trial from two Australian sites. Interview guide development was informed by the Precaution Adoption Process Model. Interviews were audio-recorded, transcribed and analysed using the COM-B model of behaviour to explore capability, opportunity and motivation related to screening behaviour. Results Thirty-nine participants were interviewed (25 screeners; 14 decliners).

Motivation to participate in screening was high in both groups driven by the lived experience of lung cancer and a belief that screening is valuable, however decliners unlike their screening counterparts reported low self-efficacy. Decliners in our study reported challenges in capability including ability to attend and in knowledge and understanding. Decliners also reported challenges related to physical and social opportunity, in particular location as a barrier and lack of family support to attend screening.

Conclusion Our findings suggest that motivation alone may not be sufficient to change behaviour related to screening participation, unless capability and opportunity are also considered. Focusing strategies on barriers related to capability and opportunity such as online/telephone support, mobile screening programs and financial assistance for screeners may better enhance screening participation. Providing funding for clinicians to support individuals in decision-making and belief in self-efficacy may foster motivation. Targeting interventions that connect eligible individuals with the LCS program will be crucial for successful implementation.

Notes: Dunlop, Kate L. A. Marshall, Henry M. Stone, Emily Sharman, Ashleigh R. Dodd, Rachael H. Rhee, Joel J. McCullough, Sue Rankin, Nicole M.

Stone, Emily/AAP-1249-2021; Dodd, Rachael/I-1752-2019; Sharman, Ashleigh Rebecca/HMU-8866-2023; Marshall, Henry/F-2567-2011

Stone, Emily/0000-0001-9021-8449; Dodd, Rachael/0000-0002-8080-6359; Sharman, Ashleigh Rebecca/0000-0002-9342-5061; Marshall, Henry/0000-0002-9626-8014; Rhee, Joel/0000-0002-5233-2758; Dunlop, Kate/0000-0001-9544-9764

URL: <Go to ISI>://WOS:000933365700050

Reference Type: Journal Article

Record Number: 1809

Author: Dunn, B. D., Widnall, E., Reed, N., Taylor, R., Owens, C., Spencer, A., Kraag, G., Kok, G., Geschwind, N., Wright, K., Moberly, N. J., Moulds, M. L., MacLeod, A. K., Handley, R., Richards, D., Campbell, J. and Kuyken, W.

Year: 2019

Title: Evaluating Augmented Depression Therapy (ADepT): study protocol for a pilot randomised controlled trial

Journal: Pilot and Feasibility Studies

Volume: 5

Issue: 1

Date: Apr

Short Title: Evaluating Augmented Depression Therapy (ADepT): study protocol for a pilot randomised controlled trial

DOI: 10.1186/s40814-019-0438-1

Article Number: 63

Accession Number: WOS:000704688900005

Abstract: Background: While existing psychological treatments for depression are effective for many, a significant proportion of depressed individuals do not respond to current approaches and few remain well over the long-term. Anhedonia (a loss of interest or pleasure) is a core symptom of depression which predicts a poor prognosis but has been neglected by existing treatments. Augmented Depression Therapy (ADepT) has been co-designed with service users to better target anhedonia alongside other features of depression. This mixed methods pilot trial aims to establish proof of concept for ADepT and to examine the feasibility and acceptability of a future definitive trial evaluating the clinical and cost-effectiveness of ADepT, compared to an evidence-based mainstream therapy (Cognitive Behavioural Therapy; CBT) in the acute treatment of depression, the prevention of subsequent depressive relapse, and the enhancement of wellbeing. Methods: We aim to recruit 80 depressed participants and randomise them 1:1 to receive ADepT (15 weekly acute and 5 booster sessions in following year) or CBT (20 weekly acute sessions). Clinical and health economic assessments will take place at intake and at 6-, 12-, and 18-month follow-up. Reductions in PHQ-9 depression severity and increases in WEMWBS wellbeing at 6-month assessment (when acute treatment should be completed) are the co-primary outcomes. Quantitative and qualitative process evaluation will assess mechanism of action, implementation issues, and contextual moderating factors. To evaluate proof of concept, intake-post effect sizes and the proportion of individuals showing reliable and clinically significant change on outcome measures in each arm at each follow-up will be reported. To evaluate feasibility and acceptability, we will examine recruitment, retention, treatment completion, and data completeness rates and feedback from patients and therapists about their experience of study participation and therapy. Additionally, we will establish the cost of delivery of ADepT. Discussion: We will proceed to definitive trial if any concerns about the safety, acceptability, feasibility, and proof of concept of ADepT and trial procedures can be rectified, and we recruit, retain, and collect follow-up data on at least 60% of the target sample.

Notes: Dunn, Barnaby D. Widnall, Emily Reed, Nigel Taylor, Rod Owens, Christabel Spencer, Anne Kraag, Gerda Kok, Gerjo Geschwind, Nicole Wright, Kim Moberly, Nicholas J. Moulds, Michelle L. MacLeod, Andrew K. Handley, Rachel Richards, David Campbell, John Kuyken, Willem

Moulds, Michelle/B-2928-2010; Kuyken, Willem/ABC-5152-2021; Richards, David A/B-4807-2009; Moberly, Nicholas J/B-4891-2009 Richards, David A/0000-0002-8821-5027; Campbell, John/0000-0002-6752-3493; Geschwind, Nicole/0000-0001-7171-6426; Spencer, Anne/0000-0002-8163-3103; Wright, Kim/0000-0003-3865-9743; Widnall, Emily/0000-0002-7107-562X
2055-5784

URL: <Go to ISI>://WOS:000704688900005

Reference Type: Journal Article

Record Number: 2261

Author: Dunn, J., Holland, J., Hyde, M. K. and Watson, M.

Year: 2015

Title: Psycho-oncology and primary prevention in cancer control plans: an absent voice?

Journal: Psycho-Oncology

Volume: 24

Issue: 10

Pages: 1338-1345

Date: Oct

Short Title: Psycho-oncology and primary prevention in cancer control plans: an absent voice?

ISSN: 1057-9249

DOI: 10.1002/pon.3917

Accession Number: WOS:000362915000016

Abstract: Background One third of cancer deaths are attributable to modifiable lifestyle, behaviour and psychosocial risk factors. Psycho-oncology can contribute significantly to prevention initiatives such as those described in national cancer control plans (NCCPs), to reduce or eliminate these risk factors. However, the extent to which psycho-oncology expertise has informed prevention objectives in plans is unclear. Methods Accordingly, 35 English language NCCPs were located via existing databases and were searched using Adobe text searches (psycho', social', behav' and intervention') to identify (a) representations of psycho-oncology, its dimensions (psychological, social and behavioural) and roles (e.g. psychologist); and (b) behaviour/lifestyle change interventions. Results A third of NCCPs included the term psycho- or psychosocial-oncology; approximately half referred to a psycho-oncology dimension regarding prevention and early detection and half included actions/objectives relating to health professionals and provision of psychosocial care. The majority of cancer plans included prevention outcomes and focussed primarily on smoking cessation and alcohol reduction. Interventions commonly proposed were education, regulation and service provision; however, many were aspirational statements of intent rather than specific interventions. Psycho-oncology was represented in NCCPs but was limited in reference to prevention with few behavioural

interventions utilised. Conclusions Psycho-oncology input is needed to prescribe evidence-based interventions in cancer plans that not only educate, regulate and provide resources but also motivate, empower and create a supportive normative environment for behaviour change. In this manuscript, and throughout this Special Issue on Cancer Prevention, important principles, ideas and evidence within psycho-oncology are outlined which, if properly implemented, can help reduce the global cancer burden. Copyright (c) 2015 John Wiley & Sons, Ltd.

Notes: Dunn, Jeff Holland, Jimmie Hyde, Melissa K. Watson, Maggie Dunn, Jeff/H-6002-2012; Hyde, Melissa K/H-6785-2012
Hyde, Melissa K/0000-0001-9616-2028; Dunn, Jeff/0000-0002-1180-3381
1099-1611

Si

URL: <Go to ISI>://WOS:000362915000016

Reference Type: Journal Article

Record Number: 1613

Author: Dunphy, E., Button, K., Hamilton, F., Williams, J., Spasic, I. and Murray, E.

Year: 2021

Title: Feasibility randomised controlled trial comparing TRAK-ACL digital rehabilitation intervention plus treatment as usual versus treatment as usual for patients following anterior cruciate ligament reconstruction

Journal: Bmj Open Sport & Exercise Medicine

Volume: 7

Issue: 2

Short Title: Feasibility randomised controlled trial comparing TRAK-ACL digital rehabilitation intervention plus treatment as usual versus treatment as usual for patients following anterior cruciate ligament reconstruction

DOI: 10.1136/bmjsem-2020-001002

Article Number: e001002

Accession Number: WOS:000764182200001

Abstract: Objectives To evaluate the feasibility of trialling taxonomy for the rehabilitation of knee conditions-ACL (TRAK-ACL), a digital health intervention that provides health information, personalised exercise plans and remote clinical support combined with treatment as usual (TAU), for people following ACL reconstruction. Methods The study design was a two-arm parallel randomised controlled trial (RCT). Eligible participants were English-speaking adults who had undergone ACL reconstruction within the last 12 weeks, had access to the internet and could provide informed consent. Recruitment took place at three sites in the UK. TRAK-ACL intervention was an interactive website informed by behaviour change technique combined with TAU. The comparator was TAU. Outcomes were: recruitment and retention; completeness of outcome measures at follow-up; fidelity of intervention delivery and engagement with the intervention. Individuals were randomised using a computer-generated random number sequence. Blinded assessors allocated groups and collected outcome measures. Results Fifty-nine people were assessed for eligibility at two of the participating

sites, and 51 were randomised; 26 were allocated to TRAK-ACL and 25 to TAU. Follow-up data were collected on 44 and 40 participants at 3 and 6 months, respectively. All outcome measures were completed fully at 6 months except the Client Service Receipt Inventory. Two patients in each arm did not receive the treatment they were randomised to. Engagement with TRAK-ACL intervention was a median of 5 logins (IQR 3-13 logins), over 18 weeks (SD 12.2 weeks). Conclusion TRAK-ACL would be suitable for evaluation of effectiveness in a fully powered RCT.
Notes: Dunphy, Emma Button, Kate Hamilton, Fiona Williams, Jodie Spasic, Irena Murray, Elizabeth Button, Kate/0000-0003-1073-9901; Dunphy, Emma/0000-0001-5686-1908 2055-7647
URL: <Go to ISI>://WOS:000764182200001

Reference Type: Journal Article

Record Number: 1716

Author: Dunphy, E. and Gardner, E. C.

Year: 2020

Title: Telerehabilitation to Address the Rehabilitation Gap in Anterior Cruciate Ligament Care: Survey of Patients

Journal: Jmir Formative Research

Volume: 4

Issue: 9

Date: Sep

Short Title: Telerehabilitation to Address the Rehabilitation Gap in Anterior Cruciate Ligament Care: Survey of Patients

DOI: 10.2196/19296

Article Number: e19296

Accession Number: WOS:000853384900009

Abstract: Background: Evidence shows that after anterior cruciate ligament (ACL) reconstruction, patients may have varied access to physical therapy. In particular, physical therapy input may end many months before patients reach full recovery. Telerehabilitation may provide an opportunity to address this rehabilitation gap and improve access to evidence-based rehabilitation alongside physical therapy at all stages of care. Objective: This study aims to understand the opinions of patients who have undergone ACL surgery and rehabilitation on the use of telerehabilitation as part of ACL care and define the population and explore their experiences and views on the acceptability of telerehabilitation after ACL reconstruction. Methods: This study was a cross-sectional, voluntary, web-based survey combining both closed and open questions. Ethical approval was obtained from the Yale School of Medicine Institutional Review Board. Participants were aged 16 years or older at the time of recruitment and had undergone ACL reconstruction within the past 5 years. A 26-item survey was developed using the Qualtrics survey platform. No items were mandatory. Responses were multiple choice, binary, and qualitative. The CHERRIES (Checklist for Reporting Results of Internet E-Surveys) was used to ensure the quality of reporting of surveys in the medical literature. Data were analyzed using Stata version 15. Qualitative data were analyzed using NVivo 11. The theoretical

framework for this analysis is based on the Capability, Opportunity, and Motivation–Behavior model of behavior change. Results: A total of 100 participants opened the survey. All completers were unique. The participation and completion rates were each 96% (96/100). Patients reported their physical therapy care ended at an average of 6.4 months and that they felt fully recovered at an average of 13.2 months. Only 26% (25/96) of patients felt fully recovered at the end of physical therapy. Of these 96 patients, 54 (60%) were younger than 30 years, 71 (74%) were recreational athletes, 24 (24%) were competitive athletes, 72 (75%) had private insurance, 74 (77%) were not familiar at all with telerehabilitation, and 89% (85/96) felt capable. They preferred to use telerehabilitation at different stages of care. Reported benefits included resource saving, improved access to care, improved learning, and greater engagement. Concerns included incorrect performance of exercises or unmanaged pain being missed and less access to manual therapy, motivation, and opportunities to ask questions. Participants' priorities for a future telerehabilitation intervention included its use as an adjunct to physical therapy rather than a replacement, with content available for each stage of care, especially return to sports. Participants stressed that the intervention should be personalized to them and include measures of progress. Conclusions: These findings helped understand and define the ACL reconstruction population. Participants found telerehabilitation acceptable in principle and highlighted the key user requirements and scope of future interventions.

Notes: Dunphy, Emma Gardner, Elizabeth C.
Dunphy, Emma/0000-0001-5686-1908; Gardner, Elizabeth/
0000-0001-6570-1914
2561-326x
URL: <Go to ISI>://WOS:000853384900009

Reference Type: Journal Article

Record Number: 1494

Author: Dunsmore, J., Duncan, E., Mariappan, P., de Bruin, M., MacLennan, S., Dimitropoulos, K., Kasivisvanathan, V., Mostafid, H., Briganti, A., N'Dow, J. and MacLennan, S.

Year: 2021

Title: What influences adherence to guidance for postoperative instillation of intravesical chemotherapy to patients with bladder cancer?

Journal: Bju International

Volume: 128

Issue: 2

Pages: 225-235

Date: Aug

Short Title: What influences adherence to guidance for postoperative instillation of intravesical chemotherapy to patients with bladder cancer?

ISSN: 1464-4096

DOI: 10.1111/bju.15336

Accession Number: WOS:000633809400001

Abstract: Objective To understand the barriers and facilitators to

single instillation of intravesical chemotherapy (SI-IVC) use after resection of non-muscle-invasive bladder cancer (NMIBC) in Scotland and England using a behavioural theory-informed approach. Subjects and Methods In a cross-sectional descriptive study of practices at seven hospitals, we investigated care pathways, policies, and interviewed 30 urology staff responsible for SI-IVC. We used the Theoretical Domains Framework (TDF) to organise our investigation and conducted deductive thematic analyses, while inductively coding emergent beliefs. Results Barriers to SI-IVC were present at different organisational levels and professional roles. In four hospitals, there was a policy to not instil SI-IVC in theatre. Six hospitals' staff reported delays in mitomycin C (MMC) ordering and/or local storage. Lack of training, skills and perceived workload affected motivation. Facilitators included access to modern instilling devices (four hospitals) and incorporating reminders in operation proforma (four hospitals). Performance targets (with audit and feedback) within a national governance framework were present in Scotland but not England. Differences in coordinated leadership, sharing best practices, and disliking being perceived as underperforming, were evident in Scotland. Conclusions High-certainty evidence shows that SI-IVC, such as MMC, after NMIBC resection reduces recurrences. This evidence underpins international guidance. The number of eligible patients receiving SI-IVC is variable indicating suboptimal practice. Improving SI-IVC adherence requires modifications to theatre instilling policies, delivery and storage of MMC, staff training, and documentation. Centralising care, with bladder cancer expert leadership and best practices sharing with performance targets, likely led to improvements in Scotland. National quality improvement, incorporating audit and feedback, with additional implementation strategies targeted to professional role could improve adherence and patient outcomes elsewhere. This process should be controlled to clarify implementation intervention effectiveness.

Notes: Dunsmore, Jennifer Duncan, Eilidh Mariappan, Paramananthan de Bruin, Marijn MacLennan, Sara Dimitropoulos, Konstantinos Kasivisvanathan, Veeru Mostafid, Hugh Briganti, Alberto N'Dow, James MacLennan, Steven

Duncan, Eilidh/H0C-6391-2023; de Bruin, Marijn/X-8418-2018
de Bruin, Marijn/0000-0003-3100-6803; Kasivisvanathan, Veeru/
0000-0002-0832-382X; MacLennan, Steven/0000-0002-2691-8421;
MacLennan, Sara/0000-0003-1405-6964; Duncan, Eilidh/
0000-0002-1009-9732
1464-410x

URL: <Go to ISI>://WOS:000633809400001

Reference Type: Journal Article

Record Number: 799

Author: Duong, V., Hunter, D. J. and Nicolson, P. J. A.

Year: 2022

Title: Predictors and Measures of Adherence to Core Treatments for Osteoarthritis

Journal: Clinics in Geriatric Medicine

Volume: 38

Issue: 2
Pages: 345-360
Date: May
Short Title: Predictors and Measures of Adherence to Core Treatments for Osteoarthritis
ISSN: 0749-0690
DOI: 10.1016/j.cger.2021.11.007
Accession Number: WOS:000793409700011
Abstract: Adherence to core treatments for OA remains a challenge for researchers, clinicians, and patients. Adherence is influenced by multiple factors, both intrinsic and extrinsic. These factors differ between individuals, and within an individual over time, making predicting adherence difficult and unreliable. Measurement and reporting of adherence are essential. The measurement of adherence should be standardized for various OA interventions, and developing a tool to measure adherence is a priority. Identifying the barriers and enablers to treatments by using existing frameworks such as the Behaviour Change Wheel and implementing behavior change techniques known to improve adherence, such as booster sessions, should be used to assist in improving adherence in clinical trials and practice. All prescribed interventions should include patient education and consider patient barriers, abilities, and preferences to maximize adherence long term.
Notes: Duong, Vicky Hunter, David J. Nicolson, Philippa J. A. Hunter, David John/HRA-2096-2023; Duong, Vicky/K-2012-2019
Duong, Vicky/0000-0002-4450-8194
1879-8853
Si
URL: <Go to ISI>://WOS:000793409700011

Reference Type: Journal Article
Record Number: 262
Author: Durrand, J., Livingston, R., Tew, G., Gillis, C., Yates, D., Gray, J., Greaves, C., Moore, J., O'Doherty, A. F., Doherty, P., Danjoux, G. and Avery, L.
Year: 2022
Title: Systematic development and feasibility testing of a multibehavioural digital prehabilitation intervention for patients approaching major surgery (iPREPWELL): A study protocol
Journal: Plos One
Volume: 17
Issue: 12
Date: Dec
Short Title: Systematic development and feasibility testing of a multibehavioural digital prehabilitation intervention for patients approaching major surgery (iPREPWELL): A study protocol
ISSN: 1932-6203
DOI: 10.1371/journal.pone.0277143
Article Number: e0277143
Accession Number: WOS:000924525200005
Abstract: Improving outcomes for people undergoing major surgery, specifically reducing perioperative morbidity and mortality remains a global health challenge. Prehabilitation involves the active

preparation of patients prior to surgery, including support to tackle risk behaviours that mediate and undermine physical and mental health and wellbeing. The majority of prehabilitation interventions are delivered in person, however many patients express a preference for remotely-delivered interventions that provide them with tailored support and the flexibility. Digital prehabilitation interventions offer scalability and have the potential to benefit perioperative healthcare systems, however there is a lack of robustly developed and evaluated digital programmes for use in routine clinical care. We aim to systematically develop and test the feasibility of an evidence and theory-informed multibehavioural digital prehabilitation intervention 'iPREPWELL' designed to prepare patients for major surgery. The intervention will be developed with reference to the Behaviour Change Wheel, COM-B model, and the Theoretical Domains Framework. Codesign methodology will be used to develop a patient intervention and accompanying training intervention for healthcare professionals. Training will be designed to enable healthcare professionals to promote, support and facilitate delivery of the intervention as part of routine clinical care. Patients preparing for major surgery and healthcare professionals involved with their clinical care from two UK National Health Service centres will be recruited to stage 1 (systematic development) and stage 2 (feasibility testing of the intervention). Participants recruited at stage 1 will be asked to complete a COM-B questionnaire and to take part in a qualitative interview study and co-design workshops. Participants recruited at stage 2 (up to twenty healthcare professionals and forty participants) will be asked to take part in a single group intervention study where the primary outcomes will include feasibility, acceptability, and fidelity of intervention delivery, receipt, and enactment. Healthcare professionals will be trained to promote and support use of the intervention by patients, and the training intervention will be evaluated qualitatively and quantitatively. The multifaceted and systematically developed intervention will be the first of its kind and will provide a foundation for further refinement prior to formal efficacy testing.

Notes: Durrand, J. Livingston, R. Tew, G. Gillis, C. Yates, D. Gray, J. Greaves, C. Moore, J. O'Doherty, A. F. Doherty, P. Danjoux, G. Avery, L.

Greaves, Colin/AAY-1555-2020

Greaves, Colin/0000-0003-4425-2691; Durrand, James/0000-0002-8850-1787; O'Doherty, Alasdair/0000-0002-9953-9772; Tew, Garry/0000-0002-8610-0613; moore, john/0000-0002-8038-0132

URL: <Go to ISI>://WOS:000924525200005

Reference Type: Journal Article

Record Number: 1118

Author: Durrand, J. W., Moore, J. and Danjoux, G.

Year: 2022

Title: Prehabilitation and preparation for surgery: has the digital revolution arrived?

Journal: Anaesthesia

Volume: 77

Issue: 6
Pages: 635-639
Date: Jun
Short Title: Prehabilitation and preparation for surgery: has the digital revolution arrived?
ISSN: 0003-2409
DOI: 10.1111/anae.15622
Article Number: e15622
Accession Number: WOS:000720074200001
Notes: Durrand, J. W. Moore, J. Danjoux, G. moore, john/0000-0002-8038-0132; Durrand, James/0000-0002-8850-1787 1365-2044
URL: <Go to ISI>://WOS:000720074200001

Reference Type: Journal Article
Record Number: 708
Author: Dushkova, D., Ignatieva, M., Konstantinova, A., Vasenev, V., Dovletyarova, E. and Dvornikov, Y.
Year: 2022
Title: Human-Nature Interactions during and after the COVID-19 Pandemic in Moscow, Russia: Exploring the Role of Contact with Nature and Main Lessons from the City Responses
Journal: Land
Volume: 11
Issue: 6
Date: Jun
Short Title: Human-Nature Interactions during and after the COVID-19 Pandemic in Moscow, Russia: Exploring the Role of Contact with Nature and Main Lessons from the City Responses
DOI: 10.3390/land11060822
Article Number: 822
Accession Number: WOS:000816055900001
Abstract: Urban green spaces (UGS) as essential elements of the urban environment provide multiple ecosystem services including benefits for physical and mental health. Impacts of the COVID-19 pandemic and related restrictions have influenced human relationships with nature. Based on empirical research, this article explores the pathways and implications of human-nature interactions during and after COVID-19 and how human health and well-being could be supported by contact with nature. The article discusses the reasons that attract people to visit UGS (value of UGS, their perceptions, ways of contact with urban nature, etc.). It also analyses the effects of social isolation on the usage and perception of UGS during and after the COVID-19 pandemic. The research revealed current needs for UGS and their role in adaptation of urban development and greening strategy. For this purpose, an online questionnaire survey among residents of Moscow was conducted in April-July of 2020 when restrictive measures were imposed in the city in response to the COVID-19 pandemic. Additionally, non-participatory observations and photo documentation were used to supplement the data on UGS visitation and use. The GIS mapping method was applied to analyze the UGS provision (availability and accessibility of UGS). Moreover, expert interviews were conducted

aiming to explore the implications of the COVID-19 pandemic on the urban fabric and life of the citizens. The aim was to reveal the main tendencies that can be used in the adaptation of urban development plans, especially regarding UGS and human-nature interactions. The results show that citizens (both survey respondents and experts) highly value urban nature as a tool for coping with COVID-19 challenges. They underlined a need for accessible UGS, most notably for breathing fresh air, reducing stress, relaxing, and observing and enjoying nature. The survey also revealed the particular health effects resulting from the reduction of UGS visitations due to COVID-19 restrictions. Several changes in human-nature interactions were also observed: many respondents especially missed spending time outdoors and meeting other people. That highlights the fact that while UGS normally provides places for social integration and socializing, during the COVID-19 isolation UGS were especially valued in regard to physical health and well-being (self-recovery). Both respondents and experts expressed their opinions regarding the future development of UGS network and how the UGS's structure and design should be adapted to the current challenges. The claimed interests/preferences included the need for providing all residents equal access to UGS in a time of pandemics and post pandemics. A set of limitations and directions for future research of UGS was suggested.

Notes: Dushkova, Diana Ignatieva, Maria Konstantinova, Anastasia Vasenev, Viacheslav Dovletyarova, Elvira Dvornikov, Yury Konstantinova, Anastasia/AAX-3978-2020; vasenev, viacheslav/N-8451-2016; Dvornikov, Yury/J-5087-2016 Konstantinova, Anastasia/0000-0003-3429-7108; Dushkova, Diana/0000-0001-9651-0715; vasenev, viacheslav/0000-0003-0286-3021; Dvornikov, Yury/0000-0003-3491-4487; ignatieva, maria/0000-0002-5273-1644; Dovletyarova, Elvira/0000-0003-4296-9015 2073-445x

URL: <Go to ISI>://WOS:000816055900001

Reference Type: Journal Article

Record Number: 873

Author: Dyrehave, C., Nielsen, D., Wejse, C., Maindal, H. T. and Rodkjaer, L. O.

Year: 2022

Title: Development of a Complex Intervention for Health Care Professionals' Care of Patients With African Background and HIV Infection Using the Behavior Change Wheel Method

Journal: Journal of Transcultural Nursing

Volume: 33

Issue: 3

Pages: 259-267

Date: May

Short Title: Development of a Complex Intervention for Health Care Professionals' Care of Patients With African Background and HIV Infection Using the Behavior Change Wheel Method

ISSN: 1043-6596

DOI: 10.1177/10436596221075989

Article Number: 10436596221075989

Accession Number: WOS:000769176100001

Abstract: Introduction. Insufficient cultural competences among health care professionals (HCPs) working with ethnic minorities may result in poorer quality of care. This study aimed to develop a cultural intervention for HCPs. Method. The intervention was designed using the Behavior Change Wheel. The development phase contained empirical studies of patients with HIV and African background, literature review, observations from a migrant health clinic, and transcultural care theory. Results. Systematic development will facilitate an intervention tailored to focus on nurses' sensitivity and awareness, and aims to give them tools to identify narratives about patients' life situation and self-management as well as provide effective, compassionate, and culturally competent care. Discussion. Higher cultural competence among nurses may improve their support of patients to manage their disease.

Notes: Dyrehave, Charlotte Nielsen, Dorthe Wejse, Christian Maindal, Helle Terkildsen Rodkjaer, Lotte Oernebørg

; Wejse, Christian/C-8468-2014

Rodkjaer, Lotte/0000-0003-1570-2120; Maindal, Helle Terkildsen/0000-0003-0525-7254; Dyrehave, Charlotte/0000-0003-3310-2997; Wejse, Christian/0000-0002-2534-2942; Nielsen, Dorthe/0000-0002-3954-7551 1552-7832

URL: <Go to ISI>://WOS:000769176100001

Reference Type: Journal Article

Record Number: 1297

Author: Dyson, J. and Cowdell, F.

Year: 2021

Title: How is the Theoretical Domains Framework applied in designing interventions to support healthcare practitioner behaviour change? A systematic review

Journal: International Journal for Quality in Health Care

Volume: 33

Issue: 3

Date: Jul

Short Title: How is the Theoretical Domains Framework applied in designing interventions to support healthcare practitioner behaviour change? A systematic review

ISSN: 1353-4505

DOI: 10.1093/intqhc/mzab106

Article Number: mzab106

Accession Number: WOS:000768151000001

Abstract: Background The use of theory is recommended to support interventions to promote implementation of evidence-based practices. However, there are multiple models of behaviour change which can be complex and lack comprehensiveness and are therefore difficult to understand and operationalize. The Theoretical Domains Framework sought to address these problems by synthesizing 33 models of behaviour or behaviour change. Given that it is 15 years since the first publication of the Theoretical Domains Framework (TDF), it is timely to reflect on how the framework has been applied in practice. Objective The objective of this review is to identify and

narratively synthesize papers in which the TDF, (including frameworks that incorporate the TDF) have been used have been used to develop implementation interventions. Methods We searched MEDLINE, PsychINFO, CINAHL and the Cochrane databases using the terms: 'theoretical domains framework*' or TDF or Capability, Opportunity, Motivation to Behaviour (COM-B) or 'behav* change wheel' or 'BCW' AND implement* or improv* or quality or guideline* or intervention* or practice* or EBP or 'evidence based practice' and conducted citation and key author searches. The included papers were those that used any version of the TDF published from 2005 onwards. The included papers were subject to narrative synthesis. Results A total of 3540 papers were identified and 60 were included. Thirty-two papers reported intervention design only and 28 reported intervention design and testing. Despite over 3000 citations there has been limited application to the point of designing interventions to support the best practice. In particular use of the framework has not been tried or tested in non-western countries and barely used in non-primary or acute care settings. Authors have applied the framework to assess barriers and facilitators successfully but reporting of the process of selection of behaviour change techniques and intervention design thereafter was variable. Conclusion Despite over three thousand citations of the framework there has been limited application to the point of designing interventions to support best practice. The framework is barely used in non-western countries or beyond primary or acute care settings. A stated purpose of the framework was to make psychological theory accessible to researchers and practitioners alike; if this is to be fully achieved, further guidance is needed on the application of the framework beyond the point of assessment of barriers and facilitators.

Notes: Dyson, Judith Cowdell, Fiona
1464-3677

URL: <Go to ISI>://WOS:000768151000001

Reference Type: Journal Article

Record Number: 2388

Author: Dziedzic, K. S., Healey, E. L., Porcheret, M., Ong, B. N., Main, C. J., Jordan, K. P., Lewis, M., Edwards, J. J., Jinks, C., Morden, A., McHugh, G. A., Ryan, S., Finney, A., Jowett, S., Opong, R., Afolabi, E., Pushpa-Rajah, A., Handy, J., Clarkson, K., Mason, E., Whitehurst, T., Hughes, R. W., Croft, P. R. and Hay, E. M.

Year: 2014

Title: Implementing the NICE osteoarthritis guidelines: a mixed methods study and cluster randomised trial of a model osteoarthritis consultation in primary care - the Management of OsteoArthritis In Consultations (MOSAICS) study protocol

Journal: Implementation Science

Volume: 9

Date: Aug

Short Title: Implementing the NICE osteoarthritis guidelines: a mixed methods study and cluster randomised trial of a model osteoarthritis consultation in primary care - the Management of OsteoArthritis In Consultations (MOSAICS) study protocol

ISSN: 1748-5908

DOI: 10.1186/s13012-014-0095-y

Article Number: 95

Accession Number: WOS:000345433700001

Abstract: Background: There is as yet no evidence on the feasibility of implementing recommendations from the National Institute of Health and Care Excellence (NICE) osteoarthritis (OA) guidelines in primary care, or of the effect these recommendations have on the condition. The primary aim of this study is to determine the clinical and cost effectiveness of a model OA consultation (MOAC), implementing the core recommendations from the NICE OA guidelines in primary care. Secondary aims are to investigate the impact, feasibility and acceptability of the MOAC intervention; to develop and evaluate a training package for management of OA by general practitioners (GPs) and practice nurses; test the feasibility of deriving 'quality markers' of OA management using a new consultation template and medical record review; and describe the uptake of core NICE OA recommendations in participants aged 45 years and over with joint pain. Design: A mixed methods study with a nested cluster randomised controlled trial. Method: This study was developed according to a defined theoretical framework (the Whole System Informing Self-management Engagement). An overarching model (the Normalisation Process Theory) will be employed to undertake a comprehensive 'whole-system' evaluation of the processes and outcomes of implementing the MOAC intervention. The primary outcome is general physical health (Short Form-12 Physical component score [PCS]) (Ware 1996). The impact, acceptability and feasibility of the MOAC intervention at practice level will be assessed by comparing intervention and control practices using a Quality Indicators template and medical record review. Impact and acceptability of the intervention for patients will be assessed via self-completed outcome measures and semi-structured interviews. The impact, acceptability and feasibility of the MOAC intervention and training for GPs and practice nurses will be evaluated using a variety of methods including questionnaires, semi-structured interviews, and observations. Discussion: The main output from the study will be to determine whether the MOAC intervention is clinically and cost effective. Additional outputs will be the development of the MOAC for patients consulting with joint pain in primary care, training and educational materials, and resources for patients and professionals regarding supported self-management and uptake of NICE guidance.

Notes: Dziedzic, Krysia S. Healey, Emma L. Porcheret, Mark Ong, Bie Nio Main, Chris J. Jordan, Kelvin P. Lewis, Martyn Edwards, John J. Jinks, Clare Morden, Andrew McHugh, Gretl A. Ryan, Sarah Finney, Andrew Jowett, Sue Oppong, Raymond Afolabi, Ebenezer Pushpa-Rajah, Angela Handy, June Clarkson, Kris Mason, Elizabeth Whitehurst, Tracy Hughes, Rhian W. Croft, Peter R. Hay, Elaine M. Jowett, Sue/AA0-4198-2021; Edwards, John/M-5100-2013; McHugh, Gretl/GNM-6098-2022; McHugh, Gretl A/E-6270-2010; Oppong, Raymond/AAV-5867-2020

Jowett, Sue/0000-0001-8936-3745; Edwards, John/0000-0003-0432-7783; McHugh, Gretl/0000-0002-5766-5885; McHugh, Gretl A/0000-0002-5766-5885; Oppong, Raymond/0000-0002-0815-4616; Morden,

Andrew/0000-0003-2482-7179; Finney, Andrew/0000-0001-7353-7480;
Jordan, Kelvin/0000-0003-4748-5335
URL: <Go to ISI>://WOS:000345433700001

Reference Type: Journal Article

Record Number: 1500

Author: East, K., McNeill, A., Thrasher, J. F. and Hitchman, S. C.

Year: 2021

Title: Social norms as a predictor of smoking uptake among youth: a systematic review, meta-analysis and meta-regression of prospective cohort studies

Journal: Addiction

Volume: 116

Issue: 11

Pages: 2953-2967

Date: Nov

Short Title: Social norms as a predictor of smoking uptake among youth: a systematic review, meta-analysis and meta-regression of prospective cohort studies

ISSN: 0965-2140

DOI: 10.1111/add.15427

Accession Number: WOS:000631694100001

Abstract: Background and aims Social norms towards smoking are a key concept in tobacco control policy and research. However, the influence and strength of different types of social norms on youth smoking uptake is unclear. This study aimed to examine, quantify and compare evidence of the longitudinal associations between different types of social norms towards smoking and youth smoking uptake (initiation and escalation). Methods Systematic review searching four databases (MEDLINE, EMBASE, PsycInfo, CINAHL) from January 1998 to October 2020. Evidence synthesis via narrative review, meta-analysis pooling unadjusted associations (initiation only, due to heterogeneity in escalation outcomes) and meta-regression comparing effect sizes by norm type and study characteristics. Studies included observational prospective cohort studies using survey methodology with youth aged ≤ 24 years. Measurements included longitudinal associations between descriptive norms (perceived smoking behaviour) and injunctive norms (perceived approval/disapproval of smoking) among social network(s) and subsequent smoking initiation or escalation. Results Thirty articles were identified. In the narrative review, smoking initiation (but not escalation) was consistently predicted by two norms: parental and close friend smoking. Associations between smoking uptake and other descriptive norms (smoking among siblings, family/household, partner, peers, adults) and all injunctive norms (perceived approval of smoking among parents, siblings, close friends/peers, partner, teachers, people important to you, the public) were less consistent or inconclusive. In the meta-analysis pooling unadjusted associations, 17 articles were included ($n = 27\ 767$). Smoking initiation was predicted by the following descriptive norms: smoking among parents [Odds Ratio (OR) = 1.88, 95% Confidence Interval (CI) = 1.56-2.28], close friends (OR = 2.53, 95% CI = 1.99-3.23), siblings (OR = 2.44, 95% CI = 1.93-3.08), family/household (OR =

1.55, 95% CI = 1.36–1.76) and adults (OR = 1.34, 95% CI = 1.02–1.75), but not peers (OR = 1.14, 95% CI = 0.92–1.42). Smoking initiation was also predicted by two injunctive norms, perceived approval of smoking among parents (OR = 1.74, 95% CI = 1.27–2.38) and the public (OR = 4.57, 95% CI = 3.21–6.49), but not close friends/peers (OR = 2.36, 95% CI = 0.86–6.53) or people important to the individual (OR = 1.24, 95% CI = 0.98–1.58). Conclusions In this systematic review (narrative and meta-analysis), descriptive norms of parents' and close friends' smoking behaviour appeared to be consistent predictors of youth smoking initiation, more so than the descriptive norms of more distal social networks and injunctive norms.

Notes: East, Katherine McNeill, Ann Thrasher, James F. Hitchman, Sara C.

McNeill, Ann M/A-3581-2009; East, Katherine/I-3579-2019

East, Katherine/0000-0001-9083-2131; McNeill, Ann/

0000-0002-6223-4000

1360-0443

URL: <Go to ISI>://WOS:000631694100001

Reference Type: Journal Article

Record Number: 1906

Author: Easthall, C. and Barnett, N.

Year: 2017

Title: Using Theory to Explore the Determinants of Medication

Adherence; Moving Away from a One-Size-Fits-All Approach

Journal: Pharmacy

Volume: 5

Issue: 3

Date: Sep

Short Title: Using Theory to Explore the Determinants of Medication

Adherence; Moving Away from a One-Size-Fits-All Approach

DOI: 10.3390/pharmacy5030050

Article Number: 50

Accession Number: WOS:000411985700017

Abstract: Non-adherence to prescribed medicines has been described as a worldwide problem of striking magnitude, diminishing treatment effects and wasting resources. Evidence syntheses report current adherence interventions achieve modest improvements at best, and highlight the poor progress toward the longstanding aim of a gold-standard intervention, tailored to meet individual need. Techniques such as motivational interviewing and health coaching, which aim to facilitate patient-centred care and improve patient resourcefulness, have shown promise in supporting adherence, especially in patients with psychological barriers to medicine-taking, such as illness perceptions and health beliefs. Despite a plethora of research, there is little recognition that the nature and complexity of non-adherence is such that a one-size-fits-all approach to interventions is never likely to suffice. This commentary re-visits the call for adherence interventions to be tailored to meet individual need, by considering what this means for day-to-day practice and how this can be achieved. It provides an update on advances in psychological theory to identify the root cause of an individual's non-adherence

to encourage matching of provided adherence support. It also provides a practical perspective by considering exemplars of innovative practice and evaluating the day-to-day practicalities of taking a novel approach.

Notes: Easthall, Claire Barnett, Nina

Easthall, Claire/0000-0002-9810-3870

2226-4787

URL: <Go to ISI>://WOS:000411985700017

Reference Type: Journal Article

Record Number: 1188

Author: Eddy, K. E., Vogel, J. P., Zahroh, R. I. and Bohren, M. A.

Year: 2022

Title: Factors affecting use of magnesium sulphate for pre-eclampsia or eclampsia: a qualitative evidence synthesis

Journal: Bjog-an International Journal of Obstetrics and Gynaecology

Volume: 129

Issue: 3

Pages: 379-391

Date: Feb

Short Title: Factors affecting use of magnesium sulphate for pre-eclampsia or eclampsia: a qualitative evidence synthesis

ISSN: 1470-0328

DOI: 10.1111/1471-0528.16913

Accession Number: WOS:000703343600001

Abstract: Background Hypertensive disorders account for 14% of global maternal deaths. Magnesium sulphate (MgSO₄) is recommended for prevention and treatment of pre-eclampsia/eclampsia. However, MgSO₄ remains underused, particularly in low- and middle-income countries (LMICs). Objective This qualitative evidence synthesis explores perceptions and experiences of healthcare providers, administrators and policy-makers regarding factors affecting use of MgSO₄ to prevent or treat pre-eclampsia/eclampsia. Search strategy We searched MEDLINE, EMBASE, Emcare, CINAHL, Global Health and Global Index Medicus, and grey literature for studies published between January 1995 and June 2021. Selection criteria Primary qualitative and mixed-methods studies on factors affecting use of MgSO₄ in healthcare settings, from the perspectives of healthcare providers, administrators and policy-makers, were eligible for inclusion. Data collection and analysis We applied a thematic synthesis approach to analysis, using COM-B behaviour change theory to map factors affecting appropriate use of MgSO₄. Main results We included 22 studies, predominantly from LMICs. Key themes included provider competence and confidence administering MgSO₄ (attitudes and beliefs, complexities of administering, knowledge and experience), capability of health systems to ensure MgSO₄ availability at point of use (availability, resourcing and pathways to care) and knowledge translation (dissemination of research and recommendations). Within each COM-B domain, we mapped facilitators and barriers to physical and psychological capability, physical and social opportunity, and how the interplay between these domains influences motivation. Conclusions These findings can inform policy and guideline development and improve implementation of MgSO₄ in

clinical care. Such action is needed to ensure this life-saving treatment is widely available and appropriately used. Tweetable abstract Global qualitative review identifies factors affecting underutilisation of MgSO4 for pre-eclampsia and eclampsia.

Notes: Eddy, K. E. Vogel, J. P. Zahroh, R., I Bohren, M. A. Zahroh, Rana Islamiah/AAL-2469-2021; Vogel, Joshua/K-7649-2019 Zahroh, Rana Islamiah/0000-0001-7831-2336; Vogel, Joshua/0000-0002-3214-7096; Bohren, Meghan/0000-0002-4179-4682; Eddy, Katherine Elise/0000-0002-2106-4746
1471-0528

URL: <Go to ISI>://WOS:000703343600001

Reference Type: Journal Article

Record Number: 1868

Author: Edelman, N.

Year: 2018

Title: Towards a critical epidemiology approach for applied sexual health research

Journal: Journal of Health Psychology

Volume: 23

Issue: 2

Pages: 161-174

Date: Feb

Short Title: Towards a critical epidemiology approach for applied sexual health research

ISSN: 1359-1053

DOI: 10.1177/1359105317743768

Accession Number: WOS:000419951100003

Abstract: Critical approaches may benefit epidemiological studies of sexual health. This article proposes a critical approach, reconcilable with social epidemiological enquiry. Key aims of critical epidemiology for sexual health are identified, from which three criticisms of practice emerge: (1) lack of attention to socio-cultural contexts, (2) construction of risk' as residing in the individual and (3) enactment of public health agendas which privilege and pathologise certain behaviours. These reflect and construct an apolitical understanding of population health. This article proposes features of a critical epidemiology that represent a morally driven re-envisioning of the focus, analysis and interpretation of epidemiological studies of sexual health.

Notes: Edelman, Natalie

Edelman, Natalie/0000-0001-6935-8877

1461-7277

Si

URL: <Go to ISI>://WOS:000419951100003

Reference Type: Journal Article

Record Number: 612

Author: Eden, M., Lyons, S., Lorigan, P., Payne, K., Green, A. C. and Epton, T.

Year: 2023

Title: Reasons for using indoor tanning devices: A systematic review

of qualitative evidence
Journal: British Journal of Health Psychology
Volume: 28
Issue: 1
Pages: 22-46
Date: Feb
Short Title: Reasons for using indoor tanning devices: A systematic review of qualitative evidence
ISSN: 1359-107X
DOI: 10.1111/bjhp.12610
Accession Number: WOS:000822250600001
Abstract: Purpose: Despite the established causal links to skin cancer, skin ageing and eye inflammation, people continue to use indoor tanning devices (hereafter 'sunbeds'). Understanding the reasons underlying the use of sunbeds is essential for developing effective interventions. The purpose of this study was to collate all existing evidence from qualitative papers published to date that had assessed motivations for using sunbeds. Methods: Six databases were searched from inception to February 2020 for qualitative studies that explored adults' experiences of using sunbeds. Sixteen studies met the inclusion criteria, and a narrative evidence synthesis was used to collate findings from each primary study. Results: Users of sunbeds were motivated primarily by aesthetic concerns but also by perceived psychological benefits (well-being, confidence and 'fitting in') and physical benefits (improvement in skin conditions such as acne, acquiring vitamin D and preventing sunburn). People also chose indoor tanning over alternatives such as fake tans because they considered the alternatives unacceptable and did not consider indoor tanning a serious health risk. To date, no studies have explored alternatives to meeting non-aesthetic needs related to the use of sunbeds. Conclusions: This comprehensive explanation for the practice of indoor tanning provides the basis for development of complex interventions to reduce the harm caused by using sunbeds. Effective interventions should include promotion of alternatives, such as different methods of relaxing, to satisfy underlying motivations, changing social norms and correcting misperceptions about health benefits.
Notes: Eden, Martin Lyons, Stephanie Lorigan, Paul Payne, Katherine Green, Adele C. Epton, Tracy
Eden, Martin/0000-0002-1542-2527
2044-8287
URL: <Go to ISI>://WOS:000822250600001

Reference Type: Journal Article
Record Number: 122
Author: Edney, G., Smart, T., Howat, F., Batchelor, Z. E., Hughes, C. and Moss, A.
Year: 2023
Title: Assessing the effect of interpretation design traits on zoo visitor engagement
Journal: Zoo Biology
Date: 2023 Mar
Short Title: Assessing the effect of interpretation design traits on

zoo visitor engagement

ISSN: 0733-3188

DOI: 10.1002/zoo.21759

Accession Number: WOS:000943725600001

Abstract: In the past few decades, zoos have undergone a transformation from places of entertainment to centers for conservation, with education becoming a particular focus. Interpretation in zoos is a near-universal method for delivering education in zoos and has been shown to prompt learning and pro-conservation behavior change. However, there is limited understanding on how interpretation design itself can influence visitor engagement. Using unobtrusive visitor observations (n = 3890), this study measures visitor engagement of multiple pieces of interpretation with various design "traits," to provide a comprehensive overview of the key traits related to increased visitor engagement. The proportion of visitors who stopped at the interpretation (attraction power), and how long they stopped for (holding power), were our two outcome variables. From our models, we found that attraction and holding power are most strongly influenced by the type of interpretation, with interactive interpretation seeing nearly four times as many visitors stop, and for more than six times longer, when compared to standard text and graphics interpretation. We also found that location was significantly related to attraction power, with visitors more likely to stop at interpretation in more immersive exhibits. Lastly, interpretation containing images of humans were related to a higher holding power. We hope our findings will be used as a guide for designing interpretation that is both attractive and interesting to zoo visitors, maximizing the conservation education value of zoo-based interpretation.

Notes: Edney, Gemma Smart, Tom Howat, Frederick Batchelor, Zoe E. E. Hughes, Charlotte Moss, Andrew

Edney, Gemma/0000-0002-4736-8801

1098-2361

URL: <Go to ISI>://WOS:000943725600001

Reference Type: Journal Article

Record Number: 1219

Author: Edwards, A., Baldwin, N., Findlay, M., Brown, T. and Bauer, J.

Year: 2022

Title: Evaluation of the agreement, adoption, and adherence to the evidence-based guidelines for the nutritional management of adult patients with head and neck cancer among Australian dietitians

Journal: Nutrition & Dietetics

Volume: 79

Issue: 2

Pages: 197-205

Date: Apr

Short Title: Evaluation of the agreement, adoption, and adherence to the evidence-based guidelines for the nutritional management of adult patients with head and neck cancer among Australian dietitians

ISSN: 1446-6368

DOI: 10.1111/1747-0080.12702

Accession Number: WOS:000696150000001

Abstract: Aim Evidence-based guideline translation to practice can improve outcomes but is often impaired by poor implementation. This project aimed to evaluate the implementation of the Evidence-based guidelines for the nutritional management of adult patients with head and neck cancer among Australian dietitians providing clinical care to this population. Methods A questionnaire was developed, with face and content validity confirmed by an expert panel (n = 13), to gauge participant perceptions of the guidelines against an implementation evaluation framework. Dietitians were identified through Dietitians Australia and by contacting experts in the field. Eligibility was determined by questionnaire completion and prior guideline awareness. Responses were provided using a 5-point Likert scale. Results were analysed using descriptive statistics; with inferential analysis to determine if demographic information could reveal trends in guideline use and perception. Results Of the 43 initial respondents, n = 28 completed the questionnaire, with n = 24/28 (86%) meeting full eligibility criteria for analysis. Median (range) scores for all four domains were high: awareness (4.0 [3.2-4.8]), agreement (4.4 [4.1-4.7]), adoption (3.5 [3.1-3.9]), and adherence (4.3 [4.1-4.9]). However, perception of guideline awareness and use among multidisciplinary team colleagues was low (mean 3.2/5.0 and 3.1/5.0, respectively). Dietitians with <10 years' experience had significantly higher perceptions of the guidelines' ability to positively influence practice; support evidence-based practice; and enhance dietitian credibility (P = 0.04) vs dietitians with >= 10 years' experience. Conclusion Dietitians demonstrated high rates of guideline implementation and positive perceptions for its use in clinical practice. Future implementation strategies and evaluation should expand to engage the wider multidisciplinary team and more experienced clinicians.

Notes: Edwards, Anna Baldwin, Nathan Findlay, Merran Brown, Teresa Bauer, Judy

Findlay, Merran/AAR-5163-2020; Bauer, Judith/F-3337-2010

Findlay, Merran/0000-0001-6964-1533; Edwards, Anna/
0000-0003-0747-0454; Bauer, Judith/0000-0002-3830-5147
1747-0080

URL: <Go to ISI>://WOS:000696150000001

Reference Type: Journal Article

Record Number: 954

Author: Edwards, R., Gibson, J., Mungin-Jenkins, E., Pickford, R., Lucas, J. D. and Jones, G. D.

Year: 2022

Title: A Preoperative Spinal Education intervention for spinal fusion surgery designed using the Rehabilitation Treatment Specification System is safe and could reduce hospital length of stay, normalize expectations, and reduce anxiety A PROSPECTIVE COHORT STUDY

Journal: Bone & Joint Open

Volume: 3

Issue: 2

Pages: 135–144

Date: Feb

Short Title: A Preoperative Spinal Education intervention for spinal fusion surgery designed using the Rehabilitation Treatment Specification System is safe and could reduce hospital length of stay, normalize expectations, and reduce anxiety A PROSPECTIVE COHORT STUDY

ISSN: 2633–1462

DOI: 10.1302/2633–1462.32.Bjo–2021–0160.R1

Accession Number: WOS:000794243400005

Abstract: Aims Psychoeducative prehabilitation to optimize surgical outcomes is relatively novel in spinal fusion surgery and, like most rehabilitation treatments, they are rarely well specified. Spinal fusion patients experience anxieties perioperatively about pain and immobility, which might prolong hospital length of stay (LOS). The aim of this prospective cohort study was to determine if a Preoperative Spinal Education (POSE) programme, specified using the Rehabilitation Treatment Specification System (RTSS) and designed to normalize expectations and reduce anxieties, was safe and reduced LOS. Methods POSE was offered to 150 prospective patients over ten months (December 2018 to November 2019) Some chose to attend (Attend-POSE) and some did not attend (DNA-POSE). A third independent retrospective group of 150 patients (mean age 57.9 years (SD 14.8), 50.6% female) received surgery prior to POSE (pre-POSE). POSE consisted of an in-person 60-minute education with accompanying literature, specified using the RTSS as psychoeducative treatment components designed to optimize cognitive/affective representations of thoughts/feelings, and normalize anxieties about surgery and its aftermath. Across-group age, sex, median LOS, perioperative complications, and readmission rates were assessed using appropriate statistical tests. Results In all, 65 (43%) patients (mean age 57.4 years (SD 18.2), 58.8% female) comprised the Attend-POSE, and 85 (57%) DNA-POSE (mean age 54.9 years (SD 15.8), 65.8% female). There were no significant between-group differences in age, sex, surgery type, complications, or readmission rates. Median LOS was statistically different across Pre-POSE (5 days ((interquartile range (IQR) 3 to 7)), Attend-POSE (3 (2 to 5)), and DNA-POSE (4 (3 to 7)), ($p = 0.014$). Pairwise comparisons showed statistically significant differences between Pre-POSE and Attend-POSE LOS ($p = 0.011$), but not between any other group comparison. In the Attend-POSE group, there was significant change toward greater surgical preparation, procedural familiarity, and less anxiety. Conclusion POSE was associated with a significant reduction in LOS for patients undergoing spinal fusion surgery. Patients reported being better prepared for, more familiar, and less anxious about their surgery. POSE did not affect complication or readmission rates, meaning its inclusion was safe. However, uptake (43%) was disappointing and future work should explore potential barriers and challenges to attending POSE.

Notes: Edwards, R. Gibson, J. Mungin-Jenkins, E. Pickford, R. Lucas, J. D. Jones, G. D.

Jones, Gareth David/I-3250-2015

Jones, Gareth David/0000-0001-5516-9418; Gibson, Jamie/0000-0003-1135-3613

URL: <Go to ISI>://WOS:000794243400005

Reference Type: Journal Article

Record Number: 528

Author: Edwardson, C. L., Biddle, S. J. H., Clemes, S. A., Davies, M. J., Dunstan, D. W., Eborall, H., Granat, M. H., Gray, L. J., Healy, G. N., Jaicim, N. B., Lawton, S., Maylor, B. D., Munir, F., Richardson, G., Yates, T. and Clarke-Cornwell, A. M.

Year: 2022

Title: Effectiveness of an intervention for reducing sitting time and improving health in office workers: three arm cluster randomised controlled trial

Journal: Bmj-British Medical Journal

Volume: 378

Date: Aug

Short Title: Effectiveness of an intervention for reducing sitting time and improving health in office workers: three arm cluster randomised controlled trial

ISSN: 0959-535X

DOI: 10.1136/bmj-2021-069288

Article Number: e069288

Accession Number: WOS:000861113500004

Abstract: OBJECTIVES To evaluate the effectiveness of an intervention, with and without a height adjustable desk, on daily sitting time, and to investigate the relative effectiveness of the two interventions, and the effectiveness of both interventions on physical behaviours and physical, biochemical, psychological, and work related health and performance outcomes. DESIGN Cluster three arm randomised controlled trial with follow-up at three and 12 months. SETTING Local government councils in Leicester, Liverpool, and Greater Manchester, UK. PARTICIPANTS 78 clusters including 756 desk based employees in defined offices, departments, or teams from two councils in Leicester, three in Greater Manchester, and one in Liverpool. INTERVENTIONS Clusters were randomised to one of three conditions: the SMART Work and Life (SWAL) intervention, the SWAL intervention with a height adjustable desk (SWAL plus desk), or control (usual practice). MAIN OUTCOMES MEASURES The primary outcome measure was daily sitting time, assessed by accelerometry, at 12 month follow-up. Secondary outcomes were accelerometer assessed sitting, prolonged sitting, standing and stepping time, and physical activity calculated over any valid day, work hours, workdays, and non-workdays, self-reported lifestyle behaviours, musculoskeletal problems, cardiometabolic health markers, work related health and performance, fatigue, and psychological measures. RESULTS Mean age of participants was 44.7 years, 72.4% (n=547) were women, and 74.9% (n=566) were white. Daily sitting time at 12 months was significantly lower in the intervention groups (SWAL-22.2 min/ day, 95% confidence interval-38.8 to-5.7 min/day, P=0.003; SWAL plus desk-63.7 min/day,-80.1 to-47.4 min/day, P(0.001) compared with the control group. The SWAL plus desk intervention was found to be more effective than SWAL at changing sitting time (-41.7 min/day,-56.3 to-27.0 min/day, P(0.001). Favourable differences in sitting and prolonged sitting time at three and 12 month follow-ups for both

intervention groups and for standing time for the SWAL plus desk group were observed during work hours and on workdays. Both intervention groups were associated with small improvements in stress, wellbeing, and vigour, and the SWAL plus desk group was associated with improvements in pain in the lower extremity, social norms for sitting and standing at work, and support. CONCLUSIONS Both SWAL and SWAL plus desk were associated with a reduction in sitting time, although the addition of a height adjustable desk was found to be threefold more effective.

Notes: Edwardson, Charlotte L. Biddle, Stuart J. H. Clemes, Stacy A. Davies, Melanie J. Dunstan, David W. Eborall, Helen Granat, Malcolm H. Gray, Laura J. Healy, Genevieve N. Jaicim, Nishal Bhupendra Lawton, Sarah Maylor, Benjamin D. Munir, Fehmidah Richardson, Gerry Yates, Thomas Clarke-Cornwell, Alexandra M.

Healy, Genevieve/A-7408-2008; Dunstan, David/E-8473-2010

Healy, Genevieve/0000-0001-7093-7892; Dunstan, David/0000-0003-2629-9568; Gray, Laura/0000-0002-9284-9321; Davies, Melanie/0000-0002-9987-9371; Clemes, Stacy/0000-0001-5612-5898; Yates, Thomas/0000-0002-5724-5178; Biddle, Stuart/0000-0002-7663-6895

1756-1833

URL: <Go to ISI>://WOS:000861113500004

Reference Type: Journal Article

Record Number: 524

Author: Ee, C., MacMillan, F., Boyages, J. and McBride, K.

Year: 2022

Title: Barriers and enablers of weight management after breast cancer: a thematic analysis of free text survey responses using the COM-B model

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Aug

Short Title: Barriers and enablers of weight management after breast cancer: a thematic analysis of free text survey responses using the COM-B model

DOI: 10.1186/s12889-022-13980-6

Article Number: 1587

Accession Number: WOS:000842157200004

Abstract: Background Weight gain is common after breast cancer. The aim of this study was to identify and describe the barriers to and enablers of successful weight management for women with breast cancer. Methods This was a combined inductive and deductive framework analysis of free text responses to an anonymous cross-sectional survey on weight after breast cancer. Women were recruited mainly through the Breast Cancer Network Australia Review and Survey Group. We applied deductive thematic analysis to free text responses to questions on barriers, enablers, research priorities, and one open-ended question at the end of the survey using the Capability, Opportunity, Motivation and Behaviour (COM-B) model as a framework. Subthemes that arose from the inductive analysis were mapped onto the COM-B model framework. Findings were used to identify behaviour

change intervention functions. Results One hundred thirty-three women provided free text responses. Most women were of Caucasian origin and had been diagnosed with non-metastatic breast cancer, with a mean age of 59.1 years. Women's physical capability to adopt and sustain healthy lifestyle habits was significantly affected by treatment effects and physical illness, and some lacked psychological capability to self-regulate the face of stress and other triggers. Limited time and finances, and the social impact of undergoing cancer treatment affected the ability to control their diet. Frustration and futility around weight management were prominent. However, some women were confident in their abilities to self-regulate and self-monitor lifestyle behaviours, described support from friends and health professionals as enablers, and welcomed the physical and psychological benefits of being active in the context of embracing transformation and self-care after cancer. Conclusion Women need specific advice and support from peers, friends and families and health professionals. There is a substantial gap in provision of supportive care to enable women to adopt and sustain healthy lifestyles. Environmental restructuring (including financial support), incentivization (creating an expectation of looking and feeling better), persuasion and coercion (aiming to prevent recurrence), and equipping women with specific knowledge and skills, would also facilitate optimal lifestyle behaviours and weight management.

Notes: Ee, Carolyn MacMillan, Freya Boyages, John McBride, Kate 1471-2458

URL: <Go to ISI>://WOS:000842157200004

Reference Type: Journal Article

Record Number: 1112

Author: Ee, C., Pirotta, S., Mousa, A., Moran, L. and Lim, S.

Year: 2021

Title: Providing lifestyle advice to women with PCOS: an overview of practical issues affecting success

Journal: BMC Endocrine Disorders

Volume: 21

Issue: 1

Date: Nov

Short Title: Providing lifestyle advice to women with PCOS: an overview of practical issues affecting success

DOI: 10.1186/s12902-021-00890-8

Article Number: 234

Accession Number: WOS:000721878600002

Abstract: Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder affecting up to 13 % of women. Lifestyle interventions are first-line treatments, however attrition in women with PCOS is high. This review summarises current evidence on barriers to lifestyle management in PCOS and suggested strategies for overcoming these challenges, mapped to the Capability, Opportunity, Motivation and Behaviour model. Physical capability for lifestyle changes may be impacted by altered gut hormone regulation and energy expenditure in PCOS. This may contribute to difficulties with weight management. The higher prevalence of eating disorders, disordered eating,

fatigue and sleep disturbances are further barriers. Psychological capability may be reduced due psychological symptoms and lack of critical health literacy. Women with PCOS face similar challenges in terms of Opportunity to make lifestyle changes as other women of reproductive age. However, these are complicated by features more common in PCOS including body dissatisfaction. Motivation to adopt healthy lifestyles may be impacted by suboptimal risk perception and intrinsic motivation. To address these barriers, screening for and management of eating disorders, disordered eating, depression, and Obstructive Sleep Apnoea should be undertaken as per international evidence-based guidelines. A weight-neutral approach may be appropriate with disordered eating. Building capability among health professionals to better partner with women with PCOS on their management is essential in addressing health literacy gaps. Behavioural strategies that target risk perception and build intrinsic motivation should be utilised. More research is required to understand optimal self-management strategies, risk perception, energy homeostasis and overcoming attrition in women with PCOS.

Notes: Ee, Carolyn Pirota, Stephanie Mousa, Aya Moran, Lisa Lim, Siew

Ee, Carolyn/0000-0002-3363-9199
1472-6823

URL: <Go to ISI>://WOS:000721878600002

Reference Type: Journal Article

Record Number: 451

Author: Egerton, T., Bennell, K. L., McManus, F., Lamb, K. E. and Hinman, R. S.

Year: 2022

Title: Comparative effect of two educational videos on self-efficacy and kinesiophobia in people with knee osteoarthritis: an online randomised controlled trial

Journal: Osteoarthritis and Cartilage

Volume: 30

Issue: 10

Pages: 1398-1410

Date: Oct

Short Title: Comparative effect of two educational videos on self-efficacy and kinesiophobia in people with knee osteoarthritis: an online randomised controlled trial

ISSN: 1063-4584

DOI: 10.1016/j.joca.2022.05.010

Accession Number: WOS:000860940200010

Abstract: Objective: To compare change in self-efficacy for managing knee osteoarthritis (OA) pain and kinesiophobia after watching an educational video based on an empowerment and participatory discourse with a video based on a disease and impairment discourse. Design: Two-arm randomised controlled trial with participants aged ≥ 45 years with knee pain ($n = 589$). Participants completed both baseline and follow-up outcomes and watched one randomly-allocated video (12-minute duration) during one 30-45-minute session within a single online survey. The experimental video presented evidence-based knee OA information using design and

language that aimed to empower people and focus on activity participation to manage OA, while the control video presented similar information but with a disease and impairment focus. Primary outcome measures were Arthritis Self-Efficacy Scale pain subscale (range 0–10) and Brief Fear of Movement Scale for OA (range 6–24). Secondary outcomes were expectations about prognosis and physical activity benefits, perceived importance and motivation to be physically active, knee OA knowledge, hopefulness for the future, level of concern and perceived need for surgery. Results: Compared to control (n = 293), the experimental group (n = 296) showed improved self-efficacy for managing OA pain (mean difference 0.4 [95%CI 0.2, 0.6] units) and reduced kinesiophobia (1.6 [1.1, 2.0] units). The experimental group also demonstrated greater improvements in all secondary outcomes apart from hopefulness, which was high in both groups. Conclusion: An educational video based on an empowerment and participatory discourse improved pain self-efficacy and reduced kinesiophobia in people with knee OA more than a video based on a disease and impairment discourse. ClinicalTrials.gov registration NCT05156216, Universal trial number U1111-1269-6143; (c) 2022 Osteoarthritis Research Society International. Published by Elsevier Ltd. All rights reserved.

Notes: Egerton, T. Bennell, K. L. McManus, F. Lamb, K. E. Hinman, R. S.

Hinman, Rana/0000-0001-6368-9456
1522-9653

URL: <Go to ISI>://WOS:000860940200010

Reference Type: Journal Article

Record Number: 1767

Author: Egerton, T., Hinman, R. S., Hunter, D. J., Bowden, J. L., Nicolson, P. J. A., Atkins, L., Pirootta, M. and Bennell, K. L.

Year: 2020

Title: PARTNER: a service delivery model to implement optimal primary care management of people with knee osteoarthritis: description of development

Journal: Bmj Open

Volume: 10

Issue: 10

Short Title: PARTNER: a service delivery model to implement optimal primary care management of people with knee osteoarthritis: description of development

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-040423

Article Number: e040423

Accession Number: WOS:000583298100004

Abstract: Objective Implementation strategies, such as new models of service delivery, are needed to address evidence practice gaps. This paper describes the process of developing and operationalising a new model of service delivery to implement recommended care for people with knee osteoarthritis (OA) in a primary care setting. Methods Three development stages occurred concurrently and iteratively. Each stage considered the healthcare context and was informed by stakeholder input. Stage 1 involved the design of a new model of

service delivery (PARTNER). Stage 2 developed a behavioural change intervention targeting general practitioners (GPs) using the behavioural change wheel framework. In stage 3, the 'Care Support Team' component of the service delivery model was operationalised. Results The focus of PARTNER is to provide patients with education, exercise and/or weight loss advice, and facilitate effective self-management through behavioural change support. Stage 1 model design: based on clinical practice guidelines, known evidence practice gaps in current care, chronic disease management frameworks, input from stakeholders and the opportunities and constraints afforded by the Australian primary care context, we developed the PARTNER service-delivery model. The key components are: (1) an effective GP consultation and (2) follow-up and ongoing care provided remotely (telephone/email/online resources) by a 'Care Support Team'. Stage 2 GP behavioural change intervention: a multimodal behavioural change intervention was developed comprising a self-audit/feedback activity, online professional development and desktop software to provide decision support, patient information resources and a referral mechanism to the 'Care Support Team'. Stage 3 operationalising the 'care support team'-staff recruited and trained in evidence-based knee OA management and behavioural change methodology. Conclusion The PARTNER model is the result of a comprehensive implementation strategy development process using evidence, behavioural change theory and intervention development guidelines. Technologies for scalable delivery were harnessed and new primary evidence was generated as part of the process. Notes: Egerton, Thorlene Hinman, Rana S. Hunter, David J. Bowden, Jocelyn L. Nicolson, Philippa J. A. Atkins, Lou Pirootta, Marie Bennell, Kim L. Hunter, David John/HRA-2096-2023; Atkins, Louise/C-7740-2011; Bowden, Jocelyn/E-3964-2015; Bennell, Kim/C-7022-2014 Atkins, Louise/0000-0001-9322-7869; Bowden, Jocelyn/0000-0002-0340-0232; Hinman, Rana/0000-0001-6368-9456; Egerton, Thorlene/0000-0003-4751-7624; Nicolson, Philippa/0000-0003-2394-4867; Bennell, Kim/0000-0003-4982-5639 URL: <Go to ISI>://WOS:000583298100004

Reference Type: Journal Article

Record Number: 1886

Author: Egerton, T., Nelligan, R. K., Setchell, J., Atkins, L. and Bennell, K. L.

Year: 2018

Title: General practitioners' views on managing knee osteoarthritis: a thematic analysis of factors influencing clinical practice guideline implementation in primary care

Journal: BMC Rheumatology

Volume: 2

Issue: 1

Short Title: General practitioners' views on managing knee osteoarthritis: a thematic analysis of factors influencing clinical practice guideline implementation in primary care

DOI: 10.1186/s41927-018-0037-4

Article Number: 30

Accession Number: WOS:000648483200029

Abstract: BackgroundOsteoarthritis (OA) is diagnosed and managed primarily by general practitioners (GPs). OA guidelines recommend using clinical criteria, without x-ray, for diagnosis, and advising strengthening exercise, aerobic activity and, if appropriate, weight loss as first-line treatments. These recommendations are often not implemented by GPs. To facilitate GP uptake of guidelines, greater understanding of GP practice behaviour is required. This qualitative study identified key factors influencing implementation of these recommendations in the primary-care setting. **Methods**Semi-structured interviews with eleven GPs were conducted, transcribed verbatim, coded by two independent researchers and analysed with an interpretive thematic approach using the COM-B model (Capability/Opportunity/Motivation-Behaviour) as a framework. **Results**Eleven themes were identified. Psychological capability themes: knowledge gaps, confidence to effectively manage OA, and skills to facilitate lifestyle change. Physical opportunity themes: system-related factors including time limitations, and patient resources. Social opportunity theme: influences from patients. Reflective motivation themes: GP's perceived role, and assumptions about people with knee OA. Automatic motivation themes: optimism, habit, and unease discussing weight. The findings demonstrated diverse and interacting influences on GPs' practice. **Conclusion**The identified themes provide insight into potential interventions to improve OA management in primary-care settings. Key suggestions include: improvements to OA clinical guidelines; targeting GP education to focus on identified knowledge gaps, confidence, and communication skills; development and implementation of new models of service delivery; and utilising positive social influences to facilitate best-practice behaviours. Complex, multimodal interventions that address multiple factors (both barriers and facilitators) are likely to be necessary.

Notes: Egerton, Thorlene Nelligan, Rachel K. Setchell, Jenny Atkins, Lou Bennell, Kim L.

Atkins, Louise/C-7740-2011

Atkins, Louise/0000-0001-9322-7869; Egerton, Thorlene/
0000-0003-4751-7624; Nelligan, Rachel/0000-0002-8689-6594
2520-1026

URL: <Go to ISI>://WOS:000648483200029

Reference Type: Journal Article

Record Number: 1365

Author: Eguren, J., Antunez, L., Otterbring, T., Curutchet, M. R. and Ares, G.

Year: 2021

Title: Health gains through loss frames: Testing the effectiveness of message framing on citizens' use of nutritional warnings

Journal: Appetite

Volume: 166

Date: Nov

Short Title: Health gains through loss frames: Testing the effectiveness of message framing on citizens' use of nutritional warnings

ISSN: 0195-6663

DOI: 10.1016/j.appet.2021.105469

Article Number: 105469

Accession Number: WOS:000683545000022

Abstract: The aim of the present work was twofold: (i) to evaluate the effect of nutritional warnings and health-related packaging cues (nutrient claim and images of natural foods) on consumers' food choices, and (ii) to evaluate the influence of two types of messages (gain-framed and loss-framed) aimed at encouraging the use of such warnings and packaging cues on food choices. A total of 510 participants were recruited using an advertisement on Facebook and Instagram targeted at Uruguayan adult users. Participants were randomly allocated to one of three experimental groups: control (n = 167), loss-framed messages (n = 177) and gain-framed messages (n = 166). Then, they completed a choice-conjoint task involving packages of crackers differing in three variables: nutritional warnings (present vs. absent), nutrient claim (present vs. absent) and images of seeds and wheat (present vs. absent). Warnings were the most relevant package element driving choices, even when participants were not exposed to any type of message. Exposure to loss-framed messages led to changes in the relative importance attached to the package characteristics, whereas gain-framed messages did not. Graphic pieces conveying messages encouraging the use of nutritional warnings by stressing the negative consequences of excessive consumption of sugar, fat, and sodium increased the relative importance attached to nutritional warnings and decreased the relative importance attached to health-related cues (nutrient claims and images of seeds and wheat). These results suggest that public awareness campaigns aimed at encouraging citizens to use nutritional warnings should emphasize the negative health consequences of excessive intake of sugar, fat, and sodium.

Notes: Eguren, Jimena Antunez, Lucia Otterbring, Tobias Curutchet, Maria Rosa Ares, Gaston

Otterbring, Tobias/GVS-3728-2022

Otterbring, Tobias/0000-0002-0283-8777
1095-8304

URL: <Go to ISI>://WOS:000683545000022

Reference Type: Journal Article

Record Number: 1638

Author: Eibensteiner, F., Ritschl, V., Stamm, T., Cetin, A., Schmitt, C. P., Ariceta, G., Bakkaloglu, S., Jankauskiene, A., Klaus, G., Paglialonga, F., Edefonti, A., Ranchin, B., Shroff, R., Stefanidis, C. J., Vandewalle, J., Verrina, E., Vondrak, K., Zurowska, A., Alper, S. L. and Aufricht, C.

Year: 2021

Title: Countermeasures against COVID-19: how to navigate medical practice through a nascent, evolving evidence base - a European multicentre mixed methods study

Journal: Bmj Open

Volume: 11

Issue: 2

Short Title: Countermeasures against COVID-19: how to navigate medical practice through a nascent, evolving evidence base - a

European multicentre mixed methods study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-043015

Article Number: e043015

Accession Number: WOS:000621252500012

Abstract: Objectives In a previously published Delphi exercise the European Pediatric Dialysis Working Group (EPDWG) reported widely variable counteractive responses to COVID-19 during the first week of statutory public curfews in 12 European countries with case loads of 4-680 infected patients per million. To better understand these wide variations, we assessed different factors affecting countermeasure implementation rates and applied the capability, opportunity, motivation model of behaviour to describe their determinants. Design We undertook this international mixed methods study of increased depth and breadth to obtain more complete data and to better understand the resulting complex evidence. Setting This study was conducted in 14 paediatric nephrology centres across 12 European countries during the COVID-19 pandemic. Participants The 14 participants were paediatric nephrologists and EPDWG members from 12 European centres. Main outcome measures 52 countermeasures clustered into eight response domains (access control, patient testing, personnel testing, personal protective equipment policy, patient cohorting, personnel cohorting, suspension of routine care, remote work) were categorised by implementation status, drivers (expert opinion, hospital regulations) and resource dependency. Governmental strictness and media attitude were independently assessed for each country and correlated with relevant countermeasure implementation factors. Results Implementation rates varied widely among response domains (median 49.5%, range 20%-71%) and centres (median 46%, range 31%-62%). Case loads were insufficient to explain response rate variability. Increasing case loads resulted in shifts from expert opinion-based to hospital regulation-based decisions to implement additional countermeasures despite increased resource dependency. Higher governmental strictness and positive media attitude towards countermeasure implementation were associated with higher implementation rates. Conclusions COVID-19 countermeasure implementation by paediatric tertiary care centres did not reflect case loads but rather reflected heterogeneity of local rules and of perceived resources. These data highlight the need of ongoing reassessment of current practices, facilitating rapid change in 'institutional behavior' in response to emerging evidence of countermeasure efficacy.

Notes: Eibensteiner, Fabian Ritschl, Valentin Stamm, Tanja Cetin, Asil Schmitt, Claus Peter Ariceta, Gema Bakkaloglu, Sevcan Jankauskiene, Augustina Klaus, Gunter Paglialonga, Fabio Edefonti, Alberto Ranchin, Bruno Shroff, Rukshana Stefanidis, Constantinos J. Vandewalle, Johan Verrina, Enrico Vondrak, Karel Zurowska, Aleksandra Alper, Seth L. Aufricht, Christoph Paglialonga, Fabio/AAC-6684-2022; Stefanidis, Constantinos J./AEW-8891-2022; Shroff, Rukshana/AAG-5383-2019; Ritschl, Valentin/ABB-1538-2020

Stefanidis, Constantinos J./0000-0002-6342-4877; Shroff, Rukshana/0000-0001-8501-1072; Ritschl, Valentin/0000-0001-8763-8215; Eibensteiner, Fabian/0000-0001-5012-3082; Stamm, Tanja/

0000-0003-3073-7284

URL: <Go to ISI>://WOS:000621252500012

Reference Type: Journal Article

Record Number: 698

Author: El Ayadi, A. M., Duggal, M., Bagga, R., Singh, P., Kumar, V., Ahuja, A., Kankaria, A., Basavarajappa, D. H., Kaur, J., Sharma, P., Gupta, S., Pendse, R. S., Weil, L., Swendeman, D. and Diamond-Smith, N. G.

Year: 2022

Title: A Mobile Education and Social Support Group Intervention for Improving Postpartum Health in Northern India: Development and Usability Study

Journal: Jmir Formative Research

Volume: 6

Issue: 6

Date: Jun

Short Title: A Mobile Education and Social Support Group Intervention for Improving Postpartum Health in Northern India: Development and Usability Study

DOI: 10.2196/34087

Article Number: e34087

Accession Number: WOS:000854080300066

Abstract: Background: Structural and cultural barriers limit Indian women's access to adequate postnatal care and support despite their importance for maternal and neonatal health. Targeted postnatal education and support through a mobile health intervention may improve postnatal recovery, neonatal care practices, nutritional status, knowledge and care seeking, and mental health. Objective: We sought to understand the feasibility and acceptability of our first pilot phase, a flexible 6-week postnatal mobile health intervention delivered to 3 groups of women in Punjab, India, and adapt our intervention for our next pilot phase, which will formally assess intervention feasibility, acceptability, and preliminary efficacy.

Methods: Our intervention prototype was designed to deliver culturally tailored educational programming via a provider-moderated, voice- and text-based group approach to connect new mothers with a social support group of other new mothers, increase their health-related communication with providers, and refer them to care needed. We targeted deployment using feature phones to include participants from diverse socioeconomic groups. We held moderated group calls weekly, disseminated educational audios, and created SMS text messaging groups. We varied content delivery, group discussion participation, and chat moderation. Three groups of postpartum women from Punjab were recruited for the pilot through community health workers. Sociodemographic data were collected at baseline.

Intervention feasibility and acceptability were assessed through weekly participant check-ins (N=29), weekly moderator reports, structured end-line in-depth interviews among a subgroup of participants (15/29, 52%), and back-end technology data. Results: The participants were aged 24 to 28 years and 1 to 3 months postpartum. Of the 29 participants, 17 (59%) had their own phones. Half of the participants (14/29, 48%) attended \geq 3 of the 6 calls;

the main barriers were childcare and household responsibilities and network or phone issues. Most participants were very satisfied with the intervention (16/19, 84%) and found the educational content (20/20, 100%) and group discussions (17/20, 85%) very useful. The participants used the SMS text messaging chat, particularly when facilitator-moderated. Sustaining participation and fostering group interactions was limited by technological and sociocultural challenges. Conclusions: The intervention was considered generally feasible and acceptable, and protocol adjustments were identified to improve intervention delivery and engagement. To address technological issues, we engaged a cloud-based service provider for group calls and an interactive voice response service provider for educational recordings and developed a smartphone app for the participants. We seek to overcome sociocultural challenges through new strategies for increasing group engagement, including targeting midlevel female community health care providers as moderators. Our second pilot will assess intervention feasibility, acceptability, and preliminary effectiveness at 6 months. Ultimately, we seek to support the health and well-being of postpartum women and their infants in South Asia and beyond through the development of efficient, acceptable, and effective intervention strategies.

Notes: El Ayadi, Alison M. Duggal, Mona Bagga, Rashmi Singh, Pushpendra Kumar, Vijay Ahuja, Alka Kankaria, Ankita Basavarajappa, Darshan Hosapatna Kaur, Jasmeet Sharma, Preetika Gupta, Swati Pendse, Ruchita S. Weil, Laura Swendeman, Dallas Diamond-Smith, Nadia G.

Singh, Pushpendra/T-4248-2018

Singh, Pushpendra/0000-0002-7277-115X; HOSAPATNA BASAVARAJAPPA, Darshan/0000-0002-2066-1549; Kaur, Jasmeet/0000-0003-4757-2973; Sharma, Preetika/0000-0003-2349-0420; KANKARIA, ANKITA/0000-0002-4641-7333; kumar, vijay/0000-0001-5947-8349; Singh, Pushpendra/0000-0003-2152-1027; bagga, rashmi/0000-0003-2693-2343 2561-326x

URL: <Go to ISI>://WOS:000854080300066

Reference Type: Journal Article

Record Number: 875

Author: El Tantawi, M., Nabil, N., Mahmoud, S. H. and Elhendawy, F.
Year: 2022

Title: Capability, Opportunity, Motivation, and Behaviour (COM-B) model association with Egyptian dentists' reporting of suspected abuse

Journal: BMC Oral Health

Volume: 22

Issue: 1

Date: Mar

Short Title: Capability, Opportunity, Motivation, and Behaviour (COM-B) model association with Egyptian dentists' reporting of suspected abuse

ISSN: 1472-6831

DOI: 10.1186/s12903-022-02094-5

Article Number: 55

Accession Number: WOS:000764693000002

Abstract: Background and objectives This study assessed the frequency of reporting suspected abuse by Egyptian dentists who have examined patients with manifestations of abuse and factors associated with this reporting within the framework of the Capability, Opportunity, Motivation, and Behaviour (COM-B) model. **Methods** A cross-sectional study included dentists practicing in Egypt in 2019. A questionnaire collected information about personal and professional background, and whether: participants received training to manage abuse, reported suspected abuse, were aware of the presence of hotlines for reporting and agencies supporting abuse victims, and eight items assessing attitude towards reporting suspected abuse. Principal Component Analysis (PCA) was used to assess the structure of attitude items. Logistic regression assessed the relationship between the dependent variable (reporting suspected abuse) and independent factors: receiving training (capability), attitude components (motivation), and awareness of the presence of hotlines and support agencies (opportunity). **Results** The response rate was 68.2% (821/ 1203), mean age (SD) = 29.7 (10.0) years, 43.1% had examined patients with suspected abuse last year and 4.3% reported their suspicions. PCA identified two attitude components scored out of 10: professional attitude towards reporting (mean (SD) = 6.7 (2.2)) and negative perception of workplace commitment to reporting (mean (SD) = 7.2 (2.1)). Higher odds of reporting suspected abuse were associated with better professional attitude towards reporting (AOR = 1.87, P = 0.003) and less negative perception of workplace commitment to reporting (AOR = 0.77, P = 0.04), but not with previous training (P = 0.74), awareness of the presence of victims' support agencies (P = 0.68) or a hotline (P = 0.88). **Conclusions** Only a minority of dentists reported suspected abuse. Dentists who reported their suspicions had better professional attitude towards reporting and better perception of their workplace commitment to reporting. Thus, the motivation component of the COM-B framework was significantly associated with reporting suspected abuse. The present training methods to manage abuse, and dentists' unawareness of national efforts to manage the problem do not seem to encourage reporting.

Notes: El Tantawi, Maha Nabil, Nouran Mahmoud, Sawsan H. Elhendawy, Fatma

El Tantawi, Maha/K-4336-2014; El Tantawi, Maha/IAN-4212-2023

El Tantawi, Maha/0000-0003-4989-6584; Nabil, Nouran/
0000-0002-8205-1498

URL: <Go to ISI>://WOS:000764693000002

Reference Type: Journal Article

Record Number: 268

Author: El-Helou, R., Rogers, J. M., Ryan, B., Marsden, D. L., Winkler, A., Baillie, A. and Kneebone, I.

Year: 2022

Title: Evaluating the feasibility and acceptability of the Mood Assessment Post-Stroke (MAPS) mood screening training

Journal: Brain Impairment

Date: 2022 Dec

Short Title: Evaluating the feasibility and acceptability of the

Mood Assessment Post-Stroke (MAPS) mood screening training

ISSN: 1443-9646

DOI: 10.1017/BrImp.2022.34

Article Number: Pii s1443964622000341

Accession Number: WOS:000901839300001

Abstract: Mood problems are common after stroke, and screening is recommended. Training may support staff knowledge and implementation of screening, but the feasibility of training programmes in the Australian healthcare system has not been formally established. This study aimed to assess the feasibility of a mood screening training for a multidisciplinary team (MDT) of stroke clinicians working in a post-acute inpatient rehabilitation service. Twelve staff from a rehabilitation service at a major hospital in Sydney, Australia participated in a 3-h interactive training session. The feasibility of running the course, assessment of knowledge gained via a consolidation exercise and quiz and acceptability of the training were assessed via focus groups. The in-person modality of the training hindered recruitment and assessment of participants' knowledge, though the actual measures themselves appeared appropriate. Nine participants provided feedback in two focus groups. Thematic analysis identified positive reactions to the training. However, low self-efficacy persisted and organisational/ socio-cultural barriers to implementation emerged. Following training, the medical officers of the MDT had successfully implemented routine screening. Overall, the training appeared acceptable and to foster knowledge in staff. However, limitations to recruitment and administering evaluations were identified. The development of flexible online training may improve future evaluations of screening training programmes/pathways.

Notes: El-Helou, Rebecca Rogers, Jeffrey M. Ryan, Brooke Marsden, Dianne L. Winkler, Ann Baillie, Andrew Kneebone, Ian 1839-5252

URL: <Go to ISI>://WOS:000901839300001

Reference Type: Journal Article

Record Number: 535

Author: El-Kotob, R., Pagcanlungan, J. R., Craven, C., Sherrington, C., Mourtzakis, M. and Giangregorio, L. M.

Year: 2022

Title: Researchers' perspectives on adverse event reporting in resistance training trials: a qualitative study

Journal: Applied Physiology Nutrition and Metabolism

Date: 2022 Aug

Short Title: Researchers' perspectives on adverse event reporting in resistance training trials: a qualitative study

ISSN: 1715-5312

DOI: 10.1139/apnm-2022-00121

Accession Number: WOS:000868290500001

Abstract: The objectives of our study were to understand researchers' current practices and perspectives on adverse event (AE) reporting in clinical trials of resistance training (RT) and to identify barriers and facilitators of AE reporting. We conducted web conference or telephone-based one-on-one semistructured interviews

with 14 researchers who have published RT studies. We audio-recorded and transcribed the interviews and analyzed the data using the thematic framework method. Four themes were identified: (1) researchers lack guidance and/or motivation for rigorous AE reporting; (2) researchers who undertake AE reporting educate and value participants, use trained personnel, and implement standardized guidelines; (3) suboptimal implementation of existing AE reporting standards and the perception that available guidelines do not apply to exercise trials; and (4) acceptability and feasibility of an exercise-specific guide for AE reporting depend on its content and format. In conclusion, AE reporting methods in the field of exercise science do not align with best practice. Strategies to reduce inconsistent and suboptimal AE reporting in RT trials are urgently needed and could be based on the barriers and facilitators identified in this study.

Notes: El-Kotob, Rasha Pagcanlungan, Justin R. Craven, Catharine Sherrington, Catherine Mourtzakis, Marina Giangregorio, Lora M. Craven, Beverley/D-5001-2015
Craven, Beverley/0000-0001-8234-6803
1715-5320

URL: <Go to ISI>://WOS:000868290500001

Reference Type: Journal Article

Record Number: 145

Author: El-Kotob, R., Pagcanlungan, J. R., Craven, C., Sherrington, C., Mourtzakis, M. and Giangregorio, L. M.

Year: 2023

Title: Exploring participants' perspectives on adverse events due to resistance training: a qualitative study

Journal: Applied Physiology Nutrition and Metabolism

Date: 2023 Feb

Short Title: Exploring participants' perspectives on adverse events due to resistance training: a qualitative study

ISSN: 1715-5312

DOI: 10.1139/apnm-2022-0117

Accession Number: WOS:000957615800001

Abstract: The objective of this study was to explore the experiences and perspectives of individuals with chronic health conditions who had an adverse event (AE) as a result of resistance training (RT). We conducted web conference or telephone-based one-on-one semi-structured interviews with 12 participants with chronic health conditions who had an AE as a result of RT. Interview data were analyzed using the thematic framework method. Six themes were identified: (1) personal experiences with aging influence perceptions of RT; (2) physical and emotional consequences of AEs limit activities and define future RT participation; (3) injury recovery defines the severity of AE; (4) health conditions influence the perceived risks and benefits of participating in RT; (5) RT setting and trained supervision influence exercise behaviors and risk perceptions; and (6) experiencing a previous AE influences future exercise behavior. Despite participant awareness of the value and benefits of RT in both the context of aging and chronic health conditions, there is concern about experiencing exercise-related

AEs. The perceived risks of RT influenced the participants' decision to engage or return to RT. Consequently, to promote RT participation, the risks, not just the benefits, should be properly reported in future studies, translated, and disseminated to the public.

Notes: El-Kotob, Rasha Pagcanlungan, Justin R. Craven, Catharine Sherrington, Catherine Mourtzakis, Marina Giangregorio, Lora M. El-Kotob, Rasha/0000-0001-8219-810X; Sherrington, Catherine/0000-0001-8934-4368
1715-5320

URL: <Go to ISI>://WOS:000957615800001

Reference Type: Journal Article

Record Number: 2008

Author: Eldh, A. C., Almost, J., DeCorby-Watson, K., Gifford, W., Harvey, G., Hasson, H., Kenny, D., Moodie, S., Wallin, L. and Yost, J.

Year: 2017

Title: Clinical interventions, implementation interventions, and the potential greyness in between –a discussion paper

Journal: BMC Health Services Research

Volume: 17

Date: Jan

Short Title: Clinical interventions, implementation interventions, and the potential greyness in between –a discussion paper

DOI: 10.1186/s12913-016-1958-5

Article Number: 16

Accession Number: WOS:000391923400001

Abstract: Background: There is increasing awareness that regardless of the proven value of clinical interventions, the use of effective strategies to implement such interventions into clinical practice is necessary to ensure that patients receive the benefits. However, there is often confusion between what is the clinical intervention and what is the implementation intervention. This may be caused by a lack of conceptual clarity between 'intervention' and 'implementation', yet at other times by ambiguity in application. We suggest that both the scientific and the clinical communities would benefit from greater clarity; therefore, in this paper, we address the concepts of intervention and implementation, primarily as in clinical interventions and implementation interventions, and explore the grey area in between. Discussion: To begin, we consider the similarities, differences and potential greyness between clinical interventions and implementation interventions through an overview of concepts. This is illustrated with reference to two examples of clinical interventions and implementation intervention studies, including the potential ambiguity in between. We then discuss strategies to explore the hybridity of clinical-implementation intervention studies, including the role of theories, frameworks, models, and reporting guidelines that can be applied to help clarify the clinical and implementation intervention, respectively.

Conclusion: Semantics provide opportunities for improved precision in depicting what is 'intervention' and what is 'implementation' in health care research. Further, attention to study design, the use of

theory, and adoption of reporting guidelines can assist in distinguishing between the clinical intervention and the implementation intervention. However, certain aspects may remain unclear in analyses of hybrid studies of clinical and implementation interventions. Recognizing this potential greyiness can inform further discourse.

Notes: Eldh, Ann Catrine Almost, Joan DeCorby-Watson, Kara Gifford, Wendy Harvey, Gill Hasson, Henna Kenny, Deborah Moodie, Sheila Wallin, Lars Yost, Jennifer

; Harvey, Gillian/J-9646-2014

Kenny, Deborah/0000-0003-0069-8675; Yost, Jennifer/

0000-0002-3170-1956; Harvey, Gillian/0000-0003-0937-7819

1472-6963

URL: <Go to ISI>://WOS:000391923400001

Reference Type: Journal Article

Record Number: 1585

Author: Eley, C., Lundgren, P. T., Kasza, G., Truninger, M., Brown, C., Hugues, V. L., Izso, T., Teixeira, P., Syeda, R., Ferre, N., Kunszabo, A., Nunes, C., Hayes, C., Merakou, K. and McNulty, C. A. M.

Year: 2022

Title: Teaching young consumers in Europe: a multicentre qualitative needs assessment with educators on food hygiene and food safety

Journal: Perspectives in Public Health

Volume: 142

Issue: 3

Pages: 175-183

Date: May

Short Title: Teaching young consumers in Europe: a multicentre qualitative needs assessment with educators on food hygiene and food safety

ISSN: 1757-9139

DOI: 10.1177/1757913920972739

Article Number: 1757913920972739

Accession Number: WOS:000677784300001

Abstract: Aim: Foodborne illnesses have a significant global burden and can be life-threatening, with higher risk in vulnerable groups such as children. SafeConsume is an EU-funded, transdisciplinary project aiming to improve consumers' food safety behaviour. Developing educational resources on food safety for use in schools has potential to improve teaching of our young consumers. The aim of this study was to explore school educators' attitudes, behaviours and knowledge towards food hygiene, safety and education. Methods: Focus groups and interviews in England, France, Portugal and Hungary explored educator knowledge, skills, intentions and beliefs around educating young people (11-18 years) about food safety. Data were analysed using NVivo and emerging themes were applied to the Theoretical Domains Framework. Results: A total of 48 educators participated. Knowledge, confidence and skills to teach food safety to young people varied depending on background and training. Educators reported they had a role to teach food safety to young people, were positive about delivering education and optimistic they

could improve students' food safety behaviour. Barriers to teaching included lack of national curriculum coverage, limited time and money, and lack of facilities. Educators reported that social influences (family, celebrity chefs, public health campaigns and social media) were important opportunities to improve young peoples' awareness of food safety and consequences of foodborne illness. Conclusion: Educator food safety expertise varied; training could help to optimise educator knowledge, confidence and skills.

Ministries of Health and Education need encouragement to get food safety incorporated further into school curricula across Europe, so schools will be motivated to prioritise these topics.

Notes: Eley, C. Lundgren, P. T. Kasza, G. Truninger, M. Brown, C. Hugues, V. L. Izso, T. Teixeira, P. Syeda, R. Ferre, N. Kunszabo, A. Nunes, C. Hayes, C. Merakou, K. McNulty, C. A. M.

Teixeira, Paula/J-8678-2014; Hayes, Catherine/AAN-3689-2021;

MERAKOU, KYRIAKOULA/ABA-1552-2021; Teixeira, Paula/AAG-3634-2021

Teixeira, Paula/0000-0002-6296-5137; Hayes, Catherine/

0000-0001-6411-1023; Teixeira, Paula/0000-0002-6296-5137; Nunes,

Cristina/0000-0003-4667-7060; Truninger, Monica/0000-0002-4251-2261
1757-9147

URL: <Go to ISI>://WOS:000677784300001

Reference Type: Journal Article

Record Number: 1747

Author: Eley, C. V., Lecky, D. M., Hayes, C. V. and McNulty, C. A. M.

Year: 2020

Title: Is sharing the TARGET respiratory tract infection leaflet feasible in routine general practice to improve patient education and appropriate antibiotic use? A mixed methods study in England with patients and healthcare professionals

Journal: Journal of Infection Prevention

Volume: 21

Issue: 3

Pages: 97-107

Date: May

Short Title: Is sharing the TARGET respiratory tract infection leaflet feasible in routine general practice to improve patient education and appropriate antibiotic use? A mixed methods study in England with patients and healthcare professionals

ISSN: 1757-1774

DOI: 10.1177/1757177420907698

Accession Number: WOS:000775094600003

Abstract: Background: Patient education on treatment choices for common respiratory tract infections (RTIs) is important to encourage appropriate antibiotic use. Evidence shows that use of leaflets about RTIs can help reduce antibiotic prescribing. TARGET leaflets facilitate patient-clinician communication in consultations. Aim: To explore patient, healthcare professional (HCP) and general practice (GP) staff views on the current Treating Your Infection (TYI)-RTI leaflet and proposed new 'antibiotic effect' column aimed at sharing information on the limited effect antibiotics have on the duration of RTIs. Methods: Service evaluation underpinned by Com-B

behavioural framework, using patient and HCP questionnaires, and GP staff interviews/focus groups. Results: Patients completed 83 questionnaires in GP waiting rooms. A lack of patient understanding about usual illness duration influenced their use of antibiotics for some RTIs. Patients provided positive feedback about the leaflet, reporting it increased their capability to self-care, re-consult when necessary and increase understanding of illness duration. Patients indicated they would value information on the difference antibiotics can make to illness duration. In total, 43 HCP questionnaires were completed and 16 GP staff participated in interviews/focus groups. Emerging themes included: barriers and facilitators to leaflet use; modifications; and future dissemination of the leaflet. GP staff stated that the 'antibiotic effect' column should not be included in the leaflet. Conclusion: Patient education around usual illness duration, side effects of antibiotics and back-up prescriptions gives patients a greater control of their infection management. As GP staff opposed the extra information about benefits of antibiotics on illness duration, this will not be added.

Notes: Eley, Charlotte, V Lecky, Donna M. Hayes, Catherine, V McNulty, Cliodna A. M.

Lecky, Donna Marie/AAB-6849-2019

Lecky, Donna Marie/0000-0002-1223-9356; Eley, Charlotte/

0000-0002-4593-7337

1757-1782

URL: <Go to ISI>://WOS:000775094600003

Reference Type: Journal Article

Record Number: 114

Author: Elhady, G. W., Ibrahim, S. K., Abbas, E. S., Tawfik, A. M., Hussein, S. E. and Salem, M. R.

Year: 2023

Title: Barriers to adequate nutrition care for child malnutrition in a low-resource setting: Perspectives of health care providers

Journal: Frontiers in Public Health

Volume: 11

Date: Mar

Short Title: Barriers to adequate nutrition care for child malnutrition in a low-resource setting: Perspectives of health care providers

DOI: 10.3389/fpubh.2023.1064837

Article Number: 1064837

Accession Number: WOS:000967507400001

Abstract: IntroductionSeveral studies in developing countries found that more need-based training is required for health care providers (HCPs) in child malnutrition management. MethodsAn exploratory cross-sectional study was conducted to explore barriers to providing adequate nutrition care as perceived by the healthcare providers (HCPs) in the child malnutrition clinic at a Children's University Hospital in Egypt. Participants were selected using the purposive sampling technique. Five out of seven HCPs in the clinic were included (two male physicians, one female physician, and two female nurses). Qualitative data were collected through in-depth interviews. The interview guide consisted of semi-structured open-

ended questions. Quantitative data were the resulting scores from the scoring system used to assess the understandability and actionability of the patient education materials (PEMs) that are available in the clinic. The Patient Education Materials Assessment Tool for Printable Materials (PEMAT-P) for the scoring. Statistical analysis: The thematic content analysis technique was employed for qualitative data. The percent score was generated for the PEM actionability and understandability for quantitative data.

Results Most common child malnutrition conditions encountered by HCPs were nutritional deficiencies. Barriers to the delivery of adequate nutrition care to children were physician-centered: limited nutrition education in the medical school, health system-centered: an insufficient number of HCPs, lack of nutritional supplements, lack of patient education materials (PEMs) that suit the characteristics of the served community, lack of updated standard of practice (SOP) and guidelines, inadequate nutrition training of HCPs, and insufficient time for each patient, and caregivers-centered: the low socioeconomic status and false cultural, nutritional beliefs.

Conclusion There are different barriers to adequate nutrition care for child malnutrition in low-resource healthcare settings. Mainly nutritional deficiencies. Most of the barriers were health system-related in the form of insufficient resources (shortage of workforce; concerning the high caseload, nutritional supplements, and PEMs) and inadequate management of resources (lack of skill-based training, lack of updated SOP and guidelines, and lack of properly designed PEMs that facilitate communication with the target caregivers).

Notes: Elhady, Ghada Wahby Ibrahim, Sally Kamal Abbas, Enas S. Tawfik, Ayat Mahmoud Hussein, Shereen Esmat Salem, Marwa Rashad 2296-2565

URL: <Go to ISI>://WOS:000967507400001

Reference Type: Journal Article

Record Number: 1074

Author: Ellen, V., Anthierens, S., van Driel, M. L., De Sutter, A., van den Branden, E. and Christiaens, T.

Year: 2021

Title: 'Never change a winning team': GPs' perspectives on discontinuation of long-term antidepressants

Journal: Scandinavian Journal of Primary Health Care

Volume: 39

Issue: 4

Pages: 533-542

Date: Oct

Short Title: 'Never change a winning team': GPs' perspectives on discontinuation of long-term antidepressants

ISSN: 0281-3432

DOI: 10.1080/02813432.2021.2006487

Accession Number: WOS:000729351600001

Abstract: Background Long-term antidepressant use, much longer than recommended by guidelines, can harm patients and generate unnecessary costs. Most antidepressants are prescribed by general practitioners (GPs) but it remains unclear why they do not

discontinue long-term use. Aim To explore GPs' views and experiences of discontinuing long-term antidepressants, barriers and facilitators of discontinuation and required support. Design and setting Qualitative study in Belgian GPs. Method 20 semi-structured face-to-face interviews with GPs. Interviews were analysed thematically. Results The first theme, 'Success stories' describes three strong motivators to discontinue antidepressants: patient health issues, patient requests and a new positive life event. Second, not all GPs consider long-term antidepressant use a 'problem' as they perceive antidepressants as effective and safe. GPs' main concern is the risk of relapse. Third, GPs foresee that discontinuation of antidepressants is not an easy and straightforward process. GPs weigh up whether they have the necessary skills and whether it is worth the effort to start this process. Conclusion Discontinuation of long-term antidepressants is a difficult and uncertain process for GPs, especially in the absence of a facilitating life-event or patient demand. The absence of a compelling need for discontinuation and fear of relapse of symptoms in a stable patient are important barriers for GPs when considering discontinuation. In order to increase GPs' motivation to discontinue long-term antidepressants, more emphasis on the futility of the actual effect and on potential harms related to long-term use is needed.

Notes: Ellen, Van Leeuwen Anthierens, Sibyl van Driel, Mieke L. De Sutter, An van den Branden, Evelien Christiaens, Thierry

Anthierens, Sibyl/0000-0003-4762-1907
1502-7724

URL: <Go to ISI>://WOS:000729351600001

Reference Type: Journal Article

Record Number: 1013

Author: Ellis, C., Pease, A., Garstang, J., Watson, D., Blair, P. S. and Fleming, P. J.

Year: 2022

Title: Interventions to Improve Safer Sleep Practices in Families With Children Considered to Be at Increased Risk for Sudden Unexpected Death in Infancy: A Systematic Review

Journal: Frontiers in Pediatrics

Volume: 9

Date: Jan

Short Title: Interventions to Improve Safer Sleep Practices in Families With Children Considered to Be at Increased Risk for Sudden Unexpected Death in Infancy: A Systematic Review

ISSN: 2296-2360

DOI: 10.3389/fped.2021.778186

Article Number: 778186

Accession Number: WOS:000880138200001

Abstract: Background: Advice to families to follow infant care practices known to reduce the risks of Sudden Unexpected Death in Infancy (SUDI) has led to a reduction in deaths across the world. This reduction has slowed in the last decade with most deaths now occurring in families experiencing social and economic deprivation. A systematic review of the literature was commissioned by the

National Child Safeguarding Practice Review Panel in England. The review covered three areas: interventions to improve engagement with support services, parental decision-making for the infant sleep environment, and interventions to improve safer sleep practices in families with infants considered to be at risk of SUDI. Aim: To describe the safer sleep interventions tested with families with infants at risk of SUDI and investigate what this literature can tell us about what works to reduce risk and embed safer sleep practices in this group. Methods: Eight online databases were systematically searched in December 2019. Intervention studies that targeted families with infants (0-1 year) at increased risk of SUDI were included. Studies were limited to those from Western Europe, North America or Australasia, published in the last 15 years. The Quality Assessment Tool for Studies with Diverse Designs was applied to assess quality. Data from included studies were extracted for narrative synthesis, including mode of delivery using Michie et al.'s Mode of Delivery Taxonomy. Results: The wider review returned 3,367 papers, with 23 intervention papers. Five types of intervention were identified: (1) infant sleep space and safer sleep education programs, (2) intensive or targeted home visiting services, (3) peer educators/ambassadors, (4) health education/raising awareness interventions, (5) targeted health education messages using digital media. Conclusion: Influencing behavior in families with infants at risk of SUDI has traditionally focused on "getting messages across," with interventions predominantly using education and awareness raising mechanisms. This review found evidence of interventions moving from "information giving" to "information exchange" models using personalized, longer term relationship-building models. This shift may represent an improvement in how safer sleep advice is implemented in families with infants at risk, but more robust evidence of effectiveness is required.

Notes: Ellis, Catherine Pease, Anna Garstang, Joanna Watson, Debbie Blair, Peter S. Fleming, Peter J. Blair, Peter S/C-1213-2009; Fleming, Peter/0-3231-2019 Fleming, Peter/0000-0003-2521-5764; Watson, Debbie/0000-0001-5467-3604; Blair, Peter/0000-0002-7832-8087; Ellis, Catherine/0000-0001-6739-8314; Pease, Anna/0000-0002-3472-1047; Garstang, Joanna/0000-0001-9268-0581
URL: <Go to ISI>://WOS:000880138200001

Reference Type: Journal Article

Record Number: 806

Author: Ellis, S. D., Thompson, J. A., Boyd, S. S., Roberts, A. W., Charlton, M., Brooks, J. V., Birken, S. A., Wulff-Burchfield, E., Amponsah, J., Petersen, S., Kinney, A. Y. and Ellerbeck, E.

Year: 2022

Title: Geographic differences in community oncology provider and practice location characteristics in the central United States

Journal: Journal of Rural Health

Volume: 38

Issue: 4

Pages: 865-875

Date: Sep

Short Title: Geographic differences in community oncology provider and practice location characteristics in the central United States

ISSN: 0890-765X

DOI: 10.1111/jrh.12663

Accession Number: WOS:000778420100001

Abstract: Purpose How care delivery influences urban-rural disparities in cancer outcomes is unclear. We sought to understand community oncologists' practice settings to inform cancer care delivery interventions. Methods We conducted secondary analysis of a national dataset of providers billing Medicare from June 1, 2019 to May 31, 2020 in 13 states in the central United States. We used Kruskal-Wallis rank and Fisher's exact tests to compare physician characteristics and practice settings among rural and urban community oncologists. Findings We identified 1,963 oncologists practicing in 1,492 community locations; 67.5% practiced in exclusively urban locations, 11.3% in exclusively rural locations, and 21.1% in both rural and urban locations. Rural-only, urban-only, and urban-rural spanning oncologists practice in an average of 1.6, 2.4, and 5.1 different locations, respectively. A higher proportion of rural community sites were solo practices (11.7% vs 4.0%, $P<.001$) or single specialty practices (16.4% vs 9.4%, $P<.001$); and had less diversity in training environments (86.5% vs 67.8% with <2 medical schools represented, $P<.001$) than urban community sites. Rural multispecialty group sites were less likely to include other cancer specialists. Conclusions We identified 2 potentially distinct styles of care delivery in rural communities, which may require distinct interventions: (1) innovation-isolated rural oncologists, who are more likely to be solo providers, provide care at few locations, and practice with doctors with similar training experiences; and (2) urban-rural spanning oncologists who provide care at a high number of locations and have potential to spread innovation, but may face high complexity and limited opportunity for care standardization.

Notes: Ellis, Shellie D. Thompson, Jeffrey A. Boyd, Samuel S. Roberts, Andrew W. Charlton, Mary Brooks, Joanna Veazey Birken, Sarah A. Wulff-Burchfield, Elizabeth Amponsah, Jonah Petersen, Shariska Kinney, Anita Y. Ellerbeck, Edward

Ellis, Shellie/GXG-6869-2022

Harrington, Shariska/0000-0001-6863-9124; Thompson, Jeffrey/
0000-0002-0876-2582

1748-0361

URL: <Go to ISI>://WOS:000778420100001

Reference Type: Journal Article

Record Number: 433

Author: Elma, O., Brain, K. and Dong, H. J.

Year: 2022

Title: The Importance of Nutrition as a Lifestyle Factor in Chronic Pain Management: A Narrative Review

Journal: Journal of Clinical Medicine

Volume: 11

Issue: 19

Date: Oct

Short Title: The Importance of Nutrition as a Lifestyle Factor in Chronic Pain Management: A Narrative Review

DOI: 10.3390/jcm11195950

Article Number: 5950

Accession Number: WOS:000866829800001

Abstract: In everyday clinical practice, healthcare professionals often meet chronic pain patients with a poor nutritional status. A poor nutritional status such as malnutrition, unhealthy dietary behaviors, and a suboptimal dietary intake can play a significant role in the occurrence, development, and prognosis of chronic pain. The relationship between nutrition and chronic pain is complex and may involve many underlying mechanisms such as oxidative stress, inflammation, and glucose metabolism. As such, pain management requires a comprehensive and interdisciplinary approach that includes nutrition. Nutrition is the top modifiable lifestyle factor for chronic non-communicable diseases including chronic pain. Optimizing one's dietary intake and behavior needs to be considered in pain management. Thus, this narrative review reports and summarizes the existing evidence regarding (1) the nutrition-related health of people experiencing pain (2) the underlying potential mechanisms that explain the interaction between nutrition and chronic pain, and (3) the role of nutrition screening, assessment and evaluation for people experiencing pain and the scope of nutrition practice in pain management. Future directions in the nutrition and chronic pain field are also discussed.

Notes: Elma, Omer Brain, Katherine Dong, Huan-Ji

elma, omer/AAM-9493-2021

elma, omer/0000-0003-3222-4394; Dong, Huan-Ji/0000-0001-7051-1234 2077-0383

URL: <Go to ISI>://WOS:000866829800001

Reference Type: Journal Article

Record Number: 1838

Author: ElMokhallalati, Y., Mulvey, M. R. and Bennett, M. I.

Year: 2018

Title: Interventions to support self-management in cancer pain

Journal: Pain Reports

Volume: 3

Issue: 6

Date: Nov-Dec

Short Title: Interventions to support self-management in cancer pain

DOI: 10.1097/pr9.0000000000000690

Article Number: e690

Accession Number: WOS:000660773100006

Notes: ElMokhallalati, Yousuf Mulvey, Matthew R. Bennett, Michael I. Bennett, Michael I/A-1620-2009

Bennett, Michael I/0000-0002-8369-8349 2471-2531

URL: <Go to ISI>://WOS:000660773100006

Reference Type: Journal Article

Record Number: 1946

Author: Elrouby, S. and Tully, M. P.

Year: 2017

Title: Using the Behaviour Change Wheel to identify interventions to facilitate the transfer of information on medication changes on electronic discharge summaries

Journal: Research in Social & Administrative Pharmacy

Volume: 13

Issue: 3

Pages: 456-475

Date: May-Jun

Short Title: Using the Behaviour Change Wheel to identify interventions to facilitate the transfer of information on medication changes on electronic discharge summaries

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2016.06.002

Accession Number: WOS:000400229800003

Abstract: Background: There is evidence that the transfer of information on medication changes on patient discharge summaries is poor. By considering the completion of an electronic discharge summary as a behavior, the various components of the behavior can be targeted to improve their completion so that they consistently include information on medication changes. Objectives: Study objectives were to identify the barriers and facilitators to junior doctors completing information on medication changes on electronic discharge summaries, including why these occurred. Methods: In this qualitative study, 12 semi-structured interviews were conducted with junior doctors. An interview topic guide based around the COM-B model (Capability, Opportunity, Motivation, Behavior) within the Behavior Change Wheel (BCW) was used. Transcripts of the interviews were analyzed using framework analysis to identify key categories emerging from the data. Barriers and facilitators to completing information on medication changes on discharge summaries were identified. These were then mapped to behavioral components within the COM-B model to help design tailored interventions to affect change. Results: Nine categories were identified that encompassed the identified barriers and facilitators. The identified barriers and facilitators influenced all aspects of the COM-B model. Conclusions: Use of the BCW as a theoretical lens for this study enabled interventions to be identified that targeted specific components of behavior. It is the implementation of all these interventions that may be required to influence behavior change and ensure all electronic discharge summaries contain information on medication changes. All intervention functions were relevant but key functions were education, enablement and persuasion. Other institutions can use the BCW and the COM-B model to develop their own tailored interventions to achieve these functions. (C) 2016 Elsevier Inc. All rights reserved.

Notes: Elrouby, Selwa Tully, Mary P.

Tully, Mary/0000-0003-2100-3983

1934-8150

URL: <Go to ISI>://WOS:000400229800003

Reference Type: Journal Article

Record Number: 2306

Author: Elven, M., Hochwalder, J., Dean, E. and Soderlund, A.

Year: 2015

Title: A clinical reasoning model focused on clients' behaviour change with reference to physiotherapists: its multiphase development and validation

Journal: Physiotherapy Theory and Practice

Volume: 31

Issue: 4

Pages: 231-243

Date: May

Short Title: A clinical reasoning model focused on clients' behaviour change with reference to physiotherapists: its multiphase development and validation

ISSN: 0959-3985

DOI: 10.3109/09593985.2014.994250

Accession Number: WOS:000353919600001

Abstract: Background and purpose: A biopsychosocial approach and behaviour change strategies have long been proposed to serve as a basis for addressing current multifaceted health problems. This emphasis has implications for clinical reasoning of health professionals. This study's aim was to develop and validate a conceptual model to guide physiotherapists' clinical reasoning focused on clients' behaviour change. Methods: Phase 1 consisted of the exploration of existing research and the research team's experiences and knowledge. Phases 2a and 2b consisted of validation and refinement of the model based on input from physiotherapy students in two focus groups (n = 5 per group) and from experts in behavioural medicine (n = 9). Results: Phase 1 generated theoretical and evidence bases for the first version of a model. Phases 2a and 2b established the validity and value of the model. The final model described clinical reasoning focused on clients' behaviour change as a cognitive, reflective, collaborative and iterative process with multiple interrelated levels that included input from the client and physiotherapist, a functional behavioural analysis of the activity-related target behaviour and the selection of strategies for behaviour change. Conclusions: This unique model, theory- and evidence-informed, has been developed to help physiotherapists to apply clinical reasoning systematically in the process of behaviour change with their clients.

Notes: Elven, Maria Hochwalder, Jacek Dean, Elizabeth Soderlund, Anne

Soderlund, Anne/0000-0002-4537-030X; Elven, Maria/
0000-0001-5356-916X

1532-5040

URL: <Go to ISI>://WOS:000353919600001

Reference Type: Journal Article

Record Number: 901

Author: Elven, M., Kerstis, B., Stier, J., Hellstroem, C., Wagert, P. V., Dahlen, M. and Lindberg, D.

Year: 2022

Title: Changes in Physical Activity and Sedentary Behavior before

and during the COVID-19 Pandemic: A Swedish Population Study
Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 5

Date: Mar

Short Title: Changes in Physical Activity and Sedentary Behavior before and during the COVID-19 Pandemic: A Swedish Population Study

DOI: 10.3390/ijerph19052558

Article Number: 2558

Accession Number: WOS:000768816800001

Abstract: Governments have enforced measures to limit the spread of COVID-19 with varying degrees of success, which could affect people's physical activity (PA) and sedentary behavior. This study aimed to examine changes in PA levels, types of PA, and sedentary behavior in the Swedish population before and during the COVID-19 pandemic. Associations between changed PA levels and demographical and behavioral determinants were also investigated. In December 2020, 1035 individuals (18-79 years old) completed a survey about their PA and sedentary behavior before and during the pandemic. Factors influencing their PA were also explored. Fifty-one percent of the sample reported reduced total PA, 18% had no change, and 31% increased their PA. Overall, organized PA decreased the most and sedentary behavior increased. The youngest and oldest age groups reported the greatest reduction in PA, while middle-aged groups reported the most increased PA. Men reported a larger increase in sedentary behavior than women. Mental and physical capability was associated with change in PA. In conclusion, this study indicates that, during the COVID-19 pandemic, the majority of the Swedish population have decreased PA levels with a concurrent increase in sedentary behavior, which may have negative health consequences. Interventions are recommended to address both PA and sedentary behavior, specifically to strengthen people's ability to perform PA and focusing on the youngest and oldest age groups.

Notes: Elven, Maria Kerstis, Birgitta Stier, Jonas Hellstroem, Charlotta von Heideken Wagert, Petra Dahlen, Micael Lindberg, Daniel von Heideken Wagert, Petra/0000-0001-6292-7010; Elven, Maria/0000-0001-5356-916X; Hellstrom, Charlotta/0000-0003-1675-4408; Lindberg, Daniel/0000-0002-8541-1727; Kerstis, Birgitta/0000-0003-0242-0343

1660-4601

URL: <Go to ISI>://WOS:000768816800001

Reference Type: Journal Article

Record Number: 126

Author: Emery, J., McDaid, L., Coleman, T., Cooper, S., Thomson, R., Kinahan-Goodwin, D., Dickinson, A., Phillips, L., Clark, M., Bowker, K., Brown, E. and Naughton, F.

Year: 2023

Title: Development and Content Validation of a Questionnaire for Measuring Beliefs About Using Nicotine Replacement Therapy for Smoking Cessation in Pregnancy

Journal: Nicotine & Tobacco Research

Date: 2023 Mar

Short Title: Development and Content Validation of a Questionnaire for Measuring Beliefs About Using Nicotine Replacement Therapy for Smoking Cessation in Pregnancy

ISSN: 1462-2203

DOI: 10.1093/ntr/ntad030

Accession Number: WOS:000952655100001

Abstract: Introduction Improving adherence to nicotine replacement therapy (NRT) in pregnancy may result in higher smoking cessation rates. Informed by the Necessities and Concerns Framework, we developed an intervention targeting pregnancy NRT adherence. To evaluate this, we derived the NRT in pregnancy necessities and concerns questionnaire (NiP-NCQ), which measures perceived need for NRT and concerns about potential consequences. Aims and Methods Here we describe the development and content validation of NiP-NCQ. From qualitative work, we identified potentially modifiable determinants of pregnancy NRT adherence and classed these as necessity beliefs or concerns. We translated these into draft self-report items and piloted items on 39 pregnant women offered NRT and a prototype NRT adherence intervention, assessing distributions and sensitivity to change. After removing poorly performing items, smoking cessation experts (N = 16) completed an online discriminant content validation (DCV) task to determine whether retained items measure a necessity belief, concern, both, or neither construct. Results Draft NRT concern items encompassed safety for the baby, side effects, too much or insufficient nicotine, and addictiveness. Draft necessity belief items included perceived need for NRT for short- and longer-term abstinence, and desire to minimize or cope without NRT. Of 22 out of 29 items retained after piloting, four were removed following the DCV task: three were judged to measure neither construct and one possibly both. The final NiP-NCQ comprised nine items per construct (18 total). Conclusions The NiP-NCQ measures potentially modifiable determinants of pregnancy NRT adherence within two distinct constructs and may have research and clinical utility for evaluating interventions targeting these. Implications Poor adherence to NRT in pregnancy may result from low perceived need and concerns about consequences; interventions challenging these beliefs may yield higher smoking cessation rates. To evaluate an NRT adherence intervention informed by the Necessities and Concerns Framework, we developed the NiP-NCQ. Through the content development and refinement processes described in this paper, we derived an evidence-based, 18-item questionnaire measuring two distinct constructs within two nine-item subscales. Higher concerns and lower necessity beliefs indicate more negative NRT beliefs; NiP-NCQ may have research and clinical utility for interventions targeting these.

Notes: Emery, Joanne McDaid, Lisa Coleman, Tim Cooper, Sue Thomson, Ross Kinahan-Goodwin, Darren Dickinson, Anne Phillips, Lucy Clark, Miranda Bowker, Katharine Brown, Emma Naughton, Felix Naughton, Felix/B-4177-2011; Thomson, Ross/AAB-3976-2022 Naughton, Felix/0000-0001-9790-2796; Thomson, Ross/0000-0003-4078-0657; Coleman, Tim/0000-0002-7303-4805; Brown, Emma/0000-0002-4753-3774; McDaid, Lisa/0000-0001-5032-2380; Emery, Joanne Louise/0000-0002-8915-7033; Phillips, Lucy/0000-0002-3574-6561

1469-994x

URL: <Go to ISI>://WOS:000952655100001

Reference Type: Journal Article

Record Number: 1935

Author: Emslie, M. and Watts, R.

Year: 2017

Title: On Technology and the Prospects for Good Practice in the Human Services: Donald Schon, Martin Heidegger, and the Case for Phronesis and Praxis

Journal: Social Service Review

Volume: 91

Issue: 2

Pages: 319-356

Date: Jun

Short Title: On Technology and the Prospects for Good Practice in the Human Services: Donald Schon, Martin Heidegger, and the Case for Phronesis and Praxis

ISSN: 0037-7961

DOI: 10.1086/692117

Accession Number: WOS:000402302900006

Abstract: Technology is fundamental to and embedded in the way practice is conceptualized and institutionalized in social service work. Many scholars assume and expect that good practices of care are achieved with the correct application of theory produced by rigorous scientific research. However, there are significant critiques of this viewpoint. We examine the work of Donald Schon and Martin Heidegger and agree with these authors' suggestions that technical rationality and modern technology are not the way to achieve good practice in the human services. At the same time, we are not convinced that the alternatives offered by Schon (artistry) and Heidegger (techne) provide what good practice requires. We draw on Aristotle's account of the intellectual virtues and make the case for phronesis and praxis as other possibilities for inspiring new kinds of social welfare practice in the twenty-first century.

Notes: Emslie, Michael Watts, Rob

Emslie, Michael/0000-0002-0554-0183

1537-5404

URL: <Go to ISI>://WOS:000402302900006

Reference Type: Journal Article

Record Number: 1453

Author: English, C., Attia, J. R., Bernhardt, J., Bonevski, B., Burke, M., Galloway, M., Hankey, G. J., Janssen, H., Kuys, S., Lindley, R. I., Lynch, E., Marsden, D. L., Nilsson, M., Ramage, E. R., Said, C. M., Spratt, N. J., Zacharia, K., Macdonald-Wicks, L. and Patterson, A.

Year: 2021

Title: Secondary Prevention of Stroke: Study Protocol for a Telehealth-Delivered Physical Activity and Diet Pilot Randomized Trial (ENABLE-Pilot)

Journal: Cerebrovascular Diseases

Volume: 50

Issue: 5

Pages: 605-611

Date: Sep

Short Title: Secondary Prevention of Stroke: Study Protocol for a Telehealth-Delivered Physical Activity and Diet Pilot Randomized Trial (ENABLE-Pilot)

ISSN: 1015-9770

DOI: 10.1159/000515689

Accession Number: WOS:000645267500001

Abstract: Background: Increasing physical activity (PA) and improving diet quality are opportunities to improve secondary stroke prevention, but access to appropriate services is limited.

Interventions co-designed with stroke survivors and delivered by telehealth are a potential solution. Aim: The aim of this study is to test the feasibility, safety, and potential efficacy of a 6-month, telehealth-delivered PA and/or dietary (DIET) intervention.

Methods: Pilot randomized trial. 80 adults with previous stroke who are living at home with Internet access and able to exercise will be randomized in a 2 x 2 factorial (4-arm) pilot randomized, open-label, blinded outcome assessment trial to receive PA, DIET, PA + DIET, or control interventions via telehealth. The PA intervention aims to support participants to meet the minimum recommended levels of PA (150 min/week moderate exercise), and the DIET intervention aims to support participants to follow the AusMed (Mediterranean-style) diet. The control group receives usual care plus education about PA and healthy eating. The co-primary outcomes are feasibility (proportion and characteristics of eligible participants enrolled and proportion of scheduled intervention sessions attended) and safety (adverse events) at 6 months. The secondary outcomes include recurrent stroke risk factors (blood pressure, physical activity levels, and diet quality), fatigue, mood, and quality of life.

Outcomes are measured at 3, 6, and 12 months. Conclusion: This trial will produce evidence for the feasibility, safety, and potential effect of telehealth-delivered PA and DIET interventions for people with stroke. Results will inform development of an appropriately powered trial to test effectiveness to reduce major risk factors for recurrent stroke.

Notes: English, Coralie Attia, John R. Bernhardt, Julie Bonevski, Billie Burke, Meredith Galloway, Margaret Hankey, Graeme J. Janssen, Heidi Kuys, Suzanne Lindley, Richard I. Lynch, Elizabeth Marsden, Dianne L. Nilsson, Michael Ramage, Emily R. Said, Catherine M. Spratt, Neil J. Zacharia, Karly Macdonald-Wicks, Lesley Patterson, Amanda

Lindley, Richard/B-8148-2013; Spratt, Neil J/K-4208-2012; Zacharia, Karly/GPW-8786-2022; Lynch, Elizabeth/AEM-7500-2022; Hankey, Graeme/H-4968-2014; English, Coralie/D-4591-2009; MACDONALD-WICKS, LESLEY/G-7086-2013; Attia, John R/F-5376-2013; Bonevski, Billie/G-7298-2013 Lindley, Richard/0000-0002-0104-5679; Spratt, Neil J/0000-0002-9023-6177; Hankey, Graeme/0000-0002-6044-7328; English, Coralie/0000-0001-5910-7927; MACDONALD-WICKS, LESLEY/0000-0003-4668-7752; Attia, John R/0000-0001-9800-1308; Bonevski, Billie/0000-0001-8505-622X; Janssen, Heidi/0000-0002-8612-0112; Said, Catherine/0000-0002-8773-9750

1421-9786

URL: <Go to ISI>://WOS:000645267500001

Reference Type: Journal Article

Record Number: 2470

Author: English, M.

Year: 2013

Title: Designing a theory-informed, contextually appropriate intervention strategy to improve delivery of paediatric services in Kenyan hospitals

Journal: Implementation Science

Volume: 8

Date: Mar

Short Title: Designing a theory-informed, contextually appropriate intervention strategy to improve delivery of paediatric services in Kenyan hospitals

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-39

Article Number: 39

Accession Number: WOS:000318419200001

Abstract: Background: District hospital services in Kenya and many low-income countries should deliver proven, effective interventions that could substantially reduce child and newborn mortality. However such services are often of poor quality. Researchers have therefore been challenged to identify intervention strategies that go beyond addressing knowledge, skill, or resource inadequacies to support health systems to deliver better services at scale. An effort to develop a system-oriented intervention tailored to local needs and context and drawing on theory is described. Methods: An intervention was designed to improve district hospital services for children based on four main strategies: a reflective process to distill root causes for the observed problems with service delivery; developing a set of possible intervention approaches to address these problems; a search of literature for theory that provided the most appropriate basis for intervention design; and repeatedly moving backwards and forwards between identified causes, proposed interventions, identified theory, and knowledge of the existing context to develop an overarching intervention that seemed feasible and likely to be acceptable and potentially sustainable. Results and discussion: In addition to human and resource constraints key problems included failures of relevant professionals to take responsibility for or ownership of the challenge of pediatric service delivery; inadequately prepared, poorly supported leaders of service units (mid-level managers) who are often professionally and geographically isolated and an almost complete lack of useful information for routinely monitoring or understanding service delivery practice or outcomes. A system-oriented intervention recognizing the pivotal role of leaders of service units but addressing the outer and inner setting of hospitals was designed to help shape and support an appropriate role for these professionals. It aims to foster a sense of ownership while providing the necessary understanding, knowledge, and skills for mid-level managers to work effectively with senior managers and frontline staff to improve services. The intervention

will include development of an information system, feedback mechanisms, and discussion fora that promote positive change. The vehicle for such an intervention is a collaborative network partnering government and national professional associations. This case is presented to promote discussion on approaches to developing context appropriate interventions particularly in international health.

Notes: English, Mike

English, Michael/0000-0002-7427-0826

URL: <Go to ISI>://WOS:000318419200001

Reference Type: Journal Article

Record Number: 1993

Author: English, M., Ayieko, P., Nyamai, R., Were, F., Githanga, D. and Irimu, G.

Year: 2017

Title: What do we think we are doing? How might a clinical information network be promoting implementation of recommended paediatric care practices in Kenyan hospitals?

Journal: Health Research Policy and Systems

Volume: 15

Date: Feb

Short Title: What do we think we are doing? How might a clinical information network be promoting implementation of recommended paediatric care practices in Kenyan hospitals?

ISSN: 1478-4505

DOI: 10.1186/s12961-017-0172-1

Article Number: 4

Accession Number: WOS:000395915700002

Abstract: Background: The creation of a clinical network was proposed as a means to promote implementation of a set of recommended clinical practices targeting inpatient paediatric care in Kenya. The rationale for selecting a network as a strategy has been previously described. Here, we aim to describe network activities actually conducted over its first 2.5 years, deconstruct its implementation into specific components and provide our 'insider' interpretation of how the network is functioning as an intervention. Methods: We articulate key activities that together have constituted network processes over 2.5 years and then utilise a recently published typology of implementation components to give greater granularity to this description from the perspective of those delivering the intervention. Using the Behaviour Change Wheel we then suggest how the network may operate to achieve change and offer examples of change before making an effort to synthesise our understanding in the form of a realist context-mechanism-outcome configuration. Results: We suggest our network is likely to comprise 22 from a total of 73 identifiable intervention components, of which 12 and 10 we consider major and minor components, respectively. At the policy level, we employed clinical guidelines, marketing and communication strategies with intervention characteristics operating through incentivisation, persuasion, education, enablement, modelling and environmental restructuring. These might influence behaviours by enhancing psychological capability, creating social

opportunity and increasing motivation largely through a reflective pathway. Conclusions: We previously proposed a clinical network as a solution to challenges implementing recommended practices in Kenyan hospitals based on our understanding of theory and context. Here, we report how we have enacted what was proposed and use a recent typology to deconstruct the intervention into its elements and articulate how we think the network may produce change. We offer a more generalised statement of our theory of change in a context-mechanism-outcome configuration. We hope this will complement a planned independent evaluation of 'how things work', will help others interpret results of change reported more formally in the future and encourage others to consider further examination of networks as means to scale up improvement practices in health in lower income countries.

Notes: English, Mike Ayieko, Philip Nyamai, Rachel Were, Fred Githanga, David Irimu, Grace Were, Fred/0000-0001-7879-1883; English, Michael/0000-0002-7427-0826
URL: <Go to ISI>://WOS:000395915700002

Reference Type: Journal Article

Record Number: 2406

Author: English, M., Gathara, D., Mwinga, S., Ayieko, P., Opondo, C., Aluvaala, J., Kihuba, E., Mwaniki, P., Were, F., Irimu, G., Wasunna, A., Mogo, W. and Nyamai, R.

Year: 2014

Title: Adoption of recommended practices and basic technologies in a low-income setting

Journal: Archives of Disease in Childhood

Volume: 99

Issue: 5

Pages: 452-456

Date: May

Short Title: Adoption of recommended practices and basic technologies in a low-income setting

ISSN: 0003-9888

DOI: 10.1136/archdischild-2013-305561

Accession Number: WOS:000334397000012

Abstract: Objective In global health considerable attention is focused on the search for innovations; however, reports tracking their adoption in routine hospital settings from low-income countries are absent. Design and setting We used data collected on a consistent panel of indicators during four separate cross-sectional, hospital surveys in Kenya to track changes over a period of 11 years (2002-2012). Main outcome measures Basic resource availability, use of diagnostics and uptake of recommended practices. Results There appeared little change in availability of a panel of 28 basic resources (median 71% in 2002 to 82% in 2012) although availability of specific feeds for severe malnutrition and vitamin K improved. Use of blood glucose and HIV testing increased but remained inappropriately low throughout. Commonly (malaria) and uncommonly (lumbar puncture) performed diagnostic tests frequently failed to inform practice while pulse oximetry, a simple and cheap technology, was rarely available even in 2012. However, increasing adherence to

prescribing guidance occurred during a period from 2006 to 2012 in which efforts were made to disseminate guidelines. Conclusions Findings suggest changes in clinical practices possibly linked to dissemination of guidelines at reasonable scale. However, full availability of basic resources was not attained and major gaps likely exist between the potential and actual impacts of simple diagnostics and technologies representing problems with availability, adoption and successful utilisation. These findings are relevant to debates on scaling up in low-income settings and to those developing novel therapeutic or diagnostic interventions.

Notes: English, Mike Gathara, David Mwinga, Stephen Ayieko, Philip Opondo, Charles Aluvaala, Jalemba Kihuba, Elesban Mwaniki, Paul Were, Fred Irimu, Grace Wasunna, Aggrey Mogo, Wycliffe Nyamai, Rachel

English, Michael/0000-0002-7427-0826; Aluvaala, Jalemba/0000-0002-0851-3711; Kihuba, Elesban/0000-0002-4396-1464; Mwaniki, Paul/0000-0003-0359-8426; Were, Fred/0000-0001-7879-1883; Opondo, Charles/0000-0001-8155-4117; Gathara, David/0000-0002-0958-0713 1468-2044

URL: <Go to ISI>://WOS:000334397000012

Reference Type: Journal Article

Record Number: 561

Author: English, M., Nzinga, J., Oliwa, J., Maina, M., Oluoch, D., Barasa, E., Irimu, G., Muinga, N., Vincent, C. and McKnight, J.

Year: 2022

Title: Improving facility-based care: eliciting tacit knowledge to advance intervention design

Journal: Bmj Global Health

Volume: 7

Issue: 8

Date: Aug

Short Title: Improving facility-based care: eliciting tacit knowledge to advance intervention design

ISSN: 2059-7908

DOI: 10.1136/bmjgh-2022-009410

Article Number: e009410

Accession Number: WOS:000842972200001

Abstract: Attention has turned to improving the quality and safety of healthcare within health facilities to reduce avoidable mortality and morbidity. Interventions should be tested in health system environments that can support their adoption if successful. To be successful, interventions often require changes in multiple behaviours making their consequences unpredictable. Here, we focus on this challenge of change at the mesolevel or microlevel. Drawing on multiple insights from theory and our own empirical work, we highlight the importance of engaging managers, senior and frontline staff and potentially patients to explore foundational questions examining three core resource areas. These span the physical or material resources available, workforce capacity and capability and team and organisational relationships. Deficits in all these resource areas may need to be addressed to achieve success. We also argue that as inertia is built into the complex social and human

systems characterising healthcare facilities that thought on how to mobilise five motive forces is needed to help achieve change. These span goal alignment and ownership, leadership for change, empowering key actors, promoting responsive planning and procurement and learning for transformation. Our aim is to bridge the theory-practice gap and offer an entry point for practical discussions to elicit the critical tacit and contextual knowledge needed to design interventions. We hope that this may improve the chances that interventions are successful and so contribute to better facility-based care and outcomes while contributing to the development of learning health systems.

Notes: English, Mike Nzinga, Jacinta Oliwa, Jacquie Maina, Michuki Oluoch, Dorothy Barasa, Edwine Irimu, Grace Muinga, Naomi Vincent, Charles McKnight, Jacob

English, Michael/0000-0002-7427-0826; Maina, Jackson/0000-0001-6874-8929

URL: <Go to ISI>://WOS:000842972200001

Reference Type: Journal Article

Record Number: 757

Author: Enlund, K. B., Pettersson, A. and Eldh, A. C.

Year: 2022

Title: Dog Owners' Ideas and Strategies Regarding Dental Health in Their Dogs-Thematic Analysis of Free Text Survey Responses

Journal: Frontiers in Veterinary Science

Volume: 9

Date: May

Short Title: Dog Owners' Ideas and Strategies Regarding Dental Health in Their Dogs-Thematic Analysis of Free Text Survey Responses

DOI: 10.3389/fvets.2022.878162

Article Number: 878162

Accession Number: WOS:000798836500001

Abstract: Periodontal disease is the most common disease in dogs over 3 years of age. In dogs, as in humans, daily tooth brushing, as a means of active dental home care, is considered the gold standard for prophylaxis and prevention of periodontal disease progression. However, the performance of adequate tooth brushing is insufficient in dogs. There is no full account as to why dog owners fail to comply with this routine, but in order to facilitate better practice, a further understanding of dog owner's perspectives is needed. The aim of this study was to investigate dog owners' ideas and strategies regarding their dogs' dental health. In a large-scale Swedish survey regarding dental health in dogs, dog owners' free text comments (n = 8,742) from a concluding open-ended query were analyzed using qualitative methods. Many different notions concerning dental health in dogs were identified, of which perceived importance of different diets and chewing being the most prominent. Five common themes represented dog owners' ideas and strategies regarding dental health in their dogs: what is considered to cause dental problems; what is deemed not to promote dental health; how to prevent dental problems; what impedes proper dental care, and; needs for increased knowledge and support. Contrary to existing research and knowledge in the field, the respondents commonly trusted that

diet procure good dental health in the dog, as does chewing on bones. Seemingly, a range of misconceptions flourish among dog owners, indicating a need to share information and experiences, as well as support to bridge barriers to tooth brushing and other aspects that can enhance dog owners' knowledge and practice. In addition, this study highlights the need for randomized controlled trials on effects of diets and supplements on different aspects of dental health; calculus, periodontal disease, and dental fractures, including dogs of different breeds, sizes and ages. Further research is also needed with respect to which strategies that best aid dog owners, by whom the support is best provided, when, and at what time point.

Notes: Enlund, Karolina Brunius Pettersson, Ann Eldh, Ann Catrine Brunius Enlund, Karolina/0000-0002-7235-6159
2297-1769
URL: <Go to ISI>://WOS:000798836500001

Reference Type: Journal Article

Record Number: 1380

Author: Enticott, J., Slifirski, W., Lavoie, K. L., Bacon, S. L., Teede, H. J., Boyle, J. A. and i, Care Study Team

Year: 2021

Title: Knowledge, Attitude, and Self-Reported Practice Towards Measures for Prevention of the Spread of COVID-19 Among Australians: A Nationwide Online Longitudinal Representative Survey

Journal: Frontiers in Public Health

Volume: 9

Date: Jun

Short Title: Knowledge, Attitude, and Self-Reported Practice Towards Measures for Prevention of the Spread of COVID-19 Among Australians: A Nationwide Online Longitudinal Representative Survey

DOI: 10.3389/fpubh.2021.630189

Article Number: 630189

Accession Number: WOS:000661838800001

Abstract: Objective: To assess and share learnings on the motivators and behavioural adherence across sex and age to evolving strategies in public policy to prevent the spread of SARS-CoV-2 at the end of a first COVID-19 wave and the beginning of a second COVID-19 wave in Australia. Design and Setting: A national longitudinal survey using a framework based on evidence-based behaviour change models. The survey was administered to a national sample representative across sex, age and location was undertaken at two time points: May 1st to 5th, 2020, and July 1st to 7th, 2020. Results: Overall 2,056 surveys were completed across the first and second rounds, with 63% (1,296/2,056) completing both. Age range was 18-99 years (median 53, IQR: 34-64). Suboptimal physical distancing and self-quarantining if unwell/diagnosed was reported in one in four respondents and not getting a test at onset of symptoms reported in one in three. Those non-adherent to all three behaviours (19%, 60/323), were mainly male, younger, lived in major cities and reported fewer concerns or motivators to change behaviour. Overall, government lockdown measures were considered very important by 81% (835/1,032) and appropriate by 75% (772/1,029). Conclusions: Prior to the

suppression of a second COVID-19 wave, a significant minority of Australians reported suboptimal behavioural adherence to vital policy strategies to limit SARS-CoV-2 spread, mostly young adults and men. Successful wave 2 suppression required consistent communication from political and health leaders and supportive public health and economic strategies. Additional lockdown and punitive strategies were needed in Victoria and were generally well-supported and adhered to. To limit subsequent lockdown, this work reinforces the need for a mix of communication around saving lives of the vulnerable, and other strategies targeting high risk groups, facilitation of easy testing and minimisation of financial impacts. Notes: Enticott, Joanne Slifirski, William Lavoie, Kim L. Bacon, Simon L. Teede, Helena J. Boyle, Jacqueline A. Joyal-Desmarais, Keven/ACT-8417-2022; enticott, joanne C/ I-1587-2014; Bari, Abu Zeeshan/K-8090-2019 Joyal-Desmarais, Keven/0000-0003-0657-8367; enticott, joanne C/ 0000-0002-4480-5690; Bari, Abu Zeeshan/0000-0001-6572-1376 2296-2565 URL: <Go to ISI>://WOS:000661838800001

Reference Type: Journal Article

Record Number: 732

Author: Epton, T., Ghio, D., Ballard, L. M., Allen, S. F., Kassianos, A. P., Hewitt, R., Swainston, K., Fynn, W. I., Rowland, V., Westbrook, J., Jenkinson, E., Morrow, A., McGeechan, G. J., Stanescu, S., Yousuf, A. A., Sharma, N., Begum, S., Karasouli, E., Scanlan, D., Shorter, G. W., Arden, M. A., Armitage, C. J., O'Connor, D. B., Kamal, A., McBride, E., Swanson, V., Hart, J., Byrne-Davis, L., Chater, A. and Drury, J.

Year: 2022

Title: Interventions to promote physical distancing behaviour during infectious disease pandemics or epidemics: A systematic review

Journal: Social Science & Medicine

Volume: 303

Date: Jun

Short Title: Interventions to promote physical distancing behaviour during infectious disease pandemics or epidemics: A systematic review

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2022.114946

Article Number: 114946

Accession Number: WOS:000806722600009

Abstract: Objectives: Physical distancing, defined as keeping 1-2m apart when co-located, can prevent cases of droplet or aerosol transmitted infectious diseases such as SARS-CoV2. During the COVID-19 pandemic, distancing was a recommendation or a requirement in many countries. This systematic review aimed to determine which interventions and behavior change techniques (BCTs) are effective in promoting adherence to distancing and through which potential mechanisms of action (MOAs). Methods: Six databases were searched. The review included studies that were (a) conducted on humans, (b) reported physical distancing interventions, (c) included any comparator (e.g., pre-intervention versus post intervention;

randomized controlled trial), and (d) reported actual distancing or predictors of distancing behavior. Risk of bias was assessed using the Mixed Methods Appraisal Tool. BCTs and potential MoAs were identified in each intervention. Results: Six articles (with seven studies and 19 comparisons) indicated that distancing interventions could successfully change MoAs and behavior. Successful BCTs (MoAs) included feedback on behavior (e.g., motivation); information about health consequences, salience of health consequences (e.g., beliefs about consequences), demonstration (e.g., beliefs about capabilities), and restructuring the physical environment (e.g., environmental context and resources). The most promising interventions were proximity buzzers, directional systems, and posters with loss framed messages that demonstrated the behaviors. Conclusions: The evidence indicates several BCTs and potential MoAs that should be targeted in interventions and highlights gaps that should be the focus of future research.

Notes: Epton, Tracy Ghio, Daniela Ballard, Lisa M. Allen, Sarah F. Kassianos, Angelos P. Hewitt, Rachael Swainston, Katherine Fynn, Wendy Irene Rowland, Vickie Westbrook, Juliette Jenkinson, Elizabeth Morrow, Alison McGeechan, Grant J. Stanescu, Sabina Yousuf, Aysha A. Sharma, Nisha Begum, Suhana Karasouli, Eleni Scanlan, Daniel Shorter, Gillian W. Arden, Madelynne A. Armitage, Christopher J. O'Connor, Daryl B. Kamal, Atiya McBride, Emily Swanson, Vivien Hart, Jo Byrne-Davis, Lucie Chater, Angel Drury, John Shorter, Gillian W/H-1929-2015; Arden, Madelynne A/B-8717-2009; Ghio, Daniela/H-5105-2015; Epton, Tracy/H-3301-2017 Shorter, Gillian W/0000-0001-5752-2297; Arden, Madelynne A/0000-0002-6199-717X; Ghio, Daniela/0000-0002-0580-0205; Kassianos, Angelos/0000-0001-6428-2623; Epton, Tracy/0000-0002-1653-191X; Hart, Jo/0000-0001-9985-5137

1873-5347

URL: <Go to ISI>://WOS:000806722600009

Reference Type: Journal Article

Record Number: 559

Author: Erzse, A., Rwafa-Ponela, T., Kruger, P., Wayas, F. A., Lambert, E. V., Mapa-Tassou, C., Ngwa, E., Goldstein, S., Foley, L., Hofman, K. J., Tegua, S., Oni, T., Assah, F., Shung-King, M. and Karim, S. A.

Year: 2022

Title: A Mixed-Methods Participatory Intervention Design Process to Develop Intervention Options in Immediate Food and Built Environments to Support Healthy Eating and Active Living among Children and Adolescents in Cameroon and South Africa

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 16

Date: Aug

Short Title: A Mixed-Methods Participatory Intervention Design Process to Develop Intervention Options in Immediate Food and Built Environments to Support Healthy Eating and Active Living among Children and Adolescents in Cameroon and South Africa

DOI: 10.3390/ijerph191610263

Article Number: 10263

Accession Number: WOS:000845831600001

Abstract: Rates of obesity and related non-communicable diseases are on the rise in sub-Saharan Africa, associated with sub-optimal diet and physical inactivity. Implementing evidence-based interventions targeting determinants of unhealthy eating and physical inactivity in children and adolescents' immediate environments is critical to the fight against obesity and related non-communicable diseases. Setting priorities requires a wide range of stakeholders, methods, and context-specific data. This paper reports on a novel participatory study design to identify and address contextual drivers of unhealthy eating and physical inactivity of children and adolescents in school and in their home neighborhood food and built environments. We developed a three-phase mixed-method study in Cameroon (Yaounde) and South Africa (Johannesburg and Cape Town) from 2020-2021. Phase one focused on identifying contextual drivers of unhealthy eating and physical inactivity in children and adolescents in each setting using secondary analysis of qualitative data. Phase two matched identified drivers to evidence-based interventions. In phase three, we worked with stakeholders using the Delphi technique to prioritize interventions based on perceived importance and feasibility. This study design provides a rigorous method to identify and prioritize interventions that are tailored to local contexts, incorporating expertise of diverse local stakeholders.

Notes: Erzse, Agnes Rwafa-Ponela, Teurai Kruger, Petronell Wayas, Feyisayo A. Lambert, Estelle Victoria Mapa-Tassou, Clarisse Ngwa, Edwin Goldstein, Susan Foley, Louise Hofman, Karen J. Tegua, Stephanie Oni, Tolu Assah, Felix Shung-King, Maylene Abdool Karim, Safura

Abdool Karim, Safura/GQP-0357-2022; Assah, Felix/HTQ-6564-2023; Goldstein, Susan/W-6025-2018

Abdool Karim, Safura/0000-0002-4843-9907; Assah, Felix/0000-0003-3301-6028; Oni, Tolu/0000-0003-4499-1910; Erzse, Agnes/0000-0001-9303-9323; Kruger, Petronell/0000-0003-0624-2847; Mapa-Tassou, Clarisse/0000-0002-0709-1449; Rwafa, Teurai/0000-0002-3358-4327; Goldstein, Susan/0000-0002-3424-5319; Wayas, Feyisayo Adeola/0000-0002-0966-3834
1660-4601

URL: <Go to ISI>://WOS:000845831600001

Reference Type: Journal Article

Record Number: 2203

Author: Escalon, H., Serry, A. J., Viet, N. T., Vuillemin, A., Oppert, J. M., Sarrazin, P., Verhac, J. F., Salanave, B., Simon, C., Tausan, S., Dailly, O. and Arwidson, P.

Year: 2016

Title: Development of an evidence-based media campaign to promote walking among physically inactive women and increased physical activity among adults

Journal: Sante Publique

Volume: 28

Issue: 1

Pages: S53-S63

Short Title: Development of an evidence-based media campaign to promote walking among physically inactive women and increased physical activity among adults

ISSN: 0995-3914

Accession Number: WOS:000379369500007

Abstract: Introduction: The description of the contents and underlying theoretical principles of a behaviour change intervention is a fundamental step to allow the reproduction of success factors of effective interventions. The objective of this article is to describe the scientifically-based construction of a multimodal media campaign implemented by the National institute for prevention and health education to promote physical activity and more particularly walking among physically inactive women. Methods: The first five stages of this intervention are described. They include definition of the objectives, identification of target populations, the behaviour change theories used, identification of the effective behaviour change techniques and the modes of delivery of the campaign. Results: The main objective of the media campaign is to encourage inactive women to walk by means of a mass media campaign and a mobile application. It also targets the general population by the development of a specific section about physical activity on the mangerbougerfr website. It is based on the COM-B system- a framework for understanding behaviour, on the theory of planned behaviour and on effective behaviour change techniques. Conclusion: This paper demonstrates the feasibility of developing a multimodal media campaign-based intervention to promote physical activity using theory, evidence and media campaign construction expertise. An evaluation of this media campaign and its various components is the next stage of this work.

Notes: Escalon, Helene Serry, Anne-Juliette Viet Nguyen-Thanh Vuillemin, Anne Oppert, Jean-Michel Sarrazin, Philippe Verlhac, Jean-Francois Salanave, Benoit Simon, Chantal Tausan, Simona Dailly, Olivier Arwidson, Pierre

Benoit, Salanave/F-3062-2017; Vuillemin, Anne/B-5019-2016; Oppert, Jean-Michel/F-2810-2017

Benoit, Salanave/0000-0002-4573-3166; Vuillemin, Anne/0000-0002-5778-0285;

2104-3841

S

URL: <Go to ISI>://WOS:000379369500007

Reference Type: Journal Article

Record Number: 310

Author: Espernberger, K., Fini, N. A. and Peiris, C. L.

Year: 2023

Title: Identity, social engagement and community participation impact physical activity levels of stroke survivors: A mixed-methods study

Journal: Clinical Rehabilitation

Volume: 37

Issue: 6

Pages: 836–850

Date: Jun

Short Title: Identity, social engagement and community participation impact physical activity levels of stroke survivors: A mixed-methods study

ISSN: 0269–2155

DOI: 10.1177/02692155221141977

Accession Number: WOS:000912132500001

Abstract: Objective To explore how personal characteristics and social engagement impact the physical activity levels of chronic stroke survivors. Design A mixed-methods study comprising in-depth semi-structured interviews and objective 24-h physical activity monitoring. Interviews were thematically analysed, and activity diaries were compared to activity monitor data to attain a complete picture of physical activity. Triangulation explored the relationship between perceptions, beliefs, activity levels and social engagement. Setting Community. Participants Community-dwelling, independently mobile, adult stroke survivors (n = 19). The mean age was 74 (11 SD) years, 52% female, mean time post-stroke 41 (SD 61) months. Main measures Qualitative and quantitative measures including individual semi-structured interviews, accelerometry, activity diaries, self-efficacy, Frenchay Activities Index and Barthel Index. Results Individual identity had the greatest perceived influence on post-stroke physical activity. Pre-stroke identity, meaningful activities and family culture contributed to identity; while social and community activities, self-efficacy, comorbidities, stroke symptoms and exercise, also impacted physical activity. Participants averaged 5365 (IQR 3378–7854) steps per day and reported a mean self-efficacy for exercise score of 51 (SD 20). Triangulation showed convergent relationships between post-stroke physical activity levels and participant motivation, comorbidities, level of social and community participation, self-efficacy and pre-stroke activity levels. Conclusion Personal identity, social engagement and community participation are important factors to consider when implementing a person-centred approach to increasing physical activity participation post-stroke.

Notes: Espernberger, Karl Fini, Natalie A. Peiris, Casey L.

Espernerberger, Karl/0000-0001-6706-1420

1477-0873

URL: <Go to ISI>://WOS:000912132500001

Reference Type: Journal Article

Record Number: 1469

Author: Espina, C., Yared, W., Ritchie, D., Lipponen, S., Anttila, A., Tamminiemi, K. and Schuz, J.

Year: 2021

Title: Sustainability and monitoring of the European Code Against Cancer: Recommendations

Journal: Cancer Epidemiology

Volume: 72

Date: Jun

Short Title: Sustainability and monitoring of the European Code Against Cancer: Recommendations

ISSN: 1877-7821

DOI: 10.1016/j.canep.2021.101933

Article Number: 101933

Accession Number: WOS:000652749700001

Abstract: Introduction: As part of the third European Commission's Joint Action on Cancer (Innovative Partnership for Action Against Cancer, iPAAC), the International Agency for Research on Cancer (IARC) was commissioned to produce a report on recommendations to sustain and monitor future updates of the European Code Against Cancer (ECAC). Materials and methods: A co-creational consultation process, including a virtual workshop, was carried out. More than 100 experts in cancer prevention, public health, communication and representatives of European authorities provided input on the scope of future editions of the ECAC, including updating the scientific evidence and its maintenance, and on strategies for its implementation and dissemination across Europe. Results and discussion: Overwhelming support for the need of the ECAC and its continuous updating, optimization and wider dissemination was expressed by all the stakeholders. Eight recommendations and four research needs summarise the assessment and pave the way for the future of the ECAC.

Notes: Espina, Carolina Yared, Wendy Ritchie, David Lipponen, Satu Anttila, Ahti Tamminiemi, Kaarina Schuz, Joachim Ritchie, David/0000-0003-4816-113X; Schuz, Joachim/0000-0001-9687-2134

1877-783x

URL: <Go to ISI>://WOS:000652749700001

Reference Type: Journal Article

Record Number: 2446

Author: Essack, S., Pignatari, A. C. and Global Resp Infection, Partnership

Year: 2013

Title: A framework for the non-antibiotic management of upper respiratory tract infections: towards a global change in antibiotic resistance

Journal: International Journal of Clinical Practice

Volume: 67

Pages: 4-9

Date: Nov

Short Title: A framework for the non-antibiotic management of upper respiratory tract infections: towards a global change in antibiotic resistance

ISSN: 1368-5031

DOI: 10.1111/ijcp.12335

Accession Number: WOS:000326935300002

Abstract: Antibiotic resistance has become a critical health issue on a global scale, with much of the problem resulting from inappropriate use of antibiotics in primary care. To change this practice, the global respiratory infection partnership has formulated a pentagonal (five P) framework for the non-antibiotic management of upper respiratory tract infections (URTIs) – one of the most common conditions in primary care for which antibiotics are

prescribed. The framework presents the rationale for focusing on URTIs to promote antibiotic stewardship in primary care and elaborates on five key areas to focus on to bring about change: policy, prevention, prescribers, pharmacy and patients. The ultimate aim is to adopt a patient-centred symptomatic management strategy using a flexible framework that can be adapted across countries to create a consistent global approach to change behaviour.

Notes: Essack, S. Pignatari, A. C.

Essack, Sabiha Y/N-5710-2013; Pignatari, Antonio CC/C-8427-2012

Essack, Sabiha Y/0000-0003-3357-2761; Pignatari, Antonio/
0000-0002-2146-8476

1742-1241

180

Si

URL: <Go to ISI>://WOS:000326935300002

Reference Type: Journal Article

Record Number: 1263

Author: Essery, R., Pollet, S., Smith, K. A., Mowbray, F.,
Słodkowska-Barabasz, J., Denison-Day, J., Hayter, V., Bradbury, K.,
Grey, E., Western, M. J., Milton, A., Hunter, C., Ferrey, A. E.,
Muller, A. M., Stuart, B., Mutrie, N., Griffin, S., Kendrick, T.,
Brooker, H., Gudgin, B., Phillips, R., Stokes, T., Niven, J.,
Little, P. and Yardley, L.

Year: 2021

Title: Planning and optimising a digital intervention to protect
older adults' cognitive health

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Aug

Short Title: Planning and optimising a digital intervention to
protect older adults' cognitive health

DOI: 10.1186/s40814-021-00884-2

Article Number: 158

Accession Number: WOS:000687581800001

Abstract: Background By 2050, worldwide dementia prevalence is expected to triple. Affordable, scalable interventions are required to support protective behaviours such as physical activity, cognitive training and healthy eating. This paper outlines the theory-, evidence- and person-based development of 'Active Brains': a multi-domain digital behaviour change intervention to reduce cognitive decline amongst older adults. Methods During the initial planning phase, scoping reviews, consultation with PPI contributors and expert co-investigators and behavioural analysis collated and recorded evidence that was triangulated to inform provisional 'guiding principles' and an intervention logic model. The following optimisation phase involved qualitative think aloud and semi-structured interviews with 52 older adults with higher and lower cognitive performance scores. Data were analysed thematically and informed changes and additions to guiding principles, the behavioural analysis and the logic model which, in turn, informed changes to intervention content. Results Scoping reviews and

qualitative interviews suggested that the same intervention content may be suitable for individuals with higher and lower cognitive performance. Qualitative findings revealed that maintaining independence and enjoyment motivated engagement in intervention-targeted behaviours, whereas managing ill health was a potential barrier. Social support for engaging in such activities could provide motivation, but was not desirable for all. These findings informed development of intervention content and functionality that appeared highly acceptable amongst a sample of target users. Conclusions A digitally delivered intervention with minimal support appears acceptable and potentially engaging to older adults with higher and lower levels of cognitive performance. As well as informing our own intervention development, insights obtained through this process may be useful for others working with, and developing interventions for, older adults and/or those with cognitive impairment.

Notes: Essery, Rosie Pollet, Sebastien Smith, Kirsten A. Mowbray, Fiona Slodkowska-Barabasz, Joanna Denison-Day, James Hayter, Victoria Bradbury, Katherine Grey, Elisabeth Western, Max J. Milton, Alexander Hunter, Cheryl Ferrey, Anne E. Muller, Andre Matthias Stuart, Beth Mutrie, Nanette Griffin, Simon Kendrick, Tony Brooker, Helen Gudgin, Bernard Phillips, Rosemary Stokes, Tom Niven, John Little, Paul Yardley, Lucy

Kendrick, Tony/H-8558-2014; Muller, Andre Matthias/P-3152-2014 Kendrick, Tony/0000-0003-1618-9381; Anderson, Alexander/0000-0002-2207-2537; Western, Max James/0000-0003-1107-8498; Yardley, Lucy/0000-0002-3853-883X; Bradbury, Katherine/0000-0001-5513-7571; Stuart, Beth/0000-0001-5432-7437; Pollet, Sebastien/0000-0001-9924-9225; Grey, Elisabeth/0000-0001-9719-9690; Mowbray, Fiona/0000-0002-3297-4163; Muller, Andre Matthias/0000-0001-5770-6723
2055-5784

URL: <Go to ISI>://WOS:000687581800001

Reference Type: Journal Article

Record Number: 432

Author: Estcourt, C. S., Stirrup, O., Copas, A., Low, N., Mapp, F., Saunders, J., Mercer, C. H., Flowers, P., Roberts, T., Howarth, A. R., Owusu, M. W., Symonds, M., Nandwani, R., Ogwulu, C., Brice, S., Johnson, A. M., Althaus, C. L., Williams, E., Comer-Schwartz, A., Tostevin, A. and Cassell, J. A.

Year: 2022

Title: Accelerated partner therapy contact tracing for people with chlamydia (LUSTRUM): a crossover cluster-randomised controlled trial

Journal: Lancet Public Health

Volume: 7

Issue: 10

Pages: E853-E865

Date: Oct

Short Title: Accelerated partner therapy contact tracing for people with chlamydia (LUSTRUM): a crossover cluster-randomised controlled trial

ISSN: 2468-2667

Accession Number: WOS:000890281300013

Abstract: Background Accelerated partner therapy has shown promise in improving contact tracing. We aimed to evaluate the effectiveness of accelerated partner therapy in addition to usual contact tracing compared with usual practice alone in heterosexual people with chlamydia, using a biological primary outcome measure. Methods We did a crossover cluster-randomised controlled trial in 17 sexual health clinics (clusters) across England and Scotland. Participants were heterosexual people aged 16 years or older with a positive *Chlamydia trachomatis* test result, or a clinical diagnosis of conditions for which presumptive chlamydia treatment and contact tracing are initially provided, and their sexual partners. We allocated phase order for clinics through random permutation within strata. In the control phase, participants received usual care (health-care professional advised the index patient to tell their sexual partner[s] to attend clinic for sexually transmitted infection screening and treatment). In the intervention phase, participants received usual care plus an offer of accelerated partner therapy (health-care professional assessed sexual partner[s] by telephone, then sent or gave the index patient antibiotics and sexually transmitted infection selfsampling kits for their sexual partner[s]). Each phase lasted 6 months, with a 2-week washout at crossover. The primary outcome was the proportion of index patients with a positive *C trachomatis* test result at 12–24 weeks after contact tracing consultation. Secondary outcomes included proportions and types of sexual partners treated. Analysis was done by intention-to-treat, fitting random effects logistic regression models. This trial is registered with the ISRCTN registry, 15996256. Findings Between Oct 24, 2018, and Nov 17, 2019, 1536 patients were enrolled in the intervention phase and 1724 were enrolled in the control phase. All clinics completed both phases. In total, 4807 sexual partners were reported, of whom 1636 (34%) were steady established partners. Overall, 293 (19%) of 1536 index patients chose accelerated partner therapy for a total of 305 partners, of whom 248 (81%) accepted. 666 (43%) of 1536 index patients in the intervention phase and 800 (46%) of 1724 in the control phase were tested for *C trachomatis* at 12–24 weeks after contact tracing consultation; 31 (4.7%) in the intervention phase and 53 (6.6%) in the control phase had a positive *C trachomatis* test result (adjusted odds ratio [OR] 0.66 [95% CI 0.41 to 1.04]; $p=0.071$; marginal absolute difference -2.2% [95% CI -4.7 to 0-3]). Among index patients with treatment status recorded, 775 (88.0%) of 881 patients in the intervention phase and 760 (84.6%) of 898 in the control phase had at least one treated sexual partner at 2–4 weeks after contact tracing consultation (adjusted OR 1.27 [95% CI 0.96 to 1.68]; $p=0.10$; marginal absolute difference 2.7% [95% CI -0.5 to 6.0]). No clinically significant harms were reported. Interpretation Although the evidence that the intervention reduces repeat infection was not conclusive, the trial results suggest that accelerated partner therapy can be safely offered as a contact tracing option and is also likely to be cost saving. Future research should find ways to increase uptake of accelerated partner therapy and develop alternative interventions for one-off sexual partners. Copyright (C) 2022 The Author(s). Published by Elsevier Ltd.

Notes: Estcourt, Claudia S. Stirrup, Oliver Copas, Andrew Low, Nicola Mapp, Fiona Saunders, John Mercer, Catherine H. Flowers, Paul Roberts, Tracy Howarth, Alison R. Owusu, Melvina Woode Symonds, Merle Nandwani, Rak Ogwulu, Chidubem Brice, Susannah Johnson, Anne M. Althaus, Christian L. Williams, Eleanor Comer-Schwartz, Alex Tostevin, Anna Cassell, Jackie A. Stirrup, Oliver/AE-2290-2022; Althaus, Christian L./F-6008-2015 Stirrup, Oliver/0000-0002-8705-3281; Althaus, Christian L./0000-0002-5230-6760; Williams, Eleanor/0000-0003-4641-2409 URL: <Go to ISI>://WOS:000890281300013

Reference Type: Journal Article

Record Number: 896

Author: Estevao, C., Lopez, M. B., Davis, R. E., Jarret, L., Soukup, T., Bakolis, I., Healey, A., Harrington, J., Woods, A., Crane, N., Jones, F., Pariente, C., Fancourt, D. and Sevdalis, N.

Year: 2022

Title: Evaluation of a community-based performance arts programme for people who have experienced stroke in the UK: protocol for the SHAPER-Stroke Odysseys study

Journal: Bmj Open

Volume: 12

Issue: 3

Date: Mar

Short Title: Evaluation of a community-based performance arts programme for people who have experienced stroke in the UK: protocol for the SHAPER-Stroke Odysseys study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-057805

Article Number: e057805

Accession Number: WOS:000768956000003

Abstract: Introduction Stroke survivors, once in the community, face challenges with their long-term rehabilitation care and present higher levels of loneliness, depression and anxiety than the rest of the population. A community-based performance arts programme, Stroke Odysseys (SO), has been devised to tackle the challenges of living with stroke in the UK. In this study, we aim to evaluate the implementation, impact and experiences of SO for stroke survivors.

Methods and analysis Scaling-up Health Arts Programmes:

Implementation and Effectiveness Research (SHAPER)-SO aims to scale-up SO to 75 participants and 47 stakeholders, while simultaneously evaluating the effectiveness and implementation of the programme.

The main research aim is to evaluate the implementation, effectiveness, impact and experiences of a community-based performance arts programme (SO for stroke survivors). This mixed-methods study will evaluate the experience and impact of SO on those participating using mixed methods (interviews, observations and surveys) before and after each stage and carry out non-participant observations during a percentage of the workshops, training and tour. Data will be analysed using quantitative and qualitative approaches. This is a study within the SHAPER programme. Ethics and dissemination Ethical approval has been granted by the King's College London PNM Research Ethics Panel, REC reference: LRS/

DP-20/21-21549. Written informed consent will be sought for participants and stakeholders. The results of the study will be reported and disseminated at international conferences and in peer-reviewed scientific journals.

Notes: Estevao, Carolina Lopez, Maria Baldellou Davis, Rachel E. Jarret, Lucinda Soukup, Tayana Bakolis, Ioannis Healey, Andy Harrington, Jean Woods, Anthony Crane, Nikki Jones, Fiona Pariente, Carmine Fancourt, Daisy Sevdalis, Nick ; Sevdalis, Nick/0-1419-2017
Soukup Ascensao, Tayana/0000-0003-0203-7264; Davis, Rachel/0000-0003-2406-7181; Sevdalis, Nick/0000-0001-7560-8924; Bakolis, Ioannis/0000-0002-4800-1630; Estevao, Carolina/0000-0001-7758-0371
URL: <Go to ISI>://WOS:000768956000003

Reference Type: Journal Article

Record Number: 1777

Author: Evangeli, M., Foster, C., Musiime, V., Fidler, S., Seeley, J. and Gnan, G.

Year: 2020

Title: A randomised feasibility trial of an intervention to support sharing of HIV status for 18-25-year olds living with perinatally acquired HIV compared with standard care: HIV Empowering Adults' Decisions to Share-UK/Uganda Project (HEADS-UP)

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: A randomised feasibility trial of an intervention to support sharing of HIV status for 18-25-year olds living with perinatally acquired HIV compared with standard care: HIV Empowering Adults' Decisions to Share-UK/Uganda Project (HEADS-UP)

DOI: 10.1186/s40814-020-00688-w

Article Number: 141

Accession Number: WOS:000729238200149

Abstract: BackgroundYoung adults with perinatally acquired HIV (PAH) face several challenges, including adhering to antiretroviral therapy (ART), managing the risk of onward HIV transmission and maintaining positive well-being. Sharing one's HIV status with others (onward HIV disclosure) may assist with these challenges by facilitating emotional and practical support. Rates of HIV status sharing are, however, low in this population. There are no existing interventions focused on sharing one's HIV status for young adults living with PAH. The HEADS-UP study is designed to develop and test the feasibility of an intervention to help the sharing of HIV status for young adults with PAH. MethodsThe study is a 30-month multi-site randomised feasibility study across both a high-income/low-HIV prevalence country (UK) and a low-income/high-HIV prevalence country (Uganda). Phase 1 (12months) will involve developing the intervention using qualitative interviews with 20 young people living with PAH (ten in the UK-18 to 29years; ten in Uganda-18 to 25years), 20 of their social network (friends, family, sexual partners as defined by the young person; ten in the UK, ten in Uganda) and ten professionals with experience working with young adults with PAH (five in the UK, five in Uganda). Phase 2 (18months)

involves conducting a randomised feasibility parallel group trial of the intervention alongside current standard of care condition in each country (main study) with 18- to 25-year olds with PAH. A sample size of 94 participants per condition (intervention or standard of care; 188 participants in total: 47 in each condition in each country) with data at both the baseline and 6-month follow-up time points, across UK and Ugandan sites will be recruited. Participants in the intervention condition will also complete measures immediately post-intervention. Face-to-face interviews will be conducted with ten participants in both countries immediately post-intervention and at 6-month follow-up (sub-study). Discussion This study will be the first trial that we are aware of to address important gaps in understanding acceptable and feasible ways of delivering HIV status sharing support for young people living with PAH. Trial registration ISRCTN Registry, ISRCTN31852047, Registered on 21 January, 2019. Study sponsor: Royal Holloway University of London. Sponsor contact: alicen.nickson@rhul.ac.uk. Date and version: April 2020. Protocol version 3.5.

Notes: Evangeli, Michael Foster, Caroline Musiime, Victor Fidler, Sarah Seeley, Janet Gnan, Georgina Seeley, Janet A/B-4467-2013; Gnan, Georgina/ABH-7694-2020 Seeley, Janet A/0000-0002-0583-5272; Gnan, Georgina/0000-0003-4204-2463; Fidler, Sarah/0000-0003-1676-7583; Evangeli, Michael/0000-0002-9783-2625 2055-5784
URL: <Go to ISI>://WOS:000729238200149

Reference Type: Journal Article

Record Number: 2111

Author: Evans, C., Turner, K., Suggs, L. S., Occa, A., Juma, A. and Blake, H.

Year: 2016

Title: Developing a mHealth intervention to promote uptake of HIV testing among African communities in the conditions: a qualitative study

Journal: BMC Public Health

Volume: 16

Date: Jul

Short Title: Developing a mHealth intervention to promote uptake of HIV testing among African communities in the conditions: a qualitative study

DOI: 10.1186/s12889-016-3278-4

Article Number: 656

Accession Number: WOS:000381003100005

Abstract: Background: HIV-related mHealth interventions have demonstrable efficacy in supporting treatment adherence, although the evidence base for promoting HIV testing is inconclusive. Progress is constrained by a limited understanding of processes used to develop interventions and weak theoretical underpinnings. This paper describes a research project that informed the development of a theory-based mHealth intervention to promote HIV testing amongst city-dwelling African communities in the conditions. Methods: A

community-based participatory social marketing design was adopted. Six focus groups (48 participants in total) were undertaken and analysed using a thematic framework approach, guided by constructs from the Health Belief Model. Key themes were incorporated into a set of text messages, which were pre-tested and refined. Results: The focus groups identified a relatively low perception of HIV risk, especially amongst men, and a range of social and structural barriers to HIV testing. In terms of self-efficacy around HIV testing, respondents highlighted a need for communities and professionals to work together to build a context of trust through co-location in, and co-involvement of, local communities which would in turn enhance confidence in, and support for, HIV testing activities of health professionals. Findings suggested that messages should: avoid an exclusive focus on HIV, be tailored and personalised, come from a trusted source, allay fears and focus on support and health benefits. Conclusions: HIV remains a stigmatized and de-prioritized issue within African migrant communities in the UK, posing barriers to HIV testing initiatives. A community-based participatory social marketing design can be successfully used to develop a culturally appropriate text messaging HIV intervention. Key challenges involved turning community research recommendations into brief text messages of only 160 characters. The intervention needs to be evaluated in a randomized control trial. Future research should explore the application of the processes and methodologies described in this paper within other communities.

Notes: Evans, C. Turner, K. Suggs, L. S. Occa, A. Juma, A. Blake, H. Evans, Catrin/AAE-4794-2019; Suggs, L. Suzanne/E-5752-2012; Blake, Holly/B-8855-2008

Blake, Holly/0000-0003-3080-2306; Evans, Catrin/0000-0002-5338-2191 1471-2458

URL: <Go to ISI>://WOS:000381003100005

Reference Type: Journal Article

Record Number: 1401

Author: Exner-Cortens, D., Claussen, C., Lewis, S., Orukpe, A. M. and Coupland, K.

Year: 2022

Title: Friendship quality and ethnocultural boys: An exploratory evaluation of the WiseGuyz Program

Journal: Psychology in the Schools

Volume: 59

Issue: 10

Pages: 2106-2121

Date: Oct

Short Title: Friendship quality and ethnocultural boys: An exploratory evaluation of the WiseGuyz Program

ISSN: 0033-3085

DOI: 10.1002/pits.22566

Accession Number: WOS:000655879100001

Abstract: Tier 1 school mental health programs for middle school youth often focus on healthy relationships promotion. However, the vast majority of these programs take a gender- and race-neutral approach (i.e., content that does not focus on the way that gender,

race, and ethnicity intersect to shape relationships and mental health). Embedding these intersections into Tier 1 programs is critical to equitably advancing mental health for middle school youth. This article specifically explores associations between participation in a Tier 1 gender-transformative healthy relationships program and friendship quality for Ethnocultural boys. Data were drawn from 278 White and Ethnocultural boys who participated in the program in 2016–2017 or 2017–2018 in a Western Canadian province. Data were analyzed using three-level multilevel models. In these data, we found that Ethnocultural boys who participated in WiseGuyz reported improved friendship quality with their closest same-sex friend following the end of the program. We also found that Ethnocultural boys who reported a positive change in male role norms related to emotional restriction reported significant improvements to friendship quality from pre- to post-test. Findings suggest the importance of embedding equity into Tier 1 school mental health programming through a specific focus on intersections between gender, race, and ethnicity.

Notes: Exner-Cortens, Deineria Claussen, Caroline Lewis, Stefan Orukpe, Abimbola M. Coupland, Kerry Claussen, Caroline/0000-0001-7137-0015
1520-6807

Si

URL: <Go to ISI>://WOS:000655879100001

Reference Type: Journal Article

Record Number: 1658

Author: Exner-Cortens, D., Wright, A., Van Bavel, M., Sitter, K. C., Hurlock, D., Carter, R. and Krause, P.

Year: 2021

Title: "To Be a Guy Is to Be Human": Outcomes of the WiseGuyz Program Through Photo-Based Evaluation

Journal: Health Promotion Practice

Volume: 22

Issue: 5

Pages: 659–669

Date: Sep

Short Title: "To Be a Guy Is to Be Human": Outcomes of the WiseGuyz Program Through Photo-Based Evaluation

ISSN: 1524-8399

DOI: 10.1177/1524839920976382

Article Number: 1524839920976382

Accession Number: WOS:000618411000001

Abstract: Gender-transformative approaches (i.e., approaches that support male-identified individuals to critique and resist stereotypical male gender role norms that negatively affect health and well-being) are increasingly recognized as a key health promotion strategy. However, there is limited evidence to date on gender-transformative interventions for male-identified adolescents. In addition, given the dynamic and socially constructed nature of gender, methods beyond quantitative data collection are needed to gain a holistic understanding of promising gender-transformative health promotion approaches. One newer method to capture lived

experiences with adolescents is photo-based evaluation, where youth program participants take pictures to represent their knowledge, attitudes, and/or behaviors before and after a program. The present study presents findings from the photo-based evaluation of a gender-transformative health promotion program called WiseGuyz. WiseGuyz is offered to mid-adolescent, male-identified youth in school and community settings, and is designed to promote mental and sexual health and prevent violence. Six youth photographers from a rural Canadian setting took part in this evaluation, taking photos to represent what being a guy in their world meant before and after WiseGuyz. Youth then participated in an individual visual storytelling interview and a group-based photovoice process. Key themes in relation to masculinities that emerged from these data were around changes to (1) social norms and (2) emotionality following program participation, and the need for a safe program space to support these changes. This study adds to literature demonstrating the promise of gender-transformative approaches with adolescents, with implications for future health promotion research and practice with male-identified youth.

Notes: Exner-Cortens, Deineria Wright, Alysia Van Bavel, Marisa Sitter, Kathleen C. Hurlock, Debb Carter, Roseline Krause, Pam ; Sitter, Kathleen/P-2558-2018

Wright, Alysia/0000-0002-4613-5416; Sitter, Kathleen/
0000-0002-2479-279X
1552-6372

URL: <Go to ISI>://WOS:000618411000001

Reference Type: Journal Article

Record Number: 1205

Author: Fagan, M. J., Glowacki, K. and Faulkner, G.

Year: 2021

Title: "You get that craving and you go for a half-hour run":
Exploring the acceptability of exercise as an adjunct treatment for
substance use disorder

Journal: Mental Health and Physical Activity

Volume: 21

Date: Oct

Short Title: "You get that craving and you go for a half-hour run":
Exploring the acceptability of exercise as an adjunct treatment for
substance use disorder

ISSN: 1755-2966

DOI: 10.1016/j.mhpa.2021.100424

Article Number: 100424

Accession Number: WOS:000709742200020

Abstract: Introduction: There is a need for effective, inexpensive and scalable interventions in the treatment of substance use disorder (SUD). An adjunct intervention that warrants exploration is exercise. Objective: To examine the acceptability of exercise as an adjunct treatment for individuals in residential treatment for SUD. The secondary objective is to guide exercise intervention development for this population. Methods: After an acclimatization period where the first author spent four weeks volunteering at the treatment facility, semi-structured interviews were conducted with

adult individuals (mean = 38.93, range 23–58) with SUD in residential treatment (n = 15) to assess the acceptability of exercise as an adjunct treatment. A thematic analysis was conducted using deductive and inductive methods. The interview guide and analysis were informed by the Capability, Opportunity, Motivation–Behaviour (COM–B) model and the Theoretical Domains Framework (TDF). Results: Exercise was considered an acceptable adjunct treatment for SUD. Three themes were identified as prudent for informing intervention development. Participants were 1) receptive to exercise but some lacked the knowledge and skills to participate; 2) aware of opportunities to exercise but these are often underutilized, and 3) looking ahead to life after treatment. Conclusions: This study provides insight into the acceptability and receptiveness of residential SUD treatment to exercise programming. Our results provide direction for developing an exercise counselling intervention embedded within the residential treatment context. Notes: Fagan, Matthew James Glowacki, Krista Faulkner, Guy 1878–0199
URL: <Go to ISI>://WOS:000709742200020

Reference Type: Journal Article
Record Number: 2386
Author: Faggiano, F., Allara, E., Giannotta, F., Molinar, R., Sumnall, H., Wiers, R., Michie, S., Collins, L. and Conrod, P.
Year: 2014
Title: Europe Needs a Central, Transparent, and Evidence–Based Approval Process for Behavioural Prevention Interventions
Journal: Plos Medicine
Volume: 11
Issue: 10
Date: Oct
Short Title: Europe Needs a Central, Transparent, and Evidence–Based Approval Process for Behavioural Prevention Interventions
ISSN: 1549–1277
DOI: 10.1371/journal.pmed.1001740
Article Number: e1001740
Accession Number: WOS:000344460900002
Notes: Faggiano, Fabrizio Allara, Elias Giannotta, Fabrizia Molinar, Roberta Sumnall, Harry Wiers, Reinout Michie, Susan Collins, Linda Conrod, Patricia
Allara, Elias/ABF–2273–2021; Giannotta, Fabrizia/ABB–6371–2021; Sumnall, Harry/ADJ–7110–2022; Conrod, Patricia J/P–4187–2018; Wiers, Reinout/AAB–4008–2021
Allara, Elias/0000–0002–1634–8330; Sumnall, Harry/0000–0002–7841–9245; Wiers, Reinout/0000–0002–4312–9766; Giannotta, Fabrizia/0000–0002–3005–1840; Collins, Linda/0000–0003–4282–8722 1549–1676
URL: <Go to ISI>://WOS:000344460900002

Reference Type: Journal Article
Record Number: 138
Author: Fahrenholtz, I. L., Melin, A. K., Garthe, I., Hollekim–

Strand, S. M., Ivarsson, A., Koehler, K., Logue, D., Lundstrom, P., Madigan, S., Wasserfurth, P. and Torstveit, M. K.

Year: 2023

Title: Effects of a 16-Week Digital Intervention on Sports Nutrition Knowledge and Behavior in Female Endurance Athletes with Risk of Relative Energy Deficiency in Sport (REDS)

Journal: Nutrients

Volume: 15

Issue: 5

Date: Mar

Short Title: Effects of a 16-Week Digital Intervention on Sports Nutrition Knowledge and Behavior in Female Endurance Athletes with Risk of Relative Energy Deficiency in Sport (REDS)

DOI: 10.3390/nu15051082

Article Number: 1082

Accession Number: WOS:000946899200001

Abstract: Female endurance athletes are considered a high-risk group for developing Relative Energy Deficiency in Sport (REDS). Due to the lack of educational and behavioral intervention studies, targeting and evaluating the effects of the practical daily management of REDs, we developed the Food and nUtrition for Endurance athletes—a Learning (FUEL) program, consisting of 16 weekly online lectures and individual athlete-centered nutrition counseling every other week. We recruited female endurance athletes from Norway (n = 60), Sweden (n = 84), Ireland (n = 17), and Germany (n = 47). Fifty athletes with symptoms of REDs and with low risk of eating disorders, with no use of hormonal contraceptives and no chronic diseases, were allocated to either the FUEL intervention (n = 32) (FUEL) or a 16-week control period (n = 18) (CON). All but one completed FUEL, while 15 completed CON. We found strong evidence for improvements in sports nutrition knowledge, assessed via interviews, and moderate to strong evidence in the ratings concerning self-perceived sports nutrition knowledge in FUEL versus CON. Analyses of the seven-day prospective weighed food record and questions related to sports nutrition habits, suggested weak evidence for improvements in FUEL versus CON. The FUEL intervention improved sports nutrition knowledge and suggested weak evidence for improved sports nutrition behavior in female endurance athletes with symptoms of REDs.

Notes: Fahrenholtz, Ida L. Melin, Anna K. Garthe, Ina Hollekim-Strand, Siri Marte Ivarsson, Andreas Koehler, Karsten Logue, Danielle Lundstrom, Petra Madigan, Sharon Wasserfurth, Paulina Torstveit, Monica K.

Melin, Anna/E-5380-2017

Melin, Anna/0000-0002-8249-1311; Koehler, Karsten/
0000-0002-9618-2069; Ivarsson, Andreas/0000-0002-8987-5975
2072-6643

URL: <Go to ISI>://WOS:000946899200001

Reference Type: Journal Article

Record Number: 1390

Author: Faisal, S., Ivo, J., Tennant, R., Prior, K. A., Grindrod, K., McMillan, C. and Patel, T.

Year: 2021

Title: Implementation of a Real-Time Medication Intake Monitoring Technology Intervention in Community Pharmacy Settings: A Mixed-Method Pilot Study
Journal: Pharmacy
Volume: 9
Issue: 2
Date: Jun
Short Title: Implementation of a Real-Time Medication Intake Monitoring Technology Intervention in Community Pharmacy Settings: A Mixed-Method Pilot Study
DOI: 10.3390/pharmacy9020105
Article Number: 105
Accession Number: WOS:000665265900001
Abstract: Innovative dispensing products offering real-time medication intake monitoring are being developed to address medication non-adherence. However, implementation of these interventions within the workflow of a community pharmacy is unknown. The purpose of this study was to explore factors affecting implementation of a real-time adherence-monitoring, multidose-dispensing system in community pharmacies. A mixed-method study was conducted with pharmacy staff, who packaged and dispensed medications in smart multidose packages and monitored real-time medication intake via web-portal. Pharmacy staff participated in semi-structured interviews. The Technology Acceptance Model, Theory of Planned Behaviour and Capability, Opportunity, Motivation, Behaviour Model informed the interview guide. Interview transcripts were analyzed thematically and findings were mapped back to the frameworks. The usability was assessed by the System Usability Scale (SUS). Three pharmacists and one pharmacy assistant with a mean of 19 years of practice were interviewed. Three themes and 12 subthemes were generated. Themes included: pharmacy workflow factors, integration factors, and pharmacist-perceived patient factors. The mean SUS was found to be 80.63. Products with real-time adherence monitoring capabilities are valued by pharmacists. A careful assessment of infrastructure-including pharmacy workload, manpower and financial resources-is imperative for successful implementation of such interventions in a community pharmacy setting.
Notes: Faisal, Sadaf Ivo, Jessica Tennant, Ryan Prior, Kelsey-Ann Grindrod, Kelly McMillan, Colleen Patel, Tejal Patel, Tejal/ABG-6213-2021; Tennant, Ryan/DYR-3175-2022
Tennant, Ryan/0000-0002-0932-9510; Faisal, Sadaf/0000-0002-4090-2194 2226-4787
URL: <Go to ISI>://WOS:000665265900001

Reference Type: Journal Article
Record Number: 986
Author: Faisal, S., Ivo, J., Tennant, R., Prior, K. A., Grindrod, K., McMillan, C. and Patel, T.
Year: 2022
Title: Integration of a smart multidose blister package for medication intake: A mixed method ethnographic informed study of older adults with chronic diseases
Journal: Plos One

Volume: 17

Issue: 1

Date: Jan

Short Title: Integration of a smart multidose blister package for medication intake: A mixed method ethnographic informed study of older adults with chronic diseases

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0262012

Article Number: e0262012

Accession Number: WOS:000791072800083

Abstract: Smart adherence products are marketed to assist with medication management. However, little is known about their in-home integration by older adults. It is necessary to investigate the facilitators and barriers older adults face when integrating these products into their medication taking routines before effectiveness can be examined. The aim of this study was to (a) examine the integration of a smart multidose blister package and (b) understand medication intake behaviour of adults with chronic diseases using an integrated theoretical model comprised of the Technology Acceptance Model (TAM), Theory of Planned Behaviour (TPB) and Capacity, Opportunity, Motivation and Behaviour (COM-B) Model. An ethnographic-informed study was conducted with older adults using the smart multidose blister package to manage their medications for eight weeks. Data was collected quantitatively and qualitatively using in-home observations, photo-elicitation, field notes, semi-structured interviews, system usability scale (SUS) and net promoter scale (NPS). The interview guide was developed with constructs from the TAM, TPB and COM-B Model. Data were analyzed using the Qualitative Analysis Guide of Leuven (QUAGOL) framework to generate themes and sub-themes which were mapped back to TAM, TBP and COM-B Model. Ten older adults with an average age of 76 years, of which 80% were female, participated in the study. On average, participants reported five medical conditions, while the average number of medications was 11.1. The mean SUS was 75.50 and overall NPS score was 0. Qualitative analysis identified three themes; (1) factors influencing medication intake behaviour (2) facilitators to the product use and, (3) barriers to the product use. The smart blister package was found to be easy to use and acceptable by older adults. Clinicians should assess an older adult's medication intake behavior as well as barriers and facilitators to product use prior to recommending an adherence product for managing medications.

Notes: Faisal, Sadaf Ivo, Jessica Tennant, Ryan Prior, Kelsey-Ann Grindrod, Kelly McMillan, Colleen Patel, Tejal

Tennant, Ryan/DYR-3175-2022

Tennant, Ryan/0000-0002-0932-9510; Faisal, Sadaf/0000-0002-4090-2194

URL: <Go to ISI>://WOS:000791072800083

Reference Type: Journal Article

Record Number: 514

Author: Fakha, A., Leithaus, M., de Boer, B., van Achterberg, T., Hamers, J. P. and Verbeek, H.

Year: 2023

Title: Implementing Four Transitional Care Interventions for Older

Adults: A Retrospective Collective Case Study

Journal: Gerontologist

Volume: 63

Issue: 3

Pages: 451-466

Date: Mar

Short Title: Implementing Four Transitional Care Interventions for Older Adults: A Retrospective Collective Case Study

ISSN: 0016-9013

DOI: 10.1093/geront/gnac128

Accession Number: WOS:000863268800001

Abstract: Background and Objectives Four interventions to improve care transitions between hospital and home or community settings for older adults were implemented in Leuven, Belgium over the past 4 years. These complex interventions consist of multiple components that challenge their implementation in practice. This study examines the influencing factors, strategies used to address challenges in implementing these interventions, and implementation outcomes from the perspectives of health care professionals involved. Research Design and Methods This was a qualitative, collective case study that was part of the TRANS-SENIOR research network. Authors conducted semistructured interviews with health care professionals about their perceptions regarding the implementation. Thematic analysis was used, and the Consolidated Framework for Implementation Research guided the final data interpretation. Results Thirteen participants were interviewed. Participants reported major implementation bottlenecks at the organizational level (resources, structure, and information continuity), while facilitators were at the individual level (personal attributes and champions). They identified engagement as the primary strategy used, and suggested other important strategies for the future sustainability of the interventions (building strategic partnerships and lobbying for policies to support transitional care). They perceived the overall implementation favorably, with high uptake as a key outcome. Discussion and Implications This study highlights the strong role of health care providers, being motivated and self-driven, to foster the implementation of interventions in transitional care in a bottom-up way. It is important to use implementation strategies targeting both the individual-level factors as well as the organizational barriers for transitional care interventions in the future.

Notes: Fakha, Amal Leithaus, Merel de Boer, Bram van Achterberg, Theo Hamers, Jan P. Verbeek, Hilde van Achterberg, Theo/HOF-0771-2023 van Achterberg, Theo/0000-0003-0111-6622 1758-5341

Si

URL: <Go to ISI>://WOS:000863268800001

Reference Type: Journal Article

Record Number: 305

Author: Falconer, L., Hendricks, E. and Harcourt, D.

Year: 2022

Title: What is the evidence of effectiveness of non-pharmaceutical, non-surgical, biopsychosocial interventions for body image and pain management in individuals with endometriosis? A systematic review
Journal: Journal of Endometriosis and Pelvic Pain Disorders

Volume: 14

Issue: 4

Pages: 206-216

Date: Dec

Short Title: What is the evidence of effectiveness of non-pharmaceutical, non-surgical, biopsychosocial interventions for body image and pain management in individuals with endometriosis? A systematic review

ISSN: 2284-0265

DOI: 10.1177/22840265221139909

Accession Number: WOS:000893180400001

Abstract: Aim: To identify and review the success of non-pharmaceutical, non-surgical biopsychosocial interventions in individuals with endometriosis, in managing pain and improving body image. Methods: Cochrane, EBSCO, IBSS, NICE, Open Grey, OVID, Proquest, Scopus and Science Direct were searched in April 2021, using inclusion and exclusion criteria. Data collection and analysis: Five randomised control trials, and one controlled clinical trial resulted from the search. Study quality was assessed using the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool. Studies were synthesised by intervention type, into physical only, and physical and psychological. Results: Across the six papers, 323 participants were recruited, through medical records or self-referral, and treatments largely administered by specialist practitioners. From the EPHPP quality assessment, 2 weak quality papers, and four moderate quality papers found improvements to pain, with large effect sizes in four papers. No studies used established body image measures to examine intervention effects on body image, and all lacked health psychology theoretical basis. There were common issues in selection bias, confounders and blinding. Conclusion: Without gold-standard methodology, evidence of effectiveness cannot be concluded. However, there is promising rationale if these issues are addressed.

Notes: Falconer, Laura Hendricks, Emma Harcourt, Diana

Falconer, Laura/0000-0002-6491-0922; Hendricks, Emma/

0000-0003-2604-3749

2284-0273

URL: <Go to ISI>://WOS:000893180400001

Reference Type: Journal Article

Record Number: 1082

Author: Fang, A. Y., Abdelgadir, D., Gopalan, A., Ross, T., Uratsu, C. S., Sterling, S. A., Grant, R. W. and Iturralde, E.

Year: 2022

Title: Engaging patients in population-based chronic disease management: A qualitative study of barriers and intervention opportunities

Journal: Patient Education and Counseling

Volume: 105

Issue: 1

Pages: 182-189

Date: Jan

Short Title: Engaging patients in population-based chronic disease management: A qualitative study of barriers and intervention opportunities

ISSN: 0738-3991

DOI: 10.1016/j.pec.2021.04.038

Accession Number: WOS:000728910500020

Abstract: Objective: Cardiovascular disease (CVD) continues to be a leading cause of morbidity in the U.S. Managing CVD risk factors, such as diabetes or hypertension, can be challenging for many individuals. We investigated the barriers experienced by patients who persistently struggled to reach their CVD risk factor control goals. Methods: This qualitative study examined patient, clinician, and researcher observations of individuals' experiences in a chronic disease management program. All participants (n = 332) were enrolled in a clinical trial testing a skills-based group intervention seeking to improve healthcare engagement. Data were analyzed through a general inductive approach and resulting themes were structured along the Capability Opportunity-Motivation-Behavior framework.

Results: Analyses identified care engagement barriers related to participants' communication skills and activation, care team relationship processes, and emotional factors. Although most participants reported benefitting from skills training, persistent barriers included distrust of their providers, shame about health challenges, and dissatisfaction with care team interactions that were described as impersonal or unresponsive. Conclusions and practice implications: Efforts to support engagement in CVD risk factor management programs should address whether patients and their care team have the necessary skills, opportunities and confidence to proactively communicate health needs and engage in non-judgmental interactions for goal setting, rapport-building, and shared decision-making. (c) 2021 Elsevier B.V. All rights reserved.

Notes: Fang, Anya Abdelgadir, Dana Gopalan, Anjali Ross, Thekla Uratsu, Connie S. Sterling, Stacy A. Grant, Richard W. Iturralde, Esti

Fang, Anya/0000-0002-7213-5102

1873-5134

URL: <Go to ISI>://WOS:000728910500020

Reference Type: Journal Article

Record Number: 1111

Author: Faric, N., Potts, H. W. W., Rowe, S., Beaty, T., Hon, A. and Fisher, A.

Year: 2021

Title: Running App "Zombies, Run!" Users' Engagement with Physical Activity: A Qualitative Study

Journal: Games for Health Journal

Volume: 10

Issue: 6

Pages: 420-429

Date: Dec

Short Title: Running App "Zombies, Run!" Users' Engagement with Physical Activity: A Qualitative Study

ISSN: 2161-783X

DOI: 10.1089/g4h.2021.0060

Accession Number: WOS:000722699500001

Abstract: Introduction: Sufficient physical activity (PA) is important for all aspects of health. Smartphone apps and the use of gamification, such as narrative-based augmented reality (AR), have a great potential to engage a variety of people in more PA. Zombies, Run! (ZR) is the world's most popular running exergame app and therefore a suitable model to understand what users find engaging. Objective: To understand people's motivation and experience of using a narrative-based AR exergame app ZR for PA. Materials and Methods: ZR users were randomly selected for interview from a quantitative ZR user's survey. Interviews which were guided by a semistructured topic guide were audio-recorded, transcribed, and analyzed using inductive and deductive thematic analysis. Results: Participants were 15 males and 15 females aged 16-53 years (mean = 36, SD = 10), from 13 countries, with the largest proportions from the United States (30%) and United Kingdom (23%). The majority (73%) used ZR while running, followed by cycling and walking. Four overarching themes that emerged were: "Reasons for starting and staying with ZR," "Preferred features," "Perceived effects of ZR," and "Pros and cons of the app." Sixteen subthemes included the attraction of gamification and narrative appeal, desire to add something fun to PA, or to distract from the negative physiological effects of PA. Users' favorite features were the feelings of immersion and presence through narrative, story line, and characters. The narrative motivated participants to engage in PA for longer sessions and encouraged long-term use. Conclusions: This study identified a number of factors that users found attractive in an AR running exergame, particularly narrative. Our findings suggest that ZR may engage people in exercise by modifying their perception of PA through a story line or narrative, dissociating the players from the effort of exertion. AR narrative-based apps may be an effective way of engaging people with health-related behaviors or habit-forming activities.

Notes: Faric, Nusa Potts, Henry W. W. Rowe, Sarah Beaty, Taryn Hon, Adrian Fisher, Abi

Potts, Henry WW/B-9597-2008

Potts, Henry WW/0000-0002-6200-8804; Faric, Nusa/0000-0002-2826-1478 2161-7856

URL: <Go to ISI>://WOS:000722699500001

Reference Type: Journal Article

Record Number: 1163

Author: Farmer, A., Bobrow, K., Leon, N., Williams, N., Phiri, E., Namadingo, H., Cooper, S., Prince, J., Crampin, A., Besada, D., Daviaud, E., Yu, L. M., N'Goma, J., Springer, D., Pauly, B., Tarassenko, L., Norris, S., Nyirenda, M. and Levitt, N.

Year: 2021

Title: Digital messaging to support control for type 2 diabetes (StAR2D): a multicentre randomised controlled trial

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Oct

Short Title: Digital messaging to support control for type 2 diabetes (StAR2D): a multicentre randomised controlled trial

DOI: 10.1186/s12889-021-11874-7

Article Number: 1907

Accession Number: WOS:000709797800001

Abstract: Background: Failure to take medicines for diabetes as prescribed contributes to poor outcomes from the condition. Mobile phones are ubiquitous and short message service (SMS) texts have shown promise as a low-cost intervention. We tested the effectiveness of SMS-text messaging in improving outcomes in adults with type 2 diabetes. Methods: StAR2D was a 12-month two-arm randomised trial of SMS-text messaging and usual care in Cape Town, South Africa and Lilongwe, Malawi. Messages used behaviour change theory and were developed with patients and staff. The intervention group received four messages each week. The primary outcome was change in HbA1c. Secondary outcomes were the proportion of patients who collected > 80% medication and changes in systolic blood pressure, lipids, cardiovascular risk, and the proportion of the participants reaching treatment goals. Results: The trial took place between 1 October, 2016 and 1 October 2018, 1186 participants were randomised to intervention (593) and control (593) groups. 91% of participants completed follow-up. There was a reduction in HbA1c (DCCT) in both groups but not in mean change (95% CI) between groups (- 0.08% (- 0.31 to 0.16) (IFCC - 0.82 mmol/mol (- 3.44 to 1.79)). There was a small but not significant increase in the proportions of participants likely to have collected 80% or more of medication (Relative risk 1.11 (0.84 to 1.47; P = 0.47)). There was a significant difference between groups in change in systolic blood pressure from baseline of 3.46 mmHg (1.48 to 5.44, P = 0.001) in favour of the intervention group. The between group difference in change in 10-year risk of coronary heart disease was - 0.71% (- 1.46 to 0.04, P = 0.064). The proportion of participants meeting treatment goals in the intervention group was 36.0% and in the control group 26.8% (Relative risk 1.36 (1.13 to 1.63, P = 0.001)). Participants reported many challenges to adherence despite finding messages acceptable and useful. Conclusions: Whilst SMS text messages do not lead to improved glycaemia in these low-resource settings there appeared to be an impact on blood pressure and achievement of treatment goals but the mechanisms for this are unclear. Text messages alone, may be unsuccessful unless accompanied by health system strengthening and other forms of self-management support for type 2 diabetes.

Notes: Farmer, A. Bobrow, K. Leon, N. Williams, N. Phiri, E. Namadingo, H. Cooper, S. Prince, J. Crampin, A. Besada, D. Daviaud, E. Yu, L-M N'goma, J. Springer, D. Pauly, B. Tarassenko, L. Norris, S. Nyirenda, M. Levitt, N.

Norris, Shane/C-4664-2014

Norris, Shane/0000-0001-7124-3788; Yu, Ly-Mee/0000-0003-0331-7364;

Farmer, Andrew/0000-0002-6170-4402

1471-2458

URL: <Go to ISI>://WOS:000709797800001

Reference Type: Journal Article

Record Number: 2148

Author: Farmer, A. J., McSharry, J., Rowbotham, S., McGowan, L., Ricci-Cabello, I. and French, D. P.

Year: 2016

Title: Effects of interventions promoting monitoring of medication use and brief messaging on medication adherence for people with Type 2 diabetes: a systematic review of randomized trials

Journal: Diabetic Medicine

Volume: 33

Issue: 5

Pages: 565-579

Date: May

Short Title: Effects of interventions promoting monitoring of medication use and brief messaging on medication adherence for people with Type 2 diabetes: a systematic review of randomized trials

ISSN: 0742-3071

DOI: 10.1111/dme.12987

Accession Number: WOS:000375119500002

Abstract: AimsTo assess the impact of interventions promoting the monitoring of medication use and brief messaging to support medication adherence in patients with Type 2 diabetes mellitus, and to investigate the extent of theory use to guide intervention development. MethodsWe systematically searched for controlled trials, published from 1990 onwards in Medline, Embase, CINAHL, PsycINFO and the Cochrane library, that evaluated interventions based on monitoring and brief messaging to support medication adherence in patients with Type 2 diabetes, to examine the effectiveness of such interventions. ResultsA total of 11 trials, comparing 15 interventions, were identified. Only a small minority presented a low risk of bias. Three interventions were based on delivering brief messages, six were based on monitoring medication adherence, and six used both strategies. Messaging interventions included the use of short message service text messages, web-based feedback, and messages delivered through monitoring devices. Monitoring interventions included remote self-reporting of medication and telephone calls with healthcare staff. Improvements in medication adherence were observed in six interventions, although effect sizes were generally moderate. Only two interventions improved both adherence and clinical outcomes. A meta-analysis of five trials (eight interventions) combining monitoring and messaging strategies showed that the pooled difference in medication adherence between intervention and control was moderate and not statistically significant [standardized mean difference=0.22 (95% CI -0.05; 0.49)]. Only four trials were based on explicit theoretical frameworks. ConclusionsAlthough interventions based on messaging and monitoring have the potential to improve medication adherence in patients with Type 2 diabetes, evidence of their efficacy is limited and additional high-quality, theory-based research is needed.

Notes: Farmer, A. J. McSharry, J. Rowbotham, S. McGowan, L. Ricci-

Cabello, I. French, D. P.
French, David P/K-7283-2012; Ricci-Cabello, Ignacio/A-6141-2017;
Ricci-Cabello, Ignacio/C-5770-2012; Rowbotham, Samantha/G-7124-2015
French, David P/0000-0002-7663-7804; Ricci-Cabello, Ignacio/
0000-0002-4725-8274; Ricci-Cabello, Ignacio/0000-0002-4725-8274;
Rowbotham, Samantha/0000-0002-2242-6921; McGowan, Laura/
0000-0002-4054-9300
1464-5491
URL: <Go to ISI>://WOS:000375119500002

Reference Type: Journal Article

Record Number: 156

Author: Farrell, S., Benson, T., McKernan, C., Regan, A., Burrell, A. M. G. and Dean, M.

Year: 2023

Title: Exploring veterinarians' behaviour relating to antibiotic use stewardship on Irish dairy farms using the COM-B model of behaviour change

Journal: Research in Veterinary Science

Volume: 156

Pages: 45-53

Date: Mar

Short Title: Exploring veterinarians' behaviour relating to antibiotic use stewardship on Irish dairy farms using the COM-B model of behaviour change

ISSN: 0034-5288

DOI: 10.1016/j.rvsc.2023.01.019

Accession Number: WOS:000945142300001

Abstract: Employing a theoretical model of human behaviour (COM-B), the current study explores the factors influencing veterinarians' engagement with antibiotic use stewardship on Irish dairy farms. One-to-one semi structured interviews were carried out by telephone with 12 veterinarians whose daily work focused on dairy cattle. A thematic analysis approach was undertaken. The identified themes and sub-themes were then mapped to the COM-B model. This study identified challenges faced by veterinarians when trying to prescribe responsibly which included lack of training to encourage farmer behaviour change, issues with laboratory testing, pressures from farmers to prescribe antimicrobials, concern for animal welfare and farmers going elsewhere for prescriptions. Having a good knowledge of AMR, peers as an advice source, potential financial benefits for farmers as a result of reduced antimicrobial costs and accepting a shared responsibility for AMR, facilitate veterinarians in their role as antimicrobial stewards. The barriers and facilitators identified as influencing veterinarians' capability, opportunity and motivation to responsibly prescribe antimicrobials formed the basis for a number of practical recommendations which should be considered by advisory and policy making teams. Recommendations include; continuous training for veterinarians on AMR and alternatives to overcome the barriers faced when trying to promote reduced AMU, veterinarian peer support groups to improve confidence in their knowledge and decision making to minimise the effect of client pressures/expectations, setting up collaborative

farmer and veterinarian working groups to promote a transparent working relationship and the development of affordable and efficient diagnostic and susceptibility testing.

Notes: Farrell, Sarah Benson, Tony McKernan, Claire Regan, Aine Burrell, Alison M. G. Dean, Moira Burrell, Alison/0000-0001-6813-5321
1532-2661

URL: <Go to ISI>://WOS:000945142300001

Reference Type: Journal Article

Record Number: 1583

Author: Farrell, S., Dean, M. and Benson, T.

Year: 2021

Title: Consumer awareness and perceptions of arsenic exposure from rice and their willingness to change behavior

Journal: Food Control

Volume: 124

Date: Jun

Short Title: Consumer awareness and perceptions of arsenic exposure from rice and their willingness to change behavior

ISSN: 0956-7135

DOI: 10.1016/j.foodcont.2021.107875

Article Number: 107875

Accession Number: WOS:000632531500010

Abstract: Arsenic exposure from rice poses a potential chronic threat to human health. While research has been conducted on consumer risk perceptions of heavy metals in food, there is a paucity of research in relation to consumers' knowledge of and attitudes towards arsenic in rice. In order to fill this gap, the current study set out to explore consumer awareness and risk perceptions of this threat, and identify potential strategies to promote behavior change to reduce consumers' exposure to arsenic from rice. 47 participants took part in 6 focus groups. Discussions were transcribed verbatim and thematically analysed using NVivo 12. Three key themes emerged from the data: (1) consumer perceptions of risk information, (2) perceptions of food chain actors responsible for food safety and (3) factors influencing change in rice consumption behaviors. Consumers were found to lack evidence based risk information relating to arsenic exposure from rice. Consumer trust in food chain actors responsible for food safety is varied and contributes to individual risk perceptions. Consumer risk perception, as a result of risk awareness and trust in the food chain, combined with a range of factors such as cost, convenience and sensory quality all contribute to consumers' willingness to change their current behavior. In order to effectively promote behavior change resulting in reduced arsenic exposure from rice, the following recommendations are made: (1) increasing consumers' risk perception of arsenic in rice, (2) building trust in those responsible for the safety of food and communication of risk information and (3) addressing the individually reported factors influencing consumers' willingness to change their rice consumption and cooking behaviors.

Notes: Farrell, Sarah Dean, Moira Benson, Tony

Farrell, Sarah/0000-0002-3415-8434; Dean, Moira/0000-0002-9014-1266
1873-7129

URL: <Go to ISI>://WOS:000632531500010

Reference Type: Journal Article

Record Number: 759

Author: Fassnacht, D. B., Ali, K., van Agteren, J., Iasiello, M.,
Mavrangelos, T., Furber, G. and Kyrios, M.

Year: 2022

Title: A Group-Facilitated, Internet-Based Intervention to Promote
Mental Health and Well-Being in a Vulnerable Population of
University Students: Randomized Controlled Trial of the Be Well Plan
Program

Journal: Jmir Mental Health

Volume: 9

Issue: 5

Date: May

Short Title: A Group-Facilitated, Internet-Based Intervention to
Promote Mental Health and Well-Being in a Vulnerable Population of
University Students: Randomized Controlled Trial of the Be Well Plan
Program

ISSN: 2368-7959

DOI: 10.2196/37292

Article Number: e37292

Accession Number: WOS:000816915600007

Abstract: Background: A growing literature supports the use of
internet-based interventions to improve mental health outcomes.
However, most programs target specific symptoms or participant
groups and are not tailored to facilitate improvements in mental
health and well-being or do not allow for needs and preferences of
individual participants. The Be Well Plan, a 5-week group-
facilitated, internet-based mental health and well-being group
intervention addresses these gaps, allowing participants to select a
range of activities that they can tailor to their specific
characteristics, needs, and preferences. Objective: This study aims
to test whether the Be Well Plan program was effective in improving
primary outcomes of mental well-being, resilience, anxiety, and
depression compared to a waitlist control group during the COVID-19
pandemic; secondary outcomes included self-efficacy, a sense of
control, and cognitive flexibility. The study further seeks to
examine participants' engagement and satisfaction with the program.
Methods: A randomized controlled trial (RCT) was conducted with 2
parallel arms, an intervention and a waitlist control group. The
intervention involved 5 weekly 2-hour sessions, which were
facilitated in group format using Zoom videoconferencing software.
University students were recruited via social media posts, lectures,
emails, flyers, and posters. Results: Using an intentional
randomization 2:1 allocation strategy, we recruited 215 participants
to the trial (n=126, 58.6%, intervention group; n=89, 41.4%,
waitlist control group). Of the 126 participants assigned to the
intervention group, 75 (59.5%) commenced the program and were
included in modified intention-to-treat (mITT) analyses. mITT
intervention participants attended, on average, 3.41 sessions (SD

1.56, median 4); 55 (73.3%) attended at least 4 sessions, and 25 (33.3%) attended all 5 sessions. Of the 49 intervention group participants who completed the postintervention assessment, 47 (95.9%) were either very satisfied (n=31, 66%) or satisfied (n=16, 34%). The mITT analysis for well-being ($F=1, F=162 =9.65, P=.002$, Cohen $d=0.48$) and resilience ($F=1, F=162 =7.85, P=.006$, Cohen $d=0.44$) showed significant time x group interaction effects, suggesting that both groups improved over time, but the Be Well Plan (intervention) group showed significantly greater improvement compared to the waitlist control group. A similar pattern of results was observed for depression and anxiety (Cohen $d=0.32$ and 0.37 , respectively), as well as the secondary outcomes (self-efficacy, Cohen $d=0.50$; sense of control, Cohen $d=0.42$; cognitive flexibility, Cohen $d=0.65$). Larger effect sizes were observed in the completer analyses. Reliable change analysis showed that the majority of mITT participants (58/75, 77.3%) demonstrated a significant reliable improvement in at least 1 of the primary outcomes. Conclusions: The Be Well Plan program was effective in improving mental health and well-being, including mental well-being, resilience, depression, and anxiety. Participant satisfaction scores and attendance indicated a high degree of engagement and satisfaction with the program. Notes: Fassnacht, Daniel B. Ali, Kathina van Agteren, Joep Iasiello, Matthew Mavrangelos, Teri Furber, Gareth Kyrios, Michael Iasiello, Matthew/0000-0003-1449-602X; Furber, Gareth/0000-0001-6868-999X; Fassnacht, Daniel/0000-0001-6542-5008; Kyrios, Michael/0000-0001-9438-9616; Mavrangelos, Teri/0000-0002-3821-4499 URL: <Go to ISI>://WOS:000816915600007

Reference Type: Journal Article

Record Number: 189

Author: Fasugba, O., Dale, S., McInnes, E., Cadilhac, D. A., Noetel, M., Coughlan, K., McElduff, B., Kim, J., Langley, T., Cheung, N. W., Hill, K., Pollnow, V., Page, K., Menendez, E. S., Neal, E., Griffith, S., Christie, L. J., Slark, J., Ranta, A., Levi, C., Grimshaw, J. M. and Middleton, S.

Year: 2023

Title: Evaluating remote facilitation intensity for multi-national translation of nurse-initiated stroke protocols (QASC Australasia): a protocol for a cluster randomised controlled trial

Journal: Implementation Science

Volume: 18

Issue: 1

Date: Jan

Short Title: Evaluating remote facilitation intensity for multi-national translation of nurse-initiated stroke protocols (QASC Australasia): a protocol for a cluster randomised controlled trial

ISSN: 1748-5908

DOI: 10.1186/s13012-023-01260-9

Article Number: 2

Accession Number: WOS:000918538800001

Abstract: BackgroundFacilitated implementation of nurse-initiated protocols to manage fever, hyperglycaemia (sugar) and swallowing difficulties (FeSS Protocols) in 19 Australian stroke units resulted

in reduced death and dependency for stroke patients. However, a significant gap remains in translating this evidence-based care bundle protocol into standard practice in Australia and New Zealand. Facilitation is a key component for increasing implementation. However, its contribution to evidence translation initiatives requires further investigation. We aim to evaluate two levels of intensity of external remote facilitation as part of a multifaceted intervention to improve FeSS Protocol uptake and quality of care for patients with stroke in Australian and New Zealand acute care hospitals. Methods A three-arm cluster randomised controlled trial with a process evaluation and economic evaluation. Australian and New Zealand hospitals with a stroke unit or service will be recruited and randomised in blocks of five to one of the three study arms—high- or low-intensity external remote facilitation or a no facilitation control group—in a 2:2:1 ratio. The multicomponent implementation strategy will incorporate implementation science frameworks (Theoretical Domains Framework, Capability, Opportunity, Motivation – Behaviour Model and the Consolidated Framework for Implementation Research) and include an online education package, audit and feedback reports, local clinical champions, barrier and enabler assessments, action plans, reminders and external remote facilitation. The primary outcome is implementation effectiveness using a composite measure comprising six monitoring and treatment elements of the FeSS Protocols. Secondary outcome measures are as follows: composite outcome of adherence to each of the combined monitoring and treatment elements for (i) fever (n=5); (ii) hyperglycaemia (n=6); and (iii) swallowing protocols (n=7); adherence to the individual elements that make up each of these protocols; comparison for composite outcomes between (i) metropolitan and rural/remote hospitals; and (ii) stroke units and stroke services. A process evaluation will examine contextual factors influencing intervention uptake. An economic evaluation will describe cost differences relative to each intervention and study outcomes. Discussion We will generate new evidence on the most effective facilitation intensity to support implementation of nurse-initiated stroke protocols nationwide, reducing geographical barriers for those in rural and remote areas.

Notes: Fasugba, O. Dale, S. McInnes, E. Cadilhac, D. A. Noetel, M. Coughlan, K. McElduff, B. Kim, J. Langley, T. Cheung, N. W. Hill, K. Pollnow, V. Page, K. Sanjuan Menendez, E. Neal, E. Griffith, S. Christie, L. J. Slark, J. Ranta, A. Levi, C. Grimshaw, J. M. Middleton, S.

Noetel, Michael/I-4534-2019

Noetel, Michael/0000-0002-6563-8203; Levi, Christopher/0000-0002-9474-796X; Christie, Lauren/0000-0003-4900-5614; Page, Katie/0000-0001-9183-9175; Coughlan, Kelly/0000-0001-9910-1538

URL: <Go to ISI>://WOS:000918538800001

Reference Type: Journal Article

Record Number: 1193

Author: Faujdar, D. S., Singh, T., Kaur, M., Sahay, S. and Kumar, R.

Year: 2021

Title: Stakeholders' Perceptions of the Implementation of a Patient-

Centric Digital Health Application for Primary Healthcare in India

Journal: Healthcare Informatics Research

Volume: 27

Issue: 4

Pages: 315-324

Date: Oct

Short Title: Stakeholders' Perceptions of the Implementation of a Patient-Centric Digital Health Application for Primary Healthcare in India

ISSN: 2093-3681

DOI: 10.4258/hir.2021.27.4.315

Accession Number: WOS:000718094200007

Abstract: Objectives: Health systems are shifting from traditional methods of healthcare delivery to delivery using digital applications. This change was introduced at a primary care centre in Chandigarh, India that served a marginalised population. After establishing the digital health system, we explored stakeholders' perceptions regarding its implementation. Methods: Ethnographic methods were used to explore stakeholders' perceptions regarding the implementation of the Integrated Health Information System for Primary Health Care (IHIS4PHC), which was developed as a patient-centric digital health application. Data were collected using focus group discussions and in-depth interviews. Participatory observations were made of day-to-day activities including outpatient visits, outreach field visits, and methods of health practice. The collected information was analysed using thematic coding. Results: Healthcare workers highlighted that working with the digital health system was initially arduous, but they later realised its usefulness, as the digital system made it easier to search records and generate reports, rapidly providing evidence to make decisions. Auxiliary nurse midwives reported that recording information on computers saved time when generating reports; however, systematic and mandatory data entry made recording tedious. Staff were apprehensive about the use of computer-based data for monitoring their work performance. Patients appreciated that their previous records were now available on the computer for easy retrieval. Conclusions: The usefulness of the digital health application was appreciated by various primary healthcare stakeholders. Barriers persisted due to perceived needs for flexibility in delivering healthcare services, and apprehensions continued because of increased transparency, accountability, and dependence on computers and digital technicians.

Notes: Faujdar, Dharamjeet Singh Singh, Tarundeep Kaur, Manmeet Sahay, Sundeep Kumar, Rajesh , Manmeet/0000-0003-2450-3115; Singh, Tarundeep/0000-0002-3674-8227; Kumar, Rajesh/0000-0001-9750-3437; Faujdar, Dharamjeet/0000-0002-2457-2922
2093-369x

URL: <Go to ISI>://WOS:000718094200007

Reference Type: Journal Article

Record Number: 2288

Author: Faulkner, K. and Walsh, S.

Year: 2015
Title: Public health promotion: the role of the dermatologist
Journal: British Journal of Dermatology
Volume: 173
Issue: 1
Pages: 1-2
Date: Jul
Short Title: Public health promotion: the role of the dermatologist
ISSN: 0007-0963
DOI: 10.1111/bjd.13776
Accession Number: WOS:000358318700001
Notes: Faulkner, K. Walsh, S.
1365-2133
URL: <Go to ISI>://WOS:000358318700001

Reference Type: Journal Article

Record Number: 20

Author: Featherstone, I., Siddiqi, N., Jones, L., Coppo, E., Sheldon, T., Hosie, A., Wolkowski, A., Bush, S. H., Taylor, J., Teodorczuk, A. and Johnson, M. J.

Year: 2023

Title: 'It's tough. It is hard': A qualitative interview study of staff and volunteers caring for hospice in-patients with delirium

Journal: Palliative Medicine

Date: 2023 May

Short Title: 'It's tough. It is hard': A qualitative interview study of staff and volunteers caring for hospice in-patients with delirium

ISSN: 0269-2163

DOI: 10.1177/02692163231170655

Accession Number: WOS:000980274800001

Abstract: Background: Delirium is a distressing condition often experienced by hospice in-patients. Increased understanding of current multidisciplinary care of delirium is needed to develop interventions in this setting. Aim(s): To explore hospice staff and volunteers' practice, its influences and what may need to change to improve hospice delirium care. Design: Qualitative interview study using behaviour change theory from a critical realist stance. Setting/participants: Thirty-seven staff, including different professional groups and roles, and volunteers were purposively sampled from two in-patient hospices. Results: We found that participants' practice focus was on managing hyperactive symptoms of delirium, through medication use and non-pharmacological strategies. Delirium prevention, early recognition and hypoactive delirium received less attention. Our theoretically-informed analysis identified this focus was influenced by staff and volunteers' emotional responses to the distress associated with hyperactive symptoms of delirium as well as understanding of delirium prevention, recognition and care, which varied between staff groups. Non-pharmacological delirium management was supported by adequate staffing levels, supportive team working and a culture of person-centred and family-centred care, although behaviours that disrupted the calm hospice environment challenged this. Conclusions: Our findings can inform hospice-tailored behaviour change interventions

that develop a shared team understanding and engage staff's emotional responses to improve delirium care. Reflective learning opportunities are needed that increase understanding of the potential to reduce patient distress through prevention and early recognition of delirium, as well as person-centred management. Organisational support for adequate, flexible staffing levels and supportive team working is required to support person-centred delirium care.

Notes: Featherstone, Imogen Siddiqi, Najma Jones, Lesley Coppo, Eleonora Sheldon, Trevor Hosie, Annmarie Wolkowski, Anna Bush, Shirley H. Taylor, Johanna Teodorczuk, Andrew Johnson, Miriam J. Taylor, Johanna/0000-0001-5898-0900; Hosie, Annmarie/0000-0003-1674-2124

1477-030x

URL: <Go to ISI>://WOS:000980274800001

Reference Type: Journal Article

Record Number: 1750

Author: Feiring, E. and Friis, T.

Year: 2020

Title: Facilitators and barriers to clinicians' use of COPD action plans in self-management support: A qualitative study

Journal: Patient Education and Counseling

Volume: 103

Issue: 4

Pages: 693-701

Date: Apr

Short Title: Facilitators and barriers to clinicians' use of COPD action plans in self-management support: A qualitative study

ISSN: 0738-3991

DOI: 10.1016/j.pec.2019.11.002

Accession Number: WOS:000523305400004

Abstract: Objective: Written action plans for patients with chronic obstructive pulmonary disease (COPD) aim at early recognition of exacerbations and self-initiation of interventions. Previous research suggest underuse of COPD action plans. We wanted to 1) examine which factors clinicians in specialist healthcare perceived as influencing clinicians' use of written action plans in COPD-self management support and 2) propose a framework for understanding the factors affecting clinicians' use of action plans in routine practice. Methods: We performed a theory-driven retrospective qualitative study. Documentary data were collected to describe the COPD action plan in context. In-depth interviews with clinicians (n = 8) were carried out. Interview data were thematically analyzed, using a predetermined model for understanding behavior. Results: Our study revealed that a number of factors influenced clinicians' use of action plans, including their capabilities (knowledge and skills to identify "the right patient" and to individualize the plan template) and motivations (beliefs, reinforcements, and emotions s.a. frustration, fear, and distrust), together with organizational and social opportunities (resources, patient, and GP preferences). Conclusion: A multilevel understanding of factors that affect clinicians' use of action plans in self-management support is

needed. Practice implication: The proposed framework can be used to guide future initiatives to promote targeted self-management support. (C) 2019 The Author(s). Published by Elsevier B.V.

Notes: Feiring, Eli Friis, Tori
Feiring, Eli/AAR-7808-2021
Feiring, Eli/0000-0001-5280-1051
1873-5134

URL: <Go to ISI>://WOS:000523305400004

Reference Type: Journal Article

Record Number: 121

Author: Fennell, H. L.

Year: 2023

Title: Changing behavior: Can intervention design from the public health sector help solve the problem of fishing gear conflict?

Journal: Marine Policy

Volume: 151

Date: May

Short Title: Changing behavior: Can intervention design from the public health sector help solve the problem of fishing gear conflict?

ISSN: 0308-597X

DOI: 10.1016/j.marpol.2023.105527

Article Number: 105527

Accession Number: WOS:000950781000001

Abstract: Abandoned, lost, or otherwise discarded fishing gear is associated with significant environmental and socio-economic impacts. Gear loss can be attributed to environmental and operational factors. Gear conflict, which can result in the loss of gear due to interactions within or between fleet metiers, is a significant contributor to gear loss in some fisheries. Traditionally interventions aiming to reduce the occurrence of gear conflict have been designed without a systematic approach and with minimal analysis of the fisher behaviors which lead to gear conflict. This study uses the Behavioral Change Wheel (BCW), a well-established intervention design framework originating from the UK health sector, and applies it for the first time in a fisheries management context in an attempt to understand the specific intervention functions and policy categories which could be used to reduce or avoid the occurrence of gear loss through gear conflict. Through a series of open-ended interviews with static and mobile fishers, ten behaviors were identified which were associated with either the prevention or mitigation of gear conflict (communication between sectors/individuals, marking fishing gear, moving gear when/if requested, adjusting fishing patterns to account for known gear positions, adherence to spatial separation agreements, regular gear maintenance, regular hauling of static gear, reporting snagged static fishing gear, bringing snagged fishing gear back into harbor, and attempting to locate lost fishing gear). While some of these behaviors (such as sharing details of fishing activities and locations) were found in both static and mobile fleet metiers, other behaviors were unique to specific fleet segments (e.g. gear marking behavior from static gear fishers). Analysis of the behavioral

subcomponents of each behavior through the BCW framework reveal that intervention functions targeting fisher social and physical opportunities and automatic and reflexive motivations would be most effective when attempting to reduce the occurrence of gear loss between static and mobile metiers. Potential policy categories that would support this work include the introduction of guidelines, fiscal measures, regulation, legislation, environmental/social planning, and service provision—for example, the creation of behavioral contracts by fishers, enforced spatial management guidelines, and the creation of support structures for part-time fishers.

Notes: Fennell, Hannah L.

1872-9460

URL: <Go to ISI>://WOS:000950781000001

Reference Type: Journal Article

Record Number: 771

Author: Ferdous, T., Siddiqi, K., Semple, S., Fairhurst, C., Dobson, R., Mdege, N., Marshall, A. M., Abdullah, S. M. and Huque, R.

Year: 2022

Title: Smoking behaviours and indoor air quality: a comparative analysis of smoking-permitted versus smoke-free homes in Dhaka, Bangladesh

Journal: Tobacco Control

Volume: 31

Issue: 3

Pages: 444-451

Date: May

Short Title: Smoking behaviours and indoor air quality: a comparative analysis of smoking-permitted versus smoke-free homes in Dhaka, Bangladesh

ISSN: 0964-4563

DOI: 10.1136/tobaccocontrol-2020-055969

Accession Number: WOS:000788583600010

Abstract: Introduction Exposure to secondhand smoke (SHS) is a health risk to non-smokers. Indoor particulate matter (PM_{2.5}) is associated with SHS exposure and is used as a proxy measure. However, PM_{2.5} is non-specific and influenced by a number of environmental factors, which are subject to geographical variation. The nature of association between SHS exposure and indoor PM_{2.5}—studied primarily in high-income countries (HICs) context—may not be globally applicable. We set out to explore this association in a low/middle-income country setting, Dhaka, Bangladesh. Methods A cross-sectional study was conducted among households with at least one resident smoker. We inquired whether smoking was permitted inside the home (smoking-permitted homes, SPH) or not (smoke-free homes, SFH), and measured indoor PM_{2.5} concentrations using a low-cost instrument (Dylos DC1700) for at least 22 hours. We describe and compare SPH and SFH and use multiple linear regression to evaluate which variables are associated with PM_{2.5} level among all households. Results We surveyed 1746 households between April and August 2018; 967 (55%) were SPH and 779 (45%) were SFH. The difference between PM_{2.5} values for SFH (median 27 μ g/m³), IQR

25) and SPH (median 32 $\mu\text{g}/\text{m}^3$, IQR 31) was 5 $\mu\text{g}/\text{m}^3$ ($p < 0.001$). Lead participant's education level, being a non-smoker, having outdoor space and smoke-free rule at home and not using kerosene oil for cooking were significantly associated with lower PM2.5.

Conclusions We found a small but significant difference between PM2.5 concentrations in SPH compared with SFH in Dhaka, Bangladesh—a value much lower than observed in HICs.

Notes: Ferdous, Tarana Siddiqi, Kamran Semple, Sean Fairhurst, Caroline Dobson, Ruairaidh Mdege, Noreen Marshall, Anna-Marie Abdullah, S. M. Huque, Rumana Siddiqi, Kamran/AAD-8801-2021

Siddiqi, Kamran/0000-0003-1529-7778; Mdege, Noreen/0000-0003-3189-3473; Ferdous, Tarana/0000-0003-2587-5308; Dobson, Ruairaidh/0000-0001-8136-8373; Abdullah, S M/0000-0003-2083-2253 1468-3318

URL: <Go to ISI>://WOS:000788583600010

Reference Type: Journal Article

Record Number: 1355

Author: Fernandes, Acnl, Palacios-Cena, D., Hay-Smith, J., Pena, C. C., Sidou, M. F., de Alencar, A. L. and Ferreira, C. H. J.

Year: 2021

Title: Women report sustained benefits from attending group-based education about pelvic floor muscles: a longitudinal qualitative study

Journal: Journal of Physiotherapy

Volume: 67

Issue: 3

Pages: 210-216

Date: Jul

Short Title: Women report sustained benefits from attending group-based education about pelvic floor muscles: a longitudinal qualitative study

ISSN: 1836-9553

DOI: 10.1016/j.jphys.2021.06.010

Accession Number: WOS:000667681500010

Abstract: Question: Among women who have participated in group-based education about the pelvic floor, what are their perceptions of the program and the group format? Design: Exploratory longitudinal qualitative study. Participants: Community-dwelling women aged ≥ 18 years who participated in three or four sessions of pelvic floor education in a group format at a university clinic. Data extraction and analysis: Semi-structured group or individual interviews were conducted at three time points: 1 week, 3 months and ≥ 5 months after the education activity. Data were inductively content analysed and independently coded, with iterative theme development. Results: Women considered the content and delivery appropriate and useful. New knowledge was assimilated and shared with others, and many tried to adopt pelvic floor muscle training in daily life. The women felt that the education sessions might benefit other women, with and without pelvic floor dysfunction symptoms, and that such education would ideally be more widely available. A perception of the value of the education persisted over time, even though maintenance of some

health-promoting behaviours, such as pelvic floor muscle training, decreased. Conclusion: The pelvic floor group education sessions appeared to fulfil the purpose of increasing knowledge about pelvic floor (dys)function and applying this in daily life. Overall, the participants, who had completed three or four of the four sessions, found the program to be useful. A unique feature of this study was longitudinal data collection and it seemed that the perception of value persisted over time. (C) 2021 Australian Physiotherapy Association. Published by Elsevier B.V.

Notes: Nociti Lopes Fernandes, Ana Carolina Palacios-Cena, Domingo Hay-Smith, Jean Pena, Caroline Caetano Sidou, Mayra Feltrin de Alencar, Amanda Lima Jorge Ferreira, Cristine Homsi Fernandes, Ana Carolina Nociti Lopes/AAU-7678-2020; Homsi Jorge, Cristine/H-5973-2016; PALACIOS-CEÑA, DOMINGO/B-6944-2015; Caetano Pena, Caroline/T-6192-2018
Homsi Jorge, Cristine/0000-0002-4956-4611; PALACIOS-CEÑA, DOMINGO/0000-0003-0669-6339; Fernandes, Ana/0000-0002-4418-9445; Caetano Pena, Caroline/0000-0002-5221-2473; Hay-Smith, E. Jean C./0000-0002-9009-2812
1836-9561

URL: <Go to ISI>://WOS:000667681500010

Reference Type: Journal Article

Record Number: 1196

Author: Ferris, E., Cummins, C., Chiswell, C. and Jones, L.

Year: 2021

Title: Exploring stakeholder views on intervening in hospital around childhood secondhand smoke exposure (Precedent): a protocol for a qualitative study

Journal: Bmj Open

Volume: 11

Issue: 10

Date: Oct

Short Title: Exploring stakeholder views on intervening in hospital around childhood secondhand smoke exposure (Precedent): a protocol for a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-047817

Article Number: e047817

Accession Number: WOS:000713199900033

Abstract: Introduction Secondhand smoke exposure (SHSe) in childhood is linked with increased morbidity and mortality. Hospital or secondary care contact may present a 'teachable moment' to provide parents with support to change their home smoking behaviours to reduce children's SHSe. There is a lack of robust qualitative evidence around parents and healthcare professionals (HCPs) views on using this teachable moment to successfully initiate behavioural change. We aim to identify and understand what is important to stakeholders with a view to informing the development of a support package to help parents change their home smoking behaviours.

Methods and analysis This qualitative study will be theoretically underpinned by the Capability, Opportunity and Motivation Behaviour (COM-B) model of behavioural change. It will involve semistructured

interviews and/or discussion groups with up to 20 parents who smoke and up to 25 HCPs. Stakeholders will be recruited from a single National Health Service children's hospital in England. Interviews and/or discussion groups will be audio recorded, transcribed and anonymised. The transcripts and any field notes will be analysed using the framework method. Initially, we will apply COM-B to the data deductively and will then code inductively within each domain. Ethics and dissemination The protocol for this study received a favourable outcome from the East Midlands Leicester Central Research Ethics Committee (19/EM/0171). Results will be written up as part of a PhD thesis, submitted for publication in peer-reviewed journals and presentation at conferences.

Notes: Ferris, Erica Cummins, Carole Chiswell, Christopher Jones, Laura

Jones, Laura/AAY-6159-2020

Jones, Laura/0000-0002-4018-3855; Cummins, Carole/

0000-0001-5464-1944; Ferris, Erica/0000-0001-5666-0460

URL: <Go to ISI>://WOS:000713199900033

Reference Type: Journal Article

Record Number: 1531

Author: Figueroa, C. A., Aguilera, A., Chakraborty, B., Modiri, A., Aggarwal, J., Deliu, N., Sarkar, U., Williams, J. J. and Lyles, C. R.

Year: 2021

Title: Adaptive learning algorithms to optimize mobile applications for behavioral health: guidelines for design decisions

Journal: Journal of the American Medical Informatics Association

Volume: 28

Issue: 6

Pages: 1225-1234

Date: Jun

Short Title: Adaptive learning algorithms to optimize mobile applications for behavioral health: guidelines for design decisions

ISSN: 1067-5027

DOI: 10.1093/jamia/ocab001

Accession Number: WOS:000671031900019

Abstract: Objective: Providing behavioral health interventions via smartphones allows these interventions to be adapted to the changing behavior, preferences, and needs of individuals. This can be achieved through reinforcement learning (RL), a sub-area of machine learning. However, many challenges could affect the effectiveness of these algorithms in the real world. We provide guidelines for decision-making. Materials and Methods: Using thematic analysis, we describe challenges, considerations, and solutions for algorithm design decisions in a collaboration between health services researchers, clinicians, and data scientists. We use the design process of an RL algorithm for a mobile health study "DIAMANTE" for increasing physical activity in underserved patients with diabetes and depression. Over the 1.5-year project, we kept track of the research process using collaborative cloud Google Documents, Whatsapp messenger, and video teleconferencing. We discussed, categorized, and coded critical challenges. We grouped challenges to

create thematic topic process domains. Results: Nine challenges emerged, which we divided into 3 major themes: 1. Choosing the model for decision-making, including appropriate contextual and reward variables; 2. Data handling/collection, such as how to deal with missing or incorrect data in real-time; 3. Weighing the algorithm performance vs effectiveness/implementation in real-world settings. Conclusion: The creation of effective behavioral health interventions does not depend only on final algorithm performance. Many decisions in the real world are necessary to formulate the design of problem parameters to which an algorithm is applied. Researchers must document and evaluate these considerations and decisions before and during the intervention period, to increase transparency, accountability, and reproducibility. Notes: Figueroa, Caroline A. Aguilera, Adrian Chakraborty, Bibhas Modiri, Arghavan Aggarwal, Jai Deliu, Nina Sarkar, Urmimala Williams, Joseph Jay Lyles, Courtney R. Aguilera, Adrian/GQB-0878-2022 Deliu, Nina/0000-0003-2501-8795; Figueroa, Caroline/0000-0003-0692-2244 1527-974x URL: <Go to ISI>://WOS:000671031900019

Reference Type: Journal Article

Record Number: 1458

Author: Figueroa, C. A., Deliu, N., Chakraborty, B., Modiri, A., Xu, J., Aggarwal, J., Williams, J. J., Lyles, C. and Aguilera, A.

Year: 2022

Title: Daily Motivational Text Messages to Promote Physical Activity in University Students: Results From a Microrandomized Trial

Journal: Annals of Behavioral Medicine

Volume: 56

Issue: 2

Pages: 212-218

Date: Feb

Short Title: Daily Motivational Text Messages to Promote Physical Activity in University Students: Results From a Microrandomized Trial

ISSN: 0883-6612

DOI: 10.1093/abm/kaab028

Accession Number: WOS:000754035000009

Abstract: Sending motivational text-messages based on a cognitive-behavioral framework increases daily physical activity in university students, but the effect is short-lasting. Background Low physical activity is an important risk factor for common physical and mental disorders. Physical activity interventions delivered via smartphones can help users maintain and increase physical activity, but outcomes have been mixed. Purpose Here we assessed the effects of sending daily motivational and feedback text messages in a microrandomized clinical trial on changes in physical activity from one day to the next in a student population. Methods We included 93 participants who used a physical activity app, "DIAMANTE" for a period of 6 weeks. Every day, their phone pedometer passively tracked participants' steps. They were microrandomized to receive different

types of motivational messages, based on a cognitive-behavioral framework, and feedback on their steps. We used generalized estimation equation models to test the effectiveness of feedback and motivational messages on changes in steps from one day to the next. Results Sending any versus no text message initially resulted in an increase in daily steps (729 steps, $p = .012$), but this effect decreased over time. A multivariate analysis evaluating each text message category separately showed that the initial positive effect was driven by the motivational messages though the effect was small and trend-wise significant (717 steps; $p = .083$), but not the feedback messages (-276 steps, $p = .4$). Conclusion Sending motivational physical activity text messages based on a cognitive-behavioral framework may have a positive effect on increasing steps, but this decreases with time. Further work is needed to examine using personalization and contextualization to improve the efficacy of text-messaging interventions on physical activity outcomes. ClinicalTrials.gov Identifier NCT04440553.

Notes: Figueroa, Caroline A. Deliu, Nina Chakraborty, Bibhas Modiri, Arghavan Xu, Jing Aggarwal, Jai Williams, Joseph Jay Lyles, Courtney Aguilera, Adrian

Aguilera, Adrian/GQB-0878-2022

Deliu, Nina/0000-0003-2501-8795; Figueroa, Caroline/
0000-0003-0692-2244

1532-4796

URL: <Go to ISI>://WOS:000754035000009

Reference Type: Journal Article

Record Number: 2416

Author: Fillion, L., de Serres, M., Tremblay, A., Blais, M. C., Robitaille, M. A. and Boucher, S.

Year: 2014

Title: Making healthcare teams aware of taking psychological suffering into account: Experience from the distress screening programme carried out at Qu,bec University Hospital

Journal: Psycho-Oncologie

Volume: 8

Issue: 1

Pages: 37-44

Date: Mar

Short Title: Making healthcare teams aware of taking psychological suffering into account: Experience from the distress screening programme carried out at Qu,bec University Hospital

ISSN: 1778-3798

DOI: 10.1007/s11839-014-0456-4

Accession Number: WOS:000333390900008

Abstract: From the experience at the Centre Hospitalier Universitaire (CHU) of Qu,bec, a reflection on training health care teams in screening for distress is proposed. Canadian and Quebec contexts as well as the initiative at the CHU of Quebec are first introduced. Screening for distress is proposed as a strategy and a process to facilitate access to supportive care, based on the needs of the person with cancer. Because the implementation of this person-centered care model is conducted systematically, it involves

both organizational and clinical practice changes. These issues must be considered in training programs. Thus, health care teams training in screening for distress are discussed as both an organizational change and a change in clinical practice. Organizational change is described as a series of steps, including the preparation and consolidation. The change in practice involves a change in clinician behaviors and includes several potential barriers. The person-centered care model also implies taking into account the preferences of the person being cared for, while considering the values of all stakeholders in the organization. In addition, this type of model requires skills in inter-professional collaboration. Training of health care teams in screening for distress goes far beyond clinical empowerment.

Notes: Fillion, L. de Serres, M. Tremblay, A. Blais, M. -C. Robitaille, M. -A. Boucher, S. 1778-381x
URL: <Go to ISI>://WOS:000333390900008

Reference Type: Journal Article

Record Number: 1183

Author: Fisher, A., Roberts, A., McKinlay, A. R., Fancourt, D. and Burton, A.

Year: 2021

Title: The impact of the COVID-19 pandemic on mental health and well-being of people living with a long-term physical health condition: a qualitative study

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Oct

Short Title: The impact of the COVID-19 pandemic on mental health and well-being of people living with a long-term physical health condition: a qualitative study

DOI: 10.1186/s12889-021-11751-3

Article Number: 1801

Accession Number: WOS:000705854900003

Abstract: Background The COVID-19 pandemic and associated restrictions caused major global disruption. Individuals with long-term physical health conditions (LTCs) are at higher risk of severe illness and often subject to the strictest pandemic guidance, so may be disproportionately affected. The aim of this study was to qualitatively explore how living with a LTC during the COVID-19 pandemic affected people's mental health and wellbeing. Methods Participants were people living with LTCs who participated in telephone/video call interviews based on a semi-structured topic guide. Key themes and subthemes were determined using deductive and inductive thematic analysis. Results The sample included 32 participants with LTCs (most commonly cancer, respiratory conditions or cardiovascular diseases), mean age 57 (SD 13) years, 66% female and 72% white British. There were four overarching themes specific to living with a LTC. These were 1) high levels of fear and anxiety related to perceived consequences of catching COVID-19, 2) impact of shielding/isolation on mental health and wellbeing, 3) experience of

healthcare during the pandemic and 4) anxiety created by uncertainty about the future. Fourteen subthemes were identified, including concerns about accessing essential supplies and the importance of social support. Individuals who lived alone and were advised to shield could be profoundly negatively affected. Conclusions This study found that there were a number of aspects of living with a LTC during the pandemic that had a significant impact on mental health and well-being. There should be focus on how best to provide practical and social support to people with LTCs during a pandemic, particularly if they have to shield or isolate.

Notes: Fisher, A. Roberts, A. McKinlay, A. R. Fancourt, D. Burton, A.

McKinlay, Alison R/AAT-2627-2021

McKinlay, Alison R/0000-0002-3271-3502
1471-2458

URL: <Go to ISI>://WOS:000705854900003

Reference Type: Journal Article

Record Number: 1858

Author: Fisher, J., Kinnear, M., Reid, F., Souter, C. and Stewart, D.

Year: 2018

Title: What supports hospital pharmacist prescribing in Scotland? – A mixed methods, exploratory sequential study

Journal: Research in Social & Administrative Pharmacy

Volume: 14

Issue: 5

Pages: 488-497

Date: May

Short Title: What supports hospital pharmacist prescribing in Scotland? – A mixed methods, exploratory sequential study

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2017.06.007

Accession Number: WOS:000432167600065

Abstract: While approximately half of all qualified hospital pharmacist independent prescribers (PIPs) in Scotland are active prescribers, there are major differences in prescribing activity across geographical areas. This study aimed to explore, through focus groups, interviews and a questionnaire, hospital PIPs' perceptions of factors associated with prescribing activity and to investigate the infrastructure required to better support active prescribing by PIPs. Findings reinforced the perceived positive impact of supportive pharmacy leadership within the organisation, recognition that prescribing is integral to the clinical pharmacist role and a work environment conducive to prescribing. (c) 2017 The Authors. Published by Elsevier Inc.

Notes: Fisher, J. Kinnear, M. Reid, F. Souter, C. Stewart, D. Stewart, Derek/0000-0001-7360-8592

1934-8150

URL: <Go to ISI>://WOS:000432167600065

Reference Type: Journal Article

Record Number: 30

Author: Flack, K. D., Stults-Kolehmainen, M. A., Creasy, S. A., Khullar, S., Boullosa, D., Catenacci, V. A. and King, N.

Year: 2023

Title: Altered motivation states for physical activity and 'appetite' for movement as compensatory mechanisms limiting the efficacy of exercise training for weight loss

Journal: Frontiers in Psychology

Volume: 14

Date: Apr

Short Title: Altered motivation states for physical activity and 'appetite' for movement as compensatory mechanisms limiting the efficacy of exercise training for weight loss

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2023.1098394

Article Number: 1098394

Accession Number: WOS:000986173000001

Abstract: Weight loss is a major motive for engaging in exercise, despite substantial evidence that exercise training results in compensatory responses that inhibit significant weight loss. According to the Laws of Thermodynamics and the CICO (Calories in, Calories out) model, increased exercise-induced energy expenditure (EE), in the absence of any compensatory increase in energy intake, should result in an energy deficit leading to reductions of body mass. However, the expected negative energy balance is met with both volitional and non-volitional (metabolic and behavioral) compensatory responses. A commonly reported compensatory response to exercise is increased food intake (i.e., Calories in) due to increased hunger, increased desire for certain foods, and/or changes in health beliefs. On the other side of the CICO model, exercise training can instigate compensatory reductions in EE that resist the maintenance of an energy deficit. This may be due to decreases in non-exercise activity thermogenesis (NEAT), increases in sedentary behavior, or alterations in sleep. Related to this EE compensation, the motivational states associated with the desire to be active tend to be overlooked when considering compensatory changes in non-exercise activity. For example, exercise-induced alterations in the wanting of physical activity could be a mechanism promoting compensatory reductions in EE. Thus, one's desires, urges or cravings for movement—also known as "motivation states" or "appetence for activity"—are thought to be proximal instigators of movement. Motivation states for activity may be influenced by genetic, metabolic, and psychological drives for activity (and inactivity), and such states are susceptible to fatigue-or reward-induced responses, which may account for reductions in NEAT in response to exercise training. Further, although the current data are limited, recent investigations have demonstrated that motivation states for physical activity are dampened by exercise and increase after periods of sedentarism. Collectively, this evidence points to additional compensatory mechanisms, associated with motivational states, by which impositions in exercise-induced changes in energy balance may be met with resistance, thus resulting in attenuated weight loss.

Notes: Flack, Kyle D. Stults-Kolehmainen, Matthew A. Creasy, Seth A.

Khullar, Saumya Boullosa, Daniel Catenacci, Victoria A. King, Neil
URL: <Go to ISI>://WOS:000986173000001

Reference Type: Journal Article

Record Number: 2427

Author: Fleming, A., Bradley, C., Cullinan, S. and Byrne, S.

Year: 2014

Title: Antibiotic prescribing in long-term care facilities: a qualitative, multidisciplinary investigation

Journal: Bmj Open

Volume: 4

Issue: 11

Short Title: Antibiotic prescribing in long-term care facilities: a qualitative, multidisciplinary investigation

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2014-006442

Article Number: e006442

Accession Number: WOS:000345762300056

Abstract: Objectives: To explore healthcare professionals' views of antibiotic prescribing in long-term care facilities (LTCFs). To use the findings to recommend intervention strategies for antimicrobial stewardship in LTCFs. Design: Qualitative semistructured interviews were conducted. The data were analysed by thematic content analysis. After the interviews, the emerging findings were mapped to the theoretical domains framework (TDF), and the behaviour change wheel and behaviour change technique (BCT) taxonomy were used to recommend future intervention strategies. Participants: Interviews were conducted with 37 healthcare professionals who work in LTCFs (10 general practitioners, 4 consultants, 14 nurses, 9 pharmacists) between December 2012 and March 2013. Setting: Interviews were conducted in the greater Cork region. Results: The main domains from the TDF which emerged were: 'Knowledge', 'Environmental context and resources', 'Social influences', 'Beliefs about consequences', 'Memory, attention and decision making', with the findings identifying a need for 'Behavioural regulation'. Many participants believed that antibiotic prescribing was satisfactory at their LTCF, despite the lack of surveillance activities. Conclusions: This study, using the TDF and BCT taxonomy, has found that antibiotic prescribing in LTCFs is influenced by many social and contextual factors. The challenges of the setting and patient population, the belief about consequences to the patient, and the lack of implementation of guidelines and knowledge regarding antibiotic prescribing patterns are significant challenges to address. On the basis of the study findings and the application of the TDF and BCT taxonomy, we suggest some practical intervention functions for antimicrobial stewardship in LTCFs.

Notes: Fleming, Aoife Bradley, Colin Cullinan, Shane Byrne, Stephen Cullinan, Shane/K-2490-2013

Cullinan, Shane/0000-0003-0648-1477; Fleming, Aoife/0000-0001-5330-951X

URL: <Go to ISI>://WOS:000345762300056

Reference Type: Journal Article

Record Number: 2171

Author: Flenady, V., Wojcieszek, A. M., Middleton, P., Ellwood, D., Erwich, J. J., Coory, M., Khong, T. Y., Silver, R. M., Smith, G. C. S., Boyle, F. M., Lawn, J. E., Blencowe, H., Leisher, S. H., Gross, M. M., Horey, D., Farrales, L., Bloomfield, F., McCowan, L., Brown, S. J., Joseph, K. S., Zeitlin, J., Reinebrant, H. E., Ravaldi, C., Vannacci, A., Cassidy, J., Cassidy, P., Farquhar, C., Wallace, E., Siassakos, D., Heazell, A. E. P., Storey, C., Sadler, L., Petersen, S., Froen, J. F., Goldenberg, R. L., Lancet Ending, Preventable and Lancet Stillbirths, High-Income

Year: 2016

Title: Stillbirths: recall to action in high-income countries

Journal: Lancet

Volume: 387

Issue: 10019

Pages: 691-702

Date: Feb

Short Title: Stillbirths: recall to action in high-income countries

ISSN: 0140-6736

DOI: 10.1016/s0140-6736(15)01020-x

Accession Number: WOS:000369837100028

Abstract: Variation in stillbirth rates across high-income countries and large equity gaps within high-income countries persist. If all high-income countries achieved stillbirth rates equal to the best performing countries, 19 439 late gestation (28 weeks or more) stillbirths could have been avoided in 2015. The proportion of unexplained stillbirths is high and can be addressed through improvements in data collection, investigation, and classification, and with a better understanding of causal pathways. Substandard care contributes to 20-30% of all stillbirths and the contribution is even higher for late gestation intrapartum stillbirths. National perinatal mortality audit programmes need to be implemented in all high-income countries. The need to reduce stigma and fatalism related to stillbirth and to improve bereavement care are also clear, persisting priorities for action. In high-income countries, a woman living under adverse socioeconomic circumstances has twice the risk of having a stillborn child when compared to her more advantaged counterparts. Programmes at community and country level need to improve health in disadvantaged families to address these inequities.

Notes: Flenady, Vicki Wojcieszek, Aleena M. Middleton, Philippa Ellwood, David Erwich, Jan Jaap Coory, Michael Khong, T. Yee Silver, Robert M. Smith, Gordon C. S. Boyle, Frances M. Lawn, Joy E. Blencowe, Hannah Leisher, Susannah Hopkins Gross, Mechthild M. Horey, Dell Farrales, Lynn Bloomfield, Frank McCowan, Lesley Brown, Stephanie J. Joseph, K. S. Zeitlin, Jennifer Reinebrant, Hanna E. Ravaldi, Claudia Vannacci, Alfredo Cassidy, Jillian Cassidy, Paul Farquhar, Cindy Wallace, Euan Siassakos, Dimitrios Heazell, Alexander E. P. Storey, Claire Sadler, Lynn Petersen, Scott Froen, J. Frederik Goldenberg, Robert L.

Siassakos, Dimitrios/A-6859-2012; de Wall, Sabine/V-2413-2019;

Gross, Mechthild M/S-4186-2018; Cassidy, Paul Richard/ABA-9474-2020;

Smith, Lucy K/S-6593-2019; Blencowe, Hannah/K-7415-2012; Smith,

Gordon/HLQ-7454-2023; Boyle, Fran/F-9139-2012; Ellwood, David Alan/
GNW-4485-2022; Lawn, Joy/ABE-6382-2020; Siassakos, Prof Dimitrios/
HKP-1126-2023; Reinebrant, Hanna/D-7879-2011; Leisher, Susannah/
N-4451-2019; Leisher, Susannah H H/S-8995-2016; Blondel, Beatrice/
G-5011-2017; Murphy, Margaret/H-9149-2019; Brown, Stephanie/
AAE-1662-2019; Usynina, Anna/L-5073-2017; Wojcieszek, Aleena M/
S-8668-2019; Horey, Dell/AAE-1918-2021; Wallace, Euan M/K-6774-2015;
Ravaldi, Claudia/AAO-4128-2020; Flenady, Vicki Jane/O-9609-2014;
Vannacci, Alfredo/A-1708-2008; Cronin, Robin/AAX-4378-2020; Zeitlin,
Jennifer/G-4973-2017; Gibbons, Kristen/J-3429-2014; Smith, Gordon/
A-8070-2008; Kildea, Sue/I-1548-2014
Siassakos, Dimitrios/0000-0002-1078-9856; de Wall, Sabine/
0000-0002-5216-2787; Gross, Mechthild M/0000-0001-6348-0054;
Cassidy, Paul Richard/0000-0001-8475-9919; Smith, Lucy K/
0000-0001-9470-0793; Boyle, Fran/0000-0003-1665-2137; Ellwood, David
Alan/0000-0003-4512-6443; Lawn, Joy/0000-0002-4573-1443; Siassakos,
Prof Dimitrios/0000-0002-1078-9856; Reinebrant, Hanna/
0000-0003-4061-4923; Leisher, Susannah/0000-0002-0191-8863; Leisher,
Susannah H H/0000-0002-0191-8863; Murphy, Margaret/
0000-0001-9979-9462; Usynina, Anna/0000-0002-5346-3047; Wojcieszek,
Aleena M/0000-0001-8099-6087; Horey, Dell/0000-0001-7594-7694;
Wallace, Euan M/0000-0002-4506-5233; Ravaldi, Claudia/
0000-0002-7219-5359; Flenady, Vicki Jane/0000-0001-8114-7677;
Vannacci, Alfredo/0000-0001-5259-2026; Cronin, Robin/
0000-0002-8304-8004; Zeitlin, Jennifer/0000-0002-9568-2969; Joseph,
K.S./0000-0003-2317-5607; McCowan, Lesley/0000-0001-9915-7873;
Gordijn, Sanne/0000-0003-3915-8609; Gordon, Adrienne/
0000-0002-2328-1066; Gibbons, Kristen/0000-0002-5679-0932; Brown,
Stephanie/0000-0001-9812-0067; Smith, Gordon/0000-0003-2124-0997;
Kildea, Sue/0000-0001-8591-4968; Froen Froen, Jahn Frederik/
0000-0001-9390-8509; Blencowe, Hannah/0000-0003-1556-3159; Ibiebele,
Ibinabo/0000-0001-6024-2958
1474-547x
URL: <Go to ISI>://WOS:000369837100028

Reference Type: Journal Article

Record Number: 2119

Author: Fletcher, A., Jamal, F., Moore, G., Evans, R. E., Murphy, S.
and Bonell, C.

Year: 2016

Title: Realist complex intervention science: Applying realist
principles across all phases of the Medical Research Council
framework for developing and evaluating complex interventions

Journal: Evaluation

Volume: 22

Issue: 3

Pages: 286-303

Date: Jul

Short Title: Realist complex intervention science: Applying realist
principles across all phases of the Medical Research Council
framework for developing and evaluating complex interventions

ISSN: 1356-3890

DOI: 10.1177/1356389016652743

Accession Number: WOS:000380944600003

Abstract: The integration of realist evaluation principles within randomised controlled trials (realist RCTs') enables evaluations of complex interventions to answer questions about what works, for whom and under what circumstances. This allows evaluators to better develop and refine mid-level programme theories. However, this is only one phase in the process of developing and evaluating complex interventions. We describe and exemplify how social scientists can integrate realist principles across all phases of the Medical Research Council framework. Intervention development, modelling, and feasibility and pilot studies need to theorise the contextual conditions necessary for intervention mechanisms to be activated. Where interventions are scaled up and translated into routine practice, realist principles also have much to offer in facilitating knowledge about longer-term sustainability, benefits and harms. Integrating a realist approach across all phases of complex intervention science is vital for considering the feasibility and likely effects of interventions for different localities and population subgroups.

Notes: Fletcher, Adam Jamal, Farah Moore, Graham Evans, Rhiannon E. Murphy, Simon Bonell, Chris
1461-7153

Si

URL: <Go to ISI>://WOS:000380944600003

Reference Type: Journal Article

Record Number: 1209

Author: Flobak, E., Nordby, E. S., Guribye, F., Kenter, R., Nordgreen, T. and Lundervold, A. J.

Year: 2021

Title: Designing Videos With and for Adults With ADHD for an Online Intervention: Participatory Design Study and Thematic Analysis of Evaluation

Journal: Jmir Mental Health

Volume: 8

Issue: 9

Date: Sep

Short Title: Designing Videos With and for Adults With ADHD for an Online Intervention: Participatory Design Study and Thematic Analysis of Evaluation

ISSN: 2368-7959

DOI: 10.2196/30292

Article Number: e30292

Accession Number: WOS:000714012600014

Abstract: Background: Adults with attention deficit hyperactivity disorder (ADHD) represent a heterogeneous group with both strengths and difficulties associated with the diagnosis. An online intervention attuned to their needs may improve their everyday functioning. When designing online interventions, it is important to adapt the therapeutic content to the values and needs of the target group. Objective: This paper describes and evaluates a participatory process used to produce content for an online intervention for adults with ADHD by producing video vignettes clarifying core

training principles grounded in the participants' everyday experiences. Methods: We report on the qualitative data from 2 research phases: the design and evaluation of video vignettes for an online intervention. In the first phase, 12 adults with ADHD, 2 clinicians, and 2 research assistants participated in the production of video vignettes for the online intervention. In the second phase, participants (n=109) gave feedback on the videos as part of a clinical trial of the intervention. A subgroup (n=7) was interviewed in-depth regarding their experiences with the videos. The qualitative data were analyzed using thematic analysis. Results: In the first phase, the participants with ADHD contributed with experiences from challenging everyday situations. In the process, we navigated between therapeutic principles and the participants' experiential perspectives to create content relevant and consistent with the target group's values and experiences. In the second phase, we identified 3 themes related to the participants' experiences and interpretation of the video vignettes: (1) recognition of ADHD-related challenges, (2) connection with the characters and the situations, and (3) video protagonists as companions and role models for change. Conclusions: A participatory design process for designing online mental health interventions can be used to probe and balance between the therapeutic principles defined by clinicians and the participants' experiences with mental health issues in the production of therapeutic content. In our study, the inclusion of video vignettes in an online intervention enabled a contextualized and relevant presentation of everyday experiences and psycho social factors in the life of an adult with ADHD.

Notes: Flobak, Eivind Nordby, Emilie Sektnan Guribye, Frode Kenter, Robin Nordgreen, Tine Lundervold, Astri J.

Lundervold, Astri/AAH-9796-2021

Lundervold, Astri/0000-0002-6819-6164; Nordby, Emilie/
0000-0003-3686-8859; Kenter, Robin/0000-0003-2284-1479

URL: <Go to ISI>://WOS:000714012600014

Reference Type: Journal Article

Record Number: 2486

Author: Flodgren, G., Conterno, L. O., Mayhew, A., Omar, O.,
Pereira, C. R. and Shepperd, S.

Year: 2013

Title: Interventions to improve professional adherence to guidelines
for prevention of device-related infections

Journal: Cochrane Database of Systematic Reviews

Issue: 3

Short Title: Interventions to improve professional adherence to
guidelines for prevention of device-related infections

ISSN: 1469-493X

DOI: 10.1002/14651858.CD006559.pub2

Article Number: Cd006559

Accession Number: WOS:000316885700004

Abstract: Background Healthcare-associated infections (HAIs) are a major threat to patient safety, and are associated with mortality rates varying from 5% to 35%. Important risk factors associated with HAIs are the use of invasive medical devices (e. g. central lines,

urinary catheters and mechanical ventilators), and poor staff adherence to infection prevention practices during insertion and care for the devices when in place. There are specific risk profiles for each device, but in general, the breakdown of aseptic technique during insertion and care for the device, as well as the duration of device use, are important factors for the development of these serious and costly infections. Objectives To assess the effectiveness of different interventions, alone or in combination, which target healthcare professionals or healthcare organisations to improve professional adherence to infection control guidelines on device-related infection rates and measures of adherence. Search methods We searched the following electronic databases for primary studies up to June 2012: the Cochrane Effective Practice and Organisation of Care (EPOC) Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, and CINAHL. We searched reference lists and contacted authors of included studies. We also searched the Cochrane Database of Systematic Reviews and Database of Abstracts of Reviews of Effectiveness (DARE) for related reviews. Selection criteria We included randomised controlled trials (RCTs), non-randomised controlled trials (NRCTs), controlled before-after (CBA) studies and interrupted time series (ITS) studies that complied with the Cochrane EPOC Group methodological criteria, and that evaluated interventions to improve professional adherence to guidelines for the prevention of device-related infections. Data collection and analysis Two review authors independently extracted data and assessed the risk of bias of each included study using the Cochrane EPOC 'Risk of bias' tool. We contacted authors of original papers to obtain missing information. Main results We included 13 studies: one cluster randomised controlled trial (CRCT) and 12 ITS studies, involving 40 hospitals, 51 intensive care units (ICUs), 27 wards, and more than 3504 patients and 1406 healthcare professionals. Six of the included studies targeted adherence to guidelines to prevent central line-associated blood stream infections (CLABSIs); another six studies targeted adherence to guidelines to prevent ventilator-associated pneumonia (VAP), and one study focused on interventions to improve urinary catheter practices. We judged all included studies to be at moderate or high risk of bias. The largest median effect on rates of VAP was found at nine months follow-up with a decrease of 7.36 (-10.82 to 3.14) cases per 1000 ventilator days (five studies and 15 sites). The one included cluster randomised controlled trial (CRCT) observed, improved urinary catheter practices five weeks after the intervention (absolute difference 12.2 percentage points), however, the statistical significance of this is unknown given a unit of analysis error. It is worth noting that N = 6 interventions that did result in significantly decreased infection rates involved more than one active intervention, which in some cases, was repeatedly administered over time, and further, that one intervention involving specialised oral care personnel showed the largest step change (-22.9 cases per 1000 ventilator days (standard error (SE) 4.0), and also the largest slope change (-6.45 cases per 1000 ventilator days (SE 1.42, P = 0.002)) among the included studies. We attempted to combine the results for studies targeting the same indwelling medical device (central line catheters

or mechanical ventilators) and reporting the same outcomes (CLABSI and VAP rate) in two separate meta-analyses, but due to very high statistical heterogeneity among included studies (I² up to 97%), we did not retain these analyses. Six of the included studies reported post-intervention adherence scores ranging from 14% to 98%. The effect on rates of infection were mixed and the effect sizes were small, with the largest median effect for the change in level (interquartile range (IQR)) for the six CLABSI studies being observed at three months follow-up was a decrease of 0.6 (-2.74 to 0.28) cases per 1000 central line days (six studies and 36 sites). This change was not sustained over longer follow-up times. Authors' conclusions The low to very low quality of the evidence of studies included in this review provides insufficient evidence to determine with certainty which interventions are most effective in changing professional behaviour and in what contexts. However, interventions that may be worth further study are educational interventions involving more than one active element and that are repeatedly administered over time, and interventions employing specialised personnel, who are focused on an aspect of care that is supported by evidence e. g. dentists/dental auxiliaries performing oral care for VAP prevention.

Notes: Flodgren, Gerd Conterno, Lucieni O. Mayhew, Alain Omar, Omar Pereira, Cresio Romeu Shepperd, Sasha

Conterno, Lucieni 0/X-6832-2018

Conterno, Lucieni 0/0000-0002-7814-5387; Pereira, Cresio Romeu/0000-0003-2161-5816; Shepperd, Sasha/0000-0001-6384-8322 1361-6137

URL: <Go to ISI>://WOS:000316885700004

Reference Type: Journal Article

Record Number: 29

Author: Flowers, P., Leiser, R., Mapp, F., McLeod, J., Stirrup, O., Illingworth, C. J. R., Blackstone, J. and Breuer, J.

Year: 2023

Title: A qualitative process evaluation using the behaviour change wheel approach: Did a whole genome sequence report form (SRF) used to reduce nosocomial SARS-CoV-2 within UK hospitals operate as anticipated?

Journal: British Journal of Health Psychology

Date: 2023 May

Short Title: A qualitative process evaluation using the behaviour change wheel approach: Did a whole genome sequence report form (SRF) used to reduce nosocomial SARS-CoV-2 within UK hospitals operate as anticipated?

ISSN: 1359-107X

DOI: 10.1111/bjhp.12666

Accession Number: WOS:000981225500001

Abstract: Purpose: The aim of this study was to conduct a process evaluation of a whole-genome sequence report form (SRF) used to reduce nosocomial SARS-CoV-2 through changing infection prevention and control (IPC) behaviours within the COVID-19 pandemic. Methods: We used a three-staged design. Firstly, we described and theorized the purported content of the SRF using the behaviour change wheel

(BCW). Secondly, we used inductive thematic analysis of one-to-one interviews (n = 39) to explore contextual accounts of using the SRF. Thirdly, further deductive analysis gauged support for the intervention working as earlier anticipated. Results: It was possible to theorize the SRF using the BCW approach and visualize it within a simple logic model. Inductive thematic analyses identified the SRF's acceptability, ease of use and perceived effectiveness. However, major challenges to embedding it in routine practice during the unfolding COVID-19 crisis were reported. Notwithstanding this insight, deductive analysis showed support for the putative intervention functions 'Education', 'Persuasion' and 'Enablement'; behaviour change techniques '1.2 Problem solving', '2.6 Biofeedback', '2.7 Feedback on outcomes of behaviour' and '7.1 Prompts and cues'; and theoretical domains framework domains 'Knowledge' and 'Behavioural regulation'. Conclusions: Our process evaluation of the SRF, using the BCW approach to describe and theorize its content, provided granular support for the SRF working to change IPC behaviours as anticipated. However, our complementary inductive thematic analysis highlighted the importance of the local context in constraining its routine use. For SRFs to reach their full potential in reducing nosocomial infections, further implementation research is needed.

Notes: Flowers, Paul Leiser, Ruth Mapp, Fiona McLeod, Julie Stirrup, Oliver Illingworth, Christopher J. R. Blackstone, James Breuer, Judith

McLeod, Julie/HKW-7959-2023

McLeod, Julie/0000-0001-6787-1511; Stirrup, Oliver/

0000-0002-8705-3281; Flowers, Paul/0000-0001-6239-5616; Leiser, Ruth F/0000-0002-6493-2793; Blackstone, James/0000-0003-4335-5269;

Breuer, Judith/0000-0001-8246-0534

2044-8287

URL: <Go to ISI>://WOS:000981225500001

Reference Type: Journal Article

Record Number: 651

Author: Flowers, P., Vojt, G., Pothoulaki, M., Mapp, F., Owusu, M. W., Cassell, J. A., Estcourt, C. and Saunders, J.

Year: 2022

Title: Using the behaviour change wheel approach to optimize self-sampling packs for sexually transmitted infection and blood borne viruses

Journal: British Journal of Health Psychology

Volume: 27

Issue: 4

Pages: 1382-1397

Date: Nov

Short Title: Using the behaviour change wheel approach to optimize self-sampling packs for sexually transmitted infection and blood borne viruses

ISSN: 1359-107X

DOI: 10.1111/bjhp.12607

Accession Number: WOS:000818634700001

Abstract: Purpose This paper describes the process of optimizing a

widely offered intervention-self-sampling packs for sexually transmitted infections (STIs) and blood borne viruses (BBVs). We drew upon the behaviour change wheel (BCW) approach, incorporating the theoretical domains framework (TDF) and the behaviour change technique taxonomy (BCTTv1) to systematically specify potential intervention components that may optimize the packs. Methods A BCW analysis built upon prior thematic analyses of qualitative data collected through focus groups and interviews with members of the public and people recruited from sexual health clinics in Glasgow and London (n = 56). Salient barriers and facilitators to specific sequential behavioural domains associated with the wider behavioural system of pack use were subjected to further analyses, coding them in relation to the TDF, the BCW's intervention functions, and finally specifying potential optimisation using behaviour change techniques (BCTs). Results Our TDF analysis suggested that across the overall behavioural system of pack use, the most important theoretical domains were 'beliefs about consequences' and 'memory, attention and decision-making'. BCW analysis on the overall pack suggested useful intervention functions should focus on 'environmental restructuring', 'persuasion', 'enablement', 'education' and 'modelling'. Specific ways of optimizing the intervention were also described in relation to potentially useful BCTs. Conclusions Through a detailed behavioural analysis and the TDF and wider BCW approach built on earlier qualitative work, we provide a systematic approach to optimizing an existing intervention. The approach enabled the specification of highly specific, evidence-based, and theoretically informed recommendations for intervention optimization.

Notes: Flowers, Paul Vojt, Gabriele Pothoulaki, Maria Mapp, Fiona Woode Owusu, Melvina Cassell, Jackie A. Estcourt, Claudia Saunders, John

Woode Owusu, Melvina/0000-0003-2102-3802; Cassell, Jackie/0000-0003-0777-0385; Mapp, Fiona/0000-0003-0733-6036; Vojt, Gabriele/0000-0002-9135-0684; Estcourt, Claudia/0000-0001-5523-5630; Flowers, Paul/0000-0001-6239-5616
2044-8287

URL: <Go to ISI>://WOS:000818634700001

Reference Type: Journal Article

Record Number: 548

Author: Flowers, P., Vojt, G., Pothoulaki, M., Mapp, F., Owusu, M. W., Estcourt, C., Cassell, J. A. and Saunders, J.

Year: 2023

Title: Understanding the barriers and facilitators to using self-sampling packs for sexually transmitted infections and blood-borne viruses: Thematic analyses for intervention optimization

Journal: British Journal of Health Psychology

Volume: 28

Issue: 1

Pages: 156-173

Date: Feb

Short Title: Understanding the barriers and facilitators to using self-sampling packs for sexually transmitted infections and blood-

borne viruses: Thematic analyses for intervention optimization

ISSN: 1359-107X

DOI: 10.1111/bjhp.12617

Accession Number: WOS:000835132900001

Abstract: Purpose: Self-sampling packs for sexually transmitted infections (STIs) and blood-borne viruses (BBVs) are widely offered. There are ongoing problems with reach and sample return rates. The packs have arisen without formal intervention development. This paper illustrates initial steps of an intervention optimization process to improve the packs. Methods: Eleven focus groups and seven interviews were conducted with convenience samples of patients recruited from sexual health clinics and members of the public (n = 56). To enable intervention optimization, firstly, we conducted an inductive appraisal of the behavioural system of using the pack to understand meaningful constituent behavioural domains. Subsequently, we conducted a thematic analysis of barriers and facilitators to enacting each sequential behavioural domain in preparation for future behaviour change wheel analysis. Results: Overall, we found that self-sampling packs were acceptable. Participants understood their overall logic and value as a pragmatic intervention that simultaneously facilitated and reduced barriers to individuals being tested for STIs and BBVs. However, at the level of each behavioural domain (e.g., reading leaflets, returning samples) problems with the pack were identified, as well as a series of potential optimizations, which might widen the reach of self-sampling and increase the return of viable samples. Conclusions: This paper provides an example of a pragmatic approach to optimizing an intervention already widely offered globally. The paper demonstrates the added value health psychological approaches offer; conceptualizing interventions in behavioural terms, pinpointing granular behavioural problems amenable for systematic further improvement.

Notes: Flowers, Paul Vojt, Gabriele Pothoulaki, Maria Mapp, Fiona Owusu, Melvina Woode Estcourt, Claudia Cassell, Jackie A. Saunders, John

Flowers, Paul/0000-0001-6239-5616; Vojt, Gabriele/
0000-0002-9135-0684; Estcourt, Claudia/0000-0001-5523-5630;
Pothoulaki, Maria/0000-0003-4785-1446; Woode Owusu, Melvina/
0000-0003-2102-3802
2044-8287

URL: <Go to ISI>://WOS:000835132900001

Reference Type: Journal Article

Record Number: 1060

Author: Fluharty, M., Paul, E., Bone, J., Bu, F. F., Sonke, J. and Fancourt, D.

Year: 2021

Title: Difference in predictors and barriers to arts and cultural engagement with age in the United States: A cross-sectional analysis using the Health and Retirement Study

Journal: Plos One

Volume: 16

Issue: 12

Date: Dec

Short Title: Difference in predictors and barriers to arts and cultural engagement with age in the United States: A cross-sectional analysis using the Health and Retirement Study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0261532

Article Number: e0261532

Accession Number: WOS:000755188900049

Abstract: Introduction Arts and cultural engagement are associated with a range of mental and physical health benefits, including promoting healthy aging and lower incidence of age-related disabilities such as slower cognitive decline and slower progression of frailty. This suggests arts engagement constitutes health-promoting behaviour in older age. However, there are no large-scale studies examining how the predictors of arts engagement vary with age. Methods Data from the Health and Retirement Study (2014) were used to identify sociodemographic, life satisfaction, social, and arts appreciation predictors of (1) frequency of arts engagement, (2) cultural attendance, (3) difficulty participating in the arts, and (4) being an interested non-attendeer of cultural events.

Logistic regression models were stratified by age groups [50-59, 60-69, >= 70] for the frequency of arts participation outcome and [50-69 vs >= 70] all other outcomes. Results Findings indicated a number of age-related predictors of frequent arts engagement, including gender, educational attainment, wealth, dissatisfaction with aging, and instrumental activities of daily living (iADL). For cultural event attendance, lower interest in the arts predicted lack of engagement across age groups, whereas higher educational attainment and more frequent religious service attendance became predictors in older age groups (>= 70). Adults in both age groups were less likely to report difficulties engaging in the arts if they had lower neighbourhood safety, whilst poor self-rated health and low arts appreciation also predicted reduced likelihood of this outcome, but only in the younger (50-69) age group. Adults in the older (>= 70) age group were more likely to be interested non-attendeers of cultural events if they had higher educational attainment and less likely if they lived in neighbourhoods with low levels of safety. Conclusions Our results suggest that certain factors become stronger predictors of arts and cultural engagement and barriers to engagement as people age. Further, there appear to be socioeconomic inequalities in engagement that may increase in older ages, with arts activities overall more accessible as individuals age compared to cultural engagement due to additional financial barriers and transportation barriers. Ensuring that these activities are accessible to people of all ages will allow older adults to benefit from the range of health outcomes gained from arts and cultural engagement.

Notes: Fluharty, Meg Paul, Elise Bone, Jessica Bu, Feifei Sonke, Jill Fancourt, Daisy

URL: <Go to ISI>://WOS:000755188900049

Reference Type: Journal Article

Record Number: 1449

Author: Fohlin, L., Sedem, M. and Allodi, M. W.
Year: 2021
Title: Teachers' Experiences of Facilitators and Barriers to Implement Theme-Based Cooperative Learning in a Swedish Context
Journal: Frontiers in Education
Volume: 6
Date: Apr
Short Title: Teachers' Experiences of Facilitators and Barriers to Implement Theme-Based Cooperative Learning in a Swedish Context
DOI: 10.3389/educ.2021.663846
Article Number: 663846
Accession Number: WOS:000682713200001
Abstract: Implementing Evidence-Based Practice (EBP) in school settings can be challenging. This case study presents barriers and facilitators expressed by kindergarten teachers (N = 6) during the implementation of a theme-based cooperative learning project over the course of a semester. During three group interviews, at the start, mid-point, and end, the teachers expressed their thoughts and experiences about the project. The Theoretical Domains Framework (TDF) was used to identify and analyze barriers and facilitators throughout the project. The importance of organizational investment, collegial connection and collaboration, the pedagogical fit of the EBP, and plans for long-term change were highlighted as beneficial factors for successful implementation in this case study.
Notes: Fohlin, Lisa Sedem, Mina Allodi, Mara Westling
Allodi, Mara/0000-0003-2396-4710
2504-284x
URL: <Go to ISI>://WOS:000682713200001

Reference Type: Journal Article
Record Number: 1198
Author: Ford, B. K., Angell, B., White, A. J. R., Duong, A., Hiidome, S. and Keay, L.
Year: 2021
Title: Experiences of Patients With Diabetes Attending a Publicly Funded Eye Care Pathway in Western Sydney: A Qualitative Study
Journal: Journal of Patient Experience
Volume: 8
Date: Oct
Short Title: Experiences of Patients With Diabetes Attending a Publicly Funded Eye Care Pathway in Western Sydney: A Qualitative Study
ISSN: 2374-3743
DOI: 10.1177/23743735211049652
Article Number: 23743735211049652
Accession Number: WOS:000710845600001
Abstract: Diabetic retinopathy (DR) complications can be prevented with regular screening and timely access to an ophthalmologist for treatment. But there are patient and health system barriers that can impact access to DR services. This study aims to identify enablers and barriers for accessing public DR eye care services in a low socio-economic urban area of Australia. We conducted a qualitative study using semi-structured interviews for patients with diabetes

aged 35 years and older attending public ophthalmology services. Interviews were analyzed to identify themes and subthemes; and the COM-B framework was used to interpret the complex behavioral mechanisms, including capability, opportunity, and motivation factors, to explain adherence to DR eye care. Three main themes and 7 sub-themes relating to patient experiences of DR care were derived. Patients were found to be passive actors in their DR eye care, but patients trusted clinicians and were determined to maintain their vision and quality of life. The barriers and facilitators of care related to the health system (service availability and recall-reminder systems) and patient experiences (choices, knowledge, and fear). The findings of this study will guide patient-centered initiatives to target and improve access to DR care. Strategies should focus on improving communication between eye care providers, and communication with patients to empower them to become more active players in healthcare decisions.

Notes: Ford, Belinda K. Angell, Blake White, Andrew J. R. Duong, Annita Hiidome, Saya Keay, Lisa

White, Andrew JR/E-8462-2013

Ford, Belinda/0000-0003-4416-2389; Angell, Blake/0000-0002-7188-7740 2374-3735

URL: <Go to ISI>://WOS:000710845600001

Reference Type: Journal Article

Record Number: 371

Author: Fordham, B., Smith, T. O., Lamb, S., Morris, A. and Winter, S. C.

Year: 2022

Title: Patient and physiotherapist perceptions of the Getting Recovery Right After Neck Dissection (GRRAND) rehabilitation intervention: a qualitative interview study embedded within a feasibility trial

Journal: Bmj Open

Volume: 12

Issue: 11

Date: Nov

Short Title: Patient and physiotherapist perceptions of the Getting Recovery Right After Neck Dissection (GRRAND) rehabilitation intervention: a qualitative interview study embedded within a feasibility trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-064269

Article Number: e064269

Accession Number: WOS:000885667800016

Abstract: Objective The Getting Recovery Right After Neck Dissection (GRRAND) intervention is a physiotherapy programme for patients with head and neck cancer who have undergone neck dissection. The aim of this qualitative study was to understand if the intervention was useful, acceptable and whether it was feasible to conduct a randomised controlled trial (RCT). Design This qualitative study was embedded within the GRRAND-Feasibility (GRRAND-F) Study. Setting Participants were recruited from four acute National Health Service hospitals in England between 2020 and 2021. Participants We

interviewed four usual care and four intervention patient-participants from a single study site (Oxford). Six were male, two were female. All were white British ethnicity. We interviewed two physiotherapists from Oxford who delivered the GRRAND-F intervention, and physiotherapists from Birmingham, Poole and Norwich who were trained to deliver the intervention but were not able to deliver it within the study time frame. Results The analysis identified five themes: (1) Acceptability, (2) Adherence, (3) Outcomes, (4) Feasibility and (5) Stand-alone themes (prehabilitation, video consultations, healthcare use). Patient-participants and physiotherapist-participants agreed that usual care was not meeting patients' rehabilitation needs. The GRRAND intervention provided biopsychosocial support. In comparison to the usual care group, patient-participants who received the intervention were more confident that they could perform rehabilitation exercises and were more motivated to engage in long-term adaptive behaviour change. Physiotherapists felt they needed more administrative support to participate in an RCT. Conclusion Participants felt that usual care was insufficient. GRRAND provided much needed, biopsychosocial support to patients. Participants were supportive that it would be feasible to test GRRAND in an RCT.

Notes: Fordham, Beth Smith, Toby O. Lamb, Sarah Morris, Alana Winter, Stuart C.

URL: <Go to ISI>://WOS:000885667800016

Reference Type: Journal Article

Record Number: 1268

Author: Fortnum, K., Reid, S., Elliott, C., Furzer, B., Wong, J. and Jackson, B.

Year: 2022

Title: Physical activity participation among children diagnosed with mental health disorders: A qualitative analysis of children's and their guardian's perspectives

Journal: Qualitative Research in Sport Exercise and Health

Volume: 14

Issue: 5

Pages: 724-743

Date: Sep

Short Title: Physical activity participation among children diagnosed with mental health disorders: A qualitative analysis of children's and their guardian's perspectives

ISSN: 2159-676X

DOI: 10.1080/2159676x.2021.1961848

Accession Number: WOS:000710780000001

Abstract: Purpose: Children with mental health disorders have lower physical activity levels compared to their peers; however, minimal research has been conducted to date to understand their unique experiences of physical activity. We sought to better understand these experiences, along with contributing factors, through interviews with children with mental health disorders and their parents/guardians. Methods: Semi-structured interviews were conducted with 20 children (6-12 years, 17 males) and 18 parents/guardians from a metropolitan mental health service, and data were

analysed using a thematic analysis approach. Results and conclusions: Children predominantly participated in play-based, unstructured physical activities with their families. Aspects of social connection (or disconnection), children's movement skill and resilience, and a desire to experience success and enjoyment, were described as influencers of children's physical activity participation experiences (and levels). Children and parents/guardians also emphasised the importance of emotional and physical support surrounding physical activity participation, and the need for suitably tailored programmes and environments. Recommendations are offered to facilitate physical activity programming that meets the specific needs of children with mental health disorders and their families.

Notes: Fortnum, K. Reid, S. Elliott, C. Furzer, B. Wong, J. Jackson, B.

Fortnum, Kathryn/HHN-9067-2022; Reid, Siobhan L/H-5710-2014; Furzer, Bonnie J/ABE-6541-2020; Jackson, Ben/H-5117-2014; Elliott, Catherine/B-6718-2014

Furzer, Bonnie J/0000-0002-0321-6988; Jackson, Ben/0000-0003-0351-8377; Reid, Siobhan/0000-0002-2589-3576; Fortnum, Kathryn/0000-0002-9190-558X; Wong, Janice WY/0000-0003-1994-3001; Elliott, Catherine/0000-0002-5324-8216
2159-6778

URL: <Go to ISI>://WOS:000710780000001

Reference Type: Journal Article

Record Number: 1755

Author: Fortune, J., Norris, M., Stennett, A., Kilbride, C., Lavelle, G., Hendrie, W., de Souza, L., Abdul, M., Brewin, D., David, L., Anokye, N., Victor, C. and Ryan, J. M.

Year: 2020

Title: 'I can do this': a qualitative exploration of acceptability and experiences of a physical activity behaviour change intervention in people with multiple sclerosis in the UK

Journal: Bmj Open

Volume: 10

Issue: 3

Date: Mar

Short Title: 'I can do this': a qualitative exploration of acceptability and experiences of a physical activity behaviour change intervention in people with multiple sclerosis in the UK

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2019-029831

Article Number: e029831

Accession Number: WOS:000527801000011

Abstract: Objectives The purpose of this study was to explore the experiences of people with multiple sclerosis (MS) who participated in iStep-MS, a feasibility randomised controlled trial of a behaviour change intervention that aimed to increase physical activity and reduce sedentary behaviour. Design A qualitative approach was undertaken embedded in the feasibility randomised controlled trial. One-to-one semi-structured interviews were conducted and analysed using Framework analysis. Setting

Participants were recruited from a single MS therapy centre in the southeast of England, UK. Participants Sixty people with MS were randomly allocated in a 1:1 ratio to the intervention or usual care. Following a purposive sampling strategy, 15 participants from the intervention arm undertook 1:1 semi-structured interviews.

Interventions The iStep-MS intervention consisted of four therapist-led sessions over 12 weeks, supported by a handbook and pedometer.

Results Three themes were identified from the data. "I can do this": developing competence in physical activity highlights the enhanced physical activity confidence gained through goal setting and accomplishment. "I felt valued": the nurturing culture provides an overview of the supportive and non-judgemental environment created by the programme structure and therapeutic relationship. Finally, "What can I do?": empowered enactment describes the transition from the supported iStep-MS intervention to intrinsically motivated physical activity enactment. Conclusions Overall, this study supports the acceptability of the iStep-MS intervention and identified key areas that supported participants to be physically active.

Notes: Fortune, Jennifer Norris, Meriel Stennett, Andrea Kilbride, Cherry Lavelle, Grace Hendrie, Wendy de Souza, Lorraine Abdul, Mohamed Brewin, Debbie David, Lee Anokye, Nana Victor, Christina Ryan, Jennifer M.

Fortune, Jennifer/ABF-2845-2020

Ryan, Jennifer/0000-0003-3768-2132; Fortune, Jennifer/
0000-0001-8971-1236; Kilbride, Cherry/0000-0002-2045-1883

URL: <Go to ISI>://WOS:000527801000011

Reference Type: Journal Article

Record Number: 2039

Author: Fottrell, E., Jennings, H., Kuddus, A., Ahmed, N., Morrison, J., Akter, K., Shaha, S. K., Nahar, B., Nahar, T., Haghparast-Bidgoli, H., Khan, A. K. A., Costello, A. and Azad, K.

Year: 2016

Title: The effect of community groups and mobile phone messages on the prevention and control of diabetes in rural Bangladesh: study protocol for a three-arm cluster randomised controlled trial

Journal: Trials

Volume: 17

Date: Dec

Short Title: The effect of community groups and mobile phone messages on the prevention and control of diabetes in rural Bangladesh: study protocol for a three-arm cluster randomised controlled trial

DOI: 10.1186/s13063-016-1738-x

Article Number: 600

Accession Number: WOS:000390389700001

Abstract: Background: Increasing rates of type 2 diabetes mellitus place a substantial burden on health care services, communities, families and individuals living with the disease or at risk of developing it. Estimates of the combined prevalence of intermediate hyperglycaemia and diabetes in Bangladesh vary, and can be as high as 30% of the adult population. Despite such high prevalence,

awareness and control of diabetes and its risk factors are limited. Prevention and control of diabetes and its complications demand increased awareness and action of individuals and communities, with positive influences on behaviours and lifestyle choices. In this study, we will test the effect of two different interventions on diabetes occurrence and its risk factors in rural Bangladesh.

Methods/design: A three-arm cluster randomised controlled trial of mobile health (mHealth) and participatory community group interventions will be conducted in four rural upazillas in Faridpur District, Bangladesh. Ninety-six clusters (villages) will be randomised to receive either the mHealth intervention or the participatory community group intervention, or be assigned to the control arm. In the mHealth arm, enrolled individuals will receive twice-weekly voice messages sent to their mobile phone about prevention and control of diabetes. In the participatory community group arm, facilitators will initiate a series of monthly group meetings for men and women, progressing through a Participatory Learning and Action cycle whereby group members and communities identify, prioritise and tackle problems associated with diabetes and the risk of developing diabetes. Both interventions will run for 18 months. The primary outcomes of the combined prevalence of intermediate hyperglycaemia and diabetes and the cumulative 2-year incidence of diabetes among individuals identified as having intermediate hyperglycaemia at baseline will be evaluated through baseline and endline sample surveys of permanent residents aged 30 years or older in each of the study clusters. Data on blood glucose level, blood pressure, body mass index and hip-to-waist ratio will be gathered through physical measurements by trained fieldworkers. Demographic and socioeconomic data, as well as data on knowledge of diabetes, chronic disease risk factor prevalence and quality of life, will be gathered through interviews with sampled respondents.

Discussion: This study will increase our understanding of diabetes and other non-communicable disease burdens and risk factors in rural Bangladesh. By documenting and evaluating the delivery, impact and cost-effectiveness of participatory community groups and mobile phone voice messaging, study findings will provide evidence on how population-level strategies of community mobilisation and mHealth can be implemented to prevent and control noncommunicable diseases and risk factors in this population.

Notes: Fottrell, Edward Jennings, Hannah Kuddus, Abdul Ahmed, Naveed Morrison, Joanna Akter, Kohenour Shaha, Sanjit Kumar Nahar, Badrun Nahar, Tasmin Haghparast-Bidgoli, Hassan Khan, A. K. Azad Costello, Anthony Azad, Kishwar

Akter, Kohenour/GWN-1463-2022; Bidgoli, Hassan Haghparast/C-1601-2018; Shao, Ruitai/AAU-7642-2021

Akter, Kohenour/0000-0002-0409-1099; Bidgoli, Hassan Haghparast/0000-0001-6365-2944; Jennings, Hannah Maria/0000-0002-8580-0327; Fottrell, Edward/0000-0003-0518-7161; Morrison, Joanna/0000-0002-9241-8863

1745-6215

URL: <Go to ISI>://WOS:000390389700001

Reference Type: Journal Article

Record Number: 146

Author: Fountain, J., Manyweathers, J., Brookes, V. J. and Hernandez-Jover, M.

Year: 2023

Title: Understanding biosecurity behaviors of Australian beef cattle farmers using the ten basic human values framework

Journal: Frontiers in Veterinary Science

Volume: 10

Date: Feb

Short Title: Understanding biosecurity behaviors of Australian beef cattle farmers using the ten basic human values framework

DOI: 10.3389/fvets.2023.1072929

Article Number: 1072929

Accession Number: WOS:000946721700001

Abstract: Introduction On-farm biosecurity is an essential component of successful disease management in the beef cattle industry on an individual, regional, and national level. Participation in mandatory or voluntary assurance schemes, knowledge and trusted relationships have all been demonstrated to contribute to the development of behaviors that promote biosecurity. However, compliance with rules, socio-psychological relationships and knowledge-seeking behavior are all contingent upon the motivations and beliefs of the individual. It is widely accepted that the motivations and beliefs of all cultures can be defined by ten basic values (Self-direction, Stimulation, Hedonism, Achievement, Power, Security, Conformity, Tradition, Benevolence and Universalism). In this study, we use the ten basic values to characterize the on-farm biosecurity behaviors of Australian beef farmers to facilitate the identification of interventions that are most likely to align with producer motivations and therefore, more likely to result in wider adoption of effective on-farm biosecurity. Methods Semi-structured interviews were conducted with 11 Australian beef farmers to discuss the reasons behind decisions to alter or implement biosecurity practices in response to endemic diseases. Thematic analysis was used to identify the motivations, opportunities, and capability of biosecurity behaviors. The ten basic human values were used to characterize these behaviors and inform enablers and barriers to biosecurity adoption. Results and discussion Benevolence and Self-direction, relating to self-transcendence and an openness to change, were the principal values associated with good biosecurity behaviors. This suggests that farmers will be receptive to education strategies that communicate the actual risk of disease in their area, the impact of disease on animal welfare, and the ability for on-farm biosecurity to mitigate these impacts. Farmers also expressed values of Security which entrenched behaviors as common practice; however, in some cases the Security of trusted relationships was identified as a potential barrier to behavior change. Overall, values associated with biosecurity behaviors were found to align with values that are most important for social cohesion, suggesting that collaborative disease efforts between industry stakeholders and farmers are likely to succeed if designed with these values in mind.

Notes: Fountain, Jake Manyweathers, Jennifer Brookes, Victoria J. Hernandez-Jover, Marta

Manyweathers, Jennifer/0000-0001-7481-7070; Hernandez-Jover, Marta/
0000-0001-8803-9062
2297-1769
URL: <Go to ISI>://WOS:000946721700001

Reference Type: Journal Article
Record Number: 2278
Author: Fox, F., Stallard, P. and Cooney, G.
Year: 2015
Title: GPs role identifying young people who self-harm: a mixed
methods study
Journal: Family Practice
Volume: 32
Issue: 4
Pages: 415-419
Date: Aug
Short Title: GPs role identifying young people who self-harm: a
mixed methods study
ISSN: 0263-2136
DOI: 10.1093/fampra/cm031
Accession Number: WOS:000359162100009
Abstract: Background: Self-harm is common among young people and is
evident in increasingly younger age groups. Many young people who
self-harm do visit their GP but do not access specialist support.
GP's can find it challenging to raise and discuss this sensitive
subject with young people during short consultations. Objective: To
explore GP's capabilities, motivations and opportunities for
discussing self-harm and to identify barriers to and enablers for
proactively discussing self-harm with young people. Design and
setting: An exploratory, mixed methods study was designed comprising
an online survey and a qualitative interview study with GPs in the
South West of England. Methods: An online survey was completed by 28
GPs. Ten GPs took part by telephone, in semi-structured interviews.
Quantitative data was analysed using descriptive statistical
techniques and thematic analysis was used to analyse the qualitative
data. Findings from the quantitative and qualitative analysis are
synthesized to illustrate GPs' skills, knowledge and perceptions
about young people who self-harm. Results: Experienced GPs may
underestimate the prevalence of self-harm in young people,
particularly in the 11-14 age range. While consultations with young
people and their carers can be challenging, GPs acknowledge that it
is their role to provide support for young people who self-harm. GPs
would welcome training for themselves and other practice staff in
talking to young people and practical information about self-harm.
Conclusion: All primary care staff who provide frontline support to
young people should receive education and practical training in
talking about self-harm.
Notes: Fox, Fiona Stallard, Paul Cooney, Geraldine
1460-2229
URL: <Go to ISI>://WOS:000359162100009

Reference Type: Journal Article

Record Number: 753

Author: Fox, J., Erlandsson, L. K., McSharry, J. and Shiel, A.

Year: 2022

Title: How does ReDO (R)-10 work? Understanding the mechanisms of action of an intervention focused on daily activities and health from the perspective of participants

Journal: Evaluation and Program Planning

Volume: 92

Date: Jun

Short Title: How does ReDO (R)-10 work? Understanding the mechanisms of action of an intervention focused on daily activities and health from the perspective of participants

ISSN: 0149-7189

DOI: 10.1016/j.evalprogplan.2022.102092

Article Number: 102092

Accession Number: WOS:000798994600002

Abstract: Evaluation of a complex healthcare intervention should include careful exploration of the mechanisms through which it brings about change. This paper describes a qualitative evaluation of the Redesigning Daily Occupations (ReDO (R)-10) programme as it was implemented for the first time with women with stress-related issues in a primary care setting in Ireland. The ReDO (R)-10 is a 10-week group intervention designed to support participants make changes to their daily activity patterns to have a more satisfying and balanced daily life. Fourteen women were interviewed after completing the programme. The aim was to explore changes that participants perceived they experienced and to understand how the content of ReDO (R)-10 was thought to bring about this change (if it did). Directed content analysis was used to analyse the qualitative data using the Behaviour Change Wheel and Theoretical Domains Framework as a coding framework. Overall, four BCW functions of ReDO (R) -10 were identified: Education, Persuasion, Modelling and Enablement. Participants described improved belief in their own capabilities, knowledge and goals around life changes. Many behaviour changes were also described, particularly in relation to doing more restorative activities in daily life. Behaviour change techniques that were identified as important for change were practicing new, restorative occupations in group sessions and as homework and the use of self-analysis activities to understand the relationship between activities and health for these participants. Modelling, support and other effects of group dynamics were also vital in changes that occurred.

Notes: Fox, Jackie Erlandsson, Lena -Karin McSharry, Jenny Shiel, Agnes

1873-7870

URL: <Go to ISI>://WOS:000798994600002

Reference Type: Journal Article

Record Number: 308

Author: Fox, S. T., Janda, M. and Hubbard, R.

Year: 2023

Title: Understanding how comprehensive geriatric assessment works: the importance of varied methodological approaches

Journal: Aging Clinical and Experimental Research

Volume: 35

Issue: 2

Pages: 417-423

Date: Feb

Short Title: Understanding how comprehensive geriatric assessment works: the importance of varied methodological approaches

ISSN: 1594-0667

DOI: 10.1007/s40520-022-02305-7

Accession Number: WOS:000912578300001

Abstract: Comprehensive geriatric assessment (CGA) is the gold standard model of care for older adults with frailty. However, despite a large number of published clinical trials, there remain many unanswered questions about how CGA works in different circumstances. This uncertainty stems from CGA being a deeply complex intervention that is heavily modified by context. This review describes recent and novel methodological approaches that explore the active ingredients of CGA and their interaction with context. Future research should continue to embrace broad methodologies that can help us better understand this intervention, in such a way that it can be implemented with fidelity and associated with positive outcomes for older adults.

Notes: Fox, Sarah T. T. Janda, Monika Hubbard, Ruth

Fox, Sarah/0000-0002-1182-8386

1720-8319

Si

URL: <Go to ISI>://WOS:000912578300001

Reference Type: Journal Article

Record Number: 303

Author: Franchini, M., Pieroni, S., Denoth, F., Urciuoli, M. S., Colasante, E., Salvatori, M., Anastasi, G., Frontignano, C. K., Dogliotti, E., Vidali, S., Montrucchio, E., Molinaro, S., Susini, T. and Cucchiari, J. N.

Year: 2022

Title: Promote Community Engagement in Participatory Research for Improving Breast Cancer Prevention: The PINK Study Framework

Journal: Cancers

Volume: 14

Issue: 23

Date: Dec

Short Title: Promote Community Engagement in Participatory Research for Improving Breast Cancer Prevention: The PINK Study Framework

DOI: 10.3390/cancers14235801

Article Number: 5801

Accession Number: WOS:000896574200001

Abstract: Simple Summary More than 50% of breast cancers may be preventable with adherence to healthy lifestyle practices, but the influences of each single preventive/predisposing behaviour and the effects of their combination are still widely debated. The aim of our study was to identify combinations of non-modifiable and lifestyle-related factors that could influence the chance of having breast cancer in post-menopausal women. We used a twofold strategy

of analysis that combines traditional statistical methods and innovative data-driven approaches. We identified some combination of women's features and habits at higher risk for breast cancer occurrence. These preliminary findings could be used to inform tailored prevention policy and health education programs for improving communities' self-empowerment. Breast cancer (BC) has overtaken lung cancer as the most common cancer in the world and the projected incidence rates show a further increase. Early detection through population screening remains the cornerstone of BC control, but a progressive change from early diagnosis only-based to a personalized preventive and risk-reducing approach is widely debated. Risk-stratification models, which also include personal lifestyle risk factors, are under evaluation, although the documentation burden to gather population-based data is relevant and traditional data collection methods show some limitations. This paper provides the preliminary results from the analysis of clinical data provided by radiologists and lifestyle data collected using self-administered questionnaires from 5601 post-menopausal women. The weight of the combinations of women's personal features and lifestyle habits on the BC risk were estimated by combining a model-driven and a data-driven approach to analysis. The weight of each factor on cancer occurrence was assessed using a logistic model. Additionally, communities of women sharing common features were identified and combined in risk profiles using social network analysis techniques. Our results suggest that preventive programs focused on increasing physical activity should be widely promoted, in particular among the oldest women. Additionally, current findings suggest that pregnancy, breast-feeding, salt limitation, and oral contraception use could have different effects on cancer risk, based on the overall woman's risk profile. To overcome the limitations of our data, this work also introduces a mobile health tool, the Dress-PINK, designed to collect real patients' data in an innovative way for improving women's response rate, data accuracy, and completeness as well as the timeliness of data availability. Finally, the tool provides tailored prevention messages to promote critical consciousness, critical thinking, and increased health literacy among the general population.

Notes: Franchini, Michela Pieroni, Stefania Denoth, Francesca Urciuoli, Marco Scalese Colasante, Emanuela Salvatori, Massimiliano Anastasi, Giada Frontignano, Cinzia Katia Dogliotti, Elena Vidali, Sofia Montrucchio, Edgardo Molinaro, Sabrina Susini, Tommaso Cucchiari, Jacopo Nori

Franchini, Michela/AAU-4794-2020; Vidali, Sofia/AAC-3839-2022; Molinaro, Sabrina/F-5828-2012

Franchini, Michela/0000-0001-5272-341X; Vidali, Sofia/0000-0001-5982-4387; Molinaro, Sabrina/0000-0001-7221-0873; Scalese, Marco/0000-0002-7470-2422; Denoth, Francesca/0000-0002-7825-1753; SUSINI, TOMMASO/0000-0002-2320-7202 2072-6694

URL: <Go to ISI>://WOS:000896574200001

Reference Type: Journal Article

Record Number: 2437

Author: Francis, N. A., Phillips, R., Wood, F., Hood, K., Simpson, S. and Butler, C. C.

Year: 2013

Title: Parents' and clinicians' views of an interactive booklet about respiratory tract infections in children: a qualitative process evaluation of the EQUIP randomised controlled trial

Journal: BMC Family Practice

Volume: 14

Date: Dec

Short Title: Parents' and clinicians' views of an interactive booklet about respiratory tract infections in children: a qualitative process evaluation of the EQUIP randomised controlled trial

DOI: 10.1186/1471-2296-14-182

Article Number: 182

Accession Number: WOS:000328470400002

Abstract: Background: 'When should I worry?' is an interactive booklet for parents of children presenting with respiratory tract infections (RTIs) in primary care and associated training for clinicians. A randomised controlled trial (the EQUIP study) demonstrated that this intervention reduced antibiotic prescribing and future consulting intentions. The aims of this qualitative process evaluation were to understand how acceptable the intervention was to clinicians and parents, how it was implemented, the mechanisms for any observed effects, and contextual factors that could have influenced its effects. Methods: Semi-structured interviews were conducted with 20 parents and 13 clinicians who participated in the trial. Interviews were audio-recorded and transcribed verbatim. Data were analysed using a framework approach, which involved five stages; familiarisation, development of a thematic framework, indexing, charting, and interpretation. Results: Most parents and clinicians reported that the 'When should I worry' interactive booklet (and online training for clinicians) was easy to use and valuable. Information on recognising signs of serious illness and the usual duration of illness were most valued. The interactive use of the booklet during consultations was considered to be important, but this did not always happen. Clinicians reported lack of time, lack of familiarity with using the booklet, and difficulty in modifying their treatment plan/style of consultation as barriers to use. Increased knowledge and confidence amongst clinicians and patients were seen as key components that contributed to the reductions in antibiotic prescribing and intention to consult seen in the trial. This was particularly pertinent in a context where decisions about the safe and appropriate management of childhood RTIs were viewed as complex and parents reported frequently receiving inconsistent messages. Conclusions: The 'When should I worry' booklet, which is effective in reducing antibiotic prescribing, has high acceptability for clinicians and parents, helps address gaps in knowledge, increases confidence, and provides a consistent message. However, it is not always implemented as intended. Plans for wider implementation of the intervention in health care settings would need to address clinician-related barriers to implementation.

Notes: Francis, Nick A. Phillips, Rhiannon Wood, Fiona Hood, Kerry

Simpson, Sharon Butler, Christopher C.
Phillips, Rhiannon/F-7733-2013; Butler, Christopher C/B-5048-2009;
Francis, Nick/B-7413-2009; Simpson, Sharon A/B-5109-2009; Hood,
Kerenza/C-2528-2008
Phillips, Rhiannon/0000-0002-4256-4598; Francis, Nick/
0000-0001-8939-7312; Hood, Kerenza/0000-0002-5268-8631; Wood, Fiona/
0000-0001-7397-4074; Butler, Christopher/0000-0002-0102-3453;
Simpson, Sharon Anne/0000-0002-6219-1768
1471-2296
URL: <Go to ISI>://WOS:000328470400002

Reference Type: Journal Article

Record Number: 562

Author: Francis-Auton, E., Sarkies, M. N., Pomare, C., Long, J. C.,
Hardwick, R., Nguyen, H. M. and Braithwaite, J.

Year: 2022

Title: Real Talk: A Realist Dialogic Approach in a Realist
Evaluation

Journal: International Journal of Qualitative Methods

Volume: 21

Date: Aug

Short Title: Real Talk: A Realist Dialogic Approach in a Realist
Evaluation

ISSN: 1609-4069

DOI: 10.1177/16094069221120748

Article Number: 16094069221120748

Accession Number: WOS:000843502600001

Abstract: Realist evaluation is a method increasingly adopted to provide an understanding of how and why a program works, for whom, and under what circumstances. Initial program theories (IPT) are the crucial starting point of any realist evaluation, however descriptions about how they are developed in practice remain under-reported in the published literature. This article argues for the value of genuine research-group conversations using David Bohm's concept of dialogue in realist research. We label it the realist dialogic approach. We draw out the relational qualities as well as the contextual circumstances of dialogue through our development of IPT and interview guides for a research study on the implementation and scaling of a large-system value-based program to transform complex health services. We selected the relevant middle-range theories, conducted a literature review, and drew on informal discussions with key stakeholders, to develop IPT through research-group conversations. The benefits of this approach were: 1) development of rigorous, novel, deep and well-tailored IPT, 2) detailed understanding of the complex intervention under investigation and development of rapport and networks with participants, 3) empirically grounded Context-Mechanism-Outcome (CMO) configurations, predicated on suitable abstract and contextually-contingent middle-range theories, and 4) productive research team interactions which supported the entire research process. The challenges of this approach include: 1) establishing and retaining a sense of humility across the research team, 2) contextual circumstances can hinder dialogic relationship, and 3)

time and resource heavy. This paper uses middle-range theory and ethnographic insights to advance the existing practice of realist evaluations and offer transferable lessons to other scholars considering similar approaches. Moreover, we content that the use of middle-range theory to extend the methodological literature is a novel contribution to realist work.

Notes: Francis-Auton, Emilie Sarkies, Mitchell N. Pomare, Chiara Long, Janet C. Hardwick, Rebecca Nguyen, Hoa Mi Braithwaite, Jeffrey Braithwaite, Jeffrey/AAN-1467-2020; Sarkies, Mitchell/0-1029-2018 Braithwaite, Jeffrey/0000-0003-0296-4957; Sarkies, Mitchell/0000-0001-7318-3598; Long, Janet/0000-0002-0553-682X; Pomare, Chiara/0000-0002-9118-7207; Francis-Auton, Emilie/0000-0001-9632-2298; Hardwick, Rebecca/0000-0002-2488-829X
URL: <Go to ISI>://WOS:000843502600001

Reference Type: Journal Article

Record Number: 1973

Author: Francis-Coad, J., Etherton-Beer, C., Bulsara, C., Nobre, D. and Hill, A. M.

Year: 2017

Title: Can a web-based community of practice be established and operated to lead falls prevention activity in residential care?

Journal: Geriatric Nursing

Volume: 38

Issue: 2

Pages: 133-140

Date: Mar-Apr

Short Title: Can a web-based community of practice be established and operated to lead falls prevention activity in residential care?

ISSN: 0197-4572

DOI: 10.1016/j.gerinurse.2016.09.001

Accession Number: WOS:000402231900007

Abstract: The aims of this study were to evaluate establishing and operating a web-based community of practice (CoP) to lead falls prevention in a residential aged care (RAC) setting. A mixed methods evaluation was conducted in two phases using a survey and transcripts from interactive electronic sources. Nurses and allied health staff (n = 20) with an interest in falls prevention representing 13 sites of an RAC organization participated. In Phase 1, the CoP was developed, and the establishment of its structure and composition was evaluated using determinants of success reported in the literature. In Phase 2, all participants interacted using the web, but frequency of engagement by any participant was low. Participatory barriers, including competing demands from other tasks and low levels of knowledge about information communication technology (ICT) applications, were identified by CoP members. A web based CoP can be established and operated across multiple RAC sites if RAC management support dedicated time for web-based participation and staff are given web-based training. (C) 2016 Elsevier Inc. All rights reserved.

Notes: Francis-Coad, Jacqueline Etherton-Beer, Christopher Bulsara, Caroline Nobre, Debbie Hill, Anne-Marie Etherton-Beer, Christopher/B-2714-2014; Bulsara, Caroline Elizabeth/

GPP-2504-2022; Hill, Anne-Marie/C-2252-2011
Etherton-Beer, Christopher/0000-0001-5148-0188; Bulsara, Caroline
Elizabeth/0000-0003-4482-563X; Hill, Anne-Marie/0000-0003-1411-6752;
Francis-Coad, Jacqueline/0000-0002-9892-103X
1528-3984
URL: <Go to ISI>://WOS:000402231900007

Reference Type: Journal Article

Record Number: 1304

Author: Francis-Coad, J., Lee, D. C. A., Haines, T. P., Morris, M.
E., McPhail, S. M., Etherton-Beer, C., Shorr, R., Flicker, L.,
Weselman, T., Starling, T. and Hill, A. M.

Year: 2021

Title: Fall prevention education for older people being discharged
from hospital: Educators' perspectives

Journal: Health Education Journal

Volume: 80

Issue: 8

Pages: 908-920

Date: Dec

Short Title: Fall prevention education for older people being
discharged from hospital: Educators' perspectives

ISSN: 0017-8969

DOI: 10.1177/00178969211032711

Article Number: 00178969211032711

Accession Number: WOS:000677295600001

Abstract: Objective: Falls are a significant problem for many older
patients after hospital discharge. The purpose of this study was to
evaluate the fidelity and impact of a tailored patient fall
prevention education programme from the perspective of the educators
who delivered the programme. Design: Qualitative sequential design.
Setting: Three rehabilitation hospitals in Western Australia.

Method: Three experienced physiotherapists trained as 'educators' to
deliver a tailored fall prevention education programme to 195 older
patients prior to hospital discharge, together with monthly
telephone follow-up for 3 months after discharge. Educator-patient
interactions were recorded in a standardised educator diary. Post-
intervention, educators participated in a mini-focus group,
providing their perspectives regarding education delivery and its
impact on patient abilities to engage in fall prevention strategies.
Data were analysed using deductive content analysis. Results:

Educators followed up 184 (94%) patients, identifying multiple
barriers and enablers affecting patient engagement in planned fall
prevention strategies. Key barriers included unresolved medical
conditions, reluctance to accept assistance on discharge, delays in
assistive service provision, patient beliefs and perceptions about
falls and, in some cases, patients' absolving responsibility for
recovery. Enablers were related to programme design, the completion
of hospital discharge processes and support networks following
discharge. Conclusion: Educators identified several barriers and
enablers to programme delivery, receipt and enactment by older
patients that contributed to the fidelity of the education
programme. The consistent need for more patient support to enable

improved enactment of plans and assist with safe recovery long after discharge warrants further attention at policy and health system levels.

Notes: Francis-Coad, Jacqueline Lee, Den-Ching A. Haines, Terry P. Morris, Meg E. McPhail, Steven M. Etherton-Beer, Christopher Shorr, Ronald Flicker, Leon Weselman, Tammy Starling, Trish Hill, Anne-Marie

Flicker, Leon/AAE-1530-2022; Hill, Anne-Marie/C-2252-2011; Etherton-Beer, Christopher/B-2714-2014

Flicker, Leon/0000-0002-3650-0475; Lee, Den-Ching Angel/0000-0003-2693-8606; Hill, Anne-Marie/0000-0003-1411-6752; McPhail, Steven/0000-0002-1463-662X; Morris, Meg/0000-0002-0114-4175; Francis-Coad, Jacqueline/0000-0002-9892-103X; Etherton-Beer, Christopher/0000-0001-5148-0188

1748-8176

URL: <Go to ISI>://WOS:000677295600001

Reference Type: Journal Article

Record Number: 529

Author: Frank, C. and Born, J.

Year: 2022

Title: Identifying facilitators of early access to care among Canadian Forces Health Services personnel

Journal: Journal of Military Veteran and Family Health

Volume: 8

Pages: 65-81

Date: Sep

Short Title: Identifying facilitators of early access to care among Canadian Forces Health Services personnel

DOI: 10.3138/jmvfh-2021-0107

Accession Number: WOS:000844136700001

Abstract: LAY SUMMARY Despite the importance of the mental and physical well-being of Canadian Forces Health Services (CFHS) personnel, research suggests they may be under-accessing care. A lot of research has looked at what factors prevent individuals from accessing care (i.e., barriers), but almost none examined what encourages individuals to access care (i.e., facilitators). In addition to examining which facilitators encourage CFHS personnel to access care, the study also examined whether facilitators directly impacted care-seeking behaviour, or whether they also indirectly influence behaviour by impacting general intentions to access care. Results showed that one's health being a priority directly and indirectly influenced care-seeking for both mental and physical health issues. Having the support of senior leadership influenced intention to seek care for mental health issues. Easy access to care influenced intention to seek care for physical health issues. Ensuring CFHS personnel prioritize their own health, have the support of senior leadership, and easy access to care will help promote early access to care. Introduction: Despite the importance of the mental and physical well-being of Canadian Forces Health Services (CFHS) personnel, research suggests they may not access care when needed. While eliminating barriers to care is important, identifying facilitators that encourage personnel to access care is

equally valuable. Methods: CFHS personnel (N = 1,033) were randomly assigned to complete either a mental health or physical health version of the barriers to care survey. The survey included questions on endorsement of facilitators, health-related information, intent to access care, and two condition-specific hypothetical scenarios as proxies for access to care. Multiple regressions using Hayes PROCESS macro were conducted assessing the direct effects and indirect effects (through intent to access care) of the facilitators on early access to care. Results: Across the scenarios, making health a priority was both directly and indirectly related to accessing care. Senior leadership support indirectly influenced access to care for depression. Easy access to sick parade and the illness impacting the ability to perform at work was indirectly related to access to care for pneumonia (marginally significant for back injury). Discussion: Ensuring CFHS personnel prioritize their own health, have the support of senior leadership, and easy access to care will help promote early access to care.

Notes: Frank, Christine Born, Jennifer

2368-7924

2

Si

URL: <Go to ISI>://WOS:000844136700001

Reference Type: Book

Record Number: 1822

Author: Frayn, K. N.

Year: 2019

Title: Cardiovascular Disease Diet, Nutrition and Emerging Risk Factors Second Edition The Report of a British Nutrition Foundation Task Force Foreword

Series Editor: Stanner, S. and Coe, S.

Series Title: Cardiovascular Disease: Diet, Nutrition and Emerging Risk Factors, 2nd Edition

Number of Pages: VII-+

Short Title: Cardiovascular Disease Diet, Nutrition and Emerging Risk Factors Second Edition The Report of a British Nutrition Foundation Task Force Foreword

ISBN: 978-1-118-82991-2; 978-1-118-82990-5

Accession Number: WOS:000483396500001

Notes: Frayn, Keith N.

URL: <Go to ISI>://WOS:000483396500001

Reference Type: Journal Article

Record Number: 2125

Author: Free, C., McCarthy, O., French, R. S., Wellings, K., Michie, S., Roberts, I., Devries, K., Rathod, S., Bailey, J., Syred, J., Edwards, P., Hart, G., Palmer, M. and Baraitser, P.

Year: 2016

Title: Can text messages increase safer sex behaviours in young people? Intervention development and pilot randomised controlled trial

Journal: Health Technology Assessment

Volume: 20

Issue: 57

Pages: 1--

Date: Jul

Short Title: Can text messages increase safer sex behaviours in young people? Intervention development and pilot randomised controlled trial

ISSN: 1366-5278

DOI: 10.3310/hta20570

Accession Number: WOS:000382745200001

Abstract: Background: Younger people bear the heaviest burden of sexually transmitted infections (STIs). Partner notification, condom use and STI testing can reduce infection but many young people lack the knowledge, skills and confidence needed to carry out these behaviours. Text messages can provide effective behavioural support. The acceptability and feasibility of a randomised controlled trial of safer sex support delivered by text message are not known.

Objectives: To assess the acceptability and feasibility of a randomised controlled trial of a safer sex intervention delivered by text message for young people aged 16-24 years. Design: (1) Intervention development; (2) follow-up procedure development; (3) a pilot, parallel-arm randomised controlled trial with allocation via remote automated randomisation (ratio of 1 : 1) (participants were unmasked, whereas researchers analysing samples and data were masked); and (4) qualitative interviews. Setting: Participants were recruited from sexual health services in the UK. Participants: Young people aged 16-24 years diagnosed with chlamydia or reporting unprotected sex with more than one partner in the last year.

Interventions: A theory- and evidence-based safer sex intervention designed, with young people's input, to reduce the incidence of STIs by increasing the correct treatment of STIs, partner notification, condom use and STI testing before unprotected sex with a new partner. The intervention was delivered via automated mobile phone messaging over 12 months. The comparator was a monthly text message checking contact details. Main outcome measures: (1) Development of the intervention based on theory, evidence and expert and user views; (2) follow-up procedures; (3) pilot trial primary outcomes: full recruitment within 3 months and follow-up rate for the proposed primary outcomes for the main trial; and (4) participants' views and experiences regarding the acceptability of the intervention.

Results: In total, 200 participants were randomised in the pilot trial, of whom 99 were allocated to the intervention and 101 were allocated to the control. We fully recruited early and achieved an 81% follow-up rate for our proposed primary outcome of the cumulative incidence of chlamydia at 12 months. There was no differential follow-up between groups. In total, 97% of messages sent were successfully delivered to participants' mobile phones. Recipients reported that the tone, language, content and frequency of messages were appropriate. Messages reportedly increased knowledge of and confidence in how to use condoms and negotiate condom use and reduced stigma about STIs, enabling participants to tell a partner about a STI. Conclusions: Our research shows that the intervention is acceptable and feasible to deliver. Our pilot trial demonstrated that a main trial is feasible. It remains unclear which

behaviour change techniques and elements of the intervention or follow-up procedures are associated with effectiveness. A further limitation is that in the trial one person entering data and the participants were unmasked. A randomised controlled trial to establish the effects of the intervention on STIs at 12 months is needed.

Notes: Free, Caroline McCarthy, Ona French, Rebecca S. Wellings, Kaye Michie, Susan Roberts, Ian Devries, Karen Rathod, Sujit Bailey, Julia Syred, Jonathan Edwards, Phil Hart, Graham Palmer, Melissa Baraitser, Paula

Devries, Karen/K-1083-2016; Rathod, Sujit D/M-9298-2014

Devries, Karen/0000-0001-8935-2181; Baraitser, Paula/0000-0002-3354-6494; Free, Caroline/0000-0003-1711-0006; Edwards, Phil/0000-0003-4431-8822; Syred, Jonathan/0000-0002-4479-1604;

McCarthy, Ona/0000-0002-9902-6248; Rathod, Sujit D/0000-0001-8783-7724

2046-4924

URL: <Go to ISI>://WOS:000382745200001

Reference Type: Journal Article

Record Number: 2349

Author: Frey, A. J., Small, J. W., Lee, J., Walker, H. M., Seeley, J. R., Feil, E. G. and Golly, A.

Year: 2015

Title: Expanding the range of the First Step to Success intervention: Tertiary-level support for children, teachers, and families

Journal: Early Childhood Research Quarterly

Volume: 30

Pages: 1-11

Short Title: Expanding the range of the First Step to Success intervention: Tertiary-level support for children, teachers, and families

ISSN: 0885-2006

DOI: 10.1016/j.ecresq.2014.05.002

Accession Number: WOS:000347263900001

Abstract: This study presents the findings of a quasi-experimental feasibility study examining the Tertiary First Step intervention, an enhanced version of the First Step to Success early intervention program. Tertiary First Step was developed to engage families more effectively and influence and improve parenting practices for children having challenging behavior. Process (fidelity, dosage, and social validity) and outcome data were collected for all participants in the Tertiary First Step condition (N=33). Parent- and teacher-reported outcomes were collected for the comparison condition (N = 22). Process data suggest the intervention was implemented with fidelity, and that teachers, parents, and coaches perceived the intervention as socially valid. This study presents the first empirical examination of the Tertiary Frist Step variation. The outcomes provide compelling evidence that the Tertiary First Step intervention is promising for improving student outcomes on social-behavioral indices, decreasing problem behavior, and improving academic engaged time. Published by Elsevier Inc.

Notes: Frey, Andy J. Small, Jason W. Lee, Jon Walker, Hill M.
Seeley, John R. Feil, Edward G. Golly, Annemeike
Small, Jason/0000-0001-5651-6944
1873-7706

A

URL: <Go to ISI>://WOS:000347263900001

Reference Type: Journal Article

Record Number: 1967

Author: Friesgaard, K. D., Paltved, C. and Nikolajsen, L.

Year: 2017

Title: Acute pain in the emergency department: Effect of an educational intervention

Journal: Scandinavian Journal of Pain

Volume: 15

Pages: 8-13

Date: Apr

Short Title: Acute pain in the emergency department: Effect of an educational intervention

ISSN: 1877-8860

DOI: 10.1016/j.sjpain.2016.11.004

Accession Number: WOS:000405971800002

Abstract: Background and aims: Pain management is often inadequate in emergency departments (ED) despite the availability of effective analgesics. Interventions to change professional behavior may therefore help to improve the management of pain within the ED. We hypothesized that a 2-h educational intervention combining e-learning and simulation would result in improved pain treatment of ED patients with pain. Methods: Data were collected at the ED of Horsens Regional Hospital during a 3-week study period in March 2015. Pain intensity (NRS, 0-10) and analgesic administration were recorded 24 h a day for all patients who were admitted to the ED during the first and third study weeks. Fifty-three ED nurses and 14 ED residents participated in the educational intervention, which took place in the second study week. Results: In total, 247 of 796 patients had pain >3 on the NRS at the admission to the ED and were included in the data analysis. The theoretical knowledge of pain management among nurses and residents increased as assessed by a multiple choice test performed before and after the educational intervention ($P = 0.001$), but no change in clinical practice could be observed: The administration for analgesics [OR: 1.79 (0.97-3.33)] and for opioids [2.02 (0.79-5.18)] were similar before and after the educational intervention, as was the rate of clinically meaningful pain reduction (NRS >2) during the ED stay [OR: 0.81 (CI 0.45-1.44)]. Conclusions: Conduction of a 2-h educational intervention combining interactive case-based e-learning with simulation-based training in an ED setting was feasible with a high participation rate of nurses and residents. Their knowledge of pain management increased after completion of the program, but transfer of the new knowledge into clinical practice could not be found. Future research should explore the effects of repeated education of healthcare providers on pain management. Implications: It is essential for nurses and residents in emergency departments to

have the basic theoretical and practical skills to treat acute pain properly. A modern approach including e-learning and simulation lead to increased knowledge of acute pain management. Further studies are needed to show how this increased knowledge is transferred into clinical practice. (C) 2016 Scandinavian Association for the Study of Pain. Published by Elsevier B.V. All rights reserved.

Notes: Friesgaard, Kristian Dahl Paltved, Charlotte Nikolajsen, Lone Nikolajsen, Lone/0000-0002-5261-806X; Nikolajsen, Lone/0000-0002-2705-7088
1877-8879

URL: <Go to ISI>://WOS:000405971800002

Reference Type: Journal Article

Record Number: 796

Author: Frizelle, P. and Lyons, C.

Year: 2022

Title: The development of a core key word signing vocabulary (Lamh) to facilitate communication with children with down syndrome in the first year of mainstream primary school in Ireland

Journal: Augmentative and Alternative Communication

Volume: 38

Issue: 1

Pages: 53-66

Date: Jan

Short Title: The development of a core key word signing vocabulary (Lamh) to facilitate communication with children with down syndrome in the first year of mainstream primary school in Ireland

ISSN: 0743-4618

DOI: 10.1080/07434618.2022.2050298

Accession Number: WOS:000782308900001

Abstract: Key word signing, an unaided augmentative, and alternative communication (AAC) system is commonly used by children with Down syndrome who attend mainstream primary schools. To ensure the successful use of key word signing within a mainstream environment, a meaningful, contextually appropriate sign vocabulary must be available to all communication partners. The aim of this study was to develop a core school-based key word signing vocabulary to facilitate effective communication between children with Down syndrome and their communication partners in the first year of mainstream primary school. Four key groups-participants with Down syndrome, their peers, teachers, and special needs assistants-and a speech-language pathologist contributed to the vocabulary over the course of an academic year, through observations, semi-structured interviews, and guided tours of the school environment. Based on criteria of frequency and commonality, 140 words were considered to be core vocabulary. The current study provides new insights into the complex process of vocabulary selection for children who use key word signing at school and highlights the importance of access to a functional sign vocabulary in facilitating inclusive education practices.

Notes: Frizelle, Pauline Lyons, Caoimhe
1477-3848

URL: <Go to ISI>://WOS:000782308900001

Reference Type: Journal Article

Record Number: 471

Author: Frizelle, P., McKean, C., Eadie, P., Ebbels, S., Firicke, S., Justice, L. M., Kunnari, S., Leitao, S., Morgan, A. T., Munro, N., Murphy, C. A., Storkel, H. L. and Van Horne, A. O.

Year: 2022

Title: Editorial Perspective: Maximising the benefits of intervention research for children and young people with developmental language disorder (DLD) – a call for international consensus on standards of reporting in intervention studies for children with and at risk for DLD

Journal: Journal of Child Psychology and Psychiatry

Date: 2022 Sep

Short Title: Editorial Perspective: Maximising the benefits of intervention research for children and young people with developmental language disorder (DLD) – a call for international consensus on standards of reporting in intervention studies for children with and at risk for DLD

ISSN: 0021-9630

DOI: 10.1111/jcpp.13694

Accession Number: WOS:000855732700001

Notes: Frizelle, Pauline McKean, Cristina Eadie, Patricia Ebbels, Susan Firicke, Slke Justice, Laura M. Kunnari, Sari Leitao, Suze Morgan, Angela T. Munro, Natalie Murphy, Carol-Anne Storkel, Holly L. Van Horne, Amanda Owen

Munro, Natalie/J-6163-2017

Munro, Natalie/0000-0002-5870-6378; McKean, Cristina/0000-0001-9058-9813; Kunnari, Sari/0000-0001-5290-4851
1469-7610

URL: <Go to ISI>://WOS:000855732700001

Reference Type: Journal Article

Record Number: 407

Author: Frost, H., Tooman, T., Cowie, J., Gillespie, N., Ackerman, P., Krievs, E. and Dziedzic, K.

Year: 2022

Title: Advanced Practice Physiotherapists and the implementation of the JIGSAW-E model for the management of osteoarthritis in Scottish primary care settings: a qualitative case study

Journal: Physiotherapy

Volume: 117

Pages: 81-88

Date: Dec

Short Title: Advanced Practice Physiotherapists and the implementation of the JIGSAW-E model for the management of osteoarthritis in Scottish primary care settings: a qualitative case study

ISSN: 0031-9406

DOI: 10.1016/j.physio.2022.08.007

Accession Number: WOS:000875621800013

Abstract: Objective To explore the acceptability, barriers and

enablers of NICE guidelines for osteoarthritis in the Scottish primary care setting using the Joint Implementation of Guidelines for Osteoarthritis in Western Europe (JIGSAW-E) model and investigate the role of Advanced Physiotherapy Practitioners (APPs) in providing evidence-based care. Design A qualitative case study comprised of semi-structured interviews followed by a workshop with participants. Setting 10 Scottish primary care practices. Participants Six general practitioners (GPs) and eight APPs were interviewed. Twenty-three practitioners attended the workshop including 22 physiotherapists and one GP. Results While both GPs and APPs recognised the need to improve and standardise osteoarthritis care delivery, this study found that APPs were better situated to implement the evidence-based model. Barriers to implementation included lack of time for training, limited appointment time for GPs to consult and discuss medication use with patients, limitation of disease specific guidelines for patients with complex multimorbidity, and system-based barriers such as electronic data collection and high staff turnover. The key enabler was practitioners' motivation to provide optimal, standardised quality care for osteoarthritis. To increase acceptance, ownership and usability for both practitioners and patients, the JIGSAW-E model materials required adaptation to the local context. Conclusion This study provides evidence that the JIGSAW-E model is acceptable in Scottish primary care. Furthermore, the evolving roles of GPs and APPs within multidisciplinary primary care teams provides a platform to implement the JIGSAW-E model, where APPs are well placed to provide leadership and training in the delivery of evidence-based care for osteoarthritis. (c) 2022 Chartered Society of Physiotherapy. Published by Elsevier Ltd. All rights reserved.

Notes: Frost, H. Tooman, T. Cowie, J. Gillespie, N. Ackerman, P. Krievs, E. Dziedzic, K.

Frost, Helen/0000-0001-9241-8970; Tooman, Tricia/0000-0002-1227-2033 1873-1465

URL: <Go to ISI>://WOS:000875621800013

Reference Type: Journal Article

Record Number: 692

Author: Frost, R., Avgerinou, C., Goodman, C., Clegg, A., Hopkins, J., Gould, R. L., Gardner, B., Marston, L., Hunter, R., Manthorpe, J., Cooper, C., Skelton, D. A., Drennan, V. M., Logan, P. and Walters, K.

Year: 2022

Title: Clinical and cost-effectiveness of a personalised health promotion intervention enabling independence in older people with mild frailty ('HomeHealth') compared to treatment as usual: study protocol for a randomised controlled trial

Journal: BMC Geriatrics

Volume: 22

Issue: 1

Date: Jun

Short Title: Clinical and cost-effectiveness of a personalised health promotion intervention enabling independence in older people with mild frailty ('HomeHealth') compared to treatment as usual:

study protocol for a randomised controlled trial

DOI: 10.1186/s12877-022-03160-x

Article Number: 485

Accession Number: WOS:000805940300001

Abstract: Background: Frailty is clinically associated with multiple adverse outcomes, including reduced quality of life and functioning, falls, hospitalisations, moves to long-term care and mortality. Health services commonly focus on the frailest, with highest levels of need. However, evidence suggests that frailty is likely to be more reversible in people who are less frail. Evidence is emerging on what interventions may help prevent or reduce frailty, such as resistance exercises and multi-component interventions, but few interventions are based on behaviour change theory. There is little evidence of cost-effectiveness. Previously, we co-designed a new behaviour change health promotion intervention ("HomeHealth") to support people with mild frailty. HomeHealth is delivered by trained voluntary sector support workers over six months who support older people to work on self-identified goals to maintain their independence, such as strength and balance exercises, nutrition, mood and enhancing social engagement. The service was well received in our feasibility randomised controlled trial and showed promising effects upon outcomes. Aim: To test the clinical and cost-effectiveness of the HomeHealth intervention on maintaining independence in older people with mild frailty in comparison to treatment as usual (TAU). Methods: Single-blind individually randomised controlled trial comparing the HomeHealth intervention to TAU. We will recruit 386 participants from general practices and the community across three English regions. Participants are included if they are community-dwelling, aged 65 +, with mild frailty according to the Clinical Frailty Scale. Participants will be randomised 1:1 to receive HomeHealth or TAU for 6 months. The primary outcome is independence in activities of daily living (modified Barthel Index) at 12 months. Secondary outcomes include instrumental activities of daily living, quality of life, frailty, wellbeing, psychological distress, loneliness, cognition, capability, falls, carer burden, service use, costs and mortality. Outcomes will be analysed using linear mixed models, controlling for baseline Barthel score and site. A health economic analysis and embedded mixed-methods process evaluation will be conducted. Discussion: This trial will provide definitive evidence on the effectiveness and cost-effectiveness of a home-based, individualised intervention to maintain independence in older people with mild frailty in comparison to TAU, that could be implemented at scale if effective.

Notes: Frost, Rachael Avgerinou, Christina Goodman, Claire Clegg, Andrew Hopkins, Jane Gould, Rebecca L. Gardner, Benjamin Marston, Louise Hunter, Rachael Manthorpe, Jill Cooper, Claudia Skelton, Dawn A. Drennan, Vari M. Logan, Pip Walters, Kate

Avgerinou, Christina/X-7342-2019; Skelton, Dawn/B-7552-2013;

Marston, Louise/A-8535-2012; Hunter, Rachael Maree/H-7846-2019

Avgerinou, Christina/0000-0002-1445-1676; Skelton, Dawn/

0000-0001-6223-9840; Marston, Louise/0000-0002-9973-1131; Hunter,

Rachael Maree/0000-0002-7447-8934; Logan, Philippa/

0000-0002-6657-2381; Frost, Rachael/0000-0003-3523-0052; Goodman,

Claire/0000-0002-8938-4893; Clegg, Andrew/0000-0001-5972-1097;

Walters, Kate/0000-0003-2173-2430; Manthorpe, Jill/
0000-0001-9006-1410; Gardner, Benjamin/0000-0003-1223-5934
1471-2318
URL: <Go to ISI>://WOS:000805940300001

Reference Type: Journal Article

Record Number: 71

Author: Fry, J., Wilkinson, S. A., Willcox, J., Henny, M., McGuire, L., Guthrie, T. M., Meloncelli, N. and de Jersey, S.

Year: 2023

Title: Improving Engagement in Antenatal Health Behavior Programs—Experiences of Women Who Did Not Attend a Healthy Lifestyle

Telephone Coaching Program

Journal: Nutrients

Volume: 15

Issue: 8

Date: Apr

Short Title: Improving Engagement in Antenatal Health Behavior Programs—Experiences of Women Who Did Not Attend a Healthy Lifestyle Telephone Coaching Program

DOI: 10.3390/nu15081860

Article Number: 1860

Accession Number: WOS:000977406800001

Abstract: Living Well during Pregnancy (LWdP) is a telephone-based antenatal health behavior intervention that has been shown to improve healthy eating behaviors and physical activity levels during pregnancy. However, one-third of eligible, referred women did not engage with or dropped out of the service. This study aimed to explore the experiences and perceptions of women who were referred but did not attend or complete the LWdP program to inform service improvements and adaptations required for scale and spread and improve the delivery of patient-centered antenatal care. Semi-structured telephone interviews were conducted with women who attended ≤ 2 LWdP appointments after referral. The interviews were thematically analyzed and mapped to the Theoretical Domains Framework and Behavior Change Wheel/COM-B Model to identify the barriers and enablers of program attendance and determine evidence-based interventions needed to improve service engagement and patient-centered antenatal care. Three key themes were identified: (1) the program content not meeting women's expectations and goals; (2) the need for flexible, multimodal healthcare; and (3) information sharing throughout antenatal care not meeting women's information needs. Interventions to improve women's engagement with LWdP and patient-centered antenatal care were categorized as (1) adaptations to LWdP, (2) training and support for program dietitians and antenatal healthcare professionals, and (3) increased promotion of positive health behaviors during pregnancy. Women require flexible and personalized delivery of the LWdP that is aligned with their individual goals and expectations. The use of digital technology has the potential to provide flexible, on-demand access to and engagement with the LWdP program, healthcare professionals, and reliable health information. All healthcare professionals are vital to the promotion of positive health behaviors in pregnancy,

with the ongoing training and support necessary to maintain clinician confidence and knowledge of healthy eating, physical activity, and weight gain during pregnancy.

Notes: Fry, Jessica Wilkinson, Shelley A. Willcox, Jane Henny, Michaela McGuire, Lisa Guthrie, Taylor M. Meloncelli, Nina de Jersey, Susan

; Wilkinson, Shelley/A-7919-2011

Meloncelli, Nina J.L./0000-0002-8990-9709; Willcox, Jane/0000-0002-6306-5333; Wilkinson, Shelley/0000-0003-3365-3473; de Jersey, Susan/0000-0001-6321-8558
2072-6643

URL: <Go to ISI>://WOS:000977406800001

Reference Type: Journal Article

Record Number: 1667

Author: Fry, M., Elliott, R., Fitzpatrick, L., Warton, J. and Curtis, K.

Year: 2020

Title: Measuring nurses' perceptions of their work environment and linking with behaviour change theories and implementation strategies to support evidence based practice change

Journal: Applied Nursing Research

Volume: 56

Date: Dec

Short Title: Measuring nurses' perceptions of their work environment and linking with behaviour change theories and implementation strategies to support evidence based practice change

ISSN: 0897-1897

DOI: 10.1016/j.apnr.2020.151374

Article Number: 151374

Accession Number: WOS:000599510300001

Abstract: Purpose: Survey tools, such as the Alberta Context Tool, reliably measure context but researchers have no process to map context to clinician behaviour and develop strategies to support practice change. Therefore, we aimed to map the Alberta Context Tool to the Theoretical Domains Framework and the Behaviour Change Wheel.

Method: The multi-centre study used the Alberta Context Tool to collect data from a convenience sample of nurses working in two emergency departments. These findings were categorised as barriers and enablers, and then mapped to the Theoretical Domains Framework to examine for behavioural domains. Using the Behaviour Change Wheel functions, strategies were developed to target clinician behaviour change. Results: Survey response rate was 42% (n = 68). Nurses perceived a positive work environment in the dimensions of Social Capital (median 4.00, IQR 0.33), Culture (median 3.83, IQR 1.16) and Leadership (median 3.60, IQR 1.1). Low scoring dimensions included Formal Interactions (median 2.75, IQR 1.00); Time (median 2.60, IQR 1.00) Staffing (median 3.0, IQR 2.00) and Space (median 3.0, IQR 2.00). Enablers (n = 77) and barriers (n = 25) were identified in both sites. The Theoretical Domains Framework was mapped to Alberta Context Tool barriers and enablers. The behaviour change strengths included: social and professional role; beliefs about capability; goals; and emotions. Using the Behaviour Change Wheel functions, 67

strategies were developed to address barriers and enablers. Conclusions: The Alberta Context Tool successfully measured two emergency environments identifying barriers and enablers. This approach enabled environment dimensions to be targeted with practical solutions to support evidence-based practice implementation.

Notes: Fry, Margaret Elliott, Rosalind Fitzpatrick, Lesley Warton, Jill Curtis, Kate Elliott, Rosalind/B-7315-2012; Fry, Margaret/F-8082-2017 Fry, Margaret/0000-0003-1265-7096; Curtis, Kate/0000-0002-3746-0348; Elliott, Rosalind/0000-0002-9239-7126 1532-8201
URL: <Go to ISI>://WOS:000599510300001

Reference Type: Journal Article

Record Number: 2402

Author: Frykman, M., Hasson, H., Athlin, A. M. and Schwarz, U. V.

Year: 2014

Title: Functions of behavior change interventions when implementing multi-professional teamwork at an emergency department: a comparative case study

Journal: BMC Health Services Research

Volume: 14

Date: May

Short Title: Functions of behavior change interventions when implementing multi-professional teamwork at an emergency department: a comparative case study

DOI: 10.1186/1472-6963-14-218

Article Number: 218

Accession Number: WOS:000337323100001

Abstract: Background: While there is strong support for the benefits of working in multi-professional teams in health care, the implementation of multi-professional teamwork is reported to be complex and challenging. Implementation strategies combining multiple behavior change interventions are recommended, but the understanding of how and why the behavior change interventions influence staff behavior is limited. There is a lack of studies focusing on the functions of different behavior change interventions and the mechanisms driving behavior change. In this study, applied behavior analysis is used to analyze the function and impact of different behavior change interventions when implementing multi-professional teamwork. Methods: A comparative case study design was applied. Two sections of an emergency department implemented multi-professional teamwork involving changes in work processes, aimed at increasing inter-professional collaboration. Behavior change interventions and staff behavior change were studied using observations, interviews and document analysis. Using a hybrid thematic analysis, the behavior change interventions were categorized according to the DCOM (R) model. The functions of the behavior change interventions were then analyzed using applied behavior analysis. Results: The two sections used different behavior change interventions, resulting in a large difference in the degree of staff behavior change. The successful section enabled staff

performance of teamwork behaviors with a strategy based on ongoing problem-solving and frequent clarification of directions. Managerial feedback initially played an important role in motivating teamwork behaviors. Gradually, as staff started to experience positive outcomes of the intervention, motivation for teamwork behaviors was replaced by positive task-generated feedback. Conclusions: The functional perspective of applied behavior analysis offers insight into the behavioral mechanisms that describe how and why behavior change interventions influence staff behavior. The analysis demonstrates how enabling behavior change interventions, managerial feedback and task-related feedback interact in their influence on behavior and have complementary functions during different stages of implementation.

Notes: Frykman, Mandus Hasson, Henna Athlin, Asa Muntlin Schwarz, Ulrica von Thiele
Muntlin, Asa/ABE-6756-2020; Frykman, Mandus/P-8135-2015; von Thiele Schwarz, Ulrica/A-7705-2012
Muntlin, Asa/0000-0002-7221-2876; Frykman, Mandus/0000-0002-5688-8323; von Thiele Schwarz, Ulrica/0000-0002-4771-8349 1472-6963
URL: <Go to ISI>://WOS:000337323100001

Reference Type: Journal Article

Record Number: 2024

Author: Frykman, M., Schwarz, U. V., Athlin, A. M., Hasson, H. and Mazzocato, P.

Year: 2017

Title: The work is never ending: uncovering teamwork sustainability using realistic evaluation

Journal: Journal of Health Organization and Management

Volume: 31

Issue: 1

Pages: 64-81

Short Title: The work is never ending: uncovering teamwork sustainability using realistic evaluation

ISSN: 1477-7266

DOI: 10.1108/jhom-01-2016-0020

Accession Number: WOS:000398487700006

Abstract: Purpose - The purpose of this paper is to uncover the mechanisms influencing the sustainability of behavior changes following the implementation of teamwork. Design/methodology/approach - Realistic evaluation was combined with a framework (DCOM (R)) based on applied behavior analysis to study the sustainability of behavior changes two and a half years after the initial implementation of teamwork at an emergency department. The DCOM (R) framework was used to categorize the mechanisms of behavior change interventions (BCIs) into the four categories of direction, competence, opportunity, and motivation. Non-participant observation and interview data were used. Findings - The teamwork behaviors were not sustained. A substantial fallback in managerial activities in combination with a complex context contributed to reduced direction, opportunity, and motivation. Reduced direction made staff members unclear about how and why they should work in teams. Deterioration

of opportunity was evident from the lack of problem-solving resources resulting in accumulated barriers to teamwork. Motivation in terms of management support and feedback was reduced. Practical implications – The implementation of complex organizational changes in complex healthcare contexts requires continuous adaptation and managerial activities well beyond the initial implementation period. Originality/value – By integrating the DCOM (R) framework with realistic evaluation, this study responds to the call for theoretically based research on behavioral mechanisms that can explain how BCIs interact with context and how this interaction influences sustainability.

Notes: Frykman, Mandus Schwarz, Ulrica von Thiele Athlin, Asa Muntlin Hasson, Henna Mazzocato, Pamela von Thiele Schwarz, Ulrica/A-7705-2012; Frykman, Mandus/P-8135-2015; Muntlin, Asa/ABE-6756-2020 von Thiele Schwarz, Ulrica/0000-0002-4771-8349; Frykman, Mandus/0000-0002-5688-8323; Muntlin, Asa/0000-0002-7221-2876 1758-7247
URL: <Go to ISI>://WOS:000398487700006

Reference Type: Journal Article

Record Number: 828

Author: Fullerton, M. M., Benham, J., Graves, A., Fazel, S., Doucette, E. J., Oxoby, R. J., Murali, M., Boucher, J. C., Constantinescu, C., Leigh, J. P., Tang, T., Marshall, D. A., Hu, J. and Lang, R.

Year: 2022

Title: Challenges and recommendations for COVID-19 public health messaging: a Canada-wide qualitative study using virtual focus groups

Journal: Bmj Open

Volume: 12

Issue: 4

Date: Apr

Short Title: Challenges and recommendations for COVID-19 public health messaging: a Canada-wide qualitative study using virtual focus groups

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-054635

Article Number: e054635

Accession Number: WOS:000783232500049

Abstract: Objectives To understand Canadian's attitudes and current behaviours towards COVID-19 public health measures (PHM), vaccination and current public health messaging, to provide recommendations for a public health intervention. Design Ten focus groups were conducted with 2-7 participants/group in December 2020. Focus groups were transcribed verbatim and analysed using content and inductive thematic analysis. The capability opportunity motivation behaviour Model was used as our conceptual framework. Setting Focus groups were conducted virtually across Canada.

Participants Participants were recruited from a pool of individuals who previously completed a Canada-wide survey conducted by our research team. Main outcome measure Key barriers and facilitators

towards COVID-19 PHM and vaccination, and recommendations for public health messaging. Results Several themes were identified (1) participants' desire to protect family and friends was the main facilitator for adhering to PHM, while the main barrier was inconsistent PHM messaging and (2) participants were optimistic that the vaccine offers a return to normal, however, worries of vaccine efficacy and effectiveness were the main concerns. Participants felt that current public health messaging is inconsistent, lacks transparency and suggested that messaging should include scientific data presented by a trustworthy source. Conclusions We suggest six public health messaging recommendations to increase adherence to PHM and vaccination (1) use an unbiased scientist as a spokesperson, (2) openly address any unknowns, (3) more is better when sharing data, (4) use personalised stories to reinforce PHM and vaccinations, (5) humanise the message by calling out contradictions and (6) focus on the data and keep politics out.

Notes: Fullerton, Madison M. Benham, Jamie Graves, Addy Fazel, Sajjad Doucette, Emily J. Oxoby, Robert J. Murali, Mehdi Boucher, Jean-Christophe Constantinescu, Cora Leigh, Jeanna Parsons Tang, Theresa Marshall, Deborah A. Hu, Jia Lang, Raynell

Murali, Mehdi/HT0-0412-2023

Murali, Mehdi/0000-0002-9969-3892; Benham, Jamie L/0000-0002-2233-4613; Doucette, Emily Jayne/0000-0003-0540-1826; Parsons Leigh, Jeanna/0000-0002-8408-674X

URL: <Go to ISI>://WOS:000783232500049

Reference Type: Journal Article

Record Number: 1693

Author: Furtado, T., Perkins, E., Pinchbeck, G., McGowan, C., Watkins, F. and Christley, R.

Year: 2021

Title: Exploring horse owners' understanding of obese body condition and weight management in UK leisure horses

Journal: Equine Veterinary Journal

Volume: 53

Issue: 4

Pages: 752-762

Date: Jul

Short Title: Exploring horse owners' understanding of obese body condition and weight management in UK leisure horses

ISSN: 0425-1644

DOI: 10.1111/evj.13360

Accession Number: WOS:000585058400001

Abstract: Background Equine obesity is considered one of the most serious welfare concerns in UK leisure horses, yet little is known about how horse owners conceptualise their horse's weight as part of its health, or how they plan and carry out weight management.

Objectives This study aimed to further our understanding of leisure horse owners' perceptions of equine health and awareness of excess fat in order to clarify our understanding of successful strategies for managing equine weight. Study design This study used a

qualitative research methodology. Methods Data comprised 16 threads from online UK equine discussion fora, 28 individual interviews with

leisure horse owners, 19 interviews with equine professionals such as vets and nutritionists, and two focus groups with a further 21 horse owners. Data were anonymised and analysed using a grounded theory approach. Results Awareness of excess fat was a complex issue, with owners finding it difficult to differentiate equine obesity from the shape they thought the horse was "meant to be", particularly if the horse was a heavier breed such as a native pony or cob. Owners were not necessarily "aware" or "unaware" of fat, but instead equine body fat was constructed as an integral part of the equine body. For example, owners might say that they thought their horse was an ideal weight yet describe their horse's overall body shape as "like a Thelwell". When owners became aware of fat as a changeable part of the horse's body, and/or a threat to health, the presence of fat was articulated as a strong-willed adversary, and weight management was considered a "battle" or "war". Owners found weight management difficult because they perceived that it had immediate negative welfare implications for the horse, and this therefore interfered with their preferred ownership practices and the horse-human relationship. Main limitations Interview data are self-reported, and people may not always do what they say they do. Conclusions This study has provided valuable insight into how owners conceptualise weight and weight management, yielding important information about communicating with owners about weight, tailoring weight management strategies, and promoting positive welfare. Notes: Furtado, Tamzin Perkins, Elizabeth Pinchbeck, Gina McGowan, Catherine Watkins, Francine Christley, Robert Furtado, Tamzin/0000-0002-1590-6417; McGowan, Catherine/0000-0002-1946-9584; Perkins, Elizabeth/0000-0002-0213-8105; Christley, Robert/0000-0001-9250-3032 2042-3306 URL: <Go to ISI>://WOS:000585058400001

Reference Type: Journal Article

Record Number: 94

Author: Fuster, M., Santos, M. P., Dimond, E., Huang, T. T. K. and Handley, M. A.

Year: 2023

Title: Examining capabilities, opportunities, and motivations for healthy eating behaviors in Latin American restaurants: a quantitative application of the COM-B model to inform future interventions

Journal: BMC Nutrition

Volume: 9

Issue: 1

Date: Mar

Short Title: Examining capabilities, opportunities, and motivations for healthy eating behaviors in Latin American restaurants: a quantitative application of the COM-B model to inform future interventions

DOI: 10.1186/s40795-023-00712-1

Article Number: 57

Accession Number: WOS:000954601000002

Abstract: Background Eating foods away from home has been associated

with poor diet quality and adverse health outcomes. Research is needed to examine barriers and facilitators to making healthier eating choices in restaurant settings. We operationalized the Capability, Opportunity, and Motivation for Behavior Model (COM-B Model) to conduct a behavioral diagnosis for healthy eating behaviors at Latin American restaurants (LARs), an understudied yet increasingly important food environment with the potential to positively influence diets. Methods We conducted an online survey with adults in the United States that reported eating food from LARs at least once a month (n = 509) recruited via an online market research panel to examine capabilities – physical (e.g., skills) and psychological (e.g., knowledge), opportunities – social (e.g., norms) and physical (e.g., environmental), and motivations – reflective (e.g., self-conscious intentions) and automatic (e.g., emotions) associated with healthier choices at LARs. In a survey focused on LAR-associated behaviors, each COM-B domain was scored between 1–5, with scores ≥ 4 denoted as having high capability, opportunity, and motivation to eat healthfully at LARs (potential range of total score = 6–35). Regression analysis was used to examine the association between COM-B scores (total and by domain) and select demographic characteristics (age, gender, race, Latin heritage, income, education, marital status, and Latin majority state of residency). Results More than half of the participants (57.1%) were classified as having high physical capability, followed by psychological capability (43.9%) in the LAR environment. The proportions of participants with either high motivation or high opportunity were low, ranging from 37.3% (reflective motivation) to physical opportunity (15.6%). The overall mean COM-B total score was 19.8 \pm 3.0. Higher total COM-B scores were associated with younger age, self-identifying as white, having Latin heritage, and having higher income ($p < 0.05$). Conclusions This study expands the application of the COM-B framework using quantitative inquiry to evaluate levels of capability, motivation, and opportunity for healthy eating in LAR settings and initial demographic associations with determinants for healthy eating in these settings. This work can aid in tailoring interventions and developing evaluation tools for LAR-related healthy eating interventions.

Notes: Fuster, Melissa Santos, Maria P. Dimond, Emily Huang, Terry T. K. Handley, Margaret A.

2055-0928

URL: <Go to ISI>://WOS:000954601000002

Reference Type: Journal Article

Record Number: 754

Author: Fynn, J. F., Milton, K., Hardeman, W. and Jones, A. P.

Year: 2022

Title: A model for effective partnership working to support programme evaluation

Journal: Evaluation

Volume: 28

Issue: 3

Pages: 284–307

Date: Jul

Short Title: A model for effective partnership working to support programme evaluation

ISSN: 1356-3890

DOI: 10.1177/13563890221096178

Article Number: 13563890221096178

Accession Number: WOS:000795769300001

Abstract: The use of multi-agency partnerships, including research-practice partnerships, to facilitate the development, implementation and evaluation of public health interventions has expanded in recent years. However, gaps remain in the understanding of influences on partnership working, and their capacity to facilitate and use evaluation, as well as the characteristics which lead to partnership effectiveness. We applied qualitative methods to explore experiences of stakeholders who were involved in partnerships to deliver and evaluate a national physical activity programme. We combined thematic and network analysis, and drew on concepts of evaluation use, knowledge exchange and organisational systems to interpret our findings and develop a conceptual model of the relationships between partnership characteristics and processes. Our model identifies key partnership characteristics such as high levels of engagement, regular communication and continuity. Furthermore, it highlights the importance of implementing organisational structures and systems to support effective partnership working, knowledge exchange and capacity building.

Notes: Fynn, Judith F. Milton, Karen Hardeman, Wendy Jones, Andy P. Hardeman, Wendy/H-1497-2012

Hardeman, Wendy/0000-0002-6498-9407; Fynn, Judith/
0000-0002-0019-324X

1461-7153

URL: <Go to ISI>://WOS:000795769300001

Reference Type: Journal Article

Record Number: 137

Author: Gabarron, E., Skafle, I., Nordahl-Hansen, A. and Wynn, R.

Year: 2023

Title: Social media interventions for autistic individuals:

Systematic review

Journal: Frontiers in Psychiatry

Volume: 14

Date: Mar

Short Title: Social media interventions for autistic individuals:

Systematic review

ISSN: 1664-0640

DOI: 10.3389/fpsy.2023.1089452

Article Number: 1089452

Accession Number: WOS:000952248800001

Abstract: Background Research on the use of digital technologies for delivering behavioral interventions has shown mixed evidence on their efficacy for improving both autistic symptoms and co-occurring psychiatric disorders. Little knowledge exists on the specific use or efficacy of using social media in interventions aimed at autistic individuals. Objective To review and describe the current existing evidence-based research on the use of social media in interventions

aimed at autistic individuals. Methods A search was conducted across 8 databases (PubMed; EMBASE; Cochrane Library; PsycInfo; ERIC; Education Source; Web of Science; and IEEE Xplore). We included primary studies and reviews that dealt with autism spectrum disorder (ASD); described interventions that use social media; and reported results from the intervention. The quality of the evidence of the included primary studies was graded according to the GRADE criteria, and the risk of bias in systematic reviews was assessed by drawing on the AMSTAR guidelines. Results were synthesized and sorted by quality of evidence. Results A total of nine articles were included in this review: eight primary studies (five non-randomized interventions and three randomized interventions) and one systematic review. The total number of participants with an ASD-diagnosis in the included studies was 164 (aged 5 to 22 years old). Studies weighted as being of moderate quality of evidence have reported significant positive effects in the groups that received the social media interventions: increased social engagement and participation in life situations; increased physical activity level; increased improvement on occupational performance, specified goals, and behavioral problems; and decreased plaque scores coupled with parent reports of intervention success. None of the studies have reported any negative effects linked to social media interventions. Conclusion There is very little evidence of good quality on the use of social media in interventions aimed at autistic individuals. While there is a need for more high-quality studies, all the included studies, with one exception found positive results of the interventions. These findings are encouraging, suggesting that social media-based interventions may in fact be useful for supporting behavioral changes in autistic individuals.

Notes: Gabarron, Elia Skafle, Ingjerd Nordahl-Hansen, Anders Wynn, Rolf

Nordahl-Hansen, Anders/H-8315-2019

Nordahl-Hansen, Anders/0000-0002-6411-3122

URL: <Go to ISI>://WOS:000952248800001

Reference Type: Journal Article

Record Number: 1366

Author: Gabriel, I., Creedy, D. and Coyne, E.

Year: 2021

Title: Feasibility of a socio-spiritual intervention to improve quality of life of adult Nigerians with cancer and their family caregivers: Protocol for a randomised controlled trial

Journal: Contemporary Clinical Trials Communications

Volume: 22

Date: Jun

Short Title: Feasibility of a socio-spiritual intervention to improve quality of life of adult Nigerians with cancer and their family caregivers: Protocol for a randomised controlled trial

DOI: 10.1016/j.conctc.2021.100802

Article Number: 100802

Accession Number: WOS:000670329900006

Abstract: Background: Despite high psychosocial needs that negatively affect the quality of life of adults living with cancer

and their family caregivers, there is a lack of interventions that are culturally sensitive to low-income countries. This protocol tests the feasibility of a randomised controlled trial on the efficacy of a socio-spiritual intervention to improve the quality of life of adult Nigerians living with cancer and their family caregivers. Methods/design: This two-arm trial will recruit 152 adults with cancer and their family caregivers (76 dyads). Participants will be recruited from a clinical facility in Zaria, Kaduna State, Nigeria. Eligible participants will be randomly assigned to either the intervention or control group at a 1:1 ratio. The intervention consists of four weekly face-to-face sessions with a focus on spirituality, social support, and information needs. Control participants will receive usual care. Outcome measures include feasibility, spiritual need, social need, information, cancer health literacy, and quality of life collected at baseline and immediate post-intervention. Discussion: Nigeria has the highest rate of extreme poverty globally with high rates of cancer mortality. Testing the feasibility of social-spiritual interventions in resource poor settings is important to establish preliminary efficacy and sustainability. Family-centred interventions for adults living with cancer and their family caregivers can strengthen their coping capabilities. If this intervention is feasible and effective, it could be implemented both in clinical practice and communities in other low and middle income countries.

Notes: Gabriel, Israel Creedy, Debra Coyne, Elisabeth Coyne, Elisabeth/Q-5240-2019; Creedy, Debra K./AAD-2600-2021; Coyne, Elisabeth/L-1221-2013
Coyne, Elisabeth/0000-0001-8511-600X; Creedy, Debra K./0000-0002-3046-4143; Coyne, Elisabeth/0000-0001-8511-600X; GABRIEL, ISRAEL/0000-0002-5663-450X
2451-8654
URL: <Go to ISI>://WOS:000670329900006

Reference Type: Journal Article

Record Number: 1530

Author: Gainforth, H. L., Dineen, T. E., Giroux, E. E. and Forneris, T.

Year: 2021

Title: Teaching Behavior Change Theory in Canada: Establishing Consensus on Behavior Change Theories That Are Recommended to Be Taught to Undergraduate Students in Courses Addressing Health Behavior Change

Journal: Pedagogy in Health Promotion

Volume: 7

Issue: 1

Pages: 51-59

Date: Mar

Short Title: Teaching Behavior Change Theory in Canada: Establishing Consensus on Behavior Change Theories That Are Recommended to Be Taught to Undergraduate Students in Courses Addressing Health Behavior Change

ISSN: 2373-3799

DOI: 10.1177/2373379920906178

Accession Number: WOS:000848850900010

Abstract: There is little guidance on which behavior change theories should be taught in undergraduate courses addressing health behavior change. Delphi consensus methods provide a formal, systematic, and reproducible method for establishing consensus among experts.

Objective. Use a Delphi methodology to establish consensus regarding behavior change theories that should be taught to undergraduate students enrolled in health behavior change courses. Method. An online Delphi consensus exercise was completed by instructors who were identified through a systematic search of 94 University course calendars to be teaching health behavior change content to undergraduate students in Canada. In Round 1, 22 participants generated a list of theories taught in undergraduate courses. In Rounds 2 and 3, participants indicated their level of agreement using an 11-point Likert-type scale as to which theories should be taught. Theories that reached predetermined consensus criteria were retained in each round. Results. In Round 1, participants listed over 50 different theories being taught in undergraduate courses. After Round 2, nine theories met consensus criteria which were refined to only six theories in Round 3 (i.e., behavior change wheel, self-determination theory, self-efficacy theory, social ecological model, social cognitive theory, theory of planned behavior). Conclusions. A wide range of theories are taught in undergraduate courses. However, only a minority of these theories reached consensus criteria as being theories that should be taught to undergraduate students enrolled in courses addressing health behavior change. Findings can be used to improve the consistency and quality of instruction of behavior change theories at the undergraduate level.

Notes: Gainforth, Heather L. Dineen, Tineke E. Giroux, Emily E. Forneris, Tanya

Gainforth, Heather/0000-0002-3281-1110
2373-3802

URL: <Go to ISI>://WOS:000848850900010

Reference Type: Journal Article

Record Number: 2258

Author: Gainforth, H. L., West, R. and Michie, S.

Year: 2015

Title: Assessing Connections Between Behavior Change Theories Using Network Analysis

Journal: Annals of Behavioral Medicine

Volume: 49

Issue: 5

Pages: 754-761

Date: Oct

Short Title: Assessing Connections Between Behavior Change Theories Using Network Analysis

ISSN: 0883-6612

DOI: 10.1007/s12160-015-9710-7

Accession Number: WOS:000360829000011

Abstract: A cross-disciplinary scoping review identified 83 of behavior change theories, with many similarities and overlapping

constructs. Investigating the derivation of these theories may provide further understanding of their contribution and intended application. To develop and apply a method to describe the explicit derivation of theories of behavior change. A network analysis of the explicit "contributing to" relations between the 83 theories was conducted. Identification of relations involved textual analysis of primary theory sources. One hundred and twenty-two connections between the theories were identified amounting to 1.8 % of the number possible. On average, theories contributed to one or two theories (mean = 1.47 +/- 3.69 contributions) and were informed by one or two theories (mean = 1.47 +/- 1.61 contributing theories). Most behavior change theories appear to be explicitly informed by few prior theories. If confirmed, this suggests a considerable dislocation between generations of theories which would be expected to undermine scientific progress.

Notes: Gainforth, Heather L. West, Robert Michie, Susan West, Robert/B-5414-2009; West, Robert/B-5414-2009 West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921; Gainforth, Heather/0000-0002-3281-1110 1532-4796
URL: <Go to ISI>://WOS:000360829000011

Reference Type: Journal Article

Record Number: 1764

Author: Galaviz, K. I., Breland, J. Y., Sanders, M., Breathett, K., Cerezo, A., Gil, O., Hollier, J. M., Marshall, C., Wilson, J. D. and Essien, U. R.

Year: 2020

Title: Implementation Science to Address Health Disparities During the Coronavirus Pandemic

Journal: Health Equity

Volume: 4

Issue: 1

Pages: 463-467

Short Title: Implementation Science to Address Health Disparities During the Coronavirus Pandemic

DOI: 10.1089/heq.2020.0044

Accession Number: WOS:000617523000061

Abstract: The coronavirus disease 2019 (COVID-19) pandemic is disproportionately affecting racial and ethnic minorities. In the United States, data show African American, Hispanic, and Native American populations are overrepresented among COVID-19 cases and deaths. As we speed through the discovery and translation of approaches to fight COVID-19, these disparities are likely to increase. Implementation science can help address disparities by guiding the equitable development and deployment of preventive interventions, testing, and, eventually, treatment and vaccines. In this study, we discuss three ways in which implementation science can inform these efforts: (1) quantify and understand disparities; (2) design equitable interventions; and (3) test, refine, and retest interventions.

Notes: Galaviz, Karla, I Breland, Jessica Y. Sanders, Mechelle Breathett, Khadijah Cerezo, Alison Gil, Oscar Hollier, John M.

Marshall, Cassondra Wilson, J. Deanna Essien, Utibe R.
Essien, Utibe/ABG-2508-2021; Galaviz, Karla/P-1922-2018; Essien,
Utibe R./AAB-2320-2022; Breland, Jessica/HZI-2246-2023
Galaviz, Karla/0000-0002-5491-3388; Essien, Utibe R./
0000-0002-4494-5028; Breland, Jessica/0000-0003-0024-3478;
Breathett, Khadijah/0000-0001-5397-6419
2473-1242
URL: <Go to ISI>://WOS:000617523000061

Reference Type: Journal Article

Record Number: 36

Author: Gale, N., Hopkinson, J., Wasley, D. and Byrne, A.

Year: 2023

Title: The promotion of homebased physical activity for people with
lung cancer and cachexia, a qualitative study of healthcare
professionals, patients and carers

Journal: Journal of Cancer Survivorship

Volume: 17

Issue: 3

Pages: 677-685

Date: Jun

Short Title: The promotion of homebased physical activity for people
with lung cancer and cachexia, a qualitative study of healthcare
professionals, patients and carers

ISSN: 1932-2259

DOI: 10.1007/s11764-023-01376-3

Accession Number: WOS:000976940600001

Abstract: Purpose There is some evidence of the benefits of physical
activity (PA) in patients with lung cancer; however, there is a lack
of understanding of acceptable PA for patients with established
cachexia and how to facilitate sustainable behaviour change to
promote PA. Therefore, this study explored the views of healthcare
professionals (HP), patients with lung cancer and cachexia, and
their carers on preferences for, barriers and facilitators of
homebased PA. Methods This qualitative study involved ten telephone
interviews with HPs and face-to-face interviews with seven patients
with lung cancer and cachexia and their carers. Interviews were
transcribed and analysed thematically. The Capability, Opportunity,
Motivation and Behaviour (COM-B) model was used as a framework for
the thematic cross-group analysis. Results The types of homebased PA
suggested by patients with lung cancer and cachexia (n = 7), their
carers (n = 7) and HPs (n = 10) were functional, flexible,
individualised and initially of short duration and low intensity. PA
was influenced by themes within physical and psychological
Capability, physical and social Opportunities as well as automatic
and reflective Motivation. Conclusion Based on a behaviour change
theory, principles to promote homebased PA were developed. These
principles need to be integrated into tools to promote PA in people
with lung cancer and weight loss.

Notes: Gale, Nichola Hopkinson, Jane Wasley, David Byrne, Anthony
1932-2267

URL: <Go to ISI>://WOS:000976940600001

Reference Type: Journal Article

Record Number: 758

Author: Gan, W., Zhang, Q. H., Yang, D., Yin, J. Y., Wang, Y. J., Song, L., Chen, T. and Qi, H.

Year: 2022

Title: A behavior change wheel-based interactive pictorial health education program for hypertensive patients with low blood pressure health literacy: study protocol for a randomized controlled trial

Journal: Trials

Volume: 23

Issue: 1

Date: May

Short Title: A behavior change wheel-based interactive pictorial health education program for hypertensive patients with low blood pressure health literacy: study protocol for a randomized controlled trial

DOI: 10.1186/s13063-022-06300-1

Article Number: 369

Accession Number: WOS:000790174000002

Abstract: Background: The prevalence of hypertension is increasing worldwide. Hypertension self-management usually involves the application and consideration of oral, written, or quantitative information. Hypertensive patients in China have limited high blood pressure health literacy (HBP-HL), which may lead to poorer clinical outcomes. This study aims to determine the feasibility and effectiveness of an interactive pictorial health education program based on behavior change wheel (BCW) theory and its effect on HBP-HL, self-efficacy, self-management ability, and health-related quality of life (HRQOL) in hypertensive patients with low HBP-HL. Methods: This study is a randomized controlled trial (RCT). One of the municipal districts in Huzhou, China, will be randomly selected, and two communities with similar conditions within this district will be screened and selected. A total of 120 hypertensive patients aged 18 years and older will be recruited from these two community settings. One of the communities will be randomly allocated to an interactive pictorial health education program conducted by a comprehensive health literacy strategy that includes (i) training participants in effective health communication skills that address issues encountered in seeking medical care and (ii) the use of self-developed interactive pictorial hypertension education to improve patient understanding and behaviors versus a control group (routine community lecture health education only). The primary outcome measure is HBP-HL. Secondary outcomes are self-efficacy, self-management ability, HRQOL, social support, and improvement in blood pressure. Outcomes will be collected at 6, 9, and 12 months from trial entry. Discussion: The strengths of this study are the establishment of a new health management program for hypertensive patients that closely combines BCW theory and health literacy. This trial has the potential to improve HBP-HL in hypertensive Chinese patients with low health literacy to improve the self-management of hypertension and help control blood pressure.

Notes: Gan, Wei Zhang, Qinghua Yang, Dan Yin, Jinyu Wang, Yujie Song, Li Chen, Ting Qi, Huan

bawornthip, pataporn/HVF-3091-2023; Zhang, Qinghua/HKW-1575-2023
Zhang, Qinghua/0000-0002-6184-0308
1745-6215
URL: <Go to ISI>://WOS:000790174000002

Reference Type: Journal Article

Record Number: 1150

Author: Garcia, A., Higgs, S., Lluch, A., Darcel, N. and Davidenko, O.

Year: 2021

Title: Associations between Perceived Social Eating Norms and Initiation and Maintenance of Changes in Dietary Habits during the First COVID-19 Lockdown in France

Journal: Foods

Volume: 10

Issue: 11

Date: Nov

Short Title: Associations between Perceived Social Eating Norms and Initiation and Maintenance of Changes in Dietary Habits during the First COVID-19 Lockdown in France

DOI: 10.3390/foods10112745

Article Number: 2745

Accession Number: WOS:000723636200001

Abstract: Changes in dietary habits of the French population have been reported during the national lockdown that was enforced due to the COVID-19 pandemic. This study investigated whether perceived social eating norms were associated with the initiation and maintenance of dietary changes that took place as a result of lockdown. An online study collected information on (1) changes in consumption implemented during the lockdown and the maintenance of these changes, and (2) perceptions about changes in consumption implemented during lockdown by household members, relatives out of home, and the general population. The changes in consumption were classified as foods to increase or to decrease according to French national recommendations. The perception of changes to dietary habits by household members and relatives out of home was related to the changes made by individuals for each of the food categories (all $p < 0.05$) but not to the perception of changes made the general population. Increased consumption of foods to increase was more likely to be maintained when there was a positive perception of the changes made by household members ($p = 0.03$). These results highlight the influence of the perception of social eating norms, especially by household members and relatives, on the implementation of dietary changes during lockdown and suggest that social eating norms can have a lasting influence.

Notes: Garcia, Armelle Higgs, Suzanne Lluch, Anne Darcel, Nicolas Davidenko, Olga

Higgs, Suzanne/A-9632-2008

Higgs, Suzanne/0000-0002-9225-7692; Davidenko, Olga/
0000-0001-8782-7008

2304-8158

URL: <Go to ISI>://WOS:000723636200001

Reference Type: Journal Article
Record Number: 1859
Author: Garcia, R. C., Guillem, F. C., Seco, E. M., Puente, J. M. G., Arango, J. S., Manent, J. I. R., Cantera, C. M., Gimenez, M. D. and Frauca, J. R.
Year: 2018
Title: Recommendations on lifestyle. PAPPS update 2018
Journal: Atencion Primaria
Volume: 50
Pages: 29-40
Date: May
Short Title: Recommendations on lifestyle. PAPPS update 2018
ISSN: 0212-6567
Accession Number: WOS:000440272700004
Notes: Cordoba Garcia, Rodrigo Camarelles Guillem, Francisco Munoz Seco, Elena Gomez Puente, Juana M. San Jose Arango, Joaquin Ramirez Manent, Jose Ignacio Martin Cantera, Carlos del Campo Gimenez, M. Revenga Frauca, Juan
Illes Balears, Bibliosalut/HM0-4986-2023; Martin-Cantera, Carlos/D-2693-2011
Illes Balears, Bibliosalut/0000-0001-6887-4562; del Campo Gimenez, Maria/0000-0002-9565-4351; Martin-Cantera, Carlos/0000-0003-0656-8126
1578-1275
1
URL: <Go to ISI>://WOS:000440272700004

Reference Type: Journal Article
Record Number: 822
Author: Garcia, S. B., Chalupnik, M., Irving, K. and Haselgrove, M.
Year: 2022
Title: Increasing Condom Use and STI Testing: Creating a Behaviourally Informed Sexual Healthcare Campaign Using the COM-B Model of Behaviour Change
Journal: Behavioral Sciences
Volume: 12
Issue: 4
Date: Apr
Short Title: Increasing Condom Use and STI Testing: Creating a Behaviourally Informed Sexual Healthcare Campaign Using the COM-B Model of Behaviour Change
DOI: 10.3390/bs12040108
Article Number: 108
Accession Number: WOS:000787933100001
Abstract: Sexually transmitted infections (STIs) are a major public health challenge. Although theoretically informed public health campaigns are more effective for changing behaviour, there is little evidence of their use when campaigns are commissioned to the commercial sector. This study describes the implementation of the COM-B model to a sexual health campaign that brought together expertise from academics, sexual healthcare, and marketing and creative professionals. Insights were gathered following a review of

the relevant academic literature. Barriers and facilitators to condom use and STI testing were explored with the use of the COM-B model and the Behaviour Change Wheel in a workshop attended by academics, behavioural scientists, healthcare experts and creative designers. Feedback on the creative execution of the campaign was obtained from healthcare experts and via surveys. Barriers to psychological capability, automatic and reflective motivation, and social opportunity were identified as targets for the campaign, and creative solutions to these barriers were collaboratively devised. The final sexual health campaign was rated positively in its ability to change attitudes and intentions regarding the use of condoms and STI testing. This study describes the implementation of the COM-B model of behaviour change to a public sexual health campaign that brought together academics, public and commercial sector expertise. The barriers and facilitators identified in this collaborative process represent potential targets for future public health communication campaigns.

Notes: Garcia, Sara Bru Chalupnik, Malgorzata Irving, Katy Haselgrove, Mark

Bru Garcia, Sara/0000-0002-6406-6864; Irving, Katy/0000-0002-9453-3267; Chalupnik, Malgorzata/0000-0003-4205-7489 2076-328x

URL: <Go to ISI>://WOS:000787933100001

Reference Type: Journal Article

Record Number: 2390

Author: Gardner, B., Brostrom, A., Nilsen, P., Strom, H. H., Ulander, M., Fridlund, B., Skagerstrom, J. and Johansson, P.

Year: 2014

Title: From 'does it work?' to 'what makes it work?': The importance of making assumptions explicit when designing and evaluating behavioural interventions

Journal: European Journal of Cardiovascular Nursing

Volume: 13

Issue: 4

Pages: 292-294

Date: Aug

Short Title: From 'does it work?' to 'what makes it work?': The importance of making assumptions explicit when designing and evaluating behavioural interventions

ISSN: 1474-5151

DOI: 10.1177/1474515114531688

Accession Number: WOS:000342579700001

Notes: Gardner, Benjamin Brostrom, Anders Nilsen, Per Strom, Harald Hrubos Ulander, Martin Fridlund, Bengt Skagerstrom, Janna Johansson, Peter

Gardner, Benjamin/C-1565-2008; Johansson, Peter/ABH-4364-2020

Gardner, Benjamin/0000-0003-1223-5934; Hrubos-Strom, Harald/0000-0003-0065-0145

1873-1953

URL: <Go to ISI>://WOS:000342579700001

Reference Type: Journal Article

Record Number: 1998

Author: Gardner, B., Jovicic, A., Belk, C., Kharicha, K., Iliffe, S., Manthorpe, J., Goodman, C., Drennan, V. M. and Walters, K.

Year: 2017

Title: Specifying the content of home-based health behaviour change interventions for older people with frailty or at risk of frailty: an exploratory systematic review

Journal: Bmj Open

Volume: 7

Issue: 2

Date: Feb

Short Title: Specifying the content of home-based health behaviour change interventions for older people with frailty or at risk of frailty: an exploratory systematic review

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-014127

Article Number: e014127

Accession Number: WOS:000397872400126

Abstract: Objectives: To identify trials of home-based health behaviour change interventions for frail older people, describe intervention content and explore its potential contribution to intervention effects. Design: 15 bibliographic databases, and reference lists and citations of key papers, were searched for randomised controlled trials of home-based behavioural interventions reporting behavioural or health outcomes. Setting: Participants' homes. Participants: Community-dwelling adults aged ≥ 65 years with frailty or at risk of frailty. Primary and secondary outcome measures: Trials were coded for effects on thematically clustered behavioural, health and well-being outcomes. Intervention content was described using 96 behaviour change techniques, and 9 functions (eg, education, environmental restructuring). Results: 19 eligible trials reported 22 interventions. Physical functioning was most commonly assessed (19 interventions). Behavioural outcomes were assessed for only 4 interventions. Effectiveness on most outcomes was limited, with at most 50% of interventions showing potential positive effects on behaviour, and 42% on physical functioning. 3 techniques (instruction on how to perform behaviour, adding objects to environment, restructuring physical environment) and 2 functions (education and enablement) were more commonly found in interventions showing potential than those showing no potential to improve physical function. Intervention content was not linked to effectiveness on other outcomes. Conclusions: Interventions appeared to have greatest impact on physical function where they included behavioural instructions, environmental modification and practical social support. Yet, mechanisms of effects are unclear, because impact on behavioural outcomes has rarely been considered. Moreover, the robustness of our findings is also unclear, because interventions have been poorly reported. Greater engagement with behavioural science is needed when developing and evaluating home-based health interventions.

Notes: Gardner, Benjamin Jovicic, Ana Belk, Celia Kharicha, Kalpa Iliffe, Steve Manthorpe, Jill Goodman, Claire Drennan, Vari M. Walters, Kate

Illiffe, Steve/L-8379-2019; Gardner, Benjamin/C-1565-2008; Drennan, Vari M/K-8811-2017
Gardner, Benjamin/0000-0003-1223-5934; Drennan, Vari M/0000-0002-8915-5185; Goodman, Claire/0000-0002-8938-4893; Kharicha, Kalpa/0000-0002-2975-2084; Manthorpe, Jill/0000-0001-9006-1410; Walters, Kate/0000-0003-2173-2430
URL: <Go to ISI>://WOS:000397872400126

Reference Type: Journal Article

Record Number: 253

Author: Gardner, B., Rebar, A. L. and Lally, P.

Year: 2022

Title: How does habit form? Guidelines for tracking real-world habit formation

Journal: Cogent Psychology

Volume: 9

Issue: 1

Date: Dec

Short Title: How does habit form? Guidelines for tracking real-world habit formation

ISSN: 2331-1908

DOI: 10.1080/23311908.2022.2041277

Article Number: 2041277

Accession Number: WOS:000759174400001

Abstract: Advances in understanding how habit forms can help people change their behaviour in ways that make them happier and healthier. Making behaviour habitual, such that people automatically act in associated contexts due to learned context-response associations, offers a mechanism for maintaining new, desirable behaviours even when conscious motivation wanes. This has prompted interest in understanding how habit forms in the real world. To reliably inform intervention design, habit formation studies must be conceptually and methodologically sound. This paper proposes methodological criteria for studies tracking real-world habit formation, or potential moderators of the effect of repetition on formation. A narrative review of habit theory was undertaken to extract essential and desirable criteria for modelling how habit forms in naturalistic settings, and factors that influence the relationship between repetition and formation. Next, a methodological review identified exemplary real-world habit formation studies according to these criteria. Fourteen methodological criteria, capturing study design (four criteria), measurement (six criteria), and analysis and interpretation (four criteria), were derived from the narrative review. Five extant studies were found to meet our criteria. Adherence to these criteria should increase the likelihood that studies will offer revealing conclusions about how habits develop in real-world settings.

Notes: Gardner, Benjamin Rebar, Amanda L. Lally, Phillippa

Rebar, Amanda/0000-0003-3164-993X; Lally, Phillippa/0000-0002-4847-4163; Gardner, Benjamin/0000-0003-1223-5934

URL: <Go to ISI>://WOS:000759174400001

Reference Type: Journal Article

Record Number: 1992

Author: Gardner, B., Smith, L. and Mansfield, L.

Year: 2017

Title: How did the public respond to the 2015 expert consensus public health guidance statement on workplace sedentary behaviour? A qualitative analysis

Journal: BMC Public Health

Volume: 17

Date: Feb

Short Title: How did the public respond to the 2015 expert consensus public health guidance statement on workplace sedentary behaviour? A qualitative analysis

DOI: 10.1186/s12889-016-3974-0

Article Number: 47

Accession Number: WOS:000393625100001

Abstract: Background: In June 2015, an expert consensus guidance statement was published recommending that office workers accumulate 2–4 h of standing and light activity daily and take regular breaks from prolonged sitting. This paper describes public responses to media coverage of the guidance, so as to understand public acceptability of the recommendations within the guidance, and perceptions of sitting and standing as health behaviours. Methods: UK news media websites that had reported on the sedentary workplace guidance statement, and permitted viewers to post comments responding to the story, were identified. 493 public comments, posted in a one-month period to one of six eligible news media websites, were thematically analysed. Results: Three themes were extracted: (1) challenges to the credibility of the sedentary workplace guidance; (2) challenges to the credibility of public health; and (3) the guidance as a spur to knowledge exchange. Challenges were made to the novelty of the guidance, the credibility of its authors, the strength of its evidence base, and its applicability to UK workplaces. Public health was commonly mistrusted and viewed as a tool for controlling the public, to serve a paternalistic agenda set by a conspiracy of stakeholders with hidden non-health interests. Knowledge exchanges focused on correcting others' misinterpretations, raising awareness of historical or scientific context, debating current workplace health policies, and sharing experiences around sitting and standing. Conclusions: The guidance provoked exchanges of health-promoting ideas among some, thus demonstrating the potential for sitting reduction messages to be translated into everyday contexts by lay champions. However, findings also demonstrated confusion, misunderstanding and misapprehension among some respondents about the health value of sitting and standing. Predominantly unfavourable, mistrusting responses reveal significant hostility towards efforts to displace workplace sitting with standing, and towards public health science more broadly. Concerns about the credibility and purpose of public health testify to the importance of public engagement in public health guidance development.

Notes: Gardner, Benjamin Smith, Lee Mansfield, Louise

Gardner, Benjamin/C-1565-2008

Gardner, Benjamin/0000-0003-1223-5934

1471-2458

URL: <Go to ISI>://WOS:000393625100001

Reference Type: Journal Article

Record Number: 2389

Author: Gardner, D. M.

Year: 2014

Title: Competent Psychopharmacology

Journal: Canadian Journal of Psychiatry-Revue Canadienne De Psychiatrie

Volume: 59

Issue: 8

Pages: 406-411

Date: Aug

Short Title: Competent Psychopharmacology

ISSN: 0706-7437

DOI: 10.1177/070674371405900802

Accession Number: WOS:000346374100002

Abstract: There is little doubt that undergraduate and post-graduate training of physicians, pharmacists, and nurses is insufficient to prepare them to use psychotropics safely and effectively, especially in the context of their expanded off-label uses. Therefore, the development of competencies in psychotropic prescribing needs to be approached as a long-term, practice-based learning commitment.

Proposed are the abilities and knowledge components necessary for safe and effective use of psychotropics. Typical challenges in prescribing for chronic and recurrent illnesses include highly variable responses and tolerability, drug interactions, and adverse effects that can be serious, irreversible, and even fatal.

Prescribing psychotropics is further complicated by negative public and professional reports and growing patient concerns about the quality of care, and questions about the efficacy, safety, and addictive risks of psychotropics. Increased efforts are needed to enhance clinical training and knowledge in psychopharmacology among trainees and practising clinicians, with more comprehensive and sustained attention to the assessment of individual patients, and greater reliance on patient education and collaboration. Improved competence in psychotropic prescribing should lead to more informed, thoughtful, and better-targeted applications as one component of more comprehensive clinical care.

Notes: Gardner, David M.

Gardner, David/0000-0002-0980-6399

1497-0015

URL: <Go to ISI>://WOS:000346374100002

Reference Type: Journal Article

Record Number: 1675

Author: Gargaritano, K. L., Murphy, C., Auyeung, A. B. and Doyle, F.

Year: 2020

Title: Systematic Review of Clinician-Reported Barriers to Provision of Brief Advice for Alcohol Intake in Hospital Inpatient and Emergency Settings

Journal: Alcoholism–Clinical and Experimental Research

Volume: 44

Issue: 12

Pages: 2386–2400

Date: Dec

Short Title: Systematic Review of Clinician–Reported Barriers to Provision of Brief Advice for Alcohol Intake in Hospital Inpatient and Emergency Settings

ISSN: 0145–6008

DOI: 10.1111/acer.14491

Accession Number: WOS:000591060500001

Abstract: Hospital inpatient and emergency care settings provide frequent opportunities for clinicians to screen and provide brief interventions to patients who engage in the harmful use of alcohol. However, these services are not always provided, with several reasons given in different studies. We aimed to systematically review clinician–reported barriers in the provision of brief alcohol screening, brief advice, and intervention specific to hospital inpatient and emergency department (ED) settings. A systematic literature review was conducted in MEDLINE, PsycINFO, and CINAHL to identify the barriers perceived by healthcare workers in the provision of alcohol screening and brief intervention. These barriers were then categorized according to the capability, opportunity, and motivation (COM–B) model of behavior change theory. Twenty–five articles were included in this study, which involved questionnaires, surveys, interviews, and conference call discussions. The most commonly cited barriers (i.e., greater than half of the studies) were related to capability (lack of knowledge cited in 60% of studies); opportunity (lack of time and resources, 76 and 52% of studies, respectively); and motivation (personal discomfort in 60% of studies). Twenty–two other barriers were reported but with lower frequency. Clinicians cite a multitude of factors that impede their delivery of alcohol screening and brief interventions in the hospital inpatient and ED settings. These barriers were explored further under the framework of the COM–B model, which allows for intervention design. As such, changes can be made at the policy, managerial, and educational levels to address these barriers and help improve the self–efficacy and knowledge of clinicians who counsel patients on alcohol use.

Notes: Gargaritano, Kristine Lou Murphy, Caoimhe Auyeung, Austin B. Doyle, Frank

Doyle, Frank/C–2750–2012

Doyle, Frank/0000–0002–3785–7433; Auyeung, Austin B./

0000–0002–4405–6247; Gargaritano, Kristine Lou/0000–0001–9804–9600 1530–0277

URL: <Go to ISI>://WOS:000591060500001

Reference Type: Journal Article

Record Number: 1157

Author: Garrett, S. B., Nicosia, F., Thompson, N., Miaskowski, C. and Ritchie, C. S.

Year: 2021

Title: Barriers and facilitators to older adults' use of

nonpharmacologic approaches for chronic pain: a person-focused model

Journal: Pain

Volume: 162

Issue: 11

Pages: 2769-2779

Date: Nov

Short Title: Barriers and facilitators to older adults' use of nonpharmacologic approaches for chronic pain: a person-focused model

ISSN: 0304-3959

DOI: 10.1097/j.pain.0000000000002260

Accession Number: WOS:000707417300016

Abstract: In the context of the opioid epidemic and the growing population of older adults living with chronic pain, clinicians are increasingly recommending nonpharmacologic approaches to patients as complements to or substitutes for pharmacologic treatments for pain. Currently, little is known about the factors that influence older adults' use of these approaches. We aimed to characterize the factors that hinder or support the use of nonpharmacologic approaches for pain management among older adults with multiple morbidities. We collected semistructured qualitative interview data from 25 older adults with multiple morbidities living with chronic pain for 6 months or more. Transcripts were coded to identify factors that hindered or supported participants' use of various nonpharmacologic approaches. We used the constant comparative method to develop a person-focused model of barriers and facilitators to participants' use of these approaches for chronic pain management. Participants described a wide range of factors that influenced their use of nonpharmacologic approaches. We grouped these factors into 3 person-focused domains: awareness of the nonpharmacologic approach as relevant to their chronic pain, appeal of the approach, and access to the approach. We propose and illustrate a conceptual model of barriers and facilitators to guide research and clinical care. This study identifies numerous factors that influence patients' use of nonpharmacologic approaches, some of which are not captured in existing research or routinely addressed in clinical practice. The person-centered model proposed may help to structure and support patient-clinician communication about nonpharmacologic approaches to chronic pain management.

Notes: Garrett, Sarah B. Nicosia, Francesca Thompson, Nicole Miaskowski, Christine Ritchie, Christine S.

1872-6623

URL: <Go to ISI>://WOS:000707417300016

Reference Type: Journal Article

Record Number: 1000

Author: Garza, M., Mohan, C. V., Brunton, L., Wieland, B. and Hasler, B.

Year: 2022

Title: Typology of interventions for antimicrobial use and antimicrobial resistance in aquaculture systems in low- and middle-income countries

Journal: International Journal of Antimicrobial Agents

Volume: 59

Issue: 1

Date: Jan

Short Title: Typology of interventions for antimicrobial use and antimicrobial resistance in aquaculture systems in low- and middle-income countries

ISSN: 0924-8579

DOI: 10.1016/j.ijantimicag.2021.106495

Article Number: 106495

Accession Number: WOS:000743513900006

Abstract: Indiscriminate antimicrobial use (AMU) in aquaculture to treat and prevent diseases is common and can lead to the emergence of antimicrobial-resistant micro-organisms, potentially impacting public health and connected ecosystems. This study aimed to develop a typology to classify and characterise interventions to reduce AMU in aquaculture and identify points of action. Seventeen aquaculture and animal health professionals in Asian and African countries were interviewed to gather information on characteristics of interventions in different contexts to develop a typology. Seven types of interventions were defined: (i) legislation and regulations; (ii) industry rules and standards; (iii) voluntary instruments; (iv) commercial technology and alternatives to antimicrobials; (v) on-farm management; (vi) learning and awareness-raising; and (vii) activities with co-benefits. Types were based on intervention function, scope of implementation, implementer, compulsion, strength of the intervention, AMU/antimicrobial resistance (AMR) objective and stakeholder to influence. For each type, examples were described and discussed. The most common interventions to address AMU and AMR were legislative and regulatory frameworks and voluntary instruments, including National Action Plans. Interventions addressing AMU/AMR specifically were scarce. Other interventions focused on indirect effect pathways to AMU and AMR reduction aiming to improve good aquaculture practices, disease prevention and improved management. Monitoring and evaluation of these interventions were found to be rare, only present for interventions driven by development projects and international agencies. The presented typology of existing strategies and interventions addressing AMU/AMR in aquaculture systems can guide evaluation of AMR-sensitive interventions that promote responsible AMU, and informs the design and implementation of future interventions. (C) 2021 The Author(s). Published by Elsevier Ltd.

Notes: Garza, Maria Mohan, Chadag, V Brunton, Lucy Wieland, Barbara Hasler, Barbara

Brunton, Lucy A/C-6685-2011; Littlejohn, Allison/AEA-0156-2022

Garza, Maria/0000-0003-0305-906X; Brunton, Lucy/0000-0002-1490-580X;

Wieland, Barbara/0000-0003-4020-9186

1872-7913

URL: <Go to ISI>://WOS:000743513900006

Reference Type: Journal Article

Record Number: 1372

Author: Gaspar, S., Guedes, F. B., Budri, A. M. V., Ferreira, C. and de Matos, M. G.

Year: 2022

Title: Hospital-acquired pressure ulcers prevention: What is needed for patient safety? The perceptions of nurse stakeholders

Journal: Scandinavian Journal of Caring Sciences

Volume: 36

Issue: 4

Pages: 978-987

Date: Dec

Short Title: Hospital-acquired pressure ulcers prevention: What is needed for patient safety? The perceptions of nurse stakeholders

ISSN: 0283-9318

DOI: 10.1111/scs.12995

Accession Number: WOS:000659113700001

Abstract: Aim The aim of this study was to understand the perceptions of 11 Portuguese nurses' stakeholders regarding pressure ulcers prevention practice and reality in the hospital setting.

Methods Convenience sampling was used to recruit nursing stakeholders for a heterogeneous focus group. A semi-structured interview was conducted with 11 nursing stakeholders involved in pressure ulcers prevention and/or patient safety. MaxQda 2020 qualitative analysis software was used in the content analysis and data processing. Informed consent was obtained, and anonymity was guaranteed. Results Four themes were approached in the interview: (1) Pressure ulcer risk assessment; (2) Nurses and doctors pressure ulcers monitoring; (3) Pressure ulcer risk profiles; and (4) Effective interventions to improve patient safety. The categorisation of the four themes was created a posteriori based on the 'Awareness/Knowledge/Competence, Opportunity, and Motivation - Behaviour Change Wheel' (adapted COM-B system). Interest, responsibility, autonomy, leadership and prioritisation for decision-making were some categories linked to motivation. Braden scale operationalisation, education given during undergraduate degree continued professional health education, missing care, reliability of the records and patients' clinical characteristics emerged as categories associated with awareness/knowledge/competence. Understaffing/nursing hours, health policies, electronic health records systems and clinical language used, access to appropriate equipment and resources, teamwork and clinical support specialist on tissue viability/wound care were some categories related to opportunity. Conclusions Pressure ulcer prevention is complex and requires a focussed attitude, robust evidenced-based knowledge and enhanced skills in risk assessment, communication and team collaboration. The highlighted categories could be further analysed at an organisational level to develop tailored strategies that could contribute to successful evidence-based practice implementation. Relevance to clinical practice The findings provide directions for behavioural change in the hospital context related to pressure ulcers prevention through awareness/knowledge/competence, motivation and opportunity to improve care delivered.

Notes: Gaspar, Susana Botelho Guedes, Fabio Vitoriano Budri, Aglécia Moda Ferreira, Carlos Gaspar de Matos, Margarida

Moda Vitoriano Budri, Aglécia/G-7241-2015; Gaspar, Susana/

D-6370-2017; de Matos, Margarida Gaspar/H-3824-2012; Ferreira, Carlos/B-4961-2010

Moda Vitoriano Budri, Aglécia/0000-0002-0741-9926; Gaspar, Susana/

0000-0002-0494-6771; de Matos, Margarida Gaspar/0000-0003-2114-2350;
Ferreira, Carlos/0000-0003-2609-823X
1471-6712
URL: <Go to ISI>://WOS:000659113700001

Reference Type: Journal Article

Record Number: 2098

Author: Gate, L., Warren-Gash, C., Clarke, A., Bartley, A., Fowler, E., Semple, G., Strelitz, J., Dutey, P., Tookman, A. and Rodger, A.
Year: 2016

Title: Promoting lifestyle behaviour change and well-being in hospital patients: a pilot study of an evidence-based psychological intervention

Journal: Journal of Public Health

Volume: 38

Issue: 3

Pages: E292-E300

Date: Sep

Short Title: Promoting lifestyle behaviour change and well-being in hospital patients: a pilot study of an evidence-based psychological intervention

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdv141

Accession Number: WOS:000388454900011

Abstract: Background Lifestyle risk behaviours show an inverse social gradient, clustering in vulnerable groups. We designed and piloted an intervention to address barriers to lifestyle behaviour change among hospital patients. Methods We designed our intervention using effective components of behaviour change interventions informed by psychological theory, Delivered by a health psychologist based at the Royal Free London NHS Foundation Trust, the 4-week intervention included detailed baseline assessment, personalized goal setting, psychological skills development, motivation support and referral to community services. Primary outcomes were feasibility and patient acceptability. We also evaluated changes to health and well-being. Results From 1 July 2013 to 31 September 2014, 686 patients were referred, 338 (49.3%) attended a first appointment and 172 (25.1 %) completed follow-up. Furthermore, 72.1 % of attenders were female with the median age 55 years and poor self-reported baseline health, After 4 weeks, self-efficacy, health and well-being scores significantly improved: 63% of lifestyle goals and 89% of health management goals were fully achieved; 58% of referrals to community lifestyle behaviour change services and 79% of referrals to other services (e.g. Citizen's Advice Bureau) were accepted; 99% were satisfied/very satisfied with the service. Conclusions Our hospital-based intervention was feasible, acceptable and showed preliminary health and well-being gains.

Notes: Gate, Lucy Warren-Gash, Charlotte Clarke, Alex Bartley, Angela Fowler, Elizabeth Semple, Gerry Strelitz, Jason Dutey, Peter Tookman, Adrian Rodger, Alison

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Dutey, Peter/0000-0002-8942-9836; Warren-Gash, Charlotte/
0000-0003-4524-3180

1741-3850

URL: <Go to ISI>://WOS:000388454900011

Reference Type: Journal Article

Record Number: 2310

Author: Gathara, D., English, M., van Hensbroek, M. B., Todd, J. and Allen, E.

Year: 2015

Title: Exploring sources of variability in adherence to guidelines across hospitals in low-income settings: a multi-level analysis of a cross-sectional survey of 22 hospitals

Journal: Implementation Science

Volume: 10

Date: Apr

Short Title: Exploring sources of variability in adherence to guidelines across hospitals in low-income settings: a multi-level analysis of a cross-sectional survey of 22 hospitals

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0245-x

Article Number: 60

Accession Number: WOS:000353683300001

Abstract: Background: Variability in processes of care and outcomes has been reported widely in high-income settings (at geographic, hospital, physician group and individual physician levels); however, such variability and the factors driving it are rarely examined in low-income settings. Methods: Using data from a cross-sectional survey undertaken in 22 hospitals (60 case records from each hospital) across Kenya that aimed at evaluating the quality of routine hospital services, we sought to explore variability in four binary inpatient paediatric process indicators. These included three prescribing tasks and use of one diagnostic. To examine for sources of variability, we examined intra-class correlation coefficients (ICC) and their changes using multi-level mixed models with random intercepts for hospital and clinician levels and adjusting for patient and clinician level covariates. Results: Levels of performance varied substantially across indicators and hospitals. The absolute values for ICCs also varied markedly ranging from a maximum of 0.48 to a minimum of 0.09 across the models for HIV testing and prescription of zinc, respectively. More variation was attributable at the hospital level than clinician level after allowing for nesting of clinicians within hospitals for prescription of quinine loading dose for malaria (ICC = 0.30), prescription of zinc for diarrhoea patients (ICC = 0.11) and HIV testing for all children (ICC = 0.43). However, for prescription of correct dose of crystalline penicillin, more of the variability was explained by the clinician level (ICC = 0.21). Adjusting for clinician and patient level covariates only altered, marginally, the ICCs observed in models for the zinc prescription indicator. Conclusions: Performance varied greatly across place and indicator. The variability that could be explained suggests interventions to improve performance might be best targeted at hospital level factors for three indicators and clinician factors for one. Our data suggest that better understanding of performance and sources of variation might

help tailor improvement interventions although further data across a larger set of indicators and sites would help substantiate these findings.

Notes: Gathara, David English, Mike van Hensbroek, Michael Boele Todd, Jim Allen, Elizabeth

Gathara, David/0000-0002-0958-0713; English, Michael/0000-0002-7427-0826; Boele van Hensbroek, Michael/0000-0003-1907-5427; Todd, Jim/0000-0001-5918-4914

URL: <Go to ISI>://WOS:000353683300001

Reference Type: Conference Proceedings

Record Number: 1829

Author: Gatsios, D., Georga, E. I., Kourou, K. K., Fotiadis, D. I., Kikidis, D., Bibas, A., Nikitas, C., Liston, M., Pavlou, M., Bamio, D. E., Costafreda, S. and Acm

Year of Conference: 2019

Title: Achieving Adherence in Home-Based Rehabilitation with Novel Human Machine Interactions that Stimulate Community-Dwelling Older Adults

Conference Name: 12th ACM International Conference on Pervasive Technologies Related to Assistive Environments (PETRA)

Conference Location: Rhodes, GREECE

Pages: 616-619

Date: Jun 05-07

Sponsor: Acm

Short Title: Achieving Adherence in Home-Based Rehabilitation with Novel Human Machine Interactions that Stimulate Community-Dwelling Older Adults

ISBN: 978-1-4503-6232-0

DOI: 10.1145/3316782.3322762

Source: 12th acm international conference on pervasive technologies related to assistive environments (petra 2019)

Year Published:2019

Accession Number: WOS:000693992500098

Abstract: Balance disorders are expressed with main symptoms of vertigo, dizziness instability and disorientation. Most of them are caused by inner ear pathologies, but neurological, medical and psychological factors are also responsible. Balance disorders overwhelmingly affect daily activities and cause psychological and emotional hardship. They are also the main cause of falls which are a global epidemic. Home based balance rehabilitation is an effective approach for alleviating symptoms and for improving balance and self-confidence. However, the adherence in such programs is usually low with lack of motivation and disease related issues being the most influential factors. Holobalance adopts the Capability, Opportunity and Motivation (COM) and Behaviour (B) model to identify the sources of the behaviour that should be targeted for intervention and proposes specific Information Technology components that provide the identified interventions to the users in order to achieve the target behavioural change, which in this case is adherence to home base rehabilitation.

Notes: Gatsios, Dimitrios Georga, Eleni, I Kourou, Konstantina K. Fotiadis, Dimitrios, I Kikidis, Dimitrios Bibas, Athanasios Nikitas,

Christos Liston, Matthew Pavlou, Marousa Bamiou, Doris Eva
Costafreda, Sergi
Costafreda, Sergi G/A-5229-2013
Costafreda, Sergi G/0000-0002-8910-3430; Costafreda Gonzalez, Sergi/
0000-0001-6914-086X; Gatsios, Dimitris/0000-0003-3006-1587; Liston,
Matthew/0000-0002-9694-6268; Georga, Eleni/0000-0002-3607-0727
URL: <Go to ISI>://WOS:000693992500098

Reference Type: Journal Article

Record Number: 1047

Author: Gauld, N., Martin, S., Sinclair, O., Petousis-Harris, H.,
Dumble, F. and Grant, C. C.

Year: 2022

Title: Influences on Pregnant Women's and Health Care Professionals'
Behaviour Regarding Maternal Vaccinations: A Qualitative Interview
Study

Journal: Vaccines

Volume: 10

Issue: 1

Date: Jan

Short Title: Influences on Pregnant Women's and Health Care
Professionals' Behaviour Regarding Maternal Vaccinations: A
Qualitative Interview Study

DOI: 10.3390/vaccines10010076

Article Number: 76

Accession Number: WOS:000746976100001

Abstract: The uptake of maternal influenza and pertussis
vaccinations is often suboptimal. This study explores the factors
influencing pregnant women's and health care professionals' (HCPs)
behaviour regarding maternal vaccinations (MVs). Pregnant/recently
pregnant women, midwives, pharmacists and general practice staff in
Waikato, New Zealand, were interviewed. The analysis used the
behaviour change wheel model. Interviews of 18 women and 35 HCPs
revealed knowledge about MVs varied with knowledge deficiencies
hindering the uptake, particularly for influenza vaccination. HCPs,
especially midwives, were key in raising women's awareness of MVs.
Experience with vaccinating, hospital work (for midwives) and
training increased HCPs' knowledge and proactivity about MVs. A
"woman's choice" philosophy saw midwives typically encouraging women
to seek information and make their own decision. Women's decisions
were generally based on knowledge, beliefs, HCPs' emphasis and their
perceived risk, with little apparent influence from friends, family,
or online or promotional material. General practice's concentration
on children's vaccination and minimal antenatal contact limited
proactivity with MVs. Busyness and prioritisation appeared to affect
HCPs' proactivity. Multi-pronged interventions targeting HCPs and
pregnant women and increasing MV access are needed. All HCPs seeing
pregnant women should be well-informed about MVs, including how to
identify and address women's questions or concerns about MVs to
optimise uptake.

Notes: Gauld, Natalie Martin, Samuel Sinclair, Owen Petousis-Harris,
Helen Dumble, Felicity Grant, Cameron C.

Grant, Cameron/0000-0002-4032-7230; Gauld, Natalie/

0000-0003-0366-0357
2076-393x
URL: <Go to ISI>://WOS:000746976100001

Reference Type: Journal Article

Record Number: 2082

Author: Gavens, L., Goyder, E., Hock, E. S., Harris, J. and Meier, P. S.

Year: 2016

Title: Alcohol consumption after health deterioration in older adults: a mixed-methods study

Journal: Public Health

Volume: 139

Pages: 79-87

Date: Oct

Short Title: Alcohol consumption after health deterioration in older adults: a mixed-methods study

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2016.05.016

Accession Number: WOS:000386189500011

Abstract: Objective: To examine if and how older adults modify their drinking after health deterioration, and the factors that motivate changing or maintaining stable drinking behaviour. Study design: Explanatory follow-up mixed-methods research. Methods: The association between health deterioration and changes in alcohol consumption was examined using secondary data from the English Longitudinal Study of Ageing, a biennial prospective cohort study of a random sample of adults aged 50 years and older living in England. Data were collected through a personal interview and self-completion questionnaire across three waves between 2004 and 2009. The sample size (response rate) across the three waves was 8781 (49.9%), 7168 (40.3%) and 6623 (37.3%). The Chi-squared test was used to examine associations between diagnosis with a long-term condition or a worsening of self-rated health (e.g. from good to fair or fair to poor) and changes in drinking frequency (e.g. everyday, 5-6 days per week, etc.) and volume (ethanol consumed on a drinking day) between successive waves. In-depth interviews with 19 older adults recently diagnosed with a long-term condition were used to explore the factors that influenced change or maintenance in alcohol consumption over time. A purposive sampling strategy was used to recruit a diverse sample of current and former drinkers from voluntary and community organizations in the north of England. An inductive approach was used to analyze the data, facilitating the development of an a posteriori framework for understanding drinking change. Results: There was no significant relationship between health deterioration and changes in drinking volume over time. There was however a significant association between health deterioration and changes in drinking frequency between successive waves ($\chi^2 = 15.24$, $P < 0.001$ and $\chi^2 = 17.28$, $P < 0.001$). For example, of participants reporting health deterioration between the first two waves, 47.6% had stable drinking frequency, 23.4% increased their drinking frequency and 29% reported decreased drinking frequency. In comparison, of participants reporting no health deterioration, 52.7%

reported stable frequency, 20.8% increased frequency and 26.4% decreased frequency. In qualitative interviews, older adults described a wide range of factors that influence changes in drinking behaviour: knowledge gained from talking to healthcare professionals, online and in the media; tangible negative experiences that were attributed to drinking; mood and emotions (e.g. joy); the cost of alcohol; pub closures; and changes in social roles and activities. Health was just one part of a complex mix of factors that influenced drinking among older adults. Conclusion: Patterns of drinking change after health deterioration in older adults are diverse, including stable, increasing and decreasing alcohol consumption over time. Although health motivations to change drinking influence behaviour in some older adults, social and financial motivations to drink are also important in later life and thus a holistic approach is required to influence behaviour. (C) 2016 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Notes: Gavens, L. Goyder, E. Hock, E. S. Harris, J. Meier, P. S. Meier, Petra S/L-7387-2017; Meier, Petra/P-7504-2019 Meier, Petra S/0000-0001-5354-1933; Meier, Petra/0000-0001-5354-1933; Goyder, Elizabeth/0000-0003-3691-1888; Gavens, Lucy/0000-0003-3560-4691; Harris, Janet/0000-0002-0754-7223 1476-5616
URL: <Go to ISI>://WOS:000386189500011

Reference Type: Journal Article

Record Number: 1264

Author: Gavigan, N., Belton, S., Meegan, S. and Issartel, J.

Year: 2023

Title: Moving Well-Being Well: a process evaluation of a physical literacy-based intervention in Irish primary schools

Journal: Physical Education and Sport Pedagogy

Volume: 28

Issue: 2

Pages: 196-211

Date: Mar

Short Title: Moving Well-Being Well: a process evaluation of a physical literacy-based intervention in Irish primary schools

ISSN: 1740-8989

DOI: 10.1080/17408989.2021.1967305

Accession Number: WOS:000685989500001

Abstract: Background Many Irish children are failing to meet the recommended guidelines for physical activity. Research shows that children are failing to develop the necessary physical literacy skills to reverse this trend. Early childhood has been identified as a critical period to intervene, with the school environment identified as a key environment to do so. Qualitative research is increasingly included in intervention studies to aid the development of acceptable, attractive, effective and sustainable interventions. The aim of this study was to evaluate the implementation process of the MWBW intervention (Exploratory trial) in the primary school setting, allowing the research team to assess the quality of the intervention's implementation. Objectives included assessing whether

the intervention is suitable for the primary school environment, and to inform for future, mainstream implementation through a comprehensive process evaluation. Methods The intervention is underpinned by both the theory of constraints and self-determination theory, and is designed using the comprehensive framework outlined by the behaviour change wheel. The intervention was delivered in 18 primary schools (22% DEIS) to 925 participants (age range 6–10 years, mean 7.55). The intervention was co-delivered by trained coaches and class teachers who were being upskilled (by trained coaches) whilst the intervention was being delivered. Qualitative data were gathered in the form of child focus groups (N = 32, 62% Male), teacher (N = 31) and principal (N = 5) questionnaires (open-ended questions), coach focus groups (N = 16, 81% Male) and weekly reflections. Data were analysed thematically following Braun and Clarke guidelines on using thematic analysis. Results Five key themes, with subsequent sub-themes, were identified: (1) Implementation of the Moving Well-Being Well model, (2) Outcomes from the intervention, (3) Fidelity of implementation, (4) Key components of favourite games and (5) Challenges faced and areas to develop. Conclusions Findings would suggest that the MWBW intervention is suited to the Irish primary school environment and its model of implementation can provide benefits to both children participants and teachers. Findings also show that the intervention has largely been delivered as intended showing potentially significant increases in participants overall FMS. Future research should examine the contextual impacts on the overall FMS improvement and how it varies from site to site. Evidence from this study also suggests that in order to produce similar or improved results in the future as part of a wider-scale roll-out of the intervention in schools, researchers should look to further assist teachers (possibly through added resources and/or training) to assist fidelity of implementation as well as looking at other factors that may influence intervention outcomes such as weather, seasonality, access to indoor facilities and environmental factors. Notes: Gavigan, Nathan Belton, Sarahjane Meegan, Sarah Issartel, Johann Belton, Sarahjane/0000-0001-9672-6276; Gavigan, Nathan/0000-0001-9279-6197 1742-5786 URL: <Go to ISI>://WOS:000685989500001

Reference Type: Journal Article

Record Number: 1138

Author: Gebreyohannes, E. A., Salter, S. M., Chalmers, L., Bereznicki, L. and Lee, K.

Year: 2021

Title: Reasons for non-adherence to thromboprophylaxis prescribing guidelines in atrial fibrillation in Western Australia: A qualitative descriptive study of general practitioners' views

Journal: Thrombosis Research

Volume: 208

Pages: 83-91

Date: Dec

Short Title: Reasons for non-adherence to thromboprophylaxis
prescribing guidelines in atrial fibrillation in Western Australia:
A qualitative descriptive study of general practitioners' views
ISSN: 0049-3848

DOI: 10.1016/j.thromres.2021.10.025

Accession Number: WOS:000716969400014

Abstract: Background: A significant proportion of the atrial fibrillation (AF) population attending Australian primary care is not receiving guideline-adherent oral anticoagulant (OAC) treatment. This study aimed to explore reasons for non-adherence to thromboprophylaxis guidelines in AF from the perspectives of general practitioners (GPs) and to map these reasons to the Capability, Opportunity, Motivation-Behaviour (COM-B) model to identify potential opportunities to support practice change. Methods: An exploratory qualitative descriptive study among GPs practising in Western Australia was conducted using semi-structured interviews, from November 2020 to February 2021. The Framework Method was employed to facilitate thematic analysis, using NVivo software. Interview responses were also mapped to the COM-B model. Results: Nine of the 10 GPs initially consented participated in the semi-structured interview (Male = 56%, median age = 52 years, data saturation reached with 6 participants). Two themes emerged from analysis of the interview transcripts: (1) GPs' decision-making process and (2) Patient refusal to take OACs. The COM-B model mapping identified behavioural factors that could impact adherence: capability (GPs' knowledge and understanding of AF guideline recommendations), opportunity (access to a cardiologist, and patients' refusal to take OACs), and motivation (using formal bleeding risk assessment tools). Conclusion: GPs identified various reasons contributing to non-adherence to thromboprophylaxis guidelines in patients with AF. Multifaceted interventions should consider behavioural opportunities to improve adherence, including education and training, electronic decision support, clinical audits by allied health professionals, partnership between general practices and local hospitals, and cardiologist-led interventions to support GPs. Further studies are needed to capture patients' reasons for refusing OACs.

Notes: Gebreyohannes, Eyob Alemayehu Salter, Sandra M. Chalmers, Leanne Bereznicki, Luke Lee, Kenneth Lee, Kenneth/A-3406-2016; Gebreyohannes, Eyob Alemayehu/E-5608-2018; Salter, Sandra/C-8831-2013

Lee, Kenneth/0000-0003-3022-4868; Gebreyohannes, Eyob Alemayehu/0000-0002-0075-4553; Salter, Sandra/0000-0002-5840-6797; Chalmers, Leanne/0000-0002-2477-2190
1879-2472

URL: <Go to ISI>://WOS:000716969400014

Reference Type: Journal Article

Record Number: 984

Author: Geerling, R., Gray, S. M., Holmes-Truscott, E. and Speight, J.

Year: 2022

Title: 'I need someone to believe in me and walk the journey with

me': A qualitative analysis of preferred approaches to weight management discussions in clinical care among adults with type 2 diabetes

Journal: Diabetic Medicine

Volume: 39

Issue: 3

Date: Mar

Short Title: 'I need someone to believe in me and walk the journey with me': A qualitative analysis of preferred approaches to weight management discussions in clinical care among adults with type 2 diabetes

ISSN: 0742-3071

DOI: 10.1111/dme.14790

Article Number: e14790

Accession Number: WOS:000745535500001

Abstract: Aims To explore the preferences of adults with type 2 diabetes regarding the approach to weight management discussions in clinical care. Methods Online survey of Australian adults with type 2 diabetes, recruited via a national diabetes registry. Three open-ended questions explored participants' experiences and ideal approach to discussing weight management with health professionals. Data subjected to inductive thematic template analysis. Results Participants were 254 adults, 58% aged 60+ years, 52% women and 35% insulin-treated. Five themes were developed to categorise participants' preferences for, as well as differing experiences of, weight management discussions: (1) collaborative, person-centred care: working together to make decisions and achieve outcomes, taking personal context into consideration; (2) balanced communication: open, clear messages encouraging action, empathy and kindness; (3) quality advice: knowledgeable health professionals, providing specific details or instructions; (4) weight management intervention: suitable modalities to address weight management and (5) system-wide support: referral and access to appropriate multi-disciplinary care. Conclusions Participants expressed preferences for discussing weight management in collaborative, person-centred consultations, with quality advice and personalised interventions across the health system, delivered with empathy. By adopting these recommendations, health professionals may build constructive partnerships with adults with type 2 diabetes and foster weight management.

Notes: Geerling, Ralph Gray, Shikha M. Holmes-Truscott, Elizabeth Speight, Jane

Speight, Jane/AES-0292-2022

Speight, Jane/0000-0002-1204-6896; Geerling, Ralph/0000-0002-2185-5695; Holmes-Truscott, Elizabeth/0000-0001-9139-4663 1464-5491

URL: <Go to ISI>://WOS:000745535500001

Reference Type: Journal Article

Record Number: 975

Author: Geeven, Ipac, Jessurun, N. T., Wasylewicz, A. T. M., Drent, M., Spuls, P. I., Hoentjen, F., van Puijenbroek, E. P., Vonkeman, H. E., Grootens, K. P., van Doorn, M. B. A., van den Bemt, B. J. F. and

Bekkers, C. L.

Year: 2022

Title: Barriers and facilitators for systematically registering adverse drug reactions in electronic health records: a qualitative study with Dutch healthcare professionals

Journal: Expert Opinion on Drug Safety

Volume: 21

Issue: 5

Pages: 699-706

Date: May

Short Title: Barriers and facilitators for systematically registering adverse drug reactions in electronic health records: a qualitative study with Dutch healthcare professionals

ISSN: 1474-0338

DOI: 10.1080/14740338.2022.2020756

Accession Number: WOS:000746422800001

Abstract: Background Systematically registering ADRs in electronic health records (EHRs) likely contribute to patient safety as it enables the exchange of drug safety data. Currently, ADRs registrations by healthcare professionals (HCPs) is suboptimal. This study aimed to identify barriers and facilitators perceived by HCPs to register ADRs systematically in EHRs. Research Design and Methods A qualitative study with individual interviews was conducted among specialist physicians and hospital pharmacists from 10 different Dutch hospitals. A semi-structured interview guide was used to identify experienced barriers and facilitators for systematically registering ADRs. Data was analyzed following thematic analysis. Themes within barriers and facilitators were aligned with the Capability-Opportunity-Motivation-Behavior (COM-B) framework. Results In total, 16 HCPs were interviewed. Identified barriers were: lack of knowledge to recognize ADRs, time constraints, inadequate IT system, lack of support, stuck in routine, and not recognizing the importance of registering ADRs. Identified facilitators were: enhanced knowledge and awareness of ADRs, functional IT systems, expanding accountability for registration, and motivation toward registering. Conclusions Barriers and facilitators for registering spanned all aspects of the COM-B model and occurred in individual, social and environmental domains. Addressing these aspects could improve the registration of ADRs and may contribute to patient safety.

Notes: Geeven, Isa P. A. C. Jessurun, Naomi T. Wasylewicz, Arthur T. M. Drent, Marjolein Spuls, Phyllis, I Hoentjen, Frank van Puijenbroek, Eugene P. Vonkeman, Harald E. Grootens, Koen P. van Doorn, Martijn B. A. van den Bemt, Bart J. F. Bekkers, Charlotte L. Hoentjen, F./L-4378-2015; Drent, Marjolein/ABA-9526-2020; Bekker, Charlotte/ABI-2193-2020

Drent, Marjolein/0000-0003-1586-0110; Bekker, Charlotte/0000-0002-6018-4409; Grootens, Koen/0000-0001-7458-107X; Jessurun, Naomi/0000-0002-8267-1259; van Puijenbroek, Eugene/0000-0002-2236-1398; van Doorn, Martijn/0000-0003-1672-7899; Vonkeman, Harald Erwin/0000-0003-3792-7718
1744-764x

URL: <Go to ISI>://WOS:000746422800001

Reference Type: Journal Article

Record Number: 1370

Author: Gemmeke, M., Koster, E. S., Rodijk, E. A., Taxis, K. and Bouvy, M. L.

Year: 2021

Title: Community pharmacists' perceptions on providing fall prevention services: a mixed-methods study

Journal: International Journal of Clinical Pharmacy

Volume: 43

Issue: 6

Pages: 1533-1545

Date: Dec

Short Title: Community pharmacists' perceptions on providing fall prevention services: a mixed-methods study

ISSN: 2210-7703

DOI: 10.1007/s11096-021-01277-4

Accession Number: WOS:000661042300005

Abstract: Background Pharmacists may contribute to fall prevention particularly by identifying and deprescribing fall risk-increasing drugs (FRIDs) in patients with high fall risk. Objective To assess community pharmacists' perceptions on providing fall prevention services, and to identify their barriers and facilitators in offering these fall prevention services including deprescribing of FRIDs. Setting A mixed-methods study was conducted with Dutch pharmacists. Method Quantitative (ranking statements on a Likert scale, survey) and qualitative data (semi-structured interviews) were collected. Out of 466 pharmacists who were invited to participate, 313 Dutch pharmacists ranked statements, about providing fall prevention, that were presented during a lecture, and 205 completed a survey. To explore pharmacists' perceptions in-depth, 16 were interviewed. Quantitative data were analysed using descriptive statistics. All interviews were audiotaped and transcribed verbatim. The capability opportunity motivation-behaviour model was applied to interpret and analyse the findings of qualitative data. Main outcome measure Community pharmacists' views on providing fall prevention. Results Pharmacists stated that they were motivated to provide fall prevention. They believed they were capable of providing fall prevention by FRID deprescribing. They perceived limited opportunities to contribute. Major barriers included insufficient multidisciplinary collaboration, patient unwillingness to deprescribe FRIDs, and lack of time. Facilitators included goal-setting behaviour, financial compensation, and skilled communication. Conclusion Despite the complex decision-making process in medication-related fall prevention, community pharmacists are motivated and feel capable of providing fall prevention. Opportunities for pharmacists to provide fall prevention services should be enhanced, for example by implementing multidisciplinary agreements.

Notes: Gemmeke, Marle Koster, Ellen S. Rodijk, Eline A. Taxis, Katja Bouvy, Marcel L.

Taxis, Katja/ABE-2637-2021; Bouvy, Marcel L/M-4233-2016

Taxis, Katja/0000-0001-8539-2004; Bouvy, Marcel L/
0000-0002-4596-0684

2210-7711

URL: <Go to ISI>://WOS:000661042300005

Reference Type: Conference Proceedings

Record Number: 1758

Author: Genc, H. U., Coskun, A. and Acm

Year of Conference: 2020

Title: Designing for Social Interaction in the Age of Excessive Smartphone Use

Conference Name: CHI Conference on Human Factors in Computing Systems (CHI)

Conference Location: Electr Network

Date: Apr 25-30

Sponsor: Assoc Comp Machinery, Acm Sigchi

Short Title: Designing for Social Interaction in the Age of Excessive Smartphone Use

ISBN: 978-1-4503-6708-0

DOI: 10.1145/3313831.3376492

Source: Proceedings of the 2020 chi conference on human factors in computing systems (chi'20)

Year Published:2020

Accession Number: WOS:000695438100163

Abstract: Excessive smartphone use has negative effects on our social relations as well as on our mental and psychological health. Most of the previous work to avoid these negative effects is based on a top-down approach such as restricting or limiting users' use of smartphones. Diverging from previous work, we followed a bottom-up approach to understand the practice of smartphone use in public settings from the users' perspective. We conducted observations in four coffeehouses, six focus group sessions with 46 participants and three design workshops with 15 designers. We identified five themes that help better understand smartphone use behavior in public settings and four alternative design approaches to mediate this behavior, namely enlighteners, preventers, supporters, and compliers. We discuss the implications of these themes and approaches for designing future interactive technologies aimed at mediating excessive smartphone use behavior.

Notes: Genc, Huseyin Ugur Coskun, Aykut

Coskun, Aykut/AAI-2127-2019

Genc, Huseyin Ugur/0000-0002-9950-4588

URL: <Go to ISI>://WOS:000695438100163

Reference Type: Journal Article

Record Number: 2327

Author: Geng, E. H., Odeny, T. A., Lyamuya, R. E., Nakiwogga-Muwanga, A., Diero, L., Bwana, M., Muyindike, W., Braitstein, P., Somi, G. R., Kambugu, A., Bukusi, E. A., Wenger, M., Wools-Kaloustian, K. K., Glidden, D. V., Yiannoutsos, C. T. and Martin, J. N.

Year: 2015

Title: Estimation of mortality among HIV-infected people on antiretroviral treatment in east Africa: a sampling based approach

in an observational, multisite, cohort study

Journal: Lancet Hiv

Volume: 2

Issue: 3

Pages: E107–E116

Date: Mar

Short Title: Estimation of mortality among HIV-infected people on antiretroviral treatment in east Africa: a sampling based approach in an observational, multisite, cohort study

ISSN: 2352-3018

DOI: 10.1016/s2352-3018(15)00002-8

Accession Number: WOS:000363792000010

Abstract: Background Mortality in HIV-infected people after initiation of antiretroviral treatment (ART) in resource-limited settings is an important measure of the effectiveness and comparative effectiveness of the global public health response. Substantial loss to follow-up precludes accurate accounting of deaths and limits our understanding of effectiveness. We aimed to provide a better understanding of mortality at scale and, by extension, the effectiveness and comparative effectiveness of public health ART treatment in east Africa. **Methods** In 14 clinics in five settings in Kenya, Uganda, and Tanzania, we intensively traced a sample of patients randomly selected using a random number generator, who were infected with HIV and on ART and who were lost to follow-up (>90 days late for last scheduled visit). We incorporated the vital status outcomes for these patients into analyses of the entire clinic population through probability-weighted survival analyses. **Findings** We followed 34 277 adults on ART from Mbarara and Kampala in Uganda, Eldoret, and Kisumu in Kenya, and Morogoro in Tanzania. The median age was 35 years (IQR 30–42), 11 628 (34%) were men, and median CD4 count count before therapy was 154 cells per mu L (IQR 70–234). 5780 patients (17%) were lost to follow-up, 991 (17%) were selected for tracing between June 10, 2011, and Aug 27, 2012, and vital status was ascertained for 860 (87%). With incorporation of outcomes from the patients lost to follow-up, estimated 3 year mortality increased from 3.9% (95% CI 3.6–4.2) to 12.5% (11.8–13.3). The sample-corrected, unadjusted 3 year mortality across settings was lowest in Mbarara (7.2%) and highest in Morogoro (23.6%). After adjustment for age, sex, CD4 count before therapy, and WHO stage, the sample-corrected hazard ratio comparing the settings with highest and lowest mortalities was 2.2 (95% CI 1.5–3.4) and the risk difference for death at 3 years was 11% (95% CI 5.0–17.7). **Interpretation** A sampling-based approach is widely feasible and important to an understanding of mortality after initiation of ART. After adjustment for measured biological drivers, mortality differs substantially across settings despite delivery of a similar clinical package of treatment. Implementation research to understand the systems, community, and patients' behaviours driving these differences is urgently needed.

Notes: Geng, Elvin H. Odeny, Thomas A. Lyamuya, Rita E. Nakiwogga-Muwanga, Alice Diero, Lameck Bwana, Mwebesa Muyindike, Winnie Braitstein, Paula Somi, Geoffrey R. Kambugu, Andrew Bukusi, Elizabeth A. Wenger, Megan Wools-Kaloustian, Kara K. Glidden, David V. Yiannoutsos, Constantin T. Martin, Jeffrey N.

Muyindike, Winnie/W-2892-2019; Glidden, David/AAD-4730-2020
Geng, Elvin/0000-0002-0825-1424; Glidden, David/0000-0001-5888-1419
URL: <Go to ISI>://WOS:000363792000010

Reference Type: Journal Article
Record Number: 1966
Author: Geng, E. H., Peiris, D. and Kruk, M. E.
Year: 2017
Title: Implementation science: Relevance in the real world without sacrificing rigor
Journal: Plos Medicine
Volume: 14
Issue: 4
Date: Apr
Short Title: Implementation science: Relevance in the real world without sacrificing rigor
ISSN: 1549-1277
DOI: 10.1371/journal.pmed.1002288
Article Number: e1002288
Accession Number: WOS:000400768500017
Notes: Geng, Elvin H. Peiris, David Kruk, Margaret E. Kruk, Margaret E/E-3058-2010
Kruk, Margaret E/0000-0002-9549-8432; Geng, Elvin/0000-0002-0825-1424; Peiris, David/0000-0002-6898-3870
1549-1676
URL: <Go to ISI>://WOS:000400768500017

Reference Type: Journal Article
Record Number: 1837
Author: Gerber, M., Isoard-Gautheur, S., Schilling, R., Ludyga, S., Brand, S. and Colledge, F.
Year: 2018
Title: When Low Leisure-Time Physical Activity Meets Unsatisfied Psychological Needs: Insights From a Stress-Buffer Perspective
Journal: Frontiers in Psychology
Volume: 9
Date: Nov
Short Title: When Low Leisure-Time Physical Activity Meets Unsatisfied Psychological Needs: Insights From a Stress-Buffer Perspective
ISSN: 1664-1078
DOI: 10.3389/fpsyg.2018.02097
Article Number: 2097
Accession Number: WOS:000449090100001
Abstract: Background: Few studies have tested whether the stress-buffering effects of leisure-time physical activity (LTPA) depend on other resources, such as the satisfaction of basic psychological needs. Therefore, the present study examines the interaction between perceived stress, LTPA and psychological need satisfaction (PNS) on occupational burnout symptoms in a sample of Swiss workers. Methods: The sample consisted of 306 employees (48% women; M-age = 42.9 years, SD = 14.1). Perceived stress was assessed with the Perceived

Stress Scale, LTPA with the International Physical Activity Questionnaire, PNS (autonomy, relatedness, and competence) with the Need Satisfaction Scale, and occupational burnout symptoms with the Shirom-Melamed Burnout Measure. A hierarchical regression analysis and single slopes tests were performed to examine two- and three-way interactions. Results: Stress was positively correlated with burnout, and negatively correlated with LTPA and PNS levels. LTPA was positively associated with PNS, and negatively correlated with burnout. A negative association existed between PNS and burnout. In the hierarchical regression analysis, all main effects, two- and three-way interactions were significant. People who engaged in more LTPA reported fewer burnout symptoms, if they reported high stress. However, the potential of LTPA to buffer stress was particularly evident in participants who reported low PNS. Conclusion: If adult workers are exposed to elevated stress, they are particularly likely to show increased burnout levels if they report low LTPA in combination with low PNS, specifically a lack of autonomy, competence and relatedness.

Notes: Gerber, Markus Isoard-Gauthier, Sandrine Schilling, Rene Ludyga, Sebastian Brand, Serge Colledge, Flora Gerber, Markus/H-8654-2014; Ludyga, Sebastian/H-9316-2019; Brand, Serge/H-7159-2019; Isoard-Gauthier, Sandrine/AAE-7668-2020 Gerber, Markus/0000-0001-6140-8948; Ludyga, Sebastian/0000-0002-3905-7894; Brand, Serge/0000-0003-2175-2765; Isoard-Gauthier, Sandrine/0000-0003-1019-3371
URL: <Go to ISI>://WOS:000449090100001

Reference Type: Conference Proceedings

Record Number: 1830

Author: Geuens, J., Geurts, L., Gerling, K., De Croon, R., Vanden Abeele, V. V. and Ieee

Year of Conference: 2019

Title: A Dyad of Lenses for the Motivational Design of mHealth: Bridging the Gap between Health Theory and App Design

Conference Name: 7th IEEE International Conference on Healthcare Informatics (ICHI)

Conference Location: Xian, PEOPLES R CHINA

Pages: 350-361

Series Title: IEEE International Conference on Healthcare Informatics

Date: Jun 10-13

Sponsor: Ieee, Natl Sci Fdn U. S. Amer I. B. M. China Ping An Insurance

Short Title: A Dyad of Lenses for the Motivational Design of mHealth: Bridging the Gap between Health Theory and App Design

ISBN: 978-1-5386-9138-0

Source: 2019 ieee international conference on healthcare informatics (ichi)

Year Published:2019

Accession Number: WOS:000865608300046

Abstract: Despite an abundance of literature on health behavior, behavior change, and motivational psychology, it is not always clear for health app designers how to translate these theoretical models

and constructs into actionable, motivational app features. To bridge the gap between theories and features, we crafted a dyad of lenses. The lens of features offers designers a description at the implementation level. The lens of theories presents an accessible explanation of the health theory. Essential is that each lens offers cross-links: the lens of features links to the different theoretical concepts that ground the feature. The lens of theories cross-links to the different features that operationalize the theory or construct. The dyadic lenses are accessible via an online platform. In this paper, we first present the development of the dyadic lenses, i.e. the selection of the features and mapping to psychological theories. Next, we present an evaluation of the dyadic lenses by 52 aspirant app designers. Results suggest that the platform facilitates the selection and implementation of motivational features in mHealth applications. By making the platform publicly available (www.lensesofmotivationaldesign.com), we aim to provide actionable advice for app creators, and to allow them to integrate motivational features while retaining how these are grounded in theory.

Notes: Geuens, Jonas Geurts, Luc Gerling, Kathrin De Croon, Robin Vanden Abeele, Vero

Geuens, Jonas/B-8276-2018; Vanden Abeele, Vero/A-5351-2015

Geuens, Jonas/0000-0001-8197-5034; Vanden Abeele, Vero/0000-0002-3031-9579; De Croon, Robin/0000-0002-1329-156X 2575-2634

URL: <Go to ISI>://WOS:000865608300046

Reference Type: Journal Article

Record Number: 363

Author: Ghammachi, N., Mahrshahi, S. and Ronto, R.

Year: 2022

Title: Web-Based Experiential Nutrition Education Intervention "The Green Hub" to Promote Sustainable and Healthy Diets among Young Adults in Australia

Journal: Sustainability

Volume: 14

Issue: 22

Date: Nov

Short Title: Web-Based Experiential Nutrition Education Intervention "The Green Hub" to Promote Sustainable and Healthy Diets among Young Adults in Australia

DOI: 10.3390/su142215207

Article Number: 15207

Accession Number: WOS:000887677000001

Abstract: Background: Sustainable and healthy dietary patterns can help achieve both optimal health and reduce environmental impacts. They involve the increased intake of plant-based foods which are local and seasonal, and reduced intake of animal-derived foods and food wastage. There is emerging evidence regarding the use and effectiveness of web-based health promotion programs to improve diet related behaviours especially in young adults. This study investigated the effectiveness of the "Green Hub" pilot study, a four-week web-based experiential nutrition education intervention to

promote sustainable and healthy diets among young adults in Australia. Methods: This study used a pre-/post-study design with process evaluation. The four-week intervention integrated modules on different aspects of a sustainable and healthy diets and was delivered through a private Facebook group. Eligible participants were young adults between the age of 18-25 years old residing in Australia. Results: Out of 19 participants who consented, 17 participants completed the program. Two thirds of participants (67%) stated that they were familiar with the sustainable and healthy diet concept but only 33% were able to define this concept comprehensively. The post-intervention survey resulted in improved knowledge, attitudes, and motivation to adopt more sustainable eating patterns. Conclusion: The "Green Hub" experiential nutrition education program showed positive impact on participants' willingness to adopt sustainable and healthy diets. The findings of this pilot study will inform future larger scale studies and policy development on improving sustainable and healthy diets among young adults.

Notes: Ghammachi, Nadine Mihrshahi, Seema Ronto, Rimante ; Mihrshahi, Seema/A-9877-2009 Ronto, Rimante/0000-0003-3830-8329; Mihrshahi, Seema/0000-0001-6567-9884 2071-1050 URL: <Go to ISI>://WOS:000887677000001

Reference Type: Journal Article

Record Number: 51

Author: Ghiga, I., Pitchforth, E., Lundborg, C. S. and Machowska, A.

Year: 2023

Title: Family doctors' roles and perceptions on antibiotic consumption and antibiotic resistance in Romania: a qualitative study

Journal: BMC Primary Care

Volume: 24

Issue: 1

Date: Apr

Short Title: Family doctors' roles and perceptions on antibiotic consumption and antibiotic resistance in Romania: a qualitative study

DOI: 10.1186/s12875-023-02047-z

Article Number: 93

Accession Number: WOS:000966427300001

Abstract: BackgroundAntimicrobial resistance (AMR) is a major global health issue, bringing significant health burden and costs to societies. Increased antibiotic consumption (ABC) is linked to AMR emergence. Some of the known drivers of ABC are antibiotics over-prescription by physicians and their misuse by patients. Family doctors are recognised as important stakeholders in the control of ABC as they prescribe antibiotics and are considered a reliable source of medical information by patients. Therefore, it is important to explore their perceptions, especially in Romania, which has the highest ABC among European Union Member States. Furthermore, there is no published research exploring Romanian family doctors'

perceptions regarding this phenomenon. **Methods** This was a qualitative study with data collection via semi-structured interviews among 12 family doctors. Manifest and latent content analysis was used to gain an in-depth understanding of their perceptions. Findings were mapped onto the domains of the Behaviour Change Wheel to facilitate a theory driven systematization and analysis. **Results** Two main subthemes emerged: i) factors affecting ABC and prescribing and ii) potential interventions to tackle ABC and antibiotic resistance. The factors were further grouped in those that related to the perceived behaviour of family doctors or patients as well as those that had to do with the various systems, local contexts and the COVID-19 pandemic. An overarching theme: 'family doctors in Romania see their role differently when it comes to antibiotic resistance and perceive the lack of patient education or awareness as one of the major drivers of ABC' was articulated. The main findings suggested that the perceived factors span across the capability, opportunity and motivational domains of the behaviour change wheel and could be addressed through a variety of interventions – some identified by the participants. Findings can also be viewed through cultural lenses which shed further light on the family doctor– patient dynamic when it comes to antibiotics use. **Conclusion** Potential interventions to tackle identified factors emerged, revolving mostly on efforts to educate patients or the public. This exploratory research provides key perspectives and facilitates further research on potential interventions to successfully address AMR in Romania or similar settings.

Notes: Ghiga, Ioana Pitchforth, Emma Lundborg, Cecilia Stalsby Machowska, Anna Stalsby Lundborg, Cecilia/0000-0001-6525-1861 2731-4553
URL: <Go to ISI>://WOS:000966427300001

Reference Type: Journal Article

Record Number: 13

Author: Ghiga, I., Sidorchuk, A., Pitchforth, E., Lundborg, C. S. and Machowska, A.

Year: 2023

Title: 'If you want to go far, go together'-community-based behaviour change interventions to improve antibiotic use: a systematic review of quantitative and qualitative evidence

Journal: Journal of Antimicrobial Chemotherapy

Date: 2023 May

Short Title: 'If you want to go far, go together'-community-based behaviour change interventions to improve antibiotic use: a systematic review of quantitative and qualitative evidence

ISSN: 0305-7453

DOI: 10.1093/jac/dkad128

Accession Number: WOS:000981193000001

Abstract: Introduction A large proportion of the burden of infections with antibiotic-resistant bacteria is linked to community-associated infections. This suggests that interventions set in community settings are needed. Currently there is a gap in understanding the potential of such interventions across all

geographies. This systematic review aimed to synthesize the evidence on the value of community-based behaviour change interventions to improve antibiotic use. These are any interventions or innovations to services intended to stimulate behaviour changes among the public towards correct antibiotic use, delivered in a community setting and online. Methods Systematic searches of studies published after 2001 were performed in several databases. Of 14 319 articles identified, 73 articles comprising quantitative, qualitative and mixed-methods studies met the inclusion criteria. Results Findings showed positive emerging evidence of the benefits of community-based behaviour change interventions to improve antibiotic use, with multifaceted interventions offering the highest benefit. Interventions that combine educational aspects with persuasion may be more effective than solely educational interventions. The review uncovered difficulties in assessing this type of research and highlights the need for standardized approaches in study design and outcomes measurements. There is emerging, but limited, indication on these interventions' cost-effectiveness. Conclusions Policy makers should consider the potential of community-based behaviour change interventions to tackle antimicrobial resistance (AMR), complementing the clinical-based approaches. In addition to the direct AMR benefits, these could serve also as a means of (re)building trust, due to their inclusive participation leading to greater public ownership and use of community channels.

Notes: Ghiga, Ioana Sidorchuk, Anna Pitchforth, Emma Stalsby Lundborg, Cecilia Machowska, Anna Stalsby Lundborg, Cecilia/0000-0001-6525-1861 1460-2091

URL: <Go to ISI>://WOS:000981193000001

Reference Type: Journal Article

Record Number: 2009

Author: Gholami, M., Pakdaman, A., Montazeri, A. and Virtanen, J. I.
Year: 2017

Title: Evaluation of the Impact of a Mass Media Campaign on Periodontal Knowledge among Iranian Adults: A Three-Month Follow-Up

Journal: Plos One

Volume: 12

Issue: 1

Date: Jan

Short Title: Evaluation of the Impact of a Mass Media Campaign on Periodontal Knowledge among Iranian Adults: A Three-Month Follow-Up

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0169668

Article Number: e0169668

Accession Number: WOS:000391641500126

Abstract: Objectives This study aimed to evaluate the impact of a national media campaign to promote oral health and periodontal knowledge among adults after a three-month follow-up. Methods We conducted a population-based study of adults aged 18 to 50 years using a stratified multi-stage sampling method in Tehran, Iran in 2011. The campaign included an animation clip about periodontal health and disease telecast on national TV for ten consecutive days.

We used an instrument to assess the effect of the campaign at baseline, immediately after the campaign and after a three-month follow-up. A total of 543 participants responded at baseline and immediately after the intervention, and 294 were interviewed at the three-month follow-up assessment (response rate: 54.1%). We assessed each participant's periodontal knowledge score, calculated as a sum of correct answers, and the change in their score following the campaign. We then used a five-item questionnaire to evaluate the participants' opinion of the success of the campaign. We used descriptive statistics and generalised estimating equations (GEE) analysis to conduct the statistical analysis. Results The mean score for knowledge improvement from baseline to immediate post-intervention evaluation was higher among those who saw the campaign (0.61) than among those who did not (0.29); the corresponding figures from immediate evaluation to three-month followup were -0.17 and 0.15, respectively. Adjusting for baseline values, the GEE analysis demonstrated that improvement in the mean score of post-campaign knowledge associated significantly with age, education and seeing the campaign. Significant interaction between the time since seeing the campaign and whether the participant saw it ($p < 0.001$) revealed that the mean difference in the knowledge score between the groups who did and did not see the campaign was 0.4 at the immediate evaluation and -0.04 at the three-month follow-up. The participants received the campaign well in terms of being appealing (91.4%), worth bearing in mind (83.4%) and containing valuable information (80.3%). Conclusions Our findings indicate that a population-based media campaign promoting oral health and periodontal knowledge among adults had a positive short-term impact, although the effect seemed to plateau after three months.

Notes: Gholami, Mahdia Pakdaman, Afsaneh Montazeri, Ali Virtanen, Jorma I.

Virtanen, Jorma/AAP-1160-2021; Gholami, Mahdia/N-2833-2018; Montazeri, Ali/C-9276-2009

Virtanen, Jorma/0000-0001-6574-9942; Montazeri, Ali/0000-0002-5198-9539; Gholami, Mahdia/0000-0001-7734-3712; PAKDAMAN, AFSANEH/0000-0003-2964-059X

URL: <Go to ISI>://WOS:000391641500126

Reference Type: Journal Article

Record Number: 1321

Author: Gibson, B., Umeh, K., Davies, I. and Newson, L.

Year: 2021

Title: The best possible self-intervention as a viable public health tool for the prevention of type 2 diabetes: A reflexive thematic analysis of public experience and engagement

Journal: Health Expectations

Volume: 24

Issue: 5

Pages: 1713-1724

Date: Oct

Short Title: The best possible self-intervention as a viable public health tool for the prevention of type 2 diabetes: A reflexive thematic analysis of public experience and engagement

ISSN: 1369-6513

DOI: 10.1111/hex.13311

Accession Number: WOS:000673026900001

Abstract: Background Public health initiatives seek to modify lifestyle behaviours associated with risk (e.g., diet, exercise, and smoking), but underpinning psychological and affective processes must also be considered to maximize success. Objective This study aimed to qualitatively assess how participants engaged with and utilized the best possible self (BPS)-intervention specifically as a type 2 diabetes (T2D) prevention tool. Design and Methods Fourteen participants engaged with a tailored BPS intervention. Reflexive thematic analysis analysed accounts of participant's experiences and feasibility of use. Results All participants submitted evidence of engagement with the intervention. The analysis considered two main themes: Holistic Health and Control. The analysis highlighted several nuanced ways in which individuals conceptualized their health, set goals, and received affective benefits, offering insights into how people personalized a simple intervention to meet their health needs. Conclusions To our knowledge, this is the first study to tailor the BPS intervention as a public health application for the prevention of T2D. The intervention enabled users to identify their best possible selves in a way that encouraged T2D preventive behaviours. We propose that our tailored BPS intervention could be a flexible and brief tool to assist public health efforts in encouraging change to aid T2D prevention. Public Contribution The format, language and application of the BPS intervention were adapted in response to a public consultation group that developed a version specifically for application in this study.

Notes: Gibson, Benjamin Umeh, Kanayo Davies, Ian Newson, Lisa Davies, Ian/AAP-8249-2021; Newson, Lisa/AFV-0607-2022; Davies, Ian/0000-0003-3722-8466; Newson, Lisa/0000-0002-5874-8762; Gibson, Benjamin/0000-0002-9932-7403; UMEH, FREDERICK KANAYO/0000-0002-1519-4237

1369-7625

URL: <Go to ISI>://WOS:000673026900001

Reference Type: Journal Article

Record Number: 847

Author: Gibson-Miller, J., Zavlis, O., Hartman, T. K., Bennett, K. M., Butter, S., Levita, L., Martinez, A. P., Mason, L., McBride, O., McKay, R., Murphy, J., Shevlin, M., Stocks, T. V. A. and Bentall, R. P.

Year: 2022

Title: A network approach to understanding social distancing behaviour during the first UK lockdown of the COVID-19 pandemic

Journal: Psychology & Health

Date: 2022 Mar

Short Title: A network approach to understanding social distancing behaviour during the first UK lockdown of the COVID-19 pandemic

ISSN: 0887-0446

DOI: 10.1080/08870446.2022.2057497

Accession Number: WOS:000774739700001

Abstract: Objective Given the highly infectious nature of COVID-19,

social distancing practices are key in stemming the spread of the virus. We aimed to assess the complex interplay among psychological factors, socio-demographic characteristics and social distancing behaviours within the framework of the widely used Capability, Opportunity, Motivation-Behaviour (COM-B) model. Design The present research employed network psychometrics on data collected during the first UK lockdown in April 2020 as part of the COVID-19 Psychological Research Consortium (C19PRC) Study. Using a network approach, we examined the predictions of psychological and demographic variables onto social distancing practices at two levels of analysis: macro and micro. Results Our findings revealed several factors that influenced social distancing behaviour during the first UK lockdown. The COM-B model was successful in predicting particular aspects of social-distancing via the influence of psychological capability and motivation at the macro-and micro-levels, respectively. Notably, demographic variables, such as education, income, and age, were directly and uniquely predictive of certain social distancing behaviours. Conclusion Our findings reveal psychological factors that are key predictors of social distancing behaviour and also illustrate how demographic variables directly influence such behaviour. Our research has implications for the design of empirically-driven interventions to promote adherence to social distancing practices in this and future pandemics.

Notes: Gibson-Miller, Jilly Zavlis, Orestis Hartman, Todd K. Bennett, Kate M. Butter, Sarah Levita, Liat Martinez, Anton P. Mason, Liam McBride, Orla McKay, Ryan Murphy, Jamie Shevlin, Mark Stocks, Thomas V. A. Bentall, Richard P.

McKay, Ryan/C-2160-2008

McKay, Ryan/0000-0001-7781-1539; Bentall, Richard/0000-0001-7561-2923; Butter, Sarah/0000-0001-9735-9156; Hartman, Todd/0000-0001-9136-2784; Gibson-Miller, Jilly/0000-0002-1864-4889; Levita, Liat/0000-0001-6002-6817
1476-8321

URL: <Go to ISI>://WOS:000774739700001

Reference Type: Journal Article

Record Number: 2455

Author: Gilbert, H., Slade, M., Bird, V., Oduola, S. and Craig, T. K. J.

Year: 2013

Title: Promoting recovery-oriented practice in mental health services: a quasi-experimental mixed-methods study

Journal: BMC Psychiatry

Volume: 13

Date: Jun

Short Title: Promoting recovery-oriented practice in mental health services: a quasi-experimental mixed-methods study

DOI: 10.1186/1471-244x-13-167

Article Number: 167

Accession Number: WOS:000320382900001

Abstract: Background: Recovery has become an increasingly prominent concept in mental health policy internationally. However, there is a lack of guidance regarding organisational transformation towards a

recovery orientation. This study evaluated the implementation of recovery-orientated practice through training across a system of mental health services. Methods: The intervention comprised four full-day workshops and an in-team half-day session on supporting recovery. It was offered to 383 staff in 22 multidisciplinary community and rehabilitation teams providing mental health services across two contiguous regions. A quasi-experimental design was used for evaluation, comparing behavioural intent with staff from a third contiguous region. Behavioural intent was rated by coding points of action on the care plans of a random sample of 700 patients (400 intervention, 300 control), before and three months after the intervention. Action points were coded for (a) focus of action, using predetermined categories of care; and (b) responsibility for action. Qualitative inquiry was used to explore staff understanding of recovery, implementation in services and the wider system, and the perceived impact of the intervention. Semi-structured interviews were conducted with 16 intervention group team leaders post-training and an inductive thematic analysis undertaken. Results: A total of 342 (89%) staff received the intervention. Care plans of patients in the intervention group had significantly more changes with evidence of change in the content of patient's care plans (OR 10.94, 95% CI 7.01-17.07) and the attributed responsibility for the actions detailed (OR 2.95, 95% CI 1.68-5.18). Nine themes emerged from the qualitative analysis split into two superordinate categories. 'Recovery, individual and practice', describes the perception and provision of recovery orientated care by individuals and at a team level. It includes themes on care provision, the role of hope, language of recovery, ownership and multidisciplinary. 'Systemic implementation', describes organizational implementation and includes themes on hierarchy and role definition, training approaches, measures of recovery and resources. Conclusions: Training can provide an important mechanism for instigating change in promoting recovery-orientated practice. However, the challenge of systemically implementing recovery approaches requires further consideration of the conceptual elements of recovery, its measurement, and maximising and demonstrating organizational commitment.

Notes: Gilbert, Helen Slade, Mike Bird, Victoria Oduola, Sheri Craig, Tom K. J.

Slade, Mike/C-1641-2010; Bird, Victoria/N-1165-2013; Slade, Mike/0-8780-2019

Slade, Mike/0000-0001-7020-3434; Bird, Victoria/0000-0002-2053-7679; Slade, Mike/0000-0001-7020-3434; Craig, Thomas/0000-0003-1442-0391; Oduola, Sherifat/0000-0002-7227-9536
1471-244x

URL: <Go to ISI>://WOS:000320382900001

Reference Type: Journal Article

Record Number: 1159

Author: Gilchrist, E., Johnson, A., McMurrin, M., Stephens-Lewis, D., Kirkpatrick, S., Gardner, B., Easton, C. and Gilchrist, G.

Year: 2021

Title: Using the Behaviour Change Wheel to design an intervention

for partner abusive men in drug and alcohol treatment

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Oct

Short Title: Using the Behaviour Change Wheel to design an intervention for partner abusive men in drug and alcohol treatment

DOI: 10.1186/s40814-021-00911-2

Article Number: 191

Accession Number: WOS:000712385700002

Abstract: Background We aimed to establish what core elements were required in a group therapy programme for men who disclose perpetrating intimate partner abuse in a substance use setting and develop, and test the feasibility of delivering an intervention in this setting. Methods We describe the theoretical development and feasibility testing of an integrated substance use and intimate partner abuse intervention ('ADVANCE') for delivery in substance use services. We employed a comprehensive eight-stage process to guide this development applying the 'COM-B' ('capability', 'opportunity', 'motivation' and 'behaviour') model for intervention design which specifies the following: (1) define the problem, (2) select the target behaviour, (3) specify the target behaviour, (4) identify what needs to change, (5) identify intervention functions, (6) identify policy categories, (7) select behaviour change techniques, and (8) design a mode of delivery. The development was informed by primary research conducted by the authors, consulting with organisation steering groups and by those with personal experiences. The identified targets for intervention and mode and method of delivery were then refined over 4 intervention development meetings, using the nominal group technique with the ADVANCE experts, then further refined following consultation with service user groups and wider expert groups via a learning alliance meetings. Results Our final intervention, the ADVANCE intervention consisted of a group intervention comprising of up to four pre-group individual interviews, followed by 12 x 2-h group sessions supported by integrated safety work for victim/survivors, and risk and safety support and integrity support for the professionals. The main targets for change were personal goal planning, self-regulation, and attitudes and beliefs supporting intimate partner abuse. The intervention was regarded as very acceptable to both staff and clients in substance use services, with group attendees reported positive behaviour changes and development of new skills. Conclusion We have demonstrated the ability to employ a structured eight-step process to develop an integrated intervention to address substance use-related intimate partner abuse that is acceptable to staff and clients in substance use services. This led to a feasibility study (ISRCTN 79435190) involving 104 men and 30 staff at three different locations across the UK was conducted to assess the feasibility and acceptability of the intervention and to refine the content and approach to delivery (BMC Public Health, 21: 980, 2021).

Notes: Gilchrist, Elizabeth Johnson, Amy McMurrin, Mary Stephens-Lewis, Danielle Kirkpatrick, Sara Gardner, Benjamin Easton, Caroline Gilchrist, Gail

Gilchrist, Gail/0000-0002-5616-6283; Gilchrist, Elizabeth/

0000-0002-6724-1613; Gardner, Benjamin/0000-0003-1223-5934
2055-5784
URL: <Go to ISI>://WOS:000712385700002

Reference Type: Journal Article

Record Number: 1778

Author: Gilchrist, G., Landau, S., Radcliffe, P., McMurrin, M.,
Feder, G., Easton, C., Parrott, S., Kirkpatrick, S., Henderson, J.,
Potts, L., Stephens-Lewis, D., Johnson, A., Love, B., Halliwell, G.,
Dheensa, S., Berbary, C., Li, J. S., Strang, J. and Gilchrist, E.
Year: 2020

Title: A study protocol to assess the feasibility of conducting an
evaluation trial of the ADVANCE integrated intervention to address
both substance use and intimate partner abuse perpetration to men in
substance use treatment

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: A study protocol to assess the feasibility of
conducting an evaluation trial of the ADVANCE integrated
intervention to address both substance use and intimate partner
abuse perpetration to men in substance use treatment

DOI: 10.1186/s40814-020-00580-7

Article Number: 62

Accession Number: WOS:000729238200041

Abstract: Background Strong evidence exists that substance use is a
contributory risk factor for intimate partner abuse (IPA)
perpetration. Men in substance use treatment are more likely to
perpetrate IPA than men from the general population. Despite this,
referral pathways are lacking for this group. This trial will assess
the feasibility of conducting an evaluation trial of a tailored
integrated intervention to address substance use and IPA
perpetration to men in substance use treatment. Methods/design
ADVANCE is a multicentre, parallel-group individually randomised controlled
feasibility trial, with a nested formative evaluation, comparing an
integrated intervention to reduce IPA + substance use treatment as
usual (TAU) to TAU only. One hundred and eight men who have
perpetrated IPA in the past 12 months from community substance use
treatment in London, the West Midlands, and the South West will be
recruited. ADVANCE is a manualised intervention comprising 2-4
individual sessions (2 compulsory) with a keyworker to set goals,
develop a personal safety plan and increase motivation and
readiness, followed by a 12-session weekly group intervention
delivered in substance use services. Men will be randomly allocated
(ratio 1:1) to receive the ADVANCE intervention + TAU or TAU only.
Men's female (ex) partners will be invited to provide outcome data
and offered support from integrated safety services (ISS). Regular
case management meetings between substance use and ISS will manage
risk. Outcome measures will be obtained at the end of the
intervention (approximately 4 months post-randomisation) for all
male and female participants. The main objective of this feasibility
trial is to estimate parameters required for planning a definitive
trial including rates of consent, recruitment, and follow-up by site

and group allocation. Nested formative evaluation including focus groups and in-depth interviews will explore the intervention's acceptability to participants, group facilitators, keyworkers and ISS workers. Secondary outcomes include substance use, IPA, mental health, self-management, health and social care service use, criminal justice contacts, and quality of life. Discussion Findings from this feasibility trial will inform the design of a multicentre randomised controlled trial evaluating the efficacy and cost-effectiveness of the ADVANCE intervention for reducing IPA and improving the well-being of female (ex)partners. Trial registration ISRCTN79435190.

Notes: Gilchrist, Gail Landau, Sabine Radcliffe, Polly McMurrin, Mary Feder, Gene Easton, Caroline Parrott, Steve Kirkpatrick, Sara Henderson, Juliet Potts, Laura Stephens-Lewis, Danielle Johnson, Amy Love, Beverly Halliwell, Gemma Dheensa, Sandi Berbarry, Cassandra Li, Jinshuo Strang, John Gilchrist, Elizabeth

Strang, John/H-5460-2011

Strang, John/0000-0002-5413-2725; Love, Beverly/0000-0003-0828-9876; Gilchrist, Elizabeth/0000-0002-6724-1613; Parrott, Steven James/0000-0002-0165-1150; Satchwell, Laura Charlotte/0000-0002-2935-6532; Gilchrist, Gail/0000-0002-5616-6283; Feder, Gene/0000-0002-7890-3926; Landau, Sabine/0000-0002-3615-8075; Radcliffe, Polly/0000-0001-7414-8428

2055-5784

URL: <Go to ISI>://WOS:000729238200041

Reference Type: Journal Article

Record Number: 1922

Author: Gilchrist, G., Swan, D., Widyaratna, K., Marquez-Arrico, J. E., Hughes, E., Mdege, N. D., Martyn-St James, M. and Tirado-Munoz, J.

Year: 2017

Title: A Systematic Review and Meta-analysis of Psychosocial Interventions to Reduce Drug and Sexual Blood Borne Virus Risk Behaviours Among People Who Inject Drugs

Journal: Aids and Behavior

Volume: 21

Issue: 7

Pages: 1791-1811

Date: Jul

Short Title: A Systematic Review and Meta-analysis of Psychosocial Interventions to Reduce Drug and Sexual Blood Borne Virus Risk Behaviours Among People Who Inject Drugs

ISSN: 1090-7165

DOI: 10.1007/s10461-017-1755-0

Accession Number: WOS:000404629400001

Abstract: Opiate substitution treatment and needle exchanges have reduced blood borne virus (BBV) transmission among people who inject drugs (PWID). Psychosocial interventions could further prevent BBV. A systematic review and meta-analysis examined whether psychosocial interventions (e.g. CBT, skills training) compared to control interventions reduced BBV risk behaviours among PWID. 32 and 24 randomized control trials (2000-May 2015 in MEDLINE, PsycINFO,

CINAHL, Cochrane Collaboration and Clinical trials, with an update in MEDLINE to December 2016) were included in the review and meta-analysis respectively. Psychosocial interventions appear to reduce: sharing of needles/syringes compared to education/information (SMD -0.52; 95% CI -1.02 to -0.03; I-2 = 10%; p = 0.04) or HIV testing/counselling (SMD -0.24; 95% CI -0.44 to -0.03; I-2 = 0%; p = 0.02); sharing of other injecting paraphernalia (SMD -0.24; 95% CI -0.42 to -0.06; I-2 = 0%; p < 0.01) and unprotected sex (SMD -0.44; 95% CI -0.86 to -0.01; I-2 = 79%; p = 0.04) compared to interventions of a lesser time/intensity, however, moderate to high heterogeneity was reported. Such interventions could be included with other harm reduction approaches to prevent BBV transmission among PWID.

Notes: Gilchrist, Gail Swan, Davina Widyaratna, Kideshini Marquez-Arrico, Julia Elena Hughes, Elizabeth Mdege, Noreen Dadirai Martyn-St James, Marrison Tirado-Munoz, Judit

Marquez-Arrico, Julia E./AAP-4744-2020; Gilchrist, Gail/AAB-4662-2021; Hughes, Elizabeth C/A-6038-2012; Mdege, Noreen/H-5800-2019

Marquez-Arrico, Julia E./0000-0003-0076-1056; Widyaratna, Kideshini K S/0000-0001-6783-776X; Mdege, Noreen/0000-0003-3189-3473; Hughes, Elizabeth/0000-0002-4480-0806; Gilchrist, Gail/0000-0002-5616-6283 1573-3254

URL: <Go to ISI>://WOS:000404629400001

Reference Type: Journal Article

Record Number: 2029

Author: Gilissen, J., Pivodic, L., Smets, T., Gastmans, C., Vander Stichele, R., Deliens, L. and Van den Block, L.

Year: 2017

Title: Preconditions for successful advance care planning in nursing homes: A systematic review

Journal: International Journal of Nursing Studies

Volume: 66

Pages: 47-59

Date: Jan

Short Title: Preconditions for successful advance care planning in nursing homes: A systematic review

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2016.12.003

Accession Number: WOS:000393253300007

Abstract: Objectives: There is growing evidence of the potential effectiveness of advance care planning. Yet important knowledge gaps remain regarding the preconditions for successful implementation of advance care planning in the nursing home setting. We aim to identify the preconditions related to successful advance care planning in the nursing home setting. By specifying those, we would be able to make well-founded choices for the future design and planning of advance care planning intervention programs. Design: A systematic review. Data sources: PubMed, PsycINFO, EMBASE and CINAHL. Review methods: Two authors independently screened publications. One author assessed methodological quality and extracted textual data, which was double-checked for a random sample. We extracted textual data and used thematic synthesis to

identify "preconditions", defined as requirements, conditions and elements necessary to achieve the desired outcome of advance care planning, i.e. attaining concordance between residents' preferences and actual care or treatment received at the end of life. Main findings: Based on 38 publications, we identified 17 preconditions at five different levels: resident, family, health-care professional, facility and community. Most preconditions were situated on multiple levels but the majority addressed professionals and the nursing home itself. We summarized preconditions in five domains: to have sufficient knowledge and skills, to be willing and able to participate in advance care planning, to have good relationships, to have an administrative system in place, and contextual factors supporting advance care planning within the nursing home. Conclusion: There are multiple preconditions related to successfully implementing advance care planning in the complex nursing home setting that operate at micro, meso and macro level. Future interventions need to address these multiple domains and levels in a whole-system approach in order to be better implementable and more sustainable, while simultaneously target the important role of the health-care professional and the facility itself. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: Gilissen, Joni Pivodic, Lara Smets, Tinne Gastmans, Chris Vander Stichele, Robert Deliens, Luc Van den Block, Lieve Stichele, Robert Vander/K-7203-2015; Pivodic, Lara/C-8588-2014; Gastmans, Chris/GWZ-3728-2022; Van den Block, Lieve/D-1247-2011; Smets, Tinne/G-3988-2012; Gastmans, Chris/Y-5504-2019 Stichele, Robert Vander/0000-0001-9118-9651; Pivodic, Lara/0000-0002-8825-3699; Van den Block, Lieve/0000-0002-7770-348X; Gastmans, Chris/0000-0002-5522-0639; Gilissen, Joni/0000-0002-5388-495X; Smets, Tinne/0000-0003-1439-316X 1873-491x

URL: <Go to ISI>://WOS:000393253300007

Reference Type: Journal Article

Record Number: 2377

Author: Gillespie, B. M., Chaboyer, W., Kang, E., Hewitt, J., Nieuwenhoven, P. and Morley, N.

Year: 2014

Title: Postsurgery wound assessment and management practices: a chart audit

Journal: Journal of Clinical Nursing

Volume: 23

Issue: 21-22

Pages: 3250-3261

Date: Nov

Short Title: Postsurgery wound assessment and management practices: a chart audit

ISSN: 0962-1067

DOI: 10.1111/jocn.12574

Accession Number: WOS:000343835300026

Abstract: Aims and Objectives. To examine wound assessment and management in patients following surgery and to compare these practices with current evidence-based guidelines for the prevention

of surgical site infection across one healthcare services district in Queensland, Australia. Background. Despite innovations in surgical techniques, technological advances and environmental improvements in the operating room, and the use of prophylactic antibiotics, surgical site infections remain a major source of morbidity and mortality in patients following surgery. Design. A retrospective clinical chart audit Methods. A random sample of 200 medical records of patients who had undergone surgery was undertaken over a two-year period (2010–2012). An audit tool was developed to collect the data on wound assessment and practice. The study was undertaken across one healthcare services district in Australia. Results. Of the 200 records that were randomly identified, 152 (76%) met the inclusion criteria. The excluded records were either miscoded or did not involve a surgical incision. Of the 152 records included, 87 (57.2%) procedures were classified as 'clean' and 106 (69.7%) were elective. Wound assessments were fully documented in 63/152 (41.4%) of cases, and 59/152 (38.8%) charts had assessments documented on a change of patient condition. Of the 15/152 (9.9%) patients with charted postoperative wound complications, 4/15 (26.6%) developed clinical signs of wound infection, which were diagnosed on days 3 to 5. Conclusions. The timing, content and accuracy of wound assessment documentation are variable. Standardising documentation will increase consistency and clarity and contribute to multidisciplinary communication. Relevance to clinical practice. These results suggest that postoperative wound care practices are not consistent with evidence-based guidelines. Consequently, it is important to involve clinicians in identifying possible challenges within the clinical environment that may curtail guideline use.

Notes: Gillespie, Brigid M. Chaboyer, Wendy Kang, Evelyn Hewitt, Jayne Nieuwenhoven, Paul Morley, Nicola Chaboyer, Wendy/F-9588-2018; Gillespie, Brigid M/E-7799-2012; Hewitt, jayne/ABI-5850-2020 Kang, Evelyn/0000-0001-8253-1638; Gillespie, Brigid/0000-0003-3186-5691; Chaboyer, Wendy/0000-0001-9528-7814 1365-2702
URL: <Go to ISI>://WOS:000343835300026

Reference Type: Journal Article

Record Number: 2025

Author: Gillespie, B. M., Hamilton, K., Ball, D., Lavin, J., Gardiner, T., Withers, T. K. and Marshall, A. P.

Year: 2017

Title: Unlocking the "black box" of practice improvement strategies to implement surgical safety checklists: a process evaluation

Journal: Journal of Multidisciplinary Healthcare

Volume: 10

Pages: 157-166

Short Title: Unlocking the "black box" of practice improvement strategies to implement surgical safety checklists: a process evaluation

ISSN: 1178-2390

DOI: 10.2147/jmdh.S124298

Accession Number: WOS:000398615400001

Abstract: Background: Compliance with surgical safety checklists (SSCs) has been associated with improvements in clinical processes such as antibiotic use, correct site marking, and overall safety processes. Yet, proper execution has been difficult to achieve. Objectives: The objective of this study was to undertake a process evaluation of four knowledge translation (KT) strategies used to implement the Pass the Baton (PTB) intervention which was designed to improve utilization of the SSC. Methods: As part of the process evaluation, a logic model was generated to explain which KT strategies worked well (or less well) in the operating rooms of a tertiary referral hospital in Queensland, Australia. The KT strategies implemented included change champions/opinion leaders, education, audit and feedback, and reminders. In evaluating the implementation of these strategies, this study considered context, intervention and underpinning assumptions, implementation, and mechanism of impact. Observational and interview data were collected to assess implementation of the KT strategies relative to fidelity, feasibility, and acceptability. Results: Findings from 35 structured observations and 15 interviews with 96 intervention participants suggest that all of the KT strategies were consistently implemented. Of the 220 staff working in the department, that is, nurses, anesthetists, and surgeons, 160 (72.7%) knew about the PTB strategies. Qualitative analysis revealed that implementation was generally feasible and acceptable. A barrier to feasibility was physician engagement. An impediment to acceptability was participants' skepticism about the ability of the KT strategies to effect behavioral change. Conclusion: Overall, results of this evaluation suggest that success of implementation was moderate. Given the probable impact of contextual factors, that is, team culture and the characteristics of participants, the KT strategies may need modification prior to widespread implementation. Notes: Gillespie, Brigid M. Hamilton, Kyra Ball, Dianne Lavin, Joanne Gardiner, Therese Withers, Teresa K. Marshall, Andrea P. Gillespie, Brigid M/E-7799-2012 Gillespie, Brigid/0000-0003-3186-5691; Hamilton, Kyra/0000-0001-9975-685X; Marshall, Andrea/0000-0001-7692-403X; Gardiner, Therese/0000-0001-6731-8361 URL: <Go to ISI>://WOS:000398615400001

Reference Type: Journal Article

Record Number: 2263

Author: Gillespie, B. M. and Marshall, A.

Year: 2015

Title: Implementation of safety checklists in surgery: a realist synthesis of evidence

Journal: Implementation Science

Volume: 10

Date: Sep

Short Title: Implementation of safety checklists in surgery: a realist synthesis of evidence

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0319-9

Article Number: 137

Accession Number: WOS:000361786100001

Abstract: **Aim:** The aim of this review is to present a realist synthesis of the evidence of implementation interventions to improve adherence to the use of safety checklists in surgery. **Background:** Surgical safety checklists have been shown to improve teamwork and patient safety in the operating room. Yet, despite the benefits associated with their use, universal implementation of and compliance with these checklists has been inconsistent. **Data sources:** An overview of the literature from 2008 is examined in relation to checklist implementation, compliance, and sustainability. **Review methods:** Pawson's and Rycroft-Malone's realist synthesis methodology was used to explain the interaction between context, mechanism, and outcome. This approach incorporated the following: defining the scope of the review, searching and appraising the evidence, extracting and synthesising the findings, and disseminating, implementing, and evaluating the evidence. We identified two theories a priori that explained contextual nuances associated with implementation and evaluation of checklists in surgery: the Normalisation Process Theory and Responsive Regulation Theory. **Results:** We identified four a priori propositions: (1) Checklist protocols that are prospectively tailored to the context are more likely to be used and sustained in practice, (2) Fidelity and sustainability is increased when checklist protocols can be seamlessly integrated into daily professional practice, (3) Routine embedding of checklist protocols in practice is influenced by factors that promote or inhibit clinicians' participation, and (4) Regulation reinforcement mechanisms that are more contextually responsive should lead to greater compliance in using checklist protocols. The final explanatory model suggests that the sustained use of surgical checklists is discipline-specific and is more likely to occur when medical staff are actively engaged and leading the process of implementation. Involving clinicians in tailoring the checklist to better fit their context of practice and giving them the opportunity to reflect and evaluate the implementation intervention enables greater participation and ownership of the process. **Conclusions:** A major limitation in the surgical checklist literature is the lack of robust descriptions of intervention methods and implementation strategies. Despite this, two consequential findings have emerged through this realist synthesis: First, the sustained use of surgical checklists is discipline-specific and is more successful when physicians are actively engaged and leading implementation. Second, involving clinicians in tailoring the checklist to their context and encouraging them to reflect on and evaluate the implementation process enables greater participation and ownership.

Notes: Gillespie, Brigid M. Marshall, Andrea

Gillespie, Brigid M/E-7799-2012

Gillespie, Brigid/0000-0003-3186-5691; Marshall, Andrea/
0000-0001-7692-403X

URL: <Go to ISI>://WOS:000361786100001

Reference Type: Journal Article

Record Number: 1360
Author: Gillis, C., Hasil, L., Kasvis, P., Bibby, N., Davies, S. J., Prado, C. M., West, M. A. and Shaw, C.
Year: 2021
Title: Nutrition Care Process Model Approach to Surgical Prehabilitation in Oncology
Journal: Frontiers in Nutrition
Volume: 8
Date: Jun
Short Title: Nutrition Care Process Model Approach to Surgical Prehabilitation in Oncology
ISSN: 2296-861X
DOI: 10.3389/fnut.2021.644706
Article Number: 644706
Accession Number: WOS:000670563100001
Abstract: The nutrition care process is a standardized and systematic method used by nutrition professionals to assess, diagnose, treat, and monitor patients. Using the nutrition care process model, we demonstrate how nutrition prehabilitation can be applied to the pre-surgical oncology patient.
Notes: Gillis, Chelsia Hasil, Leslee Kasvis, Popi Bibby, Neil Davies, Sarah J. Prado, Carla M. West, Malcolm A. Shaw, Clare Gillis, Chelsia/0000-0002-0615-5922; West, Malcolm/0000-0002-0345-5356; Kasvis, Popi/0000-0003-2927-5297
URL: <Go to ISI>://WOS:000670563100001

Reference Type: Journal Article
Record Number: 1533
Author: Gillmann, C., Pajor, G., Ramadori, P., Albers, P., Mons, U., Steindorf, K., Kentner, S. and Baumann, M.
Year: 2021
Title: Solving problems is smart, preventing them is wise: Lessons learned from the 2nd International DKFZ Conference on Cancer Prevention
Journal: International Journal of Cancer
Volume: 148
Issue: 12
Pages: 3086-3096
Date: Jun
Short Title: Solving problems is smart, preventing them is wise: Lessons learned from the 2nd International DKFZ Conference on Cancer Prevention
ISSN: 0020-7136
DOI: 10.1002/ijc.33502
Accession Number: WOS:000622341400001
Abstract: The 2nd International DKFZ Conference on Cancer Prevention (CCP2020) organized by the German Cancer Research Center (DKFZ) was held as a virtual event on 17-18 September 2020. The event gathered experts on cancer prevention from around the world with the aim of generating a stimulating interchange of opinions between clinicians and basic researchers working in the field. The talks and posters of the conference fueled exciting discussions and debates about the state of the art of cancer prevention and provided a comprehensive

outlook on the many aspects of the field. The program was divided into three main sessions, illustrating the most recent methodological approaches and interventions in primary, secondary and tertiary prevention, enriched by introductory lectures depicting the most relevant aspects of each session. The key concepts covered in this meeting were risk factors, early detection, improving life after cancer, cancer prevention in Europe and personalized prevention. The importance of the latter was expressly highlighted, many presentations emphasizing that in the era of personalized medicine, prevention also needs to be based on the unique genetic, epigenetic, social and behavioral characteristics of the individual to achieve maximal efficacy. In this article, we summarize the key messages emerging from each section, with particular attention on the most important challenges yet to be met in the field of cancer prevention.

Notes: Gillmann, Clarissa Pajor, Gabor Ramadori, Pierluigi Albers, Peter Mons, Ute Steindorf, Karen Kentner, Susan Baumann, Michael Ramadori, Pierluigi/AAZ-7533-2021; Mons, Ute/AA0-4337-2021; Mons, Ute/0000-0003-1764-6783; Baumann, Michael/0000-0002-9340-974X; Ramadori, Pierluigi/0000-0001-6581-9648; Steindorf, Karen/0000-0001-5215-5651
1097-0215
URL: <Go to ISI>://WOS:000622341400001

Reference Type: Journal Article

Record Number: 1579

Author: Gilson, N. D., Papinczak, Z. E., Mielke, G. I., Haslam, C., Fookan, J., McKenna, J. and Brown, W. J.

Year: 2021

Title: Effects of the Active Choices Program on Self-Managed Physical Activity and Social Connectedness in Australian Defence Force Veterans: Protocol for a Cluster-Randomized Trial

Journal: Jmir Research Protocols

Volume: 10

Issue: 2

Date: Feb

Short Title: Effects of the Active Choices Program on Self-Managed Physical Activity and Social Connectedness in Australian Defence Force Veterans: Protocol for a Cluster-Randomized Trial

ISSN: 1929-0748

DOI: 10.2196/21911

Article Number: e21911

Accession Number: WOS:000751766900005

Abstract: Background: A stepped-down program is one in which clients transition from the care of a health professional to self-managed care. Very little is known about the effectiveness of stepped-down physical activity (PA) programs for military service veterans.

Objective: This study will test Active Choices, a stepped-down behavioral support program designed to help Australian Defence Force veterans and their dependents who are clients of the Department of Veterans' Affairs, transition from treatment by an exercise physiologist or physiotherapist to self-managed PA. Methods: The study is a parallel-group, randomized trial, with city-based

exercise physiology or physiotherapy practices that recruit eligible Department of Veterans' Affairs clients assigned to Active Choices or a comparison program. The study aims to recruit 52 participants (26 in each group). The Active Choices program will consist of 2 face-to-face (Weeks 1, 12) and 2 telephone (Weeks 4 and 8) consultations. During these sessions, the participant and Active Choices consultant will utilize an evidence-based resource booklet to review the key benefits of an active lifestyle, build an action plan for PA preferences, set and review goals, self-monitor progress relative to set goals, and discuss strategies to overcome PA barriers. Linking participants to local PA communities to overcome social isolation will be a program priority. The comparison program will consist of 2 consultations (Weeks 1 and 12) and use fewer behavioral support strategies (education, self-monitoring, and action planning only) than Active Choices. Outcome measures will be administered at baseline, end-intervention (12 weeks), and follow-up (24 weeks) to assess changes in moderate intensity self-managed PA, psychological well-being, and social connectedness. We will also measure health service utilization and costs as well as PA choices across the intervention period. End-intervention interviews will capture participant experiences. Results: Due to the impacts of the COVID-19 pandemic on human research activities in Australia, participant recruitment will commence when it is safe and feasible to do so. Conclusions: Findings will provide valuable pilot data to support up-scaling of the program and larger effectiveness trials with regional and rural as well as city-based Australian Defence Force veterans and their dependents.

Notes: Gilson, Nicholas D. Papinczak, Zoe E. Mielke, Gregore Iven Haslam, Catherine Fooker, Jonas McKenna, Jim Brown, Wendy J. Gilson, Nicholas/D-6056-2012; Papinczak, Zoe E/F-2188-2016; Brown, Wendy J/G-2201-2010; Mielke, Gregore/E-2141-2014; Haslam, Catherine/Y-5763-2018

Papinczak, Zoe E/0000-0002-2386-5651; Brown, Wendy J/0000-0001-9093-4509; Mielke, Gregore/0000-0002-3043-2715; McKenna, Jim/0000-0001-6779-3939; Haslam, Catherine/0000-0003-0124-9601
URL: <Go to ISI>://WOS:000751766900005

Reference Type: Journal Article

Record Number: 1255

Author: Girard, A. W., Brouwer, A., Faerber, E., Grant, F. K. and Low, J. W.

Year: 2021

Title: Orange-fleshed sweetpotato: Strategies and lessons learned for achieving food security and health at scale in Sub-Saharan Africa

Journal: Open Agriculture

Volume: 6

Issue: 1

Pages: 511-536

Date: Aug

Short Title: Orange-fleshed sweetpotato: Strategies and lessons learned for achieving food security and health at scale in Sub-Saharan Africa

ISSN: 2391-9531

DOI: 10.1515/opag-2021-0034

Accession Number: WOS:000692825300001

Abstract: Against a worsening backdrop of climate stress and population growth, drought-resistant, highly adaptable, nutritious orange-fleshed sweetpotato (OFSP) stands out as a sustainable food crop that supports household resiliency, food security, and health. Recognized as one of the cheapest sources of vitamin A (VA), OFSP holds promise as a food-based approach to combat VA deficiency, a significant public health concern in sub-Saharan Africa. Because the dominant white-fleshed varieties have no beta-carotene, research initiated in the mid-1990s set out to adapt, develop, and promote VA-rich OFSP as a more nutritious alternative to non-OFSP types. Multisectorial strategies that integrate agriculture with health or education sectors hold promise as effective strategies to ensure OFSP reaches and meets the needs of those populations at greatest risk of VA deficiency – pregnant and lactating women, infants, and children. In this article, we share experiences, findings, implementation challenges, and lessons learned from four integrated programs in Kenya, Tanzania, Mozambique, and Ethiopia that aimed to improve the nutrition and health of women and children with production and promotion of OFSP. Across these projects, households significantly increased OFSP production. In all but one, changes in OFSP production were accompanied by improved food security and maternal and child diets.

Notes: Girard, Amy Webb Brouwer, Anthony Faerber, Emily Grant, Frederick K. Low, Jan W.

Brouwer, Roland/0000-0002-1419-9175

URL: <Go to ISI>://WOS:000692825300001

Reference Type: Journal Article

Record Number: 780

Author: Glasser, A. M., Hinton, A., Wermert, A., Macisco, J. and Nemeth, J. M.

Year: 2022

Title: Characterizing tobacco and marijuana use among youth combustible tobacco users experiencing homelessness – considering product type, brand, flavor, frequency, and higher-risk use patterns and predictors

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Apr

Short Title: Characterizing tobacco and marijuana use among youth combustible tobacco users experiencing homelessness – considering product type, brand, flavor, frequency, and higher-risk use patterns and predictors

DOI: 10.1186/s12889-022-13244-3

Article Number: 820

Accession Number: WOS:000787314300007

Abstract: Background Cigarette smoking is three times more prevalent among youth experiencing homelessness compared with the general population. Co-use of tobacco and marijuana is also common. The aim

of this study is to characterize tobacco and marijuana use among youth experiencing homelessness who use combustible tobacco in a Midwestern city to inform smoking cessation intervention. Methods This study included 96 youth (ages 14–24 years; 52% male, 39% female, 5% transgender/non-binary) attending a homeless drop-in center who had used at least one combustible tobacco product in the past week. We assessed past-month use of tobacco products and marijuana, other product use characteristics (e.g., frequency, brand and flavor), and psychosocial predictors of more frequent (i.e., daily) use of combustible tobacco and marijuana. Results Most youth experiencing homelessness with past-week combustible tobacco use had used cigarettes (n = 85, 88.5%), cigars (n = 89, 92.7%), and marijuana (n = 82, 85.4%) in the past month. One-third (n = 34) used electronic vapor products (EVPs), 19.8% (n = 19) smoked hookah, and 11.5% (n = 11) used smokeless tobacco (ST). Most marijuana users co-administered with tobacco (n = 67, 69.8%). Daily combustible tobacco smoking was associated with having a child and smoking out of boredom/habit. Daily marijuana use was associated with using substances to cope with one's housing situation. Newport (n = 66, 72.5%) and Black & Mild (n = 48, 51.1%) were the most popular brands of cigarettes and cigars among ever users. Most non-combustible tobacco ever users reported not having a usual brand (EVPs: n = 51, 73.9%; ST: n = 16, 57.1%). Cigar smokers reported the most varied selection of flavors. Conclusions Young combustible tobacco users experiencing homelessness engage in high-risk use patterns, including poly-tobacco use, co-use of tobacco with marijuana, and frequent combustible product use. Interventions that consider the full context of tobacco and marijuana use are needed to support smoking cessation in this population.

Notes: Glasser, Allison M. Hinton, Alice Wermert, Amy Macisco, Joseph Nemeth, Julianna M. 1471–2458

URL: <Go to ISI>://WOS:000787314300007

Reference Type: Journal Article

Record Number: 1334

Author: Glenngard, A. H. and Anell, A.

Year: 2021

Title: The impact of audit and feedback to support change behaviour in healthcare organisations – a cross-sectional qualitative study of primary care centre managers

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Jul

Short Title: The impact of audit and feedback to support change behaviour in healthcare organisations – a cross-sectional qualitative study of primary care centre managers

DOI: 10.1186/s12913-021-06645-4

Article Number: 663

Accession Number: WOS:000672490300003

Abstract: Background This article addresses the role of audit and feedback (A&F) to support change behaviour and quality improvement

work in healthcare organisations. It contributes to the sparse literature on primary care centre (PCC) managers views on A&F practices, taking into account the broad scope of primary care. The purpose was to explore if and how different types of A&F support change behaviour by influencing different forms of motivation and learning, and what contextual facilitators and barriers enable or obstruct change behaviour in primary care. Methods A qualitative research approach was used. We explored views about the impact of A&F across managers of 27 PCCs, in five Swedish regions, through semi-structured interviews. A purposeful sampling was used to identify both regions and PCC managers, in order to explore multiple perspectives. We used the COM-B framework, which describes how Capability, Opportunity and Motivation interact and generate change behaviour and how different factors might act as facilitators or barriers, when collecting and analysing data. Results Existing forms of A&F were perceived as coercive top-down interventions to secure adherence to contractual obligations, financial targets and clinical guidelines. Support to bottom-up approaches and more complex change at team and organisational levels was perceived as limited. We identified five contextual factors that matter for the impact of A&F on change behaviour and quality improvement work: performance of organisations, continuity in staff, size of organisations, flexibility in leadership and management, and flexibility offered by the external environment. Conclusions External A&F, perceived as coercive by recipients of feedback, can have an impact on change behaviour through 'know-what' and 'know-why' types of knowledge and 'have-to' commitment but provide limited support to complex change. 'Want-to' commitment and bottom-up driven processes are important for more complex change. Similar to previous research, identified facilitators and barriers of change consisted of factors that are difficult to influence by A&F activities. Future research is needed on how to ensure co-development of A&F models that are perceived as legitimate by health care professionals and useful to support more complex change.

Notes: Glenngard, Anna H. Anell, Anders
Hager Glenngard, Anna/0000-0001-7500-4610
1472-6963
URL: <Go to ISI>://WOS:000672490300003

Reference Type: Journal Article
Record Number: 1891
Author: Gloster, R., Buzzeo, J., Cox, A., Bertram, C., Tassinari, A., Schmidtke, K. A. and Vlaev, I.
Year: 2018
Title: Behavioural insights into benefits claimants' training
Journal: Education and Training
Volume: 60
Issue: 1
Pages: 54-68
Short Title: Behavioural insights into benefits claimants' training
ISSN: 0040-0912
DOI: 10.1108/et-10-2016-0155
Accession Number: WOS:000417262200005

Abstract: Purpose – The purpose of this paper is to explore the behavioural determinants of work-related benefits claimants' training behaviours and to suggest ways to improve claimants' compliance with training referrals. Design/methodology/approach – Qualitative interviews were conducted with 20 Jobcentre Plus staff and training providers, and 60 claimants. Claimants were sampled based on whether or not they had been mandated to training and whether or not they subsequently participated. Along with general findings, differences between these groups are highlighted. Findings – Claimants' behaviours are affected by their capabilities, opportunities, and motivations in interrelated ways. Training programmes should appreciate this to better ensure claimants' completion of training programmes. Originality/value – Whilst past papers have largely examined a limited number of factors that affect claimants' training behaviours, this report offers a synchronised evaluation of all the behavioural factors that affect claimants' training behaviours.

Notes: Gloster, Rosie Buzzeo, Jonathan Cox, Annette Bertram, Christine Tassinari, Arianna Schmidtke, Kelly Ann Vlaev, Ivo Tassinari, Arianna/ABA-9920-2020
Tassinari, Arianna/0000-0001-5437-935X
1758-6127

URL: <Go to ISI>://WOS:000417262200005

Reference Type: Journal Article

Record Number: 2266

Author: Glynn, L., Casey, M., Walsh, J., Hayes, P. S., Harte, R. P. and Heaney, D.

Year: 2015

Title: Patients' views and experiences of technology based self-management tools for the treatment of hypertension in the community: A qualitative study

Journal: BMC Family Practice

Volume: 16

Date: Sep

Short Title: Patients' views and experiences of technology based self-management tools for the treatment of hypertension in the community: A qualitative study

DOI: 10.1186/s12875-015-0333-7

Article Number: 119

Accession Number: WOS:000360884800001

Abstract: Background: Patients with hypertension in the community frequently fail to meet treatment goals. The optimal way to organize and deliver care to hypertensive patients has not been clearly identified. The powerful on-board computing capacity of mobile devices, along with the unique relationship individuals have with newer technologies, suggests that they have the potential to influence behaviour. However, little is known regarding the views and experiences of patients using such technology to self-manage their hypertension and associated lifestyle behaviours. The aim of this study was to explore patients' views and experiences of using technology based self-management tools for the treatment of hypertension in the community. Methods: This focus group study was

conducted with known hypertensive patients over 45 years of age who were recruited in a community setting in Ireland. Taped and transcribed semi-structured interviews with a purposeful sample involving 50 participants in six focus groups were used. Framework analysis was utilized to analyse the data. Results: Four key inter-related themes emerged from the analysis: individualisation; trust; motivation; and communication. The globalisation of newer technologies has triggered many substantial and widespread behaviour changes within society, yet users are unique in their use and interactions with such technologies. Trust is an ever present issue in terms of its potential impact on engagement with healthcare providers and motivation around self-management. The potential ability of technology to influence motivation through carefully selected and tailored messaging and to facilitate a personalised flow of communication between patient and healthcare provider was highlighted. Conclusions: Newer technologies such as mobile devices and the internet have been embraced across the globe despite technological challenges and concerns regarding privacy and security. In the design and development of technology based self-management tools for the treatment of hypertension, flexibility and security are vital to allow and encourage patients to customise, personalise and engage with their devices.

Notes: Glynn, Liam Casey, Monica Walsh, Jane Hayes, Patrick S. Harte, Richard P. Heaney, David

Glynn, Liam G/C-1586-2009; Walsh, Jane/AAP-6870-2021

Walsh, Jane/0000-0001-5476-1348; Casey, Monica/0000-0001-7778-2002;

Glynn, Liam/0000-0002-6153-9363

1471-2296

URL: <Go to ISI>://WOS:000360884800001

Reference Type: Journal Article

Record Number: 733

Author: Gnanaolivu, S. D., Campera, M., Nekaris, K. A. I., Nijman, V., Satish, R., Babu, S. and Singh, M.

Year: 2022

Title: Medicine, black magic and supernatural beings: Cultural rituals as a significant threat to slender lorises in India

Journal: Current Science

Volume: 122

Issue: 12

Pages: 1362-1362

Date: Jun

Short Title: Medicine, black magic and supernatural beings: Cultural rituals as a significant threat to slender lorises in India

ISSN: 0011-3891

DOI: 10.1002/pan3.10336

Accession Number: WOS:000797226700001

Abstract: Trade of wildlife for use in traditional medicines, rituals, magical spells and cultural practices occurs globally and has been studied mostly in Africa and Asia. The grey slender loris *Loris lydekkerianus* is used for both medicinal and ritual purposes, but little information is available on how the user is meant to extract their medicinal properties, or the potential impact these

practices have on the species' populations. From 2014–2021, we used open-ended interviews with 293 informants in three slender loris range states in Southern India to collect qualitative information on people's beliefs regarding the use of slender lorises in traditional medicine, black magic rituals and other cultural practices. To understand this further, we analysed data on 139 live slender loris rescues from three rescue and rehabilitation centres and one government organization in Bengaluru, India collected over an 18-year period. We found that 116/139 live individuals had been involved in black magic rituals, including piercing, or burning the body and the eyes. These ritual practices occurred more often to female slender lorises and during the new moon. Data from 293 interviews revealed that astrologers regularly use live lorises for fortune-telling or for warding off evil. Slender loris body parts are used to make traditional folk medicine, develop black magic potions that bring people harm, hypnotize people or to thwart evil. Habitat loss and anthropogenic pressures, coupled with the existing slender loris trade for cultural practices, are a cause for grave concern. Numerous deep-rooted superstitious beliefs and rituals continue to thrive in modern India, and this is potentially one of the major threats to India's already imperilled slender loris population. More research into the prevalence of loris use for black magic is needed to assess the impact on species sustainability. Read the free Plain Language Summary for this article on the Journal blog.

Notes: Gnaanaolivu, Smitha D. Campera, Marco Nekaris, K. Anne-Isola Nijman, Vincent Satish, Roopa Babu, Sharath Singh, Mewa Gnaanaolivu, Smitha D/0000-0003-4494-804X; Nijman, Vincent/0000-0002-5600-4276; Campera, Marco/0000-0003-2643-8329; NEKARIS, K A I/0000-0001-5523-7353
URL: <Go to ISI>://WOS:000797226700001

Reference Type: Journal Article

Record Number: 510

Author: Gnanapragasam, S. N., Tinch-Taylor, R., Scott, H. R., Hegarty, S., Souliou, E., Bhundia, R., Lamb, D., Weston, D., Greenberg, N., Madan, I., Stevelink, S., Raine, R., Carter, B. and Wessely, S.

Year: 2023

Title: Multicentre, England-wide randomised controlled trial of the 'Foundations' smartphone application in improving mental health and well-being in a healthcare worker population

Journal: British Journal of Psychiatry

Volume: 222

Issue: 2

Pages: 58-66

Date: Feb

Short Title: Multicentre, England-wide randomised controlled trial of the 'Foundations' smartphone application in improving mental health and well-being in a healthcare worker population

ISSN: 0007-1250

DOI: 10.1192/bjp.2022.103

Accession Number: WOS:000847586100001

Abstract: Background Healthcare workers (HCWs) have faced considerable pressures during the COVID-19 pandemic. For some, this has resulted in mental health distress and disorder. Although interventions have sought to support HCWs, few have been evaluated. Aims We aimed to determine the effectiveness of the 'Foundations' application (app) on general (non-psychotic) psychiatric morbidity. Method We conducted a multicentre randomised controlled trial of HCWs at 16 NHS trusts (trial registration number: EudraCT: 2021-001279-18). Participants were randomly assigned to the app or wait-list control group. Measures were assessed at baseline, after 4 and 8 weeks. The primary outcome was general psychiatric morbidity (using the General Health Questionnaire). Secondary outcomes included: well-being; presenteeism; anxiety; depression and insomnia. The primary analysis used mixed-effects multivariable regression, presented as adjusted mean differences (aMD). Results Between 22 March and 3 June 2021, 1002 participants were randomised (500:502), and 894 (89.2%) followed-up. The sample was predominately women (754/894, 84.3%), with a mean age of 44.3 years (interquartile range (IQR) 34-53). Participants randomised to the app had a reduction in psychiatric morbidity symptoms (aMD = -1.39, 95% CI -2.05 to -0.74), improvement in well-being (aMD = 0.54, 95% CI 0.20 to 0.9) and reduction in insomnia (adjusted odds ratio (aOR) = 0.36, 95% CI 0.21 to 0.60). No other significant findings were found, or adverse events reported. Conclusions The app had an effect in reducing psychiatric morbidity symptoms in a sample of HCWs. Given it is scalable with no adverse effects, the app may be used as part of an organisation's tiered staff support package. Further evidence is needed on long-term effectiveness and cost-effectiveness. Notes: Gnanapragasam, Sam N. Tinch-Taylor, Rose Scott, Hannah R. Hegarty, Siobhan Souliou, Emilia Bhundia, Rupa Lamb, Danielle Weston, Danny Greenberg, Neil Madan, Ira Stevelink, Sharon Raine, Rosalind Carter, Ben Wessely, Simon Gnanarpagasam, Sam/AAM-9416-2020; Greenberg, Neil/A-9511-2012 Gnanarpagasam, Sam/0000-0001-9495-6879; Carter, Ben/0000-0003-0318-8865; Hegarty, Siobhan/0000-0002-4804-8797 1472-1465 URL: <Go to ISI>://WOS:000847586100001

Reference Type: Conference Proceedings
Record Number: 1832
Author: Gobina, I., Pildava, S., Millere, E., Heiberger, D., Apine, M., Straume, I. and Miežitis, A.
Year of Conference: 2018
Title: Implementation of health promoting policies through tailored interventions at health promoting schools and municipalities in Latvia
Conference Name: 7th International Interdisciplinary Scientific Conference on Society, Health, Welfare
Conference Location: Riga, LATVIA
Volume: 68
Series Title: SHS Web of Conferences
Date: Oct 10-12
Short Title: Implementation of health promoting policies through

tailored interventions at health promoting schools and municipalities in Latvia

ISBN: 978-2-7598-9081-1

DOI: 10.1051/shsconf/20196802002

Source: 7th international interdisciplinary scientific conference society, health, welfare

Year Published:2019

Accession Number: WOS:000853855400029

Abstract: Schools and municipalities play an important role in local health promotion. The Institute of Public Health at Riga Stradins University in collaboration with the National Centre of Disease Prevention and Control carried out an online survey for studying the experiences and needs of health-promoting schools and municipalities in Latvia in implementing health promotion interventions. The aim of this study was to explore the context for developing new intervention model for a health behaviour change model within the Interreg BaltCityPrevention project "Innovative LifestyleRelated Disease Prevention Model in the Baltic Sea Region." Totally 112 municipalities and 100 schools within the National Health Promoting Networks were targeted. Only schools and municipalities that had previous experiences in health promotion intervention development were included in the analysis. This study showed that school-aged children were the most prevalent target group for the both schools and municipality interventions. The interventions in physical activity and nutrition used to be the most common areas for health behaviour changes. Health promotion schools and municipalities reported several significant differences in experienced difficulties and expected future needs in implementing health promotion interventions, which should be considered for increasing the capacity for better health promotion for both schools and municipalities in Latvia.

Notes: Gobina, Inese Pildava, Santa Millere, Elina Heiberga, Dita Apine, Margarita Straume, Ilze Miežitis, Aigars

2261-2424

02002

URL: <Go to ISI>://WOS:000853855400029

Reference Type: Journal Article

Record Number: 2105

Author: Godinho, C. A., Yardley, L., Marcu, A., Mowbray, F., Beard, E. and Michie, S.

Year: 2016

Title: Increasing the intent to receive a pandemic influenza vaccination: Testing the impact of theory-based messages

Journal: Preventive Medicine

Volume: 89

Pages: 104-111

Date: Aug

Short Title: Increasing the intent to receive a pandemic influenza vaccination: Testing the impact of theory-based messages

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2016.05.025

Accession Number: WOS:000388316700016

Abstract: Objective. Vaccination is an effective preventive measure to reduce influenza transmission, especially important in a pandemic. Despite the messages encouraging vaccination during the last pandemic, uptake remained low (37.6% in clinical risk groups). This study investigated the effect of different types of messages regarding length, content type, and framing on vaccination intention. Method. An online experiment was conducted in February 2015. A representative sample of 1424 people living in England read a newspaper article about a novel influenza pandemic before being randomised to one of four conditions: standard Department of Health (DoH) (long message) and three brief theory-based messages: an abridged version of the standard DoH and two messages additionally targeting pandemic influenza severity and vaccination benefits (framed as risk-reducing or health-enhancing, respectively). Intention to be vaccinated and potential mediators were measured. Results. The shortened DoH message increased vaccination intention more than the longer one, by increasing perceived susceptibility, anticipated regret and perceived message personal relevance while lowering perceived costs, despite the longer one being rated as slightly more credible. Intention to be vaccinated was not improved by adding information on severity and benefits, and the health-enhancing message was not more effective than the risk-reducing. Conclusion. A briefer message resulted in greater intention to be vaccinated, whereas emphasising the severity of pandemic influenza and the benefits of vaccination did not. Future campaigns should consider using brief theoretically-based messages, targeting knowledge about influenza and precautionary measures, perceived susceptibility to pandemic influenza, and the perceived efficacy and reduced costs of vaccination. (C) 2016 Elsevier Inc. All rights reserved.

Notes: Godinho, Cristina A. Yardley, Lucy Marcu, Afrodita Mowbray, Fiona Beard, Emma Michie, Susan Marcu, Afrodita/B-8498-2016
Marcu, Afrodita/0000-0002-5918-3417; Yardley, Lucy/0000-0002-3853-883X; Godinho, Cristina/0000-0002-2293-7190; Mowbray, Fiona/0000-0002-3297-4163
1096-0260
URL: <Go to ISI>://WOS:000388316700016

Reference Type: Journal Article

Record Number: 1452

Author: Golding, S. E., Bondaronek, P., Buntin, A. K., Porter, L., Maynard, V., Rennie, D., Durlik, C., Sallis, A. and Chadborn, T.

Year: 2022

Title: Interventions to change purchasing behaviour in supermarkets: a systematic review and intervention content analysis

Journal: Health Psychology Review

Volume: 16

Issue: 2

Pages: 305-345

Date: Apr

Short Title: Interventions to change purchasing behaviour in supermarkets: a systematic review and intervention content analysis

ISSN: 1743-7199

DOI: 10.1080/17437199.2021.1911670

Accession Number: WOS:000646143200001

Abstract: This systematic review and intervention content analysis used behavioural science frameworks to characterise content and function of interventions targeting supermarket shoppers' purchasing behaviour, and explore if coherence between content and function was linked to intervention effectiveness. Study eligibility: in-store interventions (physical supermarkets) with control conditions, targeting objectively measured food and/or non-alcoholic drink purchases, published in English (no date restrictions). Eleven electronic databases were searched; reference lists of systematic reviews were hand-searched. Methodological quality was assessed using the GATE checklist. A content analysis was performed to characterise intervention content and function, and theoretical coherence between these, using the Behaviour Change Wheel, Behaviour Change Techniques Taxonomy, and Typology of Interventions in Proximal Physical Micro-Environments (TIPPME). Forty-six articles (49 interventions) met inclusion criteria; 26 articles (32 interventions) were included in the content analysis. Twenty behaviour change techniques (BCTs), and four TIPPME intervention types were identified; three BCTs ('Prompts/cues', 'Material incentive', and 'Material reward') were more common in effective interventions. Nineteen interventions solely employed theoretically appropriate BCTs. Theoretical coherence between BCTs and intervention functions was more common in effective interventions. Effective interventions included price promotions and/or in-store merchandising. Future research should explore the effect of specific BCTs using factorial study designs. PROSPERO Registration: CRD42017071065.

Notes: Golding, Sarah E. Bondaronek, Paulina Bunten, Amanda K. Porter, Lucy Maynard, Vera Rennie, Debi Durlik, Caroline Sallis, Anna Chadborn, Tim

Golding, Sarah Elizabeth/ABF-3349-2020

Golding, Sarah Elizabeth/0000-0002-0442-1801
1743-7202

URL: <Go to ISI>://WOS:000646143200001

Reference Type: Journal Article

Record Number: 1700

Author: Gomez-Rossi, J., Hertrampf, K., Abraham, J., Gassmann, G., Meyer, G., Schlattmann, P., Gostemeyer, G. and Schwendicke, F.

Year: 2020

Title: Interventions to improve oral health of older people: A scoping review

Journal: Journal of Dentistry

Volume: 101

Date: Oct

Short Title: Interventions to improve oral health of older people: A scoping review

ISSN: 0300-5712

DOI: 10.1016/j.jdent.2020.103451

Article Number: 103451

Accession Number: WOS:000579477000015

Abstract: Objectives: A range of interventions have been tested to improve oral health of older people. We performed a scoping review to map interventions' aims, outcome measures and findings, and to locate them on different levels of care. Data: We systematically screened for (1) controlled studies on (2) people over 65 years of age, (3) comparing at least two interventions to improve oral health. Interventions were summarized according to their aims and the employed intervention type, mapped on their level of action, and classified as primary/secondary/tertiary prevention. Sources: Studies retrieved via MEDLINE, EMBASE, CINAHL. Study selection: Eighty-one studies (published 1997–2019, conducted mainly in high-income countries) were included. Sample sizes varied (n = 24–1987). Follow-up was 0.25–60 months. Most studies (64/81) found a statistically significant benefit of the intervention. A total of 13 different aims were identified, and a range of intervention types employed (e.g. educational interventions, professional oral healthcare, restorative treatment, fluoride application and, generally, dentifrices, mouthwashes, chewing gums/food supplements). Most studies were located on the carer/patient level (56/81 studies) or the system/policy-maker level (44/81). The majority of studies aimed for primary prevention (64/81). Conclusions: Oral health improvement interventions are widely studied. However, study aims, methods and outcome measures are highly heterogeneous, which limits the ability for robust conclusions. Current research focusses on primary prevention on the level of patients/carers or system/policy-maker level. Future studies may want to consider interventions on dentists' level focussing on secondary prevention. These studies should rely on a core set of comprehensive, standardized set of outcome measures. Clinical significance: While specific interventions seem efficacious to improve older people's oral health, the current body of evidence is neither comprehensive (significant gaps exists in relevant levels of the care process) nor comparable enough to draw robust conclusions.

Notes: Gomez-Rossi, Jesus Hertrampf, Katrin Abraham, Jens Gassmann, Georg Meyer, Gabriele Schlattmann, Peter Goestemeyer, Gerd Schwendicke, Falk

Schwendicke, Falk/0000-0003-1223-1669; Gomez-Rossi, Jesus/0000-0003-0181-7357

1879-176x

URL: <Go to ISI>://WOS:000579477000015

Reference Type: Journal Article

Record Number: 888

Author: Gomez-Rossi, J., Schwartzkopff, J., Muller, A., Hertrampf, K., Abraham, J., Gassmann, G., Schlattmann, P., Gostemeyer, G. and Schwendicke, F.

Year: 2022

Title: Health policy analysis on barriers and facilitators for better oral health in German care homes: a qualitative study

Journal: Bmj Open

Volume: 12

Issue: 3

Date: Mar

Short Title: Health policy analysis on barriers and facilitators for better oral health in German care homes: a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-049306

Article Number: e049306

Accession Number: WOS:000777947200015

Abstract: Objectives To assess possible health policy interventions derived from the theoretical domains framework (TDF) by studying barriers and facilitators on the delivery of oral healthcare and oral hygiene in German care homes using a behavioural change framework. Design Qualitative correlational study to evaluate a national intervention programme. Setting Primary healthcare in two care homes in rural Germany. Participants Eleven stakeholders participating in the delivery of oral healthcare (hygiene, treatment) to older people, including two care home managers, four section managers, two nurses/carers and three dentists. Interventions Semistructured interviews conducted in person in the care homes or by phone. A questionnaire developed along the domains of the TDF and the Capabilities, Opportunities and Motivations influencing Behaviours model was used to guide the interviews. Interviews were transcribed and systematised using Mayring's content analysis along the TDF. Results 860 statements were collected. We identified 19 barriers, facilitators and conflicting themes related to capabilities, 34 to opportunities and 24 to motivation. The lack of access to professional dental care was confirmed by all stakeholders as a major limitation hampering better oral health. Primary outcome A range of interventions can be discussed with the methodology we utilised. In our interviews, lack of dentists willing to treat patients at these facilities was the most discussed barrier for improving oral health of nursing home residents. Secondary outcomes Dentists highlighted the need for better incentives and facilities to deliver oral healthcare in these institutions. Differences with urban settings regarding access to healthcare were frequently discussed by our study participants. Conclusions Within our sample, greater capacitation of care home staff, better financial incentives for dentists and increased cooperation between the two stakeholders should be considered when designing interventions to tackle oral health of care home residents in Germany.

Notes: Gomez-Rossi, Jesus Schwartzkopff, Jondis Mueller, Anne Hertrampf, Katrin Abraham, Jens Gassmann, Georg Schlattmann, Peter Goestemeyer, Gerd Schwendicke, Falk

Muller, Anne/0000-0002-6256-8860; Gomez-Rossi, Jesus/0000-0003-0181-7357; Schwendicke, Falk/0000-0003-1223-1669

URL: <Go to ISI>://WOS:000777947200015

Reference Type: Journal Article

Record Number: 1620

Author: Gondi, S., Ellis, S., Gupta, M., Ellerbeck, E., Richter, K., Burns, J. and Gupta, A.

Year: 2021

Title: Physician perceived barriers and facilitators for self-

measured blood pressure monitoring- a qualitative study

Journal: Plos One

Volume: 16

Issue: 8

Short Title: Physician perceived barriers and facilitators for self-measured blood pressure monitoring- a qualitative study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0255578

Article Number: e0255578

Accession Number: WOS:000686828600021

Abstract: Introduction Improving hypertension management is a national priority that can decrease morbidity and mortality. Evidence-based hypertension management guidelines advocate self-measured BP (SMBP), but widespread implementation of SMBP is lacking. The purpose of this study was to describe the perspective of primary care physicians (PCPs) on SMBP to identify the barriers and facilitators for implementing SMBP. Methods We collected data from PCPs from a large health system using semi-structured interviews based on the Theoretical Domains Framework (TDF). Responses were recorded, transcribed, and qualitatively analyzed into three overarching TDF domains based on the Behavior Change Wheel (BCW): 1) Motivation 2) Opportunity and 3) Capabilities. The sample size was based on theme saturation. Results All 17 participating PCPs believed that SMBP is a useful, but underutilized tool. Although individual practices varied, most physicians felt that the increased data points from SMBP allowed for better hypertension management. Most felt that overcoming existing barriers would be difficult, but identified several facilitators: physician support of SMBP, the possibility of having other trained health professionals to assist with SMBP and patient education; improving patient engagement and empowerment with SMBP, and the interest of the health system in using technology to improve hypertension management. Conclusion PCPs believe that SMBP can improve hypertension management. There are numerous barriers and facilitators for implementing SMBP. Successful implementation in clinical practice will require implementation strategies targeted at increasing patient acceptability and reducing physician workload. This may need a radical change in the current methods of managing hypertension.

Notes: Gondi, Saahith Ellis, Shellie Gupta, Mallika Ellerbeck, Edward Richter, Kimber Burns, Jeffrey Gupta, Aditi

Ellis, Shellie/GXG-6869-2022; Gupta, Aditi/HGD-9632-2022

Gupta, Aditi/0000-0002-6286-802X

URL: <Go to ISI>://WOS:000686828600021

Reference Type: Journal Article

Record Number: 465

Author: Gondwe, M. J., Joshua, E., Kaliati, H., Aminu, M., Allen, S. and Desmond, N.

Year: 2022

Title: Factors impacting-stillbirth and neonatal death audit in Malawi: a qualitative study

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Sep

Short Title: Factors impacting-stillbirth and neonatal death audit in Malawi: a qualitative study

DOI: 10.1186/s12913-022-08578-y

Article Number: 1191

Accession Number: WOS:000858878600004

Abstract: Background Over one million babies are stillborn or die within the first 28 days of life each year due to preventable causes and poor-quality care in resource-constrained countries. Death audit may be a valuable tool for improving quality of care and decreasing mortality. However, challenges in implementing audit and their subsequent action plans have been reported, with few successfully implemented and sustained. This study aimed to identify factors that affect stillbirth and neonatal death audit at the facility level in the southern region of Malawi. Methods Thirty-eight semi-structured interviews and seven focus group discussions with death audit committee members were conducted. Thematic analysis was guided by a conceptual framework applied deductively, combined with inductive line-by-line coding to identify additional emerging themes. Results The factors that affected audit at individual, facility and national level were related to training, staff motivation, power dynamics and autonomy, audit organisation and data support. We found that factors were linked because they informed each other. Inadequate staff training was caused by a lack of financial allocation at the facility level and donor-driven approaches to training at the national level, with training taking place only with support from funders. Staff motivation was affected by the institutional norms of reliance on monetary incentives during meetings, gazetted at the national level so that audits happened only if such incentives were available. This overshadowed other benefits and non-monetary incentives which were not promoted at the facility level. Inadequate resources to support audit were informed by limited facility-level autonomy and decision-making powers which remained controlled at the national level despite decentralisation. Action plan implementation challenges after audit meetings resulted from inadequate support at the facility level and inadequate audit policy and guidelines at the national level. Poor documentation affected audit processes informed by inadequate supervision and promotion of data usage at both facility and national levels. Conclusions Given that the factors that facilitate or inhibit audits are interconnected, implementers, policymakers and managers need to be aware that addressing barriers is likely to require a whole health systems approach targeting all system levels. This will require behavioural and complex intervention approaches.

Notes: Gondwe, Mtisunge Joshua Joshua, Emily Kaliati, Hendrina Aminu, Mamuda Allen, Stephen Desmond, Nicola

Gondwe, Mtisunge/HDL-6500-2022; Desmond, Nicola/GYQ-8574-2022

Gondwe, Mtisunge/0000-0003-2091-1488; Aminu, Mamuda/

0000-0002-2335-7147; Desmond, Nicola/0000-0002-2874-8569

1472-6963

URL: <Go to ISI>://WOS:000858878600004

Reference Type: Journal Article

Record Number: 185

Author: Gong, N., Yang, D., Zou, J. F., He, Q. Y., Hu, L., Chen, W. J. and Liao, J.

Year: 2023

Title: Exploring barriers to dementia screening and management services by general practitioners in China: a qualitative study using the COM-B model

Journal: BMC Geriatrics

Volume: 23

Issue: 1

Date: Jan

Short Title: Exploring barriers to dementia screening and management services by general practitioners in China: a qualitative study using the COM-B model

DOI: 10.1186/s12877-023-03756-x

Article Number: 55

Accession Number: WOS:000919606300001

Abstract: Background Dementia has become a global public health problem, and general practitioners (GPs) play a key role in diagnosing and managing dementia. However, in Chinese primary care settings, dementia is underdiagnosed and inefficiently managed, and dementia screening and management services provided by GPs are suboptimal. The reasons underlying this gap are poorly understood. This study aimed to determine the barriers that hinder GPs from actively promoting dementia screening and management, and thereby provide insights for the successful promotion of dementia screening and management services in primary care. **Methods** Purposive sampling was used. And focus groups and in-depth interviews were conducted face-to-face among GPs from community health service centers (CHSCs) in South China. Thematic analysis was used to identify barriers to screening and managing dementia and map them to the Capability/Opportunity/Motivation-Behavior model (COM-B model). **Results** Fifty-two GPs were included. The COM-B model found nine barriers to implementing dementia screening and management services in primary healthcare: (1) poor capability: lack of systematic knowledge of dementia and inadequate dementia screening skills; (2) little opportunity: unclear pathways for referral, insufficient time for dementia screening and management, lack of dementia-specific leaders, and no guarantee of services continuity; (3) low motivation: outside of GP scope, worries associated with dementia stigma rooted in culture beliefs, and insufficient financial incentives. **Conclusions** Our study concluded that GPs were not yet ready to provide dementia screening and management services due to poor capability related to knowledge and skills of dementia, little opportunity associated with an unsupportive working environment, and low motivation due to unclear duty and social pressure. Accordingly, systematic implementation strategies should be taken, including standardized dementia training programs, standardized community-based dementia guidelines, expansion of primary care workforces, development of dedicated leaders, and the eradication of stigma attached to dementia to promote dementia screening and management services in primary care.

Notes: Gong, Ni Yang, Dan Zou, Jianfeng He, Qianyu Hu, Lei Chen,
Weiju Liao, Jing
1471-2318
URL: <Go to ISI>://WOS:000919606300001

Reference Type: Journal Article
Record Number: 2238
Author: Gonzales, R. and Cattamanchi, A.
Year: 2015
Title: Changing Clinician Behavior When Less Is More
Journal: Jama Internal Medicine
Volume: 175
Issue: 12
Pages: 1921-1922
Date: Dec
Short Title: Changing Clinician Behavior When Less Is More
ISSN: 2168-6106
DOI: 10.1001/jamainternmed.2015.5987
Accession Number: WOS:000366332000010
Notes: Gonzales, Ralph Cattamanchi, Adithya
2168-6114
URL: <Go to ISI>://WOS:000366332000010

Reference Type: Journal Article
Record Number: 801
Author: Goodfellow, I. and Prahalad, V.
Year: 2022
Title: Barriers and enablers for private residential urban food gardening: The case of the City of Hobart, Australia
Journal: Cities
Volume: 126
Date: Jul
Short Title: Barriers and enablers for private residential urban food gardening: The case of the City of Hobart, Australia
ISSN: 0264-2751
DOI: 10.1016/j.cities.2022.103689
Article Number: 103689
Accession Number: WOS:000792685900003
Abstract: Home food gardening is an important component of urban agriculture and sustainable food systems. However, globally there has been limited research into the barriers and enablers to home food gardening in cities. This study used an exploratory approach, utilising a questionnaire survey of households, and in-depth interviews with gardening experts, to assess barriers and enablers to home food gardening in the City of Hobart, Tasmania, Australia. Overall, nine themes were identified that were common across both survey and interview data. These were time, cost, space, knowledge, ownership, soil, wildlife and pests, mobility, support and access, and community. Barriers vary depending on individual circumstances and are often compounding. Our results indicate that while many households are now growing food, or are interested in growing food, there are limitations on the percentage of food intake that

households can grow at home. Key factors to growing more food include control over property, available land, and gardening experience and know-how. Our findings highlight the need for policy, programs, and resources, especially at the level of local governments, that can contribute to an increase in the amount of local, home grown food in cities.

Notes: Goodfellow, Isabel Prahald, Vishnu Prahald, Vishnu/P-2098-2015
Prahald, Vishnu/0000-0002-3547-616X
1873-6084
URL: <Go to ISI>://WOS:000792685900003

Reference Type: Journal Article

Record Number: 2046

Author: Goodman, D., Ogrinc, G., Davies, L., Baker, G. R., Barnsteiner, J., Foster, T. C., Gali, K., Hilden, J., Horwitz, L., Kaplan, H. C., Leis, J., Matulis, J. C., Michie, S., Miltner, R., Neily, J., Nelson, W. A., Niedner, M., Oliver, B., Rutman, L., Thomson, R. and Thor, J.

Year: 2016

Title: MH Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature
Journal: Bmj Quality & Safety

Volume: 25

Issue: 12

Date: Dec

Short Title: MH Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature
ISSN: 2044-5415

DOI: 10.1136/bmjqs-2015-004411

Article Number: e7

Accession Number: WOS:000388323100001

Abstract: Since its publication in 2008, SQUIRE (Standards for Quality Improvement Reporting Excellence) has contributed to the completeness and transparency of reporting of quality improvement work, providing guidance to authors and reviewers of reports on healthcare improvement work. In the interim, enormous growth has occurred in understanding factors that influence the success, and failure, of healthcare improvement efforts. Progress has been particularly strong in three areas: the understanding of the theoretical basis for improvement work; the impact of contextual factors on outcomes; and the development of methodologies for studying improvement work. Consequently, there is now a need to revise the original publication guidelines. To reflect the breadth of knowledge and experience in the field, we solicited input from a wide variety of authors, editors and improvement professionals during the guideline revision process. This Explanation and Elaboration document (E&E) is a companion to the revised SQUIRE guidelines, SQUIRE 2.0. The product of collaboration by an international and interprofessional group of authors, this document provides examples from the published literature, and an explanation

of how each reflects the intent of a specific item in SQUIRE. The purpose of the guidelines is to assist authors in writing clearly, precisely and completely about systematic efforts to improve the quality, safety and value of healthcare services. Authors can explore the SQUIRE statement, this E&E and related documents in detail at <http://www.squire-statement.org>.

Notes: Goodman, Daisy Ogrinc, Greg Davies, Louise Baker, G. Ross Barnsteiner, Jane Foster, Tina C. Gali, Kari Hilden, Joanne Horwitz, Leora Kaplan, Heather C. Leis, Jerome Matulis, John C. Michie, Susan Miltner, Rebecca Neily, Julia Nelson, William A. Niedner, Matthew Oliver, Brant Rutman, Lori Thomson, Richard Thor, Johan Horwitz, Leora/ABD-1292-2020; Thor, Johan/M-1765-2016; Baker, Ross/B-5107-2012; Goodman, Daisy/ABG-3468-2021; Baker, G. Ross/P-4867-2019; Leis, Jerome/V-5247-2017
Thor, Johan/0000-0003-1814-4478; Baker, G. Ross/0000-0002-4107-7114; Miltner, Rebecca/0000-0002-4653-0328
2044-5423
URL: <Go to ISI>://WOS:000388323100001

Reference Type: Journal Article

Record Number: 162

Author: Goodwin, M., Henshaw, M. and Borrelli, B.

Year: 2023

Title: Inequities and oral health: A behavioural sciences perspective

Journal: Community Dentistry and Oral Epidemiology

Volume: 51

Issue: 1

Pages: 108-115

Date: Feb

Short Title: Inequities and oral health: A behavioural sciences perspective

ISSN: 0301-5661

DOI: 10.1111/cdoe.12826

Accession Number: WOS:000931523100001

Abstract: Objectives: The importance of tackling ongoing dental health inequities, observed both within and across countries, cannot be overstated. Alarming, health inequities in some areas are widening, resulting in an urgent need to act. The objective of this commentary is to explore oral health inequities through the lens of behavioral science and discuss adapting evidence based interventions for populations experiencing health inequities. Method/Results: The first section of this paper aims to describe the role of health disparities and inequities within oral health, with a specific focus on behaviours. The determinants, from upstream to downstream, and the interplay between these levels of intervention are discussed. This is followed by an overview of oral health promotion interventions, again with a focus on behaviours, which could potentially improve oral health while also taking into account oral health inequities. It is essential to translate evidence-based interventions (EBIs) to populations that have the greatest burden of disease. The second section of this paper discusses the rationale for cultural adaptation of EBIs, criteria to justify EBIs and

considers different cultural adaptation strategies necessary for the development and testing of effective, engaging, equitable and culturally relevant interventions. Conclusions: We conclude with future directions for the development of theory-based multi-level interventions, guided by extent evidence-based interventions, and transdisciplinary approaches to science and key stakeholders such as patients, providers and payers.

Notes: Goodwin, Michaela Henshaw, Michelle Borrelli, Belinda Goodwin, Michaela/0000-0002-0375-3118; Borrelli, Belinda/0000-0002-0859-796X
1600-0528

Si

URL: <Go to ISI>://WOS:000931523100001

Reference Type: Journal Article

Record Number: 2320

Author: Goodwin, N. J., O'Farrell, S. E., Jagoe, K., Rouse, J., Roma, E., Biran, A. and Finkelstein, E. A.

Year: 2015

Title: Use of Behavior Change Techniques in Clean Cooking Interventions: A Review of the Evidence and Scorecard of Effectiveness

Journal: Journal of Health Communication

Volume: 20

Pages: 43-54

Date: Mar

Short Title: Use of Behavior Change Techniques in Clean Cooking Interventions: A Review of the Evidence and Scorecard of Effectiveness

ISSN: 1081-0730

DOI: 10.1080/10810730.2014.1002958

Accession Number: WOS:000352323600007

Abstract: Despite decades of effort, around 2.8 billion people still rely on solid fuels to meet domestic energy needs. There is robust evidence this causes premature death and chronic disease, as well as wider economic, social, and environmental problems. Behavior change interventions are effective to reduce exposure to harm such as household air pollution, including those using health communications approaches. This article reports the findings of a project that reviewed the effectiveness of behavior change approaches in cleaner cooking interventions in resource-poor settings. The authors synthesized evidence of the use of behavior change techniques, along the cleaner cooking value chain, to bring positive health, economic, and environmental impacts. Forty-eight articles met the inclusion criteria, which documented 55 interventions carried out in 20 countries. The groupings of behavior change techniques most frequently used were shaping knowledge (n=47), rewards and threats (n=35), social support (n=35), and comparisons (n=16). A scorecard of behavior change effectiveness was developed to analyze a selection of case study interventions. Behavior change techniques have been used effectively as part of multilevel programs. Cooking demonstrations, the right product, and understanding of the barriers and benefits along the value chain have all played a role. Often

absent are theories and models of behavior change adapted to the target audience and local context. Robust research methods are needed to track and evaluate behavior change and impact, not just technology disseminated. Behavior change approaches could then play a more prominent role as the "special sauce" in cleaner cooking interventions in resource poor settings.

Notes: Goodwin, Nicholas J. O'Farrell, Sarah Ellen Jagoe, Kirstie Rouse, Jonathan Roma, Elisa Biran, Adam Finkelstein, Eric A. 1087-0415

1

Si

URL: <Go to ISI>://WOS:000352323600007

Reference Type: Journal Article

Record Number: 887

Author: Gopalan, A., Blatchins, M. A., Xu, K. K., Altschuler, A., Marshall, C. J., Hessler, D. M., Fernandez, A. and Grant, R. W.

Year: 2022

Title: All in the Family: A Qualitative Study of the Early Experiences of Adults with Younger Onset Type 2 Diabetes

Journal: Journal of the American Board of Family Medicine

Volume: 35

Issue: 2

Pages: 341-351

Date: Mar-Apr

Short Title: All in the Family: A Qualitative Study of the Early Experiences of Adults with Younger Onset Type 2 Diabetes

ISSN: 1557-2625

DOI: 10.3122/jabfm.2022.02.210223

Accession Number: WOS:000783292600014

Abstract: Objective: Adults with type 2 diabetes diagnosed at a younger age are at increased risk for poor outcomes. We examined life stage-related facilitators and barriers to early self-management among younger adults with newly diagnosed type 2 diabetes. Research Design and Methods: We conducted 6 focus groups that each met twice between November 2017 and May 2018. Participants (n = 41) were aged 21 to 44 years and diagnosed with type 2 diabetes during the prior 2 years. Transcripts were coded using thematic analysis and themes were mapped to the Capability-Opportunity-Motivation-Behavior framework. Results: Participants were 38.4 (65.8) years old; 10 self-identified as Latinx, 12 as Black, 12 as White, and 7 as multiple or other races. We identified 9 themes that fell into 2 categories: (1) the impact of having an adult family member with diabetes, and (2) the role of nonadult children. Family members with diabetes served as both positive and negative role models, and, for some, personal familiarity with the disease made adjusting to the diagnosis easier. Children facilitated their parents' self-management by supporting self-management activities and motivating their parents to remain healthy. However, the stress and time demands resulting from parental responsibilities and the tendency to prioritize children's needs were perceived as barriers to self-management. Conclusions: Our results highlight how the life position of younger-onset individuals with type 2 diabetes

influences their early experiences. Proactively addressing perceived barriers to and facilitators of self-management in the context of family history and parenthood may aid in efforts to support these high-risk, younger patients. (J Am Board Fam Med 2022;35:341-351.)

Notes: Gopalan, Anjali Blatchins, Maruta A. Xu, Karen K. Altschuler, Andrea Marshall, Cassandra J. Hessler, Danielle M. Fernandez, Alicia Grant, Richard W.

1558-7118

URL: <Go to ISI>://WOS:000783292600014

Reference Type: Book Section

Record Number: 1871

Author: Gorely, T. and Ryde, G.

Year: 2018

Title: Sedentary Behaviour and the Social and Physical Environment

Editor: Leitzmann, M. F., Jochem, C. and Schmid, D.

Book Title: Sedentary Behaviour Epidemiology

Pages: 545-564

Series Title: Springer Series on Epidemiology and Public Health

Short Title: Sedentary Behaviour and the Social and Physical Environment

ISBN: 978-3-319-61552-3; 978-3-319-61550-9

DOI: 10.1007/978-3-319-61552-3_24

Accession Number: WOS:000465573600025

Abstract: Sedentary behaviour is influenced by factors across all levels of the social ecological model. This chapter focuses on the physical and social environmental level of analysis. The chapter summarizes environmental correlates of sedentary behaviour, addresses potential theoretical approaches, and examines the evidence for the effectiveness of environmental interventions on sedentary behaviour. Where relevant, the discussion is separated into young people, adults, and older adults. Some features of the home and workplace have been shown to be associated with sedentary behaviour; however, less is known about influences on sedentary behaviour in other contexts. Theoretical perspectives that may be particularly relevant when considering environmental influences are discussed, including social cognitive theory, habit theory, social network analysis, and systems theory. The theories employed need to try and capture the complex interrelationships between individuals, the groups they operate within and the physical and social context. There is evidence to suggest that incorporating environmental modifications into sedentary behaviour interventions is likely to be effective for both young people and adults.

Notes: Gorely, Trish Ryde, Gemma

1869-7933

URL: <Go to ISI>://WOS:000465573600025

Reference Type: Journal Article

Record Number: 717

Author: Gorton, J. H.

Year: 2022

Title: Introducing Virtual Prehabilitation to a UK Elective Total

Hip Replacement service to improve patient outcomes: An overview of the literature and proposed implementation plan

Journal: Journal of Orthopaedics Trauma and Rehabilitation

Volume: 29

Issue: 1

Date: Jun

Short Title: Introducing Virtual Prehabilitation to a UK Elective Total Hip Replacement service to improve patient outcomes: An overview of the literature and proposed implementation plan

ISSN: 2210-4917

DOI: 10.1177/22104917221075830

Accession Number: WOS:000768405500001

Abstract: Elective Total Hip Replacement (THR) surgery is one of the most common elective surgeries in the UK, costing the National Health Service (NHS) over 300,000,000 pound annually. A review of the literature identified preoperative rehabilitation, known as 'prehabilitation', improves patient outcomes and decreases Length Of hospital Stay (LOS). This approach follows NICE guidelines which recommend prehabilitation for all patients undergoing joint replacement surgery. Challenges accessing prehabilitation classes at UK hospitals due to inadequate transport and COVID-19 restrictions present an opportunity to provide prehabilitation virtually. Physiotherapy services are increasingly utilising technology, in line with The NHS Long Term Plan to increase service accessibility. A review of the literature has established virtual prehabilitation is effective, feasible, and preferable for patients. Quality Improvement methodology has been used to propose an implementation plan for a virtual prehabilitation service. Further research is required to create a standardised prehabilitation protocol, and to assess the long-term effects and sustainability of virtual prehabilitation.

Notes: Gorton, J. H.

2210-4925

URL: <Go to ISI>://WOS:000768405500001

Reference Type: Journal Article

Record Number: 1534

Author: Gotterson, F., Buising, K. and Manias, E.

Year: 2021

Title: Nurse role and contribution to antimicrobial stewardship: An integrative review

Journal: International Journal of Nursing Studies

Volume: 117

Date: May

Short Title: Nurse role and contribution to antimicrobial stewardship: An integrative review

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2020.103787

Article Number: 103787

Accession Number: WOS:000659205500007

Abstract: Aim: To examine existing published literature regarding nurses and antimicrobial stewardship, and their potential role and contribution, to identify what is known, to evaluate methodologies

used in published research, and to review and integrate findings to inform practice and future priorities for research. Design: Integrative review. Methodology: The approach to this review was informed by Whittemore and Knafl's integrative review methodology. Electronic databases were searched for papers published since the start of the database to November 2019, with abstracts available, related to humans and published in English. Papers were included regardless of practice setting (acute, aged, and primary care) and if they were research based, included nurses as participants and reported specifically on results from nurses or that had implications for nursing practice. Excluded were conference abstracts, and papers focussed solely on nurse prescriber, nurse practitioner, or nurse manager roles. Results: Fifty-two papers were included in the review. Identified themes were: i) nursing knowledge, learning needs and education; ii) nurse perceptions of the nursing role and motivations for involvement; iii) nursing brokerage and influence on information flow to and from patients; iv) nursing workflow, workload and workarounds; and v) nurse leadership. Methodological quality of the included papers varied, limiting transferability and applicability of findings for some of the included studies. Conclusion: Formal inclusion of nurses in antimicrobial stewardship activities has been associated with improved nurse knowledge, nurse confidence, and in some cases improved clinical outcomes for patients. The review reinforces nursing values as a motivator of nursing actions, and reveals the complex yet significant influence of nurses on antimicrobial prescribing. Potential opportunities to enhance nurses' participation and contribution to antimicrobial stewardship include; formal acknowledgement of the nurse role, educating nurses so that they are aware of how they can contribute, collaborating with nurses in planning and implementing local stewardship activities, and ensuring nurse leaders are involved. However, evidence on this topic remains limited. Research is needed to facilitate greater understanding about the nature, scope and influence of the nurse role in antimicrobial stewardship, how nurses enact and carry out their role, and nurses' support needs. Tweetable abstract: Integrative review explores #nurse role in #antimicrobialstewardship. Nurse contribution, influence significant, but not well understood. (c) 2020 Elsevier Ltd. All rights reserved.

Notes: Gotterson, Fiona Buising, Kirsty Manias, Elizabeth Manias, Elizabeth/D-2035-2009

Manias, Elizabeth/0000-0002-3747-0087; Buising, Kirsty/0000-0001-6090-4931; Gotterson, Fiona/0000-0001-5705-2344 1873-491x

URL: <Go to ISI>://WOS:000659205500007

Reference Type: Journal Article

Record Number: 360

Author: Gough, D., Maidment, C. and Sharples, J.

Year: 2022

Title: Enabling knowledge brokerage intermediaries to be evidence-informed

Journal: Evidence & Policy

Volume: 18

Issue: 4

Pages: 746-760

Date: Nov

Short Title: Enabling knowledge brokerage intermediaries to be evidence-informed

ISSN: 1744-2648

DOI: 10.1332/174426421x16353477842207

Accession Number: WOS:000893378400007

Abstract: Target audience: What Works Centres; other intermediary brokerage agencies; their funders and users; and researchers of research use. Background: Knowledge brokerage and knowledge mobilisation (KM) are generic terms used to describe activities to enable the use of research evidence to inform policy, practice and individual decision making. Knowledge brokerage intermediary (KBI) initiatives facilitate such use of research evidence. This debate paper argues that although the work of KBIs is to enable evidence-informed decision making (EIDM), they may not always be overt and consistent in how they follow the principles of EIDM in their own practice. Key points for discussion: Drawing on examples from existing brokerage initiatives, four areas are suggested where KBIs could be more evidence-informed in their work: (1) needs analysis: evidence-informed in their analysis of where and how the KBI can best contribute to the existing evidence ecosystem; (2) methods and theories of change: evidence-informed in the methods that the KBI uses to achieve its goals; (3) evidence standards: credible standards for making evidence claims; and (4) evaluation and monitoring: evidence-informed evaluation of their own activities and contribution to the knowledge base on evidence use. For each of these areas, questions are suggested for considering the extent that the principles are being followed in practice. Conclusions and implications: KBIs work with evidence but they may not always be evidence-informed in their practice. KBIs could benefit from more overtly attending to the extent that they apply the logic of EIDM to how they work. In doing so, KBIs can advance both the study, and practice, of using research evidence to inform decision making.

Notes: Gough, David Maidment, Chris Sharples, Jonathan
1744-2656

URL: <Go to ISI>://WOS:000893378400007

Reference Type: Journal Article

Record Number: 1563

Author: Goulbourne, T. and Yanovitzky, I.

Year: 2021

Title: The Communication Infrastructure as a Social Determinant of Health: Implications for Health Policymaking and Practice

Journal: Milbank Quarterly

Volume: 99

Issue: 1

Pages: 24-40

Date: Mar

Short Title: The Communication Infrastructure as a Social

Determinant of Health: Implications for Health Policymaking and Practice

ISSN: 0887-378X

DOI: 10.1111/1468-0009.12496

Accession Number: WOS:000613701200001

Abstract: Policy Points Persistent communication inequalities limit racial/ethnic minority access to life-saving health information and make them more vulnerable to the effects of misinformation.

Establishing data collection systems that detect and track acute gaps in the supply and/or access of racial/ethnic minority groups to credible health information is long overdue. Public investments and support for minority-serving media and community outlets are needed to close persistent gaps in access to credible health information.

Notes: Goulbourne, Taylor Yanovitzky, Itzhak

Yanovitzky, Itzhak/E-9992-2011

Goulbourne, Taylor/0000-0001-5223-988X; Yanovitzky, Itzhak/

0000-0001-6366-8006

1468-0009

URL: <Go to ISI>://WOS:000613701200001

Reference Type: Journal Article

Record Number: 2191

Author: Gould, G. S., Cadet-James, Y. and Clough, A. R.

Year: 2016

Title: Getting over the shock: taking action on Indigenous maternal smoking

Journal: Australian Journal of Primary Health

Volume: 22

Issue: 4

Pages: 276-282

Short Title: Getting over the shock: taking action on Indigenous maternal smoking

ISSN: 1448-7527

DOI: 10.1071/py15066

Accession Number: WOS:000383606400003

Abstract: Smoking rates are slow to decline among pregnant Indigenous women. One in two pregnant Indigenous Australian women is a tobacco smoker compared with one in eight in the non-Indigenous population. The National Close the Gap strategy ambitiously aims to reduce Indigenous smoking prevalence to half by 2018, but this goal is unlikely to be achieved. Evidence is growing to better inform targeted strategies for Indigenous pregnant women based on national and international studies. It is proposed to be an appropriate time to refine translational approaches for anti-tobacco messages and cessation support in this population, rather than waiting for further empirical research before making these essential changes. Systemic barriers to Indigenous pregnant women receiving equitable primary health care have been identified, are remediable, and urgently require addressing. These barriers include: (1) lack of subsidised access to suitable oral forms of nicotine replacement therapy; (2) lack of clinician training in the complex area of management of maternal Indigenous smoking; and (3) lack of targeted health promotion programs addressing the psychosocial challenges

that Indigenous women face. In the interim, translational strategies to target tobacco control and cessation in pregnant Indigenous women need to be based on current evidence.

Notes: Gould, Gillian S. Cadet-James, Yvonne Clough, Alan R.

Gould, Gillian/HKP-2481-2023; Clough, Alan R/B-1804-2014

Gould, Gillian/0000-0001-8489-2576; Clough, Alan R/

0000-0001-9673-1913

1836-7399

URL: <Go to ISI>://WOS:000383606400003

Reference Type: Journal Article

Record Number: 1974

Author: Govender, R., Smith, C. H., Gardner, B., Barratt, H. and Taylor, S. A.

Year: 2017

Title: Improving swallowing outcomes in patients with head and neck cancer using a theory-based pretreatment swallowing intervention

package: protocol for a randomised feasibility study

Journal: Bmj Open

Volume: 7

Issue: 3

Date: Mar

Short Title: Improving swallowing outcomes in patients with head and neck cancer using a theory-based pretreatment swallowing

intervention package: protocol for a randomised feasibility study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-014167

Article Number: e014167

Accession Number: WOS:000398959400135

Abstract: Introduction: The incidence of head and neck cancer (HNC) in the UK is rising, with an average of 31 people diagnosed daily. Patients affected by HNC suffer significant short-term and long-term post-treatment morbidity as a result of dysphagia, which affects daily functioning and quality of life (QOL). Pretreatment swallowing exercises may provide additional benefit over standard

rehabilitation in managing dysphagia after primary HNC treatments, but uncertainty about their effectiveness persists. This study was

preceded by an intervention development phase to produce an optimised swallowing intervention package (SIP). The aim of the

current study is to assess the feasibility of this new intervention and research processes within a National Health Service (NHS)

setting. Method and analysis: A two-arm non-blinded randomised controlled feasibility study will be carried out at one tertiary

referral NHS centre providing specialist services in HNC. Patients newly diagnosed with stage III and IV disease undergoing planned

surgery and/or chemoradiation treatments will be eligible. The SIP will be delivered pre treatment, and a range of swallowing-related

and QOL measures will be collected at baseline, 1, 3 and 6 months post-treatment. Outcomes will test the feasibility of a future

randomised controlled trial (RCT), detailing rate of recruitment and patient acceptance to participation and randomisation. Salient

information relating to protocol implementation will be collated and study material such as the case report form will be tested. A range

of candidate outcome measures will be examined for suitability in a larger RCT. Ethics and dissemination: Ethical approval was obtained from an NHS Research Ethics Committee. Findings will be published open access in a peer-reviewed journal, and presented at relevant conferences and research meetings.

Notes: Govender, Roganie Smith, Christina H. Gardner, Benjamin Barratt, Helen Taylor, Stuart A.

Gardner, Benjamin/C-1565-2008; Govender, Roganie/H-3856-2019; Smith, Christina/GXG-6941-2022

Gardner, Benjamin/0000-0003-1223-5934; Govender, Roganie/0000-0003-2249-434X; Smith, Christina/0000-0001-7803-9616

URL: <Go to ISI>://WOS:000398959400135

Reference Type: Journal Article

Record Number: 2007

Author: Govender, R., Smith, C. H., Taylor, S. A., Barratt, H. and Gardner, B.

Year: 2017

Title: Swallowing interventions for the treatment of dysphagia after head and neck cancer: a systematic review of behavioural strategies used to promote patient adherence to swallowing exercises

Journal: BMC Cancer

Volume: 17

Date: Jan

Short Title: Swallowing interventions for the treatment of dysphagia after head and neck cancer: a systematic review of behavioural strategies used to promote patient adherence to swallowing exercises

DOI: 10.1186/s12885-016-2990-x

Article Number: 43

Accession Number: WOS:000392338300001

Abstract: Background: Dysphagia is a significant side-effect following treatment for head and neck cancers, yet poor adherence to swallowing exercises is frequently reported in intervention studies. Behaviour change techniques (BCTs) can be used to improve adherence, but no review to date has described the techniques or indicated which may be more associated with improved swallowing outcomes.

Methods: A systematic review was conducted to identify behavioural strategies in swallowing interventions, and to explore any relationships between these strategies and intervention effects. Randomised and quasi-randomised studies of head and neck cancer patients were included. Behavioural interventions to improve swallowing were eligible provided a valid measure of swallowing function was reported. A validated and comprehensive list of 93 discrete BCTs was used to code interventions. Analysis was conducted via a structured synthesis approach. Results: Fifteen studies (8 randomised) were included, and 20 different BCTs were each identified in at least one intervention. The BCTs identified in almost all interventions were: instruction on how to perform the behavior, setting behavioural goals and action planning. The BCTs that occurred more frequently in effective interventions, were: practical social support, behavioural practice, self-monitoring of behaviour and credible source for example a skilled clinician delivering the intervention. The presence of identical BCTs in

comparator groups may diminish effects. Conclusions: Swallowing interventions feature multiple components that may potentially impact outcomes. This review maps the behavioural components of reported interventions and provides a method to consistently describe these components going forward. Future work may seek to test the most effective BCTs, to inform optimisation of swallowing interventions.

Notes: Govender, Roganie Smith, Christina H. Taylor, Stuart A. Barratt, Helen Gardner, Benjamin

Gardner, Benjamin/C-1565-2008; Smith, Christina/GXG-6941-2022;

Govender, Roganie/H-3856-2019

Gardner, Benjamin/0000-0003-1223-5934; Govender, Roganie/

0000-0003-2249-434X; Smith, Christina/0000-0001-7803-9616

1471-2407

URL: <Go to ISI>://WOS:000392338300001

Reference Type: Journal Article

Record Number: 1910

Author: Govender, R., Wood, C. E., Taylor, S. A., Smith, C. H., Barratt, H. and Gardner, B.

Year: 2017

Title: Patient Experiences of Swallowing Exercises After Head and Neck Cancer: A Qualitative Study Examining Barriers and Facilitators Using Behaviour Change Theory

Journal: Dysphagia

Volume: 32

Issue: 4

Pages: 559-569

Date: Aug

Short Title: Patient Experiences of Swallowing Exercises After Head and Neck Cancer: A Qualitative Study Examining Barriers and Facilitators Using Behaviour Change Theory

ISSN: 0179-051X

DOI: 10.1007/s00455-017-9799-x

Accession Number: WOS:000405910700011

Abstract: Poor patient adherence to swallowing exercises is commonly reported in the dysphagia literature on patients treated for head and neck cancer. Establishing the effectiveness of exercise interventions for this population may be undermined by patient non-adherence. The purpose of this study was to explore the barriers and facilitators to exercise adherence from a patient perspective, and to determine the best strategies to reduce the barriers and enhance the facilitators. In-depth interviews were conducted on thirteen patients. We used a behaviour change framework and model

[Theoretical domains framework and COM-B (Capability-opportunity-motivation-behaviour) model] to inform our interview schedule and structure our results, using a content analysis approach. The most frequent barrier identified was psychological capability. This was highlighted by patient reports of not clearly understanding reasons for the exercises, forgetting to do the exercises and not having a system to keep track. Other barriers included feeling overwhelmed by information at a difficult time (lack of automatic motivation) and pain and fatigue (lack of physical capability). Main facilitators

included having social support from family and friends, the desire to prevent negative consequences such as long-term tube feeding (reflective motivation), having the skills to do the exercises (physical capability), having a routine or trigger and receiving feedback on the outcome of doing exercises (automatic motivation). Linking these findings back to the theoretical model allows for a more systematic selection of theory-based strategies that may enhance the design of future swallowing exercise interventions for patients with head and neck cancer.

Notes: Govender, Roganie Wood, Caroline E. Taylor, Stuart A. Smith, Christina H. Barratt, Helen Gardner, Benjamin

Gardner, Benjamin/C-1565-2008; Smith, Christina/GXG-6941-2022;

Govender, Roganie/H-3856-2019

Gardner, Benjamin/0000-0003-1223-5934; Govender, Roganie/0000-0003-2249-434X; Smith, Christina/0000-0001-7803-9616 1432-0460

URL: <Go to ISI>://WOS:000405910700011

Reference Type: Journal Article

Record Number: 1197

Author: Graboyes, E. M., Sterba, K. R., Li, H., Warren, G. W., Alberg, A. J., Calhoun, E. A., Nussenbaum, B., McCay, J., Marsh, C. H., Osazuwa-Peters, N., Neskey, D. M., Kaczmar, J. M., Sharma, A. K., Harper, J., Day, T. A. and Hughes-Halbert, C.

Year: 2021

Title: Development and Evaluation of a Navigation-Based, Multilevel Intervention to Improve the Delivery of Timely, Guideline-Adherent Adjuvant Therapy for Patients With Head and Neck Cancer

Journal: Jco Oncology Practice

Volume: 17

Issue: 10

Pages: 632--+

Date: Oct

Short Title: Development and Evaluation of a Navigation-Based, Multilevel Intervention to Improve the Delivery of Timely, Guideline-Adherent Adjuvant Therapy for Patients With Head and Neck Cancer

ISSN: 2688-1527

DOI: 10.1200/op.20.00943

Accession Number: WOS:000708099700021

Abstract: PURPOSE: More than half of patients with head and neck squamous cell carcinoma (HNSCC) experience a delay initiating guideline-adherent postoperative radiation therapy (PORT), contributing to excess mortality and racial disparities in survival. However, interventions to improve the delivery of timely, equitable PORT among patients with HNSCC are lacking. This study (1) describes the development of NDURE (Navigation for Disparities and Untimely Radiation thErapy), a navigation-based multilevel intervention (MLI) to improve guideline-adherent PORT and (2) evaluates its feasibility, acceptability, and preliminary efficacy. METHODS: NDURE was developed using the six steps of intervention mapping (IM). Subsequently, NDURE was evaluated by enrolling consecutive patients with locally advanced HNSCC undergoing surgery and PORT (n = 15)

into a single-arm clinical trial with a mixed-methods approach to process evaluation. RESULTS: NDURE is a navigation-based MLI targeting barriers to timely, guideline-adherent PORT at the patient, healthcare team, and organizational levels. NDURE is delivered via three in-person navigation sessions anchored to case identification and surgical care transitions. Intervention components include the following: (1) patient education, (2) travel support, (3) a standardized process for initiating the discussion of expectations for PORT, (4) PORT care plans, (5) referral tracking and follow-up, and (6) organizational restructuring. NDURE was feasible, as judged by accrual (88% of eligible patients [100% Blacks] enrolled) and dropout (n = 0). One hundred percent of patients reported moderate or strong agreement that NDURE helped solve challenges starting PORT; 86% were highly likely to recommend NDURE. The rate of timely, guideline-adherent PORT was 86% overall and 100% for Black patients. CONCLUSION: NDURE is a navigation-based MLI that is feasible, is acceptable, and has the potential to improve the timely, equitable, guideline-adherent PORT.

Notes: Graboyes, Evan M. Sterba, Katherine R. Li, Hong Warren, Graham W. Alberg, Anthony J. Calhoun, Elizabeth A. Nussenbaum, Brian McCay, Jessica Marsh, Courtney H. Osazuwa-Peters, Nosayaba Neskey, David M. Kaczmar, John M. Sharma, Anand K. Harper, Jennifer Day, Terry A. Hughes-Halbert, Chanita Graboyes, Evan/0000-0003-3766-468X; Osazuwa-Peters, Nosayaba/0000-0002-1390-9753; Sterba, Katherine/0000-0001-9780-8695 2688-1535

URL: <Go to ISI>://WOS:000708099700021

Reference Type: Journal Article

Record Number: 784

Author: Graca, J., Roque, L., Guedes, D., Campos, L., Truninger, M., Godinho, C. and Vinnari, M.

Year: 2022

Title: Enabling sustainable food transitions in schools: a systemic approach

Journal: British Food Journal

Volume: 124

Issue: 13

Pages: 322-339

Date: Apr

Short Title: Enabling sustainable food transitions in schools: a systemic approach

ISSN: 0007-070X

DOI: 10.1108/bfj-11-2021-1188

Accession Number: WOS:000782835900001

Abstract: Purpose Recent reviews and reports have highlighted the need for integrated, context-specific efforts to enable sustainable food transitions. This study aimed to identify pathways to promote healthier and more environmentally friendly food practices in school contexts, with a focus on increased plant-based eating. Design/methodology/approach The study used a systemic approach with data collected from relevant stakeholders in an EU country (Portugal) at diverse levels of influence in the school meals system (i.e.

proximal, intermediate, distal; from end-consumers to food providers, market actors, civil society organizations, and policy and decision-makers). Data from individual interviews (N = 33) were subjected to thematic analysis. Findings Meat-centric cultural perceptions of a 'proper meal' can be a socio-emotional barrier for sustainable food transitions in schools. Main pathways identified to unlock these transitions included: (1) Levering orientations toward ethical and environmentally beneficial consumption; (2) Improving and increasing the offer of plant-based meals; and (3) Mobilizing local communities and society. Originality/value The current findings suggest that promoting healthier and more environmentally friendly food practices in schools requires systemic, integrated approaches which focus on food consumption, food provision, and the broader political and sociocultural environment.

Notes: Graca, Joao Roque, Lisa Guedes, David Campos, Lucia Truninger, Monica Godinho, Cristina Vinnari, Markus Graca, Joao/0000-0001-6868-9420; Truninger, Monica/0000-0002-4251-2261; Guedes, David/0000-0002-1795-6258; Godinho, Cristina/0000-0002-2293-7190; Campos, Lucia/0000-0002-7858-9869; Vinnari, Markus/0000-0003-2258-8282
1758-4108
URL: <Go to ISI>://WOS:000782835900001

Reference Type: Journal Article

Record Number: 280

Author: Gradidge, P. J. L., Casteleijn, D., Palmeira, A., Maddison, R. and Draper, C. E.

Year: 2022

Title: Employee perceptions of non-communicable diseases health risks, absenteeism and the role of organisational support in a South African pharmaceutical manufacturing company

Journal: Plos One

Volume: 17

Issue: 12

Date: Dec

Short Title: Employee perceptions of non-communicable diseases health risks, absenteeism and the role of organisational support in a South African pharmaceutical manufacturing company

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0279008

Article Number: e0279008

Accession Number: WOS:000925067100046

Abstract: Background The growing prevalence of non-communicable diseases (NCDs) in South African workers has been shown to be associated with absenteeism and increased risk of morbidity. Low-income workers living in urban settings are particularly vulnerable. Consultation with workers is crucial for understanding risks and identifying opportunities for intervention to promote health in the workplace. The purpose of this study was to examine South African pharmaceutical manufacturing workers' perspectives of health risk factors and absenteeism, and to identify how they perceived a role for the organisation to initiate interventions to improve their health. Materials and methods Five focus groups were conducted to

capture 27 employees' perspectives. The semi-structured focus group discussions were recorded and analysed using a thematic content analysis approach. Results Participants indicated that they were aware of behavioural health risks such as prolonged sitting. They showed insight into strategies to prevent injuries and stay healthy, but also expressed dissatisfaction about the lack of organisational support, leading to stress and consequently absenteeism. Participants emphasized the responsibility of the organisation to support a range of health promoting strategies Conclusions The findings of this study are important for cultivating a tailored workplace intervention to reduce NCD risk factors in the pharmaceutical manufacturing workforce. It is vital that these be supported by leadership of the company through the provision of funding and the development of internal healthcare services.

Notes: Gradidge, Philippe Jean-Luc Casteleijn, Daleen Palmeira, Antonio Maddison, Ralph Draper, Catherine E. Palmeira, Antonio L/C-9854-2010; Draper, Catherine/GZN-1315-2022; Gradidge, Philippe/R-5183-2017
Palmeira, Antonio L/0000-0001-6508-0599; Draper, Catherine/0000-0002-2885-437X; Gradidge, Philippe/0000-0001-5225-1184
URL: <Go to ISI>://WOS:000925067100046

Reference Type: Journal Article

Record Number: 1227

Author: Gradidge, P. J. L., Draper, C. E., Casteleijn, D. and Palmeira, A.

Year: 2021

Title: Pharmaceutical workers' perceptions of physical activity and healthy eating: a qualitative study

Journal: BMC Research Notes

Volume: 14

Issue: 1

Date: Sep

Short Title: Pharmaceutical workers' perceptions of physical activity and healthy eating: a qualitative study

DOI: 10.1186/s13104-021-05765-8

Article Number: 350

Accession Number: WOS:000693817300002

Abstract: Objective The public health message 'move for health' is relevant given the high prevalence of insufficient physical activity, particularly in African countries. The call for behaviour modification including limiting unhealthy dietary patterns in these settings is therefore critical; however, there is limited knowledge on the adoption of health promotion strategies in the workplace. This study aimed to investigate workers' perceptions of physical activity and healthy eating. Results Five focus groups were conducted with 28 participants employed in a South African pharmaceutical manufacturing company to explore perceptions of physical activity and healthy eating. Results showed that two categories emerged: physical activity and unhealthy behaviours. Participants recognised the importance of obtaining sufficient physical activity in various domains, however believed that contemporary lifestyle limited opportunities for movement. Likewise,

participants viewed healthy eating as unrealistic due to financial constraints. There was however agreement that total physical activity time could be increased during recreational pursuits outside of vocational time and may include intermittent walking for travel. These findings are important for workplace interventions and provide a more robust understanding of workers' perceptions of physical activity and healthy eating.

Notes: Gradidge, Philippe Jean-Luc Draper, Catherine E. Casteleijn, Daleen Palmeira, Antonio

Gradidge, Philippe/R-5183-2017; Draper, Catherine/GZN-1315-2022

Gradidge, Philippe/0000-0001-5225-1184; Draper, Catherine/0000-0002-2885-437X; Casteleijn, Daleen/0000-0002-0611-8662 1756-0500

URL: <Go to ISI>://WOS:000693817300002

Reference Type: Journal Article

Record Number: 2368

Author: Grady, A., Bryant, J., Carey, M., Paul, C. and Sanson-Fisher, R.

Year: 2014

Title: Enablers of the Implementation of Tissue Plasminogen Activator in Acute Stroke Care: A Cross-Sectional Survey

Journal: Plos One

Volume: 9

Issue: 12

Date: Dec

Short Title: Enablers of the Implementation of Tissue Plasminogen Activator in Acute Stroke Care: A Cross-Sectional Survey

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0114778

Article Number: e114778

Accession Number: WOS:000347515300079

Abstract: Objective: To assess emergency physicians' perceptions of individual and system enablers to the use of tissue Plasminogen Activator in acute stroke. Method: Australian fellows and trainees of Australasian College for Emergency Medicine completed a 57-item online survey assessing enablers to implementation of evidence-based practice across six domains: knowledge, skills, modelling, monitoring, feedback, and maintenance. Demographic and workplace characteristics were obtained. Descriptive statistics were calculated to describe demographic and workplace characteristics of responders, and survey responses. Each domain received an overall score (%) based on the number of responders agreeing with all items within the domain. Results: A total of 429 (13%) Australasian College for Emergency Medicine members responded. 17.7% of respondents reported they and/or their workplace met all knowledge-related enablers, however only 2.3% had all skill-related enablers in place. Of respondents who decide which patients receive tissue Plasminogen Activator treatment, 18.1% agreed that all maintenance-related enablers are in place at their hospital, compared to 6.6% for those who do not decide which patients receive tissue Plasminogen Activator treatment. None of the respondents had all items in place cross all domains. Conclusions: Even when allowing

for the low response rate, it seems likely there is a lack of individual and system enablers supporting the implementation of best-practice stroke care in a number of Australian hospitals. Quality improvement programs could target all domains, particularly the skills-training and feedback emergency physicians receive, to aid implementation of tissue Plasminogen Activator treatment for acute stroke.

Notes: Grady, Alice Bryant, Jamie Carey, Mariko Paul, Chris Sanson-Fisher, Rob

CAREY, MARIKO/ABC-2842-2021; Bryant, Jamie/G-8000-2013

CAREY, MARIKO/0000-0002-0549-1115; Bryant, Jamie/

0000-0001-9378-5852; Sanson-Fisher, Rob/0000-0001-6022-2949

URL: <Go to ISI>://WOS:000347515300079

Reference Type: Journal Article

Record Number: 610

Author: Graham, F., Williman, J., Sutherland, L. and Wijninckx, M.

Year: 2023

Title: Telehealth delivery of paediatric rehabilitation for children with neurodisability: A mixed methods realist evaluation of contexts, mechanisms and outcomes

Journal: Child Care Health and Development

Volume: 49

Issue: 1

Pages: 156-169

Date: Jan

Short Title: Telehealth delivery of paediatric rehabilitation for children with neurodisability: A mixed methods realist evaluation of contexts, mechanisms and outcomes

ISSN: 0305-1862

DOI: 10.1111/cch.13028

Accession Number: WOS:000822652600001

Abstract: Background Teledelivery of rehabilitation services has been proposed as a cost-effective option for supporting children with neurodisability and their families. However, little is understood of the conditions that support uptake of telehealth in paediatric rehabilitation, what is delivered during telehealth or perceptions of its outcomes. The aim of this study was to identify the context, process and outcomes of telehealth for children with neurodisability and their families. A secondary objective was to identify if variations in these aspects of telehealth occurred for Maori, the indigenous people of New Zealand. Method A mixed-methods, three phase, realist evaluation identified context-mechanism-outcome configurations (CMOCs) of telehealth. In Phase 1, the Determinants of Implementation Behaviour Questionnaire indicated factors affecting practitioner uptake of telehealth (Context). In Phase 2, a casenote audit identified 'practitioner input' during telehealth (Mechanism). Phase 3 interviews with practitioners and parents explored 'parent response' to telehealth and practitioner and parent perceptions of its value (Mechanism and Outcomes). Subgroup analyses for Maori were planned. Results From Phase 1, practitioners (29/37, 78%) intended to use telehealth; however, few did so regularly (7/37, 22%). Positive experiences of telehealth were described by

all practitioners (n = 5) and families (n = 7) in Phase 3. CMOs explained that practitioners' offering of telehealth occurred when practitioners were confident, valued access to therapy over the familiarity of in-person delivery, and when practitioners used coaching-style communication. Parents were receptive to telehealth when they trusted practitioners, felt listened to and were offered telehealth as a choice. When telehealth occurred, access to therapy was timely and more consistent than in-person delivery. Child outcomes appeared to be positive. Confidence in offering telehealth to Maori was low. Conclusions Initiatives to improve uptake of telehealth in paediatric rehabilitation should focus on creating conditions for practitioner implementation. Training in telehealth should include engagement with Maori. Adequate workspace and workplace culture change are required if telehealth is to be offered beyond the current 'early adopters'.

Notes: Graham, Fiona Williman, Jonathan Sutherland, Lena Wijninckx, Morgan

; Williman, Jonathan/E-8206-2016

Graham, Fiona/0000-0003-3550-8640; Williman, Jonathan/
0000-0001-5080-4435

1365-2214

URL: <Go to ISI>://WOS:000822652600001

Reference Type: Journal Article

Record Number: 1953

Author: Graham, H., Tosif, S., Gray, A., Qazi, S., Campbell, H., Peel, D., McPake, B. and Duke, T.

Year: 2017

Title: Providing oxygen to children in hospitals: a realist review

Journal: Bulletin of the World Health Organization

Volume: 95

Issue: 4

Pages: 288-302

Date: Apr

Short Title: Providing oxygen to children in hospitals: a realist review

ISSN: 0042-9686

DOI: 10.2471/blt.16.186676

Accession Number: WOS:000400631900016

Abstract: Objective To identify and describe interventions to improve oxygen therapy in hospitals in low-resource settings, and to determine the factors that contribute to success and failure in different contexts. Methods Using realist review methods, we scanned the literature and contacted experts in the field to identify possible mechanistic theories of how interventions to improve oxygen therapy systems might work. Then we systematically searched online databases for evaluations of improved oxygen systems in hospitals in low- or middle-income countries. We extracted data on the effectiveness, processes and underlying theory of selected projects, and used these data to test the candidate theories and identify the features of successful projects. Findings We included 20 improved oxygen therapy projects (45 papers) from 15 countries. These used various approaches to improving oxygen therapy, and reported

clinical, quality of care and technical outcomes. Four effectiveness studies demonstrated positive clinical outcomes for childhood pneumonia, with large variation between programmes and hospitals. We identified factors that help or hinder success, and proposed a practical framework depicting the key requirements for hospitals to effectively provide oxygen therapy to children. To improve clinical outcomes, oxygen improvement programmes must achieve good access to oxygen and good use of oxygen, which should be facilitated by a broad quality improvement capacity, by a strong managerial and policy support and multidisciplinary teamwork. Conclusion Our findings can inform practitioners and policy-makers about how to improve oxygen therapy in low-resource settings, and may be relevant for other interventions involving the introduction of health technologies.

Notes: Graham, Hamish Tosif, Shidan Gray, Amy Qazi, Shamim Campbell, Harry Peel, David McPake, Barbara Duke, Trevor Campbell, Harry/E-2959-2010; Graham, Hamish/B-8151-2017; McPake, Barbara/AAE-8655-2021 Campbell, Harry/0000-0002-6169-6262; Graham, Hamish/0000-0003-2461-0463; McPake, Barbara/0000-0002-9904-1077; Gray, Amy/0000-0003-0127-0769; Tosif, Shidan/0000-0003-0022-1009 1564-0604
URL: <Go to ISI>://WOS:000400631900016

Reference Type: Journal Article

Record Number: 1328

Author: Graham, H. R., Maher, J., Bakare, A. A., Nguyen, C. D., Ayede, A. I., Oyewole, O. B., Gray, A., Izadnegahdar, R., Duke, T. and Falade, A. G.

Year: 2021

Title: Oxygen systems and quality of care for children with pneumonia, malaria and diarrhoea: Analysis of a stepped-wedge trial in Nigeria

Journal: Plos One

Volume: 16

Issue: 7

Date: Jul

Short Title: Oxygen systems and quality of care for children with pneumonia, malaria and diarrhoea: Analysis of a stepped-wedge trial in Nigeria

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0254229

Article Number: e0254229

Accession Number: WOS:000674294700014

Abstract: Objectives To evaluate the effect of improved hospital oxygen systems on quality of care (QOC) for children with severe pneumonia, severe malaria, and diarrhoea with severe dehydration. Design Stepped-wedge cluster randomised trial (unblinded), randomised at hospital-level. Setting 12 hospitals in south-west Nigeria. Participants 7,141 children (aged 28 days to 14 years) admitted with severe pneumonia, severe malaria or diarrhoea with severe dehydration between January 2014 and October 2017. Interventions Phase 1 (pulse oximetry) introduced pulse oximetry for

all admitted children. Phase 2 (full oxygen system) (i) standardised oxygen equipment package, (ii) clinical education and support, (iii) technical training and support, and (iv) infrastructure and systems support. Outcome measures We used quantitative QOC scores evaluating assessment, diagnosis, treatment, and monitoring practices against World Health Organization and Nigerian standards. We evaluated mean differences in QOC scores between study periods (baseline, oximetry, full oxygen system), using mixed-effects linear regression. Results 7,141 eligible participants; 6,893 (96.5%) had adequate data for analysis. Mean paediatric QOC score (maximum 6) increased from 1.64 to 3.00 (adjusted mean difference 1.39; 95% CI 1.08–1.69, $p < 0.001$) for severe pneumonia and 2.81 to 4.04 (aMD 1.53; 95% CI 1.23–1.83, $p < 0.001$) for severe malaria, comparing the full intervention to baseline, but did not change for diarrhoea with severe dehydration (aMD -0.12 ; 95% CI -0.46 – 0.23 , $p = 0.501$). After excluding practices directly related to pulse oximetry and oxygen, we found aMD 0.23 for severe pneumonia (95% CI -0.02 – 0.48 , $p = 0.072$) and 0.65 for severe malaria (95% CI 0.41–0.89, $p < 0.001$) comparing full intervention to baseline. Sub-analysis showed some improvements (and no deterioration) in care processes not directly related to oxygen or pulse oximetry. Conclusion Improvements in hospital oxygen systems were associated with higher QOC scores, attributable to better use of pulse oximetry and oxygen as well as broader improvements in clinical care, with no negative distortions in care practices. Notes: Graham, Hamish R. Maher, Jaclyn Bakare, Ayobami A. Nguyen, Cattram D. Ayede, Adejumo I. Oyewole, Oladapo B. Gray, Amy Izadnegahdar, Rasa Duke, Trevor Falade, Adegoke G. Bakare, Ayobami/AFR-3669-2022; Bakare, Ayobami Adebayo/ABC-1394-2021; Graham, Hamish/B-8151-2017; Bakare, Ayobami Adebayo/HZJ-2695-2023 Bakare, Ayobami/0000-0003-2456-7899; Graham, Hamish/0000-0003-2461-0463; Nguyen, Cattram/0000-0002-0599-8645; Gray, Amy/0000-0003-0127-0769 URL: <Go to ISI>://WOS:000674294700014

Reference Type: Journal Article

Record Number: 1545

Author: Graham, S., Neo, S., Auyeung, V. and Weinman, J.

Year: 2021

Title: What Potentially Modifiable Factors are Associated With Treatment Nonadherence in Pediatric Growth Hormone Deficiency? A Quantitative Study

Journal: Endocrine Practice

Volume: 27

Issue: 2

Pages: 146–151

Date: Feb

Short Title: What Potentially Modifiable Factors are Associated With Treatment Nonadherence in Pediatric Growth Hormone Deficiency? A Quantitative Study

ISSN: 1530-891X

DOI: 10.4158/ep-2020-0543

Accession Number: WOS:000631155500010

Abstract: Objective: A recent systematic review reported that up to 71% of patients with growth hormone deficiency and their families are nonadherent to treatment as prescribed. Nonadherence to growth hormone treatment presents a substantial and costly problem for the patient, health care provider, and health care system. The current study uniquely investigated the potentially modifiable factors associated with treatment nonadherence in this endocrine disorder. Methods: The cross-sectional study was conducted among 82 parent/caregivers of children with growth hormone deficiency who were receiving growth hormone treatment. Self-report questionnaires investigated parent/caregiver perceptions and experiences of their child's condition and prescribed treatment, in addition to their perceived relationship with their health care professional. The 8-item Morisky medication adherence scale was used for the assessment of treatment adherence. Results: Sixty-two percent of parents/caregivers were found to be nonadherent to growth hormone treatment as prescribed. Illness perceptions (consequences, identity, and coherence) and treatment concerns were found to be significantly associated with treatment adherence, as was the quality of the health care professional-parent/caregiver relationship. Conclusion: The study confirmed the extent of the adherence problem evident among the pediatric growth hormone deficiency population. In addition, it presented an insight into the explanatory factors that underpin nonadherence to growth hormone treatment. Our findings can be used to inform the development of adherence-focused interventions, with the purpose of supporting patients and their families and improving the use of prescribed growth hormone treatment within endocrine clinical practice. (C) 2020 AACE. Published by Elsevier Inc. All rights reserved. Notes: Graham, Selina Neo, Samantha Auyeung, Vivian Weinman, John 1934-2403 URL: <Go to ISI>://WOS:000631155500010

Reference Type: Journal Article

Record Number: 1943

Author: Gramlich, L. M., Sheppard, C. E., Wasylak, T., Gilmour, L. E., Ljungqvist, O., Basualdo-Hammond, C. and Nelson, G.

Year: 2017

Title: Implementation of Enhanced Recovery After Surgery: a strategy to transform surgical care across a health system

Journal: Implementation Science

Volume: 12

Date: May

Short Title: Implementation of Enhanced Recovery After Surgery: a strategy to transform surgical care across a health system

ISSN: 1748-5908

DOI: 10.1186/s13012-017-0597-5

Article Number: 67

Accession Number: WOS:000402008800001

Abstract: Background: Enhanced Recovery After Surgery (ERAS) programs have been shown to have a positive impact on outcome. The ERAS care system includes an evidence-based guideline, an implementation program, and an interactive audit system to support

practice change. The purpose of this study is to describe the use of the Theoretic Domains Framework (TDF) in changing surgical care and application of the Quality Enhancement Research Initiative (QUERI) model to analyze end-to-end implementation of ERAS in colorectal surgery across multiple sites within a single health system. The ultimate intent of this work is to allow for the development of a model for spread, scale, and sustainability of ERAS in Alberta Health Services (AHS). Methods: ERAS for colorectal surgery was implemented at two sites and then spread to four additional sites. The ERAS Interactive Audit System (EIAS) was used to assess compliance with the guidelines, length of stay, readmissions, and complications. Data sources informing knowledge translation included surveys, focus groups, interviews, and other qualitative data sources such as minutes and status updates. The QUERI model and TDF were used to thematically analyze 189 documents with 2188 quotes meeting the inclusion criteria. Data sources were analyzed for barriers or enablers, organized into a framework that included individual to organization impact, and areas of focus for guideline implementation. Results: Compliance with the evidence-based guidelines for ERAS in colorectal surgery at baseline was 40%. Post implementation compliance, consistent with adoption of best practice, improved to 65%. Barriers and enablers were categorized as clinical practice (22%), individual provider (26%), organization (19%), external environment (7%), and patients (25%). In the Alberta context, 26% of barriers and enablers to ERAS implementation occurred at the site and unit levels, with a provider focus 26% of the time, a patient focus 26% of the time, and a system focus 22% of the time. Conclusions: Using the ERAS care system and applying the QUERI model and TDF allow for identification of strategies that can support diffusion and sustainment of innovation of Enhanced Recovery After Surgery across multiple sites within a health care system. Notes: Gramlich, Leah M. Sheppard, Caroline E. Wasylak, Tracy Gilmour, Loreen E. Ljungqvist, Olle Basualdo-Hammond, Carlota Nelson, Gregg
Nelson, Gregg/0000-0002-8177-1098
URL: <Go to ISI>://WOS:000402008800001

Reference Type: Journal Article

Record Number: 1979

Author: Granger, C. L., Connolly, B., Denehy, L., Hart, N., Antippa, P., Lin, K. Y. and Parry, S. M.

Year: 2017

Title: Understanding factors influencing physical activity and exercise in lung cancer: a systematic review

Journal: Supportive Care in Cancer

Volume: 25

Issue: 3

Pages: 983-999

Date: Mar

Short Title: Understanding factors influencing physical activity and exercise in lung cancer: a systematic review

ISSN: 0941-4355

DOI: 10.1007/s00520-016-3484-8

Accession Number: WOS:000393740400034

Abstract: Despite evidence and clinical practice guidelines supporting physical activity (PA) for people with lung cancer, this evidence has not translated into clinical practice. This review aims to identify, evaluate and synthesise studies examining the barriers and enablers for patients with lung cancer to participate in PA from the perspective of patients, carers and health care providers (HCPs). Systematic review of articles using electronic databases: MEDLINE (1950–2016), CINAHL (1982–2016), EMBASE (1980–2016), Scopus (2004–2016) and Cochrane (2016). Quantitative and qualitative studies, published in English in a peer-reviewed journal, which assessed the barriers or enablers to PA for patients with lung cancer were included. Registered-PROSPERO (CRD4201603341). Twenty-six studies (n = 9 cross-sectional, n = 4 case series, n = 11 qualitative) including 1074 patients, 23 carers and 169 HCPs were included. Barriers and enablers to PA were identified (6 major themes, 18 sub-themes): Barriers included patient-level factors (physical capability, symptoms, comorbidities, previous sedentary lifestyle, psychological influences, perceived relevance), HCP factors (time/knowledge to deliver information) and environmental factors (access to services, resources, timing relative to treatment). Enablers included anticipated benefits, opportunity for behaviour change and influences from HCPs and carers. This systematic review has identified the volume of literature demonstrating that barriers and enablers to PA in lung cancer are multidimensional and span diverse factors. These include patient-level factors, such as symptoms, comorbidities, sedentary lifestyle, mood and fear, and environmental factors. These factors should be considered to identify and develop suitable interventions and clinical services in attempt to increase PA in patients with lung cancer.

Notes: Granger, Catherine L. Connolly, Bronwen Denehy, Linda Hart, Nicholas Antippa, Phillip Lin, Kuan-Yin Parry, Selina M.

Hart, Nicholas/0-7076-2015

Hart, Nicholas/0000-0002-6863-585X; Denehy, Linda/
0000-0002-2926-8436; Granger, Catherine/0000-0001-6169-370X;
Connolly, Bronwen/0000-0002-5676-5497; Lin, Kuan-Yin/
0000-0002-2902-3156; Parry, Selina/0000-0003-2204-3143
1433-7339

URL: <Go to ISI>://WOS:000393740400034

Reference Type: Journal Article

Record Number: 247

Author: Grant, A., Rowe, L., Kennie-Kaulbach, N., Bishop, A., Kontak, J., Stewart, S., Morrison, B., Sketris, I., Rodrigues, G., Minard, L., Whelan, A. M., Woodill, L., Jeffers, E., Fisher, J., Ricketts, J. and Isenor, J. E.

Year: 2023

Title: Increased self-reported pharmacist prescribing during the COVID-19 pandemic: Using the Theoretical Domains Framework to identify barriers and facilitators to prescribing

Journal: Research in Social & Administrative Pharmacy

Volume: 19

Issue: 1

Pages: 133-143

Date: Jan

Short Title: Increased self-reported pharmacist prescribing during the COVID-19 pandemic: Using the Theoretical Domains Framework to identify barriers and facilitators to prescribing

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2022.08.014

Accession Number: WOS:000892465200013

Abstract: Background: Community pharmacists are positioned to improve access to medications through their ever-expanding role as prescribers, with this role becoming more pronounced during the COVID-19 pandemic. Objectives: Our research aimed to determine the extent of self-reported pharmacist prescribing pre-COVID-19 and during the COVID-19 pandemic, to identify barriers and facilitators to pharmacist prescribing, and to explore the relationship between these factors and self-reported prescribing activity. Methods: A questionnaire based on the Theoretical Domains Framework (TDFv2) assessing self-reported pre-prescribing was electronically distributed to all direct patient care pharmacists in NS (N = 1338) in July 2020. Wilcoxon signed-rank tests were used to examine temporal differences in self-reported prescribing activity. TDFv2 responses were descriptively reported as positive (agree/strongly agree), neutral (uncertain), and negative (strongly disagree/disagree) based on the 5-point Likert scale assessing barriers and facilitators to pre-prescribing from March 2020 onward (i.e., 'during' COVID-19). Simple logistic regression was used to measure the relationship between TDFv2 domain responses and self-reported prescribing activity. Results: A total of 190 pharmacists (14.2%) completed the survey. Over 98% of respondents reported prescribing at least once per month in any of the approved prescribing categories, with renewals being the most common activity reported. Since the pandemic, activity in several categories of prescribing significantly increased, including diagnosis supported by protocol (29.0% vs. 58.9%, $p < 0.01$), minor and common ailments (25.3% vs 34.7%, $p = 0.03$), preventative medicine (22.1% vs. 33.2%, $p < 0.01$). Amongst the TDFv2 domains, Beliefs about Consequences domain had the largest influence on prescribing activity (OR = 3.13, 95% CI 1.41-6.97, $p < 0.01$), with Social Influences (OR = 2.85, 95% CI 1.42-5.70, $p < 0.01$) being the next most influential. Conclusion: Self-reported prescribing by direct patient care community pharmacists in Nova Scotia increased during the COVID-19 pandemic, particularly for government-funded services. Key barriers to address, and facilitators to support pharmacist prescribing were identified and can be used to inform future interventions.

Notes: Grant, Amy Rowe, Liam Kennie-Kaulbach, Natalie Bishop, Andrea Kontak, Julia Stewart, Sam Morrison, Bobbi Sketris, Ingrid Rodrigues, Glenn Minard, Laura Whelan, Anne Marie Woodill, Lisa Jeffers, Elizabeth Fisher, Judith Ricketts, Juanna Isenor, Jennifer E.

Morrison, Bobbi/HOH-7318-2023

Morrison, Bobbi/0000-0001-6558-8034

1934-8150

URL: <Go to ISI>://WOS:000892465200013

Reference Type: Journal Article

Record Number: 2247

Author: Grant, S., Greenfield, S. M., Nouwen, A. and McManus, R. J.

Year: 2015

Title: Improving management and effectiveness of home blood pressure monitoring: a qualitative UK primary care study

Journal: British Journal of General Practice

Volume: 65

Issue: 640

Pages: E776-E783

Date: Nov

Short Title: Improving management and effectiveness of home blood pressure monitoring: a qualitative UK primary care study

ISSN: 0960-1643

DOI: 10.3399/bjgp15X687433

Accession Number: WOS:000363492400009

Abstract: Background Self-monitoring blood pressure (SMBP) is becoming an increasingly prevalent practice in UK primary care, yet there remains little conceptual understanding of why patients with hypertension engage in self-monitoring. Aim To identify psychological factors or processes prompting the decision to self-monitor blood pressure. Design and setting A qualitative study of patients previously participating in a survey study about SMBP from four general practices in the West Midlands. Method Taped and transcribed in-depth interviews with 16 patients (6 currently monitoring, 2 used to self-monitor, and 8 had never self-monitored). Thematic analysis was undertaken. Results Three main themes emerged: 'self' and 'living with hypertension' described the emotional element of living with an asymptomatic condition; 'self-monitoring behaviour and medication' described overall views about self-monitoring, current practice, reasons for monitoring, and the impact on medication adherence; and 'the GP-patient transaction' described the power relations affecting decisions to self-monitor. Self-monitoring was performed by some as a protective tool against the fears of a silent but serious condition, whereas others self-monitor simply out of curiosity. People who self-monitored tended not to discuss this with their nurse or GP, partly due to perceiving minimal or no interest from their clinician about home monitoring, and partly due to fear of being prescribed additional medication. Conclusion The decision to self-monitor appeared often to be an individual choice with no schedule or systems to integrate it with other medical care. Better recognition by clinicians that patients are self-monitoring, perhaps utilising the results in shared decision-making, might help integrate it into daily practice.

Notes: Grant, Sabrina Greenfield, Sheila M. Nouwen, Arie McManus, Richard J.

Grant, Sabrina/X-6061-2019

Grant, Sabrina/0000-0003-0148-9103; McManus, Richard/
0000-0003-3638-028X

1478-5242

URL: <Go to ISI>://WOS:000363492400009

Reference Type: Journal Article

Record Number: 1647

Author: Gray, S. M., McKay, H. A., Nettlefold, L., Race, D., Macdonald, H. M., Naylor, P. J. and Sims-Gould, J.

Year: 2021

Title: Physical activity is good for older adults-but is programme implementation being overlooked? A systematic review of intervention studies that reported frameworks or measures of implementation

Journal: British Journal of Sports Medicine

Volume: 55

Issue: 2

Pages: 84-+

Date: Jan

Short Title: Physical activity is good for older adults-but is programme implementation being overlooked? A systematic review of intervention studies that reported frameworks or measures of implementation

ISSN: 0306-3674

DOI: 10.1136/bjsports-2020-102465

Accession Number: WOS:000605859900009

Abstract: Objective To examine older adult physical activity (PA) intervention studies that evaluated implementation and/ or scale-up. Research question 1: What implementation and/or scale-up indicators (specific, observable and measurable characteristics that show the progress of implementation) were reported? Research question 2: What implementation and/or scale-up frameworks were reported? Research question 3: Did studies evaluate the relationship between implementation or scale-up of the intervention and individual level health/behaviour outcomes? If yes, how? Design Systematic review. Data sources Publications from electronic databases and hand searches (2000 to December 2019). Eligibility criteria for selecting studies Any PA intervention studies with community-dwelling older adult participants (mean age \geq 60 years). Required indicators: (a) Must report amount of PA as an outcome, with validated self-report or objective measures, and (b) Must have reported at least one implementation or scale-up framework and/or one implementation or scale-up indicator. Results 137 studies were included for research question 1, 11 for question 2 and 22 for question 3. 137 studies reported an implementation indicator: 14 unique indicators. None were specified as indicators for scale-up evaluation. 11 studies were guided by an implementation or scale-up framework. 22 studies described a relationship between an implementation indicator and an individual-level health outcome. Conclusion There is need for implementation research that extends beyond analysis at the individual level, includes clearly defined indicators and provides a guiding framework to support PA initiatives in older adults. Such implementation studies should evaluate factors in the broader context (eg, political, environmental) that influence scale-up.

Notes: Gray, Samantha M. McKay, Heather A. Nettlefold, Lindsay Race, Douglas Macdonald, Heather M. Naylor, Patti-Jean Sims-Gould, Joanie Macdonald, Heather/0000-0002-3022-9223
1473-0480

URL: <Go to ISI>://WOS:000605859900009

Reference Type: Journal Article

Record Number: 538

Author: Green, A., Hosie, A., Phillips, J. L., Kochovska, S., Noble, B., Brassil, M., Cumming, A., Lawlor, P. G., Bush, S. H., Davis, J. M., Edwards, L., Hunt, J., Wilcock, J., Phillipson, C., Ely, E. W., Parr, C., Lovell, M. and Agar, M.

Year: 2022

Title: Stakeholder perspectives of a pilot multicomponent delirium prevention intervention for adult patients with advanced cancer in palliative care units: A behaviour change theory-based qualitative study

Journal: Palliative Medicine

Volume: 36

Issue: 8

Pages: 1273-1284

Date: Sep

Short Title: Stakeholder perspectives of a pilot multicomponent delirium prevention intervention for adult patients with advanced cancer in palliative care units: A behaviour change theory-based qualitative study

ISSN: 0269-2163

DOI: 10.1177/02692163221113163

Accession Number: WOS:000839858400001

Abstract: Background: Theory-based and qualitative evaluations in pilot trials of complex clinical interventions help to understand quantitative results, as well as inform the feasibility and design of subsequent effectiveness and implementation trials. Aim: To explore patient, family, clinician and volunteer ('stakeholder') perspectives of the feasibility and acceptability of a multicomponent non-pharmacological delirium prevention intervention for adult patients with advanced cancer in four Australian palliative care units that participated in a phase II trial, the 'PRESERVE pilot study'. Design: A trial-embedded qualitative study via semi-structured interviews and directed content analysis using Michie's Behaviour Change Wheel and the Theoretical Domains Framework. Setting/participants: Thirty-nine people involved in the trial: nurses (n = 17), physicians (n = 6), patients (n = 6), family caregivers (n = 4), physiotherapists (n = 3), a social worker, a pastoral care worker and a volunteer. Results: Participants' perspectives aligned with the 'capability', 'opportunity' and 'motivation' domains of the applied frameworks. Of seven themes, three were around the alignment of the delirium prevention intervention with palliative care (intervention was considered routine care; intervention aligned with the compassionate and collaborative culture of palliative care; and differing views of palliative care priorities influenced perspectives of the intervention) and four were about study processes more directly related to adherence to the intervention (shared knowledge increased engagement with the intervention; impact of the intervention checklist on attention, delivery and documentation of the delirium prevention strategies; clinical roles and responsibilities; and addressing environmental barriers to delirium prevention).

Conclusion: This theory-informed qualitative study identified multiple influences on the delivery and documentation of a pilot multicomponent non-pharmacological delirium prevention intervention in four palliative care units. Findings inform future definitive studies of delirium prevention in palliative care.

Notes: Green, Anna Hosie, Annmarie Phillips, Jane L. Kochovska, Slavica Noble, Beverly Brassil, Meg Cumming, Anne Lawlor, Peter G. Bush, Shirley H. Davis, Jan Maree Edwards, Layla Hunt, Jane Wilcock, Julie Phillipson, Carl Wesley Ely, Eugene Parr, Cynthia Lovell, Melanie Agar, Meera

Kochovska, Slavica/ABD-3905-2021; Lawlor, Peter/ABD-4698-2020;

Phillips, Jane/A-7780-2015

Kochovska, Slavica/0000-0002-3531-0389; Lawlor, Peter/

0000-0001-7319-1395; Phillips, Jane/0000-0002-3691-8230; Hosie,

Annmarie/0000-0003-1674-2124; Green, Anna/0000-0002-7541-3665; Agar,

Meera/0000-0002-6756-6119

1477-030x

URL: <Go to ISI>://WOS:000839858400001

Reference Type: Journal Article

Record Number: 2151

Author: Greenland, K., Chipungu, J., Chilengi, R. and Curtis, V.

Year: 2016

Title: Theory-based formative research on oral rehydration salts and zinc use in Lusaka, Zambia

Journal: BMC Public Health

Volume: 16

Date: Apr

Short Title: Theory-based formative research on oral rehydration salts and zinc use in Lusaka, Zambia

DOI: 10.1186/s12889-016-2984-2

Accession Number: WOS:000373712300001

Abstract: Background: A theoretically grounded formative research study was carried out to investigate behaviour related to the use of Oral Rehydration Salts (ORS) and zinc tablets. The purpose was to inform the design of the behaviour change component of the Programme for Awareness and Elimination of Diarrhoea in Lusaka Province, Zambia, which aims to reduce childhood morbidity and mortality from diarrhoeal disease. Methods: Fourteen behaviour trials were conducted among caregivers of children under-five with diarrhoea. Caregivers were recruited from two clinics situated in rural and peri-urban Lusaka. Trials took ten days and data were captured using video, observation and repeated interviews. Additional data were collected through focus group discussions with mothers, observations in clinics and pharmacies and interviews with clinic and pharmacy staff. Findings were organised according to categories of behavioural determinants from Evo-Eco theory. Results: Participants were all familiar with ORS and most knew its purpose. ORS use was motivated by symptoms of dehydration, rather than the start of a diarrhoea episode, and was stopped when the child had visibly recovered energy. Only four of 14 behaviour trial participants were observed to correctly prepare ORS. Errors were mainly associated with measurement, resulting in a solution that was too concentrated.

ORS was not observed to be given to children at clinics. Although zinc was unknown in this population, it was positively received by mothers keen to learn whether zinc would work better than alternative treatments to stop diarrhoea. Conclusions: ORS was sub-optimally prepared and used at home. It was not used while waiting to be seen at a clinic. In homes, the behaviour change intervention should promote early and continued use of correctly prepared ORS. In the longer-term, these behaviours may best be encouraged by changing the product design or sachet size. Despite its unfamiliarity, this population was well disposed to the use of zinc as a treatment for diarrhoea; when zinc is new to a population, promoting zinc as a solution to stopping diarrhoea, which mothers seek, may drive initial trial. Ensuring the availability of zinc in public clinics and private pharmacies prior to commencement of any promotion activities is crucial.

Notes: Greenland, Katie Chipungu, Jenala Chilengi, Roma Curtis, Valerie

Chipungu, Jenala/0000-0002-3152-2771
1471-2458

URL: <Go to ISI>://WOS:000373712300001

Reference Type: Journal Article

Record Number: 116

Author: Grillich, L., Titscher, V., Klingenstein, P., Kostial, E., Emprechtinger, R., Klerings, I., Sommer, I., Nikitin, J. and Laireiter, A. R.

Year: 2023

Title: The effectiveness of interventions to prevent loneliness and social isolation in the community-dwelling and old population: an overview of systematic reviews and meta-analysis

Journal: European Journal of Public Health

Date: 2023 Mar

Short Title: The effectiveness of interventions to prevent loneliness and social isolation in the community-dwelling and old population: an overview of systematic reviews and meta-analysis

ISSN: 1101-1262

DOI: 10.1093/eurpub/ckad006

Article Number: ckad006

Accession Number: WOS:000945921800001

Abstract: Background: Loneliness and social isolation have comparable health effects to widely acknowledged and established risk factors. Although old people are particularly affected, the effectiveness of interventions to prevent and/or mitigate social isolation and loneliness in the community-dwelling older adults is unclear. The aim of this review of reviews was to pool the findings of systematic reviews (SRs) addressing the question of effectiveness. Methods: Ovid MEDLINE (R), Health Evidence, Epistemonikos and Global Health (EBSCO) were searched from January 2017 to November 2021. Two reviewers independently assessed each SR in two consecutive steps based on previously defined eligibility criteria and appraised the methodological quality using a measurement tool to assess SRs 2, AMSTAR 2. One author extracted data from both SRs and eligible studies; another checked this. We

conducted meta-analyses to pool the study results. We report the results of the random-effects and common-effect models. Results: We identified five SRs containing a total of 30 eligible studies, 16 with a low or moderate risk of bias. Our random-effects meta-analysis indicates an overall SMD effect of 0.63 [95% confidence interval (CI): -0.10 to 1.36] for loneliness and was unable to detect an overall effect of the interventions on social support [SMD: 0.00; 95% CI: -0.11 to 0.12]. Discussion: The results show interventions can potentially reduce loneliness in the non-institutionalized, community-dwelling and older population living at home. As confidence in the evidence is low, rigorous evaluation is recommended. Registration: International Prospective Register of SRs (PROSPERO): Registration number: CRD42021255625
Notes: Grillich, Ludwig Titscher, Viktoria Klingenstein, Pauline Kostial, Eva Emprehtinger, Robert Klerings, Irma Sommer, Isolde Nikitin, Jana Laireiter, Anton-Rupert
1464-360x
URL: <Go to ISI>://WOS:000945921800001

Reference Type: Journal Article

Record Number: 1547

Author: Grimmett, C., Bradbury, K., Dalton, S. O., Fecher-Jones, I., Hoedjes, M., Varkonyi-Sepp, J. and Short, C. E.

Year: 2021

Title: The Role of Behavioral Science in Personalized Multimodal Prehabilitation in Cancer

Journal: Frontiers in Psychology

Volume: 12

Date: Feb

Short Title: The Role of Behavioral Science in Personalized Multimodal Prehabilitation in Cancer

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2021.634223

Article Number: 634223

Accession Number: WOS:000623944200001

Abstract: Multimodal prehabilitation is increasingly recognized as an important component of the pre-operative pathway in oncology. It aims to optimize physical and psychological health through delivery of a series of tailored interventions including exercise, nutrition, and psychological support. At the core of this prescription is a need for considerable health behavior change, to ensure that patients are engaged with and adhere to these interventions and experience the associated benefits. To date the prehabilitation literature has focused on testing the efficacy of devised exercise and nutritional interventions with a primary focus on physiological and mechanistic outcomes with little consideration for the role of behavioral science, supporting individual behavior change or optimizing patient engagement. Changing health behavior is complex and to maximize success, prehabilitation programs should draw on latest insights from the field of behavioral science. Behavioral science offers extensive knowledge on theories and models of health behavior change to further advance intervention effectiveness. Similarly, interventions developed with a person-centered approach,

taking into consideration individual needs and preferences will increase engagement. In this article, we will provide an overview of the extent to which the existing prehabilitation literature incorporates behavioral science, as well as studies that have explored patient's attitudes toward prehabilitation. We will go on to describe and critique ongoing trials in a variety of contexts within oncology prehabilitation and discuss how current scientific knowledge may be enhanced from a behavioral science perspective. We will also consider the role of "surgery schools" and detail practical recommendations that can be embedded in existing or emerging clinical settings.

Notes: Grimmett, Chloe Bradbury, Katherine Dalton, Suzanne O. Fecher-Jones, Imogen Hoedjes, Meeke Varkonyi-Sepp, Judit Short, Camille E.

Fecher-Jones, Imogen/0000-0003-0214-7981; Hoedjes, Meeke/0000-0001-6887-2882; Bradbury, Katherine/0000-0001-5513-7571

URL: <Go to ISI>://WOS:000623944200001

Reference Type: Journal Article

Record Number: 408

Author: Grimshaw, S. L., Taylor, N. F., Conyers, R. and Shields, N.
Year: 2022

Title: Promoting positive physical activity behaviors for children and adolescents undergoing acute cancer treatment: Development of the CanMOVE intervention using the Behavior Change Wheel

Journal: Frontiers in Pediatrics

Volume: 10

Date: Oct

Short Title: Promoting positive physical activity behaviors for children and adolescents undergoing acute cancer treatment: Development of the CanMOVE intervention using the Behavior Change Wheel

ISSN: 2296-2360

DOI: 10.3389/fped.2022.980890

Article Number: 980890

Accession Number: WOS:000876462800001

Abstract: BackgroundIncreasing participation in physical activity has the potential to improve outcomes for children and adolescents with cancer during treatment and into survivorship. The aim of this study is to outline the theoretical process behind development of CanMOVE, a behavior change intervention designed to increase physical activity for children and adolescents with cancer. Study designThis study followed a theoretical design process consistent with the Behavior Change Wheel to inform the design of a complex intervention. Materials and methodsThe three stages of the Behavior Change Wheel intervention design process include: (1) understanding physical activity behavior within the pediatric cancer setting, (2) identifying potential intervention functions, and (3) identifying appropriate behavior change and implementation strategies. Qualitative and behavior change literature relevant to the pediatric cancer treatment setting were used to inform each stage. ResultsAn individualized and flexible approach to physical activity promotion that considers intrinsic factors specific to the child/adolescent

and their environment is required. Fifteen behavioral change strategies were identified to form the intervention components of CanMOVE. Implementation strategies were identified to build motivation, opportunity and capacity toward increasing physical activity behaviors. Key intervention components of CanMOVE include standardized assessment and monitoring (physical activity, physical function, and health-related quality of life), provision of an activity monitor to both child/adolescent and parent, and one-on-one capacity building sessions with a healthcare professional. Capacity building sessions include education, goal setting, an active supervised physical activity session, barrier identification and problem solving, and action planning. Conclusion CanMOVE is a novel approach to physical activity promotion in the pediatric cancer treatment setting. The use of a theoretical intervention design process will aid evaluation and replication of CanMOVE when it is assessed for feasibility in a clinical setting. The design process utilized here can be used as a guide for future intervention development.

Notes: Grimshaw, Sarah L. Taylor, Nicholas F. Conyers, Rachel Shields, Nora
Shields, Nora/ADP-9782-2022
Conyers, Rachel/0000-0002-2344-1365
URL: <Go to ISI>://WOS:000876462800001

Reference Type: Journal Article

Record Number: 642

Author: Grobler, J. S., Stavric, V. and Saywell, N. L.

Year: 2022

Title: Participant perspectives of automated short messaging service interventions to promote physical activity: A systematic review and thematic synthesis

Journal: Digital Health

Volume: 8

Date: Jul

Short Title: Participant perspectives of automated short messaging service interventions to promote physical activity: A systematic review and thematic synthesis

ISSN: 2055-2076

DOI: 10.1177/20552076221113705

Article Number: 20552076221113705

Accession Number: WOS:000827435800001

Abstract: Introduction Short messaging service has the potential to improve participation in physical activity in individuals with long-term health conditions. However, successful implementation relies on participant engagement with such programmes. The aim of this study was to undertake a systematic review of qualitative literature exploring participant perspectives of short messaging service-based interventions designed to promote physical activity for people with long-term health conditions. Methods CINHAL, MEDLINE, SPORTSDiscus, Scopus and Web of Science were searched up to 15 February 2021 looking for participants' perspectives on short messaging service programmes designed to promote physical activity in people with long-term health conditions. Included studies were analysed using

thematic synthesis. Results Eight studies involving 533 participants were included and analysed using the principles of thematic analysis and 10 descriptive themes were identified. These descriptive themes were further refined to develop five final analytical themes: taking control of my own health, from information to action, relationship with the programme, perfection required for success and increased expectations. Discussion The findings agree with published work on the factors which influence behaviour. The findings from this synthesis demonstrate that automated short messaging service programmes to increase physical activity are generally acceptable. People report that these interventions support and encourage physical activity. The novel finding of this study was that having more regular and long-lasting contact has the potential to increase the expectations people have of healthcare services. This is a finding which needs to be considered and managed but should not discourage the use of automated short messaging service.

Notes: Grobler, J. Stefanus Stavric, Verna Saywell, Nicola L. Stavric, Verna/0000-0002-9144-4189; Grobler, J.Stefanus/0000-0002-9220-112X

URL: <Go to ISI>://WOS:000827435800001

Reference Type: Journal Article

Record Number: 1877

Author: Groff, S., Holroyd-Leduc, J., White, D. and Bultz, B. D.

Year: 2018

Title: Examining the sustainability of Screening for Distress, the sixth vital sign, in two outpatient oncology clinics: A mixed-methods study

Journal: Psycho-Oncology

Volume: 27

Issue: 1

Pages: 141-147

Date: Jan

Short Title: Examining the sustainability of Screening for Distress, the sixth vital sign, in two outpatient oncology clinics: A mixed-methods study

ISSN: 1057-9249

DOI: 10.1002/pon.4388

Accession Number: WOS:000422995000018

Abstract: BackgroundResearch indicates that cancer patients experience significant multifactorial distress during their journey. To address this, cancer centers are implementing Screening for Distress programs; however, little is known about the sustainability of these programs. This study sought to examine the sustainability of a Screening for Distress program in 2 cancer clinics 6months post implementation. MethodsA mixed-methods cross-sectional design was utilized. To determine if screening rates, screening conversations and appropriate interventions occurred and the charts of 184 consecutive patients attending the head and neck or neuro-oncology clinics over a 3week period were reviewed. To examine the barriers and facilitators of sustainability, 16 semi-structured interviews with administrators, physicians, and nurses were conducted. ResultsOf the 184 charts reviewed, 163 (88.6%) had completed

screening tools. Of these 163, 130 (79.8%) indicated that a conversation occurred with the patient about the identified distress as reported on the screening tool. Of the 89 (54.6%) charts where the need for an intervention was indicated, 68 (76.4%) had an intervention documented. Six oncologists, 7 nurses, and 3 administrators were interviewed, and 5 themes which influenced the sustainability of the program emerged: (1) attitudes, knowledge, and beliefs about the program; (2) implementation approach; (3) outcome expectancy of providers; (4) integration with existing practices; and (5) external factors. Conclusions This study suggests that Screening for Distress was largely sustained, possibly due to positive attitudes and outcome expectancy. However, sustainability may be enhanced by formally integrating screening with existing practices, addressing potential knowledge gaps, and ensuring engagement with all stakeholder groups.

Notes: Groff, Shannon Holroyd-Leduc, Jayna White, Deborah Bultz, Barry D.

1099-1611

URL: <Go to ISI>://WOS:000422995000018

Reference Type: Journal Article

Record Number: 324

Author: Gu, Y. P., Zhou, R., Kong, T. T., Zhang, W., Chen, Y. T., Wang, C. M., Shi, J. P. and Hu, Y. L.

Year: 2023

Title: Barriers and enabling factors in weight management of patients with nonalcoholic fatty liver disease: A qualitative study using the COM-B model of behaviour

Journal: Health Expectations

Volume: 26

Issue: 1

Pages: 355-365

Date: Feb

Short Title: Barriers and enabling factors in weight management of patients with nonalcoholic fatty liver disease: A qualitative study using the COM-B model of behaviour

ISSN: 1369-6513

DOI: 10.1111/hex.13665

Accession Number: WOS:000884587400001

Abstract: Background Nonalcoholic fatty liver disease (NAFLD) is a global public health problem. Lifestyle modifications aimed at promoting weight loss and weight maintenance remain the current first-line treatments for NAFLD. Objective We aim to identify barriers and enabling factors in weight management among patients with NAFLD using the capability, opportunity, motivation, behaviour (COM-B) model of behaviour. Design This study adopted a qualitative design using semistructured interviews analysed with content analysis and the COM-B framework. Setting and Participants Interviews were conducted with 27 patients with NAFLD who experienced successful or unsuccessful weight reduction. Results Our study included 27 participants: 15 participants with successful weight loss (successful weight loss refers to a decrease in body weight \geq 7% of the initial body weight for patients with NAFLD) and

12 participants with unsuccessful weight loss. Thirty-five themes (19 barriers and 16 facilitators) were mapped onto the COM-B model as barriers and facilitators to weight management among patients with NAFLD. The key barriers were lack of time and energy, lack of awareness of weight, lack of attention to NAFLD, treating food as a reward or compensation and social entertainment. The key facilitators were having basic weight loss knowledge and skills, strong motivation, attention to NAFLD, unsuccessful weight loss experiences and positive feedback from phased success. Conclusion In addition to identifying factors consistent with existing studies, this study identified factors that influence weight management in NAFLD patients, such as basic weight loss skills and rational thinking before weight loss, which were not previously reported. This has clinical implications for clinical healthcare providers and health management services for the improvement of education and support regarding lifestyle improvement and weight management in patients with NAFLD. Patient or Public Contribution We recruited potential participants from the Bariatric Clinic, Hepatology Clinic and Physical Examination Center of hospitals between March 2021 and October 2021. Twenty-seven patients with NAFLD who had successful or unsuccessful weight loss experiences participated in the study and responded to questions on weight management.

Notes: Gu, Yunpeng Zhou, Run Kong, Tingting Zhang, Wei Chen, Yutong Wang, Chunmei Shi, Junping Hu, Yanli

Hu, Yanli/0000-0002-1517-616X
1369-7625

URL: <Go to ISI>://WOS:000884587400001

Reference Type: Journal Article

Record Number: 2135

Author: Gucciardi, D. F.

Year: 2016

Title: Mental toughness as a moderator of the intention-behaviour gap in the rehabilitation of knee pain

Journal: Journal of Science and Medicine in Sport

Volume: 19

Issue: 6

Pages: 454-458

Date: Jun

Short Title: Mental toughness as a moderator of the intention-behaviour gap in the rehabilitation of knee pain

ISSN: 1440-2440

DOI: 10.1016/j.jsams.2015.06.010

Accession Number: WOS:000378185800003

Abstract: Objectives: The purpose of this study was to investigate the role of mental toughness in maximising the effect of intentions to perform rehabilitative exercises on behaviour among a sample of people with knee pain. Design: Cross-sectional survey, with a 2-week time-lagged assessment of exercise behaviour. Methods: In total, 193 individuals (n(female) =107, n(male) = 84) aged between 18 and 69 years (M=30.79, SD = 9.39) participated, with 136 (70.5%) retained at both assessment points. At time 1, participants completed an online, multisection survey that encompassed measures of demographic

details, severity of problems associated with the knee (e.g., pain, symptoms), past behaviour, mental toughness, and the theory of planned behaviour constructs (TPB; attitudes, subjective norms, perceived behavioural, intentions). Two weeks later, participants retrospectively reported their exercise behaviour for the past 14 days using an online survey. Results: Moderated regression analyses indicated that mental toughness and its interaction with intention accounted for an additional 3% and 4% of the variance in exercise behaviour, respectively. Past behaviour, attitudes, and mental toughness all had direct effects on behaviour, alongside a meaningful interaction between intentions and mental toughness. Specifically, intentions had a stronger effect on exercise behaviour among those individuals high in mental toughness compared to those low in this personal resource. Conclusions: The results of this study shed new light on the intention-behaviour gap by indicating that mental toughness increases the likelihood that intention is translated into action. (C) 2015 Sports Medicine Australia.

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Notes: Gucciardi, Daniel F.

Gucciardi, Daniel F/E-4934-2010

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1878-1861

URL: <Go to ISI>://WOS:000378185800003

Reference Type: Journal Article

Record Number: 788

Author: Guerin, R. J., Glasgow, R. E., Tyler, A., Rabin, B. A. and Huebschmann, A. G.

Year: 2022

Title: Methods to improve the translation of evidence-based interventions: A primer on dissemination and implementation science for occupational safety and health researchers and practitioners

Journal: Safety Science

Volume: 152

Date: Aug

Short Title: Methods to improve the translation of evidence-based interventions: A primer on dissemination and implementation science for occupational safety and health researchers and practitioners

ISSN: 0925-7535

DOI: 10.1016/j.ssci.2022.105763

Article Number: 105763

Accession Number: WOS:000821675400003

Abstract: Objective: A limited focus on dissemination and implementation (D&I) science has hindered the uptake of evidence-based interventions (EBIs) that reduce workplace morbidity and mortality. D&I science methods can be used in the occupational safety and health (OSH) field to advance the adoption, implementation, and sustain-ment of EBIs for complex workplaces. These approaches should be responsive to contextual factors, including the needs of partners and beneficiaries (such as employers, employees, and intermediaries). Methods: By synthesizing seminal literature and texts and leveraging our collective knowledge as D&I science and/or OSH researchers, we developed a D&I science

primer for OSH. First, we provide an overview of common D&I terminology and concepts. Second, we describe several key and evolving issues in D&I science: balancing adaptation with intervention fidelity and specifying implementation outcomes and strategies. Next, we review D&I theories, models, and frameworks and offer examples for applying these to OSH research. We also discuss widely used D&I research designs, methods, and measures. Finally, we discuss future directions for D&I science application to OSH and provide resources for further exploration. Results: We compiled a D&I science primer for OSH appropriate for practitioners and evaluators, especially those newer to the field. Conclusion: This article fills a gap in the OSH research by providing an overview of D&I science to enhance understanding of key concepts, issues, models, designs, methods and measures for the translation into practice of effective OSH interventions to advance the safety, health and well-being of workers.

Notes: Guerin, R. J. Glasgow, R. E. Tyler, A. Rabin, B. A. Huebschmann, A. G.

1879-1042

URL: <Go to ISI>://WOS:000821675400003

Reference Type: Journal Article

Record Number: 615

Author: Guillaume, E., Rollet, Q., Launay, L., Beuriot, S., Dejardin, O., Notari, A., Crevel, E., Benhammouda, A., Verzaux, L., Quertier, M. C. and Launoy, G.

Year: 2022

Title: Evaluation of a mobile mammography unit: concepts and randomized cluster trial protocol of a population health intervention research to reduce breast cancer screening inequalities

Journal: Trials

Volume: 23

Issue: 1

Date: Jul

Short Title: Evaluation of a mobile mammography unit: concepts and randomized cluster trial protocol of a population health intervention research to reduce breast cancer screening inequalities

DOI: 10.1186/s13063-022-06480-w

Article Number: 562

Accession Number: WOS:000825728300013

Abstract: Background: Breast cancer is the leading cancer in women in France both in incidence and mortality. Organized breast cancer screening (OBCS) has been implemented nationwide since 2004, but the participation rate remains low (48%) and inequalities in participation have been reported. Facilities such as mobile mammography units could be effective to increase participation in OBCS and reduce inequalities, especially areas underserved in screening. Our main objective is to evaluate the impact of a mobile unit and to establish how it could be used to tackle territorial inequalities in OBCS participation. Methods: A collaborative project will be conducted as a randomized controlled cluster trial in 2022-2024 in remote areas of four French departments. Small geographic areas were constructed by clustering women eligible to

OBCS, according to distance to the nearest radiology centre, until an expected sample of eligible women was attained, as determined by logistic and financial constraints. Intervention areas were then selected by randomization in parallel groups. The main intervention is to propose an appointment at the mobile unit in addition to current OBCS in these remote areas according to the principle of proportionate universalism. A few weeks before the intervention, OBCS will be promoted with a specific information campaign and corresponding tools, applying the principle of multilevel, intersectoral and community empowerment to tackle inequalities. Discussion: This randomized controlled trial will provide a high level of evidence in assessing the effects of mobile unit on participation and inequalities. Contextual factors impacting the intervention will be a key focus in this evaluation. Quantitative analyses will be complemented by qualitative analyses to investigate the causal mechanisms affecting the effectiveness of the intervention and to establish how the findings can be applied at national level.

Notes: Guillaume, Elodie Rollet, Quentin Launay, Ludivine Beuriot, Severine Dejardin, Olivier Notari, Annick Crevel, Elodie Benhammouda, Ahmed Verzaux, Laurent Quertier, Marie-Christine Launoy, Guy

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1745-6215

URL: <Go to ISI>://WOS:000825728300013

Reference Type: Journal Article

Record Number: 893

Author: Guldager, J. D., Kjaer, S. L., Grittner, U. and Stock, C.

Year: 2022

Title: Efficacy of the Virtual Reality Intervention VR FestLab on Alcohol Refusal Self-Efficacy: A Cluster-Randomized Controlled Trial
Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 6

Date: Mar

Short Title: Efficacy of the Virtual Reality Intervention VR FestLab on Alcohol Refusal Self-Efficacy: A Cluster-Randomized Controlled Trial

DOI: 10.3390/ijerph19063293

Article Number: 3293

Accession Number: WOS:000775410700001

Abstract: It is currently unknown whether a virtual social environment can support young people in building their skills to overcome peer pressure when offered alcohol. This study evaluated the efficacy of the newly developed virtual reality simulation game VR FestLab on the refusal self-efficacy regarding social pressures to drink of Danish male and female students aged 15-18. VR FestLab features a party setting where adolescents can "steer" their own party experience. Eleven schools were included in a cluster-randomized controlled trial and allocated to either the intervention

(n = 181) or the active control group (n = 191). Students in intervention schools played VR FestLab, while those in the control group played the VR game Oculus Quest-First Steps. The primary outcome measure was the social pressure subscale of the drinking refusal self-efficacy scale (DRSEQ-RA). The intervention effects were measured immediately after the intervention/control session (T1) and after a 6-week follow-up (T2). Data were examined using linear mixed regression models. Our study did not demonstrate a significant effect of drinking refusal self-efficacy at T1. For all secondary outcomes, we observed no substantial differences between the intervention and control groups. This study provides new insights into the feasibility and effectiveness of an innovative virtual reality alcohol prevention tool. VR FestLab can be an innovative and promising contribution to complement existing school-based alcohol prevention, but more research is needed to improve its effectiveness.

Notes: Guldager, Julie Dalgaard Kjaer, Satayesh Lavasani Grittner, Ulrike Stock, Christiane Grittner, Ulrike/I-2026-2019; Stock, Christiane/P-8114-2015 Grittner, Ulrike/0000-0003-2595-0224; Guldager, Julie Dalgaard/0000-0002-7309-2407; Stock, Christiane/0000-0001-9379-3844; Lavasani Kjaer, Satayesh/0000-0002-8703-7740 1660-4601
URL: <Go to ISI>://WOS:000775410700001

Reference Type: Journal Article

Record Number: 60

Author: Guldhammer, C., Holden, S., Audreucci, A., Johansen, S. K., Thomsen, J. N. L. and Rathleff, M. S.

Year: 2023

Title: Development of a tool to support general practitioners to help adolescents with knee pain: an analysis using the Theoretical Domains Framework

Journal: Primary Health Care Research and Development

Volume: 24

Date: Apr

Short Title: Development of a tool to support general practitioners to help adolescents with knee pain: an analysis using the Theoretical Domains Framework

ISSN: 1463-4236

DOI: 10.1017/s1463423623000130

Article Number: e24

Accession Number: WOS:000961394900001

Abstract: Aim:Using the Theoretical Domains Framework (TDF) and COM-B model, this study aimed to determine the facilitators to a support tool for adolescent non-traumatic knee pain in general practice.

Background:Many children and adolescents with non-traumatic knee pain consult their general practice. Currently, there are no tools to support general practitioners in the diagnosis and management of this group. There is a need to identify behavioural targets that would facilitate further development and implementation of such a tool. Methods:This study was designed as a qualitative study using focus group interviews with 12 medical doctors working in general

practice. The semi-structured focus group interviews conducted online and followed an interview guide based on the TDF and COM-B model. Data were analysed via thematic text analysis. Findings: One of the biggest challenges from the general practitioner's perspective was how to manage and guide adolescents with non-traumatic knee pain. The doctors had doubts in their capability to diagnose knee pain and saw opportunity to help structure the consultation. The doctors felt motivated to use a tool but considered access a potential barrier. Increasing opportunity and motivation by creating access in the community among general practitioners was considered important. We identified several barriers and facilitators for a support tool for the management of adolescent non-traumatic knee pain in general practice. To align with user needs, future tools should support diagnostic workup, structure the consultation and be easily available among doctors working in general practice.

Notes: Guldhammer, Clara Holden, Sinead Audreucci, Alessandro Johansen, Simon Kristoffer Thomsen, Janus Nikolaj Laust Rathleff, Michael Skovdal
Rathleff, Michael Skovdal/0000-0003-1173-0335; Johansen, Simon Kristoffer/0000-0003-1032-4087; Holden, Sinead/0000-0002-7314-2152; Audreucci, Alessandro/0000-0001-6141-5056
1477-1128
URL: <Go to ISI>://WOS:000961394900001

Reference Type: Journal Article

Record Number: 850

Author: Gullick, J., Wu, J., Chew, D., Gale, C., Yan, A. T., Goodman, S. G., Waters, D., Hyun, K. and Brieger, D.

Year: 2022

Title: Objective risk assessment vs standard care for acute coronary syndromes-The Australian GRACE Risk tool Implementation Study

(AGRIS): a process evaluation

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Mar

Short Title: Objective risk assessment vs standard care for acute coronary syndromes-The Australian GRACE Risk tool Implementation Study (AGRIS): a process evaluation

DOI: 10.1186/s12913-022-07750-8

Article Number: 380

Accession Number: WOS:000772072700002

Abstract: Background Structured risk-stratification to guide clinician assessment and engagement with evidence-based therapies may reduce care variance and improve patient outcomes for Acute Coronary Syndrome (ACS). The Australian Grace Risk score Intervention Study (AGRIS) explored the impact of the GRACE Risk Tool for stratification of ischaemic and bleeding risk in ACS. While hospitals in the active arm had a higher overall rate of invasive ACS management, there was neutral impact on important secondary prevention prescriptions/referrals, hospital performance measures, myocardial infarction and 12-month mortality leading to early trial

cessation. Given the Grace Risk Tool is under investigation internationally, this process evaluation study provides important insights into the possible contribution of implementation fidelity on the AGRIS study findings. Methods Using maximum variation sampling, five hospitals were selected from the 12 centres enrolled in the active arm of AGRIS. From these facilities, 16 local implementation stakeholders (Cardiology advanced practice nurses, junior and senior doctors, study coordinators) consented to a semi-structured interview guided by the Theoretical Domains Framework. Directed Content Analysis of qualitative data was structured using the Capability/Opportunity/Motivation-Behaviour (COM-B) model. Results Physical capability was enhanced by tool usability. While local stakeholders supported educating frontline clinicians, non-cardiology clinicians struggled with specialist terminology. Physical opportunity was enhanced by the paper-based format but was hampered when busy clinicians viewed risk-stratification as one more thing to do, or when form visibility was neglected. Social opportunity was supported by a culture of research/evidence yet challenged by clinical workflow and rotating medical officers. Automatic motivation was strengthened by positive reinforcement. Reflective motivation revealed the GRACE Risk Tool as supporting but potentially overriding clinical judgment. Divergent professional roles and identity were a major barrier to integration of risk-stratification into routine Emergency Department practice. The cumulative result revealed poor form completion behaviors and a failure to embed risk-stratification into routine patient assessment, communication, documentation, and clinical practice behaviors. Conclusions Numerous factors negatively influenced AGRIS implementation fidelity. Given the prominence of risk assessment recommendations in United States, European and Australian guidelines, strategies that strengthen collaboration with Emergency Departments and integrate automated processes for risk-stratification may improve future translation internationally. Notes: Gullick, Janice Wu, John Chew, Derek Gale, Chris Yan, Andrew T. Goodman, Shaun G. Waters, Donna Hyun, Karice Brieger, David Research Institute, ANZAC/CAE-9030-2022 Hyun, Karice/0000-0002-0164-7725; Chew, Derek/0000-0003-3593-296X; Gale, Chris/0000-0003-4732-382X; Brieger, David/0000-0001-6115-0326 1472-6963 URL: <Go to ISI>://WOS:000772072700002

Reference Type: Journal Article

Record Number: 1526

Author: Gunnink, L. B., Arouri, D. J., Jolink, F. E. J., Lokate, M., de Jonge, K., Kampmeier, S., Kreis, C., Raschke, M., Kleinjan, M., ter Maaten, J. C., Friedrich, A. W., Bathorn, E. and Glasner, C. Year: 2021

Title: Compliance to Screening Protocols for Multidrug-Resistant Microorganisms at the Emergency Departments of Two Academic Hospitals in the Dutch-German Cross-Border Region

Journal: Tropical Medicine and Infectious Disease

Volume: 6

Issue: 1

Date: Mar

Short Title: Compliance to Screening Protocols for Multidrug-Resistant Microorganisms at the Emergency Departments of Two Academic Hospitals in the Dutch-German Cross-Border Region

DOI: 10.3390/tropicalmed6010015

Article Number: 15

Accession Number: WOS:000633077300001

Abstract: Infections caused by multidrug-resistant organisms (MDROs) are associated with prolonged hospitalization and higher risk of mortality. Patients arriving in the hospital via the emergency department (ED) are screened for the presence of MDROs in compliance with the screening protocols in order to apply the correct isolation measures. In the Dutch-German border region, local hospitals apply their own screening protocols which are based upon national screening protocols. The contents of the national and local MDRO screening protocols were compared on vancomycin-resistant enterococci (VRE), methicillin-resistant *Staphylococcus aureus* (MRSA), and carbapenemase-producing and carbapenem-resistant Enterobacteriaceae (CPE/CRE). The practicality of the screening protocols was evaluated by performing an audit. As a result, the content of the MDRO screening protocols differed regarding risk factors for MDRO carriage, swab site, personal protective equipment, and isolation measures. The observations and questionnaires showed that the practicality was sufficient; however, the responsibility was not designated clearly and education regarding the screening protocols was deemed inappropriate. The differences between the MDRO screening protocols complicate patient care in the Dutch-German border region. Arrangements have to be made about the responsibility of the MDRO screening, and improvements are necessary concerning education regarding the MDRO screening protocols.

Notes: Gunnink, Lisa B. Arouri, Donia J. Jolink, Floris E. J. Lokate, Mariette de Jonge, Klaas Kampmeier, Stefanie Kreis, Carolin Raschke, Michael Kleinjan, Mirjam ter Maaten, Jan C. Friedrich, Alex W. Bathoorn, Erik Glasner, Corinna Kampmeier, Stefanie/GNW-3599-2022; Laumann, Marion/AAX-3607-2021 Kampmeier, Stefanie/0000-0002-5013-159X; Jolink, Floris/0000-0002-5416-2174; Glasner, Corinna/0000-0003-1241-1328; ter Maaten, Jan Cornelis/0000-0002-0353-4011 2414-6366

URL: <Go to ISI>://WOS:000633077300001

Reference Type: Journal Article

Record Number: 73

Author: Guo, W. J. and Kim, E.

Year: 2023

Title: Categorizing Chinese Consumers' Behavior to Identify Factors Related to Sustainable Clothing Consumption

Journal: Sustainability

Volume: 15

Issue: 7

Date: Apr

Short Title: Categorizing Chinese Consumers' Behavior to Identify Factors Related to Sustainable Clothing Consumption

DOI: 10.3390/su15076126

Article Number: 6126

Accession Number: WOS:000970405500001

Abstract: Consumers' current clothing consumption behavior patterns have become the primary challenge to environmental sustainability within the clothing industry. In order to ensure any behavioral change intervention is successful, a thorough understanding of consumers' current consumption behavior is required. Accordingly, we aimed to identify factors related to sustainable clothing consumption by categorizing the actual clothing consumption behaviors of Chinese consumers. Specifically, the study aims to answer two sub-questions: (1) how can we categorize clothing consumption behaviors? and (2) what factors influence different types of clothing consumption behaviors? Data were collected through a two-phase survey that included observations and a questionnaire. The consumer behavior was divided into three categories based on the actual total number of clothing items and clothing usage frequency during a designated period. Among these categories, demographics and clothing consumption behavior variables were examined in the purchase, use, and disposal phases, using Chi-square analysis, Fisher's exact test, and variance analysis. The findings show that gender, age, brand preference, annual expenditure, number of new items, purchase priorities, reason for disposal, disposal channels, disposal quantity, repair experience, duration of use, price, and clothing type were the main factors related to sustainable clothing consumption. Finally, we discuss the implications of our findings and define the issues to be addressed in order to move towards sustainable clothing consumption behavior changes.

Notes: Guo, Wenjun Kim, Eunyoung Kim, Eunyoung/0000-0003-0072-2233
2071-1050

URL: <Go to ISI>://WOS:000970405500001

Reference Type: Journal Article

Record Number: 1357

Author: Gupta, L., Lal, P. R., Gupta, Y., Goyal, A., Khanna, A. and Tandon, N.

Year: 2021

Title: Formative research to develop diabetes self-management education and support (DSMES) program for adults with Type 1 Diabetes

Journal: Diabetes & Metabolic Syndrome-Clinical Research & Reviews

Volume: 15

Issue: 4

Date: Jul-Aug

Short Title: Formative research to develop diabetes self-management education and support (DSMES) program for adults with Type 1 Diabetes

ISSN: 1871-4021

DOI: 10.1016/j.dsx.2021.05.023

Article Number: 102150

Accession Number: WOS:000684974800001

Abstract: Background and aim: There is a lack of data on

effectiveness of diabetes self-management education and support (DSMES) programs for South Asian adults with type 1 diabetes mellitus (T1DM). This formative research was conducted to explore existing practices on the said subject and gather information for planning an intervention program. Methods and materials: We conducted in-depth semi-structured interviews with endocrinologists, dietitians, diabetes educators and adults with T1DM. The participants were selected from a mix of public and private health facilities. Thematic analysis using inductive and deductive approach was undertaken. The intervention was developed and refined using the principles of FUSED and COM-B models. Results: In total, 28 in-depth interviews were conducted, 18 with health care professionals and 10 with adult individuals with T1DM. The results demonstrated deficiencies in the implementation of a structured self-management program for diabetes owing to several patient and healthcare system-related factors. A detailed nutritional counseling was provided at all sites by a qualified dietitian, however, carbohydrate counting was not routinely practiced. The interviews of this formative research revolved around: (a) evaluation of the existing usual care and gaps in implementation of a structured DSMES program, and (b) development of themes that will help in formulation of an intervention package and its effective delivery to the participants. Conclusion: This research study comprehensively investigated the existing practices among diabetes health care professionals caring for persons living with T1DM and rendered insights towards development of a scientific DSMES program. (C) 2021 Diabetes India. Published by Elsevier Ltd. All rights reserved. Notes: Gupta, Lovely Lal, Priti Rishi Gupta, Yashdeep Goyal, Alpesh Khanna, Aparna Tandon, Nikhil Goyal, Alpesh/0000-0003-0922-5022; Gupta, Yashdeep/0000-0002-4345-717X 1878-0334 URL: <Go to ISI>://WOS:000684974800001

Reference Type: Journal Article

Record Number: 1010

Author: Gupta, S., Panchal, P., Sadatsafavi, M., Ghanouni, P., Sin, D., Pakhale, S., To, T., Zafari, Z., Nimmon, L. and Canadian Resp Res, Network

Year: 2022

Title: A personalized biomedical risk assessment infographic for people who smoke with COPD: a qualitative study

Journal: Addiction Science & Clinical Practice

Volume: 17

Issue: 1

Date: Jan

Short Title: A personalized biomedical risk assessment infographic for people who smoke with COPD: a qualitative study

ISSN: 1940-0640

DOI: 10.1186/s13722-021-00283-1

Article Number: 1

Accession Number: WOS:000739958800002

Abstract: Background: Chronic obstructive pulmonary disease (COPD)

causes 3 million deaths each year, yet 38% of COPD patients continue to smoke. Despite proof of effectiveness and universal guideline recommendations, smoking cessation interventions are underused in practice. We sought to develop an infographic featuring personalized biomedical risk assessment through future lung function decline prediction (with vs without ongoing smoking) to both prompt and enhance clinician delivery of smoking cessation advice and pharmacotherapy, and augment patient motivation to quit. Methods: We recruited patients with COPD and pulmonologists from a quaternary care center in Toronto, Canada. Infographic prototype content and design was based on best evidence. After face validation, the prototype was optimized through rapid-cycle design. Each cycle consisted of: (1) infographic testing in a moderated focus group and a clinician interview (recorded/transcribed) (with questionnaire completion); (2) review of transcripts for emergent/critical findings; and (3) infographic modifications to address findings (until no new critical findings emerged). We performed iterative transcript analysis after each cycle and a summative qualitative transcript analysis with quantitative (descriptive) questionnaire analysis. Results: Stopping criteria were met after 4 cycles, involving 20 patients (58% male) and 4 pulmonologists (50% male). The following qualitative themes emerged: Tool content (infographic content preferences); Tool Design (infographic design preferences); Advantages of Infographic Messaging (benefits of an infographic over other approaches); Impact of Tool on Determinants of Smoking Cessation Advice Delivery (impact on barriers and enablers to delivery of smoking cessation advice in practice); and Barriers and Enablers to Quitting (impact on barriers and enablers to quitting). Patient Likert scale ratings of infographic content and format/usability were highly positive, with improvements in scores for 20/21 questions through the design process. Providers scored the infographic at 77.8% ("superior") on the Suitability Assessment of Materials questionnaire. Conclusions: We developed a user preference-based personalized biomedical risk assessment infographic to drive smoking cessation in patients with COPD. Our findings suggest that this tool could impact behavioural determinants of provider smoking-cessation advice delivery, while increasing patient quit motivation. Impacts of the tool on provider care, patient motivation to quit, and smoking cessation success should now be evaluated in real-world settings.

Notes: Gupta, Samir Panchal, Puru Sadatsafavi, Mohsen Ghanouni, Parisa Sin, Don Pakhale, Smita To, Teresa Zafari, Zafar Nimmon, Laura

Pakhale, Smita/0000-0002-4051-962X

URL: <Go to ISI>://WOS:000739958800002

Reference Type: Journal Article

Record Number: 946

Author: Gyawali, R., Ho, K. C., Toomey, M., Stapleton, F., Keay, L., Hibbert, P., Wiles, L. and Jalbert, I.

Year: 2023

Title: Level of appropriate primary diabetic eyecare delivered and achievable in optometry practices in Australia

Journal: Clinical and Experimental Optometry

Volume: 106

Issue: 3

Pages: 276-282

Date: Apr

Short Title: Level of appropriate primary diabetic eyecare delivered and achievable in optometry practices in Australia

ISSN: 0816-4622

DOI: 10.1080/08164622.2022.2033107

Accession Number: WOS:000751695200001

Abstract: Background To examine the appropriateness of diabetic eye-care delivery and establish achievable benchmarks of care (ABCs) for optometry practices in Australia. Method In a retrospective audit, clinical records of patients with type-II diabetes obtained from a randomly selected nationally representative sample of optometry practices were assessed against evidence-based clinical indicators. Appropriate care is defined as care delivered in compliance with the indicators. The ABC for each indicator was calculated as the average performance for the top 10% of optometry practices after Bayesian adjustment to account for a low number of eligible records. Results The audit of 420 randomly selected patient records from 42 practices against 12 clinical indicators showed an overall appropriateness of 69% (95% confidence interval (CI) 66%, 73%) for overall diabetic eye care. While a high level of appropriateness was identified for recall period (93%, 95% CI 85%, 100%) and referral (100%, 95% CI 38%, 100%), larger gaps existed in history taking (46%, 95% CI 44%, 52%), dilated fundus examination (80%, 95% CI 76%, 84%) and iris examination (0%, 95% CI 0%, 56%). The ABCs for 8 of 12 indicators were 100%, and the remaining three indicators had ABCs above 80%. An ABC for the iris examination indicator could not be calculated owing to the low number of eligible patient record cards. Conclusions This study demonstrated a systematic process of practice evaluation and benchmarking in optometry practices. The diabetic eye care delivered by Australian optometrists was largely appropriate; however, improvement opportunities exist for history taking and physical examination. The ABCs demonstrate that excellence in primary diabetic eye care is attainable and will serve as an important tool in future initiatives to reduce the identified evidence-to-practice gaps.

Notes: Gyawali, Rajendra Ho, Kam Chun Toomey, Melinda Stapleton, Fiona Keay, Lisa Hibbert, Peter Wiles, Louise Jalbert, Isabelle gyawali, rajendra/M-5285-2019; Wiles, Louise K M/I-3014-2015; Jalbert, Isabelle/T-5888-2017

gyawali, rajendra/0000-0003-3502-8022; Wiles, Louise K M/0000-0002-6557-6196; Jalbert, Isabelle/0000-0002-1351-0072; Toomey, Melinda/0000-0002-9552-4768; Keay, Lisa/0000-0003-2215-0678; Hibbert, Peter/0000-0001-7865-343X

1444-0938

URL: <Go to ISI>://WOS:000751695200001

Reference Type: Journal Article

Record Number: 1130

Author: Gyawali, R., Toomey, M., Stapleton, F., Keay, L., Ho, K. C.

and Jalbert, I.

Year: 2022

Title: Multiple things going on at the same time: determinants of appropriate primary diabetic eyecare delivery

Journal: Ophthalmic and Physiological Optics

Volume: 42

Issue: 1

Pages: 71-81

Date: Jan

Short Title: Multiple things going on at the same time: determinants of appropriate primary diabetic eyecare delivery

ISSN: 0275-5408

DOI: 10.1111/opo.12912

Accession Number: WOS:000715261900001

Abstract: Purpose A recent nationwide medical record audit of optometry practices has identified an evidence-to-practice gap in primary diabetic eyecare delivery. This study aimed to explore the determinants (barriers and enablers) to appropriate diabetic eyecare delivery in Australia. Methods A qualitative study involving focus-group discussions and interviews of a purposeful sample of Australian optometrists was conducted. Participants were asked about the perceived barriers to adherence to four underperforming clinical indicators related to primary diabetic eyecare identified by the recent national optometry practice audit. The Theoretical Domain Framework was used for thematic analysis and coding salience to identify key behavioural determinants. Results Optometrists participated in eight focus groups (n = 27) and individual interviews (n = 4). The most salient barriers were related to Environmental resources (e.g., limited chair time); Beliefs about consequences (e.g., lack of perceived importance); Knowledge (e.g., poor understanding); Professional role/identity (e.g., the perceived role of optometry in care process); Social influences (e.g., the influence of senior optometrists) and Intentions (e.g., apathy). Key enablers were Environmental resources (e.g., electronic record system and practice aids); Knowledge (e.g., keeping up with knowledge/professional development); reinforcements (e.g., fear of legal actions) and behavioural regulations (e.g., self-monitoring/audit). Conclusions This study shows that the evidence-to-practice gap in primary diabetic eyecare delivery in Australia can be attributed in part to several interconnected factors related to optometrists' individual capability and motivation as well as the social and practice environment within which they sit. These behavioural determinants will inform the design of an intervention to improve the appropriateness of primary diabetic eyecare delivery.

Notes: Gyawali, Rajendra Toomey, Melinda Stapleton, Fiona Keay, Lisa Ho, Kam Chun Jalbert, Isabelle

gyawali, rajendra/M-5285-2019; Ho, Kam Chun/AAX-9509-2021; Jalbert, Isabelle/T-5888-2017

gyawali, rajendra/0000-0003-3502-8022; Ho, Kam Chun/0000-0001-9029-4329; Jalbert, Isabelle/0000-0002-1351-0072; Keay, Lisa/0000-0003-2215-0678; Toomey, Melinda/0000-0002-9552-4768 1475-1313

URL: <Go to ISI>://WOS:000715261900001

Reference Type: Journal Article
Record Number: 484
Author: Hadley, M. B., Henderson, S. B., Brauer, M. and Vedanthan, R.
Year: 2022
Title: Protecting Cardiovascular Health From Wildfire Smoke
Journal: Circulation
Volume: 146
Issue: 10
Pages: 788-801
Date: Sep
Short Title: Protecting Cardiovascular Health From Wildfire Smoke
ISSN: 0009-7322
DOI: 10.1161/circulationaha.121.058058
Accession Number: WOS:000849492000010
Abstract: Wildfire smoke is a rapidly growing threat to global cardiovascular health. We review the literature linking wildfire smoke exposures to cardiovascular effects. We find substantial evidence that short-term exposures are associated with key cardiovascular outcomes, including mortality, hospitalization, and acute coronary syndrome. Wildfire smoke exposures will continue to increase over the majority of Earth's surface. For example, the United States alone has experienced a 5-fold increase in annual area burned since 1972, with 82 million individuals estimated to be exposed to wildfire smoke by midcentury. The associated rise in excess morbidity and mortality constitutes a growing global public health crisis. Fortunately, the effect of wildfire smoke on cardiovascular health is modifiable at the individual and population levels through specific interventions. Health systems therefore have an opportunity to help safeguard patients from smoke exposures. We provide a roadmap of evidence-based interventions to reduce risk and protect cardiovascular health. Key interventions include preparing health systems for smoke events; identifying and educating vulnerable patients; reducing outdoor activities; creating cleaner air environments; using air filtration devices and personal respirators; and aggressive management of chronic diseases and traditional risk factors. Further research is needed to test the efficacy of interventions on reducing cardiovascular outcomes.
Notes: Hadley, Michael B. Henderson, Sarah B. Brauer, Michael Vedanthan, Rajesh Brauer, Michael/0000-0002-9103-9343; Hadley, Michael/0000-0002-3794-7877 1524-4539
URL: <Go to ISI>://WOS:000849492000010

Reference Type: Journal Article
Record Number: 2
Author: Haffejee, F., Ducray, J., Basdav, J. and Kell, C.
Year: 2023
Title: Factors influencing the adoption of HIV prevention measures in low socio-economic communities of inner-city Durban, South Africa
Journal: Sahara J-Journal of Social Aspects of Hiv-Aids

Volume: 20

Issue: 1

Date: Dec

Short Title: Factors influencing the adoption of HIV prevention measures in low socio-economic communities of inner-city Durban, South Africa

ISSN: 1729-0376

DOI: 10.1080/17290376.2023.2185806

Article Number: 2185806

Accession Number: WOS:000945618400001

Abstract: South Africa is the epicentre of the HIV pandemic. Although there have been health promotion education campaigns to reduce HIV incidence, these have not achieved the desired outcomes. When exploring the effectiveness of these campaigns, it is useful not only to examine HIV knowledge, but also to explore the relationship between that knowledge and health-related behaviour. This study aimed to determine the (1) level of knowledge of HIV prevention, (2) relationship between the level of knowledge and the adoption of these behaviours and (3) barriers to sexual behaviour change of vulnerable women in Durban's city centre, KwaZulu-Natal, South Africa. A mixed methods approach was used to collect information from a marginalised population of women (n = 109) attending a non-governmental organisation, which provides for the needs of people from low socio-economic strata. Data were collected during September 2018 at a wellness day programme at the centre. A total of 109 women, over the age of 18 years answered the questionnaire. Knowledge of HIV transmission was high, with majority of participants correctly identifying modes of transmission. Almost all the participants (91.2%) had been tested for HIV, with 68.8% tested a minimum of three times. Despite this, sexual risk behaviour was high. Despite the high level of knowledge of HIV transmission, there was no relationship between HIV knowledge and adoption of behaviours for the prevention of HIV transmission ($p = .457$). However, bivariate analysis showed an association between transactional sex and living in informal housing (OR = 31.94, 95% CI: 5.65-180.63, $p < .001$). Living in informal housing was also associated with having multiple current sexual partners (OR = 6.30, 95% CI: 1.39-28.42, $p = .02$). Multivariate analysis, after adjusting for all other factors, indicated that the odds of having transactional sex was increased by 23 times in those who did not have formal housing (OR = 23.306, 95% CI: 3.97-144.59, $p = .001$). Qualitative responses showed that women perceived poverty as the overarching factor determining the lifestyle choices which impacted their health. They indicated a need for employment opportunities and provision of housing to alleviate both poverty as well as transactional sex. Although, participants from this study understood the benefits of the protective behaviours to prevent HIV transmission, economic and social factors do not afford this vulnerable group the opportunity nor the motivation to adopt such behaviours. In the current climate of increasing unemployment and escalating GBV, urgent interventions are needed in terms of employment opportunities and empowerment drives to prevent an increase in HIV transmission.

Notes: Haffejee, Firoza Ducray, Jennifer Basdav, Jyotika Kell,

Colette

Haffejee, Firoza/0000-0002-3908-8949; Basdav, Jyotika/
0000-0002-1789-1976; Kell, Colette/0000-0003-2891-6953
1813-4424

URL: <Go to ISI>://WOS:000945618400001

Reference Type: Journal Article

Record Number: 1004

Author: Haig, Y. and Feiring, E.

Year: 2022

Title: Stakeholder views of the development of a clinical quality registry for interventional radiology: a qualitative study

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Jan

Short Title: Stakeholder views of the development of a clinical quality registry for interventional radiology: a qualitative study

DOI: 10.1186/s12913-021-07423-y

Article Number: 44

Accession Number: WOS:000740367500002

Abstract: Background Clinical quality registries (CQRs) can likely improve quality in healthcare and research. However, studies indicate that effective use of CQRs is hindered by lack of engagement and interest among stakeholders, as well as factors related to organisational context, registry design and data quality. To fulfil the potential of CQRs, more knowledge on stakeholders' perceptions of the factors that will facilitate or hamper the development of CQRs is essential to the more appropriate targeting of registry implementation and the subsequent use of the data. The primary aim of this study was to examine factors that can potentially affect the development of a national CQR for interventional radiology in Norway from the perspective of stakeholders. Furthermore, we wanted to identify the intervention functions likely to enable CQR development. Only one such registry, located in Sweden, has been established. To provide a broader context for the Norwegian study, we also sought to investigate experiences with the development of this registry. Methods A qualitative study of ten Norwegian radiologists and radiographers using focus groups was conducted, and an in-depth interview with the initiator of the Swedish registry was carried out. Questions were based on the Capability, Opportunity and Motivation for Behaviour Model and the Theoretical Domains Framework. The participants' responses were categorised into predefined themes using a deductive process of thematic analysis. Results Knowledge of the rationale used in establishing a CQR, beliefs about the beneficial consequences of a registry for quality improvement and research and an opportunity to learn from a well-developed registry were perceived by the participants as factors facilitating CQR development. The study further identified a range of development barriers related to environmental and resource factors (e.g., a lack of organisational support, time) and individual-level factors (e.g., role boundaries, resistance to change), as well as several

intervention functions likely to be appropriate in targeting these barriers. Conclusion This study provides a deeper understanding of factors that may be involved in the behaviour of stakeholders regarding the development of a CQR. The findings may assist in designing, implementing and evaluating a methodologically rigorous CQR intervention.

Notes: Haig, Ylva Feiring, Eli

1472-6963

URL: <Go to ISI>://WOS:000740367500002

Reference Type: Journal Article

Record Number: 367

Author: Hailey, V., Burton, A., Hamer, M., Fancourt, D. and Fisher, A.

Year: 2022

Title: Physical Activity during the COVID-19 Pandemic in the UK: A Qualitative Analysis of Free-Text Survey Data

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 22

Date: Nov

Short Title: Physical Activity during the COVID-19 Pandemic in the UK: A Qualitative Analysis of Free-Text Survey Data

DOI: 10.3390/ijerph192214784

Article Number: 14784

Accession Number: WOS:000887196900001

Abstract: Background: Several quantitative studies have found a decline in physical activity in response to COVID-19 pandemic restrictions. The aim of the present study was to use large-scale free text survey data to qualitatively gain a more in-depth understanding of the impact of the COVID-19 pandemic on physical activity, then map barriers and facilitators to the Capability, Opportunity, Motivation, and Behaviour (COM-B) Model of Behaviour to aid future intervention development. Methods: 17,082 participants provided a response to the free text module, and data from those who mentioned a physical activity related word in any context were included. Data were analysed using thematic analysis and key themes identified. Results: 5396 participants provided 7490 quotes related to physical activity. The sample were predominately female (84%), white (British/Irish/Other) (97%) and aged <60 years (57%). Seven key themes were identified: the importance of outdoor space, changes in daily routine, COVID-19 restrictions prevented participation, perceived risks or threats to participation, the importance of physical health, the importance of physical activity for mental health and the use of technology. Conclusion: Future physical activity interventions could encourage people to walk outdoors, which is low cost, flexible, and accessible to many. Developing online resources to promote and support physical activity provides a flexible way to deliver quality content to a large audience.

Notes: Hailey, Verity Burton, Alexandra Hamer, Mark Fancourt, Daisy Fisher, Abigail

Hailey, Verity/0000-0001-9076-7157; Burton, Alexandra/

0000-0002-4433-3902
1660-4601
URL: <Go to ISI>://WOS:000887196900001

Reference Type: Journal Article
Record Number: 1602
Author: Hair, B. Y. and Sripipatana, A.
Year: 2021
Title: Patient-Provider Communication and Adherence to Cholesterol Management Advice: Findings from a Cross-Sectional Survey
Journal: Population Health Management
Volume: 24
Issue: 5
Pages: 581-588
Date: Oct
Short Title: Patient-Provider Communication and Adherence to Cholesterol Management Advice: Findings from a Cross-Sectional Survey

ISSN: 1942-7891

DOI: 10.1089/pop.2020.0290

Accession Number: WOS:000606627100001

Abstract: High cholesterol is a preventable risk factor for heart disease. This study examines which aspects of patient-provider communication are associated with patient report of increased adherence to cholesterol management advice in a diverse, low-income patient population accessing the health care safety net, using the 2014 Health Center Patient Survey. Patient-provider communication measures included patient report of: how often a provider listened carefully, gave easy-to-understand information, knew important information about the patient's medical history, showed respect, and spent enough time with the patient. Outcome measures were patient report of following provider advice to eat fewer high fat or high cholesterol foods, manage weight, increase physical activity, or take prescribed medicine. In adjusted analyses, when patients perceived their provider always knew their medical history, patients were more likely to report taking prescribed medication (adjusted odds ratio [aOR]: 3.2; 95% confidence interval [CI]: 1.6, 6.6). Knowledge of medical history (aOR: 2.8, 95% CI: 1.4, 5.8), spending enough time (aOR: 2.3, 95% CI: 1.2, 4.4), and providing easily understandable information (aOR: 2.2, 95% CI: 1.0, 4.7) were significantly associated with report of following physical activity advice. Knowledge of medical history (aOR: 2.3, 95% CI: 1.0, 5.2) and providing easily understandable information (aOR: 3.3, 95% CI: 1.4, 7.9) were significantly associated with report of following weight management advice. This study indicates different components of patient-provider communication influence patient adherence to lifestyle modification advice and medication prescription. These results suggest a tailored approach to optimize the impact of patient-provider communication on cholesterol management advice adherence.

Notes: Hair, Brionna Y. Sripipatana, Alek
1942-7905

URL: <Go to ISI>://WOS:000606627100001

Reference Type: Journal Article

Record Number: 1409

Author: Hakvoort, L., Dikken, J., van der Wel, M., Derks, C. and Schuurmans, M.

Year: 2021

Title: Minimizing the knowledge-to-action gap; identification of interventions to change nurses' behavior regarding fall prevention, a mixed method study

Journal: BMC Nursing

Volume: 20

Issue: 1

Date: May

Short Title: Minimizing the knowledge-to-action gap; identification of interventions to change nurses' behavior regarding fall prevention, a mixed method study

ISSN: 1472-6955

DOI: 10.1186/s12912-021-00598-z

Article Number: 80

Accession Number: WOS:000652605700001

Abstract: Background The need for effective continuing education is especially high in in-hospital geriatric care, as older patients have a higher risk of complications, such as falls. It is important that nurses are able to prevent them. However, it remains unknown which interventions change the behavior of nurses. Therefore, the aim of this study is to identify intervention options to change the behavior of hospital nurses regarding fall prevention among older hospitalized patients. Methods This study used a mixed method design. The Behavior Change Wheel (BCW) was used to identify intervention functions and policy categories to change the behavior of nurses regarding fall prevention. This study followed the eight steps of the BCW and two methods of data collection were used: five focus groups and three Delphi rounds. The focus groups were held with hospital nurses (n = 26). Geriatric experts (n = 11), managers (n = 13) and educators (n = 13) were included in the Delphi rounds. All data were collected within ten tertiary teaching hospitals in the Netherlands. All participants were included based on predefined in- and exclusion criteria and availability. Results In Geriatric experts' opinions interventions targeting behavior change of nurses regarding fall prevention should aim at 'after-care', 'estimating fall risk' and 'providing information'. However, in nurses' opinions it should target; 'providing information', 'fall prevention' and 'multifactorial fall risk assessment'. Nurses experience a diversity of limitations relating to capability, opportunity and motivation to prevent fall incidents among older patients. Based on these limitations educational experts identified three intervention functions: Incentivisation, modelling and enablement. Managers selected the following policy categories; communication/marketing, regulation and environmental/social planning. Conclusions The results of this study show there is a discrepancy in opinions of nurses, geriatric experts, managers and educators. Further insight in the role and collaboration of managers, educators and nurses is necessary for the development of education programs strengthening

change at the workplace that enable excellence in nursing practice.
Notes: Hakvoort, Lysette Dikken, Jeroen van der Wel, Maaïke Derks,
Christel Schuurmans, Marieke
Dikken, Jeroen/0000-0002-4689-8309
URL: <Go to ISI>://WOS:000652605700001

Reference Type: Journal Article

Record Number: 103

Author: Haley, J. A., Rhind, D. J. A. and Maidment, D. W.

Year: 2023

Title: Applying the behaviour change wheel to assess the theoretical underpinning of a novel smartphone application to increase physical activity in adults with spinal cord injuries

Journal: Mhealth

Volume: 9

Issue: 2

Date: Apr

Short Title: Applying the behaviour change wheel to assess the theoretical underpinning of a novel smartphone application to increase physical activity in adults with spinal cord injuries

DOI: 10.21037/mhealth-22-52

Accession Number: WOS:000957686600001

Abstract: Background: People with spinal cord injuries (SCI) are physically inactive. Smartphone applications (or apps) may prove as one strategy to overcome this. This study examines the theoretical underpinning of a novel mHealth intervention that aims to improve physical activity in people with SCI, namely, the Accessercise smartphone app, using the behaviour change wheel (BCW).Methods: Accessercise was evaluated using the BCW in eight steps across the following three stages: (I) understanding the behaviour, (II) identifying intervention options, and (III) identifying content and implementation options.Results: Thirteen target behaviours were identified to improve physical activity and reduce sedentary behaviours in adults with SCI, including goal setting and monitoring, increasing self-confidence, interest and motivation for undertaking physical activity, improving the knowledge/awareness of available physical activity opportunities and resources, and reducing stigma and negative attitudes associated with physical activity. Accessercise incorporates the necessary components for adults with SCI to be physically and psychologically capable of undertaking physical activity, offering social and physical opportunities to reduce sedentary behaviours, and supports automatic and reflective motivation.Conclusions: This systematic approach of assessing the theoretical underpinning of Accessercise in the context of the BCW has revealed potential mechanisms of action for improving physical activity in adults with SCI. This serves as a blueprint to inform further intervention development, as well as high-quality effectiveness studies, namely, randomised controlled trials, assessing whether fitness apps can improve physical and psychological health outcomes in individuals with SCI.

Notes: Haley, James A. Rhind, Daniel J. A. Maidment, David W.
2306-9740

URL: <Go to ISI>://WOS:000957686600001

Reference Type: Journal Article

Record Number: 159

Author: Halkier, B. and Lund, T. B.

Year: 2023

Title: Exploring everyday life dynamics in meat reduction- A cluster analysis of flexitarians in Denmark

Journal: Appetite

Volume: 183

Date: Apr

Short Title: Exploring everyday life dynamics in meat reduction- A cluster analysis of flexitarians in Denmark

ISSN: 0195-6663

DOI: 10.1016/j.appet.2023.106487

Article Number: 106487

Accession Number: WOS:000945292500001

Abstract: Exploring everyday life dynamics in meat reduction - a cluster analysis of flexitarians in Denmark. Flexitarians are attracting increasing attention in the research on meat reduction. But there has been limited focus on comprehensive understandings of a broader range of dynamics that can work as barriers and facilitators for meat reduction. In this article, we use social practice theory (SPT) as a comprehensive approach to barriers and facilitators in meat reduction in everyday life. We present an analysis of data from a representative Danish cross-sectional survey. We show, first, that Danish flexitarians can be divided into four distinct clusters (what we will refer to as classes) in accordance with combinations of everyday facilitators and barriers. Second, we show that the prevalence of these classes varies considerably depending on how long people have been flexitarians. We argue that the patterns in this variation indicate that over time people transition to other classes where barriers to plant-rich eating become less significant, and routinization emerges in different ways. Finally, third, we show that flexitarians do report eating less meat than consumers who label themselves as eating meat with no re-strictions. But we also highlight that the difference is relatively modest. Indeed, meat intake is still quite common even in classes where routinization is highest. Throughout the paper, we discuss similarities and differences between the SPT framework and another recent framework, the COM-B model, that also provides a comprehensive approach to the understanding of behavioural change.

Notes: Halkier, Bente Lund, Thomas Boker

Lund, Thomas B/E-4584-2015

Lund, Thomas B/0000-0001-5282-1562; Halkier, Bente/
0000-0001-7010-7012

1095-8304

URL: <Go to ISI>://WOS:000945292500001

Reference Type: Journal Article

Record Number: 1689

Author: Hall, A., Richmond, H., Bursey, K., Hansen, Z., Williamson, E., Copsey, B., Albury, C., Asghari, S., Curran, V., Pike, A.,

Etchegary, H. and Lamb, S.

Year: 2020

Title: Evaluating the impact of a champion on implementation of the Back Skills Training (BeST) programme in Canada: a mixed methods feasibility study protocol

Journal: Bmj Open

Volume: 10

Issue: 11

Date: Nov

Short Title: Evaluating the impact of a champion on implementation of the Back Skills Training (BeST) programme in Canada: a mixed methods feasibility study protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-040834

Article Number: e040834

Accession Number: WOS:000792519700008

Abstract: Introduction There is global recognition that low back pain (LBP) should be managed with a biopsychosocial approach. Previous implementation of this approach resulted in low uptake and highlighted the need for ongoing support. This study aims to explore the feasibility of (i) training and using a champion to support implementation, (ii) using a cluster randomised controlled trial (RCT), (iii) collecting patient reported outcome measures in a Canadian public healthcare setting and to identify contextual barriers to implementation. Methods A pragmatic cluster RCT with embedded qualitative study with physiotherapists treating LBP in publicly funded physiotherapy departments in Newfoundland and Labrador, Canada. Participants will complete a previously developed online training course to equip them to deliver a biopsychosocial intervention for LBP. Clusters randomised to the intervention arm will receive additional support from a champion. A minimum champion training package has been developed based on known barriers in the literature. This includes strategies to target barriers relating to group-based scheduling issues, lack of managerial support, perceived patient factors such as addressing patient expectations for other types of treatments or selecting which patients might be best suited for this intervention, and anxiety about delivering something new. This package will be further codeveloped with study champions based on identified implementation barriers using the Behaviour Change Wheel. Clusters will be monitored for 6 months to assess champion and physiotherapist recruitment and retention, acceptability and implementation of the champion training, and the viability of conducting a cluster RCT in this setting. A purposive sample of physiotherapists will be interviewed from both arms. Ethics and dissemination This study was approved by Newfoundland and Labrador Health Research Ethics Authority in December 2018. Results will be disseminated to academic audiences through conferences and peer reviewed publications; to all study participants, their clinical leads, and patients with LBP.

Notes: Hall, Amanda Richmond, Helen Bursey, Krystal Hansen, Zara Williamson, Esther Copsey, Bethan Albury, Charlotte Asghari, Shabnam Curran, Vernon Pike, Andrea Etchegary, Holly Lamb, Sarah Albury, Charlotte/0000-0002-1036-6626; Lamb, Sarah/0000-0003-4349-7195

URL: <Go to ISI>://WOS:000792519700008

Reference Type: Book Section

Record Number: 1623

Author: Hall, A., Richmond, H., Mahoney, K. and Matthews, J.

Year: 2021

Title: Changing Health-Related Behaviors 3: Lessons from Implementation Science

Editor: Parfrey, P. S. and Barrett, B. J.

Book Title: CLINICAL EPIDEMIOLOGY, 3 EDITION: Practice and Methods

Volume: 2249

Pages: 571-595

Series Title: Methods in Molecular Biology

Short Title: Changing Health-Related Behaviors 3: Lessons from Implementation Science

ISBN: 978-1-0716-1138-8; 978-1-0716-1137-1

DOI: 10.1007/978-1-0716-1138-8_31

Accession Number: WOS:000683906100032

Abstract: Health-related behavior change refers to a body of behavior change strategies that aim to align people's behavior with advances in evidence-based knowledge and decision-making. However, human behavior is complex, and changing it often requires a combination of strategies to be effective. The challenge is in choosing the combination of strategies that will work best.

Implementation science, the study of behavior change, has rapidly expanded in recent years and has pioneered work in providing more transparent and theory-based methods for choosing and evaluating behavior change strategies. There are several models and frameworks that underlie the science of implementation, the most recent and comprehensive of which include the Implementation of Change Model, the COM-B (capability, motivation, and behavior) Model, and the Theoretical Domains Framework, as well as the behavior change techniques (BCTs) taxonomy. These models and frameworks can be applied to help support the development and evaluation of behavior change interventions. In this chapter, we will review the latest advances and lessons learned from implementation science as it applies to health-related behavior change.

Notes: Hall, Amanda Richmond, Helen Mahoney, Krista Matthews, James Matthews, James/HLH-3293-2023

1064-3745

URL: <Go to ISI>://WOS:000683906100032

Reference Type: Journal Article

Record Number: 1044

Author: Hall, N., Bullen, K., Sherwood, J., Wake, N., Wilkes, S. and Donovan, G.

Year: 2022

Title: Exploration of prescribing error reporting across primary care: a qualitative study

Journal: Bmj Open

Volume: 12

Issue: 1

Date: Jan

Short Title: Exploration of prescribing error reporting across primary care: a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-050283

Article Number: e050283

Accession Number: WOS:000749001500057

Abstract: Objectives To explore barriers and facilitators to prescribing error reporting across primary care. Design Qualitative semi-structured face-to-face and telephone interviews were conducted to explore facilitators and barriers to reporting prescribing errors. Data collection and thematic analysis were informed by the COM-B model of behaviour change. Framework analysis was used for coding and charting the data with the assistance of NVivo software (V.12). General and context specific influences on prescribing error reporting were mapped to constructs from the COM-B model (ie, capability, opportunity and motivation). Setting Primary care organisations, including community pharmacy, general practice and community care from North East England. Participants We interviewed a maximal variation purposive sample of 25 participants, including prescribers, community pharmacists and key stakeholders with primary care or medicines safety roles at local, regional and national levels. Results Our findings describe a range of factors that influence the capability, opportunity and motivation to report prescribing errors in primary care. Three key contextual factors are also highlighted that were found to underpin many of the behavioural influences on reporting in this setting: the nature of prescribing; heterogeneous priorities for error reporting across and within different primary care organisations; and the complex infrastructure of reporting and learning pathways across primary care. Findings suggest that there is a lack of consistency in how, when and by whom, prescribing errors are reported across primary care.

Conclusions Further research is needed to identify cross-organisational and interprofessional consensus on agreed reporting thresholds and how best to facilitate a more collaborative approach to reporting and learning, that is, sensitive to the needs and priorities of disparate organisations across primary care. Despite acknowledged challenges, there may be potential for an increased role of community pharmacy in prescribing error reporting to support future learning.

Notes: Hall, Nicola Bullen, Kathryn Sherwood, John Wake, Nicola Wilkes, Scott Donovan, Gemma

Donovan, Gemma/0000-0003-0588-2666; Hall, Nicola/0000-0002-0216-512X

URL: <Go to ISI>://WOS:000749001500057

Reference Type: Journal Article

Record Number: 1787

Author: Hallsworth, K. and Adams, L. A.

Year: 2019

Title: Lifestyle modification in NAFLD/NASH: Facts and figures

Journal: Jhep Reports

Volume: 1

Issue: 6

Pages: 468–479

Date: Dec

Short Title: Lifestyle modification in NAFLD/NASH: Facts and figures

DOI: 10.1016/j.jhepr.2019.10.008

Accession Number: WOS:000648544700008

Abstract: The development of non-alcoholic fatty liver disease is closely linked to lifestyle factors, namely excessive caloric intake coupled with reduced physical activity and exercise. This review aims to examine the evidence behind lifestyle change as a tool to improve hepatic steatosis and liver histology in patients with non-alcoholic fatty liver disease/non-alcoholic steatohepatitis.

Furthermore, potential barriers to adopting lifestyle changes and strategies to overcome these barriers in the clinical setting are discussed. (c) 2019 Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Notes: Hallsworth, Kate Adams, Leon A.

Hallsworth, Kate/0000-0002-1860-6970

2589-5559

URL: <Go to ISI>://WOS:000648544700008

Reference Type: Journal Article

Record Number: 311

Author: Halsall, T., Mahmoud, K., Pouliot, A. and Iyer, S. N.

Year: 2022

Title: Building engagement to support adoption of community-based substance use prevention initiatives

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Nov

Short Title: Building engagement to support adoption of community-based substance use prevention initiatives

DOI: 10.1186/s12889-022-14496-9

Article Number: 2213

Accession Number: WOS:000890289900005

Abstract: Background System-level approaches that target social determinants of health are promising strategies to support substance use prevention, holistic youth development and wellbeing. Yet, the youth services system is largely based on individual-focused programs that do not adequately account for social determinants of health and place the responsibility for wellness on the individual. There is a need to understand how to enhance adoption of complex

system-level approaches that support comprehensive youth development. The Icelandic Prevention Model (IPM) represents a collaborative initiative that takes an ecological, system-level approach to prevent substance use and promote wellness in youth. This research was designed to examine key stakeholder perceptions to better understand social motivations and contextual complexities that influence stakeholder support to garner community-level adoption of the IPM in a rural Canadian community. Methods This research applies a case study approach using qualitative interviews to explore strategies to support uptake in the early stages of IPM

adoption associated with developing community buy-in and acceptance. A thematic analysis was applied using QSR NVivo. Results Nine interviews were conducted with community partners leading the implementation of the IPM. Three over-arching themes emerged from the data: 1) Motivating influences 2) Strategies to develop buy-in, and 3) Resistance to the adoption of the IPM. Findings reflect issues that affect behaviour change in system transformation in general as well as upstream prevention and the IPM, in particular. Conclusions The findings from this research describe critical insight derived from implementing community-driven initiatives that are designed to support health promotion. It contributes new scientific knowledge related to implementation of complex system-level innovations and practical information that is useful for communities interested in implementing the IPM or following similar approaches to prevent substance use.

Notes: Halsall, Tanya Mahmoud, Kianna Pouliot, Annie Iyer, Srividya N.

Halsall, Tanya/0000-0001-5791-0986
1471-2458

URL: <Go to ISI>://WOS:000890289900005

Reference Type: Journal Article

Record Number: 587

Author: Hamilton, C., Filia, K., Lloyd, S., Prober, S. and Duncan, E.

Year: 2022

Title: 'More than just numbers on a page?' A qualitative exploration of the use of data collection and feedback in youth mental health services

Journal: Plos One

Volume: 17

Issue: 7

Date: Jul

Short Title: 'More than just numbers on a page?' A qualitative exploration of the use of data collection and feedback in youth mental health services

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0271023

Article Number: e0271023

Accession Number: WOS:000911392100122

Abstract: Objectives This study aimed to explore current data collection and feedback practice, in the form of monitoring and evaluation, among youth mental health (YMH) services and healthcare commissioners; and to identify barriers and enablers to this practice. Design Qualitative semi-structured interviews were conducted via Zoom videoconferencing software. Data collection and analysis were informed by the Theoretical Domains Framework (TDF). Data were deductively coded to the 14 domains of the TDF and inductively coded to generate belief statements. Setting Healthcare commissioning organisations and YMH services in Australia.

Participants Twenty staff from healthcare commissioning organisations and twenty staff from YMH services. Results The umbrella behaviour 'monitoring and evaluation' (ME) can be sub-

divided into 10 specific sub-behaviours (e.g. planning and preparing, providing technical assistance, reviewing and interpreting data) performed by healthcare commissioners and YMH services. One hundred belief statements relating to individual, social, or environmental barriers and enablers were generated. Both participant groups articulated a desire to improve the use of ME for quality improvement and had particular interest in understanding the experiences of young people and families. Identified enablers included services and commissioners working in partnership, data literacy (including the ability to set appropriate performance indicators), relational skills, and provision of meaningful feedback. Barriers included data that did not adequately depict service performance, problems with data processes and tools, and the significant burden that data collection places on YMH services with the limited resources they have to do it. Conclusions Importantly, this study illustrated that the use of ME could be improved. YMH services, healthcare commissioners should collaborate on ME plans and meaningfully involve young people and families where possible. Targets, performance indicators, and outcome measures should explicitly link to YMH service quality improvement; and ME plans should include qualitative data. Streamlined data collection processes will reduce unnecessary burden, and YMH services should have the capability to interrogate their own data and generate reports. Healthcare commissioners should also ensure that they provide meaningful feedback to their commissioned services, and local and national organisations collecting youth mental health data should facilitate the sharing of this data. The results of the study should be used to design theory-informed strategies to improve ME use.

Notes: Hamilton, Craig Filia, Kate Lloyd, Sian Prober, Sophie Duncan, Eilidh

Hamilton, Craig/0000-0002-7458-3603

URL: <Go to ISI>://WOS:000911392100122

Reference Type: Journal Article

Record Number: 467

Author: Hamilton, J., Sohlberg, M. M. and Turkstra, L.

Year: 2022

Title: Opening the black box of cognitive rehabilitation:

Integrating the ICF, RTSS, and PIE

Journal: International Journal of Language & Communication Disorders

Date: 2022 Sep

Short Title: Opening the black box of cognitive rehabilitation:

Integrating the ICF, RTSS, and PIE

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12774

Accession Number: WOS:000857968800001

Abstract: Background Cognitive rehabilitation is a complex and specialized area of practice, as it aims to support individuals with diverse neuropsychological profiles, personal characteristics, and intersectionalities in achieving meaningful, functional change in personally relevant aspects of their everyday lives. In many ways, cognitive rehabilitation is the epitome of a 'black box': it has

complicated internal processes that are mysterious to users. We argue that this complex practice has suffered from a lack of specificity of clinical processes and treatment components, resulting in negative consequences for both providers and clients. Aim To unpack the black box of cognitive rehabilitation by describing a unifying set of frameworks that can effectively direct clinical practice across clinical disciplines: the International Classification of Functioning, Disability, and Health (ICF), the Rehabilitation Treatment Specification System (RTSS), and the Planning, Implementation, and Evaluation framework (PIE). We present a clinical case that illustrates the application of the three frameworks. Conclusion Implementation of these three integrated frameworks supports clinical reasoning, replication of treatments, and communication across disciplines with the ultimate impact of improving rehabilitation outcomes. The frameworks provide a structure for clinicians to clearly define both the what and the how of treatment, with a level of specificity to maximize both effectiveness and efficiency of intervention.

Notes: Hamilton, Justine Sohlberg, McKay Moore Turkstra, Lyn
1460-6984

URL: <Go to ISI>://WOS:000857968800001

Reference Type: Journal Article

Record Number: 1660

Author: Hamilton, K., Stanton-Fay, S. H., Chadwick, P. M., Lorencatto, F., de Zoysa, N., Gianfrancesco, C., Taylor, C., Coates, E., Breckenridge, J. P., Cooke, D., Heller, S. R., Michie, S. and Grp, D. AFNEplus Study

Year: 2021

Title: Sustained type 1 diabetes self-management: Specifying the behaviours involved and their influences

Journal: Diabetic Medicine

Volume: 38

Issue: 5

Date: May

Short Title: Sustained type 1 diabetes self-management: Specifying the behaviours involved and their influences

ISSN: 0742-3071

DOI: 10.1111/dme.14430

Article Number: e14430

Accession Number: WOS:000596490500001

Abstract: Aims Sustained engagement in type 1 diabetes self-management behaviours is a critical element in achieving improvements in glycated haemoglobin (HbA1c) and minimising risk of complications. Evaluations of self-management programmes, such as Dose Adjustment for Normal Eating (DAFNE), typically find that initial improvements are rarely sustained beyond 12 months. This study identified behaviours involved in sustained type 1 diabetes self-management, their influences and relationships to each other. Methods A mixed-methods study was conducted following the first two steps of the Behaviour Change Wheel framework. First, an expert stakeholder consultation identified behaviours involved in self-management of type 1 diabetes. Second, three evidence sources

(systematic review, healthcare provider-generated 'red flags' and participant-generated 'frequently asked questions') were analysed to identify and synthesise modifiable barriers and enablers to sustained self-management. These were characterised according to the Capability-Opportunity-Motivation-Behaviour (COM-B) model. Results 150 distinct behaviours were identified and organised into three self-regulatory behavioural cycles, reflecting different temporal and situational aspects of diabetes self-management: Routine (e.g. checking blood glucose), Reactive (e.g. treating hypoglycaemia) and Reflective (e.g. reviewing blood glucose data to identify patterns). Thirty-four barriers and five enablers were identified: 10 relating to Capability, 20 to Opportunity and nine to Motivation. Conclusions Multiple behaviours within three self-management cycles are involved in sustained type 1 diabetes self-management. There are a wide range of barriers and enablers that should be addressed to support self-management behaviours and improve clinical outcomes. The present study provides an evidence base for refining and developing type 1 diabetes self-management programmes.

Notes: Hamilton, K. Stanton-Fay, S. H. Chadwick, P. M. Lorencatto, F. de Zoysa, N. Gianfrancesco, C. Taylor, C. Coates, E. Breckenridge, J. P. Cooke, D. Heller, S. R. Michie, S. Cooke, Debbie D/D-6605-2011; Michie, Susan/A-1745-2010 chadwick, paul/0000-0002-7101-5993; Michie, Susan/0000-0003-0063-6378; Cooke, Debbie/0000-0003-1944-7905; Stanton-Fay, Stephanie/0000-0001-5003-8072; Heller, Simon/0000-0002-2425-9565; Breckenridge, Jenna/0000-0002-5170-7626 1464-5491

URL: <Go to ISI>://WOS:000596490500001

Reference Type: Journal Article

Record Number: 773

Author: Hammer, C. C., Lyytikainen, O., Arifulla, D., Toura, S. and Nohynek, H.

Year: 2022

Title: High influenza vaccination coverage among healthcare workers in acute care hospitals in Finland, seasons 2017/18, 2018/19 and 2019/20

Journal: Eurosurveillance

Volume: 27

Issue: 17

Date: Apr

Short Title: High influenza vaccination coverage among healthcare workers in acute care hospitals in Finland, seasons 2017/18, 2018/19 and 2019/20

ISSN: 1025-496X

DOI: 10.2807/1560-7917.Es.2022.27.17.2100411

Article Number: 2100411

Accession Number: WOS:000794036100001

Abstract: Background: Influenza vaccination is widely recommended for healthcare workers (HCWs) in European countries, but the coverage is not always satisfactory. In Finland, a new act was introduced in March 2017, according to which it is the employer's responsibility to appoint only vaccinated HCWs for servicing

vulnerable patients. Aim: We determined the influenza vaccination coverage among HCWs in Finnish acute care hospitals in three influenza seasons after introduction of the act. Methods: We analysed data collected by an internet-based survey sent annually to all Finnish acute care hospitals and described the influenza vaccination coverage among HCWs during seasons 2017/18, 2018/19 and 2019/20. We calculated mean coverage per healthcare district and season. Results: In season 2017/18, 38 of 39 hospitals, in 2018/19, 35 of 36 hospitals and in 2018/19 31 of 33 hospitals provided data. The mean influenza vaccination coverage was 83.7% (SD: 12.3) in season 2017/18, 90.8% (SD: 8.7) in 2018/19 and 87.6% (SD: 10.9) in season 2019/20. There was no significant increase or decrease in the mean coverage across the three seasons. The differences between districts were only significant in 2018/19 ($p < 0.005$). Conclusions: The coverage of influenza-vaccinated HCWs in Finnish hospitals was high in all three seasons and the current legal situation (semi-mandatory system) in Finland seems to provide a good background for this. Data collection should be maintained and improved for further monitoring.

Notes: Hammer, Charlotte C. Lyttikainen, Outi Arifulla, Dinah Toura, Saija Nohynek, Hanna

Hammer, Charlotte/0000-0002-8288-0288
1560-7917

URL: <Go to ISI>://WOS:000794036100001

Reference Type: Journal Article

Record Number: 2364

Author: Han, S. S., Middleton, P. F., Bubner, T. K. and Crowther, C. A.

Year: 2015

Title: Women's Views on Their Diagnosis and Management for Borderline Gestational Diabetes Mellitus

Journal: Journal of Diabetes Research

Volume: 2015

Short Title: Women's Views on Their Diagnosis and Management for Borderline Gestational Diabetes Mellitus

ISSN: 2314-6745

DOI: 10.1155/2015/209215

Article Number: 209215

Accession Number: WOS:000350762100001

Abstract: Introduction. Little is known about women's views relating to a diagnosis of borderline gestational diabetes mellitus (GDM) and the subsequent management. This study aimed to explore women's experiences after being diagnosed with borderline GDM, their attitudes about treatment, and factors important to them for achieving any lifestyle changes. Methods. We conducted face-to-face, semistructured interviews with women diagnosed with borderline GDM. Results. A total of 22 women were interviewed. After a diagnosis of borderline GDM, 14 (64%) women reported not being concerned or worried. Management of borderline GDM was thought by 21 (95%) women to be very important or important. Eighteen (82%) women planned to improve their diet and/or exercise to manage their borderline GDM. The most frequently mentioned enabler for achieving intended

lifestyle change was being more motivated to improve the health of their baby and/or themselves (15 women). The most frequent barrier was tiredness and/or being physically unwell (11 women).

Conclusions. A diagnosis of borderline GDM caused some concern to one-third of women interviewed. The majority of women believed managing their borderline GDM was important and they planned to improve their lifestyle. Women's own and their babies' future health were powerful motivators for lifestyle change.

Notes: Han, Shanshan Middleton, Philippa F. Bubner, Tanya K. Crowther, Caroline A.

2314-6753

URL: <Go to ISI>://WOS:000350762100001

Reference Type: Journal Article

Record Number: 2441

Author: Hanbury, A., Farley, K., Thompson, C., Wilson, P. M., Chambers, D. and Holmes, H.

Year: 2013

Title: Immediate versus sustained effects: interrupted time series analysis of a tailored intervention

Journal: Implementation Science

Volume: 8

Date: Nov

Short Title: Immediate versus sustained effects: interrupted time series analysis of a tailored intervention

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-130

Article Number: 130

Accession Number: WOS:000327597100001

Abstract: Background: Detailed intervention descriptions and robust evaluations that test intervention impact—and explore reasons for impact—are an essential part of progressing implementation science. Time series designs enable the impact and sustainability of intervention effects to be tested. When combined with time series designs, qualitative methods can provide insight into intervention effectiveness and help identify areas for improvement for future interventions. This paper describes the development, delivery, and evaluation of a tailored intervention designed to increase primary health care professionals' adoption of a national recommendation that women with mild to moderate postnatal depression (PND) are referred for psychological therapy as a first stage treatment.

Methods: Three factors influencing referral for psychological treatment were targeted using three related intervention components: a tailored educational meeting, a tailored educational leaflet, and changes to an electronic system data template used by health professionals during consultations for PND. Evaluation comprised time series analysis of monthly audit data on percentage referral rates and monthly first prescription rates for antidepressants.

Interviews were conducted with a sample of health professionals to explore their perceptions of the intervention components and to identify possible factors influencing intervention effectiveness.

Results: The intervention was associated with a significant, immediate, positive effect upon percentage referral rates for

psychological treatments. This effect was not sustained over the ten month follow-on period. Monthly rates of anti-depressant prescriptions remained consistently high after the intervention. Qualitative interview findings suggest key messages received from the intervention concerned what appropriate antidepressant prescribing is, suggesting this to underlie the lack of impact upon prescribing rates. However, an understanding that psychological treatment can have long-term benefits was also cited. Barriers to referral identified before intervention were cited again after the intervention, suggesting the intervention had not successfully tackled the barriers targeted. Conclusion: A time series design allowed the initial and sustained impact of our intervention to be tested. Combined with qualitative interviews, this provided insight into intervention effectiveness. Future research should test factors influencing intervention sustainability, and promote adoption of the targeted behavior and dis adoption of competing behaviors where appropriate.

Notes: Hanbury, Andria Farley, Katherine Thompson, Carl Wilson, Paul M. Chambers, Duncan Holmes, Heather Chambers, Duncan/0000-0002-0154-0469; Hanbury, Andria/0000-0001-8359-5908; Thompson, Carl/0000-0002-9369-1204
URL: <Go to ISI>://WOS:000327597100001

Reference Type: Journal Article

Record Number: 2144

Author: Handley, M. A., Harleman, E., Gonzalez-Mendez, E., Stotland, N. E., Althavale, P., Fisher, L., Martinez, D., Ko, J., Sausjord, I. and Rios, C.

Year: 2016

Title: Applying the COM-B model to creation of an IT-enabled health coaching and resource linkage program for low-income Latina moms with recent gestational diabetes: the STAR MAMA program

Journal: Implementation Science

Volume: 11

Date: May

Short Title: Applying the COM-B model to creation of an IT-enabled health coaching and resource linkage program for low-income Latina moms with recent gestational diabetes: the STAR MAMA program

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0426-2

Article Number: 73

Accession Number: WOS:000376092700001

Abstract: Background: One of the fastest growing risk groups for early onset of diabetes is women with a recent pregnancy complicated by gestational diabetes, and for this group, Latinas are the largest at-risk group in the USA. Although evidence-based interventions, such as the Diabetes Prevention Program (DPP), which focuses on low-cost changes in eating, physical activity and weight management can lower diabetes risk and delay onset, these programs have yet to be tailored to postpartum Latina women. This study aims to tailor a IT-enabled health communication program to promote DPP-concordant behavior change among postpartum Latina women with recent gestational diabetes. The COM-B model (incorporating Capability,

Opportunity, and Motivational behavioral barriers and enablers) and the Behavior Change Wheel (BCW) framework, convey a theoretically based approach for intervention development. We combined a health literacy-tailored health IT tool for reaching ethnic minority patients with diabetes with a BCW-based approach to develop a health coaching intervention targeted to postpartum Latina women with recent gestational diabetes. Current evidence, four focus groups (n = 22 participants), and input from a Regional Consortium of health care providers, diabetes experts, and health literacy practitioners informed the intervention development. Thematic analysis of focus group data used the COM-B model to determine content. Relevant cultural, theoretical, and technological components that underpin the design and development of the intervention were selected using the BCW framework. Results: STAR MAMA delivers DPP content in Spanish and English using health communication strategies to: (1) validate the emotions and experiences postpartum women struggle with; (2) encourage integration of prevention strategies into family life through mothers becoming intergenerational custodians of health; and (3) increase social and material supports through referral to social networks, health coaches, and community resources. Feasibility, acceptability, and health-related outcomes (weight loss, physical activity, consumption of healthy foods, breastfeeding, and glucose screening) will be evaluated at 9 months postpartum using a randomized controlled trial design. Conclusions: STAR MAMA provides a DPP-based intervention that integrates theory-based design steps. Through systematic use of behavioral theory to inform intervention development, STAR MAMA may represent a strategy to develop health IT intervention tools to meet the needs of diverse populations.

Notes: Handley, Margaret A. Harleman, Elizabeth Gonzalez-Mendez, Enrique Stotland, Naomi E. Althavale, Priyanka Fisher, Lawrence Martinez, Diana Ko, Jocelyn Sausjord, Isabel Rios, Christina
URL: <Go to ISI>://WOS:000376092700001

Reference Type: Journal Article

Record Number: 1470

Author: Handley, M. A., Landeros, J., Wu, C. D., Najmabadi, A., Vargas, D. and Athavale, P.

Year: 2021

Title: What matters when exploring fidelity when using health IT to reduce disparities?

Journal: BMC Medical Informatics and Decision Making

Volume: 21

Issue: 1

Date: Apr

Short Title: What matters when exploring fidelity when using health IT to reduce disparities?

DOI: 10.1186/s12911-021-01476-z

Article Number: 119

Accession Number: WOS:000638040300003

Abstract: Background Implementation of evidence-based interventions often involves strategies to engage diverse populations while also attempting to maintain external validity. When using health IT tools

to deliver patient-centered health messages, systems-level requirements are often at odds with 'on-the ground' tailoring approaches for patient-centered care or ensuring equity among linguistically diverse populations. Methods We conducted a fidelity and acceptability-focused evaluation of the STAR MAMA Program, a 5-month bilingual (English and Spanish) intervention for reducing diabetes risk factors among 181 post-partum women with recent gestational diabetes. The study's purpose was to explore fidelity to pre-determined 'core' (e.g. systems integration) and 'modifiable' equity components (e.g. health coaching responsiveness, and variation by language) using an adapted implementation fidelity framework. Participant-level surveys, systems-level databases of message delivery, call completion, and coaching notes were included. Results 96.6% of participants are Latina and 80.9% were born outside the US. Among those receiving the STAR MAMA intervention; 55 received the calls in Spanish (61%) and 35 English (39%). 90% (n = 81) completed \geq one week. Initially, systems errors were common, and increased triggers for health coach call-backs. Although Spanish speakers had more triggers over the intervention period, the difference was not statistically significant. Of the calls triggering a health coach follow-up, attempts were made for 85.4% (n = 152) of the English call triggers and for 80.0% (n = 279) of the Spanish call triggers (NS). Of attempted calls, health coaching calls were complete for 55.6% (n = 85) of English-language call triggers and for 56.6% of Spanish-language call triggers (NS). Some differences in acceptability were noted by language, with Spanish-speakers reporting higher satisfaction with prevention content ($p = < 0.01$) and English-speakers reporting health coaches were less considerate of their time ($p = 0.03$). Conclusions By exploring fidelity by language-specific factors, we identified important differences in some but not all equity indicators, with early systems errors quickly remedied and high overall engagement and acceptability. Practice implications include: (1) establishing criteria for language-equity in interventions, (2) planning for systems level errors so as to reduce their impact between language groups and over time; and (3) examining the impact of engagement with language-concordant interventions on outcomes, including acceptability. Trial Registration National Clinical Trials registration number: CT02240420 Registered September 15, 2014. ClinicalTrials.gov.

Notes: Handley, Margaret A. Landeros, Jerad Wu, Cindie Najmabadi, Adriana Vargas, Daniela Athavale, Priyanka Handley, Margaret/0000-0001-5034-2111 1472-6947
URL: <Go to ISI>://WOS:000638040300003

Reference Type: Journal Article

Record Number: 2060

Author: Hang, J. A., Francis-Coad, J., Burro, B., Nobre, D. and Hill, A. M.

Year: 2016

Title: Assessing knowledge, motivation and perceptions about falls prevention among care staff in a residential aged care setting

Journal: Geriatric Nursing

Volume: 37

Issue: 6

Pages: 464-469

Date: Nov-Dec

Short Title: Assessing knowledge, motivation and perceptions about falls prevention among care staff in a residential aged care setting

ISSN: 0197-4572

DOI: 10.1016/j.gerinurse.2016.06.019

Accession Number: WOS:000391157200008

Abstract: Falls are a serious problem in residential aged care settings. The aims of the study were to determine the feasibility of surveying care staff regarding falls prevention, and describe care staff levels of knowledge and awareness of residents' risk of falls, knowledge about falls prevention, motivation and confidence to implement falls prevention strategies. A custom designed questionnaire was administered to care staff at one site of a large residential aged care organization in Australia. The survey response was 58.8%. Feedback from staff was used to inform the administration of the survey to the wider organization. Seven (29.2%) care staff reported they were unsure or thought residents were at low risk of falls. Only five (20.8%) care staff were able to suggest more than three preventive strategies. These preliminary findings suggest that education to change care staff behavior regarding falls prevention should target improving care staff knowledge and awareness of falls. (C) 2016 Elsevier Inc. All rights reserved.

Notes: Hang, Jo-Aine Francis-Coad, Jacqueline Burro, Bianca Nobre, Debbie Hill, Anne-Marie

Hill, Anne-Marie/C-2252-2011

Hang, Jo-Aine/0000-0002-7621-8263; Francis-Coad, Jacqueline/0000-0002-9892-103X; Hill, Anne-Marie/0000-0003-1411-6752

1528-3984

URL: <Go to ISI>://WOS:000391157200008

Reference Type: Journal Article

Record Number: 1354

Author: Hang, J. A., Francis-Coad, J., Naseri, C., Jacques, A., Waldron, N., Purslowe, K. and Hill, A. M.

Year: 2021

Title: Identifying the Association Between Older Adults' Characteristics and Their Health-Related Outcomes in a Transition Care Setting: A Retrospective Audit

Journal: Frontiers in Public Health

Volume: 9

Date: Jun

Short Title: Identifying the Association Between Older Adults' Characteristics and Their Health-Related Outcomes in a Transition Care Setting: A Retrospective Audit

DOI: 10.3389/fpubh.2021.688640

Article Number: 688640

Accession Number: WOS:000674996700001

Abstract: Introduction: Continued evaluation of Transition Care Programs (TCP) is essential to improving older adults' outcomes and

can guide which older adults may benefit from undertaking TCP. The aim of this study was to audit a transition care service to identify the association between the characteristics of older adults undertaking a facility-based TCP and (i) discharge destination and (ii) functional improvement. Materials and methods: An audit (n = 169) of older adults aged 60 years and above who completed a facility-based TCP in Australia was conducted. Outcomes audited were performance of activities of daily living (ADL) measured using the Modified Barthel Index (MBI) and discharge destination. Data were analyzed using logistic regression and linear mixed modeling. Results: Older adults [mean age 84.2 (+/- 8.3) years] had a median TCP stay of 38 days. Fifty-four older adults (32.0%) were discharged home, 20 (11.8%) were readmitted to hospital and 93 (55%) were admitted to permanent residential aged care. Having no cognitive impairment [OR = 0.41 (95% CI 0.18-0.93)], being independent with ADL at admission [OR = 0.41 (95% CI 0.16-1.00)] and a pre-planned team goal of home discharge [OR = 24.98 (95% CI 5.47-114.15)] was significantly associated with discharge home. Cases discharged home showed greater improvement in functional ability [MBI 21.3 points (95% CI 17.0-25.6)] compared to cases discharged to other destinations [MBI 9.6 points (95% CI 6.5-12.7)]. Conclusion: Auditing a facility-based TCP identified that older adults who were independent in ADL and had good cognitive levels were more likely to be discharged home. Older adults with cognitive impairment also made clinically significant functional improvements.

Notes: Hang, Jo-Aine Francis-Coad, Jacqueline Naseri, Chiara Jacques, Angela Waldron, Nicholas Purslowe, Kate Hill, Anne-Marie Hill, Anne-Marie/C-2252-2011

Hill, Anne-Marie/0000-0003-1411-6752; Francis-Coad, Jacqueline/0000-0002-9892-103X; Naseri, Chiara/0000-0001-8041-1835; Jacques, Angela/0000-0002-0461-681X; Hang, Jo-Aine/0000-0002-7621-8263 2296-2565

URL: <Go to ISI>://WOS:000674996700001

Reference Type: Journal Article

Record Number: 1997

Author: Hankonen, N., Heino, M. T. J., Kujala, E., Hynynen, S. T., Absetz, P., Araujo-Soares, V., Borodulin, K. and Haukkala, A.

Year: 2017

Title: What explains the socioeconomic status gap in activity? Educational differences in determinants of physical activity and screentime

Journal: BMC Public Health

Volume: 17

Date: Feb

Short Title: What explains the socioeconomic status gap in activity? Educational differences in determinants of physical activity and screentime

DOI: 10.1186/s12889-016-3880-5

Article Number: 144

Accession Number: WOS:000393624800001

Abstract: Background: Designing evidence-based interventions to address socioeconomic disparities in health and health behaviours

requires a better understanding of the specific explanatory mechanisms. We aimed to investigate a comprehensive range of potential theoretical mediators of physical activity (PA) and screen time in different socioeconomic status (SES) groups: a high SES group of high school students, and a low SES group of vocational school students. The COM-B system, including the Theoretical Domains Framework (TDF), was used as a heuristic framework to synthesise different theoretical determinants in this exploratory study. Methods: Finnish vocational and high school students (N = 659) aged 16–19, responded to a survey assessing psychological, social and environmental determinants of activity (PA and screen time). These determinants are mappable into the COM-B domains: capability, opportunity and motivation. The outcome measures were validated self-report measures for PA and screen time. The statistical analyses included a bootstrapping-based mediation procedure. Results: Regarding PA, there were SES differences in all of the COM-B domains. For example, vocational school students reported using less self-monitoring of PA, weaker injunctive norms to engage in regular PA, and fewer intentions than high school students. Mediation analyses identified potential mediators of the SES-PA relationship in all of three domains: The most important candidates included self-monitoring (CI95 for b: 0.19–0.47), identity (0.04–0.25) and material resources available (0.01–0.16). However, SES was not related to most determinants of screentime, where there were mainly gender differences. Most determinants were similarly related with both behaviours in both SES groups, indicating no major moderation effect of SES on these relationships. Conclusions: This study revealed that already in the first years of educational differentiation, levels of key PA determinants differ, contributing to socioeconomic differences in PA. The analyses identified the strongest mediators of the SES-PA association, but additional investigation utilising longitudinal and experimental designs are needed. This study demonstrates the usefulness of combining constructs from various theoretical approaches to better understand the role of distinct mechanisms that underpin socioeconomic health behaviour disparities.

Notes: Hankonen, Nelli Heino, Matti T. J. Kujala, Emilia Hynynen, Sini-Tuuli Absetz, Pilvikki Araujo-Soares, Vera Borodulin, Katja Haukkala, Ari

Haukkala, Ari/AAD-1309-2019; Hankonen, Nelli/K-1189-2012; Araujo-Soares, Vera/ABF-8144-2021

Haukkala, Ari/0000-0001-8567-1548; Hankonen, Nelli/0000-0002-8464-2478; Araujo-Soares, Vera/0000-0003-4044-2527;

Borodulin, Katja/0000-0001-9529-2592; Heino, Matti/0000-0003-0094-2455

1471-2458

URL: <Go to ISI>://WOS:000393624800001

Reference Type: Journal Article

Record Number: 1768

Author: Harasym, P., Brisbin, S., Afzaal, M., Sinnarajah, A., Venturato, L., Quail, P., Kaasalainen, S., Straus, S. E., Sussman, T., Virk, N. and Holroyd-Leduc, J.

Year: 2020

Title: Barriers and facilitators to optimal supportive end-of-life palliative care in long-term care facilities: a qualitative descriptive study of community-based and specialist palliative care physicians' experiences, perceptions and perspectives

Journal: Bmj Open

Volume: 10

Issue: 8

Short Title: Barriers and facilitators to optimal supportive end-of-life palliative care in long-term care facilities: a qualitative descriptive study of community-based and specialist palliative care physicians' experiences, perceptions and perspectives

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-037466

Article Number: e037466

Accession Number: WOS:000561426800012

Abstract: Objective The COVID-19 pandemic has highlighted ongoing challenges to optimal supportive end-of-life care for adults living in long-term care (LTC) facilities. A supportive end-of-life care approach emphasises family involvement, optimal symptom control, multidisciplinary team collaboration and death and bereavement support services for residents and families. Community-based and palliative care specialist physicians who visit residents in LTC facilities play an important role in supportive end-of-life care. Yet, perspectives, experiences and perceptions of these physicians remain unknown. The objective of this study was to explore barriers and facilitators to optimal supportive end-of-life palliative care in LTC through the experiences and perceptions of community-based and palliative specialist physicians who visit LTC facilities. Design Qualitative study using semi-structured interviews, basic qualitative description and directed content analysis using the COM-B (capability, opportunity, motivation - behaviour) theoretical framework. Setting Residential long-term care. Participants 23 physicians who visit LTC facilities from across Alberta, Canada, including both in urban and rural settings of whom 18 were community-based physicians and 5 were specialist palliative care physicians. Results Motivation barriers include families' lack of frailty knowledge, unrealistic expectations and emotional reactions to grief and uncertainty. Capability barriers include lack of symptom assessment tools, as well as palliative care knowledge, training and mentorship. Physical and social design barriers include lack of dedicated spaces for death and bereavement, inadequate staff, and mental health and spiritual services of insufficient scope for the population. Conclusion Findings reveal that validating families' concerns, having appropriate symptom assessment tools, providing mentorship in palliative care and adapting the physical and social environment to support dying and grieving with dignity facilitates supportive, end-of-life care within LTC.

Notes: Harasym, Patricia Brisbin, Sarah Afzaal, Misha Sinnarajah, Aynharan Venturato, Lorraine Quail, Patrick Kaasalainen, Sharon Straus, Sharon E. Sussman, Tamara Virk, Navjot Holroyd-Leduc, Jayna Quail, Patrick/HMP-7146-2023; Sussman, Tamara/AAD-6598-2021; Kaasalainen, Sharon/HLP-8051-2023

Sussman, Tamara/0000-0002-1226-6450;

URL: <Go to ISI>://WOS:000561426800012

Reference Type: Journal Article

Record Number: 1408

Author: Harasym, P. M., Afzaal, M., Brisbin, S., Sinnarajah, A., Venturato, L., Quail, P., Kaasalainen, S., Straus, S., Sussman, T., Virk, N. and Holroyd-Leduc, J. M.

Year: 2021

Title: Multi-disciplinary supportive end of life care in long-term care: an integrative approach to improving end of life

Journal: BMC Geriatrics

Volume: 21

Issue: 1

Date: May

Short Title: Multi-disciplinary supportive end of life care in long-term care: an integrative approach to improving end of life

DOI: 10.1186/s12877-021-02271-1

Article Number: 326

Accession Number: WOS:000657706300004

Abstract: Background: Optimal supportive end of life care for frail, older adults in long term care (LTC) homes involves symptom management, family participation, advance care plans, and organizational support. This 2-phase study aimed to combine multi-disciplinary opinions, build group consensus, and identify the top interventions needed to develop a supportive end of life care strategy for LTC. Methods: A consensus-building approach was undertaken in 2 Phases. The first phase deployed modified Delphi questionnaires to address and transform diverse opinions into group consensus. The second phase explored and prioritized the interventions needed to develop a supportive end of life care strategy for LTC. Development of the Delphi questionnaire was based on findings from published results of physician perspectives of barriers and facilitators to optimal supportive end of life care in LTC, a literature search of palliative care models in LTC, and published results of patient, family and nursing perspectives of supportive end of life care in long term care. The second phase involved World Cafe Style workshop discussions. A multi-disciplinary purposive sample of individuals inclusive of physicians; staff, administrators, residents, family members, and content experts in palliative care, and researchers in geriatrics and gerontology participated in round one of the modified Delphi questionnaire. A second purposive sample derived from round one participants completed the second round of the modified Delphi questionnaire. A third purposive sample (including participants from the Delphi panel) then convened to identify the top priorities needed to develop a supportive end-of-life care strategy for LTC. Results: 19 participants rated 75 statements on a 9-point Likert scale during the first round of the modified Delphi questionnaire. 11 participants (participation rate 58 %) completed the second round of the modified Delphi questionnaire and reached consensus on the inclusion of 71 candidate statements. 35 multidisciplinary participants discussed the 71 statements remaining and prioritized the top clinical practice, communication, and policy interventions

needed to develop a supportive end of life strategy for LTC.
Conclusions: Multi-disciplinary stakeholders identified and prioritized the top interventions needed to develop a 5-point supportive end of life care strategy for LTC.

Notes: Harasym, Patricia M. Afzaal, Misha Brisbin, Sarah Sinnarajah, Aynharan Venturato, Lorraine Quail, Patrick Kaasalainen, Sharon Straus, Sharon Sussman, Tamara Virk, Navjot Holroyd-Leduc, Jayna M. Quail, Patrick/HMP-7146-2023; Kaasalainen, Sharon/HLP-8051-2023 1471-2318

URL: <Go to ISI>://WOS:000657706300004

Reference Type: Journal Article

Record Number: 1228

Author: Hargreaves, E. A., Haszard, J. J., Shaw, S. and Peddie, M. C.

Year: 2021

Title: Protocol for a pilot trial to assess the feasibility of the Move More @ Work intervention to encourage employees to take the opportunity to move (be physically active) after every 30 min of sitting

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Sep

Short Title: Protocol for a pilot trial to assess the feasibility of the Move More @ Work intervention to encourage employees to take the opportunity to move (be physically active) after every 30 min of sitting

DOI: 10.1186/s40814-021-00903-2

Article Number: 172

Accession Number: WOS:000695057900001

Abstract: Background: Prolonged sitting increases the risk of cardio-metabolic disease. Office-based employees are particularly susceptible to high rates of this sedentary behaviour during work hours. Laboratory studies indicate that regularly interrupting periods of prolonged sitting with short bouts (2 min) of physical activity can improve markers of cardio-metabolic health. This method of interrupting sitting time is yet to be tested in an occupational setting and may provide an alternative to providing sit-to-stand desks. Drawing on the Behaviour Change Wheel and evidence on the barriers and motivators to performing regular activity breaks, the Move More @ Work intervention was developed. The objectives of this pilot study are to examine the feasibility, and preliminary outcomes, of this intervention designed to encourage participants to perform 1-2 min of activity after every 30 min of continuous sitting throughout the work day. The study will inform if progress to a full effectiveness trial is warranted. Methods: An interrupted time series design consisting of a 4-week baseline (control period), a 12-week intervention, and a 12-week follow-up will be utilised. At least 57 university employees who self-report spending > 5 h per day sitting at work on at least 3 days per week will be recruited to participate. The intervention consists of (1) a structured consultation with a Move More @ Work coach, containing a number of

behaviour change techniques to create an individualised plan of how to incorporate the activity breaks into the working day, and (2) strategies to create a supportive workplace culture for performing the activity breaks. Feasibility will be assessed by recruitment and retention rates, and acceptability of the intervention. Pilot outcomes are the number of regular activity breaks taken during the workday, cardio-metabolic risk score and self-reported health, and work-related productivity outcomes. Discussion: If the Move More @ Work intervention is shown to be feasible, acceptable, and shows evidence of effectiveness, this will provide justification for the progression to a full scale evaluation of the intervention. In the longer-term, this intervention may provide an alternative means of improving health outcomes through interrupting sedentary time than that offered by current sedentary behaviour interventions.

Notes: Hargreaves, Elaine A. Haszard, Jillian J. Shaw, Sally Peddie, Meredith C.

Hargreaves, Elaine/0000-0001-9588-0431
2055-5784

URL: <Go to ISI>://WOS:000695057900001

Reference Type: Journal Article

Record Number: 1058

Author: Harper, K. J., Taylor, S. L., Jepiuh, M., Mino, P., Tran, A. H., Tam, W. Y. and Harris, C.

Year: 2022

Title: An observational cohort study to determine the impact of research capacity building strategies implemented in an Australian metropolitan hospital occupational therapy department

Journal: Australian Occupational Therapy Journal

Volume: 69

Issue: 2

Pages: 190-204

Date: Apr

Short Title: An observational cohort study to determine the impact of research capacity building strategies implemented in an Australian metropolitan hospital occupational therapy department

ISSN: 0045-0766

DOI: 10.1111/1440-1630.12782

Accession Number: WOS:000733649300001

Abstract: Introduction Research capacity building enhances the abilities of individuals and is critical within health systems for quality patient care and promotes a culture of excellence within the occupational therapy profession. A research capacity building toolkit was proposed identifying strategies to support allied health professionals to undertake research. This study evaluated participant-reported outcomes of research capacity building toolkit implementation in an occupational therapy department. Methods An observational pre-post-cohort study at a tertiary hospital with volunteer occupational therapists using the standardised Research Capacity in Context Tool (RCCT) and an author-designed quality improvement (QI) survey was employed. The RCCT measures research capacity and culture at organisation, team and individual levels. Semi-structured interviews were used to elicit reflections regarding

participant experience. Results All levels of the toolkit were implemented successfully. The response rate was 59% (n = 36) at baseline and 49.1% (n = 26) at follow-up. Eighty-five percent of participants held direct clinical roles. Nine clinicians participated in the interviews. There were significant improvements in the estimate mean for the organisation (6.51 [2019] compared with 8.13 [2020], p = <0.001) and the team (5.52 [2019] compared with 7.15 [2020], p = 0.001). The individual level did not significantly change with an estimate mean of 4.20 in 2019 increasing slightly to 4.84 in 2020 (p = 0.128). This was supported by the QI survey where improvements were noted in the department but not at an individual level. The qualitative findings verified the components of the toolkit including 'supporting clinicians in research', 'working together', 'valuing research for excellence' and reflected the importance of 'individual attributes'. Conclusion The toolkit supported the implementation of specific strategies to enhance research capacity and culture. Improvements within the organisation and team were evident; however, these were not seen at an individual level. Further research about the contribution of individual-related factors and processes to the building of research capacity is required.

Notes: Harper, Kristie J. Taylor, Susan L. Jepiuh, Madelynn Mino, Pamela Huynh Tran, Alice Tam, Wai Yin Harris, Courtenay Taylor, Susan/0000-0001-5057-8140
1440-1630
URL: <Go to ISI>://WOS:000733649300001

Reference Type: Journal Article

Record Number: 1564

Author: Harper, K. J., Taylor, S. L. and Parsons, D. N.

Year: 2021

Title: Barriers and facilitators influencing adherence to occupational therapy home assessment recommendations: a mixed methods systematic review protocol

Journal: Jbi Evidence Synthesis

Volume: 19

Issue: 2

Pages: 440-446

Date: Feb

Short Title: Barriers and facilitators influencing adherence to occupational therapy home assessment recommendations: a mixed methods systematic review protocol

DOI: 10.11124/jbies-20-00162

Accession Number: WOS:000696249000009

Abstract: Objective: To identify and describe the barriers and facilitators that influence adherence to recommendations provided as part of an occupational therapy home assessment. Introduction: Home assessments, including environmental interventions, are commonly used by occupational therapists. Home assessment recommendations aim to support a patient's independence in their occupational roles and improve safety in the home. Research evaluating home assessments and adherence to recommended strategies is limited. However, low adherence has been associated with poorer outcomes including falls,

deconditioning, and decreased function. This research aims to synthesize factors that influence adherence to home assessment recommendations. Inclusion criteria: This review will consider all qualitative and quantitative studies that report on adherence to recommendations provided during occupational therapy home assessments. Studies will include adults (>18) and/or their caregivers, who live in the community and receive an occupational therapy home assessment. Methods: A mixed methods systematic review will be undertaken. Eight databases will be searched for studies published in English reporting on adherence following home assessments completed by occupational therapists published after January 2000. Study quality will be assessed using standardized JBI critical appraisal tools dependent on study design. Data extraction will be performed using a standardized tool, followed by data transformation. Data synthesis will follow the convergent integrated approach. All findings will be tabulated to explore factors that influence adherence. Systematic review registration number: PROSPERO CRD42020159233

Notes: Harper, Kristie J. Taylor, Susan L. Parsons, Dave N. Taylor, Susan/0000-0001-5057-8140
2689-8381
URL: <Go to ISI>://WOS:000696249000009

Reference Type: Journal Article

Record Number: 687

Author: Harper, K. J., Taylor, S. L. and Parsons, D. N.

Year: 2022

Title: Barriers and facilitating factors influencing implementation of occupational therapy home assessment recommendations: A mixed methods systematic review

Journal: Australian Occupational Therapy Journal

Volume: 69

Issue: 5

Pages: 599-624

Date: Oct

Short Title: Barriers and facilitating factors influencing implementation of occupational therapy home assessment recommendations: A mixed methods systematic review

ISSN: 0045-0766

DOI: 10.1111/1440-1630.12823

Accession Number: WOS:000807470200001

Abstract: Introduction Low implementation rates of occupational therapy home assessment recommendations have previously been reported. The objective was to identify and describe the barriers and facilitating factors that influence implementation of home assessment recommendations. Methods A mixed methods systematic review consisting of studies involving adults living in the community who received an occupational therapy home assessment was conducted. Seven databases were last searched in August 2021. Study quality was assessed using the Joanna Briggs Institute (JBI) critical appraisal tools (SUMARI) dependent on study design. Data synthesis followed the convergent integrated approach. Findings were mapped to the theoretical Capability Opportunity Motivation

Behaviour (COM-B) model of health behaviour change. Results From 5,540 citations, 22 articles met the criteria for the systematic review. Implementation of occupational therapy home assessment recommendations ranged between 55% and 90%. Six synthesised findings were identified. Capability barriers included a patient's cognitive and physical ability. Motivation barriers included a perceived lack of need and stigma; patient reported decreased involvement and lack of choice. Opportunity barriers included limited family or carer involvement, carer stress, level of service provision available, including funding, therapy dosage and timing and environmental restrictions. Overall facilitators included patient-centred care, including choice and understanding need, individualised tailored recommendations, involvement of families and carers, provision of written record and strategies to support implementation. Results were limited by methodological weaknesses in identified studies and heterogeneity in the definition and measurement of implementation impacting on comparison. Specific intervention components were often poorly described. Conclusion The theoretical model elucidates priority factors to address for promoting implementation of home assessment recommendations. Future high-quality research clearly defining intervention components is required to support short- and long-term implementation of recommendations in the home environment. Behaviour change techniques could be utilised to support home assessment practices in future research.

Notes: Harper, Kristie J. Taylor, Susan L. Parsons, Dave N.
1440-1630

URL: <Go to ISI>://WOS:000807470200001

Reference Type: Journal Article

Record Number: 1326

Author: Harries, T.

Year: 2021

Title: Understanding small business adaptation to natural hazards: A critical review*

Journal: International Journal of Disaster Risk Reduction

Volume: 63

Date: Sep

Short Title: Understanding small business adaptation to natural hazards: A critical review*

ISSN: 2212-4209

DOI: 10.1016/j.ijdr.2021.102403

Article Number: 102403

Accession Number: WOS:000687418100001

Abstract: Research into small business adaptation to natural hazards is immature and poorly focussed, with too much emphasis on capacity factors and too little focus on the motivators of adaptation. More theorisation and use of models would help avoid such omissions in future. There is firm evidence for the importance of some predictors: relevant skills; perceptions of response costs; building tenure; owner education; business sector, and business size. More qualitative and quantitative exploration is now needed to identify the factors that mediate these predictors and to establish the reasons for the inconsistent findings on the influence of hazard

experience. Furthermore, evidence on the importance of other potentially important predictors is partial and fragmented – for example, social norms, social prompting and the concentration of clients in the area affected by a hazard event. More research also needs to be conducted in the Global South, where natural hazards have the greatest impact and the socio-cultural environment differs to that elsewhere. Given the importance of small businesses for economic development, equity of opportunity and the resilience of the wider community, it is important for these lacunae to be addressed.

Notes: Harries, Tim

Harries, Tim/0000-0003-2911-7029

URL: <Go to ISI>://WOS:000687418100001

Reference Type: Journal Article

Record Number: 816

Author: Harrington, K., Craven, M. P., Wilson, M. L. and Landowska, A.

Year: 2022

Title: Perceptions of Cognitive Training Games and Assessment Technologies for Dementia: Acceptability Study With Patient and Public Involvement Workshops

Journal: Jmir Serious Games

Volume: 10

Issue: 2

Date: Apr-Jun

Short Title: Perceptions of Cognitive Training Games and Assessment Technologies for Dementia: Acceptability Study With Patient and Public Involvement Workshops

ISSN: 2291-9279

DOI: 10.2196/32489

Article Number: e32489

Accession Number: WOS:000822088800017

Abstract: Background: Cognitive training and assessment technologies offer the promise of dementia risk reduction and a more timely diagnosis of dementia, respectively. Cognitive training games may help reduce the lifetime risk of dementia by helping to build cognitive reserve, whereas cognitive assessment technologies offer the opportunity for a more convenient approach to early detection or screening. Objective: This study aims to elicit perspectives of potential end users on factors related to the acceptability of cognitive training games and assessment technologies, including their opinions on the meaningfulness of measurement of cognition, barriers to and facilitators of adoption, motivations to use games, and interrelationships with existing health care infrastructure. Methods: Four linked workshops were conducted with the same group, each focusing on a specific topic: meaningful improvement, learning and motivation, trust in digital diagnosis, and barriers to technology adoption. Participants in the workshops included local involvement team members acting as facilitators and those recruited via Join Dementia Research through a purposive selection and volunteer sampling method. Group activities were recorded, and transcripts were analyzed using thematic analysis with a combination

of a priori and data-driven themes. Using a mixed methods approach, we investigated the relationships between the categories of the Capability, Opportunity, and Motivation-Behavior change model along with data-driven themes by measuring the phi coefficient between coded excerpts and ensuring the reliability of our coding scheme by using independent reviewers and assessing interrater reliability. Finally, we explored these themes and their relationships to address our research objectives. Results: In addition to discussions around the capability, motivation, and opportunity categories, several important themes emerged during the workshops: family and friends, cognition and mood, work and hobbies, and technology. Group participants mentioned the importance of functional and objective measures of cognitive change, the social aspect of activities as a motivating factor, and the opportunities and potential shortcomings of digital health care provision. Our quantitative results indicated at least moderate agreement on all but one of the coding schemes and good independence of our coding categories. Positive and statistically significant phi coefficients were observed between several coding themes between categories, including a relatively strong positive phi coefficient between capability and cognition (0.468; $P < .001$). Conclusions: The implications for researchers and technology developers include assessing how cognitive training and screening pathways would integrate into existing health care systems; however, further work needs to be undertaken to address barriers to adoption and the potential real-world impact of cognitive training and screening technologies.

Notes: Harrington, Kyle Craven, Michael P. Wilson, Max L. Landowska, Aleksandra

Craven, Michael P./B-5305-2012

Craven, Michael P./0000-0001-5682-6360; Wilson, Max/

0000-0002-3515-6633; Harrington, Kyle/0000-0003-1728-8998

URL: <Go to ISI>://WOS:000822088800017

Reference Type: Journal Article

Record Number: 1143

Author: Harris, H., Bhutta, M. F. and Rizan, C.

Year: 2021

Title: A survey of UK and Irish surgeons' attitudes, behaviours and barriers to change for environmental sustainability

Journal: Annals of the Royal College of Surgeons of England

Volume: 103

Issue: 10

Pages: 725-729

Date: Nov

Short Title: A survey of UK and Irish surgeons' attitudes, behaviours and barriers to change for environmental sustainability

ISSN: 0035-8843

DOI: 10.1308/rcsann.2021.0271

Accession Number: WOS:000810116100005

Abstract: Introduction Surgery is a major contributor to the large environmental impact of healthcare, demanding urgent attention. To date there are no data on the attitudes and behaviours of surgeons towards climate change, or perceived barriers towards sustainable

practice. Methods We invited surgeons and surgical trainees in the UK and Ireland to participate in an online survey (developed in accordance with the CHERRIES checklist) conducted between June and November 2020 and disseminated via the Royal College of Surgeons of England, Edinburgh and Ireland, the Association of Surgeons in Training and through local communication. Results We received 130 responses, across 14 surgical specialties. The majority of respondents (122/130; 94%) were concerned about the threat of climate change. Most respondents had instigated more sustainable practices in their personal lives (113/130; 87%) and, to a lesser extent, at work (73/130; 56%). Surgeons were willing to make changes to their clinical practice (107/130; 82%), but the main perceived barrier to improving sustainability was a lack of leadership (92/130; 70%). Surgeons welcomed greater leadership and guidance from national bodies (118/130; 91%) and more monitoring and regulation (113/130; 87%). Conclusions The surgeons who responded to our survey are concerned about climate change and willing to engage in efforts to transition to more sustainable practice, but would welcome greater support, guidance and leadership.

Notes: Harris, H. Bhutta, M. F. Rizan, C.

Rizan, Chantelle/HRD-6635-2023

Bhutta, Mahmood/0000-0002-4688-1670

1478-7083

URL: <Go to ISI>://WOS:000810116100005

Reference Type: Journal Article

Record Number: 849

Author: Harris, K., Newby, C., Mosler, G., Steed, L., Griffiths, C. and Grigg, J.

Year: 2022

Title: School-based self-management intervention using theatre to improve asthma control in adolescents: a pilot cluster-randomised controlled trial

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Mar

Short Title: School-based self-management intervention using theatre to improve asthma control in adolescents: a pilot cluster-randomised controlled trial

DOI: 10.1186/s40814-022-01031-1

Article Number: 67

Accession Number: WOS:000772413700002

Abstract: Background: Children with poorly controlled asthma have higher rates of unplanned healthcare use and school absences, as well as lower rates of medication adherence and knowledge. They also feel less comfortable using their medication at school, due to social fears and bullying. In this study, this was addressed through two school-based self-management interventions piloted to determine which one to use in a full trial. Methods: We sought to assess the feasibility and acceptability of two school-based self-management intervention aimed at improving asthma control. Schools in London were randomised to (i) a theatre workshop for the whole year group

aimed at raising awareness of asthma in schools, followed by self-management workshops for children (full intervention), (ii) theatre workshop alone (theatre only), or (iii) usual care (controls). Opt-out consent was obtained from parents. The study was a cluster randomised pilot trial, using London schools as the unit of allocation. Our primary aim was to assess the feasibility of delivering a self-management intervention in schools aimed at improving the asthma control test (ACT) score at 6 months. Secondary outcomes included acceptability of the school-based interventions, suitability of the theatre intervention and the full intervention with the self-management workshops, and generation of randomised data to inform future power calculations. Data were analysed by generalised mixed-effect models. Results: The recruitment strategy for this trial was effective. Five schools were randomised to full intervention (189 children), four to theatre only (103 children), and six to controls (83 children). Asthma control test (ACT) score at baseline and 6 months was obtained from 178/358 participating children. Compared with the controls, there were no large differences found in ACT score with the full intervention; knowledge and perception of asthma improved though. GP and hospital visits increased in the full intervention group. Compared with controls, ACT score was unchanged in the theatre only group. Conclusion: The asthma self-management intervention trial in schools is feasible and acceptable. The full intervention consisting of both theatre and self-management workshop for asthmatics tended to be better suited to improve outcomes than the theatre intervention on its own. This full intervention should be the one carried forward into a main trial if funding for further research was sought. Further work is needed to understand why there was evidence that unscheduled visits to healthcare professionals increased with the full intervention. Notes: Harris, Katherine Newby, Chris Mosler, Gioia Steed, Liz Griffiths, Chris Grigg, Jonathan Griffiths, Chris/0000-0001-7935-8694 2055-5784 URL: <Go to ISI>://WOS:000772413700002

Reference Type: Journal Article

Record Number: 171

Author: Harris, R. V., Lowers, V., van der Zande, M., Stanley, M. and Cooke, R.

Year: 2023

Title: Designing complex interventions: A description of the development of an intervention to reduce inequalities in planned dental visiting

Journal: Community Dentistry and Oral Epidemiology

Date: 2023 Feb

Short Title: Designing complex interventions: A description of the development of an intervention to reduce inequalities in planned dental visiting

ISSN: 0301-5661

DOI: 10.1111/cdoe.12842

Accession Number: WOS:000928821600001

Abstract: There are multifaceted reasons for a social gradient in

planned dental visiting involving various psycho-social variables that interact with each other and the environment. Interventions in this area are therefore inevitably complex interventions. While guidance recommends undertaking theory and modelling work before experimental work is done, there is a shortage of descriptions of how this is done, especially in the field of oral health.

ObjectivesTo describe theory, qualitative and public engagement work, and identification of behaviour change techniques (BCTs) to define features of an opportunistic dental visiting intervention for adult users of urgent dental care services. **Methods**A systematic review and synthesis of theory, qualitative and quantitative work, along with expert input, generated a list of psycho-social determinants linked to planned dental visiting intentions. Modelling involved ethnographic work in urgent dental care settings and work with members of the community from the targeted demographic. This enabled verification, in the context of their idiosyncratic expression for the target population in question, of behavioural determinants (BDs) identified in the theory phase. It also facilitated generating intervention material which was infused with the identity of the end user. BDs identified were then mapped to BCTs using an accepted BCT taxonomy and an intervention prototype developed. The prototype then underwent iterative testing with target users before it was ready for a feasibility trial.

ResultsTheory and modelling identified five key intervention focuses: affordable resources (time/ cost), the importance of oral health, trust in dentists, embarrassment of having poor oral health and dental anxiety. Short videos were developed to incorporate role modelling which were well received. Prototype testing resulted in shifting from 'if-then' plans to action planning. **Conclusions**Complex intervention development involves an iterative rather than sequential process of combining theory, empirical work and user involvement, of which the article provides an example.

Notes: Harris, Rebecca Vera Lowers, Victoria Van Der Zande, Marieke Stanley, Margaret Cooke, Richard
1600-0528
URL: <Go to ISI>://WOS:000928821600001

Reference Type: Journal Article
Record Number: 2424
Author: Hart, T., Tsaousides, T., Zanca, J. M., Whyte, J., Packel, A., Ferraro, M. and Dijkers, M. P.
Year: 2014
Title: Toward a Theory-Driven Classification of Rehabilitation Treatments
Journal: Archives of Physical Medicine and Rehabilitation
Volume: 95
Issue: 1
Pages: S33-S44
Date: Jan
Short Title: Toward a Theory-Driven Classification of Rehabilitation Treatments
ISSN: 0003-9993
DOI: 10.1016/j.apmr.2013.05.032

Accession Number: WOS:000329681300005

Abstract: Rehabilitation is in need of an organized system or taxonomy for classifying treatments to aid in research, practice, training, and interdisciplinary communication. In this article, we describe a work-in-progress effort to create a rehabilitation treatment taxonomy (RTT) for classifying rehabilitation interventions by the underlying treatment theories that explain their effects. In the RTT, treatments are grouped together according to their targets, or measurable aspects of functioning they are intended to change; ingredients, or measurable clinician decisions and behaviors responsible for effecting changes; and the hypothesized mechanisms of action by which ingredients are transformed into changes in the target. Four treatment groupings are proposed: structural tissue properties, organ functions, skilled performances, and cognitive/affective representations, which are similar in the types of targets addressed, ingredients used, and mechanisms of action that account for change. The typical ingredients and examples of clinical treatments associated with each of these groupings are explored, and the challenges of further subdivision are discussed. Although a Linnaean hierarchical tree structure was envisioned at the outset of work on the RTT, further development may necessitate a model with less rigid boundaries between classification groups, and/or a matrix-like structure for organizing active ingredients along selected continua, to allow for both qualitative and quantitative variations of importance to treatment effects. (C) 2014 by the American Congress of Rehabilitation Medicine

Notes: Hart, Tessa Tsousides, Theodore Zanca, Jeanne M. Whyte, John Packel, Andrew Ferraro, Mary Dijkers, Marcel P.

Packel, Andrew/AAJ-4840-2021

Packel, Andrew/0000-0002-5048-1661; Whyte, John/0000-0002-4381-1474; Dijkers, Marcel/0000-0002-8362-5596
1532-821x

1

URL: <Go to ISI>://WOS:000329681300005

Reference Type: Journal Article

Record Number: 501

Author: Hartvigsen, J., Kamper, S. J. and French, S. D.

Year: 2022

Title: Low-value care in musculoskeletal health care: Is there a way forward?

Journal: Pain Practice

Volume: 22

Pages: 65-70

Date: Sep

Short Title: Low-value care in musculoskeletal health care: Is there a way forward?

ISSN: 1530-7085

DOI: 10.1111/papr.13142

Accession Number: WOS:000853985100004

Abstract: Background Low-value care that wastes resources and harms patients is prevalent in health systems everywhere. Methods As part

of an invited keynote presentation at the Pain in Motion IV conference held in Maastricht, Holland, in May 2022, we reviewed evidence for low-value care in musculoskeletal conditions and discussed possible solutions. Results Drivers of low-value care are diverse and affect patients, clinicians, and health systems everywhere. We show that low-value care for back pain, neck pain, and osteoarthritis is prevalent in all professional groups involved in caring for people who seek care for these conditions. Implementation efforts that aim to reverse low-value care seem to work better if designed using established conceptual and theoretical frameworks. Conclusion Low-value care is prevalent in the care of people with musculoskeletal conditions. Reducing low-value care requires behaviour change among patients and clinicians as well as in health systems. There is evidence that behaviour change can be facilitated through good conceptual and theoretical frameworks but not convincing evidence that it changes patient outcomes. Notes: Hartvigsen, Jan Kamper, Steven J. French, Simon D. French, Simon D/B-2446-2013 French, Simon/0000-0002-7061-7706; Hartvigsen, Jan/0000-0002-5876-7410 1533-2500 2 URL: <Go to ISI>://WOS:000853985100004

Reference Type: Journal Article

Record Number: 1350

Author: Hartwig, T. B., Sanders, T., Vasconcellos, D., Noetel, M., Parker, P. D., Lubans, D. R., Andrade, S., Avila-Garcia, M., Bartholomew, J., Belton, S., Brooks, N. E., Bugge, A., Caverro-Redondo, I., Christiansen, L. B., Cohen, K., Coppinger, T., Dyrstad, S., Errisuriz, V., Fairclough, S., Gorely, T., Huertas-Delgado, F. J., Issartel, J., Kriemler, S., Kvalo, S. E., Marques-Vidal, P., Martinez-Vizcaino, V., Moller, N. C., Moran, C., Morris, J., Nevill, M., Ochoa-Aviles, A., O'Leary, M., Peralta, L., Pfeiffer, K. A., Puder, J., Redondo-Tebar, A., Robbins, L. B., Sanchez-Lopez, M., Tarp, J., Taylor, S., Tercedor, P., Toftager, M., Villa-Gonzalez, E., Wedderkopp, N., Weston, K. L., Yin, Z. N., Zhou, Z. X., Lonsdale, C. and Cruz, B. D.

Year: 2021

Title: School-based interventions modestly increase physical activity and cardiorespiratory fitness but are least effective for youth who need them most: an individual participant pooled analysis of 20 controlled trials

Journal: British Journal of Sports Medicine

Volume: 55

Issue: 13

Pages: 721-+

Date: Jul

Short Title: School-based interventions modestly increase physical activity and cardiorespiratory fitness but are least effective for youth who need them most: an individual participant pooled analysis of 20 controlled trials

ISSN: 0306-3674

DOI: 10.1136/bjsports-2020-102740

Accession Number: WOS:000667241100005

Abstract: Objectives To determine if subpopulations of students benefit equally from school-based physical activity interventions in terms of cardiorespiratory fitness and physical activity. To examine if physical activity intensity mediates improvements in cardiorespiratory fitness. Design Pooled analysis of individual participant data from controlled trials that assessed the impact of school-based physical activity interventions on cardiorespiratory fitness and device-measured physical activity. Participants Data for 6621 children and adolescents aged 4–18 years from 20 trials were included. Main outcome measures Peak oxygen consumption (V_{O2}Peak mL/kg/min) and minutes of moderate and vigorous physical activity. Results Interventions modestly improved students' cardiorespiratory fitness by 0.47 mL/kg/min (95% CI 0.33 to 0.61), but the effects were not distributed equally across subpopulations. Girls and older students benefited less than boys and younger students, respectively. Students with lower levels of initial fitness, and those with higher levels of baseline physical activity benefitted more than those who were initially fitter and less active, respectively. Interventions had a modest positive effect on physical activity with approximately one additional minute per day of both moderate and vigorous physical activity. Changes in vigorous, but not moderate intensity, physical activity explained a small amount (similar to 5%) of the intervention effect on cardiorespiratory fitness. Conclusions Future interventions should include targeted strategies to address the needs of girls and older students. Interventions may also be improved by promoting more vigorous intensity physical activity. Interventions could mitigate declining youth cardiorespiratory fitness, increase physical activity and promote cardiovascular health if they can be delivered equitably and their effects sustained at the population level.

Notes: Hartwig, Timothy Bryan Sanders, Taren Vasconcellos, Diego Noetel, Michael Parker, Philip D. Lubans, David Revalds Andrade, Susana Avila-Garcia, Manuel Bartholomew, John Belton, Sarahjane Brooks, Naomi E. Bugge, Anna Cavero-Redondo, Ivan Christiansen, Lars Breum Cohen, Kristen Coppinger, Tara Dyrstad, Sindre Errisuriz, Vanessa Fairclough, Stuart Gorely, Trish Javier Huertas-Delgado, Francisco Issartel, Johann Kriemler, Susi Kvalo, Silje Eikanger Marques-Vidal, Pedro Martinez-Vizcaino, Vicente Moller, Niels Christian Moran, Colin Morris, John Nevill, Mary Ochoa-Aviles, Angelica O'Leary, Mai Peralta, Louisa Pfeiffer, Karin A. Puder, Jardena Redondo-Tebar, Andres Robbins, Lorraine B. Sanchez-Lopez, Mairena Tarp, Jakob Taylor, Sarah Tercedor, Pablo Toftager, Mette Villa-Gonzalez, Emilio Wedderkopp, Niels Weston, Kathryn Louise Yin, Zenong Zhixiong, Zhou Lonsdale, Chris del Pozo Cruz, Borja Huertas-Delgado, Francisco Javier/AAT-7550-2020; Lonsdale, Chris/T-8710-2017; Dyrstad, Sindre M./HLX-1452-2023; Marques-Vidal, Pedro M/C-9449-2009; Peralta, Louisa/AAS-7921-2021; VIZCAINO, VICENTE MARTINEZ/R-4336-2017; Brooks, Naomi E/G-6320-2013; Sanders, Taren/N-9511-2018; Lubans, David Revalds/G-7436-2013; del Pozo Cruz, Borja/IAM-4325-2023; Vasconcellos, Diego/AAF-5201-2019; Bugge, Anna/P-5100-2016; Huertas-Delgado, Francisco Javier/G-7664-2015; Redondo-Tebar, Andres/X-7827-2019; Fairclough, Stuart J./F-8900-2015;

Noetel, Michael/I-4534-2019; Moran, Colin Neil/F-5416-2011; Parker, Philip/K-2896-2018
Huertas-Delgado, Francisco Javier/0000-0001-9957-4802; Lonsdale, Chris/0000-0002-2523-5565; Marques-Vidal, Pedro M/0000-0002-4548-8500; VIZCAINO, VICENTE MARTINEZ/0000-0001-6121-7893; Brooks, Naomi E/0000-0002-0269-3475; Sanders, Taren/0000-0002-4504-6008; del Pozo Cruz, Borja/0000-0003-3944-2212; Vasconcellos, Diego/0000-0002-7948-3740; Bugge, Anna/0000-0002-8345-1434; Huertas-Delgado, Francisco Javier/0000-0001-9957-4802; Redondo-Tebar, Andres/0000-0001-5920-6159; Puder, Jardena/0000-0002-0460-7614; Peralta, Louisa/0000-0002-6205-8676; Hartwig, Timothy/0000-0001-8018-4038; Belton, Sarahjane/0000-0001-9672-6276; Moller, Niels Christian/0000-0001-5842-5595; Leahy, Angus/0000-0003-2147-9420; Dyrstad, Sindre M./0000-0002-7862-2657; Fairclough, Stuart J./0000-0001-8358-1979; Christiansen, Lars Breum/0000-0002-5142-3623; Ochoa-Aviles, Angelica/0000-0001-7926-3644; Tarp, Jakob/0000-0002-9186-7077; , Susana/0000-0001-7069-5125; Noetel, Michael/0000-0002-6563-8203; Bartholomew, John/0000-0002-3963-0195; Taylor, Sarah/0000-0002-4875-9951; Moran, Colin Neil/0000-0001-6226-8131; Parker, Philip/0000-0002-4604-8566; Wedderkopp, Niels/0000-0002-9660-6618
1473-0480
URL: <Go to ISI>://WOS:000667241100005

Reference Type: Journal Article

Record Number: 2333

Author: Harvey, G. and Kitson, A.

Year: 2015

Title: Translating evidence into healthcare policy and practice: Single versus multi-faceted implementation strategies - is there a simple answer to a complex question?

Journal: International Journal of Health Policy and Management

Volume: 4

Issue: 3

Pages: 123-126

Date: Mar

Short Title: Translating evidence into healthcare policy and practice: Single versus multi-faceted implementation strategies - is there a simple answer to a complex question?

DOI: 10.15171/ijhpm.2015.54

Accession Number: WOS:000379267900001

Abstract: How best to achieve the translation of research evidence into routine policy and practice remains an enduring challenge in health systems across the world. The complexities associated with changing behaviour at an individual, team, organizational and system level have led many academics to conclude that tailored, multifaceted strategies provide the most effective approach to knowledge translation. However, a recent overview of systematic reviews questions this position and sheds doubt as to whether multi-faceted strategies are any better than single ones. In this paper, we argue that this either-or distinction is too simplistic and fails to recognize the complexity that is inherent in knowledge

translation. Drawing on organizational theory relating to boundaries and boundary management, we illustrate the need for translational strategies that take account of the type of knowledge to be implemented, the context of implementation and the people and processes involved.

Notes: Harvey, Gill Kitson, Alison
Kitson, Alison/AAW-6026-2021; Harvey, Gillian/J-9646-2014
Harvey, Gillian/0000-0003-0937-7819; Kitson, Alison/
0000-0003-3053-8381; IJHPM, IJHPM/0000-0002-4107-8686
2322-5939
URL: <Go to ISI>://WOS:000379267900001

Reference Type: Journal Article

Record Number: 2166

Author: Harvey, G. and Kitson, A.

Year: 2016

Title: Single Versus Multi-Faceted Implementation Strategies - Is There a Simple Answer to a Complex Question? A Response to Recent Commentaries and a Call to Action for Implementation Practitioners and Researchers

Journal: International Journal of Health Policy and Management

Volume: 5

Issue: 3

Pages: 215-217

Date: Mar

Short Title: Single Versus Multi-Faceted Implementation Strategies - Is There a Simple Answer to a Complex Question? A Response to Recent Commentaries and a Call to Action for Implementation Practitioners and Researchers

DOI: 10.15171/ijhpm.2015.214

Accession Number: WOS:000379822300013

Notes: Harvey, Gill Kitson, Alison

Kitson, Alison/AAW-6026-2021; Harvey, Gillian/J-9646-2014

Kitson, Alison/0000-0003-3053-8381; Harvey, Gillian/
0000-0003-0937-7819; IJHPM, IJHPM/0000-0002-4107-8686
2322-5939

URL: <Go to ISI>://WOS:000379822300013

Reference Type: Journal Article

Record Number: 2243

Author: Harvey, G. and McInnes, E.

Year: 2015

Title: Disinvesting in Ineffective and Inappropriate Practice: The Neglected Side of Evidence-Based Health Care?

Journal: Worldviews on Evidence-Based Nursing

Volume: 12

Issue: 6

Pages: 309-312

Date: Dec

Short Title: Disinvesting in Ineffective and Inappropriate Practice: The Neglected Side of Evidence-Based Health Care?

ISSN: 1545-102X

DOI: 10.1111/wvn.12137
Accession Number: WOS:000368531200001
Notes: Harvey, Gill McInnes, Elizabeth
McInnes, Liz/R-6374-2019; Harvey, Gillian/J-9646-2014
McInnes, Liz/0000-0002-0567-9679; Harvey, Gillian/
0000-0003-0937-7819
1741-6787
URL: <Go to ISI>://WOS:000368531200001

Reference Type: Journal Article

Record Number: 22

Author: Harvey, L. H., Sliwinski, S. K., Flike, K., Boudreau, J.,
Gifford, A. L., Branch-Elliman, W. and Hyde, J.

Year: 2023

Title: The integration of harm reduction services in the Veterans
Health Administration (VHA): a qualitative analysis of barriers and
facilitators

Journal: Journal of Addictive Diseases

Date: 2023 May

Short Title: The integration of harm reduction services in the
Veterans Health Administration (VHA): a qualitative analysis of
barriers and facilitators

ISSN: 1055-0887

DOI: 10.1080/10550887.2023.2210021

Accession Number: WOS:000982591300001

Abstract: Background Substance use is common among U.S. military
veterans and veterans are at high risk for negative consequences
associated with substance use, such as injection-related infections
and overdose. Although harm reduction services (HRS) are highly
evidence-based, implementation in traditional healthcare settings
has been limited. This formative, qualitative study sought to
identify barriers and facilitators to the integration of HRS and
identify appropriate implementation strategies to support the
optimized integration of a comprehensive bundle of HRS in the
Veterans Health Administration (VHA). Methods Semi-structured
interviews explored how harm reduction is currently understood by
VHA providers and elicited input on perceived facilitators and
barriers to implementation. Data were analyzed using a directed
content analysis and the Practical, Robust Implementation and
Sustainability Model (PRISM) implementation framework was used to
organize findings. Results were then mapped to relevant
implementation strategies using the Consolidated Framework for
Implementation Research - Expert Recommendations for Implementing
Change (CFIR - ERIC) tool. Results 15 interviews with VHA providers
were conducted across 5 sites. Respondents reported that current HRS
are fragmented and dependent on the knowledge, time, and comfort
level of individual providers. Stigma around substance use at the
patient, provider, and institutional levels was noted to be a key
barrier to HRS adoption. Based on identified barriers and
facilitators, strategies that may be effective for increasing
adoption of HRS include engagement of champions, communication and
educational strategies, and adaptation of existing
infrastructure. Conclusions Many of the barriers identified in this

formative study may be addressed using evidence-based implementation strategies. Additional research is needed to identify implementation strategies that are effective for addressing stigma, which is perceived to be a persistent challenge to the provision of integrated harm reduction services.

Notes: Harvey, Leah H. Sliwinski, Samantha K. Flike, Kimberlee Boudreau, Jacqueline Gifford, Allen L. Branch-Elliman, Westyn Hyde, Justeen

1545-0848

URL: <Go to ISI>://WOS:000982591300001

Reference Type: Journal Article

Record Number: 1283

Author: Haskell, L., Tavender, E. J., Wilson, C. L., O'Brien, S., Babl, F. E., Borland, M. L., Cotterell, E., Sheridan, N., Oakley, E., Dalziel, S. R. and Paediat Res Emergency Dept Int, Col

Year: 2021

Title: Development of targeted, theory-informed interventions to improve bronchiolitis management

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Aug

Short Title: Development of targeted, theory-informed interventions to improve bronchiolitis management

DOI: 10.1186/s12913-021-06724-6

Article Number: 769

Accession Number: WOS:000683746100005

Abstract: Background Despite international guidelines providing evidence-based recommendations on appropriate management of infants with bronchiolitis, wide variation in practice occurs. This results in infants receiving care of no benefit, with associated cost and is potentially harmful. Theoretical frameworks are increasingly used to develop interventions, utilising behaviour change techniques specifically chosen to target factors contributing to practice variation, with de-implementation often viewed as harder than implementing. This paper describes the stepped process using the Theoretical Domains Framework (TDF) to develop targeted, theory-informed interventions which subsequently successfully improved management of infants with bronchiolitis by de-implementing ineffective therapies. Explicit description of the process and rationale used in developing de-implementation interventions is critical to dissemination of these practices into real world clinical practice. Methods A stepped approach was used: (1) Identify evidence-based recommendations and practice variation as targets for change, (2) Identify factors influencing practice change (barriers and enablers) to be addressed, and (3) Identification and development of interventions (behaviour change techniques and methods of delivery) addressing influencing factors, considering evidence of effectiveness, feasibility, local relevance and acceptability. The mode of delivery for the intervention components was informed by evidence from implementation science systematic reviews, and setting specific feasibility and

practicality. Results Five robust evidence-based management recommendations, targeting the main variation in bronchiolitis management were identified: namely, no use of chest x-ray, salbutamol, glucocorticoids, antibiotics, and adrenaline. Interventions developed to target recommendations addressed seven TDF domains (identified following qualitative clinician interviews (n =20)) with 23 behaviour change techniques chosen to address these domains. Final interventions included: (1) Local stakeholder meetings, (2) Identification of medical and nursing clinical leads, (3) Train-the-trainer workshop for all clinical leads, (4) Local educational materials for delivery by clinical leads, (5) Provision of tools and materials targeting influencing factors, and prompting recommended behaviours, and (6) Audit and feedback. Conclusion A stepped approach based on theory, evidence and issues of feasibility, local relevance and acceptability, was successfully used to develop interventions to improve management of infants with bronchiolitis. The rationale and content of interventions has been explicitly described allowing others to de-implement unnecessary bronchiolitis management, thereby improving care. Notes: Haskell, Libby Tavender, Emma J. Wilson, Catherine L. O'Brien, Sharon Babl, Franz E. Borland, Meredith L. Cotterell, Elizabeth Sheridan, Nicolette Oakley, Ed Dalziel, Stuart R. Haskell, Libby/0000-0002-8706-3674; Tavender, Emma/0000-0002-7230-712X 1472-6963 URL: <Go to ISI>://WOS:000683746100005

Reference Type: Journal Article

Record Number: 160

Author: Haslam, R. L., Baldwin, J. N., Pezdirc, K., Truby, H., Attia, J., Hutchesson, M. J., Burrows, T., Callister, R., Hides, L., Bonevski, B., Kerr, D. A., Kirkpatrick, S. I., Rollo, M. E., McCaffrey, T. A. and Collins, C. E.

Year: 2023

Title: Efficacy of technology-based personalised feedback on diet quality in young Australian adults: results for the advice, ideas and motivation for my eating (Aim4Me) randomised controlled trial

Journal: Public Health Nutrition

Date: 2023 Feb

Short Title: Efficacy of technology-based personalised feedback on diet quality in young Australian adults: results for the advice, ideas and motivation for my eating (Aim4Me) randomised controlled trial

ISSN: 1368-9800

DOI: 10.1017/s1368980023000253

Article Number: Pii s1368980023000253

Accession Number: WOS:000942652600001

Abstract: Objective: Web-based dietary interventions could support healthy eating. The Advice, Ideas and Motivation for My Eating (Aim4Me) trial investigated the impact of three levels of personalised web-based dietary feedback on diet quality in young adults. Secondary aims were to investigate participant retention, engagement and satisfaction. Design: Randomised controlled trial.

Setting: Web-based intervention for young adults living in Australia.
Participants: 18–24-year-olds recruited across Australia were randomised to Group 1 (control: brief diet quality feedback), Group 2 (comprehensive feedback on nutritional adequacy + website nutrition resources) or Group 3 (30-min dietitian consultation + Group 2 elements). Australian Recommended Food Score (ARFS) was the primary outcome. The ARFS subscales and percentage energy from nutrient-rich foods (secondary outcomes) were analysed at 3, 6 and 12 months using generalised linear mixed models. Engagement was measured with usage statistics and satisfaction with a process evaluation questionnaire. Results: Participants (n 1005, 85 % female, mean age 21 center dot 7 +/- 2 center dot 0 years) were randomised to Group 1 (n 343), Group 2 (n 325) and Group 3 (n 337). Overall, 32 (3 %), 88 (9 %) and 141 (14 %) participants were retained at 3, 6 and 12 months, respectively. Only fifty-two participants (15 % of Group 3) completed the dietitian consultation. No significant group-by-time interactions were observed (P > 0 center dot 05). The proportion of participants who visited the thirteen website pages ranged from 0 center dot 6 % to 75 %. Half (Group 2 = 53 %, Group 3 = 52 %) of participants who completed the process evaluation (Group 2, n 111; Group 3, n 90) were satisfied with the programme. Conclusion: Recruiting and retaining young adults in web-based dietary interventions are challenging. Future research should consider ways to optimise these interventions, including co-design methods.

Notes: Haslam, Rebecca L. Baldwin, Jennifer N. Pezdirc, Kristine Truby, Helen Attia, John Hutchesson, Melinda J. Burrows, Tracy Callister, Robin Hides, Leanne Bonevski, Billie Kerr, Deborah A. Kirkpatrick, Sharon, I Rollo, Megan E. McCaffrey, Tracy A. Collins, Clare E.

Attia, John R/F-5376-2013; Bonevski, Billie/G-7298-2013
Attia, John R/0000-0001-9800-1308; Baldwin, Jennifer/
0000-0001-7830-7270; Bonevski, Billie/0000-0001-8505-622X
1475-2727

URL: <Go to ISI>://WOS:000942652600001

Reference Type: Journal Article

Record Number: 1507

Author: Haslam-Larmer, L., Donnelly, C., Auais, M., Woo, K. and DePaul, V.

Year: 2021

Title: Early mobility after fragility hip fracture: a mixed methods embedded case study

Journal: BMC Geriatrics

Volume: 21

Issue: 1

Date: Mar

Short Title: Early mobility after fragility hip fracture: a mixed methods embedded case study

DOI: 10.1186/s12877-021-02083-3

Article Number: 181

Accession Number: WOS:000629381900001

Abstract: Background Following a hip fracture up to 60% of patients

are unable to regain their pre-fracture level of mobility. For hospitalized older adults, the deconditioning effect of bedrest and functional decline has been identified as the most preventable cause of ambulation loss. Recent studies demonstrate that this older adult population spends greater than 80% of their time in bed during hospitalization, despite being ambulatory before their fracture. We do not fully understand why there continues to be such high rates of sedentary times, given that evidence demonstrates functional decline is preventable and early mobility recommendations have been available for over a decade. Methods A descriptive mixed method embedded case study was selected to understand the phenomenon of early mobility after fragility hip fracture surgery. In this study, the main case was one post-operative unit with a history of recommendation implementation, and the embedded units were patients recovering from hip fracture repair. Data from multiple sources provided an understanding of mobility activity initiation and patient participation. Results Activity monitor data from eighteen participants demonstrated a mean sedentary time of 23.18h. Median upright time was 24min, and median number of steps taken was 30. Qualitative interviews from healthcare providers and patients identified two main categories of themes; themes external to the person and themes unique to the person. We identified four factors that can influence mobility; a patient's pre-fracture functional status, cognitive status, medical unpredictability, and preconceived notions held by healthcare providers and patients. Conclusions There are multi-level factors that require consideration with implementation of best practice interventions, namely, systemic, healthcare provider related, and patient related. An increased risk of poor outcomes occurs with compounding multiple factors, such as a patient with low pre-fracture functional mobility, cognitive impairment, and a mismatch of expectations. The study reports several variables to be important considerations for facilitating early mobility. Communicating mobility expectations and addressing physical and psychological readiness are essential. Our findings can be used to develop meaningful healthcare provider and patient-centred interventions to address the risks of poor outcomes.

Notes: Haslam-Larmer, Lynn Donnelly, Catherine Auais, Mohammad Woo, Kevin DePaul, Vincent

Haslam-Larmer, Lynn/AAP-8646-2021; DePaul, Vincent/K-3053-2015

Haslam-Larmer, Lynn/0000-0003-2554-1981; DePaul, Vincent/

0000-0003-4645-6399

1471-2318

URL: <Go to ISI>://WOS:000629381900001

Reference Type: Journal Article

Record Number: 2199

Author: Hasson, H., Blomberg, S., Duner, A. and Sarvimaki, A.

Year: 2016

Title: Significance of scientific evidence in organizing care processes

Journal: Journal of Health Organization and Management

Volume: 30

Issue: 4

Pages: 597-612

Short Title: Significance of scientific evidence in organizing care processes

ISSN: 1477-7266

DOI: 10.1108/jhom-12-2013-0271

Accession Number: WOS:000379808900007

Abstract: Purpose - The purpose of this paper is to analyze how staff and managers in health and social care organizations use scientific evidence when making decisions about the organization of care practices. Design/methodology/approach - Document analysis and repeated interviews (2008-2010) with staff (n = 39) and managers (n = 26) in health and social care organizations. The respondents were involved in a randomized controlled study about testing a continuum of care model for older people. Findings - Scientific evidence had no practical function in the social care organization, while it was a prioritized source of information in the health care organization. This meant that the decision making regarding care practices was different in these organizations. Social care tended to rely on ad hoc practice-based information and political decisions when organizing care, while health care to some extent also relied in an unreflected manner on the scientific knowledge. Originality/value - The study illustrates several difficulties that might occur when managers and staff try to consider scientific evidence when making complicated decisions about care practices.

Notes: Hasson, Henna Blomberg, Staffan Duner, Anna Sarvimaki, Anneli Duner, Anna/0000-0002-2322-8222

1758-7247

URL: <Go to ISI>://WOS:000379808900007

Reference Type: Journal Article

Record Number: 2201

Author: Hasted, T., Stapleton, H., Beckmann, M. M. and Wilkinson, S. A.

Year: 2016

Title: Clinician's Attitudes to the Introduction of Routine Weighing in Pregnancy

Journal: Journal of Pregnancy

Volume: 2016

Short Title: Clinician's Attitudes to the Introduction of Routine Weighing in Pregnancy

ISSN: 2090-2727

DOI: 10.1155/2016/2049673

Article Number: 2049673

Accession Number: WOS:000379675100001

Abstract: Background. Excessive gestational weight gain poses significant short- and long-term health risks to both mother and baby. Professional bodies and health services increasingly recommend greater attention be paid to weight gain in pregnancy. A large Australian tertiary maternity hospital plans to facilitate the (re)introduction of routine weighing of all women at every antenatal visit. Objective. To identify clinicians' perspectives of barriers and enablers to routinely weighing pregnant women and variations in current practice, knowledge, and attitudes between different staff

groups. Method. Forty-four maternity staff from three professional groups were interviewed in four focus groups. Staff included midwives; medical staff; and dietitians. Transcripts underwent qualitative content analysis to identify and examine barriers and enablers to the routine weighing of women throughout pregnancy. Results. While most staff supported routine weighing, various concerns were raised. Issues included access to resources and staff; the ability to provide appropriate counselling and evidence-based interventions; and the impact of weighing on patients and the therapeutic relationship. Conclusion. Many clinicians supported the practice of routine weighing in pregnancy, but barriers were also identified. Implementation strategies will be tailored to the discrete professional groups and will address identified gaps in knowledge, resources, and clinician skills and confidence.

Notes: Hasted, Tim Stapleton, Helen Beckmann, Michael M. Wilkinson, Shelley A.

Beckmann, Michael/L-4760-2013; Wilkinson, Shelley/AAV-9803-2020;

Beckmann, Mike/ABB-4964-2020

Beckmann, Michael/0000-0001-7319-6938; Wilkinson, Shelley/

0000-0003-3365-3473;

2090-2735

URL: <Go to ISI>://WOS:000379675100001

Reference Type: Journal Article

Record Number: 1904

Author: Hattingh, H. L., Kelly, F., Fowler, J. and Wheeler, A. J.

Year: 2017

Title: Implementation of a mental health medication management intervention in Australian community pharmacies: Facilitators and challenges

Journal: Research in Social & Administrative Pharmacy

Volume: 13

Issue: 5

Pages: 969-979

Date: Sep-Oct

Short Title: Implementation of a mental health medication management intervention in Australian community pharmacies: Facilitators and challenges

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2017.05.017

Accession Number: WOS:000408519700012

Abstract: Background: Community pharmacists are in an ideal position to promote and provide mental health medication management services. However, formalised or structured pharmacy services to support consumers with mental health conditions are scarce. Australian mental health consumers indicated a need for targeted community pharmacy mental health services which presented an opportunity to develop an intervention that were integrated with remunerated professional services. Objectives: The study aimed to pilot a mental health medication management intervention in Australian community pharmacies. Pharmacists worked in partnership with consumers, carers and mental health workers over three to six months to set and support achievement of individual goals related to medicines use,

physical health and mental wellbeing. This paper provides a comparison of community pharmacies that successfully delivered the intervention with those that did not and identifies facilitators and challenges to service implementation. Methods: One hundred pharmacies opted to pilot the delivery of the intervention in three Australian states (Queensland, Western Australia and northern New South Wales). Of those, 55 successfully delivered the intervention (completers) whilst 45 were unsuccessful (non-completers). A mixed methods approach, including quantitative pharmacy surveys and qualitative semi-structured interviews, was used to gather data from participating pharmacies. Following intervention development, 142 pharmacists and 21 pharmacy support staff attended training workshops, received resource kits and ongoing support from consumer and pharmacist mentors throughout intervention implementation. Baseline quantitative data was collected from each pharmacy on staff profile, volume of medicines dispensed, the range of professional services delivered and relationships with health professionals. At the completion of the study participants were invited to complete an online exit survey and take part in a semi-structured interview that explored their experiences of intervention implementation and delivery. Twenty-nine staff members from completer pharmacies returned exit surveys and interviews were conducted with 30 staff from completer and non-completer pharmacies. Results: Descriptive analyses of quantitative data and thematic analyses of qualitative data were used to compare completers and non-completers. Baseline similarities included numbers of general and mental health prescriptions dispensed and established professional services. However, there was greater prevalence of diabetes management, opioid substitution services, and relationships with mental health services in completer pharmacies. Key facilitators for completers included pharmacy owner/manager support, staff buy-in and involvement, intervention flexibility, recruitment immediately following training, integration of intervention with existing services, changes to workflow, and regular consumer contact. Key barriers for both groups included lack of pharmacy owner/manager support or staff buy-in, time constraints, privacy limitations and pilot project associated paperwork. Conclusions: Insights into factors that underpinned successful intervention implementation and delivery should inform effective strategies for similar future studies and allocation of pharmacy mental health service delivery resources. (C) 2017 Elsevier Inc. All rights reserved.

Notes: Hattingh, H. Laetitia Kelly, Fiona Fowler, Jane Wheeler, Amanda J.

Hattingh, H Laetitia/L-1141-2019; Hattingh, H Laetitia/I-2424-2019; Wheeler, Amanda/F-1854-2011

Hattingh, H Laetitia/0000-0002-4553-743X; Wheeler, Amanda/0000-0001-9755-674X; Fowler, Jane/0000-0001-5984-0838; Kelly, Fiona/0000-0001-7360-4655

1934-8150

Si

URL: <Go to ISI>://WOS:000408519700012

Reference Type: Journal Article

Record Number: 669

Author: Hattingh, H. L., Michaleff, Z. A., Fawzy, P., Du, L., Willcocks, K., Tan, K. M. and Keijzers, G.

Year: 2022

Title: Ordering of computed tomography scans for head and cervical spine: a qualitative study exploring influences on doctors' decision-making

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Jun

Short Title: Ordering of computed tomography scans for head and cervical spine: a qualitative study exploring influences on doctors' decision-making

DOI: 10.1186/s12913-022-08156-2

Article Number: 790

Accession Number: WOS:000812639900004

Abstract: Background Ordering of computed tomography (CT) scans needs to consider diagnostic utility as well as resource utilisation and radiation exposure. Several factors influence ordering decisions, including evidence-based clinical decision support tools to rule out serious disease. The aim of this qualitative study was to explore factors influencing Emergency Department (ED) doctors' decisions to order CT of the head or cervical spine. **Methods** In-depth semi-structured interviews were conducted with purposively selected ED doctors from two affiliated public hospitals. An interview tool with 10 questions, including three hypothetical scenarios, was developed and validated to guide discussions. Interviews were audio recorded, transcribed verbatim, and compared with field notes. Transcribed data were imported into NVivo Release 1.3 to facilitate coding and thematic analysis. **Results** In total 21 doctors participated in semi-structured interviews between February and December 2020; mean interview duration was 35 min. Data saturation was reached. Participants ranged from first-year interns to experienced consultants. Five overarching emerging themes were: 1) health system and local context, 2) work structure and support, 3) professional practices and responsibility, 4) reliable patient information, and 5) holistic patient-centred care. Mapping of themes and sub-themes against a behaviour change model provided a basis for future interventions. **Conclusions** CT ordering is complex and multifaceted. Multiple factors are considered by ED doctors during decisions to order CT scans for head or c-spine injuries. Increased education on the use of clinical decision support tools and an overall strategy to improve awareness of low-value care is needed. Strategies to reduce low-yield CT ordering will need to be sustainable, sophisticated and supportive to achieve lasting change.

Notes: Hattingh, H. Laetitia Michaleff, Zoe Alexandra Fawzy, Peter Du, Leanne Willcocks, Karlene Tan, K. Meng Keijzers, Gerben

Keijzers, Gerben/I-4228-2019

Keijzers, Gerben/0000-0003-1100-4552; Hattingh, Laetitia/

0000-0002-4553-743X; Fawzy, Peter/0000-0003-2563-4512; Tan, Kee

Meng/0000-0002-5799-5534

1472-6963

URL: <Go to ISI>://WOS:000812639900004

Reference Type: Journal Article

Record Number: 1631

Author: Hatzikiriakidis, K., Hillman, C., Soh, S. E., Savaglio, M., O'Donnell, R. and Ayton, D.

Year: 2021

Title: The implementation of Australian Youth Mentoring Programmes: An examination of strengths and limitations through stakeholder engagement

Journal: International Journal of Adolescence and Youth

Volume: 26

Issue: 1

Pages: 266-283

Date: Jan

Short Title: The implementation of Australian Youth Mentoring Programmes: An examination of strengths and limitations through stakeholder engagement

ISSN: 0267-3843

DOI: 10.1080/02673843.2021.1911816

Accession Number: WOS:000638986800001

Abstract: In recent years, youth mentoring programmes (YMPs) have received significant attention as an intervention tool delivered to young people with the aim of fostering positive psychosocial development. The aim of the current study was to conduct a needs assessment that examined the current trends in YMPs across Australia to inform their implementation. Utilizing the COM-B model, a mixed-method design that consisted of an exploratory survey administered to young people and semi-structured interviews conducted with key YMP stakeholders was adopted. The findings of this study provided several compelling insights regarding the need for YMPs and the barriers and enablers to their implementation, while also highlighting several positive outcomes that are commonly experienced by young people who engage in mentoring. Based on these promising findings, several recommendations for the implementation of YMPs are provided herein in order to maximize their effectiveness in fostering positive psychological and behavioural outcomes among young people.

Notes: Hatzikiriakidis, Kostas Hillman, Cathie Soh, Sze-Ee Savaglio, Melissa O'Donnell, Renee Ayton, Darshini

Savaglio, Melissa/0000-0002-4414-1214; Hatzikiriakidis, Kostas/0000-0001-5662-2958; Ayton, Darshini/0000-0002-2754-2024 2164-4527

URL: <Go to ISI>://WOS:000638986800001

Reference Type: Journal Article

Record Number: 2279

Author: Hawe, P.

Year: 2015

Title: Minimal, negligible and negligent interventions

Journal: Social Science & Medicine

Volume: 138

Pages: 265–268

Date: Aug

Short Title: Minimal, negligible and negligent interventions

ISSN: 0277–9536

DOI: 10.1016/j.socscimed.2015.05.025

Accession Number: WOS:000358816200035

Abstract: Many interventions are not disruptive enough of the patterns that entrench poor health and health inequities. Ways forward may require a break with tradition to embrace system-focussed theory, complex logic modelling, and ways of funding and responding to problems that address the competition of ideas and needs. (C) 2015 Elsevier Ltd. All rights reserved.

Notes: Hawe, Penelope

1873–5347

URL: <Go to ISI>://WOS:000358816200035

Reference Type: Journal Article

Record Number: 2295

Author: Hawkes, C., Smith, T. G., Jewell, J., Wardle, J., Hammond, R. A., Friel, S., Thow, A. M. and Kain, J.

Year: 2015

Title: Smart food policies for obesity prevention

Journal: Lancet

Volume: 385

Issue: 9985

Pages: 2410–2421

Date: Jun

Short Title: Smart food policies for obesity prevention

ISSN: 0140–6736

DOI: 10.1016/s0140–6736(14)61745–1

Accession Number: WOS:000356003700035

Abstract: Prevention of obesity requires policies that work. In this Series paper, we propose a new way to understand how food policies could be made to work more effectively for obesity prevention. Our approach draws on evidence from a range of disciplines (psychology, economics, and public health nutrition) to develop a theory of change to understand how food policies work. We focus on one of the key determinants of obesity: diet. The evidence we review suggests that the interaction between human food preferences and the environment in which those preferences are learned, expressed, and reassessed has a central role. We identify four mechanisms through which food policies can affect diet: providing an enabling environment for learning of healthy preferences, overcoming barriers to the expression of healthy preferences, encouraging people to reassess existing unhealthy preferences at the point-of-purchase, and stimulating a food-systems response. We explore how actions in three specific policy areas (school settings, economic instruments, and nutrition labelling) work through these mechanisms, and draw implications for more effective policy design. We find that effective food-policy actions are those that lead to positive changes to food, social, and information environments and the systems that underpin them. Effective food-policy actions are tailored to the preference, behavioural, socioeconomic, and

demographic characteristics of the people they seek to support, are designed to work through the mechanisms through which they have greatest effect, and are implemented as part of a combination of mutually reinforcing actions. Moving forward, priorities should include comprehensive policy actions that create an enabling environment for infants and children to learn healthy food preferences and targeted actions that enable disadvantaged populations to overcome barriers to meeting healthy preferences. Policy assessments should be carefully designed on the basis of a theory of change, using indicators of progress along the various pathways towards the long-term goal of reducing obesity rates.

Notes: Hawkes, Corinna Smith, Trenton G. Jewell, Jo Wardle, Jane Hammond, Ross A. Friel, Sharon Thow, Anne Marie Kain, Juliana Smith, Trenton G/B-5449-2008
Smith, Trenton G/0000-0001-6272-8871; Friel, Sharon/0000-0002-8345-5435; Jewell, Jo/0000-0001-7302-9320 1474-547x
URL: <Go to ISI>://WOS:000356003700035

Reference Type: Journal Article

Record Number: 589

Author: Hawkes, C. A., Griffin, J., Eli, K., Griffiths, F., Slowther, A. M., Fritz, Z., Underwood, M., Baldock, C., Gould, D., Lilford, R., Jacques, C., Warwick, J. and Perkins, G. D.

Year: 2022

Title: Implementation of ReSPECT in acute hospitals: A retrospective observational study

Journal: Resuscitation

Volume: 178

Pages: 26-35

Date: Sep

Short Title: Implementation of ReSPECT in acute hospitals: A retrospective observational study

ISSN: 0300-9572

DOI: 10.1016/j.resuscitation.2022.06.020

Accession Number: WOS:000838694600003

Abstract: Aims: To evaluate, in UK acute hospitals, the early implementation of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), which embeds cardiopulmonary resuscitation (CPR) recommendations within wider emergency treatment plans. To understand for whom and how the process was being used and the quality of form completion. Methods: A retrospective observational study evaluating emergency care and treatment planning approaches used in acute UK hospitals (2015-2019), and in six English hospital trusts the extent of ReSPECT use, patient characteristics and completion quality in a sample 3000 patient case notes. Results: The use of stand-alone Do Not Attempt Cardiopulmonary Resuscitation forms fell from 133/186 hospitals in 2015 to 64/186 in 2019 (a 38% absolute reduction). ReSPECT accounted for 52% (36/69) of changes. In the six sites, ReSPECT was used for approximately 20% of patients (range 6%-41%). They tended to be older, to have had an emergency medical admission, to have cognitive impairment and a lower predicted 10 year survival. Most (653/706 (92%)) included a 'not for

attempted resuscitation' recommendation 551/706 (78%) had at least one other treatment recommendation. Capacity was not recorded on 13% (95/706) of forms; 11% (79/706) did not record patient/family involvement. Conclusions: ReSPECT use accounts for 52% of the change, observed between 2015 and 2019, from using standalone DNACPR forms to approaches embedding DNACPR decisions within in wider emergency care plans in NHS hospitals in the UK. Whilst recommendations include other emergencies most still tend to focus on recommendations relating to CPR. Completion of ReSPECT forms requires improvement.

Notes: Hawkes, Claire A. Griffin, James Eli, Karin Griffiths, Frances Slowther, Anne-Marie Fritz, Zoe Underwood, Martin Baldock, Catherine Gould, Doug Lilford, Richard Jacques, Claire Warwick, Jane Perkins, Gavin D.

Eli, Karin/0000-0001-9132-8404; Griffiths, Frances/0000-0002-4173-1438; Hawkes, Claire/0000-0001-8236-3558; Perkins, Gavin/0000-0003-3027-7548; Gould, Doug/0000-0003-4148-3312 1873-1570

URL: <Go to ISI>://WOS:000838694600003

Reference Type: Journal Article

Record Number: 1414

Author: Hawkes, R. E., Miles, L. M. and French, D. P.

Year: 2021

Title: The theoretical basis of a nationally implemented type 2 diabetes prevention programme: how is the programme expected to produce changes in behaviour?

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 18

Issue: 1

Date: May

Short Title: The theoretical basis of a nationally implemented type 2 diabetes prevention programme: how is the programme expected to produce changes in behaviour?

DOI: 10.1186/s12966-021-01134-7

Article Number: 64

Accession Number: WOS:000656153900002

Abstract: Background It is considered best practice to provide clear theoretical descriptions of how behaviour change interventions should produce changes in behaviour. Commissioners of the National Health Service Diabetes Prevention Programme (NHS-DPP) specified that the four independent provider organisations must explicitly describe the behaviour change theory underpinning their interventions. The nationally implemented programme, launched in 2016, aims to prevent progression to Type 2 diabetes in high-risk adults through changing diet and physical activity behaviours. This study aimed to: (a) develop a logic model describing how the NHS-DPP is expected to work, and (b) document the behaviour change theories underpinning providers' NHS-DPP interventions. Methods A logic model detailing how the programme should work in changing diet and activity behaviours was extracted from information in three specification documents underpinning the NHS-DPP. To establish how

each of the four providers expected their interventions to produce behavioural changes, information was extracted from their programme plans, staff training materials, and audio-recorded observations of mandatory staff training courses attended in 2018. All materials were coded using Michie and Prestwich's Theory Coding Scheme. Results The NHS-DPP logic model included information provision to lead to behaviour change intentions, followed by a self-regulatory cycle including action planning and monitoring behaviour. None of the providers described an explicit logic model of how their programme will produce behavioural changes. Two providers stated their programmes were informed by the COM-B (Capability Opportunity Motivation – Behaviour) framework, the other two described targeting factors from multiple theories such as Self-Regulation Theory and Self-Determination Theory. All providers cited examples of proposed links between some theoretical constructs and behaviour change techniques (BCTs), but none linked all BCTs to specified constructs. Some discrepancies were noted between the theory described in providers' programme plans and theory described in staff training. Conclusions A variety of behaviour change theories were used by each provider. This may explain the variation between providers in BCTs selected in intervention design, and the mismatch between theory described in providers' programme plans and staff training. Without a logic model describing how they expect their interventions to work, justification for intervention contents in providers' programmes is not clear.

Notes: Hawkes, Rhiannon E. Miles, Lisa M. French, David P. Hawkes, Rhiannon/AAC-1113-2022; French, David/K-7283-2012 Hawkes, Rhiannon/0000-0003-0479-8163; Miles, Lisa/0000-0002-8971-125X; French, David/0000-0002-7663-7804 1479-5868
URL: <Go to ISI>://WOS:000656153900002

Reference Type: Journal Article

Record Number: 315

Author: Hawkins, R., Michael, P., Byrne-Davis, L., Bull, E., Skone-James, R. and Hart, J.

Year: 2022

Title: The behaviours identified and the behaviour change techniques planned in health partnerships for antimicrobial stewardship

Journal: Applied Psychology-Health and Well Being

Date: 2022 Nov

Short Title: The behaviours identified and the behaviour change techniques planned in health partnerships for antimicrobial stewardship

ISSN: 1758-0846

DOI: 10.1111/aphw.12421

Accession Number: WOS:000891023700001

Abstract: Antimicrobial stewardship (AMS) interventions promote optimised use of antimicrobials by healthcare professionals. In 2019-2020, the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) supported 12 global health partnerships in low- and middle-income countries to co-develop education and training interventions to improve AMS practices amongst hospital staff. This

study aimed to describe six of the CwPAMS health partnerships' target behaviours and behaviour change techniques (BCTs) within their planned AMS interventions. Content analysis extracted behaviours and BCTs from partnership materials. Techniques used by partnerships with (n = 2) and without (n = 4) an embedded behavioural scientist were compared, to understand their added value. Nineteen AMS related behaviours for hospital staff were targeted; most commonly hand hygiene and antibiotic prescribing behaviours. Twenty-three BCTs were coded, with instructing participants on how to perform the behaviours the most prominent across all, including partnerships with a behavioural scientist. Intervention materials did not always report the context of the intervention being delivered, including who was delivering it and the target. Behaviours for change were also often not specified. Partnerships varied in reporting their content and specific behaviours, impacting replicability of their interventions, and limiting knowledge exchange. An AMS behaviour change intervention resource is recommended to support clear specification of prospective AMS interventions.

Notes: Hawkins, Rachel Michael, Panayiotis Byrne-Davis, Lucie Bull, Eleanor Skone-James, Richard Hart, Jo

Byrne-Davis, Lucie/0000-0002-9658-5394; Bull, Eleanor/0000-0002-9444-0597; Hart, Jo/0000-0001-9985-5137; Hawkins, Rachel/0000-0003-1837-4409

1758-0854

URL: <Go to ISI>://WOS:000891023700001

Reference Type: Journal Article

Record Number: 489

Author: Hawkinson, L. E., Yates, L., Minnig, M. C., Register-Mihalik, J. K., Golightly, Y. M. and Padua, D. A.

Year: 2022

Title: Understanding Youth Sport Coaches' Perceptions of Evidence-Based Injury-Prevention Training Programs: A Systematic Literature Review

Journal: Journal of Athletic Training

Volume: 57

Issue: 9-10

Pages: 877-893

Date: Sep

Short Title: Understanding Youth Sport Coaches' Perceptions of Evidence-Based Injury-Prevention Training Programs: A Systematic Literature Review

ISSN: 1062-6050

DOI: 10.4085/1062-6050-0215.22

Accession Number: WOS:000914818700003

Abstract: Objective: To systematically review and summarize the knowledge, attitudes, beliefs, and contextual perceptions of youth sport coaches toward injury-prevention training programs by using the Theoretical Domains Framework to guide the organization of results. Data Sources: Systematic searches of PubMed and Google Scholar were undertaken in November 2021. Study Selection: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses

protocol was followed. Results were limited to full-text articles that were published in peer-reviewed journals and printed in English. Additional studies were added after a citation search of included studies. Studies were eligible for inclusion if researchers evaluated youth sport coaches' knowledge, beliefs, contextual perceptions, or all 3 of anterior cruciate ligament injury-prevention training programs. Data Extraction: Data charting was performed by 1 author and confirmed by a separate author. Data Synthesis: Of the 1194 articles identified, 19 were included in the final sample. Among articles in which researchers assessed knowledge (n = 19), coaches' awareness of the existence and components of injury-prevention training programs was inconsistent. Among articles in which researchers assessed beliefs (n = 19), many coaches had positive attitudes toward injury-prevention training programs, but few believed youth athletes are at a high risk of injury. Among articles in which researchers assessed contextual perceptions (n = 13), many coaches did not feel they had access to information about injury-prevention training programs and cited a lack of time, space, support, and other resources as barriers to implementation. Conclusions: Our findings support the need for programs, protocols, and policies to enhance knowledge of and support for youth sport coaches who wish to implement injury-prevention training programs. A gap exists in the research about addressing the needs of youth sport coaches in the United States high school sports setting. The use of multilevel implementation science frameworks (such as the Theoretical Domains Framework) will be beneficial for identifying constructs that affect implementation and developing train-the-trainer programming to meet the needs of individual youth sport coaches.

Notes: Hawkinson, Lauren E. Yates, Lindsey Minnig, Mary Catherine Register-Mihalik, Johna K. Golightly, Yvonne M. Padua, Darin A. 1938-162x

URL: <Go to ISI>://WOS:000914818700003

Reference Type: Journal Article

Record Number: 2272

Author: Hay-Smith, J., Dean, S., Burgio, K., McClurg, D., Frawley, H. and Dumoulin, C.

Year: 2015

Title: Pelvic-floor-muscle-training adherence "modifiers": A review of primary qualitative studies2011 ICS State-of-the-Science Seminar research paper III of IV

Journal: Neurourology and Urodynamics

Volume: 34

Issue: 7

Pages: 622-631

Date: Sep

Short Title: Pelvic-floor-muscle-training adherence "modifiers": A review of primary qualitative studies2011 ICS State-of-the-Science Seminar research paper III of IV

ISSN: 0733-2467

DOI: 10.1002/nau.22771

Accession Number: WOS:000359710200005

Abstract: Aims This review aims to locate and summarize the findings of qualitative studies exploring the experience of and adherence to pelvic floor muscle training (PFMT) to recommend future directions for practice and research. Methods Primary qualitative studies were identified through a conventional subject search of electronic databases, reference-list checking, and expert contact. A core eligibility criterion was the inclusion of verbatim quotes from participants about PFMT experiences. Details of study aims, methods, and participants were extracted and tabulated. Data were inductively grouped into categories describing modifiers of adherence (verified by a second author) and systematically displayed with supporting illustrative quotes. Results Thirteen studies (14 study reports) were included; eight recruited only or predominantly women with urinary incontinence, three recruited postnatal women, and two included women with pelvic organ prolapse. The quality of methodological reporting varied. Six modifiers of adherence were described: knowledge; physical skill; feelings about PFMT; cognitive analysis, planning, and attention; prioritization; and service provision. Conclusions Individuals' experience substantial difficulties with capability (particularly knowledge and skills), motivation (especially associated with the considerable cognitive demands of PFMT), and opportunity (as external factors generate competing priorities) when adopting and maintaining a PFMT program. Expert consensus was that judicious selection and deliberate application of appropriate behavior change strategies directed to the modifiers of adherence identified in the review may improve PFMT outcomes. Future research is needed to explore whether the review findings are congruent with the PFMT experiences of antenatal women, men, and adults with fecal incontinence. *Neurourol. Urodynam.* 34:???-???, 2015. (c) 2015 Wiley Periodicals, Inc.

Notes: Hay-Smith, Jean Dean, Sarah Burgio, Kathryn McClurg, Doreen Frawley, Helena Dumoulin, Chantale Frawley, Helena C/B-9840-2017 Frawley, Helena C/0000-0002-7126-6979; McClurg, Doreen/0000-0002-2872-1702; Dean, Sarah/0000-0002-3682-5149 1520-6777
URL: <Go to ISI>://WOS:000359710200005

Reference Type: Journal Article
Record Number: 1093
Author: Hayba, N., Shi, Y. M. and Allman-Farinelli, M.
Year: 2021
Title: Enabling Better Physical Activity and Screen Time Behaviours for Adolescents from Middle Eastern Backgrounds: Semi-Structured Interviews with Parents
Journal: International Journal of Environmental Research and Public Health
Volume: 18
Issue: 23
Date: Dec
Short Title: Enabling Better Physical Activity and Screen Time Behaviours for Adolescents from Middle Eastern Backgrounds: Semi-Structured Interviews with Parents

DOI: 10.3390/ijerph182312787

Article Number: 12787

Accession Number: WOS:000734763100001

Abstract: The unrelenting obesity pandemic in Middle Eastern (ME) adolescents living in Australia warrants culturally responsive and locally engineered interventions. Given the influence of parents on the lifestyle behaviours of adolescents, this qualitative study aimed to capture the opinions of ME parents on the barriers and enablers to sufficient physical activity and limiting screen time behaviours in adolescents. Semi-structured interviews were conducted with 26 ME parents (female) aged 35–59 years old, most of whom resided in lower socioeconomic areas (n = 19). A reflexive thematic analysis using the Theoretical Domains Framework and the Capability, Opportunity, Motivation–Behaviour model was performed for coding. Parents voiced confidence in their knowledge of the importance of physical activity and limiting screen time but were less optimistic in their ability to enable change in behaviours, especially for older adolescents without outside support. Despite adolescents having the necessary skills to engage in a wide array of sports, the parents admitted deep fears regarding the safety of the social environment and restricted their children's independent mobility. Gender differences were noted, with parents reporting older girls expressing disinterest in sports and having limited physical opportunities to participate in sports at school. It may be that a community-based participatory framework is needed to improve physical activity opportunities and to address specific physical, social, and cultural barriers.

Notes: Hayba, Nematullah Shi, Yumeng Allman–Farinelli, Margaret Hayba, Nematullah/0000–0003–3113–9825; Shi, Yumeng/0000–0002–6684–6098; Allman–Farinelli, Margaret/0000–0002–6478–1374 1660–4601

URL: <Go to ISI>://WOS:000734763100001

Reference Type: Journal Article

Record Number: 1149

Author: Hayba, N., Shi, Y. M. and Allman–Farinelli, M.

Year: 2021

Title: Enabling Better Nutrition for Adolescents from Middle Eastern

Backgrounds: Semi-Structured Interviews with Parents

Journal: Nutrients

Volume: 13

Issue: 11

Date: Nov

Short Title: Enabling Better Nutrition for Adolescents from Middle Eastern Backgrounds: Semi-Structured Interviews with Parents

DOI: 10.3390/nu13113918

Article Number: 3918

Accession Number: WOS:000725760800001

Abstract: The unyielding obesity epidemic in adolescents from Middle Eastern (ME) backgrounds warrants culturally-responsive and co-designed prevention measures. This study aimed to capture the opinions of ME parents residing in Australia on the crisis and their enablers and barriers to healthy eating interventions given their

influence on adolescent eating behaviors. Twenty-six semi-structured interviews were conducted with ME mothers, aged 35-59 years, and most residing in low socioeconomic areas (n = 19). A reflexive thematic analysis using the Capability, Opportunity, Motivation-Behaviour model and Theoretical Domain Framework was conducted. Parents expressed confidence in knowledge of importance of healthy eating, but were reluctant to believe behaviours were engaged in outside of parental influence. Time management skills are needed to support working mothers and to minimize reliance on nearby fast-food outlets, which was heightened during COVID-19 with home-delivery. Time constraints also meant breakfast skipping was common. A culture of feeding in light of diet acculturation and intergenerational trauma in this diaspora was also acknowledged. Parents pleaded for upstream policy changes across government and school bodies to support parental efforts in the form of increased regulation of fast-food and subsidization of healthy products. Opportunities for weight-inclusive programs including parenting workshops underpinned by culturally-responsive pedagogy were recommended.

Notes: Hayba, Nematullah Shi, Yumeng Allman-Farinelli, Margaret Hayba, Nematullah/0000-0003-3113-9825; Allman-Farinelli, Margaret/0000-0002-6478-1374; Shi, Yumeng/0000-0002-6684-6098 2072-6643

URL: <Go to ISI>://WOS:000725760800001

Reference Type: Journal Article

Record Number: 2084

Author: Hayek, A., Joshi, R., Usherwood, T., Webster, R., Kaur, B., Saini, B., Armour, C., Krass, I., Laba, T. L., Reid, C., Shiel, L., Hespe, C., Hersch, F., Jan, S., Lo, S., Peiris, D., Rodgers, A. and Patel, A.

Year: 2016

Title: An integrated general practice and pharmacy-based intervention to promote the use of appropriate preventive medications among individuals at high cardiovascular disease risk: protocol for a cluster randomized controlled trial

Journal: Implementation Science

Volume: 11

Date: Sep

Short Title: An integrated general practice and pharmacy-based intervention to promote the use of appropriate preventive medications among individuals at high cardiovascular disease risk: protocol for a cluster randomized controlled trial

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0488-1

Article Number: 129

Accession Number: WOS:000384772700001

Abstract: Background: Cardiovascular diseases (CVD) are responsible for significant morbidity, premature mortality, and economic burden. Despite established evidence that supports the use of preventive medications among patients at high CVD risk, treatment gaps remain. Building on prior evidence and a theoretical framework, a complex intervention has been designed to address these gaps among high-risk, under-treated patients in the Australian primary care setting.

This intervention comprises a general practice quality improvement tool incorporating clinical decision support and audit/feedback capabilities; availability of a range of CVD polypills (fixed-dose combinations of two blood pressure lowering agents, a statin +/- aspirin) for prescription when appropriate; and access to a pharmacy-based program to support long-term medication adherence and lifestyle modification. Methods: Following a systematic development process, the intervention will be evaluated in a pragmatic cluster randomized controlled trial including 70 general practices for a median period of 18 months. The 35 general practices in the intervention group will work with a nominated partner pharmacy, whereas those in the control group will provide usual care without access to the intervention tools. The primary outcome is the proportion of patients at high CVD risk who were inadequately treated at baseline who achieve target blood pressure (BP) and low-density lipoprotein cholesterol (LDL-C) levels at the study end. The outcomes will be analyzed using data from electronic medical records, utilizing a validated extraction tool. Detailed process and economic evaluations will also be performed. Discussion: The study intends to establish evidence about an intervention that combines technological innovation with team collaboration between patients, pharmacists, and general practitioners (GPs) for CVD prevention. Notes: Hayek, Adina Joshi, Rohina Usherwood, Tim Webster, Ruth Kaur, Baldeep Saini, Bandana Armour, Carol Krass, Ines Laba, Tracey-Lea Reid, Christopher Shiel, Louise Hespe, Charlotte Hersch, Fred Jan, Stephen Lo, Serigne Peiris, David Rodgers, Anthony Patel, Anushka Laba, Tracey-Lea/H-8908-2013; Reid, Christopher M/AAP-8135-2021; Hespe, Charlotte/P-5240-2015; Lo, Serigne N/L-6220-2018; Jan, Stephen/AAG-3333-2021 Laba, Tracey-Lea/0000-0002-5182-9092; Hespe, Charlotte/0000-0002-4582-7728; Lo, Serigne N/0000-0001-5092-5544; Jan, Stephen/0000-0003-2839-1405; Rodgers, Anthony/0000-0003-1282-1896; Krass, Ines/0000-0002-0466-9807; Joshi, Rohina/0000-0002-3374-401X; Reid, Christopher/0000-0001-9173-3944; Patel, Anushka/0000-0003-3825-4092; Peiris, David/0000-0002-6898-3870; Webster, Ruth/0000-0002-7444-3037; Armour, Carol/0000-0002-2930-2227 URL: <Go to ISI>://WOS:000384772700001

Reference Type: Journal Article

Record Number: 1232

Author: Hayes, C. V., Eley, C. V., Ashiru-Oredope, D., Hann, M., McNulty, C. A. M. and Antibiotic Guardian Youth Badge, Wo

Year: 2021

Title: Development and pilot evaluation of an educational programme on infection prevention and antibiotics with English and Scottish youth groups, informed by COM-B

Journal: Journal of Infection Prevention

Volume: 22

Issue: 5

Pages: 212-219

Date: Sep

Short Title: Development and pilot evaluation of an educational programme on infection prevention and antibiotics with English and

Scottish youth groups, informed by COM-B

ISSN: 1757-1774

DOI: 10.1177/17571774211012463

Accession Number: WOS:000775473100004

Abstract: Background:The UK 5-year antimicrobial resistance (AMR) National Action Plan highlights the need to prevent community infections through education of children. Activities around infection prevention (IP) and antibiotics were piloted by UK youth groups in 2016–2018, prompting Public Health England (PHE) to develop a standardised programme. The aim of the study was to develop and pilot an educational programme on IP and antibiotics for use by community youth groups in the UK. Methods:A working group, including youth group volunteers interested in IP and AMR, agreed on the programme content through consensus, informed by the Capability, Opportunity, Motivation, Behaviour model (COM-B). The Antibiotic Guardian Youth Badge (AGYB) included learning through interactive e-Bug activities on IP and prudent antibiotic use, action setting through Antibiotic Guardian pledges and consolidation through poster development. The programme was piloted and evaluated with conveniently recruited youth groups in 2019, including quantitative and qualitative questionnaire feedback from community leaders and children. Results:Fourteen youth group leaders and 232 children from uniformed Girlguiding/Scout groups in England and Scotland participated in the pilot evaluation, as well as two primary schools. Leaders reported alignment to the themes of their youth organisation, but struggled to teach antibiotics and antibiotic resistance. Children reported enjoyment and intentions to improve hygiene behaviour. Conclusion:Community youth groups are a suitable setting for IP and antibiotics education. The AGYB was officially launched in March 2020 and promoted for use with home-schooling children and remote youth group meetings to educate about IP during the coronavirus disease 2019 (COVID-19) pandemic.

Notes: Hayes, Catherine V. Eley, Charlotte V. Ashiru-Oredope, Diane Hann, Magda McNulty, Cliona A. M.

Hayes, Catherine/0000-0001-6411-1023

1757-1782

URL: <Go to ISI>://WOS:000775473100004

Reference Type: Journal Article

Record Number: 68

Author: Hayes, C. V., Parekh, S., Lecky, D. M., Loader, J., Triggs-Hodge, C. and Ashiru-Oredope, D.

Year: 2023

Title: The National Implementation of a Community Pharmacy Antimicrobial Stewardship Intervention (PAMSI) through the English Pharmacy Quality Scheme 2020 to 2022

Journal: Antibiotics-Basel

Volume: 12

Issue: 4

Date: Apr

Short Title: The National Implementation of a Community Pharmacy Antimicrobial Stewardship Intervention (PAMSI) through the English Pharmacy Quality Scheme 2020 to 2022

ISSN: 2079-6382

DOI: 10.3390/antibiotics12040793

Article Number: 793

Accession Number: WOS:000983143400001

Abstract: Since 2020, England's Pharmacy Quality Scheme (PQS) has incentivised increased antimicrobial stewardship (AMS) activities in community pharmacy. In 2020/21, this included the requirement for staff to complete an AMS e-Learning module, pledge to be an Antibiotic Guardian and develop an AMS Action plan. To build and embed these initiatives, in 2021/22, the PQS required the use of the TARGET Antibiotic Checklist (an AMS tool for use when patients present with a prescription for antibiotics to support conducting and recording of a series of safety and appropriateness checks against each prescribed antibiotic). This paper describes the implementation of the national PQS criteria from 2020 to 2022, and details community pharmacies' AMS activities and barriers to implementation of the 2021/22 criteria. A total of 8374 community pharmacies submitted data collected using the TARGET Antibiotic Checklist for 213,105 prescriptions; 44% surpassed the required number for the PQS. Pharmacy teams reported checking the following: duration, dose, and appropriateness of antibiotics; patient allergies and medicine interactions (94-95%); antibiotic prescribing guideline adherence (89%); and the patient's previous use of antibiotics (81%). The prescriber was contacted for 1.3% of TARGET Antibiotic Checklists (2741), and the most common reasons for such contacts were related to dose, duration, and possible patient allergy. A total of 105 pharmacy staff responded to a follow-up questionnaire, which suggested that some AMS principles had been embedded into daily practice; however, the necessary time commitment was a barrier. The PQS was able to incentivise mass AMS activities at pace over consecutive years for England's community pharmacies simultaneously. Future research should monitor the continuation of activities and the wider impacts on primary care.

Notes: Hayes, Catherine V. Parekh, Sejal Lecky, Donna M. Loader, Jill Triggs-Hodge, Carry Ashiru-Oredope, Diane ; Lecky, Donna/AAB-6849-2019

Ashiru-Oredope, Diane/0000-0001-9579-2028; Lecky, Donna/0000-0002-1223-9356; Hayes, Catherine/0000-0001-6411-1023; Parekh, Sejal/0000-0002-3135-7710

URL: <Go to ISI>://WOS:000983143400001

Reference Type: Conference Proceedings

Record Number: 1761

Author: Hayn, D., Sareban, M., Eggerth, A., Falgenhauer, M., Rzepka, A., Traninger, H., Mayr, K., Philippi, M., Porodko, M., Puelacher, C., Hofer, S., Niebauer, J. and Ieee

Year of Conference: 2020

Title: Telehealth Services for Home-based Rehabilitation of Cardiac Patients

Conference Name: Computing in Cardiology Conference (CinC)

Conference Location: Rimini, ITALY

Series Title: Computing in Cardiology Conference

Date: Sep 13-16

Short Title: Telehealth Services for Home-based Rehabilitation of Cardiac Patients

ISBN: 978-1-7281-7382-5

DOI: 10.22489/CinC.2020.150

Source: 2020 computing in cardiology

Year Published:2020

Accession Number: WOS:000657257000162

Abstract: Cardiovascular diseases (CVD) are the leading cause of death in the Western world. Several modifiable risk factors contribute to the pathogenesis of CVD which are all addressed during cardiac rehabilitation (CR). CR is conducted in three phases: I: acute care hospital, II: subsequent in- or outpatient CR, and III: out-patient CR with focus on lifelong prevention. Despite its proven merits, the adherence to healthy lifestyle changes following completion of CR phase II is challenging. This gap is addressed in recent recommendations, suggesting that clinicians should help patients to set personal goals to i) achieve and maintain the benefits of physical activity, ii) include physical activity into their daily routine and iii) overcome barriers to exercise, to achieve behavior change more effectively and more sustainably. We have developed tele-rehabilitation services to support patients during home-based exercise training in CR phase III. Our services provide a link between CR experts and patients by means of individualized exercise prescription supported by different kinds of wearables for measuring e.g. physical activity volume. The effectiveness of such services and other supportive measures regarding adherence to home training plans and changes in exercise capacity during CR phase III CR is currently evaluated in a study.

Notes: Hayn, Dieter Sareban, Mahdi Eggerth, Alphons Falgenhauer, Markus Rzepka, Angelika Traninger, Heimo Mayr, Karl Philippi, Marco Porodko, Michael Puelacher, Christoph Hofer, Stefan Niebauer, Josef Schäfer, Lea-Sophie/AFJ-7313-2022; Hayn, Dieter/E-6994-2012; Höfer, Stefan/B-8393-2008

Hayn, Dieter/0000-0003-1822-9033; Höfer, Stefan/0000-0002-6128-3687; Rzepka, Angelika/0000-0001-9376-0161
2325-8861

150

URL: <Go to ISI>://WOS:000657257000162

Reference Type: Journal Article

Record Number: 2170

Author: Haynes, A., Brennan, S., Redman, S., Williamson, A., Gallego, G., Butow, P. and Team, Cipher

Year: 2016

Title: Figuring out fidelity: a worked example of the methods used to identify, critique and revise the essential elements of a contextualised intervention in health policy agencies

Journal: Implementation Science

Volume: 11

Date: Feb

Short Title: Figuring out fidelity: a worked example of the methods used to identify, critique and revise the essential elements of a contextualised intervention in health policy agencies

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0378-6

Article Number: 23

Accession Number: WOS:000370696500002

Abstract: Background: In this paper, we identify and respond to the fidelity assessment challenges posed by novel contextualised interventions (i.e. interventions that are informed by composite social and psychological theories and which incorporate standardised and flexible components in order to maximise effectiveness in complex settings). We (a) describe the difficulties of, and propose a method for, identifying the essential elements of a contextualised intervention; (b) provide a worked example of an approach for critiquing the validity of putative essential elements; and (c) demonstrate how essential elements can be refined during a trial without compromising the fidelity assessment. We used an exploratory test-and-refine process, drawing on empirical evidence from the process evaluation of Supporting Policy In health with Research: an Intervention Trial (SPIRIT). Mixed methods data was triangulated to identify, critique and revise how the intervention's essential elements should be articulated and scored. Results: Over 50 provisional elements were refined to a final list of 20 and the scoring rationalised. Six (often overlapping) challenges to the validity of the essential elements were identified. They were (1) redundant-the element was not essential; (2) poorly articulated-unclear, too specific or not specific enough; (3) infeasible-it was not possible to implement the essential element as intended; (4) ineffective-the element did not effectively deliver the change principles; (5) paradoxical-counteracting vital goals or change principles; or (6) absent or suboptimal-additional or more effective ways of operationalising the theory were identified. We also identified potentially valuable 'prohibited' elements that could be used to help reduce threats to validity. Conclusions: We devised a method for critiquing the construct validity of our intervention's essential elements and modifying how they were articulated and measured, while simultaneously using them as fidelity indicators. This process could be used or adapted for other contextualised interventions, taking evaluators closer to making theoretically and contextually sensitive decisions upon which to base fidelity assessments.

Notes: Haynes, Abby Brennan, Sue Redman, Sally Williamson, Anna Gallego, Gisselle Butow, Phyllis Gallego, Gisselle/AAG-2398-2019; Gallego, Gisselle/AAD-6026-2019; Haynes, Abby/ABG-5448-2021; Haynes, Abby/D-3618-2016 Gallego, Gisselle/0000-0002-3243-8176; Brennan, Sue/0000-0003-1789-8809; Haynes, Abby/0000-0001-5703-5683
URL: <Go to ISI>://WOS:000370696500002

Reference Type: Journal Article

Record Number: 1486

Author: Haynes, A., Sherrington, C., Wallbank, G., Lester, D., Tong, A., Merom, D., Rissel, C. and Tiedemann, A.

Year: 2021

Title: "Someone's Got My Back": Older People's Experience of the

Coaching for Healthy Ageing Program for Promoting Physical Activity and Preventing Falls

Journal: Journal of Aging and Physical Activity

Volume: 29

Issue: 2

Pages: 296-307

Date: Apr

Short Title: "Someone's Got My Back": Older People's Experience of the Coaching for Healthy Ageing Program for Promoting Physical Activity and Preventing Falls

ISSN: 1063-8652

DOI: 10.1123/japa.2020-0116

Accession Number: WOS:000643257400013

Abstract: The Coaching for Healthy Ageing trial evaluated the impact on physical activity (PA) and falls based on a year-long intervention in which participants aged 60+ receive a home visit, regular health coaching by physiotherapists, and a free activity monitor. This interview study describes the participants' experiences of the intervention and ideas for improvement. The authors sampled purposively for maximum variation in experiences. The data were analyzed thematically by two researchers. Most of the 32 participants reported that the intervention increased PA levels, embedded activities, and generated positivity about PA. They were motivated by quantified PA feedback, self-directed goals, and person-centered coaching. Social connectivity motivated some, but the intervention did not support this well. The intervention structure allowed participants to trial and embed activities. Autonomy and relatedness were emphasized and should be included in future program theory. The authors identified synergistic effects, likely "essential ingredients," and potential areas for improving this and similar interventions.

Notes: Haynes, Abby Sherrington, Catherine Wallbank, Geraldine Lester, David Tong, Allison Merom, Dafna Rissel, Chris Tiedemann, Anne

Haynes, Abby/ABG-5448-2021; Wallbank, Geraldine/AAK-6223-2021;

Merom, Dafna/AAW-5357-2021; Haynes, Abby/D-3618-2016

Merom, Dafna/0000-0001-6459-8628; Haynes, Abby/0000-0001-5703-5683;

Rissel, Chris/0000-0002-2156-8581; Sherrington, Catherine/

0000-0001-8934-4368; Wallbank, Geraldine/0000-0001-7914-6149

1543-267x

URL: <Go to ISI>://WOS:000643257400013

Reference Type: Journal Article

Record Number: 264

Author: Haywood, D., Shaw, J., Williams, T., Watts, K., Kane, R. and O'Connor, M.

Year: 2022

Title: Community workshops increase advance care planning knowledge, appointment of legal proxies and completion of end-of life written plans

Journal: Death Studies

Date: 2022 Dec

Short Title: Community workshops increase advance care planning

knowledge, appointment of legal proxies and completion of end-of life written plans

ISSN: 0748-1187

DOI: 10.1080/07481187.2022.2160520

Accession Number: WOS:000905371500001

Abstract: Advance Care Planning involves having conversations, completing documents detailing individuals' end-of life treatment and care preferences, and appointing legal proxies who make health, lifestyle, or financial decisions. Although beneficial outcomes have been demonstrated, community rates of Advance Care Planning remain low. We developed a theoretically based workshop to increase knowledge and change behaviors in relation to Advance Care Planning; 347 participants completed the workshop. Advance Care Planning knowledge and action significantly improved three months post workshop. The intervention increased Advance Care Planning knowledge and changed behaviors.

Notes: Haywood, Darren Shaw, Josephine Williams, Tracey Watts, Kaaren Kane, Robert O'Connor, Moira Haywood, Darren/0000-0002-9317-4135 1091-7683

URL: <Go to ISI>://WOS:000905371500001

Reference Type: Journal Article

Record Number: 870

Author: Hazfiarini, A., Zahroh, R. I., Akter, S., Homer, C. S. E. and Bohren, M. A.

Year: 2022

Title: Indonesian midwives' perspectives on changes in the provision of maternity care during the COVID-19 pandemic: A qualitative study

Journal: Midwifery

Volume: 108

Date: May

Short Title: Indonesian midwives' perspectives on changes in the provision of maternity care during the COVID-19 pandemic: A qualitative study

ISSN: 0266-6138

DOI: 10.1016/j.midw.2022.103291

Article Number: 103291

Accession Number: WOS:000805810300010

Abstract: Objective: To explore how COVID-19 influenced the provision of high-quality maternity care in Indonesia. Design and methods: A qualitative descriptive study using in-depth interviews was undertaken. Thematic analysis was used to analyse data, and behaviour change frameworks (Theoretical Domain Framework (TDF) and Capability, Opportunity, and Motivation (COM-B)) were used to identify and map facilitators and barriers influencing maternity care provision during the COVID-19 pandemic. Setting and participants: Fifteen midwives working in community maternity care facilities in Surabaya and Mataram, Indonesia were included. Surabaya is in western Indonesia, with around 56,000 births per year and a population of around 3 million. Mataram is in eastern Indonesia, with around 7,000 births per year and a population of around 500,000. Findings: The main changes to maternity care

provision during the COVID-19 pandemic were reduced frequency of antenatal and postpartum care visits, reduced support for women, including unavailability of maternity care and reduced number of antenatal care and labour companions, changes in location of provision of care, and public health changes related to COVID-19. The main factors influencing the provision of high-quality maternity care during the COVID-19 pandemic were behavioural regulation, professional role and identity, and environmental context and resources. Key conclusions and implications for practice: Maternity care provision underwent substantial changes during the COVID-19 pandemic in Indonesia. Findings from this study can contribute to better understanding of how maternity care provision changed during the pandemic, and how positive changes can be reinforced, and negative changes can be addressed. (c) 2022 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

Notes: Hazfiarini, Alya Zahroh, Rana Islamiah Akter, Shahinoor Homer, Caroline S. E. Bohren, Meghan A. Homer, Caroline S. E./J-2101-2014; Akter, Shahinoor/AAY-5043-2020 Homer, Caroline S. E./0000-0002-7454-3011; Akter, Shahinoor/0000-0002-5236-3597; Hazfiarini, Alya/0000-0002-2097-0245; Bohren, Meghan/0000-0002-4179-4682
1532-3099
URL: <Go to ISI>://WOS:000805810300010

Reference Type: Journal Article

Record Number: 1064

Author: Heanue, A., Gullo, M. J., Hayes, N., Passmore, H. and Reid, N.

Year: 2022

Title: Understanding Current Staff Experiences, Practices and Needs in Supporting Young People with Neurodevelopmental Disorders in the Queensland Youth Justice System

Journal: International Journal of Forensic Mental Health

Volume: 21

Issue: 4

Pages: 372-382

Date: Sep

Short Title: Understanding Current Staff Experiences, Practices and Needs in Supporting Young People with Neurodevelopmental Disorders in the Queensland Youth Justice System

ISSN: 1499-9013

DOI: 10.1080/14999013.2021.2019854

Accession Number: WOS:000750163700001

Abstract: Young people with neurodevelopmental disorders are overrepresented in the youth justice system and face many disadvantages due to their impairments. The current study investigated what factors predict and contribute to the behavior of youth justice professionals working in the Queensland (QLD) youth justice system, utilizing a behavior change wheel framework. Eighty-one youth justice professionals participated in an online survey assessing capability, opportunity and motivation and additional open-ended questions capturing their recommendations for

improvement. Results demonstrated that training frequency, capability, opportunity and motivation significantly predicted behaviors to identify and support young people with neurodevelopmental disorders (i.e., target behaviors). Capability ($p = <.001$) and motivation ($p = .02$) were significant independent predictors of the target behaviors. Examination of open-ended responses provided by the youth justice professionals identified several key areas, consistent with existing literature, which were in need of modifications to further support young people with neurodevelopmental disorders. These included: use of language, availability of resources, increased liaison with stakeholders, and knowledge and understanding of neurodevelopmental disorders. Overall, the current results provide helpful directions in terms of future targets for implementation strategies and interventions to better support young people with neurodevelopmental conditions who are involved with the QLD youth justice system.

Notes: Heanue, Alanna Gullo, Matthew J. Hayes, Nicole Passmore, Hayley Reid, Natasha

Passmore, Hayley/F-3646-2016; Gullo, Matthew/C-3850-2008; Reid, Natasha/B-7774-2019; Hayes, Nicole/G-6561-2016

Passmore, Hayley/0000-0002-5031-2593; Gullo, Matthew/0000-0003-3657-5191; Reid, Natasha/0000-0001-9813-5613; Hayes, Nicole/0000-0003-2391-7615
1932-9903

URL: <Go to ISI>://WOS:000750163700001

Reference Type: Journal Article

Record Number: 381

Author: Hebbar, P. B., Dsouza, V., Bhojani, U., Prashanth, N. S., van Schayck, O. C., Babu, G. R. and Nagelhout, G. E.

Year: 2022

Title: How do tobacco control policies work in low-income and middle-income countries? A realist synthesis

Journal: Bmj Global Health

Volume: 7

Issue: 11

Date: Nov

Short Title: How do tobacco control policies work in low-income and middle-income countries? A realist synthesis

ISSN: 2059-7908

DOI: 10.1136/bmjgh-2022-008859

Article Number: e008859

Accession Number: WOS:000882758700001

Abstract: BackgroundThe burden of tobacco use is disproportionately high in low- and middle-income countries (LMICs). There is scarce theorisation on what works with respect to implementation of tobacco control policies in these settings. Given the complex nature of tobacco control policy implementation, diversity in outcomes of widely implemented policies and the defining role of the context, we conducted a realist synthesis to examine tobacco control policy implementation in LMICs.MethodsWe conducted a systematic realist literature review to test an initial programme theory developed by the research team. We searched EBSCOHost and Web of Science,

containing 19 databases. We included studies on implementation of government tobacco control policies in LMICs. Results We included 47 studies that described several contextual factors, mechanisms and outcomes related to implementing tobacco control policies to varying depth. Our initial programme theory identified three overarching strategies: awareness, enforcement, and review systems involved in implementation. The refined programme theory identifies the plausible mechanisms through which these strategies could work. We found 30 mechanisms that could lead to varying implementation outcomes including normalisation of smoking in public places, stigmatisation of the smoker, citizen participation in the programme, fear of public opposition, feeling of kinship among violators and the rest of the community, empowerment of authorised officials, friction among different agencies, group identity among staff, shared learning, manipulation, intimidation and feeling left out in the policy-making process. Conclusions The synthesis provides an overview of the interplay of several contextual factors and mechanisms leading to varied implementation outcomes in LMICs. Decision-makers and other actors may benefit from examining the role of one or more of these mechanisms in their particular contexts to improve programme implementation. Further research into specific tobacco control policies and testing particular mechanisms will help deepen our understanding of tobacco control implementation in LMICs. PROSPERO registration number CRD42020191541.

Notes: Hebbar, Pragati Bhaskar Dsouza, Vivek Bhojani, Upendra Prashanth, Nuggehalli Srinivas van Schayck, Onno C. P. Babu, Giridhara R. Nagelhout, Gera E. Dsouza, Vivek/AAH-3159-2021; Babu, Giridhara R./C-2482-2011 Dsouza, Vivek/0000-0001-6297-7720; Babu, Giridhara R./0000-0003-4370-8933; Hebbar, Pragati/0000-0002-5410-4943; Nagelhout, Gera/0000-0001-7748-5059; N Srinivas, Prashanth/0000-0003-0968-0826 URL: <Go to ISI>://WOS:000882758700001

Reference Type: Conference Proceedings

Record Number: 2015

Author: Hedin, B., Claesson, P., Odqvist, P. and Ieee

Year of Conference: 2017

Title: Visualizing Carbon Footprint from School Meals

Conference Name: 5th IFIP Conference on Sustainable Internet and ICT for Sustainability (SustainIT)

Conference Location: Funchal, PORTUGAL

Pages: 91-93

Series Title: Sustainable Internet and ICT for Sustainability

Date: Dec 06-07

Sponsor: Int Federat Informat Proc, Int Federat Informat Proc Tech Comm Working Grp Performance Compr Commun Syst Ieee Comp Soc Ieee Tech Comm Comp Commun

Short Title: Visualizing Carbon Footprint from School Meals

ISBN: 978-3-901882-99-9

Source: 2017 fifth ifip conference on sustainable internet and ict for sustainability (sustainit 2017)

Year Published: 2017

Accession Number: WOS:000436181400015

Abstract: Food is a major contributor of greenhouse gases in the world. Changing what you eat to a less greenhouse gas intensive diet can have a major impact on the greenhouse gas emission. While campaigns and efforts about changing diets directed towards individuals have a potential to reduce total greenhouse gases, efforts directed towards institutional producers of meals have much greater potential to have impact since just a few key players need to be affected. In this paper, we describe a system we have developed for calculating carbon footprint for school meals, making it possible for decisions makers to compare schools with each other, and identify schools with both low footprint (who can serve as good examples) and schools with high footprints (who have the greatest possibility to change). Preliminary results from 10 schools in the Stockholm area are also presented.

Notes: Hedin, Bjorn Claesson, Philip Odqvist, Patrik

Hedin, Björn/0-2779-2019

Hedin, Björn/0000-0001-6457-5231

2377-5580

URL: <Go to ISI>://WOS:000436181400015

Reference Type: Journal Article

Record Number: 335

Author: Heerman, W. J., Perrin, E. M., Yin, H. S., Schildcrout, J. S., Delamater, A. M., Flower, K. B., Sanders, L., Wood, C., Kay, M. C., Adams, L. E. and Rothman, R. L.

Year: 2022

Title: The greenlight plus trial: Comparative effectiveness of a health information technology intervention vs. health communication intervention in primary care offices to prevent childhood obesity

Journal: Contemporary Clinical Trials

Volume: 123

Date: Dec

Short Title: The greenlight plus trial: Comparative effectiveness of a health information technology intervention vs. health communication intervention in primary care offices to prevent childhood obesity

ISSN: 1551-7144

DOI: 10.1016/j.cct.2022.106987

Article Number: 106987

Accession Number: WOS:000891617000009

Abstract: Background: The first 1000 days of a child's life are increasingly recognized as a critical window for establishing a healthy growth trajectory to prevent childhood obesity and its associated long-term comorbidities. The purpose of this manuscript is to detail the methods for a multi-site, comparative effectiveness trial designed to prevent childhood overweight and obesity from birth to age 2 years. Methods: This study is a multi-site, individually randomized trial testing the comparative effectiveness of two active intervention arms: 1) the Greenlight intervention; and 2) the Greenlight Plus intervention. The Greenlight intervention is administered by trained pediatric healthcare providers at each well-child visit from 0 to 18 months and consists of a low health literacy toolkit used during clinic visits to promote shared goal

setting. Families randomized to Greenlight Plus receive the Greenlight intervention plus a health information technology intervention, which includes: 1) personalized, automated text-messages that facilitate caregiver self-monitoring of tailored and age-appropriate child health behavior goals; and 2) a web-based, personalized dashboard that tracks child weight status, progress on goals, and electronic Greenlight content access. We randomized 900 parent-infant dyads, recruited from primary care clinics across six academic medical centers. The study's primary outcome is weight for length trajectory from birth through 24 months. Conclusions: By delivering a personalized and tailored health information technology intervention that is asynchronous to pediatric primary care visits, we aim to achieve improvements in child growth trajectory through two years of age among a sample of geographically, socioeconomically, racially, and ethnically diverse parent-child dyads.

Notes: Heerman, William J. Perrin, Eliana M. Yin, H. Shonna Schildcrout, Jonathan S. Delamater, Alan M. Flower, Kori B. Sanders, Lee Wood, Charles Kay, Melissa C. Adams, Laura E. Rothman, Russell L.

Wood, Charles/L-2758-2015

Wood, Charles/0000-0002-6884-8265
1559-2030

URL: <Go to ISI>://WOS:000891617000009

Reference Type: Journal Article

Record Number: 339

Author: Heggie, C., Gray-Burrows, K. A., Day, P. F. and Phillips, B.
Year: 2022

Title: An exploration of the use of photobiomodulation for management of oral mucositis in children and young people undergoing cancer treatment in the UK

Journal: Supportive Care in Cancer

Volume: 30

Issue: 12

Pages: 10179-10190

Date: Dec

Short Title: An exploration of the use of photobiomodulation for management of oral mucositis in children and young people undergoing cancer treatment in the UK

ISSN: 0941-4355

DOI: 10.1007/s00520-022-07450-3

Accession Number: WOS:000880539000002

Abstract: Purpose Oral mucositis affects up to 80% of children and young people (CYP) receiving chemotherapy. This can result in pain, reduced oral intake and, in severe cases, hospitalisation for parental nutrition and pain relief. Photobiomodulation is recommended by multiple bodies for mucositis management for those undergoing cancer treatments. The current use of photobiomodulation within the UK, and the barriers and facilitators to implementation is unknown. Method An online mixed-methods survey was administered to representatives from the Children's Cancer and Leukaemia Group (CCLG) between October 2021 and March 2022. This explored: use of

photobiomodulation, planned future use, barriers and facilitators to implementation and dental assessment. Quantitative data underwent descriptive statistics. Barriers and facilitators to the implementation of photobiomodulation were analysed using the Theoretical Domains Framework (TDF). Results All UK CCLG centres responded (n = 20, a response rate of 100%). Two units in Scotland were delivering photobiomodulation. A further four units were planning to implement a service. Most units, 65% (n = 13) utilised specialist Paediatric Dentistry services for dental assessment. In the TDF analysis, five domains were most frequently populated: knowledge, skills, environmental context and resources, social influences, and social/professional role and identity. Conclusion Photobiomodulation was only available in Scotland in two children's cancer units. Lack of knowledge and skills, and insufficient environmental resources were identified as barriers. Collaboration with paediatric dental services was identified as a facilitator. The establishment of a national network of Paediatric Dentists and Oncologists would promote collaboration to standardise protocols and to address the identified barriers to wider implementation of photobiomodulation.

Notes: Heggie, Claudia Gray-Burrows, Kara A. Day, Peter F. Phillips, Bob

Phillips, Bob/0000-0002-4938-9673; Gray-Burrows, Kara/0000-0002-1550-5066; Heggie, Claudia/0000-0002-5627-8357; Day, Peter Francis/0000-0001-9711-9638
1433-7339

URL: <Go to ISI>://WOS:000880539000002

Reference Type: Journal Article

Record Number: 1009

Author: Heinrich, C. H., Hurley, E., McCarthy, S., McHugh, S. and Donovan, M. D.

Year: 2022

Title: Barriers and enablers to deprescribing in long-term care facilities: a 'best-fit' framework synthesis of the qualitative evidence

Journal: Age and Ageing

Volume: 51

Issue: 1

Date: Jan

Short Title: Barriers and enablers to deprescribing in long-term care facilities: a 'best-fit' framework synthesis of the qualitative evidence

ISSN: 0002-0729

DOI: 10.1093/ageing/afab250

Article Number: afab250

Accession Number: WOS:000776252000012

Abstract: Introduction older adults are at risk of adverse outcomes due to a high prevalence of polypharmacy and potentially inappropriate medications (PIMs). Deprescribing interventions have been demonstrated to reduce polypharmacy and PIMs. However, deprescribing is not performed routinely in long-term care facilities (LTCFs). This qualitative evidence synthesis aims to

identify the factors which limit and enable health care workers' (HCWs) engagement with deprescribing in LTCFs. Methods the 'best-fit' framework approach was used to synthesise evidence by using the Theoretical Domains Framework (TDF) as the a priori framework. Included studies were analysed qualitatively to identify LTCF barriers and enablers of deprescribing and were mapped to the TDF. Constructs within domains were refined to best represent the LTCF context. A conceptual model was created, hypothesising relationships between barriers and enablers. Results of 655 records identified, 14 met the inclusion criteria. The 'best-fit' framework included 17 barriers and 16 enablers, which mapped to 11 of the 14 TDF domains. Deprescribing barriers included perceptions of an 'established hierarchy' within LTCFs, negatively affecting communication and insufficient resources which limited HCWs' engagement with deprescribing. Enablers included tailored deprescribing guidelines, interprofessional support and working with a patient focus, allowing the patients' condition to influence decisions. Discussion this study identified that education, interprofessional support and collaboration can facilitate deprescribing. To overcome deprescribing barriers, change is required to a patient-centred model and HCWs need to be equipped with necessary resources and adequate reimbursement. The LTCF organisational structure must support deprescribing, with communication between health care systems.

Notes: Heinrich, Clara H. Hurley, Eoin McCarthy, Suzanne McHugh, Shenna Donovan, Maria D.

Donovan, Maria/0000-0003-0555-7492; Heinrich, Clara H./0000-0002-8296-4393; Hurley, Eoin/0000-0001-6895-8061 1468-2834

URL: <Go to ISI>://WOS:000776252000012

Reference Type: Journal Article

Record Number: 2216

Author: Heinsch, M., Gray, M. and Sharland, E.

Year: 2016

Title: Re-conceptualising the link between research and practice in social work: A literature review on knowledge utilisation

Journal: International Journal of Social Welfare

Volume: 25

Issue: 1

Pages: 98-104

Date: Jan

Short Title: Re-conceptualising the link between research and practice in social work: A literature review on knowledge utilisation

ISSN: 1369-6866

DOI: 10.1111/ijsw.12164

Accession Number: WOS:000366142200011

Abstract: Despite the recent movement towards greater research use in many areas of social work, criticisms persist that decision making in practice is seldom informed by sound research evidence. Discourse about the research-to-practice gap in social work has tended to focus on the feasibility of evidence-based practice for

the profession, but has rarely drawn from the broader knowledge utilisation literature. There are important understandings to be gained from the knowledge utilisation field, which spans more than six decades of interdisciplinary research. This article introduces the wider knowledge utilisation literature to a social work audience. It considers the potential of this body of literature to facilitate research use in social work, as well as conceptual issues that may be hindering it from informing improvements to research utilisation in practice.

Notes: Heinsch, Milena Gray, Mel Sharland, Elaine

Heinsch, Milena/AAS-1182-2020; Gray, Mel/B-5633-2009; Sharland, Elaine/P-5829-2015

Heinsch, Milena/0000-0002-8014-9475; Gray, Mel/0000-0002-9886-5138; Sharland, Elaine/0000-0002-4145-0425

1468-2397

URL: <Go to ISI>://WOS:000366142200011

Reference Type: Journal Article

Record Number: 300

Author: Helme, Z. E., Morris, J. L., Nichols, J., Chalkley, A. E., Bingham, D. D., McLoughlin, G. M., Bartholomew, J. B. and Daly-Smith, A.

Year: 2022

Title: Assessing the Impacts of Creating Active Schools on Organisational Culture for Physical Activity

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 24

Date: Dec

Short Title: Assessing the Impacts of Creating Active Schools on Organisational Culture for Physical Activity

DOI: 10.3390/ijerph192416950

Article Number: 16950

Accession Number: WOS:000902632800001

Abstract: Background: National and international guidance recommends whole-school approaches to physical activity, but there are few studies assessing their effectiveness, especially at an organisational level. This study assesses the impact of the Creating Active School's (CAS) programme on organisational changes to physical activity provision. Methods: In-school CAS leads completed a 77-item questionnaire assessing school-level organisational change. The questionnaire comprised 19 domains aligned with the CAS framework and COM-B model of behaviour change. Wilcoxon Signed Rank Tests assessed the pre-to-nine-month change. Results: >70% of schools (n = 53) pre-CAS had inadequate whole-school physical activity provision. After nine months (n = 32), CAS had a significant positive effect on organisational physical activity. The positive change was observed for: whole-school culture and ethos, teachers and wider school staff, academic lessons, physical education (PE) lessons, commute to/from school and stakeholder behaviour. Conclusions: This study provides preliminary evidence that CAS is a viable model to facilitate system-level change for

physical activity in schools located within deprived areas of a multi-ethnic city. To confirm the results, future studies are required which adopt controlled designs combined with a holistic understanding of implementation determinants and underlying mechanisms.

Notes: Helme, Zoe E. Morris, Jade L. Nichols, Joanna Chalkley, Anna E. Bingham, Daniel D. McLoughlin, Gabriella M. Bartholomew, John B. Daly-Smith, Andrew

Bingham, Daniel/0000-0002-5809-7357; Daly-Smith, Andy/
0000-0003-4830-9376; McLoughlin, Gabriella/0000-0002-7731-2382;
Chalkley, Anna/0000-0002-1163-6210
1660-4601

URL: <Go to ISI>://WOS:000902632800001

Reference Type: Book

Record Number: 1825

Author: Henchion, M. and McCarthy, M.

Year: 2019

Title: Facilitators and Barriers for Foods Containing Meat Coproducts

Series Editor: Galanakis, C. M.

Series Title: Sustainable Meat Production and Processing

Number of Pages: 237-250

Short Title: Facilitators and Barriers for Foods Containing Meat Coproducts

ISBN: 978-0-12-815688-9; 978-0-12-814874-7

DOI: 10.1016/b978-0-12-814874-7.00012-2

Accession Number: WOS:000473662800013

Notes: Henchion, Maeve McCarthy, Mary

McCarthy, Mary/0000-0001-5383-738X

URL: <Go to ISI>://WOS:000473662800013

Reference Type: Journal Article

Record Number: 2346

Author: Hendriks, A. M., Delai, M. Y., Thow, A. M., Gubbels, J. S., De Vries, N. K., Kremers, S. P. J. and Jansen, M. W. J.

Year: 2015

Title: Perspectives of Fijian Policymakers on the Obesity Prevention Policy Landscape

Journal: Biomed Research International

Volume: 2015

Short Title: Perspectives of Fijian Policymakers on the Obesity Prevention Policy Landscape

ISSN: 2314-6133

DOI: 10.1155/2015/926159

Article Number: 926159

Accession Number: WOS:000360753900001

Abstract: In Fiji and other Pacific Island countries, obesity has rapidly increased in the past decade. Therefore, several obesity prevention policies have been developed. Studies show that their development has been hampered by factors within Fiji's policy landscape such as pressure from industry. Since policymakers in the

Fijian national government are primarily responsible for the development of obesity policies, it is important to understand their perspectives; we therefore interviewed 15 policymakers from nine Fijian ministries. By applying the "attractor landscape" metaphor from dynamic systems theory, we captured perceived barriers and facilitators in the policy landscape. A poor economic situation, low food self-sufficiency, power inequalities, inappropriate framing of obesity, limited policy evidence, and limited resource sharing hamper obesity policy developments in Fiji. Facilitators include policy entrepreneurs and policy brokers who were active when a window of opportunity opened and who strengthened intersectoral collaboration. Fiji's policy landscape can become more conducive to obesity policies if power inequalities are reduced. In Fiji and other Pacific Island countries, this may be achievable through increased food self-sufficiency, strengthened intersectoral collaboration, and the establishment of an explicit functional focal unit within government to monitor and forecast the health impact of policy changes in non-health sectors.

Notes: Hendriks, Anna-Marie Delai, Mere Y. Thow, Anne-Marie Gubbels, Jessica S. De Vries, Nanne K. Kremers, Stef P. J. Jansen, Maria W. J.

Delai, Mere Y/A-9215-2017

Delai, Mere Y/0000-0003-0700-4656

2314-6141

URL: <Go to ISI>://WOS:000360753900001

Reference Type: Journal Article

Record Number: 2417

Author: Hendriks, A. M., Habraken, J., Jansen, M. W. J., Gubbels, J. S., De Vries, N. K., van Oers, H., Michie, S., Atkins, L. and Kremers, S. P. J.

Year: 2014

Title: 'Are we there yet?' - Operationalizing the concept of Integrated Public Health Policies

Journal: Health Policy

Volume: 114

Issue: 2-3

Pages: 174-182

Date: Feb

Short Title: 'Are we there yet?' - Operationalizing the concept of Integrated Public Health Policies

ISSN: 0168-8510

DOI: 10.1016/j.healthpol.2013.10.004

Accession Number: WOS:000331159300009

Abstract: Objectives: Although 'integrated' public health policies are assumed to be the ideal way to optimize public health, it remains hard to determine how far removed we are from this ideal, since clear operational criteria and defining characteristics are lacking. Methods: A literature review identified gaps in previous operationalizations of integrated public health policies. We searched for an approach that could fill these gaps. Results: We propose the following defining characteristics of an integrated policy: (1) the combination of policies includes an appropriate mix

of interventions that optimizes the functioning of the behavioral system, thus ensuring that motivation, capability and opportunity interact in such a way that they promote the preferred (health-promoting) behavior of the target population, and (2) the policies are implemented by the relevant policy sectors from different policy domains. Conclusion: Our criteria should offer added value since they describe pathways in the process towards formulating integrated policy. The aim of introducing our operationalization is to assist policy makers and researchers in identifying truly integrated cases. The Behavior Change Wheel proved to be a useful framework to develop operational criteria to assess the current state of integrated public health policies in practice. (C) 2013 Elsevier Ireland Ltd. All rights reserved.

Notes: Hendriks, Anna-Marie Habraken, Jolanda Jansen, Maria W. J. Gubbels, Jessica S. De Vries, Nanne K. van Oers, Hans Michie, Susan Atkins, L. Kremers, Stef P. J.

Atkins, Louise/C-7740-2011

Atkins, Louise/0000-0001-9322-7869; van Oers, Hans/0000-0003-4063-2240; Gubbels, Jessica Sophia/0000-0002-9284-1725 1872-6054

URL: <Go to ISI>://WOS:000331159300009

Reference Type: Journal Article

Record Number: 2093

Author: Hendriks, A. M., Jansen, M. W. J., Gubbels, J. S., De Vries, N. K. and Kremers, S. P. J.

Year: 2016

Title: One more question to guide the development and implementation of Health in All Policies: Integrate?

Journal: Health Promotion International

Volume: 31

Issue: 3

Pages: 735-737

Date: Sep

Short Title: One more question to guide the development and implementation of Health in All Policies: Integrate?

ISSN: 0957-4824

DOI: 10.1093/heapro/dav029

Accession Number: WOS:000383701900026

Notes: Hendriks, Anna-Marie Jansen, Maria W. J. Gubbels, Jessica S. De Vries, Nanne K. Kremers, Stef P. J.

Gubbels, Jessica Sophia/0000-0002-9284-1725 1460-2245

URL: <Go to ISI>://WOS:000383701900026

Reference Type: Journal Article

Record Number: 2332

Author: Hendriks, A. M., Jansen, M. W. J., Gubbels, J. S., De Vries, N. K., Molleman, G. and Kremers, S. P. J.

Year: 2015

Title: Local government officials' views on intersectoral collaboration within their organization - A qualitative exploration

Journal: Health Policy and Technology

Volume: 4

Issue: 1

Pages: 47-57

Date: Mar

Short Title: Local government officials' views on intersectoral collaboration within their organization – A qualitative exploration

ISSN: 2211-8837

DOI: 10.1016/j.hlpt.2014.10.013

Accession Number: WOS:000356025900006

Abstract: Objectives: Intersectoral collaboration (ISC) is defined as collaboration between health and non-health local government officials and is a prerequisite for the development of integrated policies that address wicked public health problems. In practice, ISC has proven to be problematic, which might be related to differing views on ISC across various policy sectors. Therefore, our objective was to explore local officials views on ISC. Methods: We interviewed 19 officials responsible for 10 different policy sectors within two small-sized municipal governments within one Dutch region. We asked interviewees about ISC facilitators and barriers and categorized them in the theory-based concepts of capability, opportunity and motivation. Results: Capability was found to be determined by the ability to share policy goals, and was more likely to increase when officials had greater motivation to continue learning. Interviewees in both municipalities expected that flatter organizational structures and coaching of officials by managers could improve ISC opportunities. When the perceived feasibility of ISC and professional autonomy was low, motivation to learn new ISC skills was low. Conclusion: In the view of government officials, ISC is an appropriate tool to address wicked public health problems, but implementing ISC requires flatter organizational structures, merging of departmental cultures and leadership by heads of departments and town clerks in order to decrease officials fears of losing professional autonomy. Public Health Service officials can play a more active role in merging cultures by increasing understanding about the multi-dimensionality of public health and reframing health goals in the terminology of the non-health sector. (C) 2014 Published by Elsevier Ltd. on behalf of Fellowship of Postgraduate Medicine.

Notes: Hendriks, Anna-Marie Jansen, Maria W. J. Gubbels, Jessica S. De Vries, Nanne K. Molleman, Gerard Kremers, Stef P. J.

Molleman, Gerard/G-9295-2016

Molleman, Gerard/0000-0003-1991-6273; Gubbels, Jessica Sophia/0000-0002-9284-1725

URL: <Go to ISI>://WOS:000356025900006

Reference Type: Journal Article

Record Number: 2465

Author: Hendriks, A. M., Jansen, M. W. J., Gubbels, J. S., De Vries, N. K., Paulussen, T. and Kremers, S. P. J.

Year: 2013

Title: Proposing a conceptual framework for integrated local public health policy, applied to childhood obesity – the behavior change ball

Journal: Implementation Science

Volume: 8

Date: Apr

Short Title: Proposing a conceptual framework for integrated local public health policy, applied to childhood obesity – the behavior change ball

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-46

Article Number: 46

Accession Number: WOS:000318420200002

Abstract: Background: Childhood obesity is a 'wicked' public health problem that is best tackled by an integrated approach, which is enabled by integrated public health policies. The development and implementation of such policies have in practice proven to be difficult, however, and studying why this is the case requires a tool that may assist local policy-makers and those assisting them. A comprehensive framework that can help to identify options for improvement and to systematically develop solutions may be used to support local policy-makers. Discussion: We propose the 'Behavior Change Ball' as a tool to study the development and implementation of integrated public health policies within local government. Based on the tenets of the 'Behavior Change Wheel' by Michie and colleagues (2011), the proposed conceptual framework distinguishes organizational behaviors of local policy-makers at the strategic, tactical and operational levels, as well as the determinants (motivation, capability, opportunity) required for these behaviors, and interventions and policy categories that can influence them. To illustrate the difficulty of achieving sustained integrated approaches, we use the metaphor of a ball in our framework: the mountainous landscapes surrounding the ball reflect the system's resistance to change (by making it difficult for the ball to roll). We apply this framework to the problem of childhood obesity prevention. The added value provided by the framework lies in its comprehensiveness, theoretical basis, diagnostic and heuristic nature and face validity. Summary: Since integrated public health policies have not been widely developed and implemented in practice, organizational behaviors relevant to the development of these policies remain to be investigated. A conceptual framework that can assist in systematically studying the policy process may facilitate this. Our Behavior Change Ball adds significant value to existing public health policy frameworks by incorporating multiple theoretical perspectives, specifying a set of organizational behaviors and linking the analysis of these behaviors to interventions and policies. We would encourage examination by others of our framework as a tool to explain and guide the development of integrated policies for the prevention of wicked public health problems.

Notes: Hendriks, Anna-Marie Jansen, Maria W. J. Gubbels, Jessica S. De Vries, Nanne K. Paulussen, Theo Kremers, Stef P. J.

Gubbels, Jessica Sophia/0000-0002-9284-1725

URL: <Go to ISI>://WOS:000318420200002

Reference Type: Journal Article

Record Number: 777

Author: Heng, H., Kiegaldie, D., Slade, S. C., Jazayeri, D., Shaw, L., Knight, M., Jones, C., Hill, A. M. and Morris, M. E.

Year: 2022

Title: Healthcare professional perspectives on barriers and enablers to falls prevention education: A qualitative study

Journal: Plos One

Volume: 17

Issue: 4

Date: Apr

Short Title: Healthcare professional perspectives on barriers and enablers to falls prevention education: A qualitative study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0266797

Article Number: e0266797

Accession Number: WOS:000840124300018

Abstract: In hospitals, patient falls prevention education is frequently delivered by nurses and allied health professionals. Hospital falls rates remain high globally, despite the many systems and approaches that attempt to mitigate falling. The aim of this study was to investigate health professional views on the enablers and barriers to providing patient falls education in hospitals. Four focus groups with 23 nursing and allied health professionals were conducted at 3 hospitals. Three researchers independently coded the data and findings were analysed thematically with a descriptive qualitative approach to identify and develop themes according to barriers and enablers. Barriers included (i) limited interprofessional communication about patient falls; (ii) sub-optimal systems for falls education for patients and health professionals, and (iii) perceived patient-related barriers to falls education. Enablers to providing patient falls education included: (i) implementing strategies to increase patient empowerment; (ii) ensuring that health professionals had access to effective modes of patient education; and (iii) facilitating interprofessional collaboration. Health professionals identified the need to overcome organisational, patient and clinician-related barriers to falls education. Fostering collective responsibility amongst health professionals for evidence-based falls prevention was also highlighted.

Notes: Heng, Hazel Kiegaldie, Debra Slade, Susan C. Jazayeri, Dana Shaw, Louise Knight, Matthew Jones, Cathy Hill, Anne-Marie Morris, Meg E.

Hill, Anne-Marie/C-2252-2011; Heng, Hazel/AAI-9382-2020; Kiegaldie, Debra/AIE-2313-2022

Heng, Hazel/0000-0001-8662-7063; Kiegaldie, Debra/0000-0002-4077-5818; Jones, Cathy/0000-0002-2605-2576; Morris, Meg/0000-0002-0114-4175

URL: <Go to ISI>://WOS:000840124300018

Reference Type: Conference Proceedings

Record Number: 2341

Author: Henkemans, O. A. B., van Empelen, P., Paradies, G. L., Looije, R., Neerincx, M. A. and Ieee

Year of Conference: 2015

Title: Lost in persuasion A multidisciplinary approach for developing usable, effective, and reproducible persuasive technology for health promotion

Conference Name: 9th International Conference on Pervasive Computing Technologies for Healthcare (PervasiveHealth)

Conference Location: Bogazici Univ, Istanbul, TURKEY

Pages: 49-56

Series Title: International Conference on Pervasive Computing Technologies for Healthcare

Date: May 20-23

Sponsor: Bogazici, Univ

Short Title: Lost in persuasion A multidisciplinary approach for developing usable, effective, and reproducible persuasive technology for health promotion

ISBN: 978-1-6319-0045-7

DOI: 10.4108/icst.pervasivehealth.2015.259161

Source: Proceedings of the 2015 9th international conference on pervasive computing technologies for healthcare (pervasivehealth)

Year Published:2015

Accession Number: WOS:000379199200008

Abstract: Despite its acknowledged benefits for health promotion, the full potential of persuasive technology is not (yet) reached in regard to usability, effectiveness, and reproducibility. It often lacks an effective combination of technical features and behavior change strategies. This paper presents a multidisciplinary approach, addressing both aspects. It builds on the frameworks of situated Cognitive Engineering and Intervention Mapping. The approach generates building blocks from theory originating from different relevant disciplines; it specifies change objectives and requirements, described in the context of use, for intervention (strategy) and interaction (technology); it evaluates process, effect and impact, whereby claims on interaction and intervention are validated. To cope with language barriers between developers from different disciplines, the approach is presented as a guideline, illustrated with a case study. This approach is expected to contribute to a sound design rationale, a broad reach and ongoing use of the technology, and larger results in regard to health promotion.

Notes: Henkemans, Olivier A. Blanson van Empelen, Pepijn Paradies, Geerte L. Looije, Rosemarijn Neerincx, Mark A.

Neerincx, Mark/J-9086-2012

2153-1633

URL: <Go to ISI>://WOS:000379199200008

Reference Type: Journal Article

Record Number: 32

Author: Hepburn, J.

Year: 2023

Title: Advanced practice physiotherapists in Scottish primary care: Axial Spondyloarthritis epidemiology, time to diagnosis, and referrals to rheumatology

Journal: Musculoskeletal Care

Date: 2023 Apr

Short Title: Advanced practice physiotherapists in Scottish primary care: Axial Spondyloarthritis epidemiology, time to diagnosis, and referrals to rheumatology

ISSN: 1478-2189

DOI: 10.1002/msc.1769

Accession Number: WOS:000976010700001

Abstract: Objectives(1) Generate empirical knowledge of a Musculoskeletal (MSK) Advanced Practice Physiotherapist (APP) Service in Scottish Primary Care; (2) Identify the incidence and baseline time to diagnosis of Axial Spondyloarthritis (AxSpA); (3) Identify APP Rheumatology referral fulfilment of the NICE 2017 Guidelines and Spondylarthritis Diagnosis Evaluation (SPADE) Tool; (4) Calculate APP Rheumatology referral conversion rates for AxSpA diagnosis and further investigation; (5) Contribute towards the current body of literature for informing analysis of MSK APP services within Scottish Primary Care. MethodsAn audit and evaluation approach was undertaken over a 3-year period (May 2019–April 2022). Relevant clinical cases from the whole-service data-set were identified and analysed, using retrospective electronic healthcare record review and descriptive statistical techniques. ResultsA total of 37,656 primary care MSK APP consultations took place, with N = 19 suspected AxSpA referrals made to Rheumatology. N = 6 cases of AxSpA were diagnosed by a Rheumatologist (31.6%). The mean age of individuals diagnosed with AxSpA was 39.6 +/- 8.8, and 66.7% (4/6) were female. Mean time to diagnosis was 3.4 years, and incidence per-10,000 person-years was 1.6. Compliance of referrals with the NICE 2017 Guidelines and SPADE Tool Criteria was 78.9%. Of those diagnosed with AxSpA, 66.7% met both referral criterion sets. ConclusionThose referred by an MSK APP from primary care had a 5.1 year shorter time to diagnosis than the previous reported UK average of 8.5 years. APPs identified relevant AxSpA features in referring to Rheumatology, and supported effective implementation of the local secondary care pathway.

Notes: Hepburn, Jordan

Hepburn, Jordan/0000-0003-0999-6820

1557-0681

URL: <Go to ISI>://WOS:000976010700001

Reference Type: Journal Article

Record Number: 1358

Author: Herawati, F., Jaelani, A. K., Wijono, H., Rahem, A., Setiasih, Yulia, R., Andrajati, R. and Soemantri, D.

Year: 2021

Title: Antibiotic stewardship knowledge and belief differences among healthcare professionals in hospitals: A survey study

Journal: Heliyon

Volume: 7

Issue: 6

Date: Jun

Short Title: Antibiotic stewardship knowledge and belief differences among healthcare professionals in hospitals: A survey study

DOI: 10.1016/j.heliyon.2021.e07377

Article Number: e07377

Accession Number: WOS:000669225500005

Abstract: Background: Collaborative practice in healthcare has been recommended to improve the quality of antimicrobial stewardship interventions, a behavioral change in antimicrobial use. Insufficient knowledge regarding antibiotic resistance, the fear of complications from infections, and how providers perceive antibiotic use and resistance are likely to influence prescribing behavior. This study's objective was to identify the knowledge and belief healthcare professionals' differences about antibiotic stewardship. Methods: This cross-sectional survey study of three hospitals in the East Java province, Indonesia utilized a 43item questionnaire to assess antimicrobial stewardship knowledge and belief. There were 12 knowledge questions (total possible score: 12) and 31 belief questions (total possible score: 155). The Kuder Richardson 20 (KR20) and Cronbach alpha values of the questionnaire were 0.54 and 0.92, respectively. Results: Out of the 257 respondents, 19% (48/257) had a low scores of knowledge, and 39% (101/257) had low scores on belief about antibiotic stewardship (101/257). Most midwives had a low scores on knowledge (25/61) and low scores on belief (46/61). Respondents with high scores on belief were 17% (10/59) physicians, 15% (4/ 27) pharmacists, 8% (5/65) nurses, and 3% (2/61) midwives. Conclusion: Among healthcare professionals, knowledge and belief differences concerning antibiotic stewardship vary widely. These differences will affect their capability, behavior, and contribution to the healthcare team collaboration and performance. Further studies are needed to evaluate the correlation between the level of interprofessional collaboration and the quality of the antibiotic stewardship implementation.

Notes: Herawati, Fauna Jaelani, Abdul Kadir Wijono, Heru Rahem, Abdul Setiasih Yulia, Rika Andrajati, Retnosari Soemantri, Diantha Yulia, Rika/GLQ-9450-2022; Herawati, Fauna/F-1214-2018; Setiasih, Setiasih/GPK-3382-2022; Jaelani, Abdul/IQS-9034-2023; Rahem, Abdul/AAA-9313-2021

Herawati, Fauna/0000-0002-8355-955X; Rahem, Abdul/0000-0002-5264-4823; Wijono, Heru/0000-0001-7406-3694 2405-8440

URL: <Go to ISI>://WOS:000669225500005

Reference Type: Journal Article

Record Number: 2381

Author: Herbec, A., Beard, E., Brown, J., Gardner, B., Tombor, I. and West, R.

Year: 2014

Title: The needs and preferences of pregnant smokers regarding tailored Internet-based smoking cessation interventions: a qualitative interview study

Journal: BMC Public Health

Volume: 14

Date: Oct

Short Title: The needs and preferences of pregnant smokers regarding tailored Internet-based smoking cessation interventions: a qualitative interview study

DOI: 10.1186/1471-2458-14-1070

Article Number: 1070

Accession Number: WOS:000343287600001

Abstract: Background: Internet-based Smoking Cessation Interventions (ISCIs) may help pregnant smokers who are unable, or unwilling, to access face-to-face stop smoking support. Targeting ISCIs to specific groups of smokers could increase their uptake and effectiveness. The current study explored the needs and preferences of pregnant women seeking online stop smoking support with an aim to identify features and components of ISCIs that might be most attractive to this population. Methods: We conducted qualitative interviews with thirteen pregnant women who completed the intervention arm of a pilot randomized controlled trial of a novel ISCI for pregnant smokers ('MumsQuit'). The interviews explored women's views towards MumsQuit and online support with quitting smoking in general, as well as their suggestions for how ISCIs could be best targeted to pregnancy. Interview transcripts were analyzed using Framework Analysis. Results: Participants expressed preferences for an accessible, highly engaging and targeted to pregnancy smoking cessation website, tailored to individuals' circumstances as well as use of cessation medication, offering comprehensive and novel information on smoking and quitting smoking in pregnancy, ongoing support with cravings management, as well as additional support following relapse to smoking. Participants also viewed as important targeting of the feedback and progress reports to baby's health and development, offering personal support from experts, and providing a discussion forum allowing for communication with other pregnant women wanting to quit. Conclusions: The present study has identified a number of potential building blocks for ISCIs targeted to quitting smoking in pregnancy. Pregnant smokers willing to try using ISCI may particularly value an engaging intervention offering a high degree of targeting of comprehensive information to them as a group and tailoring support and advice to their individual needs, as well as one providing post-relapse support, peer-to-peer communication and personal support from experts.

Notes: Herbec, Aleksandra Beard, Emma Brown, Jamie Gardner, Benjamin Tombor, Ildiko West, Robert

Brown, Jamie/F-4413-2011; Gardner, Benjamin/C-1565-2008; West, Robert/B-5414-2009; West, Robert/B-5414-2009

Brown, Jamie/0000-0002-2797-5428; Gardner, Benjamin/0000-0003-1223-5934; West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921

1471-2458

URL: <Go to ISI>://WOS:000343287600001

Reference Type: Journal Article

Record Number: 952

Author: Herbec, A., Brown, J., Jackson, S. E., Kale, D., Zatonski, M., Garnett, C., Chadborn, T. and Shahab, L.

Year: 2022

Title: Perceived risk factors for severe Covid-19 symptoms and their association with health behaviours: Findings from the HEBECO study

Journal: Acta Psychologica

Volume: 222

Date: Feb

Short Title: Perceived risk factors for severe Covid-19 symptoms and their association with health behaviours: Findings from the HEBECO study

ISSN: 0001-6918

DOI: 10.1016/j.actpsy.2021.103458

Article Number: 103458

Accession Number: WOS:000800911500001

Abstract: Risk perceptions are important influences on health behaviours. We used descriptive statistics and multivariable logistic regression models to assess cross-sectionally risk perceptions for severe Covid-19 symptoms and their health behaviour correlates among 2206 UK adults from the HEBECO study. The great majority (89–99%) classified age 70+, having comorbidities, being a key worker, overweight, and from an ethnic minority as increasing the risk. People were less sure about alcohol drinking, vaping, and nicotine replacement therapy use (17.4–29.5% responding 'don't know'). Relative to those who did not, those who engaged in the following behaviours had higher odds of classifying these behaviours as (i) decreasing the risk: smoking cigarettes (adjusted odds ratios, aORs, 95% CI = 2.26, 1.39–3.37), and using e-cigarettes (aORs = 5.80, 3.25–10.34); (ii) having no impact: smoking cigarettes (1.98; 1.42–2.76), using e-cigarettes (aORs = 2.63, 1.96–3.50), drinking alcohol (aORs = 1.75, 1.31–2.33); and lower odds of classifying these as increasing the risk: smoking cigarettes (aORs: 0.43, 0.32–0.56), using e-cigarettes (aORs = 0.25, 0.18–0.35). Similarly, eating more fruit and vegetables was associated with classifying unhealthy diet as 'increasing risk' (aOR = 1.37, 1.12–1.69), and exercising more with classifying regular physical activity as 'decreasing risk' (aOR = 2.42, 1.75–3.34). Risk perceptions for severe Covid-19 among UK adults were lower for their own health behaviours, evidencing optimism bias. These risk perceptions may form barriers to changing people's own unhealthy behaviours, make them less responsive to interventions that refer to the risk of Covid-19 as a motivating factor, and exacerbate inequalities in health behaviours and outcomes.

Notes: Herbec, Aleksandra Brown, Jamie Jackson, Sarah E. Kale, Dimitra Zatonski, Mateusz Garnett, Claire Chadborn, Tim Shahab, Lion Shahab, Lion/B-5835-2009; Jackson, Sarah/J-9046-2019 Shahab, Lion/0000-0003-4033-442X; Jackson, Sarah/0000-0001-5658-6168; Zatonski, Mateusz/0000-0001-7254-569X 1873-6297

URL: <Go to ISI>://WOS:000800911500001

Reference Type: Journal Article

Record Number: 1441

Author: Heron, N., O'Connor, S. R., Kee, F., Thompson, D. R., Anderson, N., Cutting, D., Cupples, M. E. and Donnelly, M.

Year: 2021

Title: Development of a Digital Lifestyle Modification Intervention for Use after Transient Ischaemic Attack or Minor Stroke: A Person-Based Approach

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 9

Date: May

Short Title: Development of a Digital Lifestyle Modification Intervention for Use after Transient Ischaemic Attack or Minor Stroke: A Person-Based Approach

DOI: 10.3390/ijerph18094861

Article Number: 4861

Accession Number: WOS:000650277700001

Abstract: This paper describes the development of the 'Brain-Fit' app, a digital secondary prevention intervention designed for use in the early phase after transient ischaemic attack (TIA) or minor stroke. The aim of the study was to explore perceptions on usability and relevance of the app in order to maximise user engagement and sustainability. Using the theory- and evidence-informed person-based approach, initial planning included a scoping review of qualitative evidence to identify barriers and facilitators to use of digital interventions in people with cardiovascular conditions and two focus groups exploring experiences and support needs of people (N = 32) with a history of TIA or minor stroke. The scoping review and focus group data were analysed thematically and findings were used to produce guiding principles, a behavioural analysis and explanatory logic model for the intervention. Optimisation included an additional focus group (N = 12) and individual think-aloud interviews (N = 8) to explore perspectives on content and usability of a prototype app. Overall, thematic analysis highlighted uncertainty about increasing physical activity and concerns that fatigue might limit participation. Realistic goals and progressive increases in activity were seen as important to improving self-confidence and personal control. The app was seen as a useful and flexible resource. Participant feedback from the optimisation phase was used to make modifications to the app to maximise engagement, including simplification of the goal setting and daily data entry sections. Further studies are required to examine efficacy and cost-effectiveness of this novel digital intervention.

Notes: Heron, Neil O'Connor, Sean R. Kee, Frank Thompson, David R. Anderson, Neil Cutting, David Cupples, Margaret E. Donnelly, Michael O'Connor, Sean/HKE-7033-2023; Thompson, David R/E-2431-2018;

Thompson, David/C-3520-2008

Thompson, David R/0000-0001-8518-6307; Cupples, Margaret/0000-0002-4248-9700; O'Connor, Sean R/0000-0001-6805-8899; Anderson, Neil/0000-0003-0233-1383; Heron, Neil/0000-0002-4123-9806 1660-4601

URL: <Go to ISI>://WOS:000650277700001

Reference Type: Journal Article

Record Number: 1840

Author: Herring, L. Y., Dallosso, H., Chatterjee, S., Bodicoat, D., Schreder, S., Khunti, K., Yates, T., Seidu, S., Hudson, I. and Davies, M. J.

Year: 2018

Title: Physical Activity after Cardiac Events (PACES) – a group education programme with subsequent text-message support designed to increase physical activity in individuals with diagnosed coronary heart disease: study protocol for a randomised controlled trial

Journal: Trials

Volume: 19

Date: Oct

Short Title: Physical Activity after Cardiac Events (PACES) – a group education programme with subsequent text-message support designed to increase physical activity in individuals with diagnosed coronary heart disease: study protocol for a randomised controlled trial

DOI: 10.1186/s13063-018-2923-x

Article Number: 537

Accession Number: WOS:000446371200002

Abstract: Background: Coronary heart disease (CHD) represents approximately 13% of deaths worldwide and is the leading cause of death in the UK with considerable associated health care costs. After a CHD event, timely cardiac rehabilitation optimises patient outcomes. However, a high percentage of these services do not meet necessary performance indicators such as course length and follow-up attendance. Uptake of such services is only 50% in UK patients and support provided 12 months after an event is often limited. To delay and prevent further CHD events leading to hospitalisation, supplementary self-management strategies such as group education, are necessary. Methods: This is a single-centre, randomised controlled trial (RCT) recruiting participants (n = 290) aged ≥ 18 years who are 12 to 48 months post diagnosis of a CHD-related cardiac event (myocardial infarction, angina and any other acute coronary syndrome). The study aims to implement a structured education programme, with text-message support over 12 months, and identify whether delivery of the programme, to individuals who have a history of a cardiac event, would be an effective and cost-effective strategy for increasing walking. The primary outcome, objectively measured average daily physical activity, specifically step count through walking activity, is assessed using the wrist-worn GENEActiv accelerometer at baseline, 6 and 12 months. Secondary outcomes at 12 months include cardiovascular risk factors such as smoking status, blood pressure, lipid profile, glycated haemoglobin (HbA1c), obesity, self-efficacy, quality of life, physical activity and physical function. Participants are randomised to either the control group receiving standard care and a physical activity information leaflet, or the intervention group whose participants receive the leaflet and are invited to attend two group-based structured education sessions. These encourage participants to adopt and maintain healthy behaviours and self-manage their lifestyle. They are delivered approximately 2 weeks apart by trained facilitators and reinforced via subsequent text-message support. Discussion: To our knowledge, this is the first trial designed to assess the effectiveness of a group education programme 12 to 48 months after a CHD event diagnosis. If successful, the PACES programme could be translated into effective post-operative cardiac care and complement the current post-operative services available.

Notes: Herring, Louisa Y. Dallosso, Helen Chatterjee, Sudesna

Bodicoat, Danielle Schreder, Sally Khunti, Kamlesh Yates, Tom Seidu, Sam Hudson, Ian Davies, Melanie J. /GQB-2573-2022; /ABC-9527-2021; Chatterjee, Sudesna/AAN-9580-2020 Chatterjee, Sudesna/0000-0003-4391-6732; Herring, Louisa/0000-0002-9592-6759; Davies, Melanie/0000-0002-9987-9371; Dallosso, Helen/0000-0002-6732-0864; Yates, Thomas/0000-0002-5724-5178; Seidu, Samuel/0000-0002-8335-7018; Khunti, Kamlesh/0000-0003-2343-7099 1745-6215
URL: <Go to ISI>://WOS:000446371200002

Reference Type: Journal Article

Record Number: 1489

Author: Hewitt, R. M., Pattinson, R., Cordingley, L., Griffiths, C. E. M., Kleyn, C. E., McAteer, H., Schofield, J. and Bundy, C.

Year: 2021

Title: Implementation of the PsoWell (TM) Model for the Management of People with Complex Psoriasis

Journal: Acta Dermato-Venereologica

Volume: 101

Date: Apr

Short Title: Implementation of the PsoWell (TM) Model for the Management of People with Complex Psoriasis

ISSN: 0001-5555

DOI: 10.2340/00015555-3802

Article Number: adv00445

Accession Number: WOS:000654751700018

Abstract: The Psoriasis and Well-being (PsoWell)(TM) training programme, incorporating motivational interviewing, improves clinicians' knowledge and skills to manage complex psoriasis, including behaviour change. The aims of this study were to deliver the PsoWell (TM) training programme to dermatology specialists, and to evaluate the acceptability and feasibility of implementing the PsoWell (TM) model across dermatology services. Framework analysis of 19 qualitative semi-structured interviews was performed, following delivery of nine, 1-day PsoWell (TM) training days involving 119 participants. Two themes were identified: "Perceptions and Priorities" and "Awareness", sub-divided into: "Awareness Not Competence" and "Increasing Awareness". The PsoWell (TM) model was found to be acceptable and feasible to implement across dermatology settings. Participants were more skilled and motivated to address psychological issues, including behaviour change, but wanted further training to ensure competency. The trainees claimed that scepticism among some colleagues regarding whole-patient management might prevent uptake. Data showing the impact on health outcomes are needed and might overcome scepticism. Remote consultation could adopt the PsoWell (TM) approach.

Notes: Hewitt, Rachael M. Pattinson, Rachael Cordingley, Lis Griffiths, Christopher E. M. Kleyn, C. Elise McAteer, Helen Schofield, Julia Bundy, Chris

Cordingley, Lis/A-8067-2015

Cordingley, Lis/0000-0001-7675-240X; Pattinson, Rachael/0000-0002-3145-3710

1651-2057

URL: <Go to ISI>://WOS:000654751700018

Reference Type: Journal Article

Record Number: 349

Author: Hewitt, R. M., Ploszajski, M., Purcell, C., Pattinson, R., Jones, B., Wren, G. H., Hughes, O., Ridd, M. J., Thompson, A. R. and Bundy, C.

Year: 2022

Title: A mixed methods systematic review of digital interventions to support the psychological health and well-being of people living with dermatological conditions

Journal: Frontiers in Medicine

Volume: 9

Date: Nov

Short Title: A mixed methods systematic review of digital interventions to support the psychological health and well-being of people living with dermatological conditions

DOI: 10.3389/fmed.2022.1024879

Article Number: 1024879

Accession Number: WOS:000886142000001

Abstract: Background: Dermatological conditions can have a substantial impact on psychological as well as physical health yet dedicated face-to-face psychological support for patients is lacking. Thus, individuals may require additional support to self-manage dermatological conditions effectively. Digital technology can contribute to long-term condition management, but knowledge of the effectiveness of digital interventions addressing psychological (cognitive, emotional, and behavioural) aspects of dermatological conditions is limited. Objectives: To identify, determine the effectiveness, and explore people's views and experiences of digital interventions supporting the psychological health of people with dermatological conditions. Methods: A mixed methods systematic review informed by JBI methodology. The protocol was registered on PROSPERO. Eight electronic databases were searched for papers written between January 2002 and October 2021. Data screening and extraction were conducted in Covidence. The methodological quality of studies were scrutinised against JBI critical appraisal tools. Intervention characteristics were captured using the Template for Intervention Description and Replication checklist and guide. Data were synthesised using a convergent segregated approach. The results were reported in a narrative summary. Results: Twenty-three papers were identified from 4,883 references, including 15 randomised controlled trials. Nineteen interventions were condition-specific, 13 were delivered online, 16 involved an educational component, and 7 endorsed established, evidence-based therapeutic approaches. Improvements in knowledge, mood, quality of life, the therapeutic relationship, and reduced disease severity in the short to medium term, were reported, although there was substantial heterogeneity within the literature. Thirteen studies captured feedback from users, who considered various digital interventions as convenient and helpful for improving knowledge, emotion regulation, and personal control, but technical and individual barriers to use were reported. Use of established qualitative methodologies was limited

and, in some cases, poorly reported. Conclusion: Some web-based digital psychological interventions seem to be acceptable to people living with mainly psoriasis and eczema. Whilst some digital interventions benefitted cognitive and emotional factors, heterogeneity and inconsistencies in the literature meant definitive statements about their effectiveness could not be drawn. Interdisciplinary and patient-centred approaches to research are needed to develop and test quality digital interventions supporting the psychological health of adults living with common and rare dermatological conditions.

Notes: Hewitt, Rachael M. M. Ploszajski, Matthew Purcell, Catherine Pattinson, Rachael Jones, Bethan Wren, Georgina H. H. Hughes, Olivia Ridd, Matthew J. J. Thompson, Andrew R. R. Bundy, Chris Ridd, Matthew/E-5656-2016

Ridd, Matthew/0000-0002-7954-8823; Jones, Bethan/0000-0002-7253-0751; Hughes, Olivia/0000-0001-9587-9430 2296-858x

URL: <Go to ISI>://WOS:000886142000001

Reference Type: Journal Article

Record Number: 551

Author: Heyhoe, J., Reynolds, C., Bec, R., Wolstenholme, D., Grindell, C., Louch, G. and Lawton, R.

Year: 2022

Title: The Shared Safety Net Action Plan (SSNAP): a co-designed intervention to reduce delays in cancer diagnosis

Journal: British Journal of General Practice

Volume: 72

Issue: 721

Pages: E581-E591

Date: Aug

Short Title: The Shared Safety Net Action Plan (SSNAP): a co-designed intervention to reduce delays in cancer diagnosis

ISSN: 0960-1643

DOI: 10.3399/bjgp.2021.0476

Accession Number: WOS:000888618000006

Abstract: Background Safety netting in primary care may help diagnose cancer earlier, but it is unclear what the format and content of an acceptable safety-netting intervention would be. This project aimed to co-design a safety-netting intervention with and for primary care patients and staff. Aim This work sought to address how a safety-netting intervention would be implemented in practice; and, if and how a safety-netting intervention would be acceptable to all stakeholders. Design and setting Patient representatives, GPs, and nurse practitioners were invited to a series of co-design workshops. Patients who had and had not received a diagnosis of cancer and primary care practices took part in separate focus groups. Method Three workshops using creative co-design processes developed the format and content of the intervention prototype. The COM-B Framework underpinned five focus groups to establish views on capability, opportunity, and motivation to use the intervention to assist with prototype refinement. Results Workshops and focus groups suggested the intervention format and

content should incorporate visual and written communication specifying clear timelines for monitoring symptoms and when to present back; be available in paper and electronic forms linked to existing computer systems; and be able to be delivered within a 10-minute consultation. Intervention use themes included 'building confidence through partnership', 'using familiar and current procedures and systems', and 'seeing value'. Conclusion The Shared Safety Net Action Plan (SSNAPI – a safety-netting intervention to assist the timely diagnosis of cancer in primary care, was successfully co-designed with and for patients and primary care staff.

Notes: Heyhoe, Jane Reynolds, Caroline Bec, Remi Wolstenholme, Daniel Grindell, Cheryl Louch, Gemma Lawton, Rebecca Wolstenholme, Daniel/Q-2142-2018; Wolstenholme, Dan/GLR-0385-2022 Wolstenholme, Daniel/0000-0003-1507-6043; Wolstenholme, Dan/0000-0003-1507-6043 1478-5242
URL: <Go to ISI>://WOS:000888618000006

Reference Type: Journal Article

Record Number: 803

Author: Heyhoe, J., Reynolds, C., Bec, R., Wolstenholme, D., Grindell, C., Louch, G. and Lawton, R.

Year: 2022

Title: The Shared Safety Net Action Plan (SSNAP): br a co-designed intervention to reduce delays in cancer diagnosis

Journal: British Journal of General Practice

Date: 2022 Apr

Short Title: The Shared Safety Net Action Plan (SSNAP): br a co-designed intervention to reduce delays in cancer diagnosis

ISSN: 0960-1643

DOI: 10.3399/bjgp.2021.0476

Accession Number: WOS:000782802100001

Abstract: Background Safety netting in primary care may help diagnose cancer earlier, but it is unclear what the format and content of an acceptable safety-netting intervention would be. This project aimed to co-design a safety-netting intervention with and for primary care patients and staff. Aim This work sought to address how a safety-netting intervention would be implemented in practice; and, if and how a safety-netting intervention would be acceptable to all stakeholders. Design and setting Patient representatives, GPs, and nurse practitioners were invited to a series of co-design workshops. Patients who had and had not received a diagnosis of cancer and primary care practices took part in separate focus groups. Method Three workshops using creative co-design processes developed the format and content of the intervention prototype. The COM-B Framework underpinned five focus groups to establish views on capability, opportunity, and motivation to use the intervention to assist with prototype refinement. Results Workshops and focus groups suggested the intervention format and content should incorporate visual and written communication specifying clear timelines for monitoring symptoms and when to present back; be available in paper and electronic forms linked to existing computer systems; and be

able to be delivered within a 10-minute consultation. Intervention use themes included 'building confidence through partnership', 'using familiar and current procedures and systems', and 'seeing value'. Conclusion The Shared Safety Net Action Plan (SSNAP) – a safety-netting intervention to assist the timely diagnosis of cancer in primary care, was successfully co-designed with and for patients and primary care staff.

Notes: Heyhoe, Jane Reynolds, Caroline Bec, Remi Wolstenholme, Daniel Grindell, Cheryl Louch, Gemma Lawton, Rebecca Wolstenholme, Daniel/Q-2142-2018; Wolstenholme, Dan/GLR-0385-2022 Wolstenholme, Daniel/0000-0003-1507-6043; Wolstenholme, Dan/0000-0003-1507-6043 1478-5242
URL: <Go to ISI>://WOS:000782802100001

Reference Type: Journal Article

Record Number: 786

Author: Hicks, B., Karim, A., Jones, E., Burgin, M., Cutler, C., Tang, W., Thomas, S. and Nyman, S. R.

Year: 2022

Title: Care home practitioners' perceptions of the barriers and facilitators for using off-the-shelf gaming technology with people with dementia

Journal: Dementia-International Journal of Social Research and Practice

Volume: 21

Issue: 5

Pages: 1532-1555

Date: Jul

Short Title: Care home practitioners' perceptions of the barriers and facilitators for using off-the-shelf gaming technology with people with dementia

ISSN: 1471-3012

DOI: 10.1177/14713012221085229

Article Number: 14713012221085229

Accession Number: WOS:000783554000001

Abstract: Background: Off-the-shelf digital gaming technology has been shown to support the well-being of people with dementia. Yet, to date, it is rarely adopted within dementia care practice, particularly within care homes. Drawing on a descriptive, qualitative approach, this is the first study that has sought to explore care home practitioners' perceptions of the barriers and facilitators for using gaming technology within their workplace. Method: Data were collected across eight focus groups in the south of England with a total of 39 care home workers. These were analysed inductively following the 6-stage thematic process as outlined by Braun and Clarke (2006). Findings: Three themes, constructed from the data suggested, the care environment, staff knowledge and skills for inclusive gaming, and staff perceptions about capabilities (their own and those of people with dementia) inhibited or facilitated the use of gaming technology in care homes. The findings were interpreted through a combination of the Capability, Opportunity, Motivation and Behaviour model and the Theoretical

Domains Framework to provide theory-based insights into the mechanisms for supporting behaviour change and implementation within the care home context. Conclusions: We argue for the need to target wider institutional barriers alongside providing inclusive training for care staff on incorporating gaming technology within their person-centred care approaches. Through these mechanisms, they can be provided with the capabilities, opportunities and motivation to integrate gaming technology within their practice, and thus facilitate the process of culture change within care homes.

Notes: Hicks, Ben Karim, Anomita Jones, Erin Burgin, Malcolm Cutler, Clare Tang, Wen Thomas, Sarah Nyman, Samuel R.

Hicks, Ben/0000-0002-6445-2415

1741-2684

URL: <Go to ISI>://WOS:000783554000001

Reference Type: Journal Article

Record Number: 417

Author: Hielkema, M. H. and Lund, T. B.

Year: 2022

Title: A "vegetarian curry stew" or just a "curry stew"?- The effect of neutral labeling of vegetarian dishes on food choice among meat-reducers and non-reducers

Journal: Journal of Environmental Psychology

Volume: 84

Date: Dec

Short Title: A "vegetarian curry stew" or just a "curry stew"?- The effect of neutral labeling of vegetarian dishes on food choice among meat-reducers and non-reducers

ISSN: 0272-4944

DOI: 10.1016/j.jenvp.2022.101877

Article Number: 101877

Accession Number: WOS:000872525900001

Abstract: Encouraging meat eaters to eat more vegetarian foods benefits public health and environment. This study examined whether changes in menu design, specifically in the labeling of a dish, increases vegetarian food choice. In an online survey experiment involving a representative sample of Danish meat eaters (n = 955) we investigated the frequency with which dishes are chosen when they have a neutral vegetarian label (with no explicit indication that the dish does not contain meat), an explicit label (as vegetarian, meat-free, vegan, or plant-based), or a label referring to meat. We also examined the role of individual characteristics of the diner (food neophobia, meat-eating identity, meat intake and ethical concern). We found that neutral labeling out-performed explicit labeling among all meat eaters (neutral 17%, meat 10%, explicit labels 5%-7%) and in two sub-groups, namely, non-reducers (who are not actively reducing their meat intake: explicit 3.4%, neutral 10.2%) and meat-reducers (explicit 14.4%, neutral 30.1%). We found no significant differences between the four explicit labels. We show that non-reducers with low meat-eating identity can be nudged to choose a neutrally labeled vegetarian dish, and that, among ethically concerned meat-reducers, the vegetarian dish is chosen more often when the dish is neutrally rather than explicitly

labeled. Finally, we show that meat-avoiders (additional convenience sample, n = 148) were as likely to choose a neutrally labeled vegetarian dish as an explicitly labeled one. Our results suggest that neutral labeling sidesteps reactance and moral licensing effects in both meat-reducers and non-reducers, and that food outlets with meat-eating customers should carefully consider their use of explicit labeling and use neutral labeling for vegetarian dishes where possible.

Notes: Hielkema, Marijke Hiltje Lund, Thomas Boker

Lund, Thomas B/E-4584-2015

Lund, Thomas B/0000-0001-5282-1562; Hielkema, Marijke/
0000-0002-4952-2075

1522-9610

URL: <Go to ISI>://WOS:000872525900001

Reference Type: Journal Article

Record Number: 620

Author: Hielkema, M. H., Onwezen, M. C. and Reinders, M. J.

Year: 2022

Title: Veg on the menu? Differences in menu design interventions to increase vegetarian food choice between meat-reducers and non-reducers

Journal: Food Quality and Preference

Volume: 102

Date: Dec

Short Title: Veg on the menu? Differences in menu design interventions to increase vegetarian food choice between meat-reducers and non-reducers

ISSN: 0950-3293

DOI: 10.1016/j.foodqual.2022.104675

Article Number: 104675

Accession Number: WOS:000830249900004

Abstract: Reduced meat intake by Western consumers would benefit public health and the environment. However, meat consumption is notoriously difficult to change, among other things because it is often the outcome of automatic and habitual behavior. Interventions that make use of automatic decision-making processes are therefore promising, but these too vary in their success. The effectiveness of interventions may be improved if different types of meat-eaters are separated. Thus, the aim of this study was to test the effectiveness of two kinds of intervention (namely, changing to a vegetarian default on a menu and changing the attractiveness of a food label) on vegetarian food choice for two distinct groups: meat-eaters who are not reducing their meat intake (non-reducers) and meat-reducers. We also explored whether the effect of these interventions could be strengthened by activating different roles (i.e. a consumer role versus a citizen role). The online study included two European countries, Denmark (n = 740) and the Netherlands (n = 749), and involved two experiments. It was found that a vegetarian default significantly increased vegetarian food choice among the non-reducers but did not significantly do so among meat-reducers. Attractive labeling marginally increased vegetarian food choice for non-reducers but had no impact on meat-reducers. The activation of

roles did not influence food choice. We conclude that meat-reducing interventions, especially where the menu default is concerned, could benefit from increased focus on a more specific target audience (i.e. non-reducers). More generally, we recommend that future meat-reducing interventions should consider different groups of meat-eaters.

Notes: Hielkema, Marijke H. Onwezen, Marleen C. Reinders, Machiel J. Reinders, Machiel/F-7355-2015

Reinders, Machiel/0000-0001-8785-2852; Hielkema, Marijke/0000-0002-4952-2075

1873-6343

URL: <Go to ISI>://WOS:000830249900004

Reference Type: Journal Article

Record Number: 2458

Author: Hill, A. M., Etherton-Ber, C. and Haines, T. P.

Year: 2013

Title: Tailored Education for Older Patients to Facilitate Engagement in Falls Prevention Strategies after Hospital Discharge-A Pilot Randomized Controlled Trial

Journal: Plos One

Volume: 8

Issue: 5

Date: May

Short Title: Tailored Education for Older Patients to Facilitate Engagement in Falls Prevention Strategies after Hospital Discharge-A Pilot Randomized Controlled Trial

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0063450

Article Number: e63450

Accession Number: WOS:000319435600015

Abstract: Background: The aims of the study were to evaluate the effect of providing tailored falls prevention education in hospital on: i) engagement in targeted falls prevention behaviors in the month after discharge: ii) patients' self-perceived risk and knowledge about falls and falls prevention strategies after receiving the education. Methods: A pilot randomized controlled trial (n = 50): baseline and outcome assessments conducted by blinded researchers. Participants: hospital inpatients 60 years or older, discharged to the community. Participants were randomized into two groups. The intervention was a tailored education package consisting of multimedia falls prevention information with trained health professional follow-up, delivered in addition to usual care. Outcome measures were engagement in falls prevention behaviors in the month after discharge measured at one month after discharge with a structured survey, and participants' knowledge, confidence and motivation levels before and after receiving the education. The feasibility of providing the intervention was examined and falls outcomes (falls, fall-related injuries) were also collected. Results: Forty-eight patients (98%) provided follow-up data. The complete package was provided to 21 (84%) intervention group participants. Participants in the intervention group were significantly more likely to plan how to safely restart functional

activities [Adjusted odds ratio 3.80, 95% CI (1.07, 13.52), $p = 0.04$] and more likely to complete other targeted behaviors such as completing their own home exercise program [Adjusted odds ratio 2.76, 95% CI (0.72, 10.50), $p = 0.14$] than the control group. The intervention group was significantly more knowledgeable, confident and motivated to engage in falls prevention strategies after receiving the education than the control group. There were 23 falls ($n = 5$ intervention; $n = 18$ control) and falls rates were 5.4/1000 patient days (intervention); 18.7/1000 patient days (control). Conclusion: This tailored education was received positively by older people, resulted in increased engagement in falls prevention strategies after discharge and is feasible to deliver to older hospital patients.

Notes: Hill, Anne-Marie Etherton-Beer, Christopher Haines, Terry P. Hill, Anne-Marie/C-2252-2011; Haines, Terrence/E-9372-2015; Etherton-Beer, Christopher/B-2714-2014; Haines, Terrence/0000-0003-3150-6154; Etherton-Beer, Christopher/0000-0001-5148-0188; Hill, Anne-Marie/0000-0003-1411-6752
URL: <Go to ISI>://WOS:000319435600015

Reference Type: Journal Article

Record Number: 1999

Author: Hill, A. M., Etherton-Beer, C., McPhail, S. M., Morris, M. E., Flicker, L., Shorr, R., Bulsara, M., Lee, D. C., Francis-Coad, J., Waldron, N., Boudville, A. and Haines, T.

Year: 2017

Title: Reducing falls after hospital discharge: a protocol for a randomised controlled trial evaluating an individualised multimodal falls education programme for older adults

Journal: Bmj Open

Volume: 7

Issue: 2

Date: Feb

Short Title: Reducing falls after hospital discharge: a protocol for a randomised controlled trial evaluating an individualised multimodal falls education programme for older adults

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-013931

Article Number: e013931

Accession Number: WOS:000397872400110

Abstract: Introduction: Older adults frequently fall after discharge from hospital. Older people may have low self-perceived risk of falls and poor knowledge about falls prevention. The primary aim of the study is to evaluate the effect of providing tailored falls prevention education in addition to usual care on falls rates in older people after discharge from hospital compared to providing a social intervention in addition to usual care. Methods and analyses: The 'Back to My Best' study is a multisite, single blind, parallel-group randomised controlled trial with blinded outcome assessment and intention-to-treat analysis, adhering to CONSORT guidelines. Patients ($n = 390$) (aged 60 years or older; score more than 7/10 on the Abbreviated Mental Test Score; discharged to community settings) from aged care rehabilitation wards in three hospitals will be

recruited and randomly assigned to one of two groups. Participants allocated to the control group shall receive usual care plus a social visit. Participants allocated to the experimental group shall receive usual care and a falls prevention programme incorporating a video, workbook and individualised follow-up from an expert health professional to foster capability and motivation to engage in falls prevention strategies. The primary outcome is falls rates in the first 6 months after discharge, analysed using negative binomial regression with adjustment for participant's length of observation in the study. Secondary outcomes are injurious falls rates, the proportion of people who become fallers, functional status and health-related quality of life. Healthcare resource use will be captured from four sources for 6 months after discharge. The study is powered to detect a 30% relative reduction in the rate of falls (negative binomial incidence ratio 0.70) for a control rate of 0.80 falls per person over 6 months. Ethics and dissemination: Results will be presented in peer-reviewed journals and at conferences worldwide. This study is approved by hospital and university Human Research Ethics Committees.

Notes: Hill, Anne-Marie Etherton-Beer, Christopher McPhail, Steven M. Morris, Meg E. Flicker, Leon Shorr, Ronald Bulsara, Max Lee, Den-Ching Francis-Coad, Jacqueline Waldron, Nicholas Boudville, Amanda Haines, Terry

Etherton-Beer, Christopher/B-2714-2014; Flicker, Leon/AAE-1530-2022; Haines, Terrence/E-9372-2015; Hill, Anne-Marie/C-2252-2011

Etherton-Beer, Christopher/0000-0001-5148-0188; Flicker, Leon/0000-0002-3650-0475; Haines, Terrence/0000-0003-3150-6154; Hill, Anne-Marie/0000-0003-1411-6752; Morris, Meg/0000-0002-0114-4175; Francis-Coad, Jacqueline/0000-0002-9892-103X; Shorr, Ronald/0000-0002-1457-4668; Lee, Den-Ching Angel/0000-0003-2693-8606; McPhail, Steven/0000-0002-1463-662X

URL: <Go to ISI>://WOS:000397872400110

Reference Type: Journal Article

Record Number: 2192

Author: Hill, A. M., Francis-Coad, J., Haines, T. P., Waldron, N., Etherton-Beer, C., Flicker, L., Ingram, K. and McPhail, S. M.

Year: 2016

Title: 'My independent streak may get in the way': how older adults respond to falls prevention education in hospital

Journal: Bmj Open

Volume: 6

Issue: 7

Short Title: 'My independent streak may get in the way': how older adults respond to falls prevention education in hospital

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-012363

Article Number: e012363

Accession Number: WOS:000382252100058

Abstract: Objectives: The aim of the study was to determine how providing individualised falls prevention education facilitated behaviour change from the perspective of older hospital patients on rehabilitation wards and what barriers they identified to engaging

in preventive strategies. Design: A prospective qualitative survey. Methods: Older patients (n= 757) who were eligible (mini-mental state examination score>23/30) received falls prevention education while admitted to eight rehabilitation hospital wards in Western Australia. Subsequently, 610 participants were surveyed using a semistructured questionnaire to gain their response to the in-hospital education and their identified barriers to engaging in falls prevention strategies. Deductive content analysis was used to map responses against conceptual frameworks of health behaviour change and risk taking. Results: Participants who responded (n= 473) stated that the education raised their awareness, knowledge and confidence to actively engage in falls prevention strategies, such as asking for assistance prior to mobilising. Participants' thoughts and feelings about their recovery were the main barriers they identified to engaging in safe strategies, including feeling overconfident or desiring to be independent and thinking that staff would be delayed in providing assistance. The most common task identified as potentially leading to risk-taking behaviour was needing to use the toilet. Conclusions: Individualised education assists older hospital rehabilitation patients with good levels of cognition to engage in suitable falls prevention strategies while on the ward. Staff should engage with patients to understand their perceptions about their recovery and support patients to take an active role in planning their rehabilitation.

Notes: Hill, Anne-Marie Francis-Coad, Jacqueline Haines, Terry P. Waldron, Nicholas Etherton-Beer, Christopher Flicker, Leon Ingram, Katharine McPhail, Steven M.

Etherton-Beer, Christopher/B-2714-2014; Haines, Terrence/E-9372-2015; Flicker, Leon/AAE-1530-2022; Hill, Anne-Marie/C-2252-2011

Etherton-Beer, Christopher/0000-0001-5148-0188; Haines, Terrence/0000-0003-3150-6154; Flicker, Leon/0000-0002-3650-0475; Hill, Anne-Marie/0000-0003-1411-6752; McPhail, Steven/0000-0002-1463-662X; Francis-Coad, Jacqueline/0000-0002-9892-103X

URL: <Go to ISI>://WOS:000382252100058

Reference Type: Journal Article

Record Number: 2357

Author: Hill, A. M., McPhail, S. M., Francis-Coad, J., Waldron, N., Etherton-Beer, C., Flicker, L., Ingram, K. and Haines, T. P.

Year: 2015

Title: Educators' perspectives about how older hospital patients can engage in a falls prevention education programme: a qualitative process evaluation

Journal: Bmj Open

Volume: 5

Issue: 12

Short Title: Educators' perspectives about how older hospital patients can engage in a falls prevention education programme: a qualitative process evaluation

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2015-009780

Article Number: e009780

Accession Number: WOS:000368839100134

Abstract: Objectives Falls are the most frequent adverse event reported in hospitals. Patient and staff education delivered by trained educators significantly reduced falls and injurious falls in an older rehabilitation population. The purpose of the study was to explore the educators' perspectives of delivering the education and to conceptualise how the programme worked to prevent falls among older patients who received the education. Design A qualitative exploratory study. Methods Data were gathered from three sources: conducting a focus group and an interview (n=10 educators), written educator notes and reflective researcher field notes based on interactions with the educators during the primary study. The educators delivered the programme on eight rehabilitation wards for periods of between 10 and 40 weeks. They provided older patients with individualised education to engage in falls prevention and provided staff with education to support patient actions. Data were thematically analysed and presented using a conceptual framework. Results Falls prevention education led to mutual understanding between staff and patients which assisted patients to engage in falls prevention behaviours. Mutual understanding was derived from the following observations: the educators perceived that they could facilitate an effective three-way interaction between staff actions, patient actions and the ward environment which led to behaviour change on the wards. This included engaging with staff and patients, and assisting them to reconcile differing perspectives about falls prevention behaviours. Conclusions Individualised falls prevention education effectively provides patients who receive it with the capability and motivation to develop and undertake behavioural strategies that reduce their falls, if supported by staff and the ward environment.

Notes: Hill, Anne-Marie McPhail, Steven M. Francis-Coad, Jacqueline Waldron, Nicholas Etherton-Beer, Christopher Flicker, Leon Ingram, Katharine Haines, Terry P.

Etherton-Beer, Christopher/B-2714-2014; Flicker, Leon/AE-1530-2022; Haines, Terrence/E-9372-2015; Hill, Anne-Marie/C-2252-2011

Etherton-Beer, Christopher/0000-0001-5148-0188; Flicker, Leon/0000-0002-3650-0475; Haines, Terrence/0000-0003-3150-6154; Francis-Coad, Jacqueline/0000-0002-9892-103X; Hill, Anne-Marie/0000-0003-1411-6752

URL: <Go to ISI>://WOS:000368839100134

Reference Type: Journal Article

Record Number: 2293

Author: Hill, A. M., McPhail, S. M., Waldron, N., Etherton-Beer, C., Ingram, K., Flicker, L., Bulsara, M. and Haines, T. P.

Year: 2015

Title: Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: a pragmatic, stepped-wedge, cluster-randomised controlled trial

Journal: Lancet

Volume: 385

Issue: 9987

Pages: 2592-2599

Date: Jun

Short Title: Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: a pragmatic, stepped-wedge, cluster-randomised controlled trial

ISSN: 0140-6736

DOI: 10.1016/s0140-6736(14)61945-0

Accession Number: WOS:000356930000026

Abstract: Background Falls are the most frequent adverse events that are reported in hospitals. We examined the effectiveness of individualised falls-prevention education for patients, supported by training and feedback for staff, delivered as a ward-level programme. Methods Eight rehabilitation units in general hospitals in Australia participated in this stepped-wedge, cluster-randomised study, undertaken during a 50 week period. Units were randomly assigned to intervention or control groups by use of computer-generated, random allocation sequences. We included patients admitted to the unit during the study with a Mini-Mental State Examination (MMSE) score of more than 23/30 to receive individualised education that was based on principles of changes in health behaviour from a trained health professional, in addition to usual care. We provided information about patients' goals, feedback about the ward environment, and perceived barriers to engagement in falls-prevention strategies to staff who were trained to support the uptake of strategies by patients. The coprimary outcome measures were patient rate of falls per 1000 patient-days and the proportion of patients who were fallers. All analyses were by intention to treat. This trial is registered with the Australian New Zealand Clinical Trials registry, number ACTRN12612000877886). Findings Between Jan 13, and Dec 27, 2013, 3606 patients were admitted to the eight units (n=1983 control period; n=1623 intervention period). There were fewer falls (n=196, 7.80/1000 patient-days vs n=380, 13.78/1000 patient-days, adjusted rate ratio 0.60 [robust 95% CI 0.42-0.94], p=0.003), injurious falls (n=66, 2.63/1000 patient-days vs 131, 4.75/1000 patient-days, 0.65 [robust 95% CI 0.42-0.88], p=0.006), and fallers (n=136 [8.38%] vs n=248 [12.51%] adjusted odds ratio 0.55 [robust 95% CI 0.38 to 0.81], p=0.003) in the intervention compared with the control group. There was no significant difference in length of stay (intervention median 11 days [IQR 7-19], control 10 days [6-18]). Interpretation Individualised patient education programmes combined with training and feedback to staff added to usual care reduces the rates of falls and injurious falls in older patients in rehabilitation hospital-units.

Notes: Hill, Anne-Marie McPhail, Steven M. Waldron, Nicholas Etherton-Ber, Christopher Ingram, Katharine Flicker, Leon Bulsara, Max Haines, Terry P.

Flicker, Leon/AAE-1530-2022; Hill, Anne-Marie/C-2252-2011; Haines,

Terrence/E-9372-2015; Etherton-Ber, Christopher/B-2714-2014

Flicker, Leon/0000-0002-3650-0475; Haines, Terrence/

0000-0003-3150-6154; Etherton-Ber, Christopher/0000-0001-5148-0188;

McPhail, Steven/0000-0002-1463-662X; Hill, Anne-Marie/

0000-0003-1411-6752

1474-547x

URL: <Go to ISI>://WOS:000356930000026

Reference Type: Journal Article

Record Number: 2187

Author: Hill, A. M., Waldron, N., Francis-Coad, J., Haines, T., Etherton-Beer, C., Flicker, L., Ingram, K. and McPhail, S. M.

Year: 2016

Title: 'It promoted a positive culture around falls prevention': staff response to a patient education programme—a qualitative evaluation

Journal: Bmj Open

Volume: 6

Issue: 12

Short Title: 'It promoted a positive culture around falls prevention': staff response to a patient education programme—a qualitative evaluation

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-013414

Article Number: e013414

Accession Number: WOS:000391303600062

Abstract: Objectives: The purpose of this study was to understand how staff responded to individualised patient falls prevention education delivered as part of a cluster randomised trial, including how they perceived the education contributed to falls prevention on their wards. Design: A qualitative explanatory study. Methods: 5 focus groups were conducted at participatory hospital sites. The purposive sample of clinical staff (including nurses, physiotherapists and quality improvement staff) worked on aged care rehabilitation wards when a cluster randomised trial evaluating a patient education programme was conducted. During the intervention period, an educator, who was a trained health professional and not a member of staff, provided individualised falls prevention education to patients with good levels of cognition (Mini-Mental State Examination >23/30). Clinical staff were provided with training to support the programme and their feedback was sought after the trial concluded, to understand how they perceived the programme impacted on falls prevention. Data were thematically analysed using NVivo qualitative data analysis software. Results: 5 focus groups were conducted at different hospitals (n=30 participants). Staff perceived that the education created a positive culture around falls prevention and further, facilitated teamwork, whereby patients and staff worked together to address falls prevention. The educator was perceived to be a valuable member of the team. Staff reported that they developed increased knowledge and awareness about creating a safe ward environment. Patients being proactive and empowered to engage in falls prevention strategies, such as ringing the bell for assistance, was viewed as supporting staff falls prevention efforts and motivating staff to change practice. Conclusions: Staff responded positively to patient falls prevention education being delivered on their wards. Providing individualised patient education to older patients with good levels of cognition can empower staff and patients to work as a team to address falls prevention on hospital rehabilitation wards.

Notes: Hill, Anne-Marie Waldron, Nicholas Francis-Coad, Jacqueline

Haines, Terry Etherton-Beer, Christopher Flicker, Leon Ingram, Katharine McPhail, Steven M. Flicker, Leon/AAE-1530-2022; Etherton-Beer, Christopher/B-2714-2014; Hill, Anne-Marie/C-2252-2011; Haines, Terrence/E-9372-2015 Flicker, Leon/0000-0002-3650-0475; Etherton-Beer, Christopher/0000-0001-5148-0188; Haines, Terrence/0000-0003-3150-6154; McPhail, Steven/0000-0002-1463-662X; Hill, Anne-Marie/0000-0003-1411-6752; Francis-Coad, Jacqueline/0000-0002-9892-103X
URL: <Go to ISI>://WOS:000391303600062

Reference Type: Journal Article

Record Number: 656

Author: Hill, B., Savaglio, M., Blewitt, C., Ahuja, K., Kandel, P., Madden, S., Hills, A. P. and Skouteris, H.

Year: 2022

Title: Preconception Health in the Workplace: An Opportunity to Support Equitable Access to Education

Journal: Seminars in Reproductive Medicine

Volume: 40

Issue: 03/04

Pages: 199-204

Date: Jul

Short Title: Preconception Health in the Workplace: An Opportunity to Support Equitable Access to Education

ISSN: 1526-8004

DOI: 10.1055/s-0042-1750132

Accession Number: WOS:000822597700001

Abstract: Preconception health is a key determinant of pregnancy and offspring outcomes, but challenges reaching people during preconception are frequently cited by health professionals. This article highlights the workplace as an important setting for promoting equitable access to preconception health-related information and education to support optimal well-being before pregnancy. Workplaces can support equitable access to education and knowledge for preconception health: (1) due to the high engagement of reproductive-age women in the workforce and (2) by reaching vulnerable or high-risk population groups who may otherwise face barriers to accessing preconception health information. Literature that explicitly investigates workplace delivery of preconception health promotion programs is scarce. However, workplace health promotion more broadly is associated with improved corporate competitiveness, productivity, and strengthened employee-employer relationships. Workplace health promotion activities may also address social determinants of health and improve employee well-being outcomes. The opportunity for workplaces to benefit from an increase in the bottom line makes workplace health promotion programs more attractive, but organizational support and stakeholder engagement are needed to facilitate the design and delivery of successful workplace preconception health education programs. Such programs have the potential to facilitate health gains for women and their families.

Notes: Hill, Briony Savaglio, Melissa Blewitt, Claire Ahuja, Kiran Kandel, Pragma Madden, Seonad Hills, Andrew P. Skouteris, Helen

Hill, Briony L/M-9643-2017
Hill, Briony L/0000-0003-4993-3963
1526-4564
URL: <Go to ISI>://WOS:000822597700001

Reference Type: Journal Article

Record Number: 490

Author: Hill, J. C., Garvin, S., Bromley, K., Saunders, B., Kigozi, J., Cooper, V., Lewis, M., Protheroe, J., Wathall, S., Chudyk, A., Dunn, K. M., Birkinshaw, H., Jowett, S., Hay, E. M., van der Windt, D., Mallen, C. and Foster, N. E.

Year: 2022

Title: Risk-based stratified primary care for common musculoskeletal pain presentations (STarT MSK): a cluster-randomised, controlled trial

Journal: Lancet Rheumatology

Volume: 4

Issue: 9

Pages: E591-E602

Date: Sep

Short Title: Risk-based stratified primary care for common musculoskeletal pain presentations (STarT MSK): a cluster-randomised, controlled trial

ISSN: 2665-9913

DOI: 10.1016/s2665-9913(22)00159-x

Accession Number: WOS:000898624300010

Abstract: Background Risk-based stratified care shows clinical effectiveness and cost-effectiveness versus usual primary care for non-specific low back pain but is untested for other common musculoskeletal disorders. We aimed to test the clinical effectiveness and cost-effectiveness of point-of-care risk stratification (using Keele's STarT MSK Tool and risk-matched treatments) versus usual care for the five most common musculoskeletal presentations (back, neck, knee, shoulder, and multi-site pain). Methods In this cluster-randomised, controlled trial in UK primary care with embedded qualitative and health economic studies we recruited patients from 24 general practices in the West Midlands region of England. Eligible patients were those aged 18 years or older whose general practitioner (GP) confirmed a consultation for a musculoskeletal presentation. General practices that consented to participate via a representative of the cluster were randomly assigned (1:1) to intervention or usual care, using stratified block randomisation. Researchers involved in data collection, outcome data entry, and statistical analysis were masked at both the cluster and individual participant level. Participating patients were told the study was examining GP treatment of common aches and pains and were not aware they were in a randomised trial. GPs in practices allocated to the intervention group were supported to deliver risk-based stratified care using a bespoke computer-based template, including the risk-stratification tool, and risk-matched treatment options for patients at low, medium, or high risk of poor disability or pain outcomes. There were 15 risk-matched treatment options. In the usual care group, patients with musculoskeletal pain

consulting their GP received treatment as usual, typically including advice and education, medication, referral for investigations or tests, or referral to other services. The primary outcome was time-averaged pain intensity over 6 months. All analyses were done by intention to treat. The trial is registered with ISRCTN, ISRCTN15366334. Findings Between May 1, 2018, and April 30, 2019, 104 GPs from 24 practices (12 per study group) identified 2494 patients with musculoskeletal pain. 1211 (49%) participants consented to questionnaires (534 in the intervention group and 677 in the usual care group), with 1070 (88%) completing the follow-up questionnaire at 6 months. We found no significant difference in time-averaged pain intensity (mean(SD) mean 4.4 [SD 2.3] in the intervention group vs 4.6 [2.5] in the control group; adjusted mean difference -0.16, 95% CI -0.65 to 0.34) or in standardised function score (mean -0.06 [SD 0.94] in the intervention group vs 0.05 [1.04]; adjusted mean difference -0.07, 95% CI -0.22 to 0.08). No serious adverse events or adverse events were reported. Risk stratification received positive patient and clinician feedback. Interpretation Risk stratification for patients in primary care with common musculoskeletal presentations did not lead to significant improvements in pain or function, although some aspects of GP decision making were affected, and GP and patients had positive experiences. The costs of risk-based stratified care were similar to usual care, and such a strategy only offers marginal changes in cost-effectiveness outcomes. The clinical implications from this trial are largely inconclusive.

Notes: Hill, Jonathan C. Garvin, Stefannie Bromley, Kieran Saunders, Benjamin Kigozi, Jesse Cooper, Vince Lewis, Martyn Protheroe, Joanne Wathall, Simon Chudyk, Adrian Dunn, Kate M. Birkinshaw, Hollie Jowett, Sue Hay, Elaine M. van der Windt, Danielle Mallen, Christian Foster, Nadine E.

Dunn, kate m/a-8712-2008

Kigozi, Jesse/0000-0001-7608-4923; Chudyk, Adrian/
0000-0002-2990-9651; Hill, Jonathan/0000-0001-6246-1409; Foster,
Nadine/0000-0003-4429-9756

URL: <Go to ISI>://WOS:000898624300010

Reference Type: Journal Article

Record Number: 2094

Author: Hill, J. J. and Keating, J. L.

Year: 2016

Title: Encouraging healthy spine habits to prevent low back pain in children: an observational study of adherence to exercise

Journal: Physiotherapy

Volume: 102

Issue: 3

Pages: 229-235

Date: Sep

Short Title: Encouraging healthy spine habits to prevent low back pain in children: an observational study of adherence to exercise

ISSN: 0031-9406

DOI: 10.1016/j.physio.2015.05.005

Accession Number: WOS:000382257300006

Abstract: Background Low back pain (LBP) in adolescence is a predictor of adult LBP. Strategies to educate children and encourage healthy spine habits may prevent LBP. Poor adherence to health programmes can be a barrier to their success. This study addresses the potential for habituation of a short daily exercise programme that draws attention to factors thought to keep the spine healthy. Objectives To describe adherence to a 9-month exercise programme, and analyse factors that may influence adherence. Design Observational cohort study. Setting Four primary schools in New Zealand. Outcome measures Outcomes included self-evaluation of adherence to exercise, and self-reported incidence and severity of LBP. Participants Children (n = 469) aged 8 to 11 years. Methods Participants were taught four simple spine movements for daily practice as part of a health programme that emphasised 'back awareness' and self-care of the spine. Strategies to encourage adherence were implemented. Data on self-reported adherence and episodes of LBP during the previous week were collected through an online survey completed on trial days 7, 21, 49, 105, 161 and 270 over a 9-month period. Results Daily exercise adherence was 34% on day 7 and dropped to 9% by day 270. Exercise adherence of at least once per week was 84% on day 7 and 47% by day 270. Frequency of exercise was not associated with episodes of LBP [odds ratio (OR) 1.16, 95% confidence interval (CI) 0.92 to 1.47, P=0.21], previous history of LBP (OR 0.97, 95% CI 0.77 to 1.23, P=0.77), lifetime first episode of LBP (defined as the first episode of LBP in the study period for participants with no previous history of LBP) (OR 0.39, 95% CI 0.15 to 1.34, P=0.14) or severity of LBP (OR 1.59, 95% CI 0.99 to 2.52, P=0.05). Conclusion This study applied a comprehensive set of strategies considered to be important in encouraging adherence, but was not successful in sustaining the interest of more than half of the cohort. Innovative strategies are needed to develop new exercise habits in children. (C) 2015 Chartered Society of Physiotherapy. Published by Elsevier Ltd. All rights reserved.

Notes: Hill, J. J. Keating, J. L.
1873-1465

URL: <Go to ISI>://WOS:000382257300006

Reference Type: Journal Article

Record Number: 105

Author: Hillebrecht, A. L., Hoefler, K., Blasi, A., Wicht, M. J. and Barbe, A. G.

Year: 2023

Title: Comparison of facilitators and barriers to providing oral hygiene measures in dependent older people and young children: A systematic review

Journal: Gerodontology

Date: 2023 Mar

Short Title: Comparison of facilitators and barriers to providing oral hygiene measures in dependent older people and young children: A systematic review

ISSN: 0734-0664

DOI: 10.1111/ger.12684

Accession Number: WOS:000950297600001

Abstract: ObjectiveThe objective of the study was to systematically compare barriers/facilitators providing oral hygiene to young children and dependent older people and to generate ideas to improve the implementation of oral hygiene measures. BackgroundMany older people, like children, rely on third-party assistance for teeth cleaning. Barriers/facilitators in providing oral care services have been described in recent works. The aim of our study was to compare these results for both groups and to increase knowledge on analogies/differences in barriers/intermediaries. MethodsWe performed a systematic review. Studies reporting on knowledge, attitudes and beliefs acting as barriers/facilitators for provision of teeth cleaning were included. Thematic analysis was used and identified themes translated to domains and constructs of the theoretical domains framework and aligned to the behaviour change wheel. Based on three published reviews in children or older people, our search (PubMed via Medline), Cochrane Central Register of Controlled Trials (CENTRAL) and Web of Science, Google Scholar, last search (21 January 2023) encompassed both populations dated from their last publication (28 February 2018). The review was registered (Prospero, CRD42021278944). For quality assessment, the Newcastle-Ottawa Scale (NOS) was used. ResultsSeventeen articles were identified (older people (n = 8), children (n = 9)). Deficits exist for both in terms of "knowledge/skills" among caregivers, with special difficulties in children with challenging behaviour and older people. "Capability" as one of the main elements of behavioural factors that are the basis for behaviour to take place (COM-B, Capability, Opportunity, Motivation-Behaviour) is most often mentioned for children and "opportunity" for older people. ConclusionsMost of the facilitators and barriers affecting oral care provision in children are also relevant in older people. Approaches for the development of strategies for better implementation of oral hygiene measures in older people are presented.

Notes: Hillebrecht, Anna-Lena Hoefler, Karolin Blasi, Alicia Wicht, Michael J. Barbe, Anna Greta

Blasi, Alicia Maria/0000-0002-3296-7553
1741-2358

URL: <Go to ISI>://WOS:000950297600001

Reference Type: Journal Article

Record Number: 2001

Author: Hillier-Brown, F. C., Summerbell, C. D., Moore, H. J., Routen, A., Lake, A. A., Adams, J., White, M., Araujo-Soares, V., Abraham, C., Adamson, A. J. and Brown, T. J.

Year: 2017

Title: The impact of interventions to promote healthier ready-to-eat meals (to eat in, to take away or to be delivered) sold by specific food outlets open to the general public: a systematic review

Journal: Obesity Reviews

Volume: 18

Issue: 2

Pages: 227-246

Date: Feb

Short Title: The impact of interventions to promote healthier ready-to-eat meals (to eat in, to take away or to be delivered) sold by specific food outlets open to the general public: a systematic review

ISSN: 1467-7881

DOI: 10.1111/obr.12479

Accession Number: WOS:000397269500008

Abstract: Introduction: Ready-to-eat meals sold by food outlets that are accessible to the general public are an important target for public health intervention. We conducted a systematic review to assess the impact of such interventions. Methods: Studies of any design and duration that included any consumer-level or food-outlet-level before-and-after data were included. Results: Thirty studies describing 34 interventions were categorized by type and coded against the Nuffield intervention ladder: restrict choice = trans fat law (n = 1), changing pre-packed children's meal content (n = 1) and food outlet award schemes (n = 2); guide choice = price increases for unhealthier choices (n = 1), incentive (contingent reward) (n = 1) and price decreases for healthier choices (n = 2); enable choice = signposting (highlighting healthier/unhealthier options) (n = 10) and telemarketing (offering support for the provision of healthier options to businesses via telephone) (n = 2); and provide information = calorie labelling law (n = 12), voluntary nutrient labelling (n = 1) and personalized receipts (n = 1). Most interventions were aimed at adults in US fast food chains and assessed customer-level outcomes. More 'intrusive' interventions that restricted or guided choice generally showed a positive impact on food-outlet-level and customer-level outcomes. However, interventions that simply provided information or enabled choice had a negligible impact. Conclusion: Interventions to promote healthier ready-to-eat meals sold by food outlets should restrict choice or guide choice through incentives/disincentives. Public health policies and practice that simply involve providing information are unlikely to be effective.

Notes: Hillier-Brown, F. C. Summerbell, C. D. Moore, H. J. Routen, A. Lake, A. A. Adams, J. White, M. Araujo-Soares, V. Abraham, C. Adamson, A. J. Brown, T. J.

Summerbell, Carolyn/AAC-3159-2019; Abraham, Charles/C-7130-2012; Summerbell, Carolyn D/O-3759-2015; Araujo-Soares, Vera/ABF-8144-2021 Summerbell, Carolyn/0000-0003-1910-9383; Summerbell, Carolyn D/0000-0003-1910-9383; Araujo-Soares, Vera/0000-0003-4044-2527; Adamson, Ashley/0000-0003-3735-2846; Lake, Amelia/0000-0002-4657-8938; Brown, Tamara/0000-0003-1285-7098; Moore, Helen J/0000-0002-0165-7552; Routen, Ash/0000-0001-5651-4228; Abraham, Charles/0000-0002-0901-1975

1467-789x

URL: <Go to ISI>://WOS:000397269500008

Reference Type: Journal Article

Record Number: 2004

Author: Hillier-Brown, F. C., Summerbell, C. D., Moore, H. J., Wrieden, W. L., Adams, J., Abraham, C., Adamson, A., Araujo-Soares, V., White, M. and Lake, A. A.

Year: 2017

Title: A description of interventions promoting healthier ready-to-eat meals (to eat in, to take away, or to be delivered) sold by specific food outlets in England: a systematic mapping and evidence synthesis

Journal: BMC Public Health

Volume: 17

Date: Jan

Short Title: A description of interventions promoting healthier ready-to-eat meals (to eat in, to take away, or to be delivered) sold by specific food outlets in England: a systematic mapping and evidence synthesis

DOI: 10.1186/s12889-016-3980-2

Article Number: 93

Accession Number: WOS:000392879800001

Abstract: Background: Ready-to-eat meals (to eat in, to take away or to be delivered) sold by food outlets are often more energy dense and nutrient poor compared with meals prepared at home, making them a reasonable target for public health intervention. The aim of the research presented in this paper was to systematically identify and describe interventions to promote healthier ready-to-eat meals (to eat in, to take away, or to be delivered) sold by specific food outlets in England. Methods: A systematic search and sift of the literature, followed by evidence mapping of relevant interventions, was conducted. Food outlets were included if they were located in England, were openly accessible to the public and, as their main business, sold ready-to-eat meals. Academic databases and grey literature were searched. Also, local authorities in England, topic experts, and key health professionals and workers were contacted. Two tiers of evidence synthesis took place: type, content and delivery of each intervention were summarised (Tier 1) and for those interventions that had been evaluated, a narrative synthesis was conducted (Tier 2). Results: A total of 75 interventions were identified, the most popular being awards. Businesses were more likely to engage with cost neutral interventions which offered imperceptible changes to price, palatability and portion size. Few interventions involved working upstream with suppliers of food, the generation of customer demand, the exploration of competition effects, and/or reducing portion sizes. Evaluations of interventions were generally limited in scope and of low methodological quality, and many were simple assessments of acceptability. Conclusions: Many interventions promoting healthier ready-to-eat meals (to eat in, to take away, or to be delivered) sold by specific food outlets in England are taking place; award-type interventions are the most common. Proprietors of food outlets in England that, as their main business, sell ready-to-eat meals, can be engaged in implementing interventions to promote healthier ready-to-eat-food. These proprietors are generally positive about such interventions, particularly when they are cost neutral and use a health by stealth approach.

Notes: Hillier-Brown, Frances C. Summerbell, Carolyn D. Moore, Helen J. Wrieden, Wendy L. Adams, Jean Abraham, Charles Adamson, Ashley Araujo-Soares, Vera White, Martin Lake, Amelia A.

Summerbell, Carolyn D/0-3759-2015; Abraham, Charles/C-7130-2012;

Araujo-Soares, Vera/ABF-8144-2021; White, Martin J. R./G-2410-2010;
Summerbell, Carolyn/AAC-3159-2019
Summerbell, Carolyn D/0000-0003-1910-9383; Araujo-Soares, Vera/
0000-0003-4044-2527; Summerbell, Carolyn/0000-0003-1910-9383;
Adamson, Ashley/0000-0003-3735-2846; White, Martin/
0000-0002-1861-6757; Abraham, Charles/0000-0002-0901-1975; Lake,
Amelia/0000-0002-4657-8938; Moore, Helen J/0000-0002-0165-7552
1471-2458
URL: <Go to ISI>://WOS:000392879800001

Reference Type: Journal Article
Record Number: 2162
Author: Hingle, M. and Patrick, H.
Year: 2016
Title: There Are Thousands of Apps for That: Navigating Mobile
Technology for Nutrition Education and Behavior
Journal: Journal of Nutrition Education and Behavior
Volume: 48
Issue: 3
Pages: 213-+
Date: Mar
Short Title: There Are Thousands of Apps for That: Navigating Mobile
Technology for Nutrition Education and Behavior
ISSN: 1499-4046
DOI: 10.1016/j.jneb.2015.12.009
Accession Number: WOS:000371925700009
Abstract: Mobile health (mHealth) is an emerging field devoted to
the use of mobile and wireless devices to affect health outcomes,
health care services, and health research. Despite great promise,
little research has examined its effectiveness. It is the authors'
view that the full potential of mHealth has yet to be realized in
research and practice. This Perspective article explores when and
for whom mHealth approaches are effective, strengths and limitations
of commercially and academically generated apps, research design
considerations, and public-private partnerships. These topics have
implications for researchers and practitioners who wish to advance
the science and practice of mHealth.
Notes: Hingle, Melanie Patrick, Heather
Patrick, Heather/0000-0003-3078-5606
1878-2620
URL: <Go to ISI>://WOS:000371925700009

Reference Type: Journal Article
Record Number: 1729
Author: Hinman, R. S., Kimp, A. J., Campbell, P. K., Russell, T.,
Foster, N. E., Kasza, J., Harris, A. and Bennell, K. L.
Year: 2020
Title: Technology versus tradition: a non-inferiority trial
comparing video to face-to-face consultations with a physiotherapist
for people with knee osteoarthritis. Protocol for the PEAK
randomised controlled trial
Journal: BMC Musculoskeletal Disorders

Volume: 21

Issue: 1

Date: Aug

Short Title: Technology versus tradition: a non-inferiority trial comparing video to face-to-face consultations with a physiotherapist for people with knee osteoarthritis. Protocol for the PEAK randomised controlled trial

DOI: 10.1186/s12891-020-03523-8

Article Number: 522

Accession Number: WOS:000560874400001

Abstract: Background: Knee osteoarthritis (OA) is a global problem that causes significant pain and physical dysfunction, substantially impacting on quality of life and imposing enormous cost to the healthcare system. Exercise is pivotal to OA management, yet uptake by people with knee OA is inadequate. Limited access to appropriately skilled health professionals, such as physiotherapists, for prescription of an exercise program and support with exercise is a major barrier to optimal care. Internet-enabled video consultations permit widespread reach. However, services offering video consultations with physiotherapists for musculoskeletal conditions are scant in Australia where there is typically no Government or private health insurer funding for such services. The paucity of robust evidence demonstrating video consultations with physiotherapists are clinically effective, safe and cost-effective for knee OA is hampering implementation of, and willingness of healthcare policymakers to pay for, these services.

Methods: This is an assessor- and participant-blinded, two-arm, pragmatic, comparative effectiveness non-inferiority randomised controlled trial (RCT) conducted in Australia. We are recruiting 394 people from the community with chronic knee pain consistent with a clinical diagnosis of knee OA. Participants are randomly allocated to receive physiotherapy care via i) video-conferencing or; ii) face-to-face consultations. Participants are provided five consultations (30-45 min each) with a physiotherapist over 3 months for prescription of a home-based strengthening exercise program (to be conducted independently at home) and physical activity plan, as well as OA education. Participants in both groups are provided with educational booklets and simple exercise equipment via post. The co-primary outcomes are change in self-reported i) knee pain on walking; and ii) physical function, with a primary end-point of 3 months and a secondary end-point of 9 months. Secondary outcomes include changes in other clinical outcomes (health-related quality of life; therapeutic relationship; global ratings of change; satisfaction with care; self-efficacy; physical activity levels), time and financial costs of attending consultations, healthcare usage and convenience. Non-inferiority will be assessed using the per-protocol dataset. Discussion: Findings will determine if video consultations with physiotherapists are non-inferior to traditional face-to-face consultations for management of people with knee OA.

Notes: Hinman, Rana S. Kimp, Alexander J. Campbell, Penny K.

Russell, Trevor Foster, Nadine E. Kasza, Jessica Harris, Anthony Bennell, Kim L.

Hinman, Rana/0000-0001-6368-9456; Foster, Nadine/0000-0003-4429-9756
1471-2474

URL: <Go to ISI>://WOS:000560874400001

Reference Type: Journal Article

Record Number: 470

Author: Hinman, R. S., Nelligan, R. K., Campbell, P. K., Kimp, A. J., Graham, B., Merolli, M., McManus, F., Lamb, K. E. and Bennell, K. L.

Year: 2022

Title: Exercise adherence Mobile app for Knee Osteoarthritis: protocol for the MappKO randomised controlled trial

Journal: BMC Musculoskeletal Disorders

Volume: 23

Issue: 1

Date: Sep

Short Title: Exercise adherence Mobile app for Knee Osteoarthritis: protocol for the MappKO randomised controlled trial

DOI: 10.1186/s12891-022-05816-6

Article Number: 874

Accession Number: WOS:000855775600002

Abstract: Background In people with knee osteoarthritis (OA), ongoing exercise participation, particularly with strengthening exercises, is central to management. Patient adherence to prescribed exercise typically declines once consultations with a clinician have ceased. Mobile applications (apps) can incorporate behaviour change techniques that may assist adherence, potentially optimising clinical outcomes. Methods This is a two-arm, pragmatic, superiority randomised trial. One hundred and eighty two Australians with chronic knee pain (clinical knee OA) and who have at least a mild level of physical dysfunction are being recruited. Participants are randomly allocated i) exercise (physiotherapist-prescribed exercise) or; ii) exercise plus app (physiotherapist-prescribed exercise plus access to the 'My Exercise Messages' mobile app). Exercise care comprises two videoconferencing consultations with a physiotherapist over two weeks (30 min each) for a strengthening exercise program, which is then conducted independently at home for 24 weeks without any further physiotherapist consultations. Participants are also provided with exercise resources to facilitate home-based exercise. Those randomised to exercise plus app will download the app after completing the two weeks of physiotherapy consultations and will be instructed by research staff to use the app for the 24 weeks of unsupervised home-based exercises. The app works by tracking completion of weekly exercise sessions, providing regular messages to facilitate weekly exercise and providing personalised messages to help overcome individual barriers to exercise participation. The two primary outcomes are i) self-reported physical function; and ii) number of days strengthening exercises were performed (previous fortnight), with a primary endpoint of 26 weeks and a secondary endpoint of 14 weeks. Secondary outcomes include knee pain severity; knee-related quality of life; global change; exercise program satisfaction; exercise self-efficacy; physical activity; sport and recreation function; another measure of exercise adherence; and willingness to undergo joint replacement. Process measures are also included. Discussion Findings will determine if a theory-informed

mobile app improves exercise adherence and physical function in people with knee OA who have received a home-based strengthening program.

Notes: Hinman, Rana S. Nelligan, Rachel K. Campbell, Penny K. Kimp, Alexander J. Graham, Bridget Merolli, Mark McManus, Fiona Lamb, Karen E. Bennell, Kim L.

Nelligan, Rachel/0000-0002-8689-6594; Hinman, Rana/
0000-0001-6368-9456
1471-2474

URL: <Go to ISI>://WOS:000855775600002

Reference Type: Journal Article

Record Number: 59

Author: Hitchman, S. C., Geber, S., Tribelhorn, L. and Friemel, T. N.

Year: 2023

Title: COVID-19 vaccination and changes in preventive behaviours: findings from the 2021 vaccine roll-out in Switzerland

Journal: European Journal of Public Health

Date: 2023 Apr

Short Title: COVID-19 vaccination and changes in preventive behaviours: findings from the 2021 vaccine roll-out in Switzerland

ISSN: 1101-1262

DOI: 10.1093/eurpub/ckad050

Accession Number: WOS:000962990200001

Abstract: Background Behavioural, environmental, social and systems interventions (BESSIs) remain important for controlling the COVID-19 pandemic in addition to vaccination. However, people's adoption of BESSIs may decrease as vaccination rates increase due to reductions in the perceived threat of disease, and changes in risk perceptions of behaviours that increase the chance of infection. Thus, we examined predictors of and changes over time in reports of mask wearing and physical distancing and whether changes in mask wearing and physical distancing differed by vaccination status during the main 2021 COVID-19 vaccine roll-out period in Switzerland. Methods Weekly online cross-sectional surveys (26 April 2021 to 1 August 2021) among people 18-79 years old in Switzerland, N = 6308 observations and 5511 cases. Logistic regression models using generalized estimating equations. Results Reports of being vaccinated increased, while mask wearing and physical distancing decreased over time. This decrease was similar regardless of vaccination status. However, the level of reported mask wearing and physical distancing remained higher among vaccinated people. Older, female, and Italian language region respondents also had higher odds of reporting mask wearing and physical distancing. Conclusions Adoption of COVID-19 preventive behaviours is associated with demographics and vaccination status. Further research is needed to understand the reasons why people who are not vaccinated are less likely to adopt preventive behaviours, including that they may have fewer social and environmental opportunities to do so.

Notes: Hitchman, Sara C. Geber, Sarah Tribelhorn, Lukas Friemel, Thomas N.

Tribelhorn, Lukas/0000-0001-7320-896X; Geber, Sarah/

0000-0002-0541-9148
1464-360x
URL: <Go to ISI>://WOS:000962990200001

Reference Type: Journal Article

Record Number: 2303

Author: Hodgkins, C. E., Raats, M. M., Fife-Schaw, C., Peacock, M., Groppe-Klein, A., Koenigstorfer, J., Wasowicz, G., Stysko-Kunkowska, M., Gulcan, Y., Kustepeli, Y., Gibbs, M., Shepherd, R. and Grunert, K. G.

Year: 2015

Title: Guiding healthier food choice: systematic comparison of four front-of-pack labelling systems and their effect on judgements of product healthiness

Journal: British Journal of Nutrition

Volume: 113

Issue: 10

Pages: 1652-1663

Date: May

Short Title: Guiding healthier food choice: systematic comparison of four front-of-pack labelling systems and their effect on judgements of product healthiness

ISSN: 0007-1145

DOI: 10.1017/s0007114515000264

Accession Number: WOS:000355288500016

Abstract: Different front-of-pack (FOP) labelling systems have been developed in Europe by industry and organisations concerned with health promotion. A study (n 2068) was performed to establish the extent to which inclusion of the most prevalent FOP systems – guideline daily amounts (GDA), traffic lights (TL), GDA+TL hybrid (HYB) and health logos (HL) – impact consumer perceptions of healthiness over and above the provision of a FOP basic label (BL) containing numerical nutritional information alone. The design included within- and between-subjects factors. The within-subjects factors were: food (pizzas, yogurts and biscuits), healthiness of the food (high health, medium health and low health) and the repeated measurements under BL and test FOP label conditions. The between-subjects factors were: the system (GDA, TL, GDA+TL hybrid, HL), portion size (typical portion size and a 50% reduction of a typical portion) and country (the UK, Germany, Poland and Turkey). Although the FOP systems tested did result in small improvements for objective understanding under some conditions, there was little difference between the provision of an FOP label containing basic numerical nutritional information alone or between the various systems. Thus, any structured and legible presentation of key nutrient and energy information on the FOP label is sufficient to enable consumers to detect a healthier alternative within a food category when provided with foods that have distinctly different levels of healthiness. Future research should focus on developing greater understanding of the psychological and contextual factors that impact motivation and the opportunity to use the various FOP systems in real-world shopping settings.

Notes: Hodgkins, Charo E. Raats, Monique M. Fife-Schaw, Chris

Peacock, Matthew Groeppel-Klein, Andrea Koenigstorfer, Joerg Wasowicz, Grazyna Stysko-Kunkowska, Malgorzata Gulcan, Yaprak Kustepeli, Yesim Gibbs, Michelle Shepherd, Richard Grunert, Klaus G. Kustepeli, Yesim/0-9714-2019; GÄlcan, Elif/P-6911-2019; Fife-Schaw, Chris/AED-1755-2022; Koenigstorfer, Joerg/G-3338-2013; Raats, Monique/G-5348-2012
Kustepeli, Yesim/0000-0001-9600-2892; Fife-Schaw, Chris/0000-0002-5010-7637; Raats, Monique/0000-0002-8057-2783; Koenigstorfer, Joerg/0000-0001-6159-2861; Hodgkins, Charo/0000-0003-4775-0338; Grunert, Klaus G/0000-0001-8482-184X; Stysko-Kunkowska, Malgorzata/0000-0002-5761-0761
1475-2662
URL: <Go to ISI>://WOS:000355288500016

Reference Type: Journal Article

Record Number: 2496

Author: Hodgson, S., Namdeo, A., Araujo-Soares, V. and Pless-Mulloli, T.

Year: 2012

Title: Towards an interdisciplinary science of transport and health: a case study on school travel

Journal: Journal of Transport Geography

Volume: 21

Pages: 70-79

Date: Mar

Short Title: Towards an interdisciplinary science of transport and health: a case study on school travel

ISSN: 0966-6923

DOI: 10.1016/j.jtrangeo.2012.01.011

Accession Number: WOS:000302845400009

Abstract: Background and aim: This paper was conceptualised and informed by discussions at the 2nd Workshop in a UKTRC funded series on 'Social Impacts and Equity in Transport'. Presentations made by a range of stakeholders as well as a specially commissioned play stimulated our thoughts on how to encourage better interaction between health and transport researchers. We chose school travel as a case study as it exemplifies two key aspects of the wider transport and health debates; (i) the increasing trend towards reliance on car travel, described here in the context of sedentary lifestyles, traffic congestion, pollution, and parental attitudes, and (ii) school travel occurs at a critical life-stage during which behaviour patterns are formed that are likely to be influential in later life, thus making it an important target point for interventions. Methods: We present evidence from four distinct, but complementary, theoretical perspectives: transport, exposure, behaviour and sustainability. We draw common lessons and identify challenges using a range of conceptual frameworks: integrated psychological model of transport choices, Dahlgren and Whitehead's 'layers of influence' model, Hosking et al.'s 'pathways from transport to health', and Hanlon et al.'s integral theory. We demonstrate the benefits and challenges of holistic interaction and collaboration between disciplines to better understand the key issues and develop policy interventions that are meaningful and

effective. Results and conclusions: None of the pre-existing conceptual models were fully able to encompass the societal and individual level influences on school travel. However, we present an interim model for further discussion and debate. (C) 2012 Published by Elsevier Ltd.

Notes: Hodgson, Susan Namdeo, Anil Araujo-Soares, Vera Pless-Mulloli, Tanja

Araujo-Soares, Vera/ABF-8144-2021; Hodgson, Susan/H-1317-2013; Namdeo, Anil K/D-9642-2018; Namdeo, Anil/O-3907-2019; Araujo-Soares, Vera/F-1806-2015

Araujo-Soares, Vera/0000-0003-4044-2527; Namdeo, Anil K/0000-0002-0982-9590; Namdeo, Anil/0000-0002-0982-9590; Araujo-Soares, Vera/0000-0003-4044-2527; Hodgson, Susan/0000-0001-8519-8586 1873-1236

Si

URL: <Go to ISI>://WOS:000302845400009

Reference Type: Journal Article

Record Number: 1480

Author: Hoek, A. C., Malekpour, S., Raven, R., Court, E. and Byrne, E.

Year: 2021

Title: Towards environmentally sustainable food systems: decision-making factors in sustainable food production and consumption

Journal: Sustainable Production and Consumption

Volume: 26

Pages: 610-626

Date: Apr

Short Title: Towards environmentally sustainable food systems: decision-making factors in sustainable food production and consumption

ISSN: 2352-5509

DOI: 10.1016/j.spc.2020.12.009

Accession Number: WOS:000640771000022

Abstract: A transformation of the food system will require action and changes in decision making from individuals across the entire food system. This paper synthesises the literature and develops a framework for analysing the factors which influence decision making for sustainable food practices, with a focus on two key actors: primary producers and consumers. We draw on 66 review papers, which represent more than 5000 underlying studies, to derive those factors. The findings indicate that the inextricably intertwined factors in decision making are influenced by the characteristics of the person, in interaction with the characteristics of the more sustainable practice or product, which interacts with a particular context that includes the immediate environment (e.g., household, farm), the indirect environment (e.g., community) and macro-environment factors (e.g., political, financial and economic contexts). To influence people's decision making for sustainable food production or consumption, a wider perspective is needed on decisions and behaviour change, in which individuals are not targeted in isolation, but in interaction with this wider systemic environment. The paper ends by discussing what such a systematic

perspective can look like and its potential policy and governance implications. (C) 2020 Institution of Chemical Engineers. Published by Elsevier B.V. All rights reserved.

Notes: Hoek, Annet C. Malekpour, Shirin Raven, Rob Court, Eli Byrne, Emily

Raven, Rob/GXG-2362-2022; Raven, Rob/C-3048-2017

Raven, Rob/0000-0002-6330-0831; Raven, Rob/0000-0002-6330-0831

URL: <Go to ISI>://WOS:000640771000022

Reference Type: Journal Article

Record Number: 2031

Author: Hoek, A. C., Pearson, D., James, S. W., Lawrence, M. A. and Friel, S.

Year: 2017

Title: Shrinking the food-print: A qualitative study into consumer perceptions, experiences and attitudes towards healthy and environmentally friendly food behaviours

Journal: Appetite

Volume: 108

Pages: 117-131

Date: Jan

Short Title: Shrinking the food-print: A qualitative study into consumer perceptions, experiences and attitudes towards healthy and environmentally friendly food behaviours

ISSN: 0195-6663

DOI: 10.1016/j.appet.2016.09.030

Accession Number: WOS:000390622000014

Abstract: Internationally, there is increasing recognition of the importance of multilevel policies and actions that address healthy and environmentally friendly food behaviours. However it is not yet clear which actions are most suitable to support consumers to adopt both behaviours concurrently. To this end, we undertook a qualitative study to assess consumer perceptions, experiences and attitudes towards healthy and environmentally friendly foods and four target behaviours: reducing overconsumption of food beyond energy needs, reducing consumption of low-nutrient energy dense foods, eating less animal- and more plant-derived foods, and reducing food waste. Online in-depth interviews were held with 29 Australian food shoppers representing different levels of involvement with health and environment in daily food choices. The results indicate that compared to health, the relationship between food and the environment is rarely considered by consumers. The four target food behaviours were primarily associated and motivated by an impact on health, except for not wasting foods. Participants had the most positive attitude and highest motivation for eating less processed and packaged foods, mostly to avoid excessive packaging and 'chemicals' in foods. This was followed by the behaviours reducing food waste and overconsumption. Conversely, there was a predominantly negative attitude towards, and low motivation for, eating less animal-derived products and more plant based foods. Overall, consumers found a joined concept of healthy and environmentally friendly foods an acceptable idea. We recommend that health should remain the overarching principle for policies and

actions concerned with shifting consumer behaviours, as this personal benefit appears to have a greater potential to support behaviour change. Future consumer focused work could pay attention to framing behavioural messages, providing intermediate behavioural goals, and a multiple target approach to change habitual behaviours. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: Hoek, A. C. Pearson, D. James, S. W. Lawrence, M. A. Friel, S.

Friel, Sharon/0000-0002-8345-5435; Lawrence, Mark/
0000-0001-6899-3983
1095-8304

URL: <Go to ISI>://WOS:000390622000014

Reference Type: Journal Article

Record Number: 83

Author: Hoekstra, F., Gainforth, H. L., Broeksteeg, R., Corras, S., Collins, D., Gaudet, S., Giroux, E. E., McCallum, S., Ma, J. K., Rakiecki, D., Rockall, S., van den Berg-Emons, R., van Vilsteren, A., Wilroy, J. and Ginis, K. A. M.

Year: 2023

Title: Theory- and evidence-based best practices for physical activity counseling for adults with spinal cord injury

Journal: Journal of Spinal Cord Medicine

Date: 2023 Mar

Short Title: Theory- and evidence-based best practices for physical activity counseling for adults with spinal cord injury

ISSN: 1079-0268

DOI: 10.1080/10790268.2023.2169062

Accession Number: WOS:000959700000001

Abstract: ObjectivesThis project used a systematic and integrated knowledge translation (IKT) approach to co-create theory- and evidence-based best practices for physical activity counseling for adults with spinal cord injury (SCI).MethodsGuided by the IKT Guiding Principles, we meaningfully engaged research users throughout this project. A systematic approach was used. An international, multidisciplinary expert panel (n = 15), including SCI researchers, counselors, and people with SCI, was established. Panel members participated in two online meetings to discuss the best practices by drawing upon new knowledge regarding counselor-client interactions, current evidence, and members' own experiences. We used concepts from key literature on SCI-specific physical activity counseling and health behavior change theories. An external group of experts completed an online survey to test the clarity, usability and appropriateness of the best practices.ResultsThe best practices document includes an introduction, the best practices, things to keep in mind, and a glossary. Best practices focused on how to deliver a conversation and what to discuss during a conversation. Examples include: build rapport, use a client-centred approach following the spirit of motivational interviewing, understand your client's physical activity barriers, and share the SCI physical activity guidelines. External experts (n = 25) rated the best practices on average as clear, useful, and appropriate.ConclusionWe present the first systematically co-

developed theory- and evidence-based best practices for SCI physical activity counseling. The implementation of the best practices will be supported by developing training modules. These new best practices can contribute to optimizing SCI physical activity counseling services across settings.

Notes: Hoekstra, Femke Gainforth, Heather L. Broeksteeg, Rogier Corras, Stephanie Collins, Delaney Gaudet, Sonja Giroux, Emily E. McCallum, Shannon Ma, Jasmin K. Rakiiecki, Diane Rockall, Shannon van den Berg-Emons, Rita van Vilsteren, Anniek Wilroy, Jereme Martin Ginis, Kathleen A.

2045-7723

URL: <Go to ISI>://WOS:000959700000001

Reference Type: Journal Article

Record Number: 314

Author: Hoffstaedt, H. E., Boogaard, J. A., Tam, M. C., van Bodegom-Vos, L., Stoppelenburg, A., Hartog, I. D., van der Linden, Y. M. and van der Steen, J. T.

Year: 2022

Title: Practice of Supporting Family Caregivers of Patients with Life-Threatening Diseases: A Two-phase Study Among Healthcare Professionals

Journal: American Journal of Hospice & Palliative Medicine

Date: 2022 Nov

Short Title: Practice of Supporting Family Caregivers of Patients with Life-Threatening Diseases: A Two-phase Study Among Healthcare Professionals

ISSN: 1049-9091

DOI: 10.1177/10499091221123006

Accession Number: WOS:000891210700001

Abstract: Background: Although support for family caregivers is an essential component of palliative care, routine provision of such support is often lacking. To improve support for family caregivers, we assessed current practice and influencing factors as perceived by healthcare professionals. Methods: A two-phase study was conducted including a survey exploring healthcare professionals' practice of supporting family caregivers in Western urbanized Netherlands in 2017, and focus groups exploring facilitators and barriers to supporting family caregivers in 2018. Focus group data were thematically analyzed with deductive coding based on the COM-B system. Results: Of the 379 survey respondents (response 11%), 374 were eligible (physicians, 28%; nurses, 64%; nurse assistants, 9%). The respondents practiced in academic hospitals (52%), general hospitals (31%), nursing homes (11%) and hospices (5%). They reported to always (38%), most of the time (37%), sometimes (21%) or never (5%) provide support to family caregivers during the illness trajectory. Respondents reported to always (28%), sometimes (39%), or never (33%) provide support after death. Four focus group discussions with 22 healthcare professionals elicited motivational facilitators and barriers to supporting family caregivers (e.g., relationship with family caregivers, deriving satisfaction from supporting them), and factors related to capability (e.g., (lacking) conversational skills, knowledge) and opportunity (e.g.,

(un)availability of protocols and time). Conclusions: Support for family caregivers, especially after the patient's death, is not systematically integrated in working procedures of healthcare professionals. The barriers and facilitators identified in this study can inform the development of an intervention aiming to enhance support for family caregivers.

Notes: Hoffstaedt, Hinke E. Boogaard, Jannie A. Tam, Marcella C. van Bodegom-Vos, Leti Stoppelenburg, Arianne Hartog, Iris D. van der Linden, Yvette M. van der Steen, Jenny T.

van der Steen, Jenny T./E-5118-2016; van Bodegom-Vos, Leti/J-8087-2015

van der Steen, Jenny T./0000-0002-9063-7501; Stoppelenburg, Arianne/0000-0001-6377-1599; van Bodegom-Vos, Leti/0000-0002-8486-6404; Hoffstadt, Hinke Elisabeth/0000-0001-5985-6397; van der Linden, Yvette/0000-0002-9003-6124
1938-2715

URL: <Go to ISI>://WOS:000891210700001

Reference Type: Journal Article

Record Number: 1201

Author: Hofmann, B.

Year: 2021

Title: Internal barriers to efficiency: why disinvestments are so difficult. Identifying and addressing internal barriers to disinvestment of health technologies

Journal: Health Economics Policy and Law

Volume: 16

Issue: 4

Pages: 473-488

Date: Oct

Short Title: Internal barriers to efficiency: why disinvestments are so difficult. Identifying and addressing internal barriers to disinvestment of health technologies

ISSN: 1744-1331

DOI: 10.1017/s1744133121000037

Article Number: Pii s1744133121000037

Accession Number: WOS:000698211200009

Abstract: Although efficiency is a core concept in health economics, its impact on health care practice still is modest. Despite an increased pressure on resource allocation, a widespread use of low-value care is identified. Nonetheless, disinvestments are rare. Why is this so? This is the key question of this paper: why are disinvestments not more prevalent and improving the efficiency of the health care system, given their sound foundation in health economics, their morally important rationale, the significant evidence for a long list of low-value care and available alternatives? Although several external barriers to disinvestments have been identified, this paper looks inside us for mental mechanisms that hamper rational assessment, implementation, use and disinvestment of health technologies. Critically identifying and assessing internal inclinations, such as cognitive biases, affective biases and imperatives, is the first step toward a more rational handling of health technologies. In order to provide accountable and

efficient care we must engage in the quest against the figments of our minds; to disinvest in low-value care in order to provide high-value health care.

Notes: Hofmann, Bjorn

Hofmann, Bjorn/0000-0001-6709-4265
1744-134x

URL: <Go to ISI>://WOS:000698211200009

Reference Type: Journal Article

Record Number: 2434

Author: Hollands, G. J., Shemilt, I., Marteau, T. M., Jebb, S. A., Kelly, M. P., Nakamura, R., Suhrcke, M. and Ogilvie, D.

Year: 2013

Title: Altering micro-environments to change population health behaviour: towards an evidence base for choice architecture interventions

Journal: BMC Public Health

Volume: 13

Date: Dec

Short Title: Altering micro-environments to change population health behaviour: towards an evidence base for choice architecture interventions

DOI: 10.1186/1471-2458-13-1218

Article Number: 1218

Accession Number: WOS:000329315300004

Abstract: Background: The idea that behaviour can be influenced at population level by altering the environments within which people make choices (choice architecture) has gained traction in policy circles. However, empirical evidence to support this idea is limited, especially its application to changing health behaviour. We propose an evidence-based definition and typology of choice architecture interventions that have been implemented within small-scale micro-environments and evaluated for their effects on four key sets of health behaviours: diet, physical activity, alcohol and tobacco use. Discussion: We argue that the limitations of the evidence base are due not simply to an absence of evidence, but also to a prior lack of definitional and conceptual clarity concerning applications of choice architecture to public health intervention. This has hampered the potential for systematic assessment of existing evidence. By seeking to address this issue, we demonstrate how our definition and typology have enabled systematic identification and preliminary mapping of a large body of available evidence for the effects of choice architecture interventions. We discuss key implications for further primary research, evidence synthesis and conceptual development to support the design and evaluation of such interventions. Summary: This conceptual groundwork provides a foundation for future research to investigate the effectiveness of choice architecture interventions within micro-environments for changing health behaviour. The approach we used may also serve as a template for mapping other under-explored fields of enquiry.

Notes: Hollands, Gareth J. Shemilt, Ian Marteau, Theresa M. Jebb, Susan A. Kelly, Michael P. Nakamura, Ryota Suhrcke, Marc Ogilvie,

David

Ogilvie, David/B-2444-2012; Suhrcke, Marc/AAE-9024-2019

Ogilvie, David/0000-0002-0270-4672; Marteau, Theresa/
0000-0003-3025-1129; Suhrcke, Marc/0000-0001-7263-8626; Hollands,
Gareth/0000-0002-0492-3924; Jebb, Susan/0000-0001-9190-2920;
Nakamura, Ryota/0000-0002-3217-6452; Shemilt, Ian/
0000-0003-4862-2135

1471-2458

URL: <Go to ISI>://WOS:000329315300004

Reference Type: Journal Article

Record Number: 2014

Author: Hollis, V., Konrad, A., Springer, A., Antoun, M., Antoun,
C., Martin, R. and Whittaker, S.

Year: 2017

Title: What Does All This Data Mean for My Future Mood? Actionable
Analytics and Targeted Reflection for Emotional Well-Being

Journal: Human-Computer Interaction

Volume: 32

Issue: 5-6

Pages: 208-267

Short Title: What Does All This Data Mean for My Future Mood?
Actionable Analytics and Targeted Reflection for Emotional Well-
Being

ISSN: 0737-0024

DOI: 10.1080/07370024.2016.1277724

Accession Number: WOS:000411711600002

Abstract: We explore the Examined Life, informing the design of
reflective systems to promote emotional well-being, a critical
health issue. People now have increasingly rich, digital records of
highly personal data about what they said, did, and felt in the
past. But social science research shows that people have difficulty
in tracking and regulating their emotions. New reflective
technologies that promote constructive analysis of rich personal
data potentially offer transformative ways that individuals might
better understand themselves and improve well-being. However, there
are important system design challenges in supporting effective
reflection about personal data. We explore fidelity in recording and
representing past personal mood data, and forecasting future
actions, feelings, and thoughts. Much prior personal informatics
work has been dedicated to past-centric tools for recording and
capture. In contrast, forecasting examines how we might use such
past data to inform and motivate our future selves, providing
recommendations about remedial actions to improve future well-being.
Fidelity addresses both how and what reflective systems should show
people about their pasts, in particular whether we should filter
negative past experiences. To inform reflective system design, we
examine forecasting and fidelity in controlled field trial
interventions that explore two novel system designs for presenting
and reflecting on mood data. We detail findings from 165
participants, 4,693 participant logfiles, 65 surveys, and 15 user
interviews. Our novel forecasting system, EmotiCal, uses past mood
data to model and visualize future user moods with the goal of

encouraging participants to adopt remedial new behaviors to regulate negative moods before they occur. Such forecasting both improved mood and subsequent emotional self-awareness compared with controls who simply monitored their past. Consistent with system goals, interview responses also indicated that participants generated important insights into behaviors that affect their moods. Our second intervention examined filtering; it assessed the impact on well-being of recording and revisiting past experiences containing negative emotions. We compared participants who were encouraged to record and reflect on positive versus negative experiences. Long-term measures of happiness and ruminative behaviors improved by recording and reflecting on positive but not negative experiences, although this depended on the intensity of the negative experience. We discuss general design and theory implications for future systems that support monitoring, reflection, and forecasting to facilitate productive examination of our emotional lives.

Notes: Hollis, Victoria Konrad, Artie Springer, Aaron Antoun, Matthew Antoun, Christopher Martin, Rob Whittaker, Steve
1532-7051

Si

URL: <Go to ISI>://WOS:000411711600002

Reference Type: Journal Article

Record Number: 1158

Author: Holloway, J. A., Davies, M., McCarthy, C., Khan, I., Claydon, N. C. A. and West, N. X.

Year: 2021

Title: Randomised controlled trial demonstrating the impact of behaviour change intervention provided by dental professionals to improve gingival health

Journal: Journal of Dentistry

Volume: 115

Date: Dec

Short Title: Randomised controlled trial demonstrating the impact of behaviour change intervention provided by dental professionals to improve gingival health

ISSN: 0300-5712

DOI: 10.1016/j.jdent.2021.103862

Article Number: 103862

Accession Number: WOS:000718382000001

Abstract: Aims: To determine impact of oral hygiene behaviour change intervention compared to the prevailing standard of oral hygiene advice provided in general dental practice, on bleeding on probing (BOP) in gingivitis patients, over 3-months. The effect of providing power-brushes was also evaluated. Materials and methods: NHS dental practices were cluster-randomised to intervention or control (2:1). Dentists at intervention sites received behaviour modification training. Participants were stratified to high ($\geq 20\%$ BOP) or low ($<20\%$ BOP) presence of gingivitis and a subset assigned a power-brush. BOP and plaque scores were assessed at baseline and 3-months. Results: A total of 538 participants (369:169; intervention: control) completed the study. BOP reduced in both gingivitis groups with significantly greater reduction in intervention compared to

control group (BOP:38% vs 19%, $p = 0.0236$); Borderline significance favouring the intervention was demonstrated for the low gingivitis group (BOP:37% vs 15%, $p = 0.0523$). A highly significant reduction in BOP (intervention vs control) was demonstrated for volunteers who swapped from manual to power-brush (44% vs 37%, $p = 0.0039$). Plaque score improved more in control than intervention group (P-laque:37% vs 44%, $p = 0.00215$). Conclusions: Behaviour change techniques were readily mastered by the dental professional researchers. The introduction of an oral hygiene behaviour change intervention significantly reduced gingivitis in volunteer patients compared to control at 3 months. Swapping to a power-brush significantly favoured BOP reduction compared to manual brush continuation although plaque reduction did not follow expectation in comparison to BOP scores. Behaviour change techniques should routinely be considered in patient care. Clinical significance: Plaque-induced gingivitis is highly prevalent in the UK despite being preventable with good oral hygiene. Its continuum, periodontitis, negative impacts quality of life. This study suggests oral hygiene behavioural interventions (GPS) significantly reduce gingivitis and that GPS introduction will improve oral health and may improve quality of life.

Notes: Holloway, Jessica A. Davies, Maria McCarthy, Claire Khan, Iftexhar Claydon, Nicholas C. A. West, Nicola X.

Claydon, Nicholas/AHC-9957-2022

Claydon, Nicholas/0000-0002-4151-1515; Holloway, Jessica/
0000-0002-9789-2345

1879-176x

URL: <Go to ISI>://WOS:000718382000001

Reference Type: Journal Article

Record Number: 2383

Author: Holmen, H., Torbjornsen, A., Wahl, A. K., Jennum, A. K., Smastuen, M. C., Arsand, E. and Ribu, L.

Year: 2014

Title: A Mobile Health Intervention for Self-Management and Lifestyle Change for Persons With Type 2 Diabetes, Part 2: One-Year Results From the Norwegian Randomized Controlled Trial RENEWING HEALTH

Journal: Jmir Mhealth and Uhealth

Volume: 2

Issue: 4

Date: Oct-Dec

Short Title: A Mobile Health Intervention for Self-Management and Lifestyle Change for Persons With Type 2 Diabetes, Part 2: One-Year Results From the Norwegian Randomized Controlled Trial RENEWING HEALTH

ISSN: 2291-5222

DOI: 10.2196/mhealth.3882

Article Number: e57

Accession Number: WOS:000209895200009

Abstract: Background: Self-management is crucial in the daily management of type 2 diabetes. It has been suggested that mHealth may be an important method for enhancing self-management when

delivered in combination with health counseling. Objective: The objective of this study was to test whether the use of a mobile phone-based self-management system used for 1 year, with or without telephone health counseling by a diabetes specialist nurse for the first 4 months, could improve glycated hemoglobin A(1c) (HbA(1c)) level, self-management, and health-related quality of life compared with usual care. Methods: We conducted a 3-arm prospective randomized controlled trial involving 2 intervention groups and 1 control group. Eligible participants were persons with type 2 diabetes with an HbA1c level $\geq 7.1\%$ (≥ 54.1 mmol/mol) and aged ≥ 18 years. Both intervention groups received the mobile phone-based self-management system Few Touch Application (FTA). The FTA consisted of a blood glucose-measuring system with automatic wireless data transfer, diet manual, physical activity registration, and management of personal goals, all recorded and operated using a diabetes diary app on the mobile phone. In addition, one intervention group received health counseling based on behavior change theory and delivered by a diabetes specialist nurse for the first 4 months after randomization. All groups received usual care by their general practitioner. The primary outcome was HbA1c level. Secondary outcomes were self-management (heiQ), health-related quality of life (SF-36), depressive symptoms (CES-D), and lifestyle changes (dietary habits and physical activity). Data were analyzed using univariate methods (t test, ANOVA) and multivariate linear and logistic regression. Results: A total of 151 participants were randomized: 51 to the FTA group, 50 to the FTA-health counseling (FTA-HC) group, and 50 to the control group. Follow-up data after 1 year were available for 120 participants (79%). HbA(1c) level decreased in all groups, but did not differ between groups after 1 year. The mean change in the heiQ domain skills and technique acquisition was significantly greater in the FTA-HC group after adjusting for age, gender, and education ($P=.04$). Other secondary outcomes did not differ between groups after 1 year. In the FTA group, 39% were substantial users of the app; 34% of the FTA-HC group were substantial users. Those aged ≥ 63 years used the app more than their younger counterparts did (OR 2.7; 95% CI 1.02–7.12; $P=.045$). Conclusions: The change in HbA(1c) level did not differ between groups after the 1-year intervention. Secondary outcomes did not differ between groups except for an increase in the self-management domain of skill and technique acquisition in the FTA-HC group. Older participants used the app more than the younger participants did.

Notes: Holmen, Heidi Torbjørnsen, Astrid Wahl, Astrid Klopstad Jenum, Anne Karen Smastuen, Milada Cvancarova Arsand, Eirik Ribbu, Lis

Torbjørnsen, Astrid/T-8310-2018; Holmen, Heidi/AAW-8146-2020

Holmen, Heidi/0000-0003-1314-7813

URL: <Go to ISI>://WOS:000209895200009

Reference Type: Journal Article

Record Number: 398

Author: Holmgren, A. G., Von Vogelsang, A. C., Lindblad, A. and Juth, N.

Year: 2022

Title: Understanding nurses' justification of restraint in a neurosurgical setting: A qualitative interview study

Journal: Nursing Ethics

Date: 2022 Oct

Short Title: Understanding nurses' justification of restraint in a neurosurgical setting: A qualitative interview study

ISSN: 0969-7330

DOI: 10.1177/09697330221111447

Accession Number: WOS:000871147200001

Abstract: Background Despite its negative impact on patients and nurses, the use of restraint in somatic health care continues in many settings. Understanding the reasons and justifications for the use of restraint among nurses is crucial in order to manage this challenge. Aim To understand nurses' justifications for restraint use in neurosurgical care. Research design A qualitative, descriptive design was used. Data were analysed with inductive qualitative content analysis. Participants and research context Semi-structured interviews with 15 nurses working in three neurosurgical departments in Sweden. Ethical considerations Approved by The Regional Ethics Committee, Stockholm, Sweden. Findings The analysis resulted in three categories. The category Patient factors influencing restraint use describes patient factors that trigger restraint, such as a diminished decision-making competence, restlessness, and need for invasive devices. The category Specific reasons for justifying restraint describes reasons for restraining patients, such as restraint being used for the sake of the patient or for the sake of others. The category General reasoning in justifying restraint describes how nurses reason when using restraint, and the decision to use restraint was often based on a consequentialist approach where the nurses' weighed the pros and cons of different alternatives. Discussion Nurses with experience of restraint use were engaged in a constant process of justifying and balancing different options and actions. Restraint was considered legitimate if the benefit exceeded the suffering, but decisions on which restraint measures to use and when to use them depended on the values of the individual nurse. Conclusion How nurses reason when justifying restraint, why they use restraint, and who they use restraint on must be considered when creating programs and guidelines to reduce the use of restraint and to ensure that when it is used it is used carefully, appropriately, and with respect.

Notes: Holmgren, Amina Guenna Von Vogelsang, Ann-Christin Lindblad, Anna Juth, Niklas

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Guenna Holmgren, Amina/0000-0003-1487-8087

1477-0989

URL: <Go to ISI>://WOS:000871147200001

Reference Type: Journal Article

Record Number: 798

Author: Holst, M. R., Faust, A. and Strech, D.

Year: 2022

Title: Do German university medical centres promote robust and

transparent research? A cross-sectional study of institutional policies

Journal: Health Research Policy and Systems

Volume: 20

Issue: 1

Date: Apr

Short Title: Do German university medical centres promote robust and transparent research? A cross-sectional study of institutional policies

ISSN: 1478-4505

DOI: 10.1186/s12961-022-00841-2

Article Number: 39

Accession Number: WOS:000782179500001

Abstract: Background In light of replication and translational failures, biomedical research practices have recently come under scrutiny. Experts have pointed out that the current incentive structures at research institutions do not sufficiently incentivise researchers to invest in robustness and transparency and instead incentivise them to optimize their fitness in the struggle for publications and grants. This cross-sectional study aimed to describe whether and how relevant policies of university medical centres in Germany support the robust and transparent conduct of research and how prevalent traditional metrics are. Methods For 38 German university medical centres, we searched for institutional policies for academic degrees and academic appointments as well as websites for their core facilities and research in general between December 2020 and February 2021. We screened the documents for mentions of indicators of robust and transparent research (study registration; reporting of results; sharing of research data, code and protocols; open access; and measures to increase robustness) and for mentions of more traditional metrics of career progression (number of publications; number and value of awarded grants; impact factors; and authorship order). Results While open access was mentioned in 16% of PhD regulations, other indicators of robust and transparent research were mentioned in less than 10% of institutional policies for academic degrees and academic appointments. These indicators were more frequently mentioned on the core facility and general research websites. Institutional policies for academic degrees and academic appointments had frequent mentions of traditional metrics. Conclusions References to robust and transparent research practices are, with a few exceptions, generally uncommon in institutional policies at German university medical centres, while traditional criteria for academic promotion and tenure still prevail.

Notes: Holst, M. R. Faust, A. Strech, D.

Holst, Martin/0000-0002-8135-6265; Strech, Daniel/
0000-0002-9153-079X

URL: <Go to ISI>://WOS:000782179500001

Reference Type: Journal Article

Record Number: 1888

Author: Homan, G. F., deLacey, S. and Tremellen, K.

Year: 2018

Title: Promoting healthy lifestyle in fertility clinics; an Australian perspective

Journal: Human Reproduction Open

Volume: 2018

Issue: 1

Short Title: Promoting healthy lifestyle in fertility clinics; an Australian perspective

DOI: 10.1093/hropen/hox028

Article Number: hox028

Accession Number: WOS:000661867200002

Abstract: **STUDY QUESTION:** Are Australian fertility clinics adequately addressing unhealthy lifestyle in patients seeking fertility treatment? **SUMMARY ANSWER:** This study has highlighted deficiencies in practices and education around managing patients with unhealthy lifestyle undergoing fertility treatment. **WHAT IS KNOWN ALREADY:** The association between lifestyle and fertility is well documented, with obesity and smoking being of particular concern to fertility and pregnancy outcomes. Guidelines recommend that unhealthy lifestyle is addressed prior to conception, yet anecdotal experience suggests this is not being addressed. Lifestyle modification programmes can be effective in improving pregnancy rates and outcomes, however, recruitment to such programmes can be challenging. **STUDY DESIGN SIZE, DURATION:** A cohort study of Australian fertility clinics' attitudes and practices regarding lifestyle modification to augment reproductive treatment outcomes was conducted between August and October 2015. **PARTICIPANTS/MATERIALS, SETTING, METHOD:** An online survey was administered to senior fertility nurses, from all registered fertility clinics in Australia. Data were collated and subjected to a univariate data analysis, where frequency tables were produced for each question. A separate qualitative analysis was undertaken of data from open ended questions. **MAIN RESULTS AND THE ROLE OF CHANCE:** Fifty-three out of 85 potential respondents (62.4%), all from different clinics, completed the survey, with almost all acknowledging the importance of addressing unhealthy lifestyle before offering ART treatment. However, most clinics did not offer internal resources to assist with lifestyle modification. Whilst the promotion of healthy lifestyle was recognised as a key component of the role of a fertility nurse, participants did not feel that nurses were best equipped to provide lifestyle modification programmes, owing to a lack of resources and specific skills in this area. Suggested areas for improved practice included prioritising general health prior to offering treatment, and further utilising and upskilling nurses to assist with lifestyle modification programmes. **LIMITATIONS REASONS FOR CAUTION:** The survey was completed by only one nurse from each clinic and as such may not be entirely representative of all clinic practices. **WIDER IMPLICATIONS OF THE FINDINGS:** Fertility clinics are likely to see an increasing number of patients with unhealthy lifestyle, resulting in health concerns such as obesity. The results of this study provide an insight into how unhealthy lifestyle is currently being addressed in fertility clinics and suggested areas that could be targeted for improving practice and outcomes. **STUDY FUNDING/COMPETING INTERESTS:** No conflict of interest to declare. This research did not receive any specific grant from funding

agencies in the public, commercial, or not-for-profit sectors.
Notes: Homan, G. F. deLacey, S. Tremellen, K.
; Tremellen, Kelton/A-2390-2010
de Lacey, Sheryl/0000-0002-5652-9451; Homan, Gillian/
0000-0002-3360-2097; Tremellen, Kelton/0000-0001-5575-6049
2399-3529
URL: <Go to ISI>://WOS:000661867200002

Reference Type: Journal Article

Record Number: 1803

Author: Honary, M., Bell, B. T., Clinch, S., Wild, S. E. and
McNaney, R.

Year: 2019

Title: Understanding the Role of Healthy Eating and Fitness Mobile
Apps in the Formation of Maladaptive Eating and Exercise Behaviors
in Young People

Journal: Jmir Mhealth and Uhealth

Volume: 7

Issue: 6

Date: Jun

Short Title: Understanding the Role of Healthy Eating and Fitness
Mobile Apps in the Formation of Maladaptive Eating and Exercise
Behaviors in Young People

ISSN: 2291-5222

DOI: 10.2196/14239

Article Number: e14239

Accession Number: WOS:000472605200001

Abstract: Background: Healthy eating and fitness mobile apps are
designed to promote healthier living. However, for young people,
body dissatisfaction is commonplace, and these types of apps can
become a source of maladaptive eating and exercise behaviors.
Furthermore, such apps are designed to promote continuous
engagement, potentially fostering compulsive behaviors. Objective:
The aim of this study was to identify potential risks around healthy
eating and fitness app use and negative experience and behavior
formation among young people and to inform the understanding around
how current commercial healthy eating and fitness apps on the market
may, or may not, be exasperating such behaviors. Methods: Our
research was conducted in 2 phases. Through a survey (n= 106) and 2
workshops (n= 8), we gained an understanding of young people's
perceptions of healthy eating and fitness apps and any potential
harm that their use might have; we then explored these further
through interviews with experts (n= 3) in eating disorder and body
image. Using insights drawn from this initial phase, we then
explored the degree to which leading apps are preventing, or indeed
contributing to, the formation of maladaptive eating and exercise
behaviors. We conducted a review of the top 100 healthy eating and
fitness apps on the Google Play Store to find out whether or not
apps on the market have the potential to elicit maladaptive eating
and exercise behaviors. Results: Participants were aged between 18
and 25 years and had current or past experience of using healthy
eating and fitness apps. Almost half of our survey participants
indicated that they had experienced some form of negative

experiences and behaviors through their app use. Our findings indicate a wide range of concerns around the wider impact of healthy eating and fitness apps on individuals at risk of maladaptive eating and exercise behavior, including (1) guilt formation because of the nature of persuasive models, (2) social isolation as a result of personal regimens around diet and fitness goals, (3) fear of receiving negative responses when targets are not achieved, and (4) feelings of being controlled by the app. The app review identified logging functionalities available across the apps that are used to promote the sustained use of the app. However, a significant number of these functionalities were seen to have the potential to cause negative experiences and behaviors. Conclusions: In this study, we offer a set of responsibility guidelines for future researchers, designers, and developers of digital technologies aiming to support healthy eating and fitness behaviors. Our study highlights the necessity for careful considerations around the design of apps that promote weight loss or body modification through fitness training, especially when they are used by young people who are vulnerable to the development of poor body image and maladaptive eating and exercise behaviors.

Notes: Honary, Mahsa Bell, Beth T. Clinch, Sarah Wild, Sarah E. McNaney, Roisin

Clinch, Sarah/ABH-4668-2020

Clinch, Sarah/0000-0002-9305-4774; Wild, Sarah/0000-0001-7824-2569; Bell, Beth/0000-0002-6587-0336; mcnaney, roisin/0000-0003-3761-296X; honary, mahsa/0000-0001-5966-2197

URL: <Go to ISI>://WOS:000472605200001

Reference Type: Journal Article

Record Number: 1006

Author: Honda, T., Homan, S., Leung, L., Bennett, A., Fulu, E. and Fisher, J.

Year: 2022

Title: Community mobilisation in the framework of supportive social environment to prevent family violence in Solomon Islands

Journal: World Development

Volume: 152

Date: Apr

Short Title: Community mobilisation in the framework of supportive social environment to prevent family violence in Solomon Islands

ISSN: 0305-750X

DOI: 10.1016/j.worlddev.2021.105799

Article Number: 105799

Accession Number: WOS:000820602100022

Abstract: Community mobilisation is one of the promising approaches to prevent Violence Against Women and Girls (VAWG). Yet, there is very little research on the social contextual factors of community mobilisation for violence prevention based on broader theoretical framework. Particularly, the South Pacific remains one of the most under-researched regions in the world. This paper aims to address this and attempts to conduct process evaluation by elucidating the contexts that facilitated or hindered sustainable community mobilisation to prevent VAWG implemented by the Safe Families

programme in Solomon Islands where the prevalence of violence is significantly high. This study adopted the Social Environment Framework developed by Campbell & Cornish (2010) and Mannell & Dadswell (2017). They sought social contextual factors comprised of symbolic, material, relational and institutional dimensions that are of crucial importance to examine the mobilisation process, hence having influence on programme outcomes. Qualitative data were collected and analysed from 33 In-depth Interviews and 15 Focus Group Discussions with community and Oxfam staff members in 6 communities of Malaita and Temotu provinces and Honiara. A thematic analysis presented various contextual factors in the framework of Social Environment. Those include: (1) the symbolic context addressing social and gender norms that condone VAWG in the context of small and remote island communities; (2) the lack of consideration for a comprehensive programming that includes economic and material based support for sustainable interventions; (3) formation of long-term, trusting and mutually respectful relationships with communities and external stakeholders; and (4) strong demand for the institutional support through gender-responsive policy and legal systems as well as informal community by-laws that are instrumental in successful prevention interventions. Overall, the supportive Social Environment is of vital importance to achieve effective and sustainable community mobilisation, and is useful when policy makers and implementing agencies formulate community based violence prevention interventions. (C) 2021 Elsevier Ltd. All rights reserved.

Notes: Honda, Tomoko Homan, Sarah Leung, Loksee Bennett, Adi Fulu, Emma Fisher, Jane

1873-5991

URL: <Go to ISI>://WOS:000820602100022

Reference Type: Journal Article

Record Number: 2255

Author: Honig, M., Petersen, S., Herbstein, T., Roux, S., Nel, D. and Shearing, C.

Year: 2015

Title: A Conceptual Framework to Enable the Changes Required for a One-Planet Future

Journal: Environmental Values

Volume: 24

Issue: 5

Pages: 663-688

Date: Oct

Short Title: A Conceptual Framework to Enable the Changes Required for a One-Planet Future

ISSN: 0963-2719

DOI: 10.3197/096327115x14384223590258

Accession Number: WOS:000363437300006

Abstract: We conceptualise a framework that incorporates psychological and non-psychological factors influencing pro-environmental behaviour. We conducted qualitative investigations in five sectors in South Africa, where individuals and groups are dealing with significant environmental issues, including climate

change, biodiversity loss and land-use change. We found three fundamental elements necessary for behavioural change to be realised: awareness (A) is defined as an understanding that society and earth systems are connected; motivation (M) involves the personal and operational drivers that encourage an individual or organisation to respond to new levels of awareness; and pathways (P) recognise the practical solutions and opportunities that facilitate actual change. AMP was built up from thirty-eight variables that cut across between three and five of the case studies, which were further grouped into fourteen categories. The inter-connectedness of AMP suggests that for pro-environmental behaviour to occur, attention cannot be focused on satisfying one of the elements in isolation. This is the first attempt to integrate theory from social psychology, sociology, organisational theory and management in a conceptual framework for pro-environmental behaviour. The AMP framework is useful for supporting practitioners or change-agents designing environmental sustainability initiatives.

Notes: Honig, Maria Petersen, Samantha Herbstein, Tom Roux, Saul Nel, Deon Shearing, Clifford Shearing, Clifford/I-2758-2017; Shearing, Clifford/S-1795-2019 Shearing, Clifford/0000-0002-5036-8335; Shearing, Clifford/0000-0002-5036-8335 1752-7015
URL: <Go to ISI>://WOS:000363437300006

Reference Type: Journal Article

Record Number: 533

Author: Hooker, A. R., Sagui-Henson, S. J., Daubenmier, J., Moran, P. J., Hartogensis, W., Acree, M., Kristeller, J., Epel, E. S., Mason, A. E. and Hecht, F. M.

Year: 2022

Title: Effects of a Mindfulness-Based Weight Loss Intervention on Long-term Psychological Well-being Among Adults with Obesity: Secondary Analyses from the Supporting Health by Integrating Nutrition and Exercise (SHINE) Trial

Journal: Mindfulness

Volume: 13

Issue: 9

Pages: 2227-2242

Date: Sep

Short Title: Effects of a Mindfulness-Based Weight Loss Intervention on Long-term Psychological Well-being Among Adults with Obesity: Secondary Analyses from the Supporting Health by Integrating Nutrition and Exercise (SHINE) Trial

ISSN: 1868-8527

DOI: 10.1007/s12671-022-01951-2

Accession Number: WOS:000840281300001

Abstract: Objectives This study tested whether a mindfulness-based intervention for obesity that included components aimed at emotion regulation and mindful eating improved psychological outcomes including stress, anxiety, positive emotion, and depression, during the intervention period and at longer-term follow-up. Methods Adults with obesity (N=194) were randomized to a 5.5-month diet-exercise

weight loss intervention with or without mindfulness training focused on emotion regulation and mindful eating. Participants completed self-report measures of mindfulness and psychological well-being, which were planned secondary outcomes, at baseline, at mid-intervention (3 months), and at 6, 12, and 18 months post-baseline (maintenance period). Mixed effects models and linear regression were used to test between- and within-group changes in psychological well-being. This study also explored whether changes in mindfulness (from baseline to each 6 and 18 months post-baseline) mediated the effects of intervention arm on changes in psychological outcomes during those respective time periods. Finally, this study explored whether changes in mindfulness from baseline to 6 months mediated the effects of intervention arm on changes in psychological outcomes from baseline to 18 months. Results Participants randomized to the mindfulness arm had significant increases in positive emotions at all follow-up times compared to controls. There were statistically significant increases in mindfulness, psychological flexibility, and reflection, as well as decreases in anxiety and depressive symptoms at 12 months compared to control participants. These changes remained significant for psychological flexibility and reflection at 18 months. There were no significant differences in perceived stress. Among mindfulness participants, greater increases in mindfulness from 6 to 18 months were associated with greater positive emotions and psychological flexibility as well as lower perceived stress, anxiety, depressive symptoms, and rumination at 18 months, adjusting for 6-month values. Mediation analyses indicated that randomization to the mindfulness intervention arm was associated with 6-month increases in mindfulness, and these increases were in turn associated with improved psychological outcomes at 6 months and 18 months. Changes from baseline to 18 months did not mediate 18-month changes in psychological outcomes. Conclusions Mindfulness training in emotion regulation and mindful eating may provide greater longer-term psychological well-being benefits in non-clinical populations with obesity compared to conventional diet-exercise interventions.

Notes: Hooker, Andrew R. Sagui-Henson, Sara J. Daubenmier, Jennifer Moran, Patricia J. Hartogensis, Wendy Acree, Michael Kristeller, Jean Epel, Elissa S. Mason, Ashley E. Hecht, Frederick M. Hecht, Frederick/0000-0002-5782-1171; Hooker, Andrew/0000-0002-7027-5144

1868-8535

URL: <Go to ISI>://WOS:000840281300001

Reference Type: Journal Article

Record Number: 427

Author: Hooper, E., Brown, L. J. E., Cross, H., Dawes, P., Leroi, I. and Armitage, C. J.

Year: 2022

Title: Systematic Review of Factors Associated With Hearing Aid Use in People Living in the Community With Dementia and Age-Related Hearing Loss

Journal: Journal of the American Medical Directors Association

Volume: 23

Issue: 10

Pages: 1669--

Date: Oct

Short Title: Systematic Review of Factors Associated With Hearing Aid Use in People Living in the Community With Dementia and Age-Related Hearing Loss

ISSN: 1525-8610

DOI: 10.1016/j.jamda.2022.07.011

Accession Number: WOS:000883629700016

Abstract: Objectives: To investigate factors that influence hearing aid use according to the Theoretical Domains Framework (TDF). The TDF is a behavioral science framework that aids understanding of factors that influence behavior. Design: Systematic review. Setting and Participants: People living in the community with dementia and age-related hearing loss who have air conduction hearing aids. Methods: Systematic literature review following PRISMA guidelines. We searched for studies in 9 databases, including Ovid MEDLINE, Scopus, and OpenGrey. We undertook an interpretive data synthesis by mapping findings onto the TDF. We assessed confidence in the findings according to the GRADE-CERQual approach. Results: Twelve studies (6 quantitative, 3 qualitative, and 3 mixed methods) were included in the review. The majority of these were rated low-moderate quality. We identified 27 component constructs (facilitators, barriers, or noncorrelates of hearing aid use) nested within the 14 domains of the TDF framework. Our GRADE-CERQual confidence rating was high for 5 findings. These suggest that hearing aid use for people living in the community with dementia and hearing loss is influenced by (1) degree of hearing aid handling proficiency, (2) positive experiential consequences, (3) degree of hearing aid comfort or fit, (4) person-environment interactions, and (5) social reinforcement. Conclusions and Implications: Hearing aid interventions should adopt a multifaceted approach that optimizes the capabilities of people with dementia to handle and use hearing aids; addresses or capitalizes on their motivation; and ensures their primary support network is supportive and encouraging of hearing aid use. The findings also emphasize the need for further high-quality research that investigates optimal hearing aid use, influencing factors, and interventions that support hearing aid use. (C) 2022 The Authors. Published by Elsevier Inc. on behalf of AMDA - The Society for Post-Acute and Long-Term Care Medicine.

Notes: Hooper, Emma Brown, Laura J. E. Cross, Hannah Dawes, Piers Leroi, Iracema Armitage, Christopher J.

Brown, Laura/M-2281-2013

Brown, Laura/0000-0002-5251-4615; Dawes, Piers/0000-0003-3180-9884;

Cross, Hannah/0000-0002-9153-1135

1538-9375

URL: <Go to ISI>://WOS:000883629700016

Reference Type: Journal Article

Record Number: 2220

Author: Horodyska, K., Luszczynska, A., Hayes, C. B., O'Shea, M. P., Langoien, L. J., Roos, G., van den Berg, M., Hendriksen, M., De Bourdeaudhuij, I. and Brug, J.

Year: 2015

Title: Implementation conditions for diet and physical activity interventions and policies: an umbrella review

Journal: BMC Public Health

Volume: 15

Date: Dec

Short Title: Implementation conditions for diet and physical activity interventions and policies: an umbrella review

DOI: 10.1186/s12889-015-2585-5

Article Number: 1250

Accession Number: WOS:000366552700004

Abstract: Background: This umbrella review aimed at identifying evidence-based conditions important for successful implementation of interventions and policies promoting a healthy diet, physical activity (PA), and a reduction in sedentary behaviors (SB). In particular, we examined if the implementation conditions identified were intervention-specific or policy-specific. This study was undertaken as part of the DEterminants of DIet and Physical Activity (DEDIPAC) Knowledge Hub, a joint action as part of the European Joint Programming Initiative a Healthy Diet for a Healthy Life.

Methods: A systematic review of reviews and stakeholder documents was conducted. Data from nine scientific literature databases were analyzed (95 documents met the inclusion criteria). Additionally, published documentation of eight major stakeholders (e.g., World Health Organization) were systematically searched (17 documents met the inclusion criteria). The RE-AIM framework was used to categorize elicited conditions. Across the implementation conditions 25 % were identified in at least four documents and were subsequently classified as having obtained sufficient support. **Results:** We identified 312 potential conditions relevant for successful implementation; 83 of these received sufficient support. Using the RE-AIM framework eight implementation conditions that obtained support referred to the reach in the target population; five addressed efficacy of implementation processes; 24 concerned adoption by the target staff, setting, or institutions; 43 referred to consistency, costs, and adaptations made in the implementation process; three addressed maintenance of effects over time. The vast majority of implementation conditions (87.9 %; 73 of 83) were supported by documents referring to both interventions and policies. There were seven policy-specific implementation conditions, which focused on increasing complexities of coexisting policies/legal instruments and their consequences for implementation, as well as politicians' collaboration in implementation. **Conclusions:** The use of the proposed list of 83 conditions for successful implementation may enhance the implementation of interventions and policies which pursue identification of the most successful actions aimed at improving diet, PA and reducing SB.

Notes: Horodyska, Karolina Luszczynska, Aleksandra Hayes, Catherine B. O'Shea, Miriam P. Langoien, Lars J. Roos, Gun van den Berg, Matthijs Hendriksen, Marieke De Bourdeaudhuij, Ilse Brug, Johannes Luszczynska, Aleksandra/F-3692-2014; Horodyska, Karolina/AAI-3851-2021; De+Bourdeaudhuij, Ilse/AAC-5528-2019; Hayes, Catherine B/D-3864-2016; Brug, Johannes/A-8242-2018 Luszczynska, Aleksandra/0000-0002-4704-9544; Horodyska, Karolina/

0000-0002-6969-0017; De+Bourdeaudhuij, Ilse/0000-0001-9969-7597;
Hayes, Catherine B/0000-0002-1576-4623; Brug, Johannes/
0000-0002-1904-7349; Roos, Gun/0000-0001-8551-2491
1471-2458
URL: <Go to ISI>://WOS:000366552700004

Reference Type: Journal Article

Record Number: 211

Author: Horwood, C., Luthuli, S., Mapumulo, S., Haskins, L., Jensen, C., Pansegrouw, D. and McKerrow, N.

Year: 2023

Title: Challenges of using e-health technologies to support clinical care in rural Africa: a longitudinal mixed methods study exploring primary health care nurses' experiences of using an electronic clinical decision support system (CDSS) in South Africa

Journal: BMC Health Services Research

Volume: 23

Issue: 1

Date: Jan

Short Title: Challenges of using e-health technologies to support clinical care in rural Africa: a longitudinal mixed methods study exploring primary health care nurses' experiences of using an electronic clinical decision support system (CDSS) in South Africa

DOI: 10.1186/s12913-022-09001-2

Article Number: 30

Accession Number: WOS:000912720500001

Abstract: Background Electronic decision-making support systems (CDSSs) can support clinicians to make evidence-based, rational clinical decisions about patient management and have been effectively implemented in high-income settings. Integrated Management of Childhood Illness (IMCI) uses clinical algorithms to provide guidelines for management of sick children in primary health care clinics and is widely implemented in low income countries. A CDSS based on IMCI (eIMCI) was developed in South Africa. Methods We undertook a mixed methods study to prospectively explore experiences of implementation from the perspective of newly-trained eIMCI practitioners. eIMCI uptake was monitored throughout implementation. In-depth interviews (IDIs) were conducted with selected participants before and after training, after mentoring, and after 6 months implementation. Participants were then invited to participate in focus group discussions (FGDs) to provide further insights into barriers to eIMCI implementation. Results We conducted 36 IDIs with 9 participants between October 2020 and May 2021, and three FGDs with 11 participants in October 2021. Most participants spoke positively about eIMCI reporting that it was well received in the clinics, was simple to use, and improved the quality of clinical assessments. However, uptake of eIMCI across participating clinics was poor. Challenges reported included lack of computer skills which made simple tasks, like logging in or entering patient details, time consuming. Technical support was provided, but was time consuming to access so that eIMCI was sometimes unavailable. Other challenges included heavy workloads, and the perception that eIMCI took longer and disrupted participant's work. Poor alignment between recording

requirements of eIMCI and other clinic programmes increased participant's administrative workload. All these factors were a disincentive to eIMCI uptake, frequently leading participants to revert to paper IMCI which was quicker and where they felt more confident. Conclusion Despite the potential of CDSs to increase adherence to guidelines and improve clinical management and prescribing practices in resource constrained settings where clinical support is scarce, they have not been widely implemented. Careful attention should be paid to the work environment, work flow and skills of health workers prior to implementation, and ongoing health system support is required if health workers are to adopt these approaches (350).

Notes: Horwood, Christiane Luthuli, Silondile Mapumulo, Sphindile Haskins, Lyn Jensen, Cecilie Pansegrouw, Deidre McKerrow, Neil Horwood, Christiane/F-8891-2011
1472-6963
URL: <Go to ISI>://WOS:000912720500001

Reference Type: Journal Article

Record Number: 1375

Author: Hosie, A., Agar, M., Caplan, G. A., Draper, B., Hedger, S., Rowett, D., Tuffin, P., Cheah, S. L., Phillips, J. L., Brown, L., Sidhu, M. and Currow, D. C.

Year: 2021

Title: Clinicians' delirium treatment practice, practice change, and influences: A national online survey

Journal: Palliative Medicine

Volume: 35

Issue: 8

Pages: 1553-1563

Date: Sep

Short Title: Clinicians' delirium treatment practice, practice change, and influences: A national online survey

ISSN: 0269-2163

DOI: 10.1177/02692163211022183

Article Number: 02692163211022183

Accession Number: WOS:000660929200001

Abstract: Background: Recent studies cast doubt on the net effect of antipsychotics for delirium. Aim: To investigate the influence of these studies and other factors on clinicians' delirium treatment practice and practice change in palliative care and other specialties using the Theoretical Domains Framework. Design: Australia-wide online survey of relevant clinicians. Setting/ participants: Registered nurses (72%), doctors (16%), nurse practitioners (6%) and pharmacists (5%) who cared for patients with delirium in diverse settings, recruited through health professionals' organisations. Results: Most of the sample (n = 475): worked in geriatrics/aged (31%) or palliative care (30%); in hospitals (64%); and saw a new patient with delirium at least weekly (61%). More (59%) reported delirium practice change since 2016, mostly by increased non-pharmacological interventions (53%). Fifty-five percent reported current antipsychotic use for delirium, primarily for patient distress (79%) and unsafe behaviour (67%).

Common Theoretical Domains Framework categories of influences on respondents' delirium practice were: emotion (54%); knowledge (53%) and physical (43%) and social (21%) opportunities. Palliative care respondents more often reported: awareness of any named key study of antipsychotics for delirium (73% vs 39%, $p < 0.001$); changed delirium treatment (73% vs 53%, $p = 0.017$); decreased pharmacological interventions (60% vs 15%, $p < 0.001$); off-label medication use (86% vs 51%, $p < 0.001$: antipsychotics 79% vs 44%, $p < 0.001$; benzodiazepines 61% vs 26%, $p < 0.001$) and emotion as an influence (82% vs 39%, $p < 0.001$). Conclusion: Clinicians' use of antipsychotic during delirium remains common and is primarily motivated by distress and safety concerns for the patient and others nearby. Supporting clinicians to achieve evidence-based delirium practice requires further work.

Notes: Hosie, Annmarie Agar, Meera Caplan, Gideon A. Draper, Brian Hedger, Stephen Rowett, Debra Tuffin, Penny Cheah, Seong Leang Phillips, Jane L. Brown, Linda Sidhu, Manraaj Currow, David C. Rowett, Debra/F-3896-2017; Phillips, Jane/A-7780-2015 Rowett, Debra/0000-0002-8977-0401; Phillips, Jane/0000-0002-3691-8230; Hosie, Annmarie/0000-0003-1674-2124; Currow, David/0000-0003-1988-1250; Agar, Meera/0000-0002-6756-6119; Caplan, Gideon/0000-0002-9991-3146
1477-030x
URL: <Go to ISI>://WOS:000660929200001

Reference Type: Journal Article

Record Number: 1313

Author: Hovden, E. A. S. and Skudutyte-Rysstad, R.

Year: 2021

Title: Using Theoretical Domains Framework (TDF) to understand implementation of a pragmatic clinical trial in Public Dental Service in Norway

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Jul

Short Title: Using Theoretical Domains Framework (TDF) to understand implementation of a pragmatic clinical trial in Public Dental Service in Norway

DOI: 10.1186/s12913-021-06590-2

Article Number: 698

Accession Number: WOS:000675369300001

Abstract: Background Most dental research in Norway has traditionally been conducted by universities, and the involvement of clinicians in research projects has not been a common practice. The aim of the present study was to identify behavioral factors that influence effective implementation of a pragmatic clinical trial in the Public Dental Service (PDS) in Norway and to understand which of these factors result in higher patient recruitment. Methods Dentists, dental hygienists, and dental assistants at nine Public Dental Service clinics in three counties in Norway involved in an ongoing pragmatic clinical trial were asked to complete an electronically distributed questionnaire based on the Theoretical Domains Framework

(TDF). Results Thirty-seven out of 69 dentists and dental hygienists (54%) and seventeen out of 57 dental assistants (30%) answered the questionnaire. "Knowledge" was the domain with the highest mean response, suggesting strong confidence in personal knowledge and practical skills among the clinicians. Together with "beliefs about consequences," "organizational resources," and "environmental context," "knowledge" was the one of five domains identified as important behavioral determinants in patient recruitment to clinical trials by dental professionals. Conclusions The findings suggest that TDF was useful to understand factors affecting implementation of clinical trials in PDS and that several factors such as clinical relevance of trial to be implemented, organizational resources, and communication with the research team require more attention when planning and implementing clinical trials in PDS.

Notes: Hovden, E. A. S. Skudutyte-Rysstad, Rasa
1472-6963

URL: <Go to ISI>://WOS:000675369300001

Reference Type: Journal Article

Record Number: 1556

Author: Howard, M. C.

Year: 2022

Title: The relations between age, face mask perceptions and face mask wearing

Journal: Journal of Public Health

Volume: 44

Issue: 2

Pages: 447-449

Date: Jun

Short Title: The relations between age, face mask perceptions and face mask wearing

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdab018

Accession Number: WOS:000764389600001

Abstract: Popular press outlets have proposed that older individuals are less likely to wear face masks despite health benefits of doing so during the COVID-19 pandemic. The current article investigates this notion in four separate studies, and we also assess the mediating effect of face mask perceptions between age and face mask wearing using the eight-dimension Face Masks Perceptions Scale (FMPS). The sample-size weighted average correlation between age and face mask wearing was $-.07$ (95% C.I. $[-.14, .001]$, Z -value = -1.928 , $P = .054$, $n = 824$), indicating that older individuals are slightly less likely to wear face masks compared to younger individuals. Age did not have significant relations with any face mask perceptions, and the mediating effect of face mask perceptions was not robust or consistent. This indicates that the relation between age and face mask wearing is not explained by face mask perceptions, and researchers must turn to other explanatory mechanisms to understand this relation. We propose possible avenues, such as dual-system theories, to further investigate this research question as well as others associated with face mask perceptions, face mask wearing and the COVID-19 pandemic.

Notes: Howard, Matt C.
Howard, Matt C./ABD-9528-2021
1741-3850
URL: <Go to ISI>://WOS:000764389600001

Reference Type: Journal Article
Record Number: 743
Author: Howard, M. C. and Davis, M. M.
Year: 2023
Title: The mediating role of vaccine hesitancy in the relations of COVID-19 conspiracy beliefs and vaccination outcomes: Which dimensions matter?
Journal: Journal of Health Psychology
Volume: 28
Issue: 3
Pages: 241-250
Date: Mar
Short Title: The mediating role of vaccine hesitancy in the relations of COVID-19 conspiracy beliefs and vaccination outcomes: Which dimensions matter?
ISSN: 1359-1053
DOI: 10.1177/13591053221096013
Article Number: 13591053221096013
Accession Number: WOS:000798242200001

Abstract: COVID-19 conspiracy beliefs have a powerful detrimental influence on COVID-19 vaccine perceptions and behaviors. We investigate an expanded range of outcomes for COVID-19 conspiracy beliefs, and we test which vaccine hesitancy dimensions mediate these relations. Our results show that COVID-19 conspiracy beliefs relate to COVID-19 vaccination willingness and receipt, flu vaccination willingness and receipt, as well as vaccine word-of-mouth. Many of these relations are mediated by vaccine hesitancy dimensions that represent perceptions that vaccines pose health risks as well as perceptions that vaccines are not needed because the respondent is healthy. Our discussion identifies directions for future research.

Notes: Howard, Matt C. Davis, Maggie M.
Howard, Matt C./ABD-9528-2021
Davis, Maggie/0000-0002-4365-0981
1461-7277
URL: <Go to ISI>://WOS:000798242200001

Reference Type: Journal Article
Record Number: 746
Author: Howarth, A. R., Apea, V., Michie, S., Morris, S., Sachikonye, M., Mercer, C. H., Evans, A., Delpech, V. C., Sabin, C. and Burns, F. M.
Year: 2022
Title: Associations with sub-optimal clinic attendance and reasons for missed appointments among heterosexual women and men living with HIV in London
Journal: Aids and Behavior

Volume: 26

Issue: 11

Pages: 3620-3629

Date: Nov

Short Title: Associations with sub-optimal clinic attendance and reasons for missed appointments among heterosexual women and men living with HIV in London

ISSN: 1090-7165

DOI: 10.1007/s10461-022-03681-x

Accession Number: WOS:000793049900003

Abstract: Poor engagement in HIV care is associated with poorer health outcomes and increased mortality. Our survey examined experiential and circumstantial factors associated with clinic attendance among women (n = 250) and men (n = 106) in London with heterosexually-acquired HIV. While no associations were found for women, among men, sub-optimal attendance was associated with insecure immigration status (25.6% vs. 1.8%), unstable housing (32.6% vs. 10.2%) and reported effect of HIV on daily activities (58.7% vs. 40.0%). Among women and men on ART, it was associated with missing doses of ART (OR = 2.96, 95% CI:1.74-5.02), less belief in the necessity of ART (OR = 0.56, 95% CI:0.35-0.90) and more concern about ART (OR = 3.63, 95% CI:1.45-9.09). Not wanting to think about being HIV positive was the top reason for ever missing clinic appointments. It is important to tackle stigma and the underlying social determinants of health to improve HIV prevention, and the health and well-being of people living with HIV.

Notes: Howarth, A. R. Apea, V Michie, S. Morris, S. Sachikonye, M. Mercer, C. H. Evans, A. Delpech, V. C. Sabin, C. Burns, F. M.

Apea, Vanessa/HNR-7686-2023; Michie, Susan/A-1745-2010

Michie, Susan/0000-0003-0063-6378

1573-3254

URL: <Go to ISI>://WOS:000793049900003

Reference Type: Journal Article

Record Number: 1606

Author: Howlett, N., Bottoms, L., Chater, A., Clark, A. B., Clarke, T., David, L., Irvine, K., Jones, A., Jones, J., Mengoni, S. E., Murdoch, J., Pond, M., Sharma, S., Sims, E. J., Turner, D. A., Wellsted, D., Wilson, J., Wyatt, S. and Trivedi, D.

Year: 2021

Title: A randomised controlled trial of energetic activity for depression in young people (READY): a multi-site feasibility trial protocol

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Jan

Short Title: A randomised controlled trial of energetic activity for depression in young people (READY): a multi-site feasibility trial protocol

DOI: 10.1186/s40814-020-00734-7

Article Number: 6

Accession Number: WOS:000704715200004

Abstract: **Background:** Prevalence of depression is increasing in young people, and there is a need to develop and evaluate behavioural interventions which may provide benefits equal to or greater than talking therapies or pharmacological alternatives. Exercise could be beneficial for young people living with depression, but robust, large-scale trials of effectiveness and the impact of exercise intensity are lacking. This study aims to test whether a randomised controlled trial (RCT) of an intervention targeting young people living with depression is feasible by determining whether it is possible to recruit and retain young people, develop and deliver the intervention as planned, and evaluate training and delivery. **Methods:** The design is a three-arm cluster randomised controlled feasibility trial with embedded process evaluation. Participants will be help-seeking young people, aged 13-17 years experiencing mild to moderate low mood or depression, referred from three counties in England. The intervention will be delivered by registered exercise professionals, supported by mental health support workers, twice a week for 12 weeks. The three arms will be high-intensity exercise, low-intensity exercise, and a social activity control. All arms will receive a 'healthy living' behaviour change session prior to each exercise session and the two exercise groups are energy matched. The outcomes are referral, recruitment, and retention rates; attendance at exercise sessions; adherence to and ability to reach intensity during exercise sessions; proportions of missing data; adverse events, all measured at baseline, 3, and 6 months; resource use; and reach and representativeness. **Discussion:** UK National Health Service (NHS) policy is to provide young people with advice about using exercise to help depression but there is no evidence-based exercise intervention to either complement or as an alternative to medication or talking therapies. UK National Institute for Health and Care Excellence (NICE) guidelines suggest that exercise can be an effective treatment, but the evidence base is relatively weak. This feasibility trial will provide evidence about whether it is feasible to recruit and retain young people to a full RCT to assess the effectiveness and cost-effectiveness of an exercise intervention for depression.

Notes: Howlett, N. Bottoms, L. Chater, A. Clark, A. B. Clarke, T. David, L. Irvine, K. Jones, A. Jones, J. Mengoni, S. E. Murdoch, J. Pond, M. Sharma, S. Sims, E. J. Turner, D. A. Wellsted, D. Wilson, J. Wyatt, S. Trivedi, D.

Turner, David A/E-1847-2013

Turner, David A/0000-0002-1689-4147; Sharma, Shivani/0000-0002-7682-2858; Howlett, Neil/0000-0002-6502-9969; Trivedi, Daksha/0000-0002-7572-4113; Wellsted, David/0000-0002-2895-7838; Irvine, Karen/0000-0003-4087-3802; Bottoms, Lindsay/0000-0003-4632-3764; Mengoni, Silvana/0000-0002-9431-9762; Clark, Allan/0000-0003-2965-8941; Wyatt, Solange/0000-0001-5535-9430; Murdoch, Jamie/0000-0002-9021-3629; Jones, Julia/0000-0003-3221-7362 2055-5784

URL: <Go to ISI>://WOS:000704715200004

Reference Type: Journal Article

Record Number: 112

Author: Hrynyschyn, R., Prediger, C., Lyk, P., Majgaard, G., Helmer, S. M. and Stock, C.

Year: 2023

Title: Adolescents' perceptions and user experiences with a virtual reality-based alcohol prevention tool in Germany: A focus group study

Journal: Frontiers in Public Health

Volume: 11

Date: Mar

Short Title: Adolescents' perceptions and user experiences with a virtual reality-based alcohol prevention tool in Germany: A focus group study

DOI: 10.3389/fpubh.2023.1054015

Article Number: 1054015

Accession Number: WOS:000951897700001

Abstract: Background Excessive alcohol consumption is a major public health problem, with substance use early in life contributing to higher levels of use later in life. Virtual reality (VR) is an innovative technology for alcohol prevention among adolescents that could solve the problem of insufficient outreach to the target group of young people. The co-created German Virtual LimitLab simulation is one of the few examples of VR-based alcohol prevention tools and consists of a virtual house party simulation. The aims of Virtual LimitLab are to increase the users' awareness of how social pressure can influence their own decision-making as well as to enable various actions and communication strategies in order to train competencies when dealing with alcohol. The present study thus aims to explore adolescents' content- and technique-specific perceptions of Virtual LimitLab in order to gain insights into user experiences and to test the prototype with the German target group. Methods Four semi-structured focus groups with adolescents aged 15–18 years (n = 13) were conducted and analyzed using thematic analyses. A user experience questionnaire (UEQ-S) was applied in order to quantitatively assess adolescents' satisfaction with Virtual LimitLab. Results Three main themes were identified (VR experience, content, and technical aspects). Participants positively assessed both the content and the technical aspects of Virtual LimitLab. This trend was also seen by the UEQ-S data, which yielded positive ratings for both pragmatic and hedonic quality. The broad variety of options in the simulation that allow the user to try new behaviors was perceived particularly positively. In general, Virtual LimitLab was regarded as an innovative tool that encourages adolescents to think critically about their personal alcohol consumption. Technical errors in the simulation and users' difficulties in identifying with the simulation were the main points of criticism.

Conclusions Feedback from adolescent users revealed positive and therefore promising results when using Virtual LimitLab as a gaming alcohol-prevention tool. Some technical aspects still need to be improved in order to further refine the prototype, and suggestions for expanding the content of the application have already been made.

Notes: Hrynyschyn, Robert Prediger, Christina Lyk, Patricia Majgaard, Gunver Helmer, Stefanie Maria Stock, Christiane Stock, Christiane/P-8114-2015; Lyk, Patricia Bianca/A-8102-2019;

Majgaard, Gunver/0-1511-2018
Stock, Christiane/0000-0001-9379-3844; Lyk, Patricia Bianca/
0000-0002-8375-5972; Hrynyschyn, Robert/0000-0002-8642-9590;
Majgaard, Gunver/0000-0001-5203-3224
2296-2565
URL: <Go to ISI>://WOS:000951897700001

Reference Type: Journal Article

Record Number: 399

Author: Hu, Y., Xie, Y. D., Xu, X. Z., Liu, Y. Y., Zhang, C. R. and Wang, H. R.

Year: 2022

Title: Facilitators and barriers of attending BaDuanJin experienced by breast cancer survivors during chemotherapy

Journal: Physiotherapy Theory and Practice

Date: 2022 Oct

Short Title: Facilitators and barriers of attending BaDuanJin experienced by breast cancer survivors during chemotherapy

ISSN: 0959-3985

DOI: 10.1080/09593985.2022.2135977

Accession Number: WOS:000870136600001

Abstract: Purpose This study aimed to identify facilitators and barriers to adherence to a Baduanjin program experienced by breast cancer survivors (BCSs) during chemotherapy. Methods Semi-structured interviews with 10 BCSs in an interprofessional BaDuanJin program were conducted to understand their experiences, including the facilitators and barriers concerning exercise. Content analysis was performed following the behaviour change wheel (BCW). Results The following five domains emerged from the analysis: 1) Capacity: Recovery of upper limb function, symptom relief, and emotional release are facilitators; periodic treatment and related symptoms and negative emotions are barriers; 2) Motivation: Reflection on health, positive belief, and weight control are facilitators; a doubtful attitude is a barrier; 3) Opportunity: Recuperating at home is a facilitator; 4) Intervention: Facilitators include simple and gentle exercise at home, comprehensive tutoring by an interprofessional team, treating exercise as a task occurring at a fixed time, and peer support. The hindrances are work and home duties prior to exercise and a lack of group activities; and 5) Policy: Social media promotion and less support from physicians are facilitators and barriers, respectively. Conclusion Identifying facilitators and barriers leads to improved support from health professionals, which is required to provide effective strategies to increase adherence to BaDuanJin exercise.

Notes: Hu, Yun Xie, Yi Dan Xu, Xiaozhen Liu, Yanyan Zhang, Chengrui Wang, Huiru

1532-5040

URL: <Go to ISI>://WOS:000870136600001

Reference Type: Journal Article

Record Number: 541

Author: Huang, J., Chu, J. and Zhao, X. L.

Year: 2022

Title: Factors affecting Chinese people's intention to adopt the individual dining style

Journal: International Journal of Contemporary Hospitality Management

Volume: 34

Issue: 12

Pages: 4708-4728

Date: Nov

Short Title: Factors affecting Chinese people's intention to adopt the individual dining style

ISSN: 0959-6119

DOI: 10.1108/ijchm-12-2021-1553

Accession Number: WOS:000837284300001

Abstract: Purpose In light of the threat posed by the COVID-19 pandemic, Chinese authorities have called for the adoption of the individual dining style (IDS) as a preventive measure for the pandemic and a new norm for civilized code of conduct. Accordingly, this study aims to investigate the factors influencing the Chinese people's intention to adopt the IDS. Design/methodology/approach The authors applied the capability, opportunity and motivation model of behavior (COM-B) and identified potential predictors influencing the intention to adopt the IDS through a review of the literature. Data were collected through an online survey, and structural equation modeling was applied to test the hypotheses. Findings The results indicated that the most influential predictors were subjective norm, social norm, perceived benefit and past behavior, while the other predictors (including breaking habits, communal dining culture, perceived behavioral control, perceived health risk and social risk) had insignificant effects on the intention to adopt IDS. Practical implications First, educational public health messages should communicate the benefits of IDS. Second, persuasive public communication should focus on how people are implementing the target behavior rather than drawing attention to a minority who are disregarding it. Moreover, given the highly significant effects of subjective norm, public health campaigns should emphasize that adoption of the desired behavior expresses care for significant others. Originality/value The findings advance understanding of an underexplored topic, namely, how deeply ingrained ways of dining may be transformed in the current context. Applying the COM-B, the authors tested multiple variables to explain the intention to adopt IDS. The results suggest that some social influences (subjective norm and social norm) and reflective cognitive processes (perceived benefit) had the greatest impacts on behavior intentions. Moreover, the results indicate that threat of COVID-19 may not prompt people to change their dining styles. However, the benefits of IDS to prevent the spread of infectious diseases could lead to its wider adoption.

Notes: Huang, Jue Chu, Jing Zhao, Xialing
1757-1049

URL: <Go to ISI>://WOS:000837284300001

Reference Type: Journal Article

Record Number: 2043

Author: Hudson, J. L., Moss-Morris, R., Game, D., Carroll, A. and Chilcot, J.

Year: 2016

Title: IMPROVING DISTRESS IN DIALYSIS (iDiD): A TAILORED CBT SELF-MANAGEMENT TREATMENT FOR PATIENTS UNDERGOING DIALYSIS

Journal: Journal of Renal Care

Volume: 42

Issue: 4

Pages: 223-238

Date: Dec

Short Title: IMPROVING DISTRESS IN DIALYSIS (iDiD): A TAILORED CBT SELF-MANAGEMENT TREATMENT FOR PATIENTS UNDERGOING DIALYSIS

ISSN: 1755-6678

DOI: 10.1111/jorc.12168

Accession Number: WOS:000391017100005

Abstract: Background: There is significant psychological distress in adults with end-stage kidney disease (ESKD). However, psychological treatments tailored to address the unique challenges of kidney failure are absent. We identified psychological correlates of distress in ESKD to develop a cognitive-behavioural therapy (CBT) treatment protocol that integrates the mental health needs of patients alongside their illness self-management demands. Methods: Studies which examined relationships between distress and psychological factors that apply in the context of ESKD including: health threats, cognitive illness representations and illness management behaviours were narratively reviewed. Review findings were translated into a CBT formulation model to inform the content of a renal-specific seven session CBT treatment protocol, which was commented on and refined by patient representatives. Results: Health threats related to distress were grouped into four themes including: acute ESKD events, loss of role, uncertainty and illness self-management. Having pessimistic illness and treatment perceptions were associated with elevated distress. Non-adherence and avoidance behaviours were related to feelings of distress, whereas cognitive reappraisal, acceptance, social support and assertiveness were associated with less distress. Conclusions: The dialysis-specific CBT formulation identifies the importance of targeting ESKD-specific correlates of distress to allow the delivery of integrated mental and physical health care. The 'Improving Distress in Dialysis (iDiD)' treatment protocol now requires further evaluation in terms of content, feasibility and potential efficacy.

Notes: Hudson, Joanna L. Moss-Morris, Rona Game, David Carroll, Amy Chilcot, Joseph

Chilcot, Joseph/B-9526-2009

Moss-Morris, Rona/0000-0002-2927-3446; Hudson, Joanna/
0000-0003-0672-2621; Chilcot, Joseph/0000-0001-6427-4690

1755-6686

URL: <Go to ISI>://WOS:000391017100005

Reference Type: Journal Article

Record Number: 1160

Author: Huey, S., Kavanagh, M., Regan, A., Dean, M., McKernan, C.,

McCoy, F., Ryan, E. G., Caballero-Villalobos, J. and McAloon, C. I.
Year: 2021

Title: Engaging with selective dry cow therapy: understanding the barriers and facilitators perceived by Irish farmers

Journal: Irish Veterinary Journal

Volume: 74

Issue: 1

Date: Oct

Short Title: Engaging with selective dry cow therapy: understanding the barriers and facilitators perceived by Irish farmers

ISSN: 0368-0762

DOI: 10.1186/s13620-021-00207-0

Article Number: 28

Accession Number: WOS:000710127900001

Abstract: Background Selective dry cow therapy (SDCT) is widely promoted in dairy farming as a method to reduce antimicrobial usage. New legislation introduced by the European Union will restrict and regulate the prophylactic and metaphylactic use of antibiotics from January 2022. Blanket dry cow therapy continues to be a practice engaged in by many farmers in Ireland and for many of these farmers, moving towards SDCT would require a significant infrastructural, behavioural and/or cultural change on their farm. Existing research has reported the important need to understand farmers' motivations to initiate any substantial behaviour change. However, it is currently unknown what farmers know, think and believe about SDCT in Ireland. The aim of this study was to use qualitative methods to explore what barriers and facilitators farmers perceived to exist with SDCT and explore if they had chosen to implement SDCT after voluntarily participating in a funded dry cow consult with a trained veterinarian, with the objective of maximising the dry period under health performance and moving safely to SDCT. Results In this study, 19 farmers were contacted, and telephone interviews were conducted regarding farmers' beliefs about the consequences of SDCT. Audio recordings were professionally transcribed verbatim and analysed qualitatively using an inductive thematic analysis. The analysis identified 6 barriers and 6 facilitators to implementing SDCT. A significant fear of increasing mastitis incidence was evident that caused reluctance towards SDCT and reliance on antibiotics. Mixed perceptions on SDCT, infrastructure limitations, a perceived lack of preventive advice as well as peer influence were presented as barriers to SDCT. Farmers can build confidence when a graded approach to SDCT is implemented, which could help overcome the fear of SDCT and reliance on antibiotics. Regulatory pressure, high standards of farm hygiene and use of targeted veterinary consults were found to facilitate SDCT. Education was suggested to motivate farmers in the future uptake of SDCT. Despite cited negative influences, peer influence can be utilised to encourage the farming community. Conclusions This study prioritises areas to facilitate the major behaviour change required as a dairy industry in order to move from blanket dry cow therapy to SDCT.

Notes: Huey, Sarah Kavanagh, Michaela Regan, Aine Dean, Moira McKernan, Clare McCoy, Finola Ryan, Eoin G. Caballero-Villalobos, Javier McAloon, Catherine, I Regan, Aine/AGE-2896-2022; Villalobos, Javier Caballero/L-2756-2017

Regan, Aine/0000-0002-3754-0014; Villalobos, Javier Caballero/
0000-0003-1432-9109
2046-0481
URL: <Go to ISI>://WOS:000710127900001

Reference Type: Journal Article

Record Number: 993

Author: Hughes, K. L., Williamson, P. R. and Young, B.

Year: 2022

Title: In-depth qualitative interviews identified barriers and facilitators that influenced chief investigators' use of core outcome sets in randomised controlled trials

Journal: Journal of Clinical Epidemiology

Volume: 144

Pages: 111-120

Date: Apr

Short Title: In-depth qualitative interviews identified barriers and facilitators that influenced chief investigators' use of core outcome sets in randomised controlled trials

ISSN: 0895-4356

DOI: 10.1016/j.jclinepi.2021.12.004

Accession Number: WOS:000786657100008

Abstract: Objective: This study aimed to investigate barriers and facilitators to core outcome set (COS) uptake in randomized controlled trials to inform the first steps in developing interventions to improve the uptake of COS. Study Design and Setting: Semi-structured qualitative interviews with a purposive sample of United Kingdom chief investigators were audio-recorded, transcribed and analyzed thematically. Where appropriate, barriers and facilitators were mapped to components of behavior informed by the COM-B model of behavior. Results: Thirteen chief investigators were interviewed. Facilitators to uptake included: the behavior of investigators, for example, their awareness and understanding of COS; and the wider research system, for example, recommendations to use COS from funders and journals. Barriers to uptake included: the perceived characteristics of COS, for example, increasing patient burden and recommendations becoming outdated; and the COS development process, for example, not including all specialties who will use the COS. Conclusion: Based on the barriers and facilitators identified, recommendations to improve COS uptake include ensuring engagement with the research community who will use the COS, involving patients in the development of COS and ensuring COS remain up to date. (C) 2021 The Authors. Published by Elsevier Inc.

Notes: Hughes, Karen L. Williamson, Paula R. Young, Bridget
1878-5921

URL: <Go to ISI>://WOS:000786657100008

Reference Type: Journal Article

Record Number: 423

Author: Hui, C. Y., McKinstry, B., McLean, S., Buchner, M. and Pinnock, H.

Year: 2022

Title: Assessing the technical feasibility of a flexible, integrated Internet-of-things connected for asthma (C4A) system to support self-management: a mixed method study exploring patients and healthcare professionals perspectives

Journal: Jamia Open

Volume: 5

Issue: 4

Date: Oct

Short Title: Assessing the technical feasibility of a flexible, integrated Internet-of-things connected for asthma (C4A) system to support self-management: a mixed method study exploring patients and healthcare professionals perspectives

DOI: 10.1093/jamiaopen/ooac110

Article Number: ooac110

Accession Number: WOS:000905796100002

Abstract: Background A connected system with smart devices could transform patient care and empower patients control of their asthma. Objective To explore how a connected-for-asthma system (C4A) with smart devices from multiple companies (smart-inhaler; smart-watch; smart-peak-flow meter, manual digital thermometer during the Coronavirus disease (COVID)-pandemic) could support asthma self-management. Methods In a proof-of-concept mixed-methods study (Winter 2021/2022), we collected data from devices linked via the C4A app enabling patients to self-monitor and share a monitoring summary (in PDF format) with their clinician. Ten patients (range of age/gender, asthma experience, Apple/Android user) via social media, used C4A for a month. We conducted pre/post-interviews with patients, and a single post-interview with an asthma nurse and 3 general practitioners. Thematic analysis, informed by the Unified Theory of Acceptance and Use of Technology was triangulated with descriptive analysis of usage data. Results The system was perceived as "easy" to use. During the study, 7517 data points were collected from 10 patients; monitoring reduced over the month. Patients used devices if they trusted their "accuracy," and adopted the system to monitor new medication or assess troublesome symptoms. One patient lost contact (because of COVID), 8 wanted to keep using C4A to manage their asthma, though were selective about the most useful devices. Clinicians wanted the report to provide an asthma score/status and reliever usage. Conclusion A connected system could enable flexible digital care by linking data from several devices to support self-management. To promote adoption/adherence, setup has to be simple, and patients need to trust that the devices accurately reflect their condition. Lay Summary During the COVID pandemic, patients had to rely on remote consultations to help them to live with their conditions. We aimed to explore how a connected digital system (C4A) linking with smart devices (inhaler/watch/peak flow meter) and a manual thermometer, with an option to share a report with their clinician, could support patients to look after their asthma. We recruited 10 patients to use C4A, observed their usage over a month, and undertook pre/post-interviews. We also interviewed an asthma nurse and 3 general practitioners for their views on the report format. Most patients chose to monitor their reliever inhaler rather than the preventer. 7517 data were logged, though recording reduced over the month. Patients felt "positive," found it "easy" to

use the system and chose to use devices they thought were "accurate." Monitoring medication adjustments, having asthma (or COVID) symptoms motivated them to adopt/use the system. Clinicians wanted an overall asthma score/status and reliever usage on the report. A connected system could enable flexible digital approaches to care by providing on-going self-management data to support remote consultation. However, providing users with confidence in the "accuracy" of systems is needed to maintain patients' motivation to use the system.

Notes: Hui, Chi Yan McKinstry, Brian Mclean, Susannah Buchner, Mark Pinnock, Hilary

McKinstry, Brian/0000-0001-9581-0468
2574-2531

URL: <Go to ISI>://WOS:000905796100002

Reference Type: Journal Article

Record Number: 512

Author: Hummell, C., Herbison, J. D., Turnnidge, J. and Cote, J.

Year: 2023

Title: Assessing the effectiveness of the transformational coaching workshop using behavior change theory

Journal: International Journal of Sports Science & Coaching

Volume: 18

Issue: 1

Pages: 3-12

Date: Feb

Short Title: Assessing the effectiveness of the transformational coaching workshop using behavior change theory

ISSN: 1747-9541

DOI: 10.1177/17479541221122435

Accession Number: WOS:000847546400001

Abstract: The current study assessed how participation in the Transformational Coaching Workshop (TCW) influenced youth sport coaches' perceived capability, opportunity, and motivation to incorporate transformational coaching behaviors into their coaching practices. Sixty-three volunteer youth sport coaches participated in the study as part of an intervention (n = 31; M-age = 45.65 years; SDage = 8.82 years) or comparison group (n = 32; M-age = 44.59 years; SDage = 11.86 years). The study employed a two-arm, pre- and post-intervention, non-randomized intervention design. Dependent- and independent-sample t-tests were conducted to assess within and between-group differences. Results indicated that participants in the intervention group reported slight improvements in their perceived capability and opportunity to use transformational coaching behaviors post-intervention. There were no significant differences between groups post-intervention. This study provides support for the effectiveness of the TCW, and the application of behavior change frameworks to evaluate coach development programs.

Notes: Hummell, Caroline Herbison, Jordan D. Turnnidge, Jennifer Cote, Jean

2048-397x

URL: <Go to ISI>://WOS:000847546400001

Reference Type: Journal Article

Record Number: 2420

Author: Hunt, K., Gray, C. M., Maclean, A., Smillie, S., Bunn, C. and Wyke, S.

Year: 2014

Title: Do weight management programmes delivered at professional football clubs attract and engage high risk men? A mixed-methods study

Journal: BMC Public Health

Volume: 14

Date: Jan

Short Title: Do weight management programmes delivered at professional football clubs attract and engage high risk men? A mixed-methods study

DOI: 10.1186/1471-2458-14-50

Article Number: 50

Accession Number: WOS:000331292500001

Abstract: Background: The prevalence of obesity in men in the UK is amongst the highest in Europe but men are less likely than women to use existing weight loss programmes. Developing weight management programmes which are appealing and acceptable to men is a public health priority. Football Fans in Training (FFIT), a men-only weight management programme delivered to groups of men at top professional football clubs, encourages men to lose weight by working with, not against, cultural ideals of masculinity. To inform further development of interventions in football club settings, the current study explored who is attracted to FFIT and why overweight/obese men choose to take part. Methods: A mixed-methods study analysing baseline data on 747 men aged 35–65 years with BMI ≥ 28 kg/m² who were participants in a randomised controlled trial of FFIT, and data from 13 focus group discussions with 63 men who had attended the programme. Results: Objectively-measured mean body mass index was 35.3 kg/m² (sd 4.9). Overall over 90% of participants were at very high or extremely high risk of future ill-health. Around three-quarters of participants in all age groups were at 'very high' risk of type 2 diabetes, hypertension and cardiovascular disease (72%, 73% and 80% of men aged 35–44, 45–54 and 55–64 years respectively). A further 21%, 16% and 13% were at 'extremely high' risk.

Qualitative data revealed that the powerful 'draw' of the football club attracted men otherwise reluctant to attend existing weight management programmes. The location and style of delivery of early FFIT sessions fostered team spirit; men appreciated being with others 'like them' and the opportunity to undertake weight management in circumstances that enhanced physical and symbolic proximity to something they valued highly, the football club.

Conclusions: The delivery of a weight management intervention via professional football clubs attracted men at high risk of ill-health. The setting enabled men to join a weight management programme in circumstances that felt 'right' rather than threatening to themselves as men. FFIT is an example of how to facilitate health promotion activities in a way that is consistent with, rather than challenging to, common ideals of masculinity.

Notes: Hunt, Kate Gray, Cindy M. Maclean, Alice Smillie, Susan Bunn,

Christopher Wyke, Sally
Wyke, Sally/M-7203-2018
Wyke, Sally/0000-0002-7509-8247; Smillie, Susie Liddell/
0000-0003-4748-0710; MacLean, Flora Alice/0000-0002-9650-2376; Hunt,
Kate/0000-0002-5873-3632; Bunn, Christopher/0000-0001-6604-1305
1471-2458
URL: <Go to ISI>://WOS:000331292500001

Reference Type: Journal Article

Record Number: 1523

Author: Hunter, A., Yargawa, J., Notley, C., Ussher, M., Bobak, A.,
Murray, R. L., Nath, S. and Cooper, S.

Year: 2021

Title: Healthcare Professionals' Beliefs, Attitudes, Knowledge, and
Behavior Around Vaping in Pregnancy and Postpartum: A Qualitative
Study

Journal: Nicotine & Tobacco Research

Volume: 23

Issue: 3

Pages: 471-478

Date: Mar

Short Title: Healthcare Professionals' Beliefs, Attitudes,
Knowledge, and Behavior Around Vaping in Pregnancy and Postpartum: A
Qualitative Study

ISSN: 1462-2203

DOI: 10.1093/ntr/ntaa126

Accession Number: WOS:000637321000008

Abstract: Introduction: Finding effective ways to help pregnant women quit smoking and maintain long-term abstinence is a public health priority. Electronic cigarettes (ie, vaping) could be a suitable cessation tool in pregnancy for those who struggle to quit; however, healthcare professionals (HCP) must be informed about these devices to offer appropriate advice. This study used the Capability, Opportunity, Motivation, and Behavior (COM-B) model and Theoretical Domains Framework (TDF) to explore HCP attitudes towards vaping in pregnancy and postpartum; beliefs about the health risks of vaping; perceived barriers and facilitators of vaping in pregnancy; knowledge of current guidelines and policies; and training needs. Methods: Interviews (n = 60) were conducted with midwives (n = 17), health visitors (n = 10), general practitioners (n = 15) and stop smoking specialists (n = 18) across the United Kingdom. Interview transcriptions were analyzed thematically using the framework approach and the COM-B. Results: Discussing vaping as a tool for quitting smoking in pregnancy was prevented by a lack of capability (limited knowledge of vaping, lack of training in smoking cessation); lack of opportunity (restricted by organizational policies and guidelines, lack of time and financial issues impacting on training), and negative social influences (sensationalist media and stigma associated with vaping in pregnancy); and lack of motivation (fear of future litigation and comebacks should adverse effects from vaping arise). Conclusions: Factors related to capability, opportunity, and motivation were identified that influence HCPs attitudes and behaviors towards vaping in pregnancy.

Gaps in knowledge and training needs were identified, which could inform the development of targeted vaping training.

Notes: Hunter, Abby Yargawa, Judith Notley, Caitlin Ussher, Michael Bobak, Alex Murray, Rachael L. Nath, Srabani Cooper, Sue Notley, Caitlin/0000-0003-0876-3304; Yargawa, Judith/0000-0002-6299-2215; Hunter, Abby/0000-0002-6533-6918 1469-994x

URL: <Go to ISI>://WOS:000637321000008

Reference Type: Journal Article

Record Number: 1238

Author: Hurtubise, K., Pratte, G., Hamel, C., Clapperton, I. and Camden, C.

Year: 2022

Title: Rethinking early intervention rehabilitation services for children with motor difficulties: engaging stakeholders in the conceptualization of telerehabilitation primary care

Journal: Disability and Rehabilitation

Volume: 44

Issue: 22

Pages: 6749-6758

Date: Oct

Short Title: Rethinking early intervention rehabilitation services for children with motor difficulties: engaging stakeholders in the conceptualization of telerehabilitation primary care

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1972173

Accession Number: WOS:000692469500001

Abstract: Purpose Rehabilitation services for children with mild motor difficulties are limited. Telehealth could be a novel avenue through which to provide these services. With the input of various stakeholder groups, this study aimed to develop a logic model for a new primary care telerehabilitation intervention and to identify influencing implementation factors. Methods and materials A participatory research design was used. A logic model, developed in consultation with five healthcare managers, was discussed with four stakeholder groups. Focus groups were conducted with clinicians (n = 9), pediatric healthcare managers (n = 5), and technology information consultants (n = 2), while parents (n = 4) were interviewed to explore their perceptions of the proposed intervention, and factors influencing implementation. Transcribed discussions were analyzed using reflexive thematic analysis. Results Stakeholders supported the delivery of telerehabilitation services for children with mild motor difficulties. Although agreement was generated for each logic model component, important recommendations were voiced related to service relevance and sustainability, parent and community capacity building, and platform dependability, security, and support. Identified factors influencing the implementation encompassed consumer, provider, technological, systemic and contextual barriers and facilitators. Strategies to address them were also suggested. Conclusion This study demonstrates the value of, and a process to engage stakeholders in the designing of pediatric telerehabilitation services and its

implementation. IMPLICATIONS FOR PRACTICE Pediatric telerehabilitation service are complex interventions which operate in complicated systems. Designing telerehabilitation services with stakeholders is recommended, yet how to do so often not clear. This study demonstrated that the development of a logic model can provide a systematic framework to help guide the co-design process with stakeholders. Resulting recommendation underscored a broader vision for the intervention and identified crucial factors and strategies required for its successful implementation and sustainability.

Notes: Hurtubise, Karen Pratte, Gabrielle Hamel, Caroline Clapperton, Irma Camden, Chantal
1464-5165

URL: <Go to ISI>://WOS:000692469500001

Reference Type: Journal Article

Record Number: 957

Author: Hussein, R., He, Z. S. Y., Bareham, J., Patel, T., Killeen, R. and Grindrod, K.

Year: 2022

Title: Evaluating the Effectiveness of the Computer-Based Education Platform, Pharmacy5in5, on Pharmacists' Knowledge of Anticholinergic Toxicity Using a Randomized Controlled Trial

Journal: Pharmacy

Volume: 10

Issue: 1

Date: Feb

Short Title: Evaluating the Effectiveness of the Computer-Based Education Platform, Pharmacy5in5, on Pharmacists' Knowledge of Anticholinergic Toxicity Using a Randomized Controlled Trial

DOI: 10.3390/pharmacy10010008

Article Number: 8

Accession Number: WOS:000765058200001

Abstract: Background: Computer-based education has been widely implemented in healthcare professional development education. However, there has been little examination of the potential for computer-based education to enhance pharmacists' knowledge. This study aims to assess the effectiveness of computer-based education on improving pharmacists' knowledge compared to printed education material. Methods: This study was a web-based randomized controlled trial. Participants were randomly allocated to either an intervention group where they had access to the computer-based education module on Pharmacy5in5.ca or to a control group where they had access to printed educational material. Knowledge gain was assessed using a pre- and post-knowledge test. Results: A total of 120 pharmacists were recruited and 101 completed the post-knowledge test (50/60 in the intervention group; 51/60 in the control group). Both groups showed a significant increase in knowledge gain (intervention group: pre-test mean score 19.35 +/- 3.56, post-test mean score 22.42 +/- 3.812, p value < 0.001; control group pre-test mean score 19.22 +/- 3.45, post-test mean score 23.29 +/- 3.087, p value < 0.001). However, the difference in knowledge change was not significant between the two groups (22.42 vs. 23.29, p value = 0.333). Conclusions: In this study, a computer-based education

module enhanced pharmacists' knowledge to a similar degree to printed education material. Efforts should be made to provide computer-based education as an option to support pharmacists' professional development.

Notes: Hussein, Rand He, Zhoushanyue Bareham, Julia Patel, Tejal Killeen, Rosemary Grindrod, Kelly

Hussein, Rand/0000-0002-3977-3137; Killeen, Rosemary/
0000-0003-4116-8283
2226-4787

URL: <Go to ISI>://WOS:000765058200001

Reference Type: Journal Article

Record Number: 286

Author: Hutchesson, M. J., Whatnall, M. C., Yazin, N., Fenton, S., Duncan, M. J., Kay-Lambkin, F. J. and Burrows, T. L.

Year: 2022

Title: Health behavior interventions for university students measuring mental health outcomes: A scoping review

Journal: Frontiers in Public Health

Volume: 10

Date: Dec

Short Title: Health behavior interventions for university students measuring mental health outcomes: A scoping review

DOI: 10.3389/fpubh.2022.1063429

Article Number: 1063429

Accession Number: WOS:000901800700001

Abstract: Introduction: Many university students have poor mental health, and cooccurring health risk behaviors. Targeting health behavior change in this population may improve mental health outcomes. This scoping review describes the extent and range of randomized controlled trials (RCT) evaluating interventions targeting health risk behaviors and measuring a mental health outcome, among university students. Methods: Six electronic databases were searched for RCTs published until the 18th May 2021. Eligible RCTs included university students, evaluated interventions that promoted health behavior change (i.e., dietary intake, physical activity, sedentary behavior, alcohol and drug use, smoking, and sleep), and measured a mental health-related outcome. Results: Fifty-nine RCTs met the inclusion criteria that were published from 2000 to 2021, and over half (n = 33) were conducted in the United States. Interventions evaluated within the RCTs (n = 92) predominantly targeted changes to dietary intake (n = 41 interventions), physical activity (n = 39), or alcohol intake (n = 35). Most interventions targeted one (n = 51) or two (n = 27) health behaviors only. Included RCTs considered mental ill health outcomes (n = 24), psychological wellbeing outcomes (n = 20), or both (n = 15). Discussion: This scoping review identified a moderate volume of experimental research investigating the impact of health behavior interventions on university students' mental health. There is scope for further research examining health behavior interventions targeting university students, particularly interventions taking a multi-behavioral approach.

Notes: Hutchesson, Melinda J. Whatnall, Megan C. Yazin, Nazish

Fenton, Sasha Duncan, Mitch J. Kay-Lambkin, Frances J. Burrows,
Tracy L.
Duncan, Mitch/V-1708-2019
Duncan, Mitch/0000-0002-9166-6195
2296-2565
URL: <Go to ISI>://WOS:000901800700001

Reference Type: Journal Article

Record Number: 623

Author: Hutchings, M., Kirkpatrick, S., Arden, M. A., Drabble, S. J., Maguire, C., Cantrill, H., Whelan, P., Hoo, Z. H. and Wildman, M. J.

Year: 2022

Title: Modelling Successful Self-Management in Adults With Cystic Fibrosis: Vicarious Self-Efficacy From Videos of 'People Like Me'

Journal: Cureus Journal of Medical Science

Volume: 14

Issue: 7

Date: Jul

Short Title: Modelling Successful Self-Management in Adults With Cystic Fibrosis: Vicarious Self-Efficacy From Videos of 'People Like Me'

DOI: 10.7759/cureus.26511

Article Number: e26511

Accession Number: WOS:000828468400002

Abstract: Background Self-efficacy is an important determinant of treatment adherence, and peer modelling of success can provide vicarious self-efficacy. A series of patient stories ('talking heads' videos) were developed with people with cystic fibrosis (CF) as part of the CFHealthHub multi-component adherence intervention, aiming to demonstrate success with daily therapy in 'people like me'. Methodology One-to-one semi-structured interviews exploring patients' experiences, barriers and facilitators of nebuliser adherence were audio and video-recorded between October 2015 and August 2016. Interview transcripts were reviewed to identify descriptions of problem-solving and sustained treatment success. Positive stories potentially providing vicarious descriptions of success were selected as video clips. Results In total, 14 adults with CF were recruited from five UK CF centres. Each participant contributed a median of five (interquartile range: 3-6) video clips, and a total of 57 unique clips were uploaded onto the CFHealthHub digital platform. Nine of those clips spanned two categories, hence, there were 66 clips across 16 categories. Conclusions The videos were well received though some adults were concerned that comparisons with peers might create anxiety by highlighting the possibility of future decline or current relative underperformance. It is important to sensitively support choice when providing resources aiming to increase vicarious self-efficacy. Our experience may guide the development of similar videos for people with other long-term conditions.

Notes: Hutchings, Marlene Kirkpatrick, Susan Arden, Madelynn A. Drabble, Sarah J. Maguire, Chin Cantrill, Hannah Whelan, Pauline Hoo, Zhe H. Wildman, Martin J.

Arden, Madelynn A/B-8717-2009
Arden, Madelynn A/0000-0002-6199-717X; Hutchings, Marlene/
0000-0002-4710-657X
2168-8184
URL: <Go to ISI>://WOS:000828468400002

Reference Type: Journal Article
Record Number: 438
Author: Huy, P. Q. and Phuc, V. K.
Year: 2022
Title: Insight into the Critical Success Factors of Performance-
Based Budgeting Implementation in the Public Sector for Sustainable
Development in the COVID-19 Pandemic
Journal: Sustainability
Volume: 14
Issue: 20
Date: Oct
Short Title: Insight into the Critical Success Factors of
Performance-Based Budgeting Implementation in the Public Sector for
Sustainable Development in the COVID-19 Pandemic
DOI: 10.3390/su142013198
Article Number: 13198
Accession Number: WOS:000873468800001

Abstract: This research sets its sights on producing a precise and meticulous analysis in order to identify critical success factors (CSFs) of behavioral intention to adopt performance-based budgeting (BIA) during the COVID-19 pandemic. The statistical data employed in this study were drawn from repeated cross-sectional samples of accountants within public sector organizations in relation to BIA, spanning 3 years. In order to bring forth the hypothesized interlinks, the analytical techniques used comprised structural equation modeling and mean comparisons. The analyses of the results substantiated the positive interconnections among CSFs in terms of significance and effect size. On the basis of the degree of stability of the obtained findings, the most stable CSFs of BIA were ascertained. Beyond widening the frontier of knowledge on the benefits of performance-based budgeting (PBB) in public sector organizations and the CSFs of BIA, the obtained findings can guide leaders in public sector organizations to sense and seize how they can become efficient and effective in the journey towards PBB implementation and how they can formulate intense strategies for successfully managing the transformation process. The advantages of a more fine-grained understanding in this research can allow policymakers to promulgate laws and rules for the implementation of PBB.

Notes: Pham Quang Huy Vu Kien Phuc
Quang Huy, Pham/0000-0002-5722-3462
2071-1050
URL: <Go to ISI>://WOS:000873468800001

Reference Type: Journal Article
Record Number: 2232

Author: Huynh, E., Rand, D., McNeill, C., Brown, S., Senechal, M., Wicklow, B., Dart, A., Sellers, E., Dean, H., Blydt-Hansen, T. and McGavock, J.

Year: 2015

Title: Beating Diabetes Together: A Mixed-Methods Analysis of a Feasibility Study of Intensive Lifestyle Intervention for Youth with Type 2 Diabetes

Journal: Canadian Journal of Diabetes

Volume: 39

Issue: 6

Pages: 484-490

Date: Dec

Short Title: Beating Diabetes Together: A Mixed-Methods Analysis of a Feasibility Study of Intensive Lifestyle Intervention for Youth with Type 2 Diabetes

ISSN: 1499-2671

DOI: 10.1016/j.jcjd.2015.09.093

Accession Number: WOS:000367040600008

Abstract: Objectives: The purpose of this study was to assess the feasibility and lived experiences of an intensive group-based lifestyle intervention for youth with type 2 diabetes (Beating Diabetes Together) (BDT). Methods: The study included 12 Indigenous youth with type 2 diabetes (mean age, 14 years; n=9 girls); they participated in a 16-week pilot study of an intensive, group-based lifestyle intervention. We conducted a mixed-methods investigation of the cardiometabolic responses and lived experiences in the intervention. Of the 12 youth with cardiometabolic risk data, 5 youth and 2 mothers participated in semistructured interviews.

Interview participants were purposely selected based on the frequency of attendance and availability. Results: The intervention was well attended (>75% retention), and youth perceived significant benefits from participation. Thematic analysis of the interviews revealed 3 major themes. First, youth and parents described living with type 2 diabetes as being emotionally challenging. They described this experience as being isolating and connected to feelings of guilt and defeat. Second, youth and parents discussed benefits of participating in BDT. They shared the significance of positive relationships and experiences and how those have helped to manage their illness. Third, youth described the aspects that they most enjoyed at BDT. Peer support was an important determinant of physical activity, but they considered dietary changes to be individual behaviours. Glycemic control, blood pressure and anthropometric measures were not different following the intervention. Conclusions: Our findings support the importance of maintaining an inclusive environment and relationship building when designing strategies to promote behaviour modification for Indigenous youth living with type 2 diabetes. (C) 2015 Canadian Diabetes Association. Published by Elsevier Inc. All rights reserved.

Notes: Huynh, Elizabeth Rand, Danielle McNeill, Caitlin Brown, Sarah Senechal, Martin Wicklow, Brandy Dart, Allison Sellers, Elizabeth Dean, Heather Blydt-Hansen, Tom McGavock, Jonathan

Blydt-Hansen, Tom D./0000-0002-8864-0197

2352-3840

URL: <Go to ISI>://WOS:000367040600008

Reference Type: Journal Article

Record Number: 1295

Author: Huynh, T. L. T., Silveira, S. L. and Motl, R. W.

Year: 2022

Title: Systematic review of participant characteristics in theory-based behavior change interventions for physical activity in multiple sclerosis: are we missing those with the greatest potential for lifelong benefits?

Journal: Disability and Rehabilitation

Volume: 44

Issue: 20

Pages: 5784-5803

Date: Sep

Short Title: Systematic review of participant characteristics in theory-based behavior change interventions for physical activity in multiple sclerosis: are we missing those with the greatest potential for lifelong benefits?

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1954705

Accession Number: WOS:000679820500001

Abstract: Purpose This study examined participant characteristics, particularly disease duration, in theory-based physical activity behavior change trials in multiple sclerosis (MS) and summarized theoretical frameworks and changes in physical activity outcomes. Materials and methods PubMed, CINAHL, Embase, and Scopus were searched to identify potential trials. One reviewer screened titles and abstracts, and two reviewers then independently screened full-text articles based on predetermined eligibility criteria. Data were extracted by one reviewer and checked by a second reviewer. Results Among 33 trials reviewed, only one trial reported a mean disease duration of less than five years (i.e., 4.5 years) for the sample. The remaining trials included samples with a mean disease duration of 6.7 years or longer. The most common theories used were Social Cognitive Theory, Trans-theoretical Model, and Motivational Interviewing. The effects on physical activity were heterogeneous; device-measured outcomes increased in 41.4% of studies, self-reported outcomes improved in 72.4%. Adherence ($\geq 80\%$) was reported in 34.5% of studies. Conclusions There is little focus on persons with MS in the early disease course in physical activity behavior change interventions. Future research should include comprehensive theoretical approaches for more homogeneous effects across outcome measures when targeting those in the early stage and all MS populations.

Notes: Huynh, Trinh L. T. Silveira, Stephanie L. Motl, Robert W.

Huynh, Trinh L. T./0000-0002-8109-2394; Silveira, Stephanie/
0000-0002-1973-2119

1464-5165

URL: <Go to ISI>://WOS:000679820500001

Reference Type: Journal Article

Record Number: 223

Author: Huynh, T. L. T., Silveira, S. L. and Motl, R. W.

Year: 2023

Title: Physical activity behavior in persons newly diagnosed with multiple sclerosis: Applying the Capability-Opportunity-Motivation-Behavior

Journal: Multiple Sclerosis and Related Disorders

Volume: 69

Date: Jan

Short Title: Physical activity behavior in persons newly diagnosed with multiple sclerosis: Applying the Capability-Opportunity-Motivation-Behavior

ISSN: 2211-0348

DOI: 10.1016/j.msard.2022.104432

Article Number: 104432

Accession Number: WOS:000974625700001

Abstract: Background: Physical activity (PA) research in multiple sclerosis (MS) typically has not focused on persons newly diagnosed with the disease. This is noteworthy as PA might be most amenable for change in the early stages of MS and further yield long-term benefits over the disease course. Purpose: This study examined correlates of PA based on the Capability-Opportunity-Motivation-Behavior (COM-B) model in persons newly diagnosed with MS. Methods: Participants newly diagnosed with MS (i.e., ≤ 2 years; $n = 152$) completed an online Qualtrics survey that assessed PA levels and COM-B constructs. Multivariate Analysis of Variance and Discriminant Function Analysis identified the constructs that differentiated PA groups. Results: The results indicated that 39.5% and 34.2% of the sample were classified as Insufficiently Active and Not Regularly Active, respectively. The results further identified Intention, Action Control, Action Self-efficacy, Action Planning, Outcome Expectation, Goal Setting, and Recovery Self-efficacy, and Fatigue as the primary correlates of PA in persons newly diagnosed with MS. Conclusions: Our results identified COM-B constructs in the Capability and Motivation domains as the primary correlates of physical activity in persons newly diagnosed with MS. Such research might inform interventions for changing physical activity in this MS subpopulation.

Notes: Huynh, Trinh L. T. Silveira, Stephanie L. Motl, Robert W.

Huynh, Trinh L. T./0000-0002-8109-2394

2211-0356

URL: <Go to ISI>://WOS:000974625700001

Reference Type: Journal Article

Record Number: 69

Author: Hwang, Y., Boyd, M., Naylor, P. J., Rhodes, R. E., Liu, S., Moldenhauer, R., Li, J., Wright, C., Buckler, E. J. and Carson, V.

Year: 2023

Title: Piloting the Virtual PLAYshop Program: A Parent-Focused Physical Literacy Intervention for Early Childhood

Journal: Children-Basel

Volume: 10

Issue: 4

Date: Apr

Short Title: Piloting the Virtual PLAYshop Program: A Parent-Focused Physical Literacy Intervention for Early Childhood

DOI: 10.3390/children10040720

Article Number: 720

Accession Number: WOS:000983139500001

Abstract: The PLAYshop program is a parent-focused physical literacy intervention for early childhood. This single-group mixed-methods pilot study aimed to explore the feasibility of virtually delivering and assessing the PLAYshop program. The virtual PLAYshop program included a virtual workshop, resources/basic equipment, and two booster emails (3-week and 6-week follow-up). Data on 34 preschool-aged children (3-5 years) and their parents from Edmonton and Victoria, Canada, were collected via an online questionnaire, virtual assessment session, and interview at single or multiple time points (baseline, post-workshop, 2-month follow-up). Intraclass correlation coefficients (ICCs), paired t-tests, repeated measures ANOVAs, and thematic analyses were conducted. Regarding feasibility, most parents ($\geq 94\%$) were satisfied/extremely satisfied with the virtual workshop and planned to continue physical literacy activities post-workshop. The virtual assessment protocol for children's fundamental movement skills (FMS; overhand throw, underhand throw, horizontal jump, hop, one-leg balance) was feasible, with high completion rates ($>90\%$) and reliable scoring ($ICC = 0.79-0.99$). For positive changes in potential outcomes, a medium effect size was observed for children's hopping skills ($d = 0.54$), and large effect sizes were observed for several parental outcomes (partial $\eta^2 = 0.20-0.54$). The findings support the feasibility and potential positive outcomes of the virtual PLAYshop program. A larger randomized controlled efficacy trial is recommended.

Notes: Hwang, Yeongho Boyd, Madison Naylor, Patti-Jean Rhodes, Ryan E. Liu, Sam Moldenhauer, Ramiah Li, Joshua Wright, Chris Buckler, E. Jean Carson, Valerie

Rhodes, Ryan/ABB-4896-2020

Rhodes, Ryan/0000-0003-0940-9040
2227-9067

URL: <Go to ISI>://WOS:000983139500001

Reference Type: Journal Article

Record Number: 340

Author: Hwang, A. R., Chagwedera, D. N., Thomas, M., Niu, G., Quan, J., Vittinghoff, E., Schillinger, D., Newcomer, J. W., Gonzalez, A., Essock, S. and Mangurian, C.

Year: 2022

Title: CRANIUM: a quasi-experimental study to improve metabolic screening and HIV testing in community mental health clinics compared to usual care

Journal: BMC Psychiatry

Volume: 22

Issue: 1

Date: Nov

Short Title: CRANIUM: a quasi-experimental study to improve

metabolic screening and HIV testing in community mental health clinics compared to usual care

DOI: 10.1186/s12888-022-04293-4

Article Number: 687

Accession Number: WOS:000880322900001

Abstract: Background Individuals with serious mental illness often do not receive guideline-concordant metabolic screening and human immunodeficiency virus (HIV) testing, contributing to increased morbidity and premature mortality. This study evaluates the effectiveness of CRANIUM (Cardiometabolic Risk Assessment and treatment through a Novel Integration model for Underserved populations with Mental illness), an intervention to increase metabolic screening and HIV testing among patients with serious mental illness in a community mental health clinic compared to usual care. **Methods** The study used a quasi-experimental design, prospectively comparing a preventive care screening intervention at one community mental health clinic (n = 536 patients) to usual care at the remaining clinics within an urban behavioural health system (n = 4,847 patients). Psychiatrists at the intervention site received training in preventive health screening and had access to a primary care consultant, screening and treatment algorithms, patient registries, and a peer support specialist. Outcomes were the change in screening rates of A1c, lipid, and HIV testing post-intervention at the intervention site compared to usual care sites. **Results** Rates of lipid screening and HIV testing increased significantly at the intervention site compared to usual care, with and without multivariable adjustment [Lipid: aOR 1.90, 95% CI 1.32–2.75, P = .001; HIV: aOR 23.42, 95% CI 5.94–92.41, P < .001]. While we observed a significant increase in A1c screening rates at the intervention site, this increase did not persist after multivariable adjustment (aOR 1.37, 95% CI .95–1.99, P = .09). **Conclusions** This low-cost, reverse integrated care model targeting community psychiatrist practices had modest effects on increasing preventive care screenings, with the biggest effect seen for HIV testing rates. Additional incentives and structural supports may be needed to further promote screening practices for individuals with serious mental illness.

Notes: Hwong, Alison R. Chagwedera, D. Nyasha Thomas, Marilyn Niu, Grace Quan, Judy Vittinghoff, Eric Schillinger, Dean Newcomer, John W. Gonzalez, Ana Essock, Susan Mangurian, Christina

1471-244x
URL: <Go to ISI>://WOS:000880322900001

Reference Type: Journal Article

Record Number: 1266

Author: Hynes, L., Durkin, K., Ewell, T., Lilly, C., Williford, D. N., Ahrabi-Nejad, C., Noel, D., Kothari, V., Skoner, D. and Duncan, C. L.

Year: 2022

Title: Pictorial versus written asthma action plans for youth: initial impact on regimen knowledge, medication adherence, symptom control, and family satisfaction

Journal: Journal of Asthma

Volume: 59

Issue: 9

Pages: 1885-1898

Date: Sep

Short Title: Pictorial versus written asthma action plans for youth: initial impact on regimen knowledge, medication adherence, symptom control, and family satisfaction

ISSN: 0277-0903

DOI: 10.1080/02770903.2021.1968427

Accession Number: WOS:000689669200001

Abstract: Objective Asthma action plans (AAP) are recommended to guide asthma management. Written AAPs (WAAPs) are under-utilized and can be difficult to understand. Our study designed and tested a simplified pictorial AAP (PAAP). We hypothesized that better outcomes would be obtained for youth with the PAAP. Methods One hundred and sixty-nine (169) youth (aged 8-17; AAP-naive) were screened for this pilot, 2-arm randomized controlled trial. Feasibility, usability and preliminary efficacy of PAAP compared to a WAAP, for improving outcomes (inhaled corticosteroid (ICS) adherence, symptom control, AAP knowledge, AAP satisfaction) were assessed quantitatively. Youth received an AAP from their physician after completing baseline measures and completed measures at three additional time points (1-, 3-, and 6-month). Results Forty-five youth were recruited (PAAP = 22; WAAP = 23). Youth AAP knowledge was higher for the PAAP group compared to the WAAP group ($p = .017$). ICS adherence did not differ between groups, over time, or based on prescribed dosing; however, for WAAP participants, adherence was lower with a higher daily prescription (4 puffs) relative to a lower dose ($p = .006$). Symptom control improved with both AAPs, but the change was not statistically significant. Lung function did not change significantly by AAP type or time, and literacy variables were not related significantly to outcomes. Youth satisfaction with AAP improved significantly for the PAAP group compared to the WAAP group ($p = .03$). Conclusions Higher AAP knowledge and satisfaction among youth in the PAAP group suggests that structured education from a physician using a PAAP is beneficial. Intervention and study design insights gained will guide future research.

Notes: Hynes, Lisa Durkin, Kristine Ewell, Thomas Lilly, Christa Williford, Desiree N. Ahrabi-Nejad, Corrine Noel, Destiny Kothari, Viral Skoner, David Duncan, Christina L.

Lilly, Christa L/R-6644-2017

Lilly, Christa L/0000-0002-0009-0638; Duncan, Christina/0000-0001-5460-7981; Williford, Desiree/0000-0003-1763-5507; Ahrabi-Nejad, Corrine/0000-0002-3013-0987; Ewell, Thomas/0000-0002-5885-5189; david, skoner/0000-0002-5463-0556
1532-4303

URL: <Go to ISI>://WOS:000689669200001

Reference Type: Journal Article

Record Number: 842

Author: Hynes, L., Murphy, A. W., Hart, N., Kirwan, C., Mulligan, S., Leathem, C., McQuillan, L., Maxwell, M., Carr, E., Walkin, S., McCarthy, C., Bradley, C., Byrne, M., Smith, S. M., Hughes, C.,

Corry, M., Kearney, P. M., McCarthy, G., Cupples, M., Gillespie, P., Newell, J., Glynn, L., Alvarez-Iglesias, A. and Sinnott, C.

Year: 2022

Title: The Multimorbidity Collaborative Medication Review And Decision Making (MyComrade) study: a protocol for a cross-border pilot cluster randomised controlled trial

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Mar

Short Title: The Multimorbidity Collaborative Medication Review And Decision Making (MyComrade) study: a protocol for a cross-border pilot cluster randomised controlled trial

DOI: 10.1186/s40814-022-01018-y

Article Number: 73

Accession Number: WOS:000773932500001

Abstract: Background: While international guidelines recommend medication reviews as part of the management of multimorbidity, evidence on how to implement reviews in practice in primary care is lacking. The Multimorbidity Collaborative Medication Review And Decision Making (MyComrade) intervention is an evidence-based, theoretically informed novel intervention which aims to support the conduct of medication reviews for patients with multimorbidity in primary care. Our aim in this pilot study is to evaluate the feasibility of a trial of the intervention with unique modifications accounting for contextual variations in two neighbouring health systems (Republic of Ireland (ROI) and Northern Ireland (NI)).

Methods: A pilot cluster randomised controlled trial will be conducted, using a mixed-methods process evaluation to investigate the feasibility of a trial of the MyComrade intervention based on pre-defined progression criteria. A total of 16 practices will be recruited (eight in ROI; eight in NI), and four practices in each jurisdiction will be randomly allocated to intervention or control. Twenty people living with multimorbidity and prescribed ≥ 10 repeat medications will be recruited from each practice prior to practice randomisation. In intervention practices, the MyComrade intervention will be delivered by pairs of general practitioners (GPs) in ROI, and a GP and practice-based pharmacist (PBP) in NI. The GPs/GP and PBP will schedule the time to review the medications together using a checklist. Usual care will proceed in practices in the control arm. Data will be collected via electronic health records and postal questionnaires at recruitment and 4 and 8 months after randomisation. Qualitative interviews to assess the feasibility and acceptability of the intervention and explore experiences related to multimorbidity management will be conducted with a purposive sample of GPs, PBPs, practice administration staff and patients in intervention and control practices. The feasibility of conducting a health economic evaluation as part of a future definitive trial will be assessed. Discussion: The findings of this pilot study will assess the feasibility of a trial of the MyComrade intervention in two different health systems. Evaluation of the progression criteria will guide the decision to progress to a definitive trial and inform trial design. The findings will also contribute to the growing evidence-base related to intervention

development and feasibility studies.

Notes: Hynes, Lisa Murphy, Andrew W. Hart, Nigel Kirwan, Collette Mulligan, Sarah Leathem, Claire McQuillan, Laura Maxwell, Marina Carr, Emma Walkin, Scott McCarthy, Caroline Bradley, Colin Byrne, Molly Smith, Susan M. Hughes, Carmel Corry, Maura Kearney, Patricia M. McCarthy, Geraldine Cupples, Margaret Gillespie, Paddy Newell, John Glynn, Liam Alvarez-Iglesias, Alberto Sinnott, Carol Gillespie, Paddy/C-6642-2015; Glynn, Liam G/C-1586-2009 Gillespie, Paddy/0000-0001-6297-9478; Byrne, Molly/0000-0001-8900-4320; McCarthy, Caroline/0000-0002-2986-5994 2055-5784
URL: <Go to ISI>://WOS:000773932500001

Reference Type: Journal Article

Record Number: 27

Author: Iankilevitch, M., Singh, G. and Russo, F. A.

Year: 2023

Title: A Scoping Review and Field Guide of Theoretical Approaches and Recommendations to Studying the Decision to Adopt Hearing Aids

Journal: Ear and Hearing

Volume: 44

Issue: 3

Pages: 460-476

Date: May-Jun

Short Title: A Scoping Review and Field Guide of Theoretical Approaches and Recommendations to Studying the Decision to Adopt Hearing Aids

ISSN: 0196-0202

DOI: 10.1097/aud.0000000000001311

Accession Number: WOS:000970898500004

Abstract: Objectives: Given the low rates of hearing aid adoption among individuals with hearing loss, it is imperative to better understand the decision-making processes leading to greater hearing aid uptake. A careful analysis of the existing literature on theoretical approaches to studying these processes is needed to help researchers frame hypotheses and methodology in studies on audiology. Therefore, we conducted a scoping review with two aims. First, we examine theories that have been used to study research on hearing aid adoption. Second, we propose additional theories from the behavioral sciences that have not yet been used to examine hearing aid uptake but that can inform future research. Design: We identified peer-reviewed publications whose research was driven by one or more theoretical approaches by searching through PubMed, ProQuest PsycINFO, CINHAI Plus, Web of Science, Scopus, and OVID Medline/Embase/PsycINFO. The publications were examined by two researchers for eligibility. Results: Twenty-three papers were included in the analysis. The most common theoretical approaches studied include the Health Belief Model, the Transtheoretical Model of Behavior Change, Self-Determination Theory, and the COM-B Model. Seven other theoretical frameworks based on cognitive psychology and behavioral economics have also appeared in the literature. In addition, we propose considering nudge theory, framing effect, prospect theory, social learning theory, social identity theory,

dual process theories, and affective-based theories of decision making when studying hearing aid adoption. Conclusions: We conclude that, although a number of theories have been considered in research on hearing aid uptake, there are considerable methodological limitations to their use. Furthermore, the field can benefit greatly from the inclusion of novel theoretical approaches drawn from outside of audiology.

Notes: Iankilevitch, Maria Singh, Gurjit Russo, Frank A. 1538-4667

URL: <Go to ISI>://WOS:000970898500004

Reference Type: Journal Article

Record Number: 1446

Author: Ibrahim, A., Zhang, H., Clinch, S., Poliakoff, E., Parsia, B. and Harper, S.

Year: 2021

Title: Digital Phenotypes for Understanding Individuals' Compliance With COVID-19 Policies and Personalized Nudges: Longitudinal Observational Study

Journal: Jmir Formative Research

Volume: 5

Issue: 5

Date: May

Short Title: Digital Phenotypes for Understanding Individuals' Compliance With COVID-19 Policies and Personalized Nudges: Longitudinal Observational Study

DOI: 10.2196/23461

Article Number: e23461

Accession Number: WOS:000853669900038

Abstract: Background: Governments promote behavioral policies such as social distancing and phased reopening to control the spread of COVID-19. Digital phenotyping helps promote the compliance with these policies through the personalized behavioral knowledge it produces. Objective: This study investigated the value of smartphone-derived digital phenotypes in (1) analyzing individuals' compliance with COVID-19 policies through behavioral responses and (2) suggesting ways to personalize communication through those policies. Methods: We conducted longitudinal experiments that started before the outbreak of COVID-19 and continued during the pandemic. A total of 16 participants were recruited before the pandemic, and a smartphone sensing app was installed for each of them. We then assessed individual compliance with COVID-19 policies and their impact on habitual behaviors. Results: Our results show a significant change in people's mobility ($P < .001$) as a result of COVID-19 regulations, from an average of 10 visited places every week to approximately 2 places a week. We also discussed our results within the context of nudges used by the National Health Service in the United Kingdom to promote COVID-19 regulations. Conclusions: Our findings show that digital phenotyping has substantial value in understanding people's behavior during a pandemic. Behavioral features extracted from digital phenotypes can facilitate the personalization of and compliance with behavioral policies. A rule-based messaging system can be implemented to deliver nudges on the

basis of digital phenotyping.

Notes: Ibrahim, Ahmed Zhang, Heng Clinch, Sarah Poliakoff, Ellen Parsia, Bijan Harper, Simon

Poliakoff, Ellen/N-9910-2015

Poliakoff, Ellen/0000-0003-4975-7787; Ibrahim, Ahmed/

0000-0002-4306-6400; Parsia, Bijan/0000-0002-3222-7571; Harper,

Simon/0000-0001-9301-5049; Zhang, Heng/0000-0003-1740-1831

2561-326x

URL: <Go to ISI>://WOS:000853669900038

Reference Type: Journal Article

Record Number: 927

Author: Ierano, C., Rajkhowa, A., Gotterson, F., Marshall, C., Peel, T., Ayton, D. and Thursky, K.

Year: 2022

Title: Opportunities for nurse involvement in surgical antimicrobial stewardship strategies: A qualitative study

Journal: International Journal of Nursing Studies

Volume: 128

Date: Apr

Short Title: Opportunities for nurse involvement in surgical antimicrobial stewardship strategies: A qualitative study

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2022.104186

Article Number: 104186

Accession Number: WOS:000820366100010

Abstract: Background Multi-disciplinary antimicrobial stewardship teams are a common strategy employed to optimise antimicrobial prescribing. Nurses play a pivotal role in patient care and safety; however, their role and potential opportunities across surgical antimicrobial stewardship are not well-established. This study aims to highlight health professional perspectives of the nurse's role and relevant opportunities for nurses to engage in and lead surgical antimicrobial stewardship initiatives. Methods An exploratory, multi-site, collective qualitative case study. Transcribed audio-recordings of focus groups with health professionals underwent thematic analysis, with mapping to established frameworks. Results: Four key themes were identified; surgical antimicrobial prophylaxis is not prioritised for quality improvement, but nurses perceive benefits from surgical antimicrobial prophylaxis education and training; professional hierarchy hinders nurse engagement and leadership in antimicrobial stewardship; nurses are consistently engaged with patient care throughout the surgical journey; and clarity of roles and accountability for surgical antimicrobial prophylaxis review and follow-up can bolster quality improvement initiatives. Discussion: Many opportunities exist for nurse engagement in surgical antimicrobial stewardship. Identification of barriers and enablers support theoretically informed strategies i.e., education and guideline accessibility; multidisciplinary collaborations; executive support for nursing capacity building and the standardisation of surgical antimicrobial prophylaxis workflow and documentation. Conclusions: Nurses are critical to patient safety and to supporting antimicrobial stewardship, in the operating

theatre, and throughout the patient's surgical journey. Applying theoretical frameworks to understand barriers and enablers to nurses' contribution to antimicrobial stewardship has given insights to inform interventions to support nurse engagement. Tweetable abstract: Nurses are critical for patient safety. Many opportunities exist to support them as surgical antimicrobial stewards. (C) 2022 Elsevier Ltd. All rights reserved.

Notes: Ierano, Courtney Rajkhowa, Arjun Gotterson, Fiona Marshall, Caroline Peel, Trisha Ayton, Darshini Thursky, Karin thursky, karin/AAV-4524-2021; Ierano, Courtney/V-1047-2017 Marshall, Caroline/0000-0001-5901-2004; Ierano, Courtney/0000-0002-5472-8895; Ayton, Darshini/0000-0002-2754-2024; Gotterson, Fiona/0000-0001-5705-2344

1873-491x

URL: <Go to ISI>://WOS:000820366100010

Reference Type: Journal Article

Record Number: 2344

Author: Igwesi-Chidobe, C. N., Godfrey, E. L. and Kengne, A. P.

Year: 2015

Title: Effective components of exercise and physical activity-related behaviour-change interventions for chronic non-communicable diseases in Africa: protocol for a systematic mixed studies review with meta-analysis

Journal: Bmj Open

Volume: 5

Issue: 8

Short Title: Effective components of exercise and physical activity-related behaviour-change interventions for chronic non-communicable diseases in Africa: protocol for a systematic mixed studies review with meta-analysis

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2015-008036

Article Number: e008036

Accession Number: WOS:000363479100035

Abstract: Introduction: Chronic non-communicable diseases (NCDs) account for a high burden of mortality and morbidity in Africa. Evidence-based clinical guidelines recommend exercise training and promotion of physical activity behaviour changes to control NCDs. Developing such interventions in Africa requires an understanding of the essential components that make them effective in this context. This is a protocol for a systematic mixed studies review that aims to determine the effective components of exercise and physical activity-related behaviour-change interventions for chronic diseases in Africa, by combining quantitative and qualitative research evidence from studies published until July 2015. Methods and analysis: We will conduct a detailed search to identify all published and unpublished studies that assessed the effects of exercise and physical activity-related interventions or the experiences/perspectives of patients to these interventions for NCDs from bibliographic databases and the grey literature. Bibliographic databases include MEDLINE, EMBASE, CENTRAL (Cochrane Central Register of Controlled Trials), PsycINFO, CINAHL and Web of Science.

We will include the following African regional databases: African Index Medicus (AIM) and AFROLIB, which is the WHO's regional office database for Africa. The databases will be searched from inception until 18 July 2015. Appraisal of study quality will be performed after results synthesis. Data synthesis will be performed independently for quantitative and qualitative data using a mixed methods sequential explanatory synthesis for systematic mixed studies reviews. Meta-analysis will be conducted for the quantitative studies, and thematic synthesis for qualitative studies and qualitative results from the non-controlled observational studies. The primary outcome will include exercise adherence and physical activity behaviour changes. This review protocol is reported according to Preferred Reporting Items for Systematic reviews and Meta-Analysis protocols (PRISMA-P) 2015 guidelines. Ethics and dissemination: There is no ethical requirement for this study, as it utilises published data. This review is expected to inform the development of exercise and physical activity-related behaviour-change interventions in Africa, and will be presented at conferences, and published in peer reviewed journals and a PhD thesis at King's College London.

Notes: Igwesi-Chidobe, Chinonso N. Godfrey, Emma L. Kengne, Andre P. Kengne, Andre Pascal/ABB-3696-2020

Kengne, Andre Pascal/0000-0002-5183-131X; Godfrey, Emma/0000-0001-8995-9653

URL: <Go to ISI>://WOS:000363479100035

Reference Type: Journal Article

Record Number: 1857

Author: Igwesi-Chidobe, C. N., Kengne, A. P., Sorinola, I. O. and Godfrey, E. L.

Year: 2018

Title: Physical activity containing behavioural interventions for adults living with modifiable chronic non-communicable diseases in Africa: a systematic mixed-studies review

Journal: International Health

Volume: 10

Issue: 3

Pages: 137-148

Date: May

Short Title: Physical activity containing behavioural interventions for adults living with modifiable chronic non-communicable diseases in Africa: a systematic mixed-studies review

ISSN: 1876-3413

DOI: 10.1093/inthealth/ihy013

Accession Number: WOS:000432293900001

Abstract: Background: Physical activity improves physiological, cognitive and psychosocial functioning in chronic non-communicable diseases (NCDs). This study reviewed papers on the effects and patients' experiences of physical activity interventions for chronic NCDs in Africa. Methods: We conducted a systematic review of clinical and qualitative studies by searching eight bibliographic databases and grey literature until 19 April 2017. The mixed-methods appraisal and Cochrane Collaboration's tools were used for quality

and risk of bias assessments. Three-stage sequential explanatory syntheses were done. Results: One randomized controlled trial (RCT), two non-controlled before and after studies and two qualitative studies of diabetic South African and Reunion patients were included. Exercise and sports unrelated to home and occupational activities were increased in the long term (1 year, moderate quality evidence) and short term immediately after a 4-week intervention (low quality evidence). There was conflicting evidence of intervention effects on home and occupational physical activities. Behaviour-change techniques improving chronic disease knowledge, addressing environmental barriers and stimulating/supporting physical activity were important to patients. Procedure-related components-health professional training and adequate health facilities-were important to patients, but were not addressed. Conclusion: High quality RCTs are needed to confirm the intervention components for improving physical activity for chronic NCD management in Africa.

Notes: Igwesi-Chidobe, Chinonso N. Kengne, Andre P. Sorinola, Isaac O. Godfrey, Emma L.

Sorinola, Isaac 0/G-4952-2010; Kengne, Andre Pascal/ABB-3696-2020

Sorinola, Isaac 0/0000-0003-1681-049X; Kengne, Andre Pascal/

0000-0002-5183-131X; Godfrey, Emma/0000-0001-8995-9653

1876-3405

URL: <Go to ISI>://WOS:000432293900001

Reference Type: Journal Article

Record Number: 705

Author: Iliano, E., Beeckman, M., Latomme, J. and Cardon, G.

Year: 2022

Title: The GRANDPACT Project: The Development and Evaluation of an Intergenerational Program for Grandchildren and Their Grandparents to Stimulate Physical Activity and Cognitive Function Using Co-Creation

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 12

Date: Jun

Short Title: The GRANDPACT Project: The Development and Evaluation of an Intergenerational Program for Grandchildren and Their Grandparents to Stimulate Physical Activity and Cognitive Function Using Co-Creation

DOI: 10.3390/ijerph19127150

Article Number: 7150

Accession Number: WOS:000816089700001

Abstract: In recent years, increased attention has been devoted to intergenerational physical activity (PA) programs because they may have several benefits for both children and older adults (e.g., the reduction of ageism). An intergenerational PA program focusing on grandchildren and grandparents in a 'standard' family setting that combines PA and cognitive function is innovative and may hold potential for promoting PA and improving cognitive functioning in both grandchildren and grandparents. The aim of this study is to

describe the protocol of the GRANDPACT (GRANDparents and GRANDchildren improve their Physical Activity and Cognitive functions using co-creaTion) Project, focusing on the development of an intergenerational, cognitively enriched, movement program for grandchildren and grandparents using the theoretical framework of the "Behaviour Change Wheel" in combination with a co-creation approach. Two co-creation trajectories will be organized to develop the program, followed by a pilot study to refine the program and an RCT with a pre-test (at baseline), a post-test (after 24 weeks), and a follow-up (after 36 weeks) to measure the outcomes of co-PA, cognitive functions, psychosocial well-being, and the quality of the family relationship ingrandchildren and grandparents. The outcomes will be measured using accelerometry for PA, the Cambridge Neuropsychological Test Automated Battery (CANTAB) for cognitive functions, and questionnaires for the psychological well-being and quality of the family relationship. Co-development with end-users and stakeholders during both co-creation trajectories is expected to result in an effective, attractive, and feasible program. Co-PA is expected to improve PA, cognitive functioning, psychosocial well-being, and the quality of the family relationships between grandchildren and grandparents.

Notes: Iliano, Evelien Beeckman, Melanie Latomme, Julie Cardon, Greet

Cardon, Greet/AEK-0110-2022

Cardon, Greet/0000-0003-4983-6557; Iliano, Evelien/
0000-0002-8858-8333

1660-4601

URL: <Go to ISI>://WOS:000816089700001

Reference Type: Journal Article

Record Number: 851

Author: Inhulsen, Mbmr, Busch, V. and van Stralen, M. M.

Year: 2022

Title: Effect Evaluation of a School-Based Intervention Promoting Sleep in Adolescents: A Cluster-Randomized Controlled Trial

Journal: Journal of School Health

Volume: 92

Issue: 6

Pages: 550-560

Date: Jun

Short Title: Effect Evaluation of a School-Based Intervention Promoting Sleep in Adolescents: A Cluster-Randomized Controlled Trial

ISSN: 0022-4391

DOI: 10.1111/josh.13175

Accession Number: WOS:000771140400001

Abstract: BACKGROUND This study evaluated the effect of the school-based intervention Charge Your Brainzzz on adolescents' social-cognitive determinants, sleep hygiene and sleep duration and quality. METHODS A cluster-randomized controlled trial was conducted with 972 students from 10 Dutch high schools. Schools were randomly allocated to the intervention (N = 5) or control condition (N = 5). Outcomes were measured with the digital Consensus Sleep Diary and

via a digital questionnaire, based on valid measures. Data were collected at baseline (T0), +/- 1.5 weeks post-intervention (T1) and +/- 3 months post-intervention (T2). Mixed model analyses were performed to estimate the effects on social-cognitive determinants, sleep hygiene, and sleep outcomes. RESULTS The intervention increased sleep knowledge post-intervention (b = 1.91; 95%CI: 1.22-2.60) and at follow up (b = 1.40; 95%CI: 0.70-2.10). The intervention was also effective in changing adolescents' attitudes (b = 0.10; 95%CI: 0.01-0.19) and perceived behavioral control (b = 0.11; 95%CI: 0.01-0.22) post-intervention. No positive changes were found regarding subjective norms, behavioral intentions, sleep hygiene, or sleep outcomes. CONCLUSIONS The intervention improved adolescents' sleep knowledge, attitude, and perceived behavioral control. To significantly impact sleep health, theoretically sound and systematically developed interventions are needed which take into account the interplay between sleep, sleep-related behaviors, and adolescents' social and physical environment. CLINICAL TRIAL REGISTRATION Trial name: Evaluation of the school-based intervention Charge Your Brainzzz promoting sleep in adolescents; URL: ; ID: ISRCTN36701918.

Notes: Inhulsen, Maj-Britt M. R. Busch, Vincent van Stralen, Maartje M.

van Stralen, Marijn/A-8552-2011

van Stralen, Marijn/0000-0002-3051-5000; Inhulsen, Maj-Britt/0000-0002-3046-7475; van Stralen, Maartje/0000-0001-5534-4271
1746-1561

URL: <Go to ISI>://WOS:000771140400001

Reference Type: Journal Article

Record Number: 1551

Author: Innes, G. K., Markos, A., Dalton, K. R., Gould, C. A., Nachman, K. E., Fanzo, J., Barnhill, A., Frattaroli, S. and Davis, M. F.

Year: 2021

Title: How animal agriculture stakeholders define, perceive, and are impacted by antimicrobial resistance: challenging the Wellcome Trust's Reframing Resistance principles

Journal: Agriculture and Human Values

Volume: 38

Issue: 4

Pages: 893-909

Date: Dec

Short Title: How animal agriculture stakeholders define, perceive, and are impacted by antimicrobial resistance: challenging the Wellcome Trust's Reframing Resistance principles

ISSN: 0889-048X

DOI: 10.1007/s10460-021-10197-y

Accession Number: WOS:000618123200001

Abstract: Humans, animals, and the environment face a universal crisis: antimicrobial resistance (AR). Addressing AR and its multi-disciplinary causes across many sectors including in human and veterinary medicine remains underdeveloped. One barrier to AR efforts is an inconsistent process to incorporate the plenitude of

stakeholders about what AR is and how to stifle its development and spread—especially stakeholders from the animal agriculture sector, one of the largest purchasers of antimicrobial drugs. In 2019, The Wellcome Trust released Reframing Resistance: How to communicate about antimicrobial resistance effectively (Reframing Resistance), which proposed the need to establish a consistent and harmonized messaging effort that describes the AR crisis and its global implications for health and wellbeing across all stakeholders. Yet, Reframing Resistance does not specifically engage the animal agriculture community. This study investigates the gap between two principles recommended by Reframing Resistance and animal agriculture stakeholders. For this analysis, the research group conducted 31 semi-structured interviews with a diverse group of United States animal agriculture stakeholders. Participants reported attitudes, beliefs, and practices about a variety of issues, including how they defined AR and what entities the AR crisis impacts most. Exploration of Reframing Resistance's Principle 2, "explain the fundamentals succinctly" and Principle 3, "emphasis that this is universal issue; it can affect anyone, including you" reveals disagreement in both the fundamentals of AR and consensus of "who" the AR crisis impacts. Principle 2 may do better to acknowledge that animal agriculture stakeholders espouse a complex array of perspectives that cannot be summed up in a single perspective or principle. As a primary tool to combat AR, behavior change must be accomplished first through outreach to stakeholder groups and understanding their perspectives.

Notes: Innes, Gabriel K. Markos, Agnes Dalton, Kathryn R. Gould, Caitlin A. Nachman, Keeve E. Fanzo, Jessica Barnhill, Anne Frattaroli, Shannon Davis, Meghan F.

Fanzo, Jessica/HCH-3533-2022

Innes, Gabriel/0000-0002-8206-3608; Nachman, Keeve/0000-0003-4925-4151; Gould, Caitlin/0000-0002-3240-2042; Davis, Meghan/0000-0002-3475-4578

1572-8366

URL: <Go to ISI>://WOS:000618123200001

Reference Type: Journal Article

Record Number: 1593

Author: Iribarren, S. J., Akande, T. O., Kamp, K. J., Barry, D., Kader, Y. G. and Suelzer, E.

Year: 2021

Title: Effectiveness of Mobile Apps to Promote Health and Manage Disease: Systematic Review and Meta-analysis of Randomized Controlled Trials

Journal: Jmir Mhealth and Uhealth

Volume: 9

Issue: 1

Date: Jan

Short Title: Effectiveness of Mobile Apps to Promote Health and Manage Disease: Systematic Review and Meta-analysis of Randomized Controlled Trials

ISSN: 2291-5222

DOI: 10.2196/21563

Accession Number: WOS:000635284400001

Abstract: Background: Interventions aimed at modifying behavior for promoting health and disease management are traditionally resource intensive and difficult to scale. Mobile health apps are being used for these purposes; however, their effects on health outcomes have been mixed. Objective: This study aims to summarize the evidence of rigorously evaluated health-related apps on health outcomes and explore the effects of features present in studies that reported a statistically significant difference in health outcomes. Methods: A literature search was conducted in 7 databases (MEDLINE, Scopus, PsycINFO, CINAHL, Global Index Medicus, Cochrane Central Register of Controlled Trials, and Cochrane Database of Systematic Reviews). A total of 5 reviewers independently screened and extracted the study characteristics. We used a random-effects model to calculate the pooled effect size estimates for meta-analysis. Sensitivity analysis was conducted based on follow-up time, stand-alone app interventions, level of personalization, and pilot studies. Logistic regression was used to examine the structure of app features. Results: From the database searches, 8230 records were initially identified. Of these, 172 met the inclusion criteria. Studies were predominantly conducted in high-income countries (164/172, 94.3%). The majority had follow-up periods of 6 months or less (143/172, 83.1%). Over half of the interventions were delivered by a stand-alone app (106/172, 61.6%). Static/one-size-fits-all (97/172, 56.4%) was the most common level of personalization. Intervention frequency was daily or more frequent for the majority of the studies (123/172, 71.5%). A total of 156 studies involving 21,422 participants reported continuous health outcome data. The use of an app to modify behavior (either as a stand-alone or as part of a larger intervention) confers a slight/weak advantage over standard care in health interventions (standardized mean difference=0.38 [95% CI 0.31-0.45]; I²=80%), although heterogeneity was high. Conclusions: The evidence in the literature demonstrates a steady increase in the rigorous evaluation of apps aimed at modifying behavior to promote health and manage disease. Although the literature is growing, the evidence that apps can improve health outcomes is weak. This finding may reflect the need for improved methodological and evaluative approaches to the development and assessment of health care improvement apps. Trial Registration: PROSPERO International Prospective Register of Systematic Reviews CRD42018106868; https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=106868 Notes: Iribarren, Sarah J. Akande, Tokunbo O. Kamp, Kendra J. Barry, Dwight Kader, Yazan G. Suelzer, Elizabeth Suelzer, Elizabeth/AA0-4039-2020 Suelzer, Elizabeth/0000-0002-1809-8080; Kamp, Kendra/0000-0002-7753-3564; AKANDE, TOKUNBO/0000-0003-3371-9217; Iribarren, Sarah/0000-0003-2980-0717 URL: <Go to ISI>://WOS:000635284400001

Reference Type: Journal Article

Record Number: 1773

Author: Issom, D. Z., Henriksen, A., Woldaregay, A. Z., Rochat, J., Lovis, C. and Hartvigsen, G.

Year: 2020

Title: Factors Influencing Motivation and Engagement in Mobile Health Among Patients With Sickle Cell Disease in Low-Prevalence, High-Income Countries: Qualitative Exploration of Patient Requirements

Journal: Jmir Human Factors

Volume: 7

Issue: 1

Date: Jan-Mar

Short Title: Factors Influencing Motivation and Engagement in Mobile Health Among Patients With Sickle Cell Disease in Low-Prevalence, High-Income Countries: Qualitative Exploration of Patient Requirements

ISSN: 2292-9495

DOI: 10.2196/14599

Article Number: e14599

Accession Number: WOS:000787608100006

Abstract: Background: Sickle cell disease (SCD) is a hematological genetic disease affecting over 25 million people worldwide. The main clinical manifestations of SCD, hemolytic anemia and vaso-occlusion, lead to chronic pain and organ damages. With recent advances in childhood care, high-income countries have seen SCD drift from a disease of early childhood mortality to a neglected chronic disease of adulthood. In particular, coordinated, preventive, and comprehensive care for adults with SCD is largely underresourced. Consequently, patients are left to self-manage. Mobile health (mHealth) apps for chronic disease self-management are now flooding app stores. However, evidence remains unclear about their effectiveness, and the literature indicates low user engagement and poor adoption rates. Finally, few apps have been developed for people with SCD and none encompasses their numerous and complex self-care management needs. Objective: This study aimed to identify factors that may influence the long-term engagement and user adoption of mHealth among the particularly isolated community of adult patients with SCD living in low-prevalence, high-income countries. Methods: Semistructured interviews were conducted. Interviews were audiotaped, transcribed verbatim, and analyzed using thematic analysis. Analysis was informed by the Braun and Clarke framework and mapped to the COM-B model (capability, opportunity, motivation, and behavior). Results were classified into high-level functional requirements (FRs) and nonfunctional requirements (NFRs) to guide the development of future mHealth interventions. Results: Overall, 6 males and 4 females were interviewed (aged between 21 and 55 years). Thirty FRs and 31 NFRs were extracted from the analysis. Most participants (8/10) were concerned about increasing their physical capabilities being able to stop pain symptoms quickly. Regarding the psychological capability aspects, all interviewees desired to receive trustworthy feedback on their self-care management practices. About their physical opportunities, most (7/10) expressed a strong desire to receive alerts when they would reach their own physiological limitations (ie, during physical activity). Concerning social opportunity, most (9/10) reported wanting to learn about the self-care practices of other patients. Relating to motivational aspects, many interviewees (6/10) stressed

their need to learn how to avoid the symptoms and live as normal a life as possible. Finally, NFRs included inconspicuousness and customizability of user experience, automatic data collection, data shareability, and data privacy. Conclusions: Our findings suggest that motivation and engagement with mHealth technologies among the studied population could be increased by providing features that clearly benefit them. Self-management support and self-care decision aid are patients' major demands. As the complexity of SCD self-management requires a high cognitive load, pervasive health technologies such as wearable sensors, implantable devices, or inconspicuous conversational user interfaces should be explored to ease it. Some of the required technologies already exist but must be integrated, bundled, adapted, or improved to meet the specific needs of people with SCD.

Notes: Issom, David-Zacharie Henriksen, Andre Woldaregay, Ashenafi Zebene Rochat, Jessica Lovis, Christian Hartvigsen, Gunnar Henriksen, André/AAM-7039-2021; Lovis, Christian/D-2634-2012; Hartvigsen, Gunnar/L-1646-2013; Henriksen, André/0000-0002-0918-7444; Lovis, Christian/0000-0002-2681-8076; Issom, David-Zacharie/0000-0001-6604-6595; Rochat, Jessica/0000-0001-8438-6745; Hartvigsen, Gunnar/0000-0001-8771-9867
URL: <Go to ISI>://WOS:000787608100006

Reference Type: Journal Article

Record Number: 1314

Author: Iturralde, E., Hsiao, C. A., Nkemere, L., Kubo, A., Sterling, S. A., Flanagan, T. and Avalos, L. A.

Year: 2021

Title: Engagement in perinatal depression treatment: a qualitative study of barriers across and within racial/ethnic groups

Journal: BMC Pregnancy and Childbirth

Volume: 21

Issue: 1

Date: Jul

Short Title: Engagement in perinatal depression treatment: a qualitative study of barriers across and within racial/ethnic groups

DOI: 10.1186/s12884-021-03969-1

Article Number: 512

Accession Number: WOS:000675365200003

Abstract: Background To better understand previously observed racial/ethnic disparities in perinatal depression treatment rates we examined care engagement factors across and within race/ethnicity. Methods Obstetric patients and women's health clinician experts from a large healthcare system participated in this qualitative study. We conducted focus groups with 30 pregnant or postpartum women of Asian, Black, Latina, and White race/ethnicity with positive depression screens. Nine clinician experts in perinatal depression (obstetric, mental health, and primary care providers) were interviewed. A semi-structured format elicited treatment barriers, cultural factors, and helpful strategies. Discussion transcripts were coded using a general inductive approach with themes mapped to the Capability-Opportunity-Motivation-Behavior (COM-B) theoretical

framework. Results Treatment barriers included social stigma, difficulties recognizing one's own depression, low understanding of treatment options, and lack of time for treatment. Distinct factors emerged for non-White women including culturally specific messages discouraging treatment, low social support, trauma history, and difficulty taking time off from work for treatment. Clinician factors included knowledge and skill handling perinatal depression, cultural competencies, and language barriers. Participants recommended better integration of mental health treatment with obstetric care, greater treatment convenience (e.g., telemedicine), and programmatic attention to cultural factors and social determinants of health. Conclusions Women from diverse backgrounds with perinatal depression encounter individual-level, social, and clinician-related barriers to treatment engagement, necessitating care strategies that reduce stigma, offer convenience, and attend to cultural and economic factors. Our findings suggest the importance of intervention and policy approaches effecting change at multiple levels to increase perinatal depression treatment engagement.

Notes: Iturralde, Esti Hsiao, Crystal A. Nkemere, Linda Kubo, Ai Sterling, Stacy A. Flanagan, Tracy Avalos, Lyndsay A. Avalos, Lyndsay/0000-0001-8748-0614; Hsiao, Crystal/0000-0003-0806-2671

1471-2393

URL: <Go to ISI>://WOS:000675365200003

Reference Type: Journal Article

Record Number: 2459

Author: Jabbour, M., Curran, J., Scott, S. D., Guttman, A., Rotter, T., Ducharme, F. M., Lougheed, M. D., McNaughton-Filion, M. L., Newton, A., Shafir, M., Paprica, A., Klassen, T., Taljaard, M., Grimshaw, J. and Johnson, D. W.

Year: 2013

Title: Best strategies to implement clinical pathways in an emergency department setting: study protocol for a cluster randomized controlled trial

Journal: Implementation Science

Volume: 8

Date: May

Short Title: Best strategies to implement clinical pathways in an emergency department setting: study protocol for a cluster randomized controlled trial

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-55

Article Number: 55

Accession Number: WOS:000319990700001

Abstract: Background: The clinical pathway is a tool that operationalizes best evidence recommendations and clinical practice guidelines in an accessible format for 'point of care' management by multidisciplinary health teams in hospital settings. While high-quality, expert-developed clinical pathways have many potential benefits, their impact has been limited by variable implementation strategies and suboptimal research designs. Best strategies for implementing pathways into hospital settings remain unknown. This

study will seek to develop and comprehensively evaluate best strategies for effective local implementation of externally developed expert clinical pathways. Design/methods: We will develop a theory-based and knowledge user-informed intervention strategy to implement two pediatric clinical pathways: asthma and gastroenteritis. Using a balanced incomplete block design, we will randomize 16 community emergency departments to receive the intervention for one clinical pathway and serve as control for the alternate clinical pathway, thus conducting two cluster randomized controlled trials to evaluate this implementation intervention. A minimization procedure will be used to randomize sites. Intervention sites will receive a tailored strategy to support full clinical pathway implementation. We will evaluate implementation strategy effectiveness through measurement of relevant process and clinical outcomes. The primary process outcome will be the presence of an appropriately completed clinical pathway on the chart for relevant patients. Primary clinical outcomes for each clinical pathway include the following: Asthma—the proportion of asthmatic patients treated appropriately with corticosteroids in the emergency department and at discharge; and Gastroenteritis—the proportion of relevant patients appropriately treated with oral rehydration therapy. Data sources include chart audits, administrative databases, environmental scans, and qualitative interviews. We will also conduct an overall process evaluation to assess the implementation strategy and an economic analysis to evaluate implementation costs and benefits. Discussion: This study will contribute to the body of evidence supporting effective strategies for clinical pathway implementation, and ultimately reducing the research to practice gaps by operationalizing best evidence care recommendations through effective use of clinical pathways.

Notes: Jabbour, Mona Curran, Janet Scott, Shannon D. Guttman, Astrid Rotter, Thomas Ducharme, Francine M. Lougheed, M. Diane McNaughton-Filion, M. Louise Newton, Amanda Shafir, Mark Paprica, Alison Klassen, Terry Taljaard, Monica Grimshaw, Jeremy Johnson, David W. paprica, alison/HJA-2693-2022; Grimshaw, Jeremy/D-8726-2013; Ducharme, Francine/N-8332-2013

Ducharme, Francine/0000-0001-5096-0614; Taljaard, Monica/0000-0002-3978-8961; Paprica, P. Alison/0000-0001-6362-7087; Scott, Shannon D./0000-0002-2251-3742; Klassen, Terry/0000-0002-5309-7091; Grimshaw, Jeremy/0000-0001-8015-8243; Curran, Janet/0000-0001-9977-0467

URL: <Go to ISI>://WOS:000319990700001

Reference Type: Journal Article

Record Number: 2117

Author: Jabbour, M., Reid, S., Polihronis, C., Cloutier, P., Gardner, W., Kennedy, A., Gray, C., Zemek, R., Pajer, K., Barrowman, N. and Cappelli, M.

Year: 2016

Title: Improving mental health care transitions for children and youth: a protocol to implement and evaluate an emergency department clinical pathway

Journal: Implementation Science

Volume: 11

Date: Jul

Short Title: Improving mental health care transitions for children and youth: a protocol to implement and evaluate an emergency department clinical pathway

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0456-9

Article Number: 90

Accession Number: WOS:000381661300002

Abstract: Background: While the emergency department (ED) is often a first point of entry for children and youth with mental health (MH) concerns, there is a limited capacity to respond to MH needs in this setting. Child MH systems are typically fragmented among multiple ministries, organizations, and providers. Communication among these groups is often poor, resulting in gaps, particularly in transitions of care, for this vulnerable population. The evidence-based Emergency Department Mental Health Clinical Pathway (EDMHCP) was created with two main goals: (1) to guide risk assessment and disposition decision-making for children and youth presenting to the ED with MH concerns and (2) to provide a streamlined transition to follow-up services with community MH agencies (CMHAs) and other providers. The purpose of this paper is to describe our study protocol to implement and evaluate the EDMHCP. Methods/design: This mixed methods health services research project will involve implementation and evaluation of the EDMHCP in four exemplar ED-CMHA dyads. The Theoretical Domains Framework will be used to develop a tailored intervention strategy to implement the EDMHCP. A multiple baseline study design and interrupted time-series analysis will be used to determine if the EDMHCP has improved health care utilization, medical management of the MH problems, and health sector coordination. The primary process outcome will be the proportion of patients with MH-specific recommendations documented in the health record. The primary service outcome will be the proportion of patients receiving the EDMHCP-recommended follow-up at 24-h or at 7 days. Data sources will include qualitative interviews, health record audits, administrative databases, and patient surveys. A concurrent process evaluation will be conducted to assess the degree of variability and fidelity in implementation across the sites. Discussion: This paper presents a novel model for measuring the effects of the EDMHCP. Our development process will identify how the EDMHCP is best implemented among partner organizations to deliver evidence-based risk management of children and youth presenting with MH concerns. More broadly, it will contribute to the body of evidence supporting clinical pathway implementation within novel partnerships.

Notes: Jabbour, Mona Reid, S. Polihronis, C. Cloutier, P. Gardner, W. Kennedy, A. Gray, C. Zemek, R. Pajer, K. Barrowman, N. Cappelli, M.

Zemek, Roger/H-1039-2018; Barrowman, Nick/AAL-3166-2020

Barrowman, Nick/0000-0002-4704-9595; Cloutier, Paula/

0000-0003-3095-1942; Polihronis, Christine/0000-0001-8537-0657

URL: <Go to ISI>://WOS:000381661300002

Reference Type: Journal Article

Record Number: 54

Author: Jack, F. J. G. and Kotronoulas, G.

Year: 2023

Title: The Perceptions of Healthcare Staff Regarding Moral Injury and the Impact on Staff Life and Work During COVID-19: A Scoping Review of International Evidence

Journal: Journal of Religion & Health

Date: 2023 Apr

Short Title: The Perceptions of Healthcare Staff Regarding Moral Injury and the Impact on Staff Life and Work During COVID-19: A Scoping Review of International Evidence

ISSN: 0022-4197

DOI: 10.1007/s10943-023-01803-w

Accession Number: WOS:000964114100001

Abstract: The COVID-19 response introduced legal restrictions on social distancing globally, affecting healthcare staff personally and professionally. These restrictions suspended routine hospital visiting, which may have left staff feeling they had to compromise on the care they provided. Such conflict may be experienced as moral injury. This scoping review aimed to synthesise international evidence, to answer this question: "Have COVID-19 restrictions affected healthcare staff's experiences of moral injury? If so, how?" Nine studies met the search criteria. Although healthcare staff seemed to be aware of the risks and effects of moral injury, they were still reluctant to "name" it. Healthcare staff's own emotional and spiritual needs were mostly ignored. Although psychological support is often the recommended approach by organisations, a greater focus on spiritual and emotional support is recommended.

Notes: Jack, Fiona J. G. Kotronoulas, Grigorios

Kotronoulas, Grigorios/0000-0002-9508-9989; Jack, Fiona/

0000-0002-0317-4335

1573-6571

URL: <Go to ISI>://WOS:000964114100001

Reference Type: Journal Article

Record Number: 495

Author: Jackson, J., Dangal, R., Dangal, B., Gupta, T., Jirel, S., Khadka, S., Rimal, P. and Acharya, B.

Year: 2022

Title: Implementing Collaborative Care in Low-Resource Government, Research, and Academic Settings in Rural Nepal

Journal: Psychiatric Services

Volume: 73

Issue: 9

Pages: 1073-1076

Date: Sep

Short Title: Implementing Collaborative Care in Low-Resource Government, Research, and Academic Settings in Rural Nepal

ISSN: 1075-2730

DOI: 10.1176/appi.ps.202100421

Accession Number: WOS:000863306000021

Abstract: The collaborative care model (CoCM) is a strategy of integrating behavioral health into primary care to expand access to high-quality mental health services in areas with few psychiatrists. CoCM is multifaceted, and its implementation is accelerating in high-resource settings. However, in low-resource settings, it may not be feasible to implement all CoCM components. Guidance is lacking on CoCM implementation when only some of its components are feasible. In this column, the authors used a cost-benefit approach to refine strategies for addressing common implementation challenges, incorporating the authors' experiences in what was gained and what was lost at each implementation step in three CoCM programs in diverse clinical settings in rural Nepal.

Notes: Jackson, James Dangal, Rajkumar Dangal, Binod Gupta, Tula Jirel, Sunita Khadka, Sangeeta Rimal, Pragma Acharya, Bibhav 1557-9700

URL: <Go to ISI>://WOS:000863306000021

Reference Type: Journal Article

Record Number: 1643

Author: Jackson, J. K., Jones, J., Nguyen, H., Davies, I., Lum, M., Grady, A. and Yoong, S. L.

Year: 2021

Title: Obesity Prevention within the Early Childhood Education and Care Setting: A Systematic Review of Dietary Behavior and Physical Activity Policies and Guidelines in High Income Countries

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 2

Date: Jan

Short Title: Obesity Prevention within the Early Childhood Education and Care Setting: A Systematic Review of Dietary Behavior and Physical Activity Policies and Guidelines in High Income Countries

DOI: 10.3390/ijerph18020838

Article Number: 838

Accession Number: WOS:000611262600001

Abstract: As a strategy for early childhood obesity prevention, a variety of dietary behavior and physical activity policies and guidelines published by leading health agencies and early childhood education and care (ECEC) licensing and accreditation bodies exist. Given the potential diversity in recommendations from these policies, this narrative review sought to synthesize, appraise and describe the various policies and guidelines made by organizational and professional bodies to highlight consistent recommendations and identify opportunities to strengthen such policies. An electronic bibliographic search of seven online databases and grey literature sources was undertaken. Records were included if they were policies or guidelines with specific recommendations addressing dietary behavior and/or physical activity practice implementation within the ECEC setting; included children aged >12 months and <6 years and were developed for high income countries. Recommended dietary behavior and physical activity policies and practices were synthesized into broad themes using the Analysis Grid for

Environments Linked to Obesity framework, and the quality of included guidelines appraised. Our search identified 38 eligible publications mostly from the US and Australia. Identified guidelines were largely consistent in their recommendation and frequently addressed the physical and sociocultural environment and were well-aligned with research evidence. Broader consideration of policy and economic environments may be needed to increase the impact of such policies and guidelines within the ECEC setting.

Notes: Jackson, Jacklyn Kay Jones, Jannah Nguyen, Hanh Davies, Isabella Lum, Melanie Grady, Alice Yoong, Sze Lin Yoong, Sze Lin/0000-0002-0836-017X; Grady, Alice/0000-0003-3379-5340; Lum, Melanie/0000-0003-2371-6549 1660-4601

URL: <Go to ISI>://WOS:000611262600001

Reference Type: Journal Article

Record Number: 1514

Author: Jackson, S. E., Paul, E., Brown, J., Steptoe, A. and Fancourt, D.

Year: 2021

Title: Negative Vaccine Attitudes and Intentions to Vaccinate Against Covid-19 in Relation to Smoking Status: A Population Survey of UK Adults

Journal: Nicotine & Tobacco Research

Volume: 23

Issue: 9

Pages: 1623-1628

Date: Sep

Short Title: Negative Vaccine Attitudes and Intentions to Vaccinate Against Covid-19 in Relation to Smoking Status: A Population Survey of UK Adults

ISSN: 1462-2203

DOI: 10.1093/ntr/ntab039

Accession Number: WOS:000730596600015

Abstract: Introduction: We examined differences in negative attitudes toward vaccines in general, and intentions to vaccinate against Covid-19 specifically, by smoking status in a large sample of adults in the UK. Method: Data were from 29 148 adults participating in the Covid-19 Social Study in September-October 2020. Linear regression analyses examined associations between smoking status (current/former/never) and four types of general negative vaccine attitudes: mistrust of vaccine benefit, worries about unforeseen effects, concerns about commercial profiteering, and preference for natural immunity. Multinomial logistic regression examined associations between smoking status and uncertainty and unwillingness to be vaccinated for Covid-19. Covariates included sociodemographic characteristics and diagnosed health conditions. Results: Relative to never and former smokers, current smokers reported significantly greater mistrust of vaccine benefit, were more worried about unforeseen future effects, had greater concerns about commercial profiteering, and had a stronger preference for natural immunity (B-adj s 0.16-0.36, p < .001). Current smokers were more likely to be uncertain (27.6% vs. 22.7% of never smokers, RRadj

1.43 [95% confidence interval = 1.31–1.56]; vs. 19.3% of former smokers, RRadj 1.55 [1.41–1.73]) or unwilling (21.5% vs. 11.6% of never smokers, RRadj 2.12 [1.91–2.34]; vs. 14.7% of former smokers, RRadj 1.53 [1.37–1.71]) to receive a Covid-19 vaccine. Conclusions: Current smokers hold more negative attitudes toward vaccines in general, and are more likely to be undecided or unwilling to vaccinate against Covid-19, compared with never and former smokers. With a disproportionately high number of smokers belonging to socially clustered and disadvantaged socioeconomic groups, lower vaccine uptake in this group could also exacerbate health inequalities.

Notes: Jackson, Sarah E. Paul, Elise Brown, Jamie Steptoe, Andrew Fancourt, Daisy

Jackson, Sarah/J-9046-2019

Jackson, Sarah/0000-0001-5658-6168; Paul, Dr. Elise/
0000-0002-9193-3740

1469-994x

URL: <Go to ISI>://WOS:000730596600015

Reference Type: Journal Article

Record Number: 240

Author: Jacobs, C., Turbitt, E., McEwen, A. and Atkins, L.

Year: 2023

Title: Australasian Genetic Counselors' Perceptions of Their Role in Supporting Clients' Behavior Change

Journal: Journal of Personalized Medicine

Volume: 13

Issue: 1

Date: Jan

Short Title: Australasian Genetic Counselors' Perceptions of Their Role in Supporting Clients' Behavior Change

DOI: 10.3390/jpm13010030

Article Number: 30

Accession Number: WOS:000915068600001

Abstract: Genetic testing does not always change health behavior. Effective behavior change requires a theory-driven coordinated set of activities (behavior change techniques). Genetic counselors are ideally positioned to facilitate behavior change. We aimed to explore genetic counselors' perceptions of their role in supporting clients' behavior change to inform the design of an intervention. Recruitment was via a professional organization and genetics services. Data were collected from 26 genetic counselors via qualitative focus groups/interview. Transcripts were analyzed using thematic analysis and mapped to the COM-B model. We identified three behaviors genetic counselors wanted clients to change: attend appointments, access information, and share information with family members. Strategies for changing clients' behavior included: assessing needs and capabilities, providing information and support, enabling and monitoring behavior change. Barriers included lack of behavior change skills and knowledge, lack of time, and beliefs about ownership of healthcare, directiveness of behavior change, and scope of practice. Equipping genetic counselors to deliver behavior change requires (i) education in behavior change theory and behavior

change techniques, (ii) integration of capability, opportunity and motivation assessment into existing practice, and (iii) development of evidence-based strategies using behavior change tools to focus discussions and promote clients' agency to change their behavior.

Notes: Jacobs, Chris Turbitt, Erin McEwen, Alison Atkins, Lou Turbitt, Erin/F-7419-2015; Atkins, Louise/C-7740-2011 Turbitt, Erin/0000-0002-6650-9702; Atkins, Louise/0000-0001-9322-7869; McEwen, Alison/0000-0001-8705-1190; Jacobs, Chris/0000-0002-9557-9080 2075-4426

URL: <Go to ISI>://WOS:000915068600001

Reference Type: Journal Article

Record Number: 1033

Author: Jaffar, A., Mohd-Sidik, S., Foo, C. N., Admodisastro, N., Salam, S. N. A. and Ismail, N. D.

Year: 2022

Title: Improving Pelvic Floor Muscle Training Adherence Among Pregnant Women: Validation Study

Journal: Jmir Human Factors

Volume: 9

Issue: 1

Date: Jan-Mar

Short Title: Improving Pelvic Floor Muscle Training Adherence Among Pregnant Women: Validation Study

ISSN: 2292-9495

DOI: 10.2196/30989

Article Number: e30989

Accession Number: WOS:000787631400017

Abstract: Background: Mobile health apps, for example, the Tat, have been shown to be potentially effective in improving pelvic floor muscle training (PFMT) among women, but they have not yet been studied among pregnant women. Adherence to daily PFMT will improve pelvic floor muscle strength leading to urinary incontinence (UI) improvement during the pregnancy. Objective: This study aims to document the validation process in developing the Kegel Exercise Pregnancy Training app, which was designed to improve the PFMT adherence among pregnant women. Methods: We utilized an intervention mapping approach incorporated within the mobile health development and evaluation framework. The framework involved the following steps: (1) conceptualization, (2) formative research, (3) pretesting, (4) pilot testing, (5) randomized controlled trial, and (6) qualitative research. The user-centered design-11 checklist was used to evaluate the user-centeredness properties of the app.

Results: A cross-sectional study was conducted to better understand PFMT and UI among 440 pregnant women. The study reported a UI prevalence of 40.9% (180/440), with less than half having good PFMT practice despite their good knowledge. Five focus group discussions were conducted to understand the app design preferred by pregnant women. They agreed a more straightforward design should be used for better app usability. From these findings, a prototype was designed and developed accordingly, and the process conformed to the user-centered design-11 (UCD-11) checklist. A PFMT app was developed

based on the mHealth development and evaluation framework model, emphasizing higher user involvement in the application design and development. The application was expected to improve its usability, acceptability, and ease of use. Conclusions: The Kegel Exercise Pregnancy Training app was validated using a thorough design and development process to ensure its effectiveness in evaluating the usability of the final prototype in our future randomized control trial study.

Notes: Jaffar, Aida Mohd-Sidik, Sherina Foo, Chai Nien Admodisastro, Novia Salam, Sobihatun Nur Abdul Ismail, Noor Diana Foo, Chai Nien/ABW-8479-2022; Jaffar, Aida/AAZ-8485-2020; Admodisastro, Novia/D-6650-2018 Foo, Chai Nien/0000-0003-0362-6394; Jaffar, Aida/0000-0003-2266-9509; Mohd Sidik, Sherina/0000-0001-6754-6145; Sobihatun Nur, Abdul Salam/0000-0002-6751-9187; Admodisastro, Novia/0000-0002-1715-946X; Ismail, Noor Diana/0000-0002-8302-3026
URL: <Go to ISI>://WOS:000787631400017

Reference Type: Journal Article

Record Number: 2087

Author: Jager, C., Steinhauser, J., Freund, T., Baker, R., Agarwal, S., Godycki-Cwirko, M., Kowalczyk, A., Aakhus, E., Granlund, I., van Lieshout, J., Szecsenyi, J. and Wensing, M.

Year: 2016

Title: Process evaluation of five tailored programs to improve the implementation of evidence-based recommendations for chronic conditions in primary care

Journal: Implementation Science

Volume: 11

Date: Sep

Short Title: Process evaluation of five tailored programs to improve the implementation of evidence-based recommendations for chronic conditions in primary care

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0473-8

Article Number: 123

Accession Number: WOS:000382916600003

Abstract: Background: Although there is evidence that tailored implementation strategies can be effective, there is little evidence on which methods of tailoring improve the effect. We designed and evaluated five tailored programs (TPs) each consisting of various strategies. The aim of this study was to examine (a) how determinants of practice prioritized in the design phase of the TPs were perceived by health care professionals who had been exposed to the TPs and whether they suggested other important determinants of practice and (b) how professionals used the offered strategies and whether they suggested other strategies that might have been more effective. Methods: We conducted a mixed-method process evaluation linked to five cluster-randomized trials carried out in five European countries to implement recommendations for five chronic conditions in primary care settings. The five TPs used a total of 28 strategies which aimed to address 38 determinants of practice.

Interviews of professionals in the intervention groups and a survey

of professionals in the intervention and control groups were performed. Data collection was conducted by each research team in the respective national language. The interview data were first analyzed inductively by each research team, and subsequently, a meta-synthesis was conducted. The survey was analyzed descriptively. Results: We conducted 71 interviews; 125 professionals completed the survey. The survey showed that 76 % (n = 29) of targeted determinants of practice were perceived as relevant and 95 % (n = 36) as being modified by the implementation interventions by 66 to 100 % of professionals. On average, 47 % of professionals reported using the strategies and 51 % considered them helpful, albeit with substantial variance between countries and strategies. In the interviews, 89 determinants of practice were identified, of which 70 % (n = 62) had been identified and 45 % (n = 40) had been prioritized in the design phase. The interviewees suggested 65 additional strategies, of which 54 % (n = 35) had been identified and 20 % (n = 13) had been prioritized, but not selected in the final programs. Conclusions: This study largely confirmed the perceived relevance of the targeted determinants of practice. This contrasts with the fact that no impact of the trials on the implementation of the recommendations could be observed. The findings suggest that better methods for prioritization of determinants and strategies are needed.

Notes: Jaeger, C. Steinhäuser, J. Freund, T. Baker, R. Agarwal, S. Godycki-Cwirko, M. Kowalczyk, A. Aakhus, E. Granlund, I. van Lieshout, J. Szecsenyi, J. Wensing, M. Wensing, Michel/H-8113-2014; Aakhus, Eivind/GLU-7687-2022; Aakhus, Eivind/AG0-7668-2022; Van Lieshout, J./L-4490-2015 Wensing, Michel/0000-0001-6569-8137; Aakhus, Eivind/0000-0001-9336-3203; Aakhus, Eivind/0000-0001-9336-3203; Kowalczyk, Anna/0000-0002-7524-2085; Godycki-Cwirko, Maciej/0000-0002-9204-5518 URL: <Go to ISI>://WOS:000382916600003

Reference Type: Journal Article

Record Number: 444

Author: JaKa, M., Bergdall, A., Beran, M. S., Solberg, L., Green, B. B., Andersen, J., Kodet, A., Norman, S., Haugen, P., Crain, L., Trower, N., Sharma, R., Rehrauer, D., Maeztu, C. and Margolis, K. Year: 2022

Title: Reach in a pragmatic hypertension trial: A critical RE-AIM component

Journal: Contemporary Clinical Trials

Volume: 121

Date: Oct

Short Title: Reach in a pragmatic hypertension trial: A critical RE-AIM component

ISSN: 1551-7144

DOI: 10.1016/j.cct.2022.106896

Article Number: 106896

Accession Number: WOS:000868309200010

Abstract: Background: Hypertension control is falling in the US yet efficacious interventions exist. Poor patient reach has limited the ability of pragmatic trials to demonstrate effectiveness. This paper

uses quantitative and qualitative data to understand factors influencing reach in Hyperlink 3, a pragmatic hypertension trial testing an efficacious pharmacist-led Telehealth Care intervention in comparison to a physician-led Clinic-based Care intervention. Referrals to both interventions were ordered by physicians. Methods: A sequential-explanatory mixed methods approach was used to understand barriers and facilitators to reach. Reach was assessed quantitatively using EHR data, defined as the proportion of eligible patients attending intended follow-up hypertension care and qualitatively, via semi-structured interviews with patients who were and were not reached. Quantitative data were analyzed using descriptive and inferential statistics. Qualitative data were analyzed via combined deductive and inductive content analysis. Results: Of those eligible, 27% of Clinic-based (n = 532/1945) and 21% of Telehealth patients (n = 385/1849) were reached. In both arms, the largest drop was between physician-signed orders and patients attending initial intended follow-up care. Qualitative analyses uncovered patient barriers related to motivation, capability, and opportunity to attend follow-up care. Conclusions: Although the proportion of eligible patients with signed orders was high in both arms, the proportion ultimately reached was lower. Patients described barriers related to the influence of one's own personal beliefs or priorities, decision making processes, logistics, and patient perceptions on physician involvement on reach. Addressing these barriers in the design of pragmatic interventions is critical for future effectiveness. Trial Registration: NCT02996565

Notes: JaKa, Meghan Bergdall, Anna Beran, Mary Sue Solberg, Leif Green, Beverly B. Andersen, Julia Kodet, Amy Norman, Sarah Haugen, Pat Crain, Lauren Trower, Nicole Sharma, Rashmi Rehrauer, Dan Maeztu, Carlos Margolis, Karen
1559-2030

URL: <Go to ISI>://WOS:000868309200010

Reference Type: Journal Article

Record Number: 1685

Author: James, P., Morgant, R., Merviel, P., Saraux, A., Giroux-Metges, M. A., Guillodo, Y., Dupre, P. F. and Muller, M.

Year: 2020

Title: How to promote physical activity during pregnancy : A systematic review

Journal: Journal of Gynecology Obstetrics and Human Reproduction

Volume: 49

Issue: 9

Date: Nov

Short Title: How to promote physical activity during pregnancy : A systematic review

ISSN: 2468-7847

DOI: 10.1016/j.jogoh.2020.101864

Article Number: 101864

Accession Number: WOS:000583846900019

Abstract: Introduction: Sedentary lifestyles and physical inactivity have been shown to increase during pregnancy and are a cause of

obstetric comorbidity. The objective of this study was to conduct a systematic review of interventions aiming to promote physical activity during pregnancy. Material and methods: Databases were searched from January 2008 to September 2019. Selection criteria included randomized controlled trials evaluating the efficacy of interventions promoting physical activity during pregnancy. Results: In total, 256 articles were extracted from databases. 202 articles were excluded. Finally, 15 articles were included in the study. 5633 patients were included from various populations. Six studies rated physical activity (PA) as the primary outcome. Five studies suggested promoting physical activity through individual interviews which in two studies showed an increase in PA. Three studies evaluated an intervention based on group interviews and one of these reported a significant increase in PA. Two studies evaluated the use of a Smartphone application to promote physical activity but they did not conclude that they were effective because they were designed with low statistical power. Conclusion: The practice of regular PA during pregnancy reduces obstetrical comorbidity. However, interventions seem to have a low impact on the promotion of PA during pregnancy. New intervention strategies need to be assessed, such as the use of mobile health interventions. (C) 2020 Elsevier Masson SAS. All rights reserved.

Notes: James, P. Morgant, R. Merviel, P. Saraux, A. Giroux-Metges, M. A. Guillodo, Y. Dupre, P. F. Muller, M.

Dupre, Pierre-Francois/0000-0003-2888-9983; Merviel, Philippe/0000-0003-0184-0880

1773-0430

URL: <Go to ISI>://WOS:000583846900019

Reference Type: Journal Article

Record Number: 968

Author: James, S., Perry, L., Palmer, C., Harris, M., Siram, D. and Lowe, J.

Year: 2022

Title: Web-Based Questionnaire for Healthcare Professionals on Psychosocial Support for Adolescents and Young Adults with Type 1 Diabetes

Journal: Diabetes Therapy

Volume: 13

Issue: 2

Pages: 355-365

Date: Feb

Short Title: Web-Based Questionnaire for Healthcare Professionals on Psychosocial Support for Adolescents and Young Adults with Type 1 Diabetes

ISSN: 1869-6953

DOI: 10.1007/s13300-022-01202-6

Accession Number: WOS:000749411500001

Abstract: Introduction Adolescence and young adulthood is a challenging period, particularly for those living with chronic disease such as type 1 diabetes (T1D). Effective professional support is associated with better diabetes outcomes, but little is known about what determines healthcare professionals' decision-

making for therapeutic intervention, and how to support this. Our study aimed to determine healthcare professionals' (HCPs) self-rated awareness, capability, opportunity and motivation to provide support for psychosocial issues in the management of T1D with adolescents and young adults; and to identify factors independently predictive of HCPs' perceptions of their confidence in, and perceived importance of, addressing psychosocial issues in this population. Methods Survey design was used, and data collected using an anonymous web-based questionnaire based on the Capability-Opportunity-Motivation Behaviour (COM-B) framework. The study was advertised to members of the Australian Diabetes Society, and National Association of Diabetes Centres. Results Of 98 respondents, 57 (58.2%) were female. Confidence and perceived importance summary scores were not significantly associated with demographic characteristics. HCPs agreed that both diabetes-dependent and external non-diabetes-specific influences were important components of psychosocial management, but self-rated themselves as less confident in their ability to provide care for these aspects. Few respondents regularly encountered psychosocial issues that they believed would lead to improved outcomes if addressed and not all HCPs knew how to access psychosocial support for their adolescent patients. Conclusion Our findings indicate discrepancies between HCPs' self-rated capability and perceived motivation to provide support relating to psychosocial issues in the management of T1D for adolescents and young adults. Equitable opportunities are needed for training and support, to increase HCPs' understanding and hence their perceptions of the importance and of their confidence in addressing psychosocial issues, especially considering the high levels of risk of these young people for such problems.

Notes: James, Steven Perry, Lin Palmer, Christine Harris, Margaret Siram, Deepa Lowe, Julia

Palmer, Christine/ACV-7465-2022; Perry, Lin/0-1159-2016

Perry, Lin/0000-0002-8507-1283; Lowe, Julia/0000-0002-7162-6057
1869-6961

URL: <Go to ISI>://WOS:000749411500001

Reference Type: Journal Article

Record Number: 1442

Author: Jansen, C. J. M., van't Jagt, R. K., Reijneveld, S. A., van Leeuwen, E., de Winter, A. F. and Hoeks, J. C. J.

Year: 2021

Title: Improving Health Literacy Responsiveness: A Randomized Study on the Uptake of Brochures on Doctor-Patient Communication in Primary Health Care Waiting Rooms

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 9

Date: May

Short Title: Improving Health Literacy Responsiveness: A Randomized Study on the Uptake of Brochures on Doctor-Patient Communication in Primary Health Care Waiting Rooms

DOI: 10.3390/ijerph18095025

Article Number: 5025

Accession Number: WOS:000650272400001

Abstract: Presenting attractive and useful health education materials in waiting rooms can help improve an organization's health literacy responsiveness. However, it is unclear to what extent patients may be interested in health education materials, such as brochures. We conducted a three-week field study in waiting rooms of three primary care centers in Groningen. Three versions of a brochure on doctor-patient communication were randomly distributed, 2250 in total. One version contained six short photo stories, another version was non-narrative but contained comparable photos, and the third version was a traditional brochure. Each day we counted how many brochures were taken. We also asked patients (N = 471) to participate in a brief interview. Patients who consented (N = 390) were asked if they had noticed the brochure. If yes (N = 135), they were asked why they had or had not browsed the brochure, and why they had or had not taken it. Interview responses were categorized by two authors. Only 2.9% of the brochures were taken; no significant association with brochure version was found. Analysis of the interview data showed that the version with the photo narrative was noticed significantly more often than the non-narrative version or the traditional version. These results suggest that designing attractive and comprehensible health materials is not enough. Healthcare organizations should also create effective strategies to reach their target population.

Notes: Jansen, Carel J. M. Koops van't Jagt, Ruth Reijneveld, Sijmen A. van Leeuwen, Ellen de Winter, Andrea F. Hoeks, John C. J. Jansen, Carel/0000-0001-5259-4291; Hoeks, John/0000-0002-6874-1126; Reijneveld, Sijmen/0000-0002-1206-7523
1660-4601

URL: <Go to ISI>://WOS:000650272400001

Reference Type: Journal Article

Record Number: 362

Author: Jarbandhan, A., Toelsie, J., Veeger, H. E. J., Vanhees, L., Buys, R. and Bipat, R.

Year: 2022

Title: Exercise barriers contributing to reduced physical activity in chronic stroke survivors in a multi-ethnic population: a cross-sectional study in Suriname

Journal: Medicina Balear

Volume: 37

Issue: 6

Pages: 49-56

Date: Nov-Dec

Short Title: Exercise barriers contributing to reduced physical activity in chronic stroke survivors in a multi-ethnic population: a cross-sectional study in Suriname

ISSN: 1579-5853

DOI: 10.3306/ajhs.2022.37.06.49

Accession Number: WOS:000891600800008

Abstract: Objectives: Despite all the recommendations physical activity (PA) and participation in structured PA programs remains

low among the stroke survivors. Compared to high-income societies, these patients face unequal socio-economic challenges in countries with low-and middle- income and in multi-ethnic populations. We therefore aimed to explore factors associated with reduced PA levels in chronic stroke patients living in a middle-income country with a multi-ethnic population, Suriname. Furthermore, we explored possible barriers that may prevent participation in exercise programs.

Methods: We recruited participants from the general population and the Academic Hospital, and used energy expenditure (EE) and step count, measured with the GARMIN Forerunner 225 for seven consecutive days to evaluate PA. With the Barriers to Physical Activity and Disability (BPAD) questionnaire we identified exercise barriers and obtained demographic and socio-economic characteristics. We used regression analyses to assess associations with reduced PA levels, and descriptive analyses to assess exercise barriers based on socio-economic diversity. Results: The mean age of the 44 participants was 58.2 +/- 10.0 years and 21 were men. The median EE and steps were 24.2 (min-max: 16.1-53.7) Cal/kg/day and 3165.5 (min-max: 1093.0-9727.00) steps/day, respectively. Reduced PA levels were not related to demographic or socio-economic variables. Overall, patient-reported environmental exercise barriers were (1) "cost of the program" (45%) followed by (2) "lack of transportation" (34%). Personal barriers were (1) "feeling that an exercise instructor is incapable to set up an exercise program to meet their needs" (88%) and (2) "not willing to spend money" (40%). Different personal exercise barriers between ethnic groups were reported, but environmental barriers were the same. Conclusions: Reduced PA levels in chronic stroke survivors were not explained by demographic or socio-economic variables. The participants reported several exercise barriers. In addition to the most common occurring barriers, future research should also evaluate feasibility and (cost-) effectiveness of tailored PA programs.

Notes: Jarbandhan, Ameerani Toelsie, Jerry Veeger, H. E. J. Vanhees, Luc Buys, Roselien Bipat, Robbert Bipat, Robbert/ABI-7398-2020; veeger, dirkjan/G-4012-2010 Bipat, Robbert/0000-0001-8711-4737; 2255-0569
URL: <Go to ISI>://WOS:000891600800008

Reference Type: Journal Article

Record Number: 520

Author: Jardine, J., Bowman, R. and Doherty, G.

Year: 2022

Title: Digital Interventions to Enhance Readiness for Psychological Therapy: Scoping Review

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 8

Date: Aug

Short Title: Digital Interventions to Enhance Readiness for Psychological Therapy: Scoping Review

ISSN: 1438-8871

DOI: 10.2196/37851

Article Number: e37851

Accession Number: WOS:000862887700008

Abstract: Background: Psychological therapy is an effective treatment method for mental illness; however, many people with mental illness do not seek treatment or drop out of treatment early. Increasing client uptake and engagement in therapy is key to addressing the escalating global problem of mental illness. Attitudinal barriers, such as a lack of motivation, are a leading cause of low engagement in therapy. Digital interventions to increase motivation and readiness for change hold promise as accessible and scalable solutions; however, little is known about the range of interventions being used and their feasibility as a means to increase engagement with therapy. Objective: This review aimed to define the emerging field of digital interventions to enhance readiness for psychological therapy and detect gaps in the literature. Methods: A literature search was conducted in PubMed, PsycINFO, PsycARTICLES, Scopus, Embase, ACM Guide to Computing Literature, and IEEE Xplore Digital Library from January 1, 2006, to November 30, 2021. The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) methodology was applied. Publications were included when they concerned a digitally delivered intervention, a specific target of which was enhancing engagement with further psychological treatment, and when this intervention occurred before the target psychological treatment. Results: A total of 45 publications met the inclusion criteria. The conditions included depression, unspecified general mental health, comorbid anxiety and depression, smoking, eating disorders, suicide, social anxiety, substance use, gambling, and psychosis. Almost half of the interventions (22/48, 46%) were web-based programs; the other formats included screening tools, videos, apps, and websites. The components of the interventions included psychoeducation, symptom assessment and feedback, information on treatment options and referrals, client testimonials, expectation management, and pro-con lists. Regarding feasibility, of the 16 controlled studies, 7 (44%) measuring actual behavior or action showed evidence of intervention effectiveness compared with controls, 7 (44%) found no differences, and 2 (12%) indicated worse behavioral outcomes. In general, the outcomes were mixed and inconclusive owing to variations in trial designs, control types, and outcome measures. Conclusions: Digital interventions to enhance readiness for psychological therapy are broad and varied. Although these easily accessible digital approaches show potential as a means of preparing people for therapy, they are not without risks. The complex nature of stigma, motivation, and individual emotional responses toward engaging in treatment for mental health difficulties suggests that a careful approach is needed when developing and evaluating digital readiness interventions. Further qualitative, naturalistic, and longitudinal research is needed to deepen our knowledge in this area.

Notes: Jardine, Jacinta Bowman, Robert Doherty, Gavin Doherty, Gavin/AAH-4939-2019

Doherty, Gavin/0000-0002-9617-7008; Bowman, Robert/0000-0001-6614-0821; Jardine, Jacinta/0000-0001-6204-3901

URL: <Go to ISI>://WOS:000862887700008

Reference Type: Journal Article

Record Number: 1141

Author: Javier, S. J., Wu, J., Smith, D. L., Kanwal, F., Martin, L. A., Clark, J. and Midboe, A. M.

Year: 2021

Title: A Web-Based, Population-Based Cirrhosis Identification and Management System for Improving Cirrhosis Care: Qualitative Formative Evaluation

Journal: Jmir Formative Research

Volume: 5

Issue: 11

Date: Nov

Short Title: A Web-Based, Population-Based Cirrhosis Identification and Management System for Improving Cirrhosis Care: Qualitative Formative Evaluation

DOI: 10.2196/27748

Article Number: e27748

Accession Number: WOS:000853674900016

Abstract: Background: Cirrhosis, or scarring of the liver, is a debilitating condition that affects millions of US adults. Early identification, linkage to care, and retention of care are critical for preventing severe complications and death from cirrhosis.

Objective: The purpose of this study is to conduct a preimplementation formative evaluation to identify factors that could impact implementation of the Population-Based Cirrhosis Identification and Management System (P-CIMS) in clinics serving patients with cirrhosis. P-CIMS is a web-based informatics tool designed to facilitate patient outreach and cirrhosis care management. Methods: Semistructured interviews were conducted between January and May 2016 with frontline providers in liver disease and primary care clinics at 3 Veterans Health Administration medical centers. A total of 10 providers were interviewed, including 8 physicians and midlevel providers from liver-related specialty clinics and 2 primary care providers who managed patients with cirrhosis. The Consolidated Framework for Implementation Research guided the development of the interview guides. Inductive consensus coding and content analysis were used to analyze transcribed interviews and abstracted coded passages, elucidated themes, and insights. Results: The following themes and subthemes emerged from the analyses: outer setting: needs and resources for patients with cirrhosis; inner setting: readiness for implementation (subthemes: lack of resources, lack of leadership support), and implementation climate (subtheme: competing priorities); characteristics of individuals: role within clinic; knowledge and beliefs about P-CIMS (subtheme: perceived and realized benefits; useful features; suggestions for improvement); and perceptions of current practices in managing cirrhosis cases (subthemes: preimplementation process for identifying and linking patients to cirrhosis care; structural and social barriers to follow-up). Overall, P-CIMS was viewed as a powerful tool for improving linkage and retention, but its integration in the clinical workflow required leadership support, time, and staffing. Providers also cited the need for more intuitive

interface elements to enhance usability. Conclusions: P-CIMS shows promise as a powerful tool for identifying, linking, and retaining care in patients living with cirrhosis. The current evaluation identified several improvements and advantages of P-CIMS over current care processes and provides lessons for others implementing similar population-based identification and management tools in populations with chronic disease.

Notes: Javier, Sarah J. Wu, Justina Smith, Donna L. Kanwal, Fasiha Martin, Lindsey A. Clark, Jack Midboe, Amanda M. Smith, Donna/0000-0003-1906-666X; Javier, Sarah/0000-0001-8365-8681; /0000-0001-7191-2507 2561-326x

URL: <Go to ISI>://WOS:000853674900016

Reference Type: Journal Article

Record Number: 45

Author: Jaworska, N., Krewulak, K. D., Schalm, E., Niven, D. J., Ismail, Z., Burry, L. D., Leigh, J. P. and Fiest, K. M.

Year: 2023

Title: Facilitators and Barriers Influencing Antipsychotic Medication Prescribing and Deprescribing Practices in Critically Ill Adult Patients: a Qualitative Study

Journal: Journal of General Internal Medicine

Date: 2023 Apr

Short Title: Facilitators and Barriers Influencing Antipsychotic Medication Prescribing and Deprescribing Practices in Critically Ill Adult Patients: a Qualitative Study

ISSN: 0884-8734

DOI: 10.1007/s11606-023-08042-5

Accession Number: WOS:000974834400002

Abstract: BackgroundAntipsychotic medications do not alter the incidence or duration of delirium, but these medications are frequently prescribed and continued at transitions of care in critically ill patients when they may no longer be necessary or appropriate.ObjectiveThe purpose of this study was to identify and describe relevant domains and constructs that influence antipsychotic medication prescribing and deprescribing practices among physicians, nurses, and pharmacists that care for critically ill adult patients during and following critical illness.DesignWe conducted qualitative semi-structured interviews with critical care and ward healthcare professionals including physicians, nurses, and pharmacists to understand antipsychotic prescribing and deprescribing practices for critically ill adult patients during and following critical illness.ParticipantsTwenty-one interviews were conducted with 11 physicians, five nurses, and five pharmacists from predominantly academic centres in Alberta, Canada, between July 6 and October 29, 2021.Main MeasuresWe used deductive thematic analysis using the Theoretical Domains Framework (TDF) to identify and describe constructs within relevant domains.Key ResultsSeven TDF domains were identified as relevant from the analysis: Social/ Professional role and identity; Beliefs about capabilities; Reinforcement; Motivations and goals; Memory, attention, and decision processes; Environmental context and resources; and Beliefs

about consequences. Participants reported antipsychotic prescribing for multiple indications beyond delirium and agitation including patient and staff safety, sleep management, and environmental factors such as staff availability and workload. Participants identified potential antipsychotic deprescribing strategies to reduce ongoing antipsychotic medication prescriptions for critically ill patients including direct communication tools between prescribers at transitions of care. Conclusions Critical care and ward healthcare professionals report several factors influencing established antipsychotic medication prescribing practices. These factors aim to maintain patient and staff safety to facilitate the provision of care to patients with delirium and agitation limiting adherence to current guideline recommendations.

Notes: Jaworska, Natalia Krewulak, Karla D. D. Schalm, Emma Niven, Daniel J. J. Ismail, Zahinoor Burry, Lisa D. D. Leigh, Jeanna Parsons Fiest, Kirsten M. M.

Jaworska, Natalia/0000-0002-2995-5527
1525-1497

URL: <Go to ISI>://WOS:000974834400002

Reference Type: Journal Article

Record Number: 702

Author: Jaworska, N., Moss, S. J., Krewulak, K. D., Stelfox, Z., Niven, D., Ismail, Z., Burry, L. and Fiest, K.

Year: 2022

Title: Antipsychotic prescribing practices and patient, family member and healthcare professional perceptions of antipsychotic prescribing in acute care settings: a scoping review protocol

Journal: Bmj Open

Volume: 12

Issue: 6

Date: Jun

Short Title: Antipsychotic prescribing practices and patient, family member and healthcare professional perceptions of antipsychotic prescribing in acute care settings: a scoping review protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-057585

Article Number: e057585

Accession Number: WOS:000819498100004

Abstract: Introduction Antipsychotic medications are commonly prescribed off-label in acutely ill patients for non-psychiatric clinical indications such as delirium or insomnia. New prescription initiation of antipsychotics in acute care settings increases the proportion of patients discharged home on antipsychotics without approved clinical indication. Long-term use of antipsychotics is associated with increased risk of sudden cardiac death, falls and cognitive impairment. An understanding of acute care off-label antipsychotic prescribing practices and healthcare professional, patient and family perceptions related to antipsychotic prescribing and deprescribing is necessary to facilitate in-hospital deprescribing initiatives. Methods and analysis We present the protocol for a scoping review following the methodology proposed by Arksey and O'Malley and the Scoping Review Methods Manual by the

Joanna Briggs Institute. We will search five databases including MEDLINE, EMBASE, CINAHL, PsycINFO and Web of Science from inception to 3 July 2021 (ie, planned search date). We will include both peer-reviewed and non-peer-reviewed qualitative and quantitative studies to identify antipsychotic prescribing practices, and to describe healthcare professional, patient and family perceptions towards antipsychotic prescribing and deprescribing in the acute care setting. Protocols, systematic and scoping reviews will be excluded. Two reviewers will calibrate and perform study screening and data abstraction for quantitative and qualitative outcomes of eligible studies. Quantitative outcomes will include study identifiers, demographics and descriptive statistics of antipsychotic prescribing practices. Qualitative synthesis describing perceptions on antipsychotic prescribing practices will include deductive thematic analysis with mapping of themes to the domains of the Theoretical Domains Framework, a 14-domain behaviour and behaviour change framework. Ethics and dissemination No ethical approval will be required for this study as only data from published studies in which informed consent was obtained by primary investigators will be retrieved and analysed. The results of this scoping review will inform integrated knowledge translation initiatives aimed at in-hospital antipsychotic medication deprescribing.

Notes: Jaworska, Natalia Moss, Stephana Julia Krewulak, Karla D. Stelfox, Zara Niven, Daniel Ismail, Zahinoor Burry, Lisa Fiest, Kirsten

Fiest, Kirsten/AAV-5052-2020

Fiest, Kirsten/0000-0002-7299-6594; Krewulak, Karla/0000-0003-0300-4122; Jaworska, Natalia/0000-0002-2995-5527

URL: <Go to ISI>://WOS:000819498100004

Reference Type: Journal Article

Record Number: 836

Author: Jayasinghe, S., Soward, R., Holloway, T. P., Patterson, K. A. E., Ahuja, K. D. K., Hughes, R., Byrne, N. M. and Hills, A. P.

Year: 2022

Title: Why some do but too many don't? Barriers and enablers to physical activity in regional Tasmania - an exploratory, mixed-methods study

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Mar

Short Title: Why some do but too many don't? Barriers and enablers to physical activity in regional Tasmania - an exploratory, mixed-methods study

DOI: 10.1186/s12889-022-13001-6

Article Number: 627

Accession Number: WOS:000775999800001

Abstract: Background The interconnectedness of physical inactivity and sedentarism, obesity, non-communicable disease (NCD) prevalence, and socio-economic costs, are well known. There is also strong research evidence regarding the mutuality between well-being outcomes and the neighbourhood environment. However, much of this

evidence relates to urban contexts and there is a paucity of evidence in relation to regional communities. A better understanding of available physical activity (PA) infrastructure, its usage, and community perceptions regarding neighbourhood surroundings, could be very important in determining requirements for health improvement in regional communities. The aims of this research were to 1. Explore and evaluate the public's perception of the PA environment; and 2. Evaluate the quantity, variety, and quality of existing PA infrastructure in regional Northwest (NW) Tasmania. Methods A mixed methods approach guided data collection, analysis, and presentation. Quality of PA infrastructure was assessed using the Physical Activity Resource Assessment (PARA) instrument and public perception about PA environment was evaluated using the International Physical Activity Questionnaire – Environmental (IPAQ-E) module. Quantitative data were analysed using descriptive summative methods and a team-based researcher triangulation approach was utilised for qualitative data. Results Overall, a wide array of high-quality PA infrastructure (with minimal incivilities such as auditory annoyance, litter, graffiti, dog refuse, and vandalism etc.) was available. Survey respondents rated neighbourhoods positively. The overall quality of PA infrastructure, rated on a scale from 0 to 3, was assessed as high (all rated between 2 to 3) with minimal incivilities (rated between 0 and 1.5). Of note, survey respondents confirmed the availability of numerous free-to-access recreational tracks and natural amenities across the 3 local government areas (LGAs) studied. Importantly, most respondents reported minimal disruption to their routine PA practices due to the COVID-19 pandemic. Conclusion This exploratory research confirmed the availability of a wide range of high-quality PA infrastructure across all three LGAs and there was an overwhelming public appreciation of this infrastructure. The challenge remains to implement place-based PA interventions that address extant barriers and further increase public awareness and utilisation of high-quality PA infrastructure.

Notes: Jayasinghe, Sisitha Soward, Robert Holloway, Timothy P. Patterson, Kira A. E. Ahuja, Kiran D. K. Hughes, Roger Byrne, Nuala M. Hills, Andrew P.

Ahuja, Kiran DK/A-3147-2012; Jayasinghe, Sisitha/GWV-0455-2022

Ahuja, Kiran DK/0000-0002-0323-4692;

1471-2458

URL: <Go to ISI>://WOS:000775999800001

Reference Type: Journal Article

Record Number: 953

Author: Jedwab, R. M., Manias, E., Hutchinson, A. M., Dobroff, N. and Redley, B.

Year: 2022

Title: Understanding nurses' perceptions of barriers and enablers to use of a new electronic medical record system in Australia: A qualitative study

Journal: International Journal of Medical Informatics

Volume: 158

Date: Feb

Short Title: Understanding nurses' perceptions of barriers and enablers to use of a new electronic medical record system in Australia: A qualitative study

ISSN: 1386-5056

DOI: 10.1016/j.ijmedinf.2021.104654

Article Number: 104654

Accession Number: WOS:000821051100005

Abstract: Background: Electronic medical record system implementations impact nurses, their work and workflows. The aim of this study was to understand nurses' perceptions of barriers and enablers to using a new electronic medical record in an acute hospital environment. Methods: Data were collected just prior to an organisation-wide new electronic medical record implementation at a large tertiary healthcare organization in Victoria, Australia. Sixty-three nurses from five hospital sites participated in 12 focus group interviews. Transcripts were transcribed and deductive content analysis used the 14-domain Theoretical Domains Framework to identify barriers and enablers. Results: Coded data mapped to 13 of the 14 domains. Nurse motivation emerged as a dominant theme among both barriers and enablers. Nurses' most common perceived barriers related to emotions (24.1%) and environmental context and resources (21.3%). Conversely, the most common enablers related to social influences (21%) and reinforcement (20.8%). Discussion: In addition to effecting changes in their work and workflows, the dominance of nurses' emotional responses reveals the potential for implementation of a new electronic medical record to negatively affect nurses' psychological well-being. Using data aligned to the Theoretical Domains Framework assisted identification of behavior change strategies to target the barriers and enablers perceived by nurses. Strategies aligned with nine behavioral intervention categories are recommended for successful implementation and optimization of an electronic medical record by nurses. Conclusions: Multifaceted strategies targeting multiple behaviors are required to support adoption of the electronic medical record by nurses, and reduce the risk for nurse attrition in the workforce.

Notes: Jedwab, Rebecca M. Manias, Elizabeth Hutchinson, Alison M. Dobroff, Naomi Redley, Bernice

Jedwab, Rebecca/X-7512-2019

Jedwab, Rebecca/0000-0003-3014-8797; Hutchinson, Alison M./

0000-0001-5065-2726; Redley, Bernice/0000-0002-2376-3989

1872-8243

URL: <Go to ISI>://WOS:000821051100005

Reference Type: Journal Article

Record Number: 1305

Author: Jennings, H. M., Morrison, J., Akter, K., Haghparast-Bidgoli, H., King, C., Ahmed, N., Kuddus, A., Shaha, S. K., Nahar, T., Azad, K. and Fottrell, E.

Year: 2021

Title: Care-seeking and managing diabetes in rural Bangladesh: a mixed methods study

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Jul

Short Title: Care-seeking and managing diabetes in rural Bangladesh: a mixed methods study

DOI: 10.1186/s12889-021-11395-3

Article Number: 1445

Accession Number: WOS:000680419900005

Abstract: Background Type 2 diabetes mellitus poses a major health challenge worldwide and in low-income countries such as Bangladesh, however little is known about the care-seeking of people with diabetes. We sought to understand the factors that affect care-seeking and diabetes management in rural Bangladesh in order to make recommendations as to how care could be better

delivered. Methods Survey data from a community-based random sample of 12,047 adults aged 30 years and above identified 292 individuals with a self-reported prior diagnosis of diabetes. Data on health seeking practices regarding testing, medical advice, medication and use of non-allopathic medicine were gathered from these 292 individuals.

Qualitative semi-structured interviews and focus group discussions with people with diabetes and semi-structured interviews with health workers explored care-seeking behaviour, management of diabetes and perceptions on quality of care. We explore quality of care using the WHO model with the following domains: safe, effective, patient-centred, timely, equitable and efficient. Results People with diabetes who are aware of their diabetic status do seek care but access, particularly to specialist diabetes services, is hindered by costs, time, crowded conditions and distance. Locally available services, while more accessible, lack infrastructure and expertise. Women are less likely to be diagnosed with diabetes and attend specialist services. Furthermore costs of care and dissatisfaction with health care providers affect medication adherence. Conclusion People with diabetes often make a trade-off between seeking locally available accessible care and specialised care which is more difficult to access. It is vital that health services respond to the needs of patients by building the capacity of local health providers and consider practical ways of supporting diabetes care. Trial registration ISRCTN41083256. Registered on 30/03/2016.

Notes: Jennings, Hannah Maria Morrison, Joanna Akter, Kohenour Haghparast-Bidgoli, Hassan King, Carina Ahmed, Naveed Kuddus, Abdul Shaha, Sanjit Kumar Nahar, Tasmin Azad, Kishwar Fottrell, Edward Akter, Kohenour/GWN-1463-2022

Akter, Kohenour/0000-0002-0409-1099; Jennings, Hannah Maria/0000-0002-8580-0327

1471-2458

URL: <Go to ISI>://WOS:000680419900005

Reference Type: Journal Article

Record Number: 155

Author: Jennings, J. K., McKenzie, C., Gondongwe, X. D. and Bourne, R. S.

Year: 2023

Title: Critical care pharmacist research activity, experience and interests: a 2021 United Kingdom survey

Journal: International Journal of Pharmacy Practice

Volume: 31

Issue: 3

Pages: 321-327

Date: May

Short Title: Critical care pharmacist research activity, experience and interests: a 2021 United Kingdom survey

ISSN: 0961-7671

DOI: 10.1093/ijpp/riad009

Accession Number: WOS:000934488000001

Abstract: Background Research and innovation are essential for effective healthcare service delivery, leading to improvements in patient health and wellbeing. National policy dictates that research delivery is embedded into daily practice of United Kingdom (UK) healthcare professionals, including pharmacists. There is a limited understanding of critical care pharmacist research activities, experiences and interests. It is, therefore, important to describe current practice including barriers and facilitators to enable increased engagement. Objectives To describe UK critical care pharmacist research activity, experiences, interests and barriers to better engagement. Method An electronic survey was developed, piloted and distributed (June to October 2021) to all critical care pharmacists via UK professional organisations. Key findings The survey was completed by 126 pharmacists, providing a 54% response rate. Few pharmacists reported research capability (postgraduate qualification with a research component, 31% (39/126)) and opportunity (dedicated research time, 28.6% (36/126)), only 12.7% (16/126) have both these influencers. Those that did, produced significantly more research outputs (median 4 (0,9) versus 0 (0,1), $P = 0.023$) and undertook grant funding applications ($X-2 (1, n = 126) = 25.8, P < 0.001$), compared to those without. The most frequently reported barrier to research was the time (opportunity), (71.4%, 90/126). Few pharmacists reported having a research mentor (13.3%, 16/120). Most pharmacists reported an interest in collaborating on research projects across a broad range of areas. Conclusions Critical care pharmacists are motivated to participate in the evaluation continuum including research, although most report capability and opportunity barriers to delivery. We suggest policy recommendations to address limitations and increase pharmacist research involvement.

Notes: Jennings, Jennifer K. McKenzie, Cathrine Gondongwe, Xolani D. Bourne, Richard S.

Bourne, Richard S/HOH-9749-2023; McKenzie, Cathrine/AAB-7428-2020

Bourne, Richard S/0000-0003-0893-525X; McKenzie, Cathrine/0000-0002-5190-9711; Gondongwe, Xolani Dereck/0000-0002-8757-1388 2042-7174

URL: <Go to ISI>://WOS:000934488000001

Reference Type: Journal Article

Record Number: 2494

Author: Jensen, B. B., Lahteenmaki, L., Grunert, K. G., Brown, K. A., Timotijevic, L., Barnett, J., Shepherd, R. and Raats, M. M.

Year: 2012

Title: Changing micronutrient intake through (voluntary) behaviour change. The case of folate

Journal: Appetite

Volume: 58

Issue: 3

Pages: 1014-1022

Date: Jun

Short Title: Changing micronutrient intake through (voluntary) behaviour change. The case of folate

ISSN: 0195-6663

DOI: 10.1016/j.appet.2012.03.004

Accession Number: WOS:000304336800037

Abstract: The objective of this study was to relate behaviour change mechanisms to nutritionally relevant behaviour and demonstrate how the different mechanisms can affect attempts to change these behaviours. Folate was used as an example to illuminate the possibilities and challenges in inducing behaviour change. The behaviours affecting folate intake were recognised and categorised. Behaviour change mechanisms from "rational model of man", behavioural economics, health psychology and social psychology were identified and aligned against folate-related behaviours. The folate example demonstrated the complexity of mechanisms influencing possible behavioural changes, even though this only targets the intake of a single micronutrient. When considering possible options to promote folate intake, the feasibility of producing the desired outcome should be related to the mechanisms of required changes in behaviour and the possible alternatives that require no or only minor changes in behaviour. Dissecting the theories provides new approaches to food-related behaviour that will aid the development of batteries of policy options when targeting nutritional problems. (C) 2012 Elsevier Ltd. All rights reserved.

Notes: Jensen, Birger B. Lahteenmaki, Liisa Grunert, Klaus G. Brown, Kerry A. Timotijevic, Lada Barnett, Julie Shepherd, Richard Raats, Monique M.

Brown, Kerry Ann/E-7913-2016; Raats, Monique/G-5348-2012

Brown, Kerry Ann/0000-0002-6803-5336; Raats, Monique/
0000-0002-8057-2783; Grunert, Klaus G/0000-0001-8482-184X;
Timotijevic, Lada/0000-0002-3154-0048; Barnett, Julie/
0000-0001-5740-0863

1095-8304

URL: <Go to ISI>://WOS:000304336800037

Reference Type: Journal Article

Record Number: 1610

Author: Jeon, M. S., Agar, M. R., Koh, E. S., Nowak, A. K., Hovey, E. J. and Dhillon, H. M.

Year: 2021

Title: Barriers to managing sleep disturbance in people with malignant brain tumours and their caregivers: a qualitative analysis of healthcare professionals' perception

Journal: Supportive Care in Cancer

Volume: 29

Issue: 7

Pages: 3865-3876

Date: Jul

Short Title: Barriers to managing sleep disturbance in people with malignant brain tumours and their caregivers: a qualitative analysis of healthcare professionals' perception

ISSN: 0941-4355

DOI: 10.1007/s00520-020-05970-4

Accession Number: WOS:000604179900004

Abstract: Purpose This study explores healthcare professionals (HCPs)' perception and current management of sleep disturbance (SD) in people with malignant brain tumours and their caregivers. We aimed to identify barriers to effective management of SD in neuro-oncology care. Methods We conducted semi-structured interviews with 11 HCPs involved in neuro-oncology care. The study was underpinned by the Capability Opportunity Motivation-Behaviour (COM-B) model within the Behavioural Change Wheel (BCW) guiding topic selection for the exploration of underlying processes of HCPs' behaviours and care decisions for SD management. Data were analysed thematically using a framework synthesis, and subsequently mapped onto the BCW to identify barriers for effective management and recommend potential interventions. Results We identified four themes: HCPs' clinical opinions about SD, the current practice of SD management in neuro-oncology clinics, gaps in the current practice, and suggested areas for improvements. HCPs perceived SD as a prevalent yet secondary issue of low priority in neuro-oncology care. SD was unrecognised, and inadequately managed in usual clinical settings. Interventional options included modifying the use of corticosteroids or prescribing sedatives. When mapped onto the BCW, themes identified main barriers as a lack of awareness among HCPs about SD warranting care, due to the absence of screening tools and limited knowledge and resources for therapeutic interventions. Conclusions Multidisciplinary HCPs need training in the routine use of appropriate sleep assessment tools, and access to clear management pathways. More professional resources are needed to educate staff in implementing appropriate interventions for people with malignant brain tumours who are experiencing SD.

Notes: Jeon, Megan S. Agar, Meera R. Koh, Eng-Siew Nowak, Anna K. Hovey, Elizabeth J. Dhillon, Haryana M. .

Nowak, Anna K/B-2487-2013; Agar, Meera/AAI-4002-2021

Nowak, Anna K/0000-0002-9317-9526; Agar, Meera/0000-0002-6756-6119; Jeon, Megan/0000-0002-9373-9087
1433-7339

URL: <Go to ISI>://WOS:000604179900004

Reference Type: Journal Article

Record Number: 319

Author: Jervis-Rademeyer, H., Ong, K., Djuric, A., Munce, S., Musselman, K. E. and Marquez-Chin, C.

Year: 2022

Title: Therapists' perspectives on using brain-computer interface-triggered functional electrical stimulation therapy for individuals living with upper extremity paralysis: a qualitative case series study

Journal: Journal of Neuroengineering and Rehabilitation

Volume: 19

Issue: 1

Date: Nov

Short Title: Therapists' perspectives on using brain-computer interface-triggered functional electrical stimulation therapy for individuals living with upper extremity paralysis: a qualitative case series study

DOI: 10.1186/s12984-022-01107-2

Article Number: 127

Accession Number: WOS:000886995100001

Abstract: Background Brain computer interface-triggered functional electrical stimulation therapy (BCI-FEST) has shown promise as a therapy to improve upper extremity function for individuals who have had a stroke or spinal cord injury. The next step is to determine whether BCI-FEST could be used clinically as part of broader therapy practice. To do this, we need to understand therapists' opinions on using the BCI-FEST and what limitations potentially exist.

Therefore, we conducted a qualitative exploratory study to understand the perspectives of therapists on their experiences delivering BCI-FEST and the feasibility of large-scale clinical implementation. Methods Semi-structured interviews were conducted with physical therapists (PTs) and occupational therapists (OTs) who have delivered BCI-FEST. Interview questions were developed using the COM-B (Capability, Opportunity, Motivation-Behaviour) model of behaviour change. COM-B components were used to inform deductive content analysis while other subthemes were detected using an inductive approach. Results We interviewed PTs (n = 3) and OTs (n = 3), with 360 combined hours of experience delivering BCI-FEST. Components and subcomponents of the COM-B determined deductively included: (1) Capability (physical, psychological), (2) Opportunity (physical, social), and (3) Motivation (automatic, reflective). Under each deductive subcomponent, one to two inductive subthemes were identified (n = 8). Capability and Motivation were perceived as strengths, and therefore supported therapists' decisions to use BCI-FEST. Under Opportunity, for both subcomponents (physical, social), therapists recognized the need for more support to clinically implement BCI-FEST. Conclusions We identified facilitating and limiting factors to BCI-FEST delivery in a clinical setting according to clinicians. These factors implied that education, training, a support network or mentors, and restructuring the physical environment (e.g., scheduling) should be targeted as interventions. The results of this study may help to inform future development of new technologies and interventions.

Notes: Jervis-Rademeyer, Hope Ong, Kenneth Djuric, Alexander Munce, Sarah Musselman, Kristin E. Marquez-Chin, Cesar

Jervis-Rademeyer, Hope/HKW-3820-2023

Jervis-Rademeyer, Hope/0009-0001-7871-7787; Marquez-Chin, Cesar/0000-0002-9916-4122

1743-0003

URL: <Go to ISI>://WOS:000886995100001

Reference Type: Journal Article

Record Number: 668

Author: Jette, N., Kirkpatrick, M., Lin, K., Fernando, S. M. S., French, J. A., Jehi, L., Kumlien, E., Triki, C. C., Wiebe, S., Wilmshurst, J. and Brigo, F.

Year: 2022

Title: What is a clinical practice guideline? A roadmap to their development. Special report from the Guidelines Task Force of the International League Against Epilepsy

Journal: Epilepsia

Volume: 63

Issue: 8

Pages: 1920-1929

Date: Aug

Short Title: What is a clinical practice guideline? A roadmap to their development. Special report from the Guidelines Task Force of the International League Against Epilepsy

ISSN: 0013-9580

DOI: 10.1111/epi.17312

Accession Number: WOS:000812934900001

Abstract: Clinical practice guidelines (CPGs) are statements that provide evidence-based recommendations aimed at optimizing patient care. However, many other documents are often published as "guidelines" when they are not; these documents, although also important in clinical practice, are usually not systematically produced following rigorous processes linking the evidence to the recommendations. Specifically, the International League Against Epilepsy (ILAE) guideline development toolkit aims to ensure that high-quality CPGs are developed to fill knowledge gaps and optimize the management of epilepsy. In addition to adhering to key methodological processes, guideline developers need to consider that effective CPGs should lead to improvements in clinical processes of care and health care outcomes. This requires monitoring the effectiveness of epilepsy-related CPGs and interventions to remove the barriers to epilepsy CPG implementation. This article provides an overview of what distinguishes quality CPGs from other documents and discusses their benefits and limitations. We summarize the recently revised ILAE CPG development process and elaborate on the barriers and facilitators to guideline dissemination, implementation, and adaptation.

Notes: Jette, Nathalie Kirkpatrick, Martin Lin, Katia Fernando, Sanjaya M. S. French, Jacqueline A. Jehi, Lara Kumlien, Eva Triki, Chahnez C. Wiebe, Samuel Wilmshurst, Jo Brigo, Francesco Wilmshurst, Jo/AFR-4709-2022; Jette, Nathalie/HCH-4827-2022; Brigo, Francesco/H-6513-2013; French, Jacqueline/G-6795-2013 Wilmshurst, Jo/0000-0001-7328-1796; Jette, Nathalie/0000-0003-1351-5866; Brigo, Francesco/0000-0003-0928-1577; French, Jacqueline/0000-0003-2242-8027; Jehi, Lara/0000-0002-8041-6377 1528-1167

URL: <Go to ISI>://WOS:000812934900001

Reference Type: Journal Article

Record Number: 163

Author: Jiang, S. Y., Tang, M., Desai, K., Song, P., Eng, J. and

Otani, I. M.
Year: 2023
Title: Medicine resident perceptions regarding b-lactam antibiotic prescribing in patients with penicillin allergy
Journal: Journal of Allergy and Clinical Immunology-in Practice
Volume: 11
Issue: 2
Pages: 638-642
Date: Feb
Short Title: Medicine resident perceptions regarding b-lactam antibiotic prescribing in patients with penicillin allergy
ISSN: 2213-2198
DOI: 10.1016/j.jaip.2022.10.012
Accession Number: WOS:000993763200001
Notes: Jiang, Shirley Y. Tang, Monica Desai, Karisma Song, Paula Eng, Jen Otani, Iris M.
Jiang, Shirley/0000-0002-0159-9698
2213-2201
URL: <Go to ISI>://WOS:000993763200001

Reference Type: Journal Article
Record Number: 1402
Author: Jobber, C. J. D., Wilkinson, S. A., Hughes, E. K., Nave, F. and van der Meij, B. S.
Year: 2021
Title: Using the theoretical domains framework to inform strategies to support dietitians undertaking body composition assessments in routine clinical care
Journal: BMC Health Services Research
Volume: 21
Issue: 1
Date: May
Short Title: Using the theoretical domains framework to inform strategies to support dietitians undertaking body composition assessments in routine clinical care
DOI: 10.1186/s12913-021-06375-7
Article Number: 518
Accession Number: WOS:000659102700003
Abstract: Background Malnutrition, sarcopenia and cachexia are clinical wasting syndromes characterised by muscle loss. Systematic monitoring by body composition assessment (BCA) is recommended for the diagnosis, treatment and monitoring of the syndrome(s). This study investigated practices, competency, and attitudes of Australian dietitians regarding BCA, to inform a local implementation process. Methods Applying the Action cycle in the Knowledge to Action framework, surveys were distributed to the 26 dietitians of an 800-bed tertiary hospital. The survey assessed barriers and enablers to performing routine BCA in clinical care. Results were categorised using the Theoretical Domains Framework (TDF) and suitable interventions mapped using the Behaviour Change Wheel. Results Twenty-two dietitians (84.6%) completed the survey. Barriers to BCA were identified in all TDF domains, particularly in Knowledge, Skills, Social/professional role and identity, Beliefs

about capabilities, and Environmental context and resources. Enablers existed in domains of: Skills; Beliefs about consequences; Goals; Environmental context and resources; Social influences; Intentions; Optimism; Reinforcement. Conclusions This study showed that hospital dietitians experience individual, team, and organisational barriers to adopt BCAs in clinical practice. We were able to formulate targeted implementation strategies to overcome these barriers to assist BCA adoption into routine practice.

Notes: Jobber, Chloe J. D. Wilkinson, Shelley A. Hughes, Elyssa K. Nave, Fiona van der Meij, Barbara S.

Wilkinson, Shelley/AAV-9803-2020

Wilkinson, Shelley/0000-0003-3365-3473

1472-6963

URL: <Go to ISI>://WOS:000659102700003

Reference Type: Journal Article

Record Number: 1779

Author: Jobst, S., Leppla, L. and Koberich, S.

Year: 2020

Title: A self-management support intervention for patients with atrial fibrillation: a randomized controlled pilot trial

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: A self-management support intervention for patients with atrial fibrillation: a randomized controlled pilot trial

DOI: 10.1186/s40814-020-00624-y

Article Number: 87

Accession Number: WOS:000729238200085

Abstract: Background Atrial fibrillation (AF) is the most common arrhythmia worldwide. Despite effective treatment, it is characterized by frequent recurrences. Optimal therapeutic management of AF requires active participation and self-management from patients. Two major components of self-management are self-monitoring and sign-and-symptom management. Pulse self-palpation (PSP) is a method of self-monitoring; however, not all AF patients are capable of successfully performing PSP. Due to a lack of interventions on this topic, a nurse-led intervention for patients with AF (PSPAF intervention) was developed to foster self-monitoring and to enhance self-management through PSP. The purpose of this pilot study was to test the acceptability, feasibility, and potential effects of this intervention on the capability of patients' PSP and sign-and-symptom management. Moreover, we aimed at gathering data on the feasibility of applied research methods to aid in the design of future studies. Methods The pilot trial involved 20 adult patients with AF, randomized to an intervention or usual care group. At baseline and during a home visit 3-5 weeks later, we collected data using questionnaires, checklists, field notes, a mobile ECG device, and a diary. Acceptability and feasibility measures were validated through predefined cut-off points. Effect size estimates were expressed as relative risks (RR) and the number needed to treat (NNT). Results The PSPAF intervention seemed feasible, but only partly acceptable. There were limitations in terms of

potential effectiveness, suitability, addressing participants' willingness to implement its content in daily life, and adherence. Estimations of effect sizes suggest a large effect of the intervention on patients' PSP capability (RR = 6.0; 95% CI = [0.83, 43.3]; NNT = 2.4), but almost no effect on sign-and-symptom management (RR = 1.5; 95% CI = [0.7, 3.1]; NNT = 4.0). The feasibility of applied research methods showed minor limitations on recruitment and participant burden. Conclusions Despite some limitations, the intervention seemed to be applicable and promising. Taking into account the suggestions and amendments we have made, we recommend conducting a full-scale trial to examine the efficacy of the PSPAF intervention. Trial registration This pilot study was registered in the German Clinical Trials Register at September 4, 2017 (Main ID: DRKS00012808).

Notes: Jobst, Stefan Leppla, Lynn Koeberich, Stefan Jobst, Stefan/AFK-3853-2022; Leppla, Lynn/AE-6732-2022 Jobst, Stefan/0000-0002-0160-2391; Koberich, Stefan/0000-0001-6171-382X; Leppla, Lynn/0000-0003-0233-7304 2055-5784

URL: <Go to ISI>://WOS:000729238200085

Reference Type: Journal Article

Record Number: 831

Author: Jochem, C. and Leitzmann, M.

Year: 2022

Title: Physical Activity and Sedentary Behavior in Relation to Cancer Survival: A Narrative Review

Journal: Cancers

Volume: 14

Issue: 7

Date: Apr

Short Title: Physical Activity and Sedentary Behavior in Relation to Cancer Survival: A Narrative Review

DOI: 10.3390/cancers14071720

Article Number: 1720

Accession Number: WOS:000783108100001

Abstract: Simple Summary Globally, cancer is a major issue and an increasing number of people live with cancer. Lifestyle-associated factors play a major role in cancer prevention. Being physically active and limiting the amount of time spent sitting reduce the risk of developing several types of cancer. Furthermore, physical activity before, during, and after cancer diagnosis has been found to improve cancer outcomes. In addition, reduced levels of time spent sedentary may lead to improved outcomes in cancer survivors as well. This narrative review summarizes the existing evidence on the relationship of physical activity and sedentary behavior to cancer survival and other health outcomes in cancer survivors. The review provides an overview on the barriers, facilitators, and other factors that determine the levels of physical activity and sedentary behavior in cancer survivors as well as on the current recommendations on physical activity and sedentary behavior for cancer survivors. From a public health perspective, cancer is a major issue, and it contributes to a high economic and societal

burden. Lifestyle-associated risk factors play a crucial role in cancer prevention. The present narrative review aims to summarize the existing evidence on the relationship of physical activity and sedentary behavior to cancer survival, including the evidence on mortality and other health-related outcomes. There is strong evidence that physical activity before, during, and after cancer diagnosis improves outcomes for breast and colorectal cancers. In addition, there is emerging evidence that reduced levels of sedentary behavior in cancer survivors are associated with improved outcomes. Future studies are needed to strengthen the evidence and to provide details on additional cancer sites. In the meantime, existing recommendations for physical activity and sedentary behavior in cancer survivors should be followed to improve the health status of cancer survivors.

Notes: Jochem, Carmen Leitzmann, Michael

2072-6694

URL: <Go to ISI>://WOS:000783108100001

Reference Type: Journal Article

Record Number: 2050

Author: Joffe, H., Perez-Fuentes, G., Potts, H. W. W. and Rossetto, T.

Year: 2016

Title: How to increase earthquake and home fire preparedness: the fix-it intervention

Journal: Natural Hazards

Volume: 84

Issue: 3

Pages: 1943-1965

Date: Dec

Short Title: How to increase earthquake and home fire preparedness: the fix-it intervention

ISSN: 0921-030X

DOI: 10.1007/s11069-016-2528-1

Accession Number: WOS:000388187900022

Abstract: Published, evaluated community intervention studies concerning natural hazard preparedness are rare. Most lack a rigorous methodology, thereby hampering the development of evidence-based interventions. This paper describes the rationale and methodology of a cross-cultural, longitudinal intervention study on earthquake and home fire preparedness, termed fix-it. The aim is to evaluate whether and how the intervention brings about behaviour change in the targeted communities in two coastal cities with high seismic risk: Seattle, USA and Izmir, Turkey. Participants are adult residents of these cities. The intervention group attends a 6-h workshop, which focuses on securing items in the household. The control group does not attend the workshop. All participants complete baseline and post-intervention, as well as 3- and 12-month follow-up assessments. The primary outcome measure is an observational measure of nine preparedness items for earthquake and fire in participants' homes. This is evaluated alongside participants' self-reports concerning their preparedness levels. Secondary outcomes are changes in levels of self-efficacy, perceived

outcome, trust, corruption, empowerment, anxiety and social cohesion. Results from the first of the studies, conducted in Seattle in September 2015, indicate that while the fix-it intervention is effective, in the longer term, multi-hazard preparedness is increased by the mere act of going into people's homes to observe their preparedness levels along with assessing self-reported preparedness and sociopsychological orientation towards natural hazards. This protocol and study aim to augment the empirical literature on natural hazard preparedness, informing national and international policy on delivery of evidence-based community interventions to promote multi-hazard preparedness in households.

Notes: Joffe, Helene Perez-Fuentes, Gabriela Potts, Henry W. W. Rossetto, Tiziana

Potts, Henry WW/B-9597-2008; Rossetto, Tiziana/B-5844-2012

Potts, Henry WW/0000-0002-6200-8804; Rossetto, Tiziana/

0000-0002-9231-3017

1573-0840

URL: <Go to ISI>://WOS:000388187900022

Reference Type: Journal Article

Record Number: 1673

Author: Johnson, B. J., Golley, R. K., Zarnowiecki, D., Hendrie, G. A. and Huynh, E. K.

Year: 2020

Title: Understanding the influence of physical resources and social supports on primary food providers' snack food provision: a discrete choice experiment

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 17

Issue: 1

Date: Nov

Short Title: Understanding the influence of physical resources and social supports on primary food providers' snack food provision: a discrete choice experiment

DOI: 10.1186/s12966-020-01062-y

Article Number: 155

Accession Number: WOS:000596488000001

Abstract: Background: Snack eating occasions contribute approximately a third of children's energy intake, with approximately half of all unhealthy foods consumed during snack times. Therefore, it is critical to understand the drivers of primary food providers' snack provision. The study aims were to determine the relative importance of physical resources and social supports when primary food providers are choosing snacks to provide to their child, and to investigate how these attributes differ in social versus non-social occasions, and between subgroups of primary food providers based on socio-economic position. Methods: Primary food providers of three to seven-year olds completed an online discrete choice experiment, by making trade-offs when completing repeated, hypothetical choice tasks on the choice of snacks to provide to their child in: 1) non-social and 2) social condition.

Choice tasks included two alternatives consisting of varying attribute (i.e. factor) levels, and an opt-out option. The order of conditions shown were randomized across participants. Multinomial logit model analyses were used to determine utility weights for each attribute. Results: Two-hundred and twenty-five primary food providers completed the study, providing 1125 choice decisions per condition. In the non-social condition, the top three ranked attributes were type of food (utility weight 1.94, $p < 0.001$), child resistance (-1.62 , $p < 0.001$) and co-parent support (0.99 , $p < 0.001$). In the social condition, top ranking attributes were child resistance (utility weight -1.50 , $p < 0.001$), type of food (1.38 , $p < 0.001$) and co-parent support (1.07 , $p < 0.001$). In both conditions, time was not a significant influence and cost was of lowest relative importance. Subgroup analyses revealed cost was not a significant influence for families from higher socio-economic backgrounds. Conclusions: Type of food, child resistance and co-parent support were of greatest relative importance in primary food providers' snack provision decision-making, regardless of social condition or socio-economic position. In designing future interventions to reduce unhealthy snacks, researchers should prioritize these influences, to better support primary food providers in changing their physical and social opportunity.

Notes: Johnson, Brittany J. Golley, Rebecca K. Zarnowiecki, Dorota Hendrie, Gilly A. Huynh, Elisabeth K.

Hendrie, Gilly A/F-4615-2011; Golley, Rebecca K/D-1606-2009;

Johnson, Brittany/AAT-2338-2021; Zarnowiecki, Dorota M/C-9878-2015; Huynh, Elisabeth/M-5970-2015

Johnson, Brittany/0000-0001-5492-9219; Zarnowiecki, Dorota M/0000-0003-0874-7830; Huynh, Elisabeth/0000-0002-1855-3143; Golley, Rebecca/0000-0001-5197-7987

1479-5868

URL: <Go to ISI>://WOS:000596488000001

Reference Type: Journal Article

Record Number: 209

Author: Johnson, C., Thout, S. R., Nidhuram, S., Hart, A., Hoek, A. C., Rogers, K., Shivashankar, R., Ide, N., Chatterjee, S., Webster, J. and Praveen, D.

Year: 2023

Title: Protocol for the implementation and evaluation of a community-based behavior change intervention to reduce dietary salt intake in India

Journal: Journal of Clinical Hypertension

Volume: 25

Issue: 2

Pages: 175-182

Date: Feb

Short Title: Protocol for the implementation and evaluation of a community-based behavior change intervention to reduce dietary salt intake in India

ISSN: 1524-6175

DOI: 10.1111/jch.14628

Accession Number: WOS:000915631200001

Abstract: Excess dietary salt intake is well established as a leading cause of high blood pressure and associated cardiovascular disease, yet current salt intake in India is nearly 11 g per day, more than twice World Health Organization maximum recommended intake of 5 g per day. Although dietary survey data from India indicate that the main sources of dietary salt are salt added during cooking at home, and few salt reduction efforts have focused on interventions at the household level. As a result, there is little evidence of the effectiveness of behavior change programs to reduce salt intake at the household level. The study aims to develop and implement a community based behavioral change intervention to reduce salt intake delivered by front line community-based health volunteers; and evaluate the preliminary effectiveness, acceptability, and feasibility of delivering a salt reduction behavior change program and potential to support future scale-up. The study is a pre-post intervention design, and outcomes will be evaluated from a random sample of 1500 participants from 28 villages in two primary health centers in Siddipet, Telangana. Primary outcome is change in salt-related KAB (knowledge, attitude, and behavior) score, and secondary outcomes will be changes in salt intake measured by 24 h urinary sodium excretion and change in scores using the subscales of the COM-B ("capability", "opportunity", "motivation" and "behavior") tool. Findings will be used to inform future public health policies to support implementation of scalable community-based interventions to reduce salt intake and control hypertension, the leading-cause of death in India.

Notes: Johnson, Claire Thout, Sudhir Raj Nidhuram, Spoorthi Hart, Ashleigh Hoek, Annet C. Rogers, Kris Shivashankar, Roopa Ide, Nicole Chatterjee, Susmita Webster, Jacqui Praveen, Devarsetty Webster, Jacqui/0000-0003-3513-3340; Thout, Sudhir raj/0000-0003-0383-4206

1751-7176

URL: <Go to ISI>://WOS:000915631200001

Reference Type: Journal Article

Record Number: 1947

Author: Johnson, F. M., Best, W., Beckley, F. C., Maxim, J. and Beeke, S.

Year: 2017

Title: Identifying mechanisms of change in a conversation therapy for aphasia using behaviour change theory and qualitative methods

Journal: International Journal of Language & Communication Disorders

Volume: 52

Issue: 3

Pages: 374-387

Date: May-Jun

Short Title: Identifying mechanisms of change in a conversation therapy for aphasia using behaviour change theory and qualitative methods

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12279

Accession Number: WOS:000404933400010

Abstract: Background: Conversation therapy for aphasia is a complex intervention comprising multiple components and targeting multiple outcomes. UK Medical Research Council (MRC) guidelines published in 2008 recommend that in addition to measuring the outcomes of complex interventions, evaluation should seek to clarify how such outcomes are produced, including identifying the hypothesized mechanisms of change. Aims: To identify mechanisms of change within a conversation therapy for people with aphasia and their partners. Using qualitative methods, the study draws on behaviour change theory to understand how and why participants make changes in conversation during and after therapy. Methods & Procedures: Data were derived from 16 participants (eight people with aphasia; eight conversation partners) who were recruited to the Better Conversations with Aphasia research project and took part in an eight session conversation therapy programme. The dataset consists of in-therapy discussions and post-therapy interviews, which are analysed using Framework Analysis. Outcomes & Results: Seven mechanisms of conversational behaviour change are identified and linked to theory. These show how therapy can activate changes to speakers' skills and motivation for using specific behaviours, and to the conversational opportunities available for strategy use. Conclusions & Implications: These clinically relevant findings offer guidance about the processes involved in producing behavioural change via conversation therapy. A distinction is made between the process involved in motivating change and that involved in embedding change. Differences are also noted between the process engaged in reducing unhelpful behaviour and that supporting new uses of compensatory strategies. Findings are expected to have benefits for those seeking to replicate therapy's core processes both in clinical practice and in future research.

Notes: Johnson, Fiona M. Best, Wendy Beckley, Firlle Christina Maxim, Jane Beeke, Suzanne

Best, Wendy/0000-0001-8375-5916

1460-6984

URL: <Go to ISI>://WOS:000404933400010

Reference Type: Journal Article

Record Number: 2150

Author: Johnson, K. B., Patterson, B. L., Ho, Y. X., Chen, Q. X., Nian, H., Davison, C. L., Slagle, J. and Mulvaney, S. A.

Year: 2016

Title: The feasibility of text reminders to improve medication adherence in adolescents with asthma

Journal: Journal of the American Medical Informatics Association

Volume: 23

Issue: 3

Pages: 449-455

Date: May

Short Title: The feasibility of text reminders to improve medication adherence in adolescents with asthma

ISSN: 1067-5027

DOI: 10.1093/jamia/ocv158

Accession Number: WOS:000383781800004

Abstract: Objective Personal health applications have the potential to help patients with chronic disease by improving medication adherence, self-efficacy, and quality of life. The goal of this study was to assess the impact of MyMediHealth (MMH) – a website and a short messaging service (SMS)-based reminder system – on medication adherence and perceived self-efficacy in adolescents with asthma. **Methods** We conducted a block-randomized controlled study in academic pediatric outpatient settings. There were 98 adolescents enrolled. Subjects who were randomized to use MMH were asked to create a medication schedule and receive SMS reminders at designated medication administration times for 3 weeks. Control subjects received action lists as a part of their usual care. Primary outcome measures included MMH usage patterns and self-reports of system usability, medication adherence, asthma control, self-efficacy, and quality of life. **Results** Eighty-nine subjects completed the study, of whom 46 were randomized to the intervention arm. Compared to controls, we found improvements in self-reported medication adherence ($P = .011$), quality of life ($P = .037$), and self-efficacy ($P = .016$). Subjects reported high satisfaction with MMH; however, the level of system usage varied widely, with lower use among African American patients. **Conclusions** MMH was associated with improved medication adherence, perceived quality of life, and self-efficacy.

Notes: Johnson, Kevin B. Patterson, Barron L. Ho, Yun-Xian Chen, Qingxia Nian, Hui Davison, Coda L. Slagle, Jason Mulvaney, Shelagh A.

alturbag, Majed/I-6243-2017
1527-974x

URL: <Go to ISI>://WOS:000383781800004

Reference Type: Journal Article

Record Number: 1625

Author: Johnson, M. C., Hulgán, T., Cooke, R. G., Kleinpell, R., Roumie, C., Callaway-Lane, C., Mitchell, L. D., Hathaway, J., Dittus, R. and Staub, M.

Year: 2021

Title: Operationalising outpatient antimicrobial stewardship to reduce system-wide antibiotics for acute bronchitis

Journal: Bmj Open Quality

Volume: 10

Issue: 3

Short Title: Operationalising outpatient antimicrobial stewardship to reduce system-wide antibiotics for acute bronchitis

DOI: 10.1136/bmjopen-2020-001275

Article Number: e001275

Accession Number: WOS:000671784600002

Abstract: Background Antibiotics are not recommended for treatment of acute uncomplicated bronchitis (AUB), but are often prescribed (85% of AUB visits within the Veterans Affairs nationally). This quality improvement project aimed to decrease antibiotic prescribing for AUB in community-based outpatient centres from 65% to Methods From January to December 2018, community-based outpatient clinics' 6 months' average of prescribed antibiotics for AUB and upper

respiratory infections was 63% (667 of 1054) and 64.6% (314 of 486) when reviewing the last 6 months. Seven plan-do-study-act (PDSA) cycles were implemented by an interprofessional antimicrobial stewardship team between January 2019 and March 2020. Balancing measures were a return patient phone call or visit within 4 weeks for the same complaint. X-2 tests and statistical process control charts using Western Electric rules were used to analyse intervention data. Results The AUB antibiotic prescribing rate decreased from 64.6% (314 of 486) in the 6 months prior to the intervention to 36.8% (154 of 418) in the final 6 months of the intervention. No change was seen in balancing measures. The largest reduction in antibiotic prescribing was seen after implementation of PDSA 6 in which 14 high prescribers were identified and targeted for individualised reviews of encounters of patients with AUB with an antimicrobial steward. Conclusions Operational implementation of successful stewardship interventions is challenging and differs from the traditional implementation study environment. As a nascent outpatient stewardship programme with limited resources and no additional intervention funding, we successfully reduced antibiotic prescribing from 64.6% to 36.8%, a reduction of 43% from baseline. The most success was seen with targeted education of high prescribers.

Notes: Johnson, Morgan Clouse Hulgán, Todd Cooke, Robin G. Kleinpell, Ruth Roumie, Christianne Callaway-Lane, Carol Mitchell, Lauren D. Hathaway, Jacob Dittus, Robert Staub, Milner Kleinpell, Ruth/0000-0003-0142-7527; Johnson, Morgan/0000-0002-4799-8715
2399-6641
URL: <Go to ISI>://WOS:000671784600002

Reference Type: Journal Article

Record Number: 1726

Author: Johnson, M. C., Judah, G., Cunningham, D. and Olander, E. K.
Year: 2022

Title: Individualised physical activity and physiotherapy behaviour change intervention tool for breast cancer survivors using self-efficacy and COM-B: feasibility study

Journal: European Journal of Physiotherapy

Volume: 24

Issue: 2

Pages: 119-128

Date: Mar

Short Title: Individualised physical activity and physiotherapy behaviour change intervention tool for breast cancer survivors using self-efficacy and COM-B: feasibility study

ISSN: 2167-9169

DOI: 10.1080/21679169.2020.1804616

Accession Number: WOS:000561468300001

Abstract: Objective: Breast cancer survivors who are physically active have lower recurrence and all-cause mortality. Breast cancer survivors often struggle to initiate and maintain physically active lifestyles. Barriers include psychosocial, environmental, and musculoskeletal factors. An individualised physical activity

intervention, informed by physiotherapy and behaviour change principles, may comprehensively address these barriers. This study tests the feasibility of this intervention. Methods: Following ethical approval and informed consent, stage-I and stage-II breast cancer survivors within 18 months of diagnosis were recruited from a secondary care NHS breast cancer unit. The intervention used tools combining musculoskeletal dysfunction, self-efficacy measurement and the COM-B model to allow personal tailoring of intervention techniques. The feasibility of recruitment, retention, acceptability and practicality of delivery of the physical activity intervention was tested using a single arm study. Results: Nine of 36 (25%) potential participants were recruited. Seven (77%) were retained to the study end. All participants reported that the intervention was acceptable. Eight would recommend the intervention and reported that their physical activity level increased due to the intervention. The intervention was practical to deliver within routine physiotherapy appointments. Conclusions: This small feasibility study has promising findings and will now need to be tested with more participants.

Notes: Johnson, Marie-Clare Judah, Gaby Cunningham, Deborah Olander, Ellinor K.

Johnson, Marie-Clare/AA0-2417-2021

Johnson, Marie-Clare/0000-0001-5949-949X
2167-9177

URL: <Go to ISI>://WOS:000561468300001

Reference Type: Journal Article

Record Number: 950

Author: Johnson, V. L., Apps, L., Hadjiconstantinou, M., Carey, M. E., Kreit, E., Mullis, R., Mant, J., Davies, M. J. and Grp, Mlas Development

Year: 2023

Title: The development of a self-management intervention for stroke survivors – My Life After Stroke (MLAS)

Journal: Disability and Rehabilitation

Volume: 45

Issue: 2

Pages: 226-234

Date: Jan

Short Title: The development of a self-management intervention for stroke survivors – My Life After Stroke (MLAS)

ISSN: 0963-8288

DOI: 10.1080/09638288.2022.2029959

Accession Number: WOS:000750764700001

Abstract: Purpose Long-term needs of stroke survivors (especially psychosocial needs and stroke prevention) are not adequately addressed. Self-management programmes exist but the optimal content and delivery approach is unclear. We aim to describe the process undertaken to develop a structured self-management programme to address these unmet needs. Materials and methods Based on the Medical Research Council framework for complex interventions, the development involved three phases: "Exploring the idea": Evidence synthesis and patient and public involvement (PPI) with stroke

survivors, carers and healthcare professionals. "The iterative phase": Development and iterative refinement of the format, content, underpinning theories and philosophy of the self-management programme My Life After Stroke (MLAS), with PPI. MLAS consists of two individual appointments and four group sessions over nine weeks, delivered interactively by two trained facilitators. It aims to build independence, confidence and hope and focusses on stroke prevention, maximising physical potential, social support and managing emotional responses. MLAS is grounded in the narrative approach and social learning theory. "Ready for research": The refinement of a facilitator curriculum and participant resources to support programme delivery. Results Through a systematic process, we developed an evidence- and theory-based self-management programme for stroke survivors Conclusions MLAS warrants evaluation in a feasibility study.

Notes: Johnson, Vicki L. Apps, Lindsay Hadjiconstantinou, Michelle Carey, Marian E. Kreit, Elizabeth Mullis, Ricky Mant, Jonathan Davies, Melanie J.

Davies, Melanie/0000-0002-9987-9371; Mant, Jonathan/
0000-0002-9531-0268

1464-5165

URL: <Go to ISI>://WOS:000750764700001

Reference Type: Journal Article

Record Number: 924

Author: Johnston, I., Price, O., McPherson, P., Armitage, C. J., Brooks, H., Bee, P., Lovell, K. and Brooks, C. P.

Year: 2022

Title: De-escalation of conflict in forensic mental health inpatient settings: a Theoretical Domains Framework-informed qualitative investigation of staff and patient perspectives

Journal: BMC Psychology

Volume: 10

Issue: 1

Date: Feb

Short Title: De-escalation of conflict in forensic mental health inpatient settings: a Theoretical Domains Framework-informed qualitative investigation of staff and patient perspectives

DOI: 10.1186/s40359-022-00735-6

Article Number: 30

Accession Number: WOS:000755845000001

Abstract: Background Violence and other harms that result from conflict in forensic inpatient mental health settings are an international problem. De-escalation approaches for reducing conflict are recommended, yet the evidence-base for their use is limited. For the first time, the present study uses implementation science and behaviour change approaches to identify the specific organisational and individual behaviour change targets for enhanced de-escalation in low and medium secure forensic inpatient settings. The primary objective of this study was to identify and describe individual professional, cultural and system-level barriers and enablers to the implementation of de-escalation in forensic mental health inpatient settings. The secondary objective was to identify

the changes in capabilities, opportunities and motivations required to enhance de-escalation behaviours in these settings. Methods Qualitative design with data collection and analysis informed by the Theoretical Domains Framework (TDF). Two medium secure forensic mental health inpatient wards and one low secure mental health inpatient ward participated. 12 inpatients and 18 staff participated across five focus groups and one individual interview (at participant preference) guided by a semi-structured interview schedule informed by the TDF domains. Data were analysed via Framework Analysis, organised into the 14 TDF domains then coded inductively within each domain. Results The capabilities required to enhance de-escalation comprised relationship-building, emotional regulation and improved understanding of patients. Staff opportunities for de-escalation are limited by shared beliefs within nursing teams stigmatising therapeutic intimacy in nurse-patient relationships and emotional vulnerability in staff. These beliefs may be modified by ward manager role-modelling. Increased opportunity for de-escalation may be created by increasing service user involvement in antipsychotic prescribing and modifications to the physical environment (sensory rooms and limiting restrictions on patient access to ward spaces). Staff motivation to engage in de-escalation may be increased through reducing perceptions of patient dangerousness via post-incident debriefing and advanced de-escalation planning. Conclusions Interventions to enhance de-escalation in forensic mental health settings should enhance ward staff's understanding of patients and modify beliefs about therapeutic boundaries which limit the quality of staff-patient relationships. The complex interactions within the capabilities-opportunities-motivation configuration our novel analysis generated, indicates that de-escalation behaviour is unlikely to be changed through knowledge and skills-based training alone. De-escalation training should be implemented with adjunct interventions targeting: collaborative antipsychotic prescribing; debriefing and de-escalation planning; modifications to the physical environment; and ward manager role-modelling of emotional vulnerability and therapeutic intimacy in nurse-patient relationships.

Notes: Johnston, Isobel Price, Owen McPherson, Peter Armitage, Christopher J. Brooks, Helen Bee, Penny Lovell, Karina Brooks, Cat Papastavrou

Lovell, Karina S E/E-6410-2012; Price, Owen/O-4305-2014; Bee, Penny/O-8822-2014; Brooks, Helen/O-4307-2014

Lovell, Karina S E/0000-0001-8821-895X; Price, Owen/0000-0002-4601-3363; Johnston, Isobel/0000-0001-5891-9472; Papastavrou Brooks, Cat/0000-0002-3055-5301; Bee, Penny/0000-0002-5600-0400; Armitage, Christopher/0000-0003-2365-1765; Brooks, Helen/0000-0002-2157-0200
2050-7283

URL: <Go to ISI>://WOS:000755845000001

Reference Type: Journal Article

Record Number: 2422

Author: Johnston, M. and Dixon, D.

Year: 2014

Title: Developing an integrated biomedical and behavioural theory of functioning and disability: adding models of behaviour to the ICF framework

Journal: Health Psychology Review

Volume: 8

Issue: 4

Pages: 381-403

Short Title: Developing an integrated biomedical and behavioural theory of functioning and disability: adding models of behaviour to the ICF framework

ISSN: 1743-7199

DOI: 10.1080/17437199.2013.855592

Accession Number: WOS:000342294400001

Abstract: The International Classification of Functioning Disability and Health (ICF) offers an agreed language on which a scientific model of functional outcomes can be built. The ICF defines functional outcomes as activity and activity limitations (AL) and defines both in behavioural terms. The ICF, therefore, appears to invite explanations of AL as behaviours. Studies of AL find that psychological variables, especially perceptions of control, add to biomedical variables in predicting AL. Therefore, two improved models are proposed, which integrate the ICF with two psychological theories, the theory of planned behaviour (TPB) and social cognitive theory (SCT). These models have a sound evidence base as good predictors of behaviour, include perceived control constructs and are compatible with existing evidence about AL. When directly tested in studies of community and clinic-based populations, both integrated models (ICF/TPB and ICF/SCT) outperform each of the three basic models (ICF, TPB and SCT). However, when predicting activity rather than AL, the biomedical model of the ICF does not improve prediction of activity by TPB and SCT on their own. It is concluded that these models offer a better explanation of functional outcomes than the ICF alone and could form the basis for the development of improved models.

Notes: Johnston, Marie Dixon, Diane

dixon, diane/A-2021-2010

dixon, diane/0000-0001-7099-204X

1743-7202

URL: <Go to ISI>://WOS:000342294400001

Reference Type: Journal Article

Record Number: 1996

Author: Johnston, M. and Johnston, D.

Year: 2017

Title: What Is Behavioural Medicine? Commentary on Definition

Proposed by Dekker, Stauder and Penedo

Journal: International Journal of Behavioral Medicine

Volume: 24

Issue: 1

Pages: 8-11

Date: Feb

Short Title: What Is Behavioural Medicine? Commentary on Definition

Proposed by Dekker, Stauder and Penedo

ISSN: 1070-5503

DOI: 10.1007/s12529-016-9611-6

Accession Number: WOS:000394151800003

Abstract: Purpose Dekker et al. (2016) propose an updated definition of behavioural medicine. In this commentary, we discuss how the field and the disciplines involved have changed over time before suggesting small amendments to the proposed definition. We suggest that the range of medicine which might be considered 'behavioural' is increasing to encompass virtually all medical practice. In addition, the role of behaviour and the potential for behaviour change as a means of improving health have become increasingly important. A defining characteristic of behavioural medicine is the involvement of multiple disciplines, working together or in parallel and, as the extent of the field expands, more disciplines are likely to be involved. We therefore propose that the definition should represent the full width of the research, practice and disciplines involved in behavioural medicine.

Notes: Johnston, Marie Johnston, Derek Johnston, Marie/0000-0003-0124-4827
1532-7558

URL: <Go to ISI>://WOS:000394151800003

Reference Type: Journal Article

Record Number: 761

Author: Johnston, W., Keogh, A., Dickson, J., Leslie, S. J., Megyesi, P., Connolly, R., Burke, D. and Caulfield, B.

Year: 2022

Title: Human-Centered Design of a Digital Health Tool to Promote Effective Self-care in Patients With Heart Failure: Mixed Methods Study

Journal: Jmir Formative Research

Volume: 6

Issue: 5

Date: May

Short Title: Human-Centered Design of a Digital Health Tool to Promote Effective Self-care in Patients With Heart Failure: Mixed Methods Study

DOI: 10.2196/34257

Article Number: e34257

Accession Number: WOS:000854077500026

Abstract: Background: Effective self-care is an important factor in the successful management of patients with heart failure (HF). Despite the importance of self-care, most patients with HF are not adequately taught the wide range of skills required to become proficient in self-care. Digital health technology (DHT) may provide a novel solution to support patients at home in effective self-care, with the view to enhancing the quality of life and ultimately improving patient outcomes. However, many of the solutions developed to date have failed to consider users' perspectives at the point of design, resulting in poor effectiveness. Leveraging a human-centered design (HCD) approach to the development of DHTs may lead to the successful promotion of self-care behaviors in patients with HF.

Objective: This study aimed to outline the HCD, development, and

evaluation process of a DHT designed to promote effective self-care in patients with HF. Methods: A design thinking approach within the HCD framework was undertaken, as described in the International Organization for Standardization 9241-210:2019 regulations, using a 5-step process: empathize, ideate, design, develop, and test. Patients with HF were involved throughout the design and evaluation of the system. The designed system was grounded in behavior change theory using the Theoretical Domains Framework and included behavior change techniques. Mixed methods were used to evaluate the DHT during the testing phase. Results: Steps 1 to 3 of the process resulted in a set of evidence- and user-informed design requirements that were carried forward into the iterative development of a version 1 system. A cross-platform (iOS and Android) mobile app integrated with Fitbit activity trackers and smart scales was developed. A 2-week user testing phase highlighted the ease of use of the system, with patients demonstrating excellent adherence. Qualitative analysis of semistructured interviews identified the early potential for the system to positively influence self-care. Specifically, users perceived that the system increased their confidence and motivation to engage in key self-care behaviors, provided them with skills and knowledge that made them more aware of the importance of self-care behaviors, and might facilitate timely help seeking. Conclusions: The use of an HCD methodology in this research has resulted in the development of a DHT that may engage patients with HF and potentially affect their self-care behaviors. This comprehensive work lays the groundwork for further development and evaluation of this solution before its implementation in health care systems. A detailed description of the HCD process used in this research will help guide the development and evaluation of future DHTs across a range of disease use cases.

Notes: Johnston, William Keogh, Alison Dickson, Jane Leslie, Stephen J. Megyesi, Peter Connolly, Rachelle Burke, David Caulfield, Brian Megyesi, Peter/0000-0002-9165-0070; Connolly, Rachelle/0000-0001-6259-6354; Caulfield, Brian/0000-0003-0290-9587; Johnston, William/0000-0003-0525-6577; Keogh, Alison/0000-0001-5917-6308 2561-326x

URL: <Go to ISI>://WOS:000854077500026

Reference Type: Book

Record Number: 2032

Author: Joinson, A., Sillence, E. and Little, L.

Year: 2017

Title: BEHAVIOR CHANGE RESEARCH AND THEORY PSYCHOLOGICAL AND TECHNOLOGICAL PERSPECTIVES Conclusion

Series Editor: Little, L., Sillence, E. and Joinson, A.

Series Title: Behavior Change Research and Theory: Psychological and Technological Perspectives

Number of Pages: 195-199

Short Title: BEHAVIOR CHANGE RESEARCH AND THEORY PSYCHOLOGICAL AND TECHNOLOGICAL PERSPECTIVES Conclusion

ISBN: 978-0-12-802705-9; 978-0-12-802690-8

DOI: 10.1016/b978-0-12-802690-8.00014-1

Accession Number: WOS:000409116800011

Notes: Joinson, A. Sillence, E. Little, L.
URL: <Go to ISI>://WOS:000409116800011

Reference Type: Journal Article

Record Number: 1636

Author: Jokanovic, N., Haines, T., Cheng, A. C., Holt, K. E., Hilmer, S. N., Jeon, Y. H., Stewardson, A. J., Stuart, R. L., Spelman, T., Peel, T. N., Peleg, A. Y. and Grp, Start Trial
Year: 2021

Title: Multicentre stepped-wedge cluster randomised controlled trial of an antimicrobial stewardship programme in residential aged care: protocol for the START trial

Journal: Bmj Open

Volume: 11

Issue: 3

Short Title: Multicentre stepped-wedge cluster randomised controlled trial of an antimicrobial stewardship programme in residential aged care: protocol for the START trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-046142

Article Number: e046142

Accession Number: WOS:000626504600015

Abstract: Introduction Antimicrobial resistance is a growing global health threat, driven by increasing inappropriate use of antimicrobials. High prevalence of unnecessary use of antimicrobials in residential aged care facilities (RACFs) has driven demand for the development and implementation of antimicrobial stewardship (AMS) programmes. The Stepped-wedge Trial to increase antibiotic Appropriateness in Residential aged care facilities and model Transmission of antimicrobial resistance (START) will implement and evaluate the impact of a nurse-led AMS programme on antimicrobial use in 12 RACFs. Methods and analysis The START trial will implement and evaluate a nurse-led AMS programme via a stepped-wedge cluster randomised controlled trial design in 12 RACFs over 16 months. The AMS programme will incorporate education, aged care-specific treatment guidelines, documentation forms, and audit and feedback strategies that will target aged care staff, general practitioners, pharmacists, and residents and their families. The intervention will primarily focus on urinary tract infections, lower respiratory tract infections, and skin and soft tissue infections. RACFs will transition from control to intervention phases in random order, two at a time, every 2 months, with a 2-month transition, wash-in period. The primary outcome is the cumulative proportion of residents within each facility prescribed an antibiotic during each month and total days of antibiotic use per 1000 occupied bed days. Secondary outcomes include the number of courses of systemic antimicrobial therapy, antimicrobial appropriateness, antimicrobial resistant organisms, Clostridioides difficile infection, change in antimicrobial susceptibility profiles, hospitalisations and all-cause mortality. Analyses will be conducted according to the intention-to-treat principle. Ethics and dissemination Ethics approval has been granted by the Alfred Hospital Human Research Ethics Committee (HREC/18/Alfred/591). Research findings will be

disseminated through peer-reviewed publications, conferences and summarised reports provided to participating RACFs.

Notes: Jokanovic, Natali Haines, Terry Cheng, Allen C. Holt, Kathryn E. Hilmer, Sarah N. Jeon, Yun-Hee Stewardson, Andrew J. Stuart, Rhonda L. Spelman, Tim Peel, Trisha N. Peleg, Anton Y.

Stewardson, Andrew/ABC-5208-2020; jeon, yun-hee/I-1754-2013; Holt, Kathryn E/A-8108-2012

Stewardson, Andrew/0000-0001-6805-1224; Holt, Kathryn E/0000-0003-3949-2471; Jokanovic, Natali/0000-0003-1830-9930; De Maio, Nicola/0000-0002-1776-8564; jeon, yun-hee/0000-0003-2031-9134

URL: <Go to ISI>://WOS:000626504600015

Reference Type: Journal Article

Record Number: 2298

Author: Jokar, F., Yousefi, H., Yousefy, A. and Sadeghi, M.

Year: 2015

Title: Behavioral Change Challenges in the Context of Center-Based Cardiac Rehabilitation: A Qualitative Study

Journal: Iranian Red Crescent Medical Journal

Volume: 17

Issue: 6

Date: Jun

Short Title: Behavioral Change Challenges in the Context of Center-Based Cardiac Rehabilitation: A Qualitative Study

ISSN: 2074-1804

DOI: 10.5812/ircmj.17(5)2015.27504

Article Number: e27504

Accession Number: WOS:000360809500018

Abstract: Background: Cardiovascular disease is chronic and often a sign of long-standing unhealthy lifestyle habits. Patients need support to reach lifestyle changes, well-being, join in social and vocational activity. Thus, patient responsibility should to be encouraged to provide quality as well as longevity. Cardiac rehabilitation programs aid patients in the attainment of these objectives. However, research shows that behavioral change following the diagnosis of a chronic disease is a challenge. Objectives: We sought to determine behavioral change challenges in patients with cardiovascular disease to improve intervention programs. Patients and Methods: Using a descriptive qualitative approach, we collected the data using 30 in-depth semi-structure interviews. Thematic analysis was conducted to identify themes from the data. Results: Three sources of behavioral change challenges emerged regarding the nature of cardiac disease and the role of the individual and the family in the recovery process. These challenges acted at two levels: intra- and interpersonal. The intrapersonal factors comprised value, knowledge and judgment about cardiovascular disease, and self-efficacy to fulfill the rehabilitation task. Family overprotection constituted the principal component of the interpersonal level. Conclusions: Behaviors are actually adopted and sustained by patients are so far from that recommended by health professionals. This gap could be reduced by identifying behavioral change challenges, rooted in the beliefs of the individual and the family. Therefore, culturally-based interventions to enhance disease

self-management should be considered.

Notes: Jokar, Fariba Yousefi, Hojatollah Yousefy, Alireza Sadeghi, Masoumeh

yousefi, hojatollah/U-8099-2017; Sadeghi, Masoumeh/AAU-8493-2021; Jokar, Fariba/W-2266-2017; Sadeghi, Masoumeh/W-2291-2017; yousefy, alireza/AAD-2325-2019; Mehridehnavi, Alirez/W-2237-2017 Sadeghi, Masoumeh/0000-0001-7179-5558; Yousefy, Alireza/0000-0003-2781-4162 2074-1812

URL: <Go to ISI>://WOS:000360809500018

Reference Type: Journal Article

Record Number: 1873

Author: Jolly, K., Ingram, J., Clarke, J., Johnson, D., Trickey, H., Thomson, G., Dombrowski, S. U., Sitch, A., Dykes, F., Feltham, M. G., Darwent, K., MacArthur, C., Roberts, T. and Hoddinott, P.

Year: 2018

Title: Protocol for a feasibility trial for improving breast feeding initiation and continuation: assets-based infant feeding help before and after birth (ABA)

Journal: Bmj Open

Volume: 8

Issue: 1

Date: Jan

Short Title: Protocol for a feasibility trial for improving breast feeding initiation and continuation: assets-based infant feeding help before and after birth (ABA)

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2017-019142

Article Number: e019142

Accession Number: WOS:000431743500098

Abstract: Introduction Breast feeding improves the health of mothers and infants; the UK has low rates, with marked socioeconomic inequalities. While trials of peer support services have been effective in some settings, UK trials have not improved breast feeding rates. Qualitative research suggests that many women are alienated by the focus on breast feeding. We propose a change from breast feeding-focused interactions to respecting a woman's feeding choices, inclusion of behaviour change theory and an increased intensity of contacts in the 2weeks after birth when many women cease to breast feed. This will take place alongside an assets-based approach that focuses on the positive capability of individuals, their social networks and communities. We propose a feasibility study for a multicentre randomised controlled trial of the Assets feeding help Before and After birth (ABA) infant feeding service versus usual care. Methods and analysis A two-arm, non-blinded randomised feasibility study will be conducted in two UK localities. Women expecting their first baby will be eligible, regardless of feeding intention. The ABA infant feeding intervention will apply a proactive, assets-based, woman centred, non-judgemental approach, delivered antenatally and postnatally tailored through face-to-face contacts, telephone and SMS texts. Outcomes will test the feasibility of delivering the intervention with recommended

intensity and duration to disadvantaged women; acceptability to women, feeding helpers and professionals; and feasibility of a future randomised controlled trial (RCT), detailing recruitment rates, willingness to be randomised, followup rates at 3 days, 8 weeks and 6 months, and level of outcome completion. Outcomes of the proposed full trial will also be collected. Mixed methods will include qualitative interviews with women/partners, feeding helpers and health service staff; feeding helper logs; and review of audio-recorded helper women interactions to assess intervention fidelity. Ethics and dissemination Study results will inform the design of a larger multicentre RCT. The National Research Ethics Service Committee approved the study protocol.

Notes: Jolly, Kate Ingram, Jenny Clarke, Joanne Johnson, Debbie Trickey, Heather Thomson, Gill Dombrowski, Stephan U. Sitch, Alice Dykes, Fiona Feltham, Max G. Darwent, Kirsty MacArthur, Christine Roberts, Tracy Hoddinott, Pat

Ingram, Jenny/C-7518-2009; Roberts, Tracy/AA0-4610-2021; Jolly, Kate/AAA-1341-2019; Clarke, Joanne/AAY-3849-2020; Dombrowski, Stephan U/I-2350-2013; MacArthur, Christine/ABA-8601-2021; Sitch, Alice/L-9121-2019

Ingram, Jenny/0000-0003-2366-008X; Roberts, Tracy/0000-0002-0624-0537; Jolly, Kate/0000-0002-6224-2115; Clarke, Joanne/0000-0003-2563-5451; MacArthur, Christine/0000-0003-0434-2158; Sitch, Alice/0000-0001-7727-4497; Dykes, Fiona/0000-0002-2728-7967; Thomson, Gill/0000-0003-3392-8182

URL: <Go to ISI>://WOS:000431743500098

Reference Type: Journal Article

Record Number: 1795

Author: Jones, E., Furnival, J. and Carter, W.

Year: 2019

Title: Identifying and resolving the frustrations of reviewing the improvement literature: The experiences of two improvement researchers

Journal: Bmj Open Quality

Volume: 8

Issue: 3

Date: Sep

Short Title: Identifying and resolving the frustrations of reviewing the improvement literature: The experiences of two improvement researchers

DOI: 10.1136/bmjopen-2019-000701

Article Number: e000701

Accession Number: WOS:000672549200052

Abstract: Background and aims Summarising quality improvement (QI) research through systematic literature review has great potential to improve patient care. However, heterogeneous terminology, poor definition of QI concepts and overlap with other scientific fields can make it hard to identify and extract data from relevant literature. This report examines the compromises and pragmatic decisions that undertaking literature review in the field of QI requires and the authors propose recommendations for literature review authors in similar fields. Methods Two authors (EJ and JF)

provide a reflective account of their experiences of conducting a systematic literature review in the field of QI. They draw on wider literature to justify the decisions they made and propose recommendations to improve the literature review process. A third collaborator, (WC) co-created the paper challenging author's EJ and JF views and perceptions of the problems and solutions of conducting a review of literature in QI. Results Two main challenges were identified when conducting a review in QI. These were defining QI and selecting QI studies. Strategies to overcome these problems include: select a multi-disciplinary authorship team; review the literature to identify published QI search strategies, QI definitions and QI taxonomies; Contact experts in related fields to clarify whether a paper meets inclusion criteria; keep a reflective account of decision making; submit the protocol to a peer reviewed journal for publication. Conclusions The QI community should work together as a whole to create a scientific field with a shared vision of QI to enable accurate identification of QI literature. Our recommendations could be helpful for systematic reviewers wishing to evaluate complex interventions in both QI and related fields.

Notes: Jones, Emma Furnival, Joy Carter, Wendy

Furnival, Joy/0000-0002-5754-4362; Sutton, Emma/0000-0003-4318-9555
2399-6641

URL: <Go to ISI>://WOS:000672549200052

Reference Type: Journal Article

Record Number: 2061

Author: Jones, K., Stegemann, J., Sykes, J. and Winslow, P.

Year: 2016

Title: Adoption of unconventional approaches in construction: The case of cross-laminated timber

Journal: Construction and Building Materials

Volume: 125

Pages: 690-702

Date: Oct

Short Title: Adoption of unconventional approaches in construction: The case of cross-laminated timber

ISSN: 0950-0618

DOI: 10.1016/j.conbuildmat.2016.08.088

Accession Number: WOS:000385600100068

Abstract: Achieving sustainable development requires the decoupling of economic growth from the use of non-renewable resources. This depends on industry adopting unconventional approaches to production. This research explores the root causes of barriers to the adoption of such approaches in the construction industry, and applies a behavioural model to assess whether companies are hindered by capability, opportunity or motivation. The long history of lowest-cost tendering in construction has led to a path-dependent lock-in to conventional market-driven objectives of cost and risk reduction; it is suggested that locked-in companies lack the commercial opportunity and hence motivation, rather than the capability, to adopt approaches perceived to increase cost or risk. Such companies will therefore tend to resist unconventional approaches, restricting the physical opportunity for other project

participants. This theory is explored in a case study of first adoptions of cross-laminated timber (CLT) in UK projects, using a survey and series of semi-structured interviews. The case study found that project contexts created market niches. This provided designers, who were motivated to use CLT, the opportunity to promote its use in the project. CLT was seen as key to successful resolution of project constraints, thereby providing motivation to other project participants to adopt the material. (C) 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Notes: Jones, Kell Stegemann, Julia Sykes, Judith Winslow, Peter Stegemann, Julia A/C-5927-2008

Stegemann, Julia A/0000-0002-4491-8222
1879-0526

URL: <Go to ISI>://WOS:000385600100068

Reference Type: Journal Article

Record Number: 1089

Author: Jones, L. F., Batteux, E., Bonfield, S., Bhogal, J. K., Taylor, J., Caiado, C., Ramagge, J. and Weston, D.

Year: 2021

Title: Durham University students' experiences of asymptomatic COVID-19 testing: a qualitative study

Journal: Bmj Open

Volume: 11

Issue: 12

Date: Dec

Short Title: Durham University students' experiences of asymptomatic COVID-19 testing: a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-055644

Article Number: e055644

Accession Number: WOS:000736712200011

Abstract: Objectives To evaluate the asymptomatic coronavirus testing programme at Durham University by exploring students' barriers and facilitators to taking part and provide recommendations to improve the programme. Design Qualitative interviews. Setting Online. Participants 30 students enrolled at Durham University were interviewed in March 2021. Main outcome measures Attitudes towards testing, experiences of testing and barriers and facilitators to engaging in testing at Durham University. Results Key motivations for testing included protecting oneself and others and accessing facilities and events. The process of booking, accessing and doing a test was mostly easy and convenient, although some may prefer home testing. There were concerns about the accuracy of tests and the implications of a positive result. Some highlighted they might be less likely to engage in testing if vaccinated. A negative test result provided confidence to engage in their daily activities, while encouraging some to socialise more. Conclusions The findings show that the testing programme at Durham University is convenient and well organised, with testing as a potential requirement to access social events, and self-isolation support being key contributor to uptake. These findings provide insights into young

adults' attitudes towards testing and can inform testing programmes in other universities and settings with asymptomatic testing programmes.

Notes: Jones, Leah Ffion Batteux, Eleonore Bonfield, Stefanie Bhogal, Jaskiran Kaur Taylor, Jo Caiado, Camila Ramagge, Jacqui Weston, Dale

; Ramagge, Jacqui/D-4449-2012

Bonfield, Stefanie/0000-0001-7513-2575; Ramagge, Jacqui/0000-0001-9376-5712

URL: <Go to ISI>://WOS:000736712200011

Reference Type: Journal Article

Record Number: 2366

Author: Jones, S. T., Babiker, N. A., Gardner, E. M., Royle, J., Curley, R. A., Hoo, Z. H. and Wildman, M. J.

Year: 2015

Title: Promoting adherence to nebulized therapy in cystic fibrosis: poster development and a qualitative exploration of adherence

Journal: Patient Preference and Adherence

Volume: 9

Pages: 1109-1120

Short Title: Promoting adherence to nebulized therapy in cystic fibrosis: poster development and a qualitative exploration of adherence

ISSN: 1177-889X

DOI: 10.2147/ppa.S82896

Accession Number: WOS:000358875500002

Abstract: Background: Cystic fibrosis (CF) health care professionals recognize the need to motivate people with CF to adhere to nebulizer treatments, yet little is known about how best to achieve this. We aimed to produce motivational posters to support nebulizer adherence by using social marketing involving people with CF in the development of those posters. Methods: The Sheffield CF multidisciplinary team produced preliminary ideas that were elaborated upon with semi-structured interviews among people with CF to explore barriers and facilitators to the use of nebulized therapy. Initial themes and poster designs were refined using an online focus group to finalize the poster designs. Results: People with CF preferred aspirational posters describing what could be achieved through adherence in contrast to posters that highlighted the adverse consequences of nonadherence. A total of 14 posters were produced through this process. Conclusion: People with CF can be engaged to develop promotional material to support adherence, providing a unique perspective differing from that of the CF multidisciplinary team. Further research is needed to evaluate the effectiveness of these posters to support nebulizer adherence.

Notes: Jones, Stephen Babiker, Nathan Gardner, Emma Royle, Jane Curley, Rachael Hoo, Zhe Hui Wildman, Martin J.

Hoo, Zhe Hui/0000-0002-7067-3783

URL: <Go to ISI>://WOS:000358875500002

Reference Type: Journal Article

Record Number: 2044

Author: Jones, T. M., Dear, B. F., Hush, J. M., Titov, N. and Dean, C. M.

Year: 2016

Title: Application of Intervention Mapping to the Development of a Complex Physical Therapist Intervention

Journal: Physical Therapy

Volume: 96

Issue: 12

Pages: 1994-2004

Date: Dec

Short Title: Application of Intervention Mapping to the Development of a Complex Physical Therapist Intervention

ISSN: 0031-9023

DOI: 10.2522/ptj.20150387

Accession Number: WOS:000389399100014

Abstract: Background. Physical therapist interventions, such as those designed to change physical activity behavior, are often complex and multifaceted. In order to facilitate rigorous evaluation and implementation of these complex interventions into clinical practice, the development process must be comprehensive, systematic, and transparent, with a sound theoretical basis. Intervention Mapping is designed to guide an iterative and problem-focused approach to the development of complex interventions. Purpose. The purpose of this case report is to demonstrate the application of an Intervention Mapping approach to the development of a complex physical therapist intervention, a remote self-management program aimed at increasing physical activity after acquired brain injury. Case Description. Intervention Mapping consists of 6 steps to guide the development of complex interventions: (1) needs assessment; (2) identification of outcomes, performance objectives, and change objectives; (3) selection of theory-based intervention methods and practical applications; (4) organization of methods and applications into an intervention program; (5) creation of an implementation plan; and (6) generation of an evaluation plan. The rationale and detailed description of this process are presented using an example of the development of a novel and complex physical therapist intervention, myMoves a program designed to help individuals with an acquired brain injury to change their physical activity behavior. Conclusion. The Intervention Mapping framework may be useful in the development of complex physical therapist interventions, ensuring the development is comprehensive, systematic, and thorough, with a sound theoretical basis. This process facilitates translation into clinical practice and allows for greater confidence and transparency when the program efficacy is investigated.

Notes: Jones, Taryn M. Dear, Blake F. Hush, Julia M. Titov, Nickolai Dean, Catherine M.

Hush, Julia M/C-2476-2009; Dean, Catherine M/H-2115-2011

Dean, Catherine M/0000-0001-7502-1138; Titov, Nickolai/0000-0002-7268-729X; Dear, Blake/0000-0001-9324-3092; Hush, Julia/0000-0002-2805-0339

1538-6724

URL: <Go to ISI>://WOS:000389399100014

Reference Type: Journal Article

Record Number: 1554

Author: Jones, U., Hamana, K., O'Hara, F. and Busse, M.

Year: 2021

Title: The development of PAT-HD: A co-designed tool to promote physical activity in people with Huntington's disease

Journal: Health Expectations

Volume: 24

Issue: 2

Pages: 638-647

Date: Apr

Short Title: The development of PAT-HD: A co-designed tool to promote physical activity in people with Huntington's disease

ISSN: 1369-6513

DOI: 10.1111/hex.13210

Accession Number: WOS:000617554100001

Abstract: Background Huntington's disease (HD) is a genetic condition resulting in movement, behavioural and cognitive impairments. People with HD have low levels of physical activity which may be compounded by insufficient support from health-care professionals. Objective To evaluate the initial acceptability of a co-designed tool used within a HD clinic to promote physical activity. Design Co-design of a physical activity tool; acceptability evaluation. Setting and participants Co-design included people with HD and health-care professionals. Acceptability was evaluated in a HD clinic in the UK. Main variables studied A physical activity tool was co-designed and used within a HD clinic. Main outcome measure Acceptability as assessed by semi-structured interviews with members of the HD clinic. Results Forty people visited the HD clinic; 19 were given physical activity advice. Themes around who, where and how promotion of physical activity could take place were identified; concepts of benefits and barriers were threads through each theme. Discussion We describe for the first time the co-design of a HD specific physical activity tool. Our associated acceptability study emphasizes the importance of individualized planning of physical activities in complex neurodegenerative conditions. Perceived barriers were time and lack of knowledge of local resources. Conclusions A simple tool can support conversations about physical activity with people with HD and is an aid to individualized goal setting. Exploring the use of PAT-HD within a community setting and development of support systems for health-care professionals and support workers who are in regular contact with people with HD is required.

Notes: Jones, Una Hamana, Katy O'Hara, Fran Busse, Monica

Busse, Monica/C-2103-2009

Busse, Monica/0000-0002-5331-5909

1369-7625

URL: <Go to ISI>://WOS:000617554100001

Reference Type: Journal Article

Record Number: 1983

Author: Jonkman, N. H., Groenwold, R. H. H., Trappenburg, J. C. A.,

Hoes, A. W. and Schuurmans, M. J.

Year: 2017

Title: Complex self-management interventions in chronic disease unravelled: a review of lessons learned from an individual patient data meta-analysis

Journal: Journal of Clinical Epidemiology

Volume: 83

Pages: 48-56

Date: Mar

Short Title: Complex self-management interventions in chronic disease unravelled: a review of lessons learned from an individual patient data meta-analysis

ISSN: 0895-4356

DOI: 10.1016/j.jclinepi.2017.01.004

Accession Number: WOS:000401683100009

Abstract: Objectives: Meta-analyses using individual patient data (IPD) rather than aggregated data are increasingly applied to analyze sources of heterogeneity between trials and have only recently been applied to unravel multicomponent, complex interventions. This study reflects on methodological challenges encountered in two IPD meta-analyses on self-management interventions in patients with heart failure or chronic obstructive pulmonary disease. Study Design and Setting: Critical reflection on prior IPD meta-analyses and discussion of literature. Results: Experience from two IPD meta-analyses illustrates methodological challenges. Despite close collaboration with principal investigators, assessing the effect of characteristics of complex interventions on the outcomes of trials is compromised by lack of sufficient details on intervention characteristics and limited data on fidelity and adherence. Furthermore, trials collected baseline variables in a highly diverse way, limiting the possibilities to study subgroups of patients in a consistent manner. Possible solutions are proposed based on lessons learnt from the methodological challenges. Conclusion: Future researchers of complex interventions should pay considerable attention to the causal mechanism underlying the intervention and conducting process evaluations. Future researchers on IPD meta-analyses of complex interventions should carefully consider their own causal assumptions and availability of required data in eligible trials before undertaking such resource-intensive IPD meta-analysis. (C) 2017 Elsevier Inc. All rights reserved.

Notes: Jonkman, Nini H. Groenwold, Rolf H. H. Trappenburg, Jaap C. A. Hoes, Arno W. Schuurmans, Marieke J.

Trappenburg, Jaap/0000-0003-0489-7401; Jonkman, Nini Hannah/0000-0002-2585-8973; Groenwold, Rolf/0000-0001-9238-6999 1878-5921

URL: <Go to ISI>://WOS:000401683100009

Reference Type: Journal Article

Record Number: 2403

Author: Joseph-Williams, N., Edwards, A. and Elwyn, G.

Year: 2014

Title: Power imbalance prevents shared decision making

Journal: Bmj-British Medical Journal
Volume: 348
Date: May
Short Title: Power imbalance prevents shared decision making
ISSN: 0959-535X
DOI: 10.1136/bmj.g3178
Article Number: g3178
Accession Number: WOS:000336154300011
Notes: Joseph-Williams, Natalie Edwards, Adrian Elwyn, Glyn Elwyn, Glyn/B-4798-2009; Elwyn, G./L-4292-2015
Elwyn, Glyn/0000-0002-0917-6286;
1756-1833
URL: <Go to ISI>://WOS:000336154300011

Reference Type: Journal Article
Record Number: 747
Author: Judah, G., Dilib, F., Darzi, A. and Huf, S.
Year: 2022
Title: A population survey on beliefs around cervical cancer screening: determining the barriers and facilitators associated with attendance
Journal: BMC Cancer
Volume: 22
Issue: 1
Date: May
Short Title: A population survey on beliefs around cervical cancer screening: determining the barriers and facilitators associated with attendance
DOI: 10.1186/s12885-022-09529-w
Article Number: 522
Accession Number: WOS:000792647300004
Abstract: Background Cervical screening saves approximately 5000 lives annually in England. However, screening rates have been falling continuously, and coverage in London is particularly low (64.7%). While demographic predictors of uptake have been well researched, there has been less thorough investigation of the individual barriers and facilitators which predict cervical screening attendance. Understanding modifiable factors influencing attendance can guide the design of effective interventions to increase cervical screening uptake. The aim of this study was to understand the demographic, and individual factors associated with self-reported attendance at cervical screening in London. Methods The study used an online survey of 500 women in London (June-July 2017). The survey included self-reported measures of past attendance, demographic variables (including age, household income, ethnicity), past experience variables, and individual variables (list of potential barriers and facilitators developed based on the Theoretical Domains Framework and existing literature, which included: environmental context and resources, perceived risk, anticipated pain/embarrassment). Participants were categorised into regular attenders and non-regular attenders. Backwards stepwise logistic regression investigated the barriers and facilitators predicting past attendance. Demographic variables with significant

differences between regular and non-regular attenders were added to the final regression model. Results Of women who had previously been invited (n = 461, age range: 25-65), 34.5% (n = 159) were classified as non-regular attenders, and 65.5% (n = 302) as regular attenders. The individual barriers and facilitators predicting attendance were: cervical screening priority, memory, environmental context and resources, and intention. The only demographic variables related to regular attendance were relationship status (married/civil partnership having higher rates than single) and higher household income. Relationship status was not significant when adjusting for barriers and facilitators. Those who have ever been sexually active or who have had an STI in the past were significantly more likely to be regular attenders. Conclusions The study shows the importance of individual barriers and facilitators in predicting self-reported cervical screening attendance. Household income was the only significant demographic variable when combined with the individual variables. Interventions targeting priority, memory, and practical barriers affecting environmental context may be expected to be effective an increasing attendance.

Notes: Judah, Gaby Dilib, Faisal Darzi, Ara Huf, Sarah
1471-2407

URL: <Go to ISI>://WOS:000792647300004

Reference Type: Journal Article

Record Number: 655

Author: Jumbe, S., Madurasinghe, V. W., James, W. Y., Houlihan, C., Jumbe, S. L., Yau, T., Tomini, F., Eldridge, S., Mihaylova, B., Steed, L., Sohanpal, R., Attar, D., Taylor, S. J. C., Griffiths, C. and Walton, R.

Year: 2022

Title: STOP- a training intervention to optimise treatment for smoking cessation in community pharmacies: cluster randomised controlled trial

Journal: BMC Medicine

Volume: 20

Issue: 1

Date: Jun

Short Title: STOP- a training intervention to optimise treatment for smoking cessation in community pharmacies: cluster randomised controlled trial

ISSN: 1741-7015

DOI: 10.1186/s12916-022-02412-2

Article Number: 212

Accession Number: WOS:000817287300001

Abstract: Background: Community pharmacies serve people with high levels of tobacco-related illness, but throughput in NHS Stop Smoking Services in pharmacies remains relatively low. We investigated the effectiveness of a complex intervention to increase service uptake and retention. Methods: We randomised 60 pharmacies in England and Wales to the STOP intervention or usual practice in a pragmatic, parallel-group, controlled trial over 11 months. Smokers were blind to the allocation. The intervention was theory-based consultation skills training for pharmacy staff with environmental

prompts (badges, calendars and behavioural cues). The primary outcome was the number of smokers attending an initial consultation and setting a quit date. Results: The intervention made no significant difference in setting a quit date, retention or quit rate. A total of 631 adult smokers (service users) enrolled and set a quit date in intervention pharmacies compared to 641 in usual practice pharmacies, a rate ratio of 0.75 (95% CI 0.46 to 1.23) adjusted for site and number of prescriptions. A total of 432 (68%) service users were retained at 4 weeks in intervention and 500 (78%) in usual practice pharmacies (odds ratio 0.80, 0.41 to 1.55). A total of 265 (42%) service users quit smoking at 4 weeks in intervention and 276 (43%) in usual practice pharmacies (0.96, 0.65 to 1.43). The pharmacy staff were positive about the intervention with 90% (56/62) stating that it had improved their skills. Sixty-eight per cent would strongly recommend the training to others although there was no difference in self-efficacy for service delivery between arms. Seventy of 131 (53%) service users did not complete the 6-month follow-up assessment. However, 55/61 (90%) service users who completed follow-up were satisfied or very satisfied with the service. All usual practice arm service users (n = 33) and all but one in the intervention arm (n = 27) would recommend the service to smokers. Conclusions: We found high levels of retention and acceptable quit rates in the NHS pharmacy stop smoking service. Despite pharmacy staff providing positive feedback on the STOP intervention, it made no difference to service throughput. Thus, other factors may currently limit service capacity to help smokers to quit.

Notes: Jumbe, Sandra Madurasinghe, Vichithranie W. James, Wai Yee Houlihan, Colin Jumbe, Samantha L. Yau, Tammy Tomini, Florian Eldridge, Sandra Mihaylova, Borislava Steed, Liz Sohanpal, Ratna Attar, Darush Taylor, Stephanie J. C. Griffiths, Chris Walton, Robert

TAYLOR, STEPHANIE/GYV-4768-2022; Jumbe, Sandra/J-6077-2019

Jumbe, Sandra/0000-0002-6624-1689; Griffiths, Chris/0000-0001-7935-8694; Tomini, Florian/0000-0003-2220-5210

URL: <Go to ISI>://WOS:000817287300001

Reference Type: Journal Article

Record Number: 2116

Author: Juul, J. S., Bro, F., Hornung, N., Andersen, B. S., Laurberg, S., Olesen, F. and Vedsted, P.

Year: 2016

Title: Implementation of immunochemical faecal occult blood test in general practice: a study protocol using a cluster-randomised stepped-wedge design

Journal: BMC Cancer

Volume: 16

Date: Jul

Short Title: Implementation of immunochemical faecal occult blood test in general practice: a study protocol using a cluster-randomised stepped-wedge design

DOI: 10.1186/s12885-016-2477-9

Article Number: 445

Accession Number: WOS:000379908500001

Abstract: Background: Colorectal cancer is a common malignancy and a leading cause of cancer-related death. Half of patients with colorectal cancer initially present with non-specific or vague symptoms. In the need for a safe low-cost test, the immunochemical faecal occult blood test (iFOBT) may be part of the evaluation of such patients in primary care. Currently, Danish general practitioners have limited access to this test. The aim of this article is to describe a study that will assess the uptake and clinical use of iFOBT in general practice. Furthermore, it will investigate the diagnostic value and the clinical implications of using iFOBT in general practice on patients presenting with non-alarm symptoms of colorectal cancer. Methods/Design: The study uses a cluster-randomised stepped-wedge design and is conducted in the Central Denmark Region among 836 GPs in 381 general practices. The municipalities of the Region and their appertaining general practitioners will be included sequentially in the study during the first 7 months of the 1-year study period. The following intervention has been developed for the study: a mandatory intervention providing all general practitioners with a starting package of 10 iFOBTs, a clinical instruction on iFOBT use in general practice and online information material from the date of inclusion, and an optional intervention consisting of a continuous medical education on colorectal cancer diagnostics and use of iFOBT. Discussion: This study is among the first and largest trials to investigate the diagnostic use and the clinical value of iFOBT on patients presenting with non-alarm symptoms of colorectal cancer. The findings will be of national and international importance for the future planning of colorectal cancer diagnostics, particularly for 'low-risk-but-not-no-risk' patients with non-alarm symptoms of colorectal cancer.

Notes: Juul, Jakob Sogaard Bro, Flemming Hornung, Nete Andersen, Berit Sanne Laurberg, Soren Olesen, Frede Vedsted, Peter Andersen, Berit/J-3402-2017; Vedsted, Peter/C-2583-2008 Andersen, Berit/0000-0003-4074-6504; Vedsted, Peter/0000-0003-2113-5599; Juul, Jakob/0000-0002-4605-3699; Bro, Flemming/0000-0001-5011-950X
1471-2407

URL: <Go to ISI>://WOS:000379908500001

Reference Type: Journal Article

Record Number: 1242

Author: Kaiser, S. V., Watson, A., Dogan, B., Karmur, A., Warren, K., Wang, P., Sosa, M. C., Olarte, A., Dorsey, S., Su, M., Brown, L., Sachdev, D. and Bardach, N. S.

Year: 2021

Title: Preventing COVID-19 Transmission in Education Settings

Journal: Pediatrics

Volume: 148

Issue: 3

Date: Sep

Short Title: Preventing COVID-19 Transmission in Education Settings

ISSN: 0031-4005

DOI: 10.1542/peds.2021-051438

Article Number: e2021051438

Accession Number: WOS:000755048000057

Abstract: OBJECTIVES: In fall 2020, community hubs opened in San Francisco, California, to support vulnerable groups of students in remote learning. Our objectives were to (1) describe adherence to coronavirus disease 2019 (COVID-19) mitigation policies in these urban, low-income educational settings; (2) assess associations between policy adherence and in-hub COVID-19 transmission; and (3) identify barriers to and facilitators of adherence. METHODS: We conducted a mixed-methods study from November 2020 to February 2021. We obtained COVID-19 case data from the San Francisco Department of Public Health, conducted field observations to observe adherence to COVID-19 mitigation policies, and surveyed hub leaders about barriers to and facilitators of adherence. We summarized quantitative data using descriptive statistics and qualitative data using thematic content analysis. RESULTS: A total of 1738 children were enrolled in 85 hubs (39% Hispanic, 29% Black). We observed 54 hubs (n = 1175 observations of children and 295 observations of adults). There was high community-based COVID-19 incidence (2.9–41.2 cases per 100 000 residents per day), with 36 cases in hubs and only 1 case of hub-based transmission (adult to adult). Sixty-seven percent of children and 99% of adults were masked. Fifty-five percent of children and 48% of adults were distanced \geq 6 ft. Facilitators of mitigation policies included the following: for masking, reminders, adequate supplies, and "unmasking zones"; for distancing, reminders and distanced seating. CONCLUSIONS: We directly observed COVID-19 mitigation in educational settings, and we found variable adherence. However, with promotion of multiple policies, there was minimal COVID-19 transmission (despite high community incidence). We detail potential strategies for increasing adherence to COVID-19 mitigation.

Notes: Kaiser, Sunitha, V Watson, Annalisa Dogan, Basak Karmur, Akash Warren, Kristen Wang, Phoebe Sosa, Melisa Camano Olarte, Apryl Dorsey, Sherrice Su, Maria Brown, Lillian Sachdev, Darpun Bardach, Naomi S.

Kaiser, Sunitha/0000-0002-9862-9362

1098-4275

URL: <Go to ISI>://WOS:000755048000057

Reference Type: Journal Article

Record Number: 1846

Author: Kamal, S., Nulty, P., Bugnon, O., Cavassini, M. and Schneider, M. P.

Year: 2018

Title: Content analysis of antiretroviral adherence enhancing interview reports

Journal: Patient Education and Counseling

Volume: 101

Issue: 9

Pages: 1676-1682

Date: Sep

Short Title: Content analysis of antiretroviral adherence enhancing

interview reports

ISSN: 0738-3991

DOI: 10.1016/j.pec.2018.05.013

Accession Number: WOS:000439373300020

Abstract: Objective: To identify factors associated with low or high antiretroviral (ARV) adherence through computational text analysis of an adherence enhancing programme interview reports. Methods: Using text from 8428 interviews with 522 patients, we constructed a term-frequency matrix for each patient, retaining words that occurred at least ten times overall and used in at least six interviews with six different patients. The text included both the pharmacist's and the patient's verbalizations. We investigated their association with an adherence threshold (above or below 90%) using a regularized logistic regression model. In addition to this data-driven approach, we studied the contexts of words with a focus group. Results: Analysis resulted in 7608 terms associated with low or high adherence. Terms associated with low adherence included disruption in daily schedule, side effects, socio-economic factors, stigma, cognitive factors and smoking. Terms associated with high adherence included fixed medication intake timing, no side effects and positive psychological state. Conclusion: Computational text analysis helps to analyze a large corpus of adherence enhancing interviews. It confirms main known themes affecting ARV adherence and sheds light on new emerging themes. Practice implications: Health care providers should be aware of factors that are associated with low or high adherence. This knowledge should reinforce the supporting factors and try to resolve the barriers together with the patient. (C) 2018 Elsevier B.V. All rights reserved.

Notes: Kamal, Susan Nulty, Paul Bugnon, Olivier Cavassini, Matthias Schneider, Marie P.

Schneider, Marie P/HNT-0235-2023; Kamal, Susan/L-4513-2016;

cavassini, matthias/F-8987-2017

Kamal, Susan/0000-0001-9114-5667; cavassini, matthias/

0000-0003-0933-7833

1873-5134

URL: <Go to ISI>://WOS:000439373300020

Reference Type: Journal Article

Record Number: 1501

Author: Kandel, P., Lim, S., Pirotta, S., Skouteris, H., Moran, L. J. and Hill, B.

Year: 2021

Title: Enablers and barriers to women's lifestyle behavior change during the preconception period: A systematic review

Journal: Obesity Reviews

Volume: 22

Issue: 7

Date: Jul

Short Title: Enablers and barriers to women's lifestyle behavior change during the preconception period: A systematic review

ISSN: 1467-7881

DOI: 10.1111/obr.13235

Accession Number: WOS:000631247700001

Abstract: Healthy lifestyle behaviors during the preconception period are important to optimize maternal and child outcomes, including weight. However, the majority of women do not have optimal preconception lifestyle behaviors. This systematic review explored enablers and barriers to women's preconception lifestyle behaviors using the Capability, Opportunity, Motivation, Behaviour (COM-B) model and Theoretical Domains Framework (TDF). Preconception was defined as the time before conception, capturing planned and unplanned pregnancies. Medline Complete, EMBASE, PsycINFO, and CINAHL were searched for peer-reviewed, quantitative and qualitative primary studies (English, 2006-2020) that explored enablers and barriers to lifestyle behaviors (diet, physical activity, smoking, alcohol use, supplement intake). Forty-two studies (of 3406) were included, assessing supplement use (n = 37), diet (n = 10), smoking (n = 10), alcohol use (n = 8), and physical activity (n = 5). All three COM-B components were identified only for diet and supplement use. Of the 14 TDF domains, 7 were identified: knowledge, beliefs about capabilities, beliefs about consequences, goals, intentions, social support, and environmental context and resources. The presence/absence of knowledge on healthy behaviors was the most commonly assessed enabler/barrier. Future studies should explore a wider range of factors influencing preconception women's capability, opportunity, and motivation to modify their lifestyle behaviors. Notes: Kandel, Pragma Lim, Siew Pirotta, Stephanie Skouteris, Helen Moran, Lisa J. Hill, Briony Moran, Lisa J/E-9850-2015; Hill, Briony L/M-9643-2017 Hill, Briony L/0000-0003-4993-3963; Skouteris, Helen/0000-0001-9959-5750; Moran, Lisa/0000-0001-5772-6484; Pirotta, Stephanie/0000-0002-8966-0296 1467-789x URL: <Go to ISI>://WOS:000631247700001

Reference Type: Journal Article

Record Number: 1463

Author: Kane-Gill, S. L., Barreto, E. F., Bihorac, A. and Kellum, J. A.

Year: 2021

Title: Development of a Theory-Informed Behavior Change Intervention to Reduce Inappropriate Prescribing of Nephrotoxins and Renally Eliminated Drugs

Journal: Annals of Pharmacotherapy

Volume: 55

Issue: 12

Pages: 1474-1485

Date: Dec

Short Title: Development of a Theory-Informed Behavior Change Intervention to Reduce Inappropriate Prescribing of Nephrotoxins and Renally Eliminated Drugs

ISSN: 1060-0280

DOI: 10.1177/10600280211009567

Article Number: 10600280211009567

Accession Number: WOS:000679733300001

Abstract: Background: Goals of managing patients with acute kidney

injury (AKI) are mitigating disease progression and ensuring safety while providing supportive care because no effective treatment exists. One strategy recommended in guidelines to meet these goals is optimizing medication management. Unfortunately, guideline implementation appears to be lacking as observed by the frequent occurrence of medication errors and adverse drug events. Objective: To address this performance gap in the care of hospitalized patients receiving nephrotoxins and renally eliminated drugs, we sought to provide a potential intervention based on theory-informed behavior change. Methods: Formative research with a qualitative analysis identifying what needs to change in patient care was completed by obtaining clinician opinion and expert opinion and reviewing the published literature. Frontline providers, including 8 physicians, 4 pharmacists, and a multiprofessional group of authors, provided insight into possible barriers to appropriate prescribing. Capability, Opportunity, Motivation and Behavior model and Theoretical Domain Framework were applied to characterize behavior change interventions and inform a potential implementation intervention for changing inappropriate prescribing behaviors. Results: Lack of knowledge about appropriate drug management in patients at risk for adverse outcomes was provided as a major barrier. Other reported barriers included a lack of: (1) tools to assist with drug management, (2) motivation to make changes, (3) routinization, and (4) an accountable clinician. Conclusions and Relevance: Assigning a designated clinician to execute a stepwise, routine care process following the checklist provided is a recommended intervention to overcome barriers. The intended impact is behavior change that reduces inappropriate prescribing. Notes: Kane-Gill, Sandra L. Barreto, Erin F. Bihorac, Azra Kellum, John A. Kellum, John A/HCH-2944-2022 Kellum, John A/0000-0003-1995-2653; Kane-Gill, Sandra/0000-0001-7523-4846 1542-6270 URL: <Go to ISI>://WOS:000679733300001

Reference Type: Journal Article
Record Number: 9
Author: Kang, L. J., Huang, H. H., Wu, Y. T. and Chen, C. L.
Year: 2023
Title: Initial evaluation of an environment-based intervention for participation of autistic children: a randomized controlled trial
Journal: Disability and Rehabilitation
Date: 2023 May
Short Title: Initial evaluation of an environment-based intervention for participation of autistic children: a randomized controlled trial
ISSN: 0963-8288
DOI: 10.1080/09638288.2023.2209743
Accession Number: WOS:000987108000001
Abstract: PurposeTo evaluate the efficacy of environment-based intervention on participation outcomes and parent efficacy in autistic children.Materials and methodsTwenty-one autistic children

6–10 years old and their parents were randomized to environment-based intervention (n = 11) or usual care (n = 10). The environment-based intervention targets individualized participation goals in leisure and community activities through changing environment and activity demands. The study outcomes were Canadian Occupational Performance Measure (COPM), Goal attainment scaling (GAS), and Parent Empowerment and Efficacy Measure (PEEM). Assessments included baseline, 12 weeks (post-test), and 24 weeks (follow-up). Mixed ANOVAs were used to examine within-group and between-group effects in outcome variables. Results The COPM performance and satisfaction scores and GAS T-scores increased after environment-based intervention from baseline to 12 weeks and 24 weeks ($p < 0.001$) but did not significantly differ from usual care. The medium to large effect sizes of COPM performance and GAS T-scores favored the environment-based intervention. For the PEEM scores, no significant differences were found. Conclusions Environment-based intervention may support school-age autistic children to participate in self-chosen activities over time. The intervention effects on participation goals and parent efficacy, however, were inconclusive and need further research.

Notes: Kang, Lin-Ju Huang, Hsiang-Han Wu, Yen-Tzu Chen, Chia-Ling
1464-5165

URL: <Go to ISI>://WOS:000987108000001

Reference Type: Journal Article

Record Number: 1224

Author: Kang, S., Kim, I. and Lee, K.

Year: 2021

Title: Predicting Deviant Behaviors in Sports Using the Extended Theory of Planned Behavior

Journal: Frontiers in Psychology

Volume: 12

Date: Sep

Short Title: Predicting Deviant Behaviors in Sports Using the Extended Theory of Planned Behavior

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2021.678948

Article Number: 678948

Accession Number: WOS:000698076100001

Abstract: The purpose of the present study is to examine the deviant behaviors of young athletes the using extended theory of planned behavior (TPB) and impulsivity. About 536 middle and high school athletes in South Korea answered a set of questionnaires that measured their attitude, subjective norms, perceived behavioral control, intention, ethical obligation, and impulsivity. Structural equation model (SEM) analysis revealed that the extended TPB model is adequate to explain deviant behaviors in sports. Further, the underlying intentions that motivate the deviant behaviors of athletes in sports were significantly predicted by perceived behavioral control and moral obligation. Findings also suggested that the intention for deviant behaviors in sports more readily manifests as an actual act when the impulsivity scores are high. Theoretical contributions and practical implications are addressed

in the Discussion section.</p>

Notes: Kang, Sangwook Kim, Inwoo Lee, Keunchul

Kang, Sangwook/AAE-3112-2022

Kang, Sangwook/0000-0002-0665-123X

URL: <Go to ISI>://WOS:000698076100001

Reference Type: Journal Article

Record Number: 1927

Author: Kara, N., Firestone, R., Kalita, T., Gawande, A. A., Kumar, V., Kodkany, B., Saurastri, R., Singh, V. P., Maji, P., Karlage, A., Hirschhorn, L. R., Semrau, K. E. A. and BetterBirth Trial, Grp

Year: 2017

Title: The BetterBirth Program: Pursuing Effective Adoption and Sustained Use of the WHO Safe Childbirth Checklist Through Coaching-Based Implementation in Uttar Pradesh, India

Journal: Global Health-Science and Practice

Volume: 5

Issue: 2

Pages: 232-243

Date: Jun

Short Title: The BetterBirth Program: Pursuing Effective Adoption and Sustained Use of the WHO Safe Childbirth Checklist Through Coaching-Based Implementation in Uttar Pradesh, India

ISSN: 2169-575X

DOI: 10.9745/ghsp-d-16-00411

Accession Number: WOS:000406250500008

Abstract: Shifting childbirth into facilities has not improved health outcomes for mothers and newborns as significantly as hoped. Improving the quality and safety of care provided during facility-based childbirth requires helping providers to adhere to essential birth practices-evidence-based behaviors that reduce harm to and save lives of mothers and newborns. To achieve this goal, we developed the BetterBirth Program, which we tested in a matched-pair, cluster-randomized controlled trial in Uttar Pradesh, India. The goal of this intervention was to improve adoption and sustained use of the World Health Organization Safe Childbirth Checklist (SCC), an organized collection of 28 essential birth practices that are known to improve the quality of facility-based childbirth care. Here, we describe the BetterBirth Program in detail, including its 4 main features: implementation tools, an implementation strategy of coaching, an implementation pathway (Engage-Launch-Support), and a sustainability plan. This coaching-based implementation of the SCC motivates and empowers care providers to identify, understand, and resolve the barriers they face in using the SCC with the resources already available. We describe important lessons learned from our experience with the BetterBirth Program as it was tested in the BetterBirth Trial. For example, the emphasis on relationship building and respect led to trust between coaches and birth attendants and helped influence change. In addition, the cloud-based data collection and feedback system proved a valuable asset in the coaching process. More research on coaching-based interventions is required to refine our understanding of what works best to improve quality and safety of care in various settings. Note: At the time of

publication of this article, the results of evaluation of the impact of the BetterBirth Program were pending publication in another journal. After the impact findings have been published, we will update this article with a reference to the impact findings.

Notes: Kara, Nabihah Firestone, Rebecca Kalita, Tapan Gawande, Atul A. Kumar, Vishwajeet Kodkany, Bhala Saurastri, Rajiv Singh, Vinay Pratap Maji, Pinki Karlage, Ami Hirschhorn, Lisa R. Semrau, Katherine E. A.

Semrau, Katherine/0000-0002-8360-1391

URL: <Go to ISI>://WOS:000406250500008

Reference Type: Journal Article

Record Number: 516

Author: Karanikas, N., Khan, S. R., Baker, P. R. A. and Pilbeam, C.

Year: 2022

Title: Designing safety interventions for specific contexts: Results from a literature review

Journal: Safety Science

Volume: 156

Date: Dec

Short Title: Designing safety interventions for specific contexts: Results from a literature review

ISSN: 0925-7535

DOI: 10.1016/j.ssci.2022.105906

Article Number: 105906

Accession Number: WOS:000855658300003

Abstract: A misalignment between safety interventions and the workplace context of their application could lead to diminished effectiveness or failure. This paper is the first of three of an umbrella study that aimed to understand whether and how researchers and organisations consider contextual factors in safety interventions. Through Rapid Evidence Assessment (REA) process, we searched and selected scholarly work indexed in the bibliographic databases Medline, APA PsycArticles, Web of Science and Scopus between January 2011 and June 2021. The studies were analysed using a framework developed according to translation theory about (de)contextualisation of knowledge. The framework was enriched to consider psychosocial factors at the organisational level and physical, cognitive and emotional factors of the interventions' recipients. We identified 73 eligible studies, of which 47 described safety interventions that had not been deployed in workplaces (e.g., pilot studies and concepts) and 26 studies referred to those deployed. No study considered all factors of the framework. Communication and support from management and colleagues were the most considered psychosocial factors, whereas conflicting demands and job security were the least considered. Moreover, cognitive factors of workers were mentioned in 77% of the sample, with only one study considering inclusively cognitive, emotional and physical factors of recipients. About 62% of the implemented interventions were functional (e.g., training, education and communication-related interventions), with only four studies reporting physical interventions. Also, most of the interventions were sourced from the literature and introduced as 'new practice' at the targeted

workplaces, with only one article reporting a failed intervention. Overall, the findings of this research indicated that intervention studies did not visibly follow a translation-transformation path between sources and recipients, did not systematically consider contextual factors at the workplaces targeted, and all interventions represented administrative controls, contrary to the widely accepted principle of the hierarchy of controls.

Notes: Karanikas, Nektarios Khan, Shanchita R. Baker, Philip R. A. Pilbeam, Colin

Khan, Shanchita R/HLG-7874-2023; Karanikas, Nektarios/L-4873-2019; pilbeam, colin/C-1926-2016

Khan, Shanchita R/0000-0003-0772-6122; Karanikas, Nektarios/0000-0002-9160-025X; pilbeam, colin/0000-0002-7281-4295 1879-1042

URL: <Go to ISI>://WOS:000855658300003

Reference Type: Journal Article

Record Number: 892

Author: Karim, S., Levine, O. and Simon, J.

Year: 2022

Title: The Serious Illness Care Program in Oncology: Evidence, Real-World Implementation and Ongoing Barriers

Journal: Current Oncology

Volume: 29

Issue: 3

Pages: 1527-1536

Date: Mar

Short Title: The Serious Illness Care Program in Oncology: Evidence, Real-World Implementation and Ongoing Barriers

ISSN: 1198-0052

DOI: 10.3390/curroncol29030128

Accession Number: WOS:000775655800001

Abstract: The Serious Illness Care Program (SICP), designed by Ariadne Labs, is a multicomponent intervention to improve conversations about values and goals for patients with a life-limiting illness. In oncology, implementation of the SICP achieved more, earlier, and better-quality conversations and reduced anxiety and depression among patients with advanced cancer. In this commentary, we describe the SICP, including results from the cluster-randomized trial, provide examples of real-world implementation of this program, and highlight ongoing challenges and barriers that are preventing widespread adoption of this intervention into routine practice. For the SICP to be successfully embedded into routine patient care, it will require significant effort, including ongoing leadership support and training opportunities, champions from all sectors of the interdisciplinary team, and adaptation of the program to a wider range of patients. Future research should also investigate how early conversations can be translated into personalized care plans for patients.

Notes: Karim, Safiya Levine, Oren Simon, Jessica

Levine, Oren/0000-0003-0885-3721; Simon, Jessica/0000-0002-0865-4231 1718-7729

URL: <Go to ISI>://WOS:000775655800001

Reference Type: Journal Article

Record Number: 1595

Author: Kashima, Y., O'Brien, L., McNeill, I., Ambrose, M., Bruce, G., Critchley, C. R., Dudgeon, P., Newton, P. and Robins, G.

Year: 2021

Title: Low carbon readiness in social context: Introducing the social context of environmental identity model

Journal: Asian Journal of Social Psychology

Volume: 24

Issue: 2

Pages: 169-183

Date: Jun

Short Title: Low carbon readiness in social context: Introducing the social context of environmental identity model

ISSN: 1367-2223

DOI: 10.1111/ajsp.12454

Accession Number: WOS:000606396500001

Abstract: Low carbon readiness (LCR) is an aspect of environmental identity, an individual citizen's willingness to reduce carbon emissions and transition to low carbon lifestyle as a personal striving. Nevertheless, individuals' personal strivings are strongly influenced by the social context in which they are situated. We propose the social context of environmental identity model, which postulates that social contexts for LCR have a nested structure. The micro-level Home is linked with other households through social networks at the meso-level Community, which are further embedded in a macro-level Society. These contexts are likely to influence LCR through different mechanisms. Home can exert direct influences by monitoring and reminding each other of the need to engage in low carbon behaviours. Community affects individuals' readiness by providing social capital. The macro-level Society exerts social influence through societal norms not only its current descriptive norm but also through its dynamic norms about the changing trends into the future. We have tested and found support for these propositions in three national cross-sectional data sets from Australia. Our discussions will centre around a need to investigate social and cultural processes involved in climate change mitigation, and to link these insights to public policies.

Notes: Kashima, Yoshihisa O'Brien, Lean McNeill, Ilona Ambrose, Michael Bruce, Gordana Critchley, Christine R. Dudgeon, Paul Newton, Peter Robins, Garry

Ambrose, Michael D/B-5511-2011

Ambrose, Michael/0000-0001-8157-8311; O'Brien, Lean/
0000-0002-8919-3077

1467-839x

URL: <Go to ISI>://WOS:000606396500001

Reference Type: Journal Article

Record Number: 1342

Author: Kastaun, S., Leve, V., Hildebrandt, J., Funke, C., Klosterhalfen, S., Lubisch, D., Reddemann, O., McRobbie, H.,

Raupach, T., West, R., Wilm, S., Viechtbauer, W. and Kotz, D.

Year: 2021

Title: Training general practitioners in the ABC versus 5As method of delivering stop-smoking advice: a pragmatic, two-arm cluster randomised controlled trial

Journal: Erj Open Research

Volume: 7

Issue: 3

Date: Jul

Short Title: Training general practitioners in the ABC versus 5As method of delivering stop-smoking advice: a pragmatic, two-arm cluster randomised controlled trial

DOI: 10.1183/23120541.00621-2020

Article Number: 00621-2020

Accession Number: WOS:000684273900040

Abstract: This study assessed the effectiveness of a 3.5-h training session for general practitioners (GPs) in providing brief stop-smoking advice and compared two methods of giving advice – ABC versus 5As – on the rates of delivery of such advice and of recommendations of evidence-based smoking cessation treatment during routine consultations. A pragmatic, two-arm cluster randomised controlled trial was carried out including a pre-/post-design for the analyses of the primary outcome in 52 GP practices in Germany. Practices were randomised (1:1) to receive a 3.5-h training session (ABC or 5As). In total, 1937 tobacco-smoking patients, who consulted trained GPs in these practices in the 6 weeks prior to or following the training, were included. The primary outcome was patient-reported rates of GP-delivered stop-smoking advice prior to and following the training, irrespective of the training method. Secondary outcomes were patient-reported receipt of recommendation/prescription of behavioural therapy, pharmacotherapy or combination therapy for smoking cessation, and the effectiveness of ABC versus 5As regarding all outcomes. GP-delivered stop-smoking advice increased from 13.1% (n=136 out of 1039) to 33.1% (n=297 out of 898) following the training (adjusted odds ratio (aOR) 3.25, 95% CI 2.34–4.51). Recommendation/prescription rates of evidence-based treatments were low (<2%) pre-training, but had all increased after training (e.g. behavioural support: aOR 7.15, 95% CI 4.02–12.74). Delivery of stop-smoking advice increased non-significantly (p=0.08) stronger in the ABC versus 5As group (aOR 1.71, 95% CI 0.94–3.12). A single training session in stop-smoking advice was associated with a three-fold increase in rates of advice giving and a seven-fold increase in offer of support. The ABC method may lead to higher rates of GP-delivered advice during routine consultations.

Notes: Kastaun, Sabrina Leve, Verena Hildebrandt, Jaqueline Funke, Christian Klosterhalfen, Stephanie Lubisch, Diana Reddemann, Olaf McRobbie, Hayden Raupach, Tobias West, Robert Wilm, Stefan Viechtbauer, Wolfgang Kotz, Daniel

Kotz, Daniel/A-1270-2007; West, Robert/B-5414-2009; Hildebrandt, Jaqueline/GS0-2536-2022; McRobbie, Hayden/B-4552-2018; West, Robert/B-5414-2009

Kotz, Daniel/0000-0002-9454-023X; West, Robert/0000-0002-0291-5760;

McRobbie, Hayden/0000-0002-7777-1845; Kastaun, Sabrina/

0000-0002-5590-1135; West, Robert/0000-0001-6398-0921;

Klosterhalfen, Stephanie/0000-0002-1175-898X
2312-0541
URL: <Go to ISI>://WOS:000684273900040

Reference Type: Journal Article

Record Number: 1341

Author: Kastaun, S., Viechtbauer, W., Leve, V., Hildebrandt, J., Funke, C., Klosterhalfen, S., Lubisch, D., Reddemann, O., Raupach, T., Wilm, S. and Kotz, D.

Year: 2021

Title: Quit attempts and tobacco abstinence in primary care patients: follow-up of a pragmatic, two-arm cluster randomised controlled trial on brief stop-smoking advice - ABC versus 5As

Journal: Erj Open Research

Volume: 7

Issue: 3

Date: Jul

Short Title: Quit attempts and tobacco abstinence in primary care patients: follow-up of a pragmatic, two-arm cluster randomised controlled trial on brief stop-smoking advice - ABC versus 5As

DOI: 10.1183/23120541.00224-2021

Article Number: 00224-2021

Accession Number: WOS:000684273900031

Abstract: We developed a 3.5-h training for general practitioners (GPs) in delivering brief stop-smoking advice according to different methods (ABC, 5As). In a pragmatic, cluster randomised controlled trial our training proved effective in increasing GP-delivered rates of such advice (from 13% to 33%). In this follow-up analysis we examined the effect of the training and compared ABC versus 5As on patient-reported quit attempts and point prevalence abstinence at weeks 4, 12 and 26 following GP consultation. Follow-up data were collected in 1937 smoking patients - independently of the receipt of GP advice - recruited before or after the training of 69 GPs. At week 26, similar to 70% of the patients were lost to follow-up. All 1937 patients were included in an intention-to-treat analysis; missing outcome data were imputed. Quit attempts and abstinence rates did not differ significantly from pre- to post-training or between patients from the ABC versus the 5As group. However, ancillary analyses showed that patients who received GP advice compared to those who did not had two times higher odds of reporting a quit attempt at all followups and abstinence at week 26. We reported that our training increases GP-delivered rates of stop-smoking advice, and the present analysis confirms that advice is associated with increased quit attempts and abstinence rates in patients. However, our training did not further improve these rates, which might be related to patients' loss to follow-up or to contextual factors, e.g. access to free evidence-based cessation treatment, which can hamper the transfer of GPs' advice into patients' behaviour change.

Notes: Kastaun, Sabrina Viechtbauer, Wolfgang Leve, Verena Hildebrandt, Jaqueline Funke, Christian Klosterhalfen, Stephanie Lubisch, Diana Reddemann, Olaf Raupach, Tobias Wilm, Stefan Kotz, Daniel

Kotz, Daniel/A-1270-2007; Viechtbauer, Wolfgang/M-1549-2013
Kotz, Daniel/0000-0002-9454-023X; Klosterhalfen, Stephanie/
0000-0002-1175-898X; Funke, Christian/0000-0003-4434-4174; Kastaun,
Sabrina/0000-0002-5590-1135; Viechtbauer, Wolfgang/
0000-0003-3463-4063
2312-0541
URL: <Go to ISI>://WOS:000684273900031

Reference Type: Journal Article

Record Number: 1234

Author: Kaufman, J., Tuckerman, J., Bonner, C., Durrheim, D. N.,
Costa, D., Trevena, L., Thomas, S. and Danchin, M.

Year: 2021

Title: Parent-level barriers to uptake of childhood vaccination: a
global overview of systematic reviews

Journal: Bmj Global Health

Volume: 6

Issue: 9

Date: Sep

Short Title: Parent-level barriers to uptake of childhood
vaccination: a global overview of systematic reviews

ISSN: 2059-7908

DOI: 10.1136/bmjgh-2021-006860

Article Number: e006860

Accession Number: WOS:000700901700001

Abstract: Introduction Understanding barriers to childhood
vaccination is crucial to inform effective interventions for
maximising uptake. Published systematic reviews include different
primary studies, producing varying lists of barriers. To make sense
of this diverse body of literature, a comprehensive level of summary
and synthesis is necessary. This overview of systematic reviews maps
all potential parent-level barriers to childhood vaccination
identified in systematic reviews. It synthesises these into a
conceptual framework to inform development of a vaccine barriers
assessment tool. Methods We applied Joanna Briggs methodology,
searching the Epistemonikos review database and reference lists of
included reviews to June 2020. Systematic reviews of qualitative or
quantitative data on parent-level barriers to routine vaccination in
preschool-aged children were included. Reviews addressing influenza,
reporting non-modifiable determinants or reporting barriers not
relevant to parents were excluded. Where possible, we extracted
review details, barrier descriptions and the number, setting and
design of primary studies. Two authors independently screened search
results and inductively coded barrier descriptions. Results We
screened 464 papers, identifying 30 relevant reviews with minimal
overlap. Fourteen reviews included qualitative and quantitative
primary studies, seven included quantitative and seven included
qualitative studies only. Two did not report included study designs.
Two-thirds of reviews (n=20; 67%) only included primary studies from
high-income countries. We extracted 573 barrier descriptions and
inductively coded these into 64 unique barriers in six overarching
categories: (1) Access, (2) Clinic or Health System Barriers, (3)
Concerns and Beliefs, (4) Health Perceptions and Experiences, (5)

Knowledge and Information and (6) Social or Family Influence.
Conclusions A global overview of systematic reviews of parent-level barriers to childhood vaccine uptake identified 64 barriers to inform development of a new comprehensive survey instrument. This instrument will assess both access and acceptance barriers to more accurately diagnose the reasons for under-vaccination in children in different settings.

Notes: Kaufman, Jessica Tuckerman, Jane Bonner, Carissa Durrheim, David N. Costa, Daniel Trevena, Lyndal Thomas, Susan Danchin, Margie Danchin, Margie/ABE-3391-2020
Danchin, Margie/0000-0002-7624-5691
URL: <Go to ISI>://WOS:000700901700001

Reference Type: Journal Article

Record Number: 1132

Author: Kaufman, S., Saeri, A., Raven, R., Malekpour, S. and Smith, L.

Year: 2021

Title: Behaviour in sustainability transitions: A mixed methods literature review

Journal: Environmental Innovation and Societal Transitions

Volume: 40

Pages: 586-608

Date: Sep

Short Title: Behaviour in sustainability transitions: A mixed methods literature review

ISSN: 2210-4224

DOI: 10.1016/j.eist.2021.10.010

Accession Number: WOS:000718147500006

Abstract: Sustainability transitions require changing many behaviours embedded in production and consumption systems. Simultaneously, behavioural public policy is now a significant site of research-policy translation globally. Links between behaviour and system change are underdeveloped in both fields. Systematic review of current transitions literature found 4% of papers focused on behaviour. Two prominent perspectives on behaviour (labelled: 'everyday' and 'strategic') are critical of a focus on individuals, preferring broader analysis. Two additional perspectives were identified - 'automatic' and 'reflective' - which highlight immediate and local influences on behaviour but underemphasise context. All four perspectives on behaviour draw on different conceptualisations, causality, methods and disciplinary foundations, and yet all have value and application to transitions. We argue that a complimentary and flexible approach to behaviour would benefit the field, considering the diversity of phases, scales and contexts of sustainability transitions. Transitions' own behavioural perspectives could also help address behavioural public policy's challenges.

Notes: Kaufman, Stefan Saeri, Alexander Raven, Rob Malekpour, Shirin Smith, Liam

Raven, Rob/GXG-2362-2022; Raven, Rob/C-3048-2017

Raven, Rob/0000-0002-6330-0831; Raven, Rob/0000-0002-6330-0831
2210-4232

URL: <Go to ISI>://WOS:000718147500006

Reference Type: Journal Article

Record Number: 921

Author: Kaur, S., Kaur, M. and Kumar, R.

Year: 2022

Title: Health promotion intervention to prevent risk factors of chronic diseases: Protocol for a cluster randomized controlled trial among adolescents in school settings of Chandigarh (India)

Journal: Plos One

Volume: 17

Issue: 2

Date: Feb

Short Title: Health promotion intervention to prevent risk factors of chronic diseases: Protocol for a cluster randomized controlled trial among adolescents in school settings of Chandigarh (India)

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0263584

Article Number: e0263584

Accession Number: WOS:000777505200024

Abstract: Background Chronic diseases like diabetes, cardiovascular diseases and cancers are on the rise. Most of the risk factors of these diseases commence in Adolescence. Therefore, a cluster randomised controlled trial is designed to evaluate the effect of school-based health promotion intervention on the risk factors of chronic diseases. Methodology Considering school as a cluster, twelve schools will be randomly selected from the public schools of Chandigarh, a city in India. After baseline assessment, six schools will be randomly allocated to intervention and six to the control arm. Study participants will be students of 8 th grade (age 10-16 years), their parents and teachers. A sample of 360 students (12 clusters x 30 students) has been estimated to provide statistically valid inference. The PRECEDE PROCEED Model will be used to develop health promotion interventions to prevent the use of an unbalanced diet, physical inactivity, alcohol, and tobacco. Interventions will be implemented for six-months in the school setting. For students, the intervention will comprise interactive learning sessions of 30 minutes duration per week and physical activity sessions of 30 minutes duration four times every week. Educational sessions will be conducted for parents and teachers for 30 minutes, four times during the intervention period. Primary outcomes will be changes in the prevalence of behavioural risk factors from pre- to post-intervention. Changes in anthropometric, physiological, and biochemical measures will be the secondary outcomes. The difference-in-difference (DID) method will be used to measure the net change in the outcomes. Discussion It is essential to understand whether health promotion interventions implemented in the school setting simultaneously targeting adolescents, teachers, and parents are effective. Using the PRECEDE-PROCEED model for planning, implementing, and evaluating the intervention as part of a cluster Randomized Controlled Trial design with DID analysis, could objectively assess the impact.

Notes: Kaur, Sandeep Kaur, Manmeet Kumar, Rajesh

Kaur, Sandeep/0000-0003-3170-6703; , Manmeet/0000-0003-2450-3115;
Kumar, Rajesh/0000-0001-9750-3437
URL: <Go to ISI>://WOS:000777505200024

Reference Type: Journal Article

Record Number: 285

Author: Kebede, A. S., Ozolins, L. L., Holst, H. and Galvin, K.

Year: 2022

Title: Digital Engagement of Older Adults: Scoping Review

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 12

Date: Dec

Short Title: Digital Engagement of Older Adults: Scoping Review

ISSN: 1438-8871

DOI: 10.2196/40192

Article Number: e40192

Accession Number: WOS:000966483100004

Abstract: Background: Digital technologies facilitate everyday life, social connectedness, aging at home, well-being, and dignified care. However, older adults are disproportionately excluded from these benefits. Equal digital opportunities, access, and meaningful engagement require an understanding of older adults' experience across different stages of the technological engagement life cycle from nonuse and initial adoption to sustained use, factors influencing their decisions, and how the experience changes over time. Objective: Our objectives were to identify the extent and breadth of existing literature on older adults' perspective on digital engagement and summarize the barriers to and facilitators for technological nonuse, initial adoption, and sustained digital technology engagement. Methods: We used the Arksey and O'Malley framework for the scoping review process. We searched MEDLINE, PsycINFO, CINAHL, Web of Science, and ACM digital library for primary studies published between 2005 and 2021. The inclusion and exclusion criteria were developed based on the Joanna Briggs Institute (participants, content, and context) framework. Studies that investigated the digital engagement experience as well as barriers to and facilitators of older adults' digital technology engagement were included. The characteristics of the study, types of digital technology, and digital engagement levels were analyzed descriptively. Content analysis was used to generate tentative elements using a congruent theme, and barriers and facilitators were mapped over the capability, opportunity, and motivation behavior change model (COM-B) and the theoretical domain framework. The findings were reported in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews). Results: In total, 96 publications were eligible for the final charting and synthesis. Most of the studies were published over the past 5 years, investigated the initial adoption stage of digital engagement, and focused on everyday technologies. The most cited barriers and facilitators across the engagement stages from each COM-B component were capability (eg, physical and psychological changes and lack of skill), opportunity

(eg, technological features, environmental context, and resources), and motivation (eg, optimism from perceived usefulness and beliefs about capability). Conclusions: The COM-B model and theoretical domain framework provide a guide for identifying multiple and intertwined barriers and facilitators at each stage of digital engagement. There are limited studies looking into the whole spectrum of older adults' digital technology experience; in particular, studies on technological nonuse and sustained use stages are rare. Future research and practice should focus on tailored interventions accounting for the barriers to older adults' digital engagement and addressing capabilities, motivation, and opportunities; affordable, usable, and useful digital technologies, which address the changes and capability requirements of older adults and are cocreated with a value framework; and lifelong learning and empowerment to develop older adults' knowledge and skills to cope with digital technology development.

Notes: Kebede, Abraham Sahilemichael Ozolins, Lise-Lotte Holst, Hanna Galvin, Kathleen

Galvin, Kathleen/0000-0002-0946-3648; Holst, Hanna/0000-0003-0400-9208; Kebede, Abraham/0000-0003-2551-502X

URL: <Go to ISI>://WOS:000966483100004

Reference Type: Journal Article

Record Number: 70

Author: Keightley, S., Duncan, M. and Gardner, B.

Year: 2023

Title: Working From Home: Experiences of Home-Working, Health Behavior and Well-Being During the 2020 UK COVID-19 Lockdown

Journal: Journal of Occupational and Environmental Medicine

Volume: 65

Issue: 4

Pages: 330-336

Date: Apr

Short Title: Working From Home: Experiences of Home-Working, Health Behavior and Well-Being During the 2020 UK COVID-19 Lockdown

ISSN: 1076-2752

DOI: 10.1097/jom.0000000000002757

Accession Number: WOS:000967958600020

Abstract: Objective: The Spring 2020 UK COVID-19 lockdown required normally office-based workers to modify their work-related practices to work at home. This study explored workers' experiences of adapting to home working, health behaviors and well-being. Methods: Twenty-seven home working employees (19 women; aged 23-57 years), from various industry sectors, gave individual semi-structured interviews. Topics focused on home working experiences, routine adaptations, and changes in health behaviors and well-being.

Results: Four themes were extracted: changes to the work interface; adaptations to a new workspace; changes to work-life balance; and adjustments to a new social context. Notably, participants reported greater reliance on computer-based interactions, which they felt discouraged physical activity and increased sitting. Working in a domestic environment reportedly challenged work-home boundaries.

Conclusions: Work practices can incidentally detrimentally impact

health-related behaviors and well-being. Organizations should develop policies and procedures to promote health-conducive home working.

Notes: Keightley, Samuel Duncan, Myanna Gardner, Benjamin duncan, myanna/0000-0002-5446-6928
1536-5948

URL: <Go to ISI>://WOS:000967958600020

Reference Type: Journal Article

Record Number: 82

Author: Keightley, S., Duncan, M. and Gardner, B.

Year: 2023

Title: An intervention to promote positive homeworker health and wellbeing through effective home-working practices: a feasibility and acceptability study

Journal: BMC Public Health

Volume: 23

Issue: 1

Date: Mar

Short Title: An intervention to promote positive homeworker health and wellbeing through effective home-working practices: a feasibility and acceptability study

DOI: 10.1186/s12889-023-15347-x

Article Number: 614

Accession Number: WOS:000982828700002

Abstract: Background In the wake of Covid-19, the prevalence of working from home ('home-working') is expected to rise. Yet, working from home can have negative health and wellbeing impacts.

Interventions are needed to promote effective ways of working that also protect workers' health and wellbeing. This study explored the feasibility and acceptability of an intervention intended to promote home-working practices that would protect and promote health behaviour and wellbeing.

Methods An uncontrolled, single-arm mixed-methods trial design was employed. Forty-two normally-office-based UK workers, working from home between January-February 2021 (during the Covid pandemic), consented to receive the intervention.

The intervention: a digital document offering evidence-based recommendations for home-working in ways conducive to health behaviour and wellbeing. Feasibility and acceptability were quantitatively indexed by: expressions of interest within 1 week (target threshold ≥ 35); attrition across the one-week study period (threshold $\leq 20\%$); and the absence of any apparent detriments in self-reported physical activity, sedentary behaviour, snacking, and work-related wellbeing prior to and one week after receiving the intervention.

Qualitative think-aloud data, obtained while participants read through the intervention, and analysed using reflexive thematic analysis, explored acceptability. Semi-structured interviews conducted one week after intervention exposure were content-analysed to identify whether and which behaviour changes were adopted.

Results Two feasibility criteria were met: 85 expressions of interest indicated satisfactory intervention demand, and no detriments were observed in health behaviours or wellbeing. Forty-two participants (i.e., maximum capacity for the study; 26

females, 16 males, aged 22–63) consented to take part. 31% dropped out over the one-week study period leaving a final sample of 29 (18 females, 11 males, aged 22–63), exceeding identified attrition thresholds. Think-aloud data showed that participants concurred with intervention guidance, but felt it lacked novelty and practicality. Follow-up interviews produced 18 (62%) participant reports of intervention adherence, where nine recommendations reportedly prompted behaviour change in at least one participant. Conclusions Mixed evidence was found for intervention feasibility and acceptability. Whilst the information was deemed relevant and of value, further development is required to increase its novelty. It may also be more fruitful to provide this information via employers, to encourage and emphasise employer endorsement.

Notes: Keightley, Samuel Duncan, Myanna Gardner, Benjamin duncan, myanna/0000-0002-5446-6928
1471-2458

URL: <Go to ISI>://WOS:000982828700002

Reference Type: Journal Article

Record Number: 24

Author: Keller, H., Wei, C., Nasser, R., Dhaliwal, R. and Gramlich, L.

Year: 2023

Title: Prevalence of current nutrition care practices for disease-related malnutrition in Canadian hospitals

Journal: Applied Physiology Nutrition and Metabolism

Volume: 48

Issue: 5

Pages: 403–410

Date: May

Short Title: Prevalence of current nutrition care practices for disease-related malnutrition in Canadian hospitals

ISSN: 1715-5312

DOI: 10.1139/apnm-2022-0425403

Accession Number: WOS:000985576400006

Abstract: Disease-related malnutrition is common in hospital patients. The Health Standards Organization Canadian Malnutrition Prevention, Detection, and Treatment Standard was published in 2021. The purpose of this study was to determine the current state of nutrition care in hospitals prior to implementation of the Standard. An online survey was distributed to hospitals across Canada via email. A representative reported on nutrition best practices based on the Standard at the hospital level. Descriptive and bivariate statistics were completed for selected variables based on size and type of hospital. One hundred and forty-three responses from nine provinces were received (56% community, 23% academic, and 21% other). Malnutrition risk screening was being completed on admission in 74% (n = 106/142) of hospitals, although not all units participated in screening all patients. Nutrition-focused physical exam is completed as part of a nutrition assessment in 74% (n = 101/139) of sites. Flagging a malnutrition diagnosis (n = 38/104) and physician documentation (18/136) were sporadic. Academic and

medium (100–499 beds) and large hospitals (500+ beds) were more likely to have a physician document a malnutrition diagnosis. Some, but not all, best practices are occurring in Canadian hospitals on a regular basis. This demonstrates a need for continued knowledge mobilization of the Standard.

Notes: Keller, Heather Wei, Cindy Nasser, Roseann Dhaliwal, Rupinder Gramlich, Leah

1715–5320

URL: <Go to ISI>://WOS:000985576400006

Reference Type: Journal Article

Record Number: 1622

Author: Kelly, A., O'Neill, R., Croker, H., Woodside, J. V. and Mc Gowan, L.

Year: 2021

Title: Addressing obesity in Northern Ireland: a mapping study of obesity-related policies and services using a behavioural science approach

Journal: Proceedings of the Nutrition Society

Volume: 80

Issue: OCE3

Short Title: Addressing obesity in Northern Ireland: a mapping study of obesity-related policies and services using a behavioural science approach

ISSN: 0029–6651

DOI: 10.1017/s002966512100224x

Accession Number: WOS:000685208600056

Notes: Kelly, A. O'Neill, R. Croker, H. Woodside, J. V. Mc Gowan, L. 1475–2719

Si

URL: <Go to ISI>://WOS:000685208600056

Reference Type: Journal Article

Record Number: 1257

Author: Kelly, C., Kasperavicius, D., Duncan, D., Etherington, C., Giangregorio, L., Presseau, J., Sibley, K. M. and Straus, S.

Year: 2021

Title: 'Doing' or 'using' intersectionality? Opportunities and challenges in incorporating intersectionality into knowledge translation theory and practice

Journal: International Journal for Equity in Health

Volume: 20

Issue: 1

Date: Aug

Short Title: 'Doing' or 'using' intersectionality? Opportunities and challenges in incorporating intersectionality into knowledge translation theory and practice

DOI: 10.1186/s12939–021–01509–z

Article Number: 187

Accession Number: WOS:000687156800001

Abstract: Intersectionality is a widely adopted theoretical orientation in the field of women and gender studies.

Intersectionality comes from the work of black feminist scholars and activists. Intersectionality argues identities such as gender, race, sexuality, and other markers of difference intersect and reflect large social structures of oppression and privilege, such as sexism, racism, and heteronormativity. The reach of intersectionality now extends to the fields of public health and knowledge translation. Knowledge translation (KT) is a field of study and practice that aims to synthesize and evaluate research into an evidence base and move that evidence into health care practice. There have been increasing calls to bring gender and other social issues into the field of KT. Yet, as scholars outline, there are few guidelines for incorporating the principles of intersectionality into empirical research. An interdisciplinary, team-based, national health research project in Canada aimed to bring an intersectional lens to the field of knowledge translation. This paper reports on key moments and resulting tensions we experienced through the project, which reflect debates in intersectionality: discomfort with social justice, disciplinary divides, and tokenism. We consider how our project advances intersectionality practice and suggests recommendations for using intersectionality in health research contexts. We argue that while we encountered many challenges, our process and the resulting co-created tools can serve as a valuable starting point and example of how intersectionality can transform fields and practices.

Notes: Kelly, Christine Kasperavicius, Danielle Duncan, Diane Etherington, Cole Giangregorio, Lora Presseau, Justin Sibley, Kathryn M. Straus, Sharon

Etherington, Cole/0000-0002-7933-4593; Giangregorio, Lora/
0000-0002-3739-1805
1475-9276

URL: <Go to ISI>://WOS:000687156800001

Reference Type: Journal Article

Record Number: 1951

Author: Kelly, M., Inoue, K., Black, K. I., Barratt, A., Bateson, D., Rutherford, A., Stewart, M. and Richters, J.

Year: 2017

Title: Doctors' experience of the contraceptive consultation: a qualitative study in Australia

Journal: Journal of Family Planning and Reproductive Health Care

Volume: 43

Issue: 2

Pages: 119-125

Date: Apr

Short Title: Doctors' experience of the contraceptive consultation: a qualitative study in Australia

ISSN: 1471-1893

DOI: 10.1136/jfprhc-2015-101356

Accession Number: WOS:000404162200010

Abstract: Background Contraception is a field in which good doctor-patient communication is crucial and core to shared decision making. Despite the centrality of contraception to primary health care in Australia, little is known about how doctors manage the contraceptive consultation. In particular, little is known about how

doctors discuss sexual issues related to contraception. Methods Fifteen contraceptive providers participated in qualitative interviews averaging 45 min. Interviews were audio recorded, transcribed verbatim, and analysed using an inductive thematic approach. Results We found doctors were aware that they had to modify their illness-based 'scripts' in consultations about contraception, and said it was challenging always to adhere to a shared model of decision making. Prescribing behaviour reflected personal preferences in relation to some forms of contraception, and doctors were enthusiastic about the levonorgestrel-releasing intrauterine system. Doctors identified gaps in training in relation to sexuality and reported feeling tentative in raising sexual issues, even within contraceptive consultations. Conclusions A range of factors—including tendencies to use illness scripts, personal preferences, and discomfort with communications about sexuality—appear to influence doctors' approaches to contraceptive management. Medical training that enables doctors to move out of an illness-treating framework and to improve their understanding of and comfort in discussing sexuality issues will improve their management of healthy women seeking contraception.

Notes: Kelly, Marguerite Inoue, Kumiyo Black, Kirsten I. Barratt, Alexandra Bateson, Deborah Rutherford, Alison Stewart, Mary Richters, Juliet

Richters, Juliet/AAD-2402-2019; Kelly, Marguerite/IAR-4065-2023; Barratt, Alexandra/A-7349-2011; Bateson, Deborah/A-4563-2018 Kelly, Marguerite/0000-0001-5571-7189; Barratt, Alexandra/0000-0002-2561-3319; Black, Kirsten/0000-0003-0030-2431; Rutherford, Alison/0000-0002-6838-0498; Richters, Juliet/0000-0003-0469-5762; Bateson, Deborah/0000-0003-1035-7110 2045-2098

URL: <Go to ISI>://WOS:000404162200010

Reference Type: Journal Article

Record Number: 1899

Author: Kelly, M., Wills, J. and Sykes, S.

Year: 2017

Title: Do nurses' personal health behaviours impact on their health promotion practice? A systematic review

Journal: International Journal of Nursing Studies

Volume: 76

Pages: 62-77

Date: Nov-Dec

Short Title: Do nurses' personal health behaviours impact on their health promotion practice? A systematic review

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2017.08.008

Accession Number: WOS:000418627800006

Abstract: Background: There is a growing expectation in national and international policy and from professional bodies that nurses be role models for healthy behaviours, the rationale being that there is a relationship between nurses' personal health and the adoption of healthier behaviours by patients. This may be from patients being motivated by, and modelling, the visible healthy lifestyle of the

nurse or that nurses are more willing to promote the health of their patients by offering public health or health promotion advice and referring the patient to support services. Methods: An integrated systematic review was conducted to determine if nurses' personal health behaviour impacted on (1) their health promotion practices, and (2) patient responses to a health promotion message. Medline, CINAHL, SCOPUS, and PsycINFO databases were searched. A narrative synthesis was conducted. Results: 31 studies were included in the review. No consistent associations were noted between nurses' weight, alcohol use, or physical activity level and their health promotion practice, although smoking appeared to negatively impact on the likelihood of discussing and engaging in cessation counselling. Nurses who reported confidence and skills around health promotion practice were more likely to raise lifestyle issues with patients, irrespective of their own personal health behaviours. The two studies included in the review that examined patient responses noted that the perceived credibility of a public health message was not enhanced by being delivered by a nurse who reported adopting healthy behaviours. Conclusions: Although it is assumed that nurses' personal health behaviour influences their health promotion practice, there is little evidence to support this. The assertion in health care policy that nurses should be role models for healthy behaviours assumes a causal relationship between their health behaviours and the patient response and adoption of public health messages that is not borne out by the research evidence.

Notes: Kelly, Muireann Wills, Jane Sykes, Susie
1873-491x

URL: <Go to ISI>://WOS:000418627800006

Reference Type: Journal Article

Record Number: 2181

Author: Kelly, S., Martin, S., Kuhn, I., Cowan, A., Brayne, C. and Lafortune, L.

Year: 2016

Title: Barriers and Facilitators to the Uptake and Maintenance of Healthy Behaviours by People at Mid-Life: A Rapid Systematic Review

Journal: Plos One

Volume: 11

Issue: 1

Date: Jan

Short Title: Barriers and Facilitators to the Uptake and Maintenance of Healthy Behaviours by People at Mid-Life: A Rapid Systematic Review

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0145074

Article Number: e0145074

Accession Number: WOS:000369528200003

Abstract: Background With an ageing population, there is an increasing societal impact of ill health in later life. People who adopt healthy behaviours are more likely to age successfully. To engage people in health promotion initiatives in mid-life, a good understanding is needed of why people do not undertake healthy behaviours or engage in unhealthy ones. Methods Searches were

conducted to identify systematic reviews and qualitative or longitudinal cohort studies that reported mid-life barriers and facilitators to healthy behaviours. Mid-life ranged from 40 to 64 years, but younger adults in disadvantaged or minority groups were also eligible to reflect potential earlier disease onset. Two reviewers independently conducted reference screening and study inclusion. Included studies were assessed for quality. Barriers and facilitators were identified and synthesised into broader themes to allow comparisons across behavioural risks. Findings From 16,426 titles reviewed, 28 qualitative studies, 11 longitudinal cohort studies and 46 systematic reviews were included. Evidence was found relating to uptake and maintenance of physical activity, diet and eating behaviours, smoking, alcohol, eye care, and other health promoting behaviours and grouped into six themes: health and quality of life, sociocultural factors, the physical environment, access, psychological factors, evidence relating to health inequalities. Most of the available evidence was from developed countries. Barriers that recur across different health behaviours include lack of time (due to family, household and occupational responsibilities), access issues (to transport, facilities and resources), financial costs, entrenched attitudes and behaviours, restrictions in the physical environment, low socioeconomic status, lack of knowledge. Facilitators include a focus on enjoyment, health benefits including healthy ageing, social support, clear messages, and integration of behaviours into lifestyle. Specific issues relating to population and culture were identified relating to health inequalities. Conclusions The barriers and facilitators identified can inform the design of tailored interventions for people in mid-life.

Notes: Kelly, Sarah Martin, Steven Kuhn, Isla Cowan, Andy Brayne, Carol Lafortune, Louise
Lafortune, Louise/AAJ-9257-2020; Kuhn, Isla L/J-6753-2012; Brayne, Carol/AAA-4285-2020
Lafortune, Louise/0000-0002-9018-1217; Brayne, Carol/
0000-0001-5307-663X; Cowan, Andy/0000-0002-8981-5673; Kuhn, Isla/
0000-0002-2879-4020; Kelly, Sarah/0000-0002-1114-2456
URL: <Go to ISI>://WOS:000369528200003

Reference Type: Journal Article

Record Number: 2205

Author: Kennelly, M. A., Ainscough, K., Lindsay, K., Gibney, E., Mc Carthy, M. and McAuliffe, F. M.

Year: 2016

Title: Pregnancy, exercise and nutrition research study with smart phone app support (Pears): Study protocol of a randomized controlled trial

Journal: Contemporary Clinical Trials

Volume: 46

Pages: 92-99

Date: Jan

Short Title: Pregnancy, exercise and nutrition research study with smart phone app support (Pears): Study protocol of a randomized controlled trial

ISSN: 1551-7144

DOI: 10.1016/j.cct.2015.11.018

Accession Number: WOS:000368204300014

Abstract: Objective: Maternal adiposity confers an increased risk of GDM in pregnancy. A low glycemic index (GI) dietary intervention has been found to improve glucose homeostasis and reduce gestational weight gain. Mobile Health (mHealth) Technology-assisted interventions are becoming commonplace as an aid to treating many chronic diseases. The aim of this study is to assess the impact of a 'healthy lifestyle package' with mHealth smart phone technology as support compared with usual care on the incidence of GDM in an overweight and obese pregnant population. Methods: We propose a randomized controlled trial of an mHealth assisted healthy lifestyle intervention package versus standard obstetric care in pregnant women with a BMI \geq 25 kg/m²–39.9 kg/m². Patients are randomized to control or intervention group in a 1:1 ratio. The intervention arm healthy lifestyle package includes a motivational counseling session to encourage behavior change, involving targeted, low GI nutritional advice and daily physical activity prescription delivered before 18 weeks gestation, as well as a smart phone app to provide ongoing healthy lifestyle advice and support throughout pregnancy. The primary outcome is the incidence of GDM at 29 weeks' gestation and power analysis indicates that 253 women are required in each group to detect a difference. Conclusion: This will be the first clinical trial to evaluate the effectiveness of a smart phone technology-assisted targeted healthy lifestyle intervention, which is grounded in behavior change theories and techniques, to support antenatal management of an overweight and obese pregnant population in preventing GDM. (C) 2015 Elsevier Inc All rights reserved.

Notes: Kennelly, Maria A. Ainscough, Kate Lindsay, Karen Gibney, Eileen Mc Carthy, Mary McAuliffe, Fionnuala M.

Lindsay, Karen/J-4383-2019

Lindsay, Karen/0000-0002-4481-9363; McCarthy, Mary/

0000-0001-5383-738X

1559-2030

URL: <Go to ISI>://WOS:000368204300014

Reference Type: Journal Article

Record Number: 1915

Author: Kenyon, S., Dann, S., Hope, L., Clarke, P., Hogan, A., Jenkinson, D. and Hemming, K.

Year: 2017

Title: Evaluation of a bespoke training to increase uptake by midwifery teams of NICE Guidance for membrane sweeping to reduce induction of labour: a stepped wedge cluster randomised design

Journal: Trials

Volume: 18

Date: Jul

Short Title: Evaluation of a bespoke training to increase uptake by midwifery teams of NICE Guidance for membrane sweeping to reduce induction of labour: a stepped wedge cluster randomised design

DOI: 10.1186/s13063-017-2106-1

Article Number: 357

Accession Number: WOS:000406674200002

Abstract: Background: National guidance recommends pregnant women are offered membrane sweeping at term to reduce induction of labour. Local audit suggested this was not being undertaken routinely across two maternity units in the West Midlands, UK between March and November 2012. Methods: Bespoke training session for midwifery teams (nine community and one antenatal clinic) was developed to address identified barriers to encourage offer of membrane sweeping, together with an information leaflet for women and appointment of a champion within each team. The timing of training session on membrane sweeping to ten midwifery teams was randomly allocated using a stepped wedge cluster randomised design. All women who gave birth in the Trusts after 39 + 3/40 weeks gestation within the study time period were eligible. Relevant anonymised data were extracted from maternity notes for three months before and after training. Data were analysed using a generalised linear mixed model, allowing for clustering and adjusting for temporal effects. Primary outcomes were number of women offered and accepting membrane sweeping and average number of sweeps per woman. Sub-group comparisons were undertaken for adherence to Trust guidance and potential influence of pre-specified maternal characteristics. Data included whether sweeping was offered but declined and no record of membrane sweeping. Results: Training was given to all teams as planned. Analyses included data from 2787 of the 2864 (97%) eligible low-risk women over 39 + 4 weeks pregnant. Characteristics of the women were similar before and after training. No evidence of difference in proportion of women being offered and accepting membrane sweeping (44.4% before training versus 46.8% after training (adjusted relative risk [aRR] = 0.90, 95% confidence interval [CI] = 0.71-1.13), nor in average number of sweeps per woman (0.603 versus 0.627, aRR = 0.83, 95% CI = 0.67-1.01). No differences in any secondary outcomes nor influence of maternal characteristics were demonstrated. The midwives evaluated training positively. Conclusions: This stepped wedge cluster trial enabled randomised evaluation within a natural roll-out and demonstrates the importance of robust evaluation in circumstances in which it is rarely undertaken. While the midwives evaluated the training positively, it did not appear to change practice.

Notes: Kenyon, Sara Dann, Sophie Hope, Lucy Clarke, Paula Hogan, Amanda Jenkinson, David Hemming, Karla Hemming, karla/AAB-3391-2021
Hemming, karla/0000-0002-2226-6550; Kenyon, Sara/0000-0002-0756-9617
1745-6215
URL: <Go to ISI>://WOS:000406674200002

Reference Type: Journal Article

Record Number: 2239

Author: Keogh, A., Tully, M. A., Matthews, J. and Hurley, D. A.

Year: 2015

Title: A review of behaviour change theories and techniques used in group based self-management programmes for chronic low back pain and arthritis

Journal: Manual Therapy

Volume: 20

Issue: 6

Pages: 727-735

Date: Dec

Short Title: A review of behaviour change theories and techniques used in group based self-management programmes for chronic low back pain and arthritis

ISSN: 1356-689X

DOI: 10.1016/j.math.2015.03.014

Accession Number: WOS:000372196300007

Abstract: Background: Medical Research Council (MRC) guidelines recommend applying theory within complex interventions to explain how behaviour change occurs. Guidelines endorse self-management of chronic low back pain (CLBP) and osteoarthritis (OA), but evidence for its effectiveness is weak. Objective: This literature review aimed to determine the use of behaviour change theory and techniques within randomised controlled trials of group-based self-management programmes for chronic musculoskeletal pain, specifically CLBP and OA. Methods: A two-phase search strategy of electronic databases was used to identify systematic reviews and studies relevant to this area. Articles were coded for their use of behaviour change theory, and the number of behaviour change techniques (BCTs) was identified using a 93-item taxonomy, Taxonomy (v1). Results: 25 articles of 22 studies met the inclusion criteria, of which only three reported having based their intervention on theory, and all used Social Cognitive Theory. A total of 33 BCTs were coded across all articles with the most commonly identified techniques being 'instruction on how to perform the behaviour', 'demonstration of the behaviour', 'behavioural practice', 'credible source', 'graded tasks' and 'body changes'. Conclusion: Results demonstrate that theoretically driven research within group based self-management programmes for chronic musculoskeletal pain is lacking, or is poorly reported. Future research that follows recommended guidelines regarding the use of theory in study design and reporting is warranted. (C) 2015 Elsevier Ltd. All rights reserved.

Notes: Keogh, Alison Tully, Mark A. Matthews, James Hurley, Deirdre A.

Matthews, James/HLH-3293-2023; Tully, Mark/AAB-2939-2019

Tully, Mark/0000-0001-9710-4014; Keogh, Alison/0000-0001-5917-6308
1532-2769

URL: <Go to ISI>://WOS:000372196300007

Reference Type: Journal Article

Record Number: 658

Author: Kephart, G., Packer, T., Audulv, A., Chen, Y. T., Robinson, A., Olsson, I. and Warner, G.

Year: 2022

Title: Item selection, scaling and construct validation of the Patient-Reported Inventory of Self-Management of Chronic Conditions (PRISM-CC) measurement tool in adults

Journal: Quality of Life Research

Volume: 31

Issue: 9

Pages: 2867-2880

Date: Sep

Short Title: Item selection, scaling and construct validation of the Patient-Reported Inventory of Self-Management of Chronic Conditions (PRISM-CC) measurement tool in adults

ISSN: 0962-9343

DOI: 10.1007/s11136-022-03165-4

Accession Number: WOS:000817030100001

Abstract: Purpose To select and scale items for the seven domains of the Patient-Reported Inventory of Self-Management of Chronic Conditions (PRISM-CC) and assess its construct validity. Methods Using an online survey, data on 100 potential items, and other variables for assessing construct validity, were collected from 1055 adults with one or more chronic health conditions. Based on a validated conceptual model, confirmatory factor analysis (CFA) and item response models (IRT) were used to select and scale potential items and assess the internal consistency and structural validity of the PRISM-CC. To further assess construct validity, hypothesis testing of known relationships was conducted using structural equation models. Results Of 100 potential items, 36 (4-8 per domain) were selected, providing excellent fit to our hypothesized correlated factors model and demonstrating internal consistency and structural validity of the PRISM-CC. Hypothesized associations between PRISM-CC domains and other measures and variables were confirmed, providing further evidence of construct validity.

Conclusion The PRISM-CC overcomes limitations of assessment tools currently available to measure patient self-management of chronic health conditions. This study provides strong evidence for the internal consistency and construct validity of the PRISM-CC as an instrument to assess patient-reported difficulty in self-managing different aspects of daily life with one or more chronic conditions. Further research is needed to assess its measurement equivalence across patient attributes, ability to measure clinically important change, and utility to inform self-management support.

Notes: Kephart, George Packer, Tanya Auduly, Asa Chen, Yu-Ting Robinson, Alysia Olsson, Ingrid Warner, Grace Auduly, Åsa K/HJ0-9269-2023

Olsson, Ingrid/0000-0002-9464-7264; Kephart, George/0000-0001-7376-9695; Packer, Tanya/0000-0003-4831-7691; Warner, Grace/0000-0001-9865-865X

1573-2649

URL: <Go to ISI>://WOS:000817030100001

Reference Type: Journal Article

Record Number: 248

Author: Kerkhoff, A. D., Muiruri, C., Geng, E. H. and Hickey, M. D.

Year: 2023

Title: A world of choices: preference elicitation methods for improving the delivery and uptake of HIV prevention and treatment

Journal: Current Opinion in Hiv and Aids

Volume: 18

Issue: 1

Pages: 32-45

Date: Jan

Short Title: A world of choices: preference elicitation methods for improving the delivery and uptake of HIV prevention and treatment

ISSN: 1746-630X

DOI: 10.1097/coh.0000000000000776

Accession Number: WOS:000897624700005

Abstract: Purpose of reviewDespite the growing availability of effective HIV prevention and treatment interventions, there are large gaps in their uptake and sustained use across settings. It is crucial to elicit and apply patients' and stakeholders' preferences to maximize the impact of existing and future interventions. This review summarizes quantitative preference elicitation methods (PEM) and how they can be applied to improve the delivery and uptake of HIV prevention and treatment interventions.Recent findingsPEM are increasingly applied in HIV implementation research; however, discrete choice experiments (DCEs) have predominated. Beyond DCEs, there are other underutilized PEM that may improve the reach and effectiveness of HIV prevention and treatment interventions among individuals by prioritizing their barriers to engagement and determining which attributes of interventions and delivery strategies are most valued. PEM can also enhance the adoption and sustained implementation of strategies to deliver HIV prevention and treatment interventions by assessing which attributes are the most acceptable and appropriate to key stakeholders.Greater attention to and incorporation of patient's and stakeholders' preferences for HIV prevention and treatment interventions and their delivery has the potential to increase the number of persons accessing and retained in HIV prevention and treatment services.

Notes: Kerkhoff, Andrew D. Muiruri, Charles Geng, Elvin H. Hickey, Matthew D.

Geng, Elvin/0000-0002-0825-1424

1746-6318

URL: <Go to ISI>://WOS:000897624700005

Reference Type: Journal Article

Record Number: 709

Author: Kerns, R. D., Burgess, D. J., Coleman, B. C., Cook, C. E., Farrokhi, S., Fritz, J. M., Goertz, C., Heapy, A., Lisi, A. J., Rhon, D. I. and Vining, R.

Year: 2022

Title: Self-Management of Chronic Pain: Psychologically Guided Core Competencies for Providers

Journal: Pain Medicine

Volume: 23

Issue: 11

Pages: 1815-1819

Date: Oct

Short Title: Self-Management of Chronic Pain: Psychologically Guided Core Competencies for Providers

ISSN: 1526-2375

DOI: 10.1093/pm/pnac083

Accession Number: WOS:000815518300001

Notes: Kerns, Robert D. Burgess, Diana J. Coleman, Brian C. Cook,

Chad E. Farrokhi, Shawn Fritz, Julie M. Goertz, Christine Heapy, Alicia Lisi, Anthony J. Rhon, Daniel, I Vining, Robert Goertz, Christine/HJZ-4370-2023; Vining, Robert/HSG-3839-2023; Rhon, Daniel/C-9542-2011; Fritz, Julie/AAC-5638-2021 Vining, Robert/0000-0003-4672-4613; Rhon, Daniel/0000-0002-4320-990X; Coleman, Brian C/0000-0002-6926-5571; Taylor, Stephanie/0000-0002-3266-1132; Fritz, Julie/0000-0002-3599-1057; Kerns, Robert/0000-0002-3834-973X 1526-4637
URL: <Go to ISI>://WOS:000815518300001

Reference Type: Journal Article

Record Number: 726

Author: Kerrison, R. S., Travis, E., Dobson, C., Whitaker, K. L., Rees, C. J., Duffy, S. W. and von Wagner, C.

Year: 2022

Title: Barriers and facilitators to colonoscopy following fecal immunochemical test screening for colorectal cancer: A key informant interview study

Journal: Patient Education and Counseling

Volume: 105

Issue: 6

Pages: 1652-1662

Date: Jun

Short Title: Barriers and facilitators to colonoscopy following fecal immunochemical test screening for colorectal cancer: A key informant interview study

ISSN: 0738-3991

DOI: 10.1016/j.pec.2021.09.022

Accession Number: WOS:000809970300001

Abstract: Objectives: People who are referred for colonoscopy, following an abnormal colorectal cancer (CRC) screening result, are at increased risk of CRC. Despite this, many individuals decline the procedure. The aim of this study was to investigate why. Methods: As little is currently known about non-attendance at follow-up colonoscopy, and follow-up of abnormal screening results is a nurse-led process, we decided to conduct key informant interviews with Specialist Screening Practitioners ([SSPs] nurses working in the English Bowel Cancer Screening Program). Interviews were conducted online. Transcripts were assessed using inductive and deductive coding techniques. Results: 21 SSPs participated in an interview. Five main types of barriers and facilitators to colonoscopy were described, namely: Sociocultural, Practical, Psychological, Health-related and COVID-related. Key psychological and sociocultural factors included: 'Fear of pain and discomfort associated with the procedure' and 'Lack of support from family and friends'. Key practical, health-related and COVID-related factors included: 'Family and work commitments', 'Existing health conditions as competing priorities' and 'Fear of getting COVID-19 at the hospital'. Conclusions: A range of barriers and facilitators to follow-up colonoscopy exist. Future studies conducted with patients are needed to further explore barriers to colonoscopy. Practice implications: Strategies to reduce non-attendance should adopt a

multifaceted approach.(c) 2021 The Author(s). Published by Elsevier B.V. CC_BY_4.0

Notes: Kerrison, Robert S. Travis, Elizabeth Dobson, Christina Whitaker, Katriina L. Rees, Colin J. Duffy, Stephen W. von Wagner, Christian

Kerrison, Robert/0000-0002-8900-749X; Dobson, Christina/0000-0002-3056-9877; Travis, Elizabeth/0000-0003-1140-1822 1873-5134

URL: <Go to ISI>://WOS:000809970300001

Reference Type: Journal Article

Record Number: 555

Author: Kettlewell, J., Ward, A., das Nair, R. and Radford, K.

Year: 2022

Title: Brain-In-Hand technology for adults with acquired brain injury: A convergence of mixed methods findings

Journal: Journal of Rehabilitation and Assistive Technologies Engineering

Volume: 9

Date: Aug

Short Title: Brain-In-Hand technology for adults with acquired brain injury: A convergence of mixed methods findings

ISSN: 2055-6683

DOI: 10.1177/20556683221117759

Accession Number: WOS:000855286400001

Abstract: Introduction: Individuals with acquired brain injury may find it difficult to self-manage and live independently. Brain-inHand is a smartphone app designed to support psychological problems and encourage behaviour change, comprised of a structured diary, reminders, agreed solutions, and traffic light monitoring system. Aim: To evaluate the potential use and effectiveness of Brain-in-Hand for self-management in adults with acquired brain injury. Methods: A-B mixed-methods case-study design. Individuals with acquired brain injury (n = 10) received Brain-in-Hand for up to 12 months. Measures of mood, independence, quality of life, cognition, fatigue, goal attainment, participation administered at baseline, 6 and 12 months. Semi-structured interviews conducted with acquired brain injury participants (n = 9) and healthcare workers (n = 3) at 6 months. Results: Significant increase in goal attainment after 6 months use ($t(7) = 4.20, p = .004$). No significant improvement in other outcomes. Qualitative data suggested improvement in anxiety management. Contextual (personal/environmental) factors were key in influencing the use and effectiveness of Brain-in-Hand. Having sufficient insight, appropriate support and motivation facilitated use. Conclusions: Brain-in-Hand shows potential to support acquired brain injury, but further work is required to determine its effectiveness. Context played a pivotal role in the effectiveness and sustained use of Brain-in-Hand, and needs to be explored to support implementation.

Notes: Kettlewell, Jade Ward, Asha das Nair, Roshan Radford, Kate Kettlewell, Jade/0000-0002-6713-4551

URL: <Go to ISI>://WOS:000855286400001

Reference Type: Journal Article

Record Number: 1518

Author: Keyworth, C., Epton, T., Byrne-Davis, L., Leather, J. Z. and Armitage, C. J.

Year: 2021

Title: What challenges do UK adults face when adhering to COVID-19-related instructions? Cross-sectional survey in a representative sample

Journal: Preventive Medicine

Volume: 147

Date: Jun

Short Title: What challenges do UK adults face when adhering to COVID-19-related instructions? Cross-sectional survey in a representative sample

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2021.106458

Article Number: 106458

Accession Number: WOS:000645622200022

Abstract: Adherence to government COVID-19-related instructions is reported to be high, but the psychosocial impacts of measures such as self-isolation and physical distancing could undermine long-term adherence to containment measures. The first step in designing interventions to mitigate the impacts of adhering to COVID-19-related instructions is to identify what are the most prevalent challenges and what characterises the people facing them. A cross-sectional survey was administered to a representative sample of the UK population (N = 2252), of whom n = 2139 (94.9%) reported adhering to the UK government's COVID-19-related instructions, and were included in the final analysis. Data were analysed using descriptive statistics and binary logistic regression. Of the people who reported adhering to UK government's COVID-19-related instructions, 80.3% reported experiencing challenges. Adults aged 55 years or over (OR = 1.939, 95%CI 1.331-2.825) and men (OR = 0.489, 95%CI 0.393-0.608) were least likely to report challenges. Adjusting to changes in daily routine (reported by 48.7% of the sample), mental health (reported by 41.4% of the sample) and physical health (reported by 31.5% of the sample) were the most prevalent challenges. For the first time, the present study quantifies the extent to which people experienced challenges when adhering to government COVID-19-related instructions. Few people reported experiencing no challenges when adhering to COVID-19-related instructions. Interventions to address the effects of changes in daily routine, mental health challenges, and physical health challenges should be prioritised, with a focus on key subgroups including women, younger adults, and people without care commitments.

Notes: Keyworth, Chris Epton, Tracy Byrne-Davis, Lucie Leather, Jessica Z. Armitage, Christopher J.

Keyworth, Chris/HNP-1707-2023; Epton, Tracy/H-3301-2017

Keyworth, Chris/0000-0002-7815-6174; Leather, Jessica/0000-0003-3100-0030; Epton, Tracy/0000-0002-1653-191X; Armitage, Christopher/0000-0003-2365-1765
1096-0260

URL: <Go to ISI>://WOS:000645622200022

Reference Type: Journal Article

Record Number: 2297

Author: Keyworth, C., Nelson, P. A., Griffiths, C. E. M.,
Cordingley, L., Bundy, C., Identification and Management, Psoria
Year: 2015

Title: Do English healthcare settings use 'Choice Architecture'
principles in promoting healthy lifestyles for people with
psoriasis? An observational study

Journal: BMC Health Services Research

Volume: 15

Date: Jun

Short Title: Do English healthcare settings use 'Choice
Architecture' principles in promoting healthy lifestyles for people
with psoriasis? An observational study

DOI: 10.1186/s12913-015-0808-1

Article Number: 215

Accession Number: WOS:000355791800001

Abstract: Background: The influence of environmental factors in
shaping behaviour is becoming increasingly prominent in public
health policy, but whether health promotion strategies use this
knowledge is unknown. Health promotion is important in the
management of psoriasis, a long-term inflammatory skin condition,
and health centre waiting areas are ideal places to promote health
information to such patients. We systematically examined patient
information materials containing either general, or specific, health
messages for patients with psoriasis. Methods: An observation
schedule was used to record the frequency and quality of leaflets
and posters addressing lifestyle behaviour change in health centre
waiting areas. Content analysis was used to analyse: frequency,
characteristics and standard of the materials. Results: Across 24
health centres 262 sources of lifestyle information were recorded
(median per site = 10; range = 0-40). These were mainly: generic
posters/displays of lifestyle support (n = 113); and generic
materials in waiting areas (n = 98). Information quality was poor
and poorly displayed, with no high quality psoriasis-specific
patient materials evident. Conclusions: There is little attempt to
promote healthy lifestyle as an important aspect of psoriasis
management in the clinic environment. Evidence about using
environmental cues/techniques to prompt behaviour change in people
with psoriasis does not currently inform the design and display of
such information in standard health centre settings, which are prime
locations for communicating messages about healthy lifestyle. Future
research should test the efficacy and impact of theory-informed,
high quality health promotion messages on health outcomes for
patients with psoriasis.

Notes: Keyworth, Chris Nelson, Pauline A. Griffiths, Christopher E.
M. Cordingley, Lis Bundy, Chris

Griffiths, Christopher E.M./P-5448-2014; Keyworth, Chris/
I-9901-2019; Bundy, Christine/I-4286-2015; Cordingley, Lis/
A-8067-2015; Keyworth, Chris/HNP-1707-2023

Griffiths, Christopher E.M./0000-0001-5371-4427; Keyworth, Chris/
0000-0002-7815-6174; Bundy, Christine/0000-0002-5981-3984;

Cordingley, Lis/0000-0001-7675-240X; Keyworth, Chris/
0000-0002-7815-6174; Nelson, Pauline A/0000-0003-4162-4736
1472-6963
URL: <Go to ISI>://WOS:000355791800001

Reference Type: Journal Article
Record Number: 158
Author: Khalil, N., Aljanazrah, A., Hamed, G. and Murtagh, E. M.
Year: 2023
Title: Teacher educators' perspectives on gender responsive pedagogy
in higher education
Journal: Irish Educational Studies
Date: 2023 Feb
Short Title: Teacher educators' perspectives on gender responsive
pedagogy in higher education
ISSN: 0332-3315
DOI: 10.1080/03323315.2023.2174575
Accession Number: WOS:000932185400001
Abstract: The enactment of gender responsive pedagogical approaches
has the potential to support learning for all students and foster
gender equality within and beyond education systems. This study
investigated teacher educators' perceptions of gender responsive
pedagogy in higher education in Palestine. Mixed methods were used
to explore the components of capability, opportunity and motivation
that influence teacher educators' behaviour when incorporating
gender responsive pedagogy in their teaching practices. Thirty-six
participants completed an online survey and subsequently 17 of these
took part in a semi-structured interview that used the COM-B model
as a framework to explore the educators' perceptions. Our findings
suggest that teacher educators do not have sufficient knowledge and
skills to incorporate gender responsive pedagogy into their teaching
practices due to misunderstandings regarding the approach and the
misconception between gender equality and gender responsive
pedagogy. This led to lower motivation to include gender responsive
practices, but increased their desire to engage in future learning
and professional development on gender responsive pedagogy. In
addition, the results revealed that social and cultural backgrounds
of the teacher educators in addition to the understanding of the
surrounding social cues and cultural norms are crucial in embedding
gender responsive pedagogy into teaching practices.
Notes: Khalil, Nibal Aljanazrah, Ahmad Hamed, Ghadeer Murtagh,
Elaine M.
Murtagh, Elaine/0000-0003-4232-1403
1747-4965
URL: <Go to ISI>://WOS:000932185400001

Reference Type: Journal Article
Record Number: 1905
Author: Khan, S., Rashid, S., Moore, J., Courvoisier, M. and Straus,
S.
Year: 2017
Title: Combining theories, process models, and frameworks to guide

implementation
Journal: Implementation Science
Volume: 13
Date: Sep
Short Title: Combining theories, process models, and frameworks to guide implementation
ISSN: 1748-5908
Accession Number: WOS:000572466900025
Notes: Khan, Sobia Rashid, Shusmita Moore, Julia Courvoisier, Melissa Straus, Sharon
3
URL: <Go to ISI>://WOS:000572466900025

Reference Type: Journal Article
Record Number: 2005
Author: Khanal, S., Elsey, H., King, R., Baral, S. C., Bhatta, B. R. and Newell, J. N.
Year: 2017
Title: Development of a Patient-Centred, Psychosocial Support Intervention for Multi-Drug-Resistant Tuberculosis (MDR-TB) Care in Nepal
Journal: Plos One
Volume: 12
Issue: 1
Date: Jan
Short Title: Development of a Patient-Centred, Psychosocial Support Intervention for Multi-Drug-Resistant Tuberculosis (MDR-TB) Care in Nepal
ISSN: 1932-6203
DOI: 10.1371/journal.pone.0167559
Article Number: e0167559
Accession Number: WOS:000392380100004
Abstract: Multi-drug-resistant tuberculosis (MDR-TB) poses a major threat to public health worldwide, particularly in low-income countries. The current long (20 month) and arduous treatment regime uses powerful drugs with side-effects that include mental ill-health. It has a high loss to-follow-up (25%) and higher case fatality and lower cure-rates than those with drug sensitive tuberculosis (TB). While some national TB programmes provide small financial allowances to patients, other aspects of psychosocial ill-health, including iatrogenic ones, are not routinely assessed or addressed. We aimed to develop an intervention to improve psychosocial well-being for MDR-TB patients in Nepal. To do this we conducted qualitative work with MDR-TB patients, health professionals and the National TB programme (NTP) in Nepal. We conducted semi-structured interviews (SSIs) with 15 patients (10 men and 5 women, aged 21 to 68), four family members and three frontline health workers. In addition, three focus groups were held with MDR-TB patients and three with their family members. We conducted a series of meetings and workshops with key stakeholders to design the intervention, working closely with the NTP to enable government ownership. Our findings highlight the negative impacts of MDR-TB treatment on mental health, with greater impacts felt among those

with limited social and financial support, predominantly married women. Michie et al's (2011) framework for behaviour change proved helpful in identifying corresponding practice- and policy-level changes. The findings from this study emphasise the need for tailored psycho-social support. Recent work on simple psychological support packages for the general population can usefully be adapted for use with people with MDR-TB.

Notes: Khanal, Sudeepa Elsey, Helen King, Rebecca Baral, Sushil C. Bhatta, Bharat Raj Newell, James N.

Bhatta, Bharat Raj/HDM-7544-2022; Elsey, Helen/AAZ-1121-2020

Elsey, Helen/0000-0003-4724-0581; Bhatta, Bharat Raj/
0000-0003-2405-3628

URL: <Go to ISI>://WOS:000392380100004

Reference Type: Journal Article

Record Number: 2322

Author: Khong, L., Farrington, F., Hill, K. D. and Hill, A. M.

Year: 2015

Title: "We are all one together": peer educators' views about falls prevention education for community-dwelling older adults - a qualitative study

Journal: BMC Geriatrics

Volume: 15

Date: Mar

Short Title: "We are all one together": peer educators' views about falls prevention education for community-dwelling older adults - a qualitative study

DOI: 10.1186/s12877-015-0030-3

Article Number: 28

Accession Number: WOS:000351568500001

Abstract: Background: Falls are common in older people. Despite strong evidence for effective falls prevention strategies, there appears to be limited translation of these strategies from research to clinical practice. Use of peers in delivering falls prevention education messages has been proposed to improve uptake of falls prevention strategies and facilitate translation to practice. Volunteer peer educators often deliver educational presentations on falls prevention to community-dwelling older adults. However, research evaluating the effectiveness of peer-led education approaches in falls prevention has been limited and no known study has evaluated such a program from the perspective of peer educators involved in delivering the message. The purpose of this study was to explore peer educators' perspective about their role in delivering peer-led falls prevention education for community-dwelling older adults. Methods: A two-stage qualitative inductive constant comparative design was used. In stage one (core component) focus group interviews involving a total of eleven participants were conducted. During stage two (supplementary component) semi-structured interviews with two participants were conducted. Data were analysed thematically by two researchers independently. Key themes were identified and findings were displayed in a conceptual framework. Results: Peer educators were motivated to deliver educational presentations and importantly, to reach an optimal peer

connection with their audience. Key themes identified included both personal and organisational factors that impact on educators' capacity to facilitate their peers' engagement with the message. Personal factors that facilitated message delivery and engagement included peer-to-peer connection and perceived credibility, while barriers included a reluctance to accept the message that they were at risk of falling by some members in the audience. Organisational factors, including ongoing training for peer educators and formative feedback following presentations, were perceived as essential because they affect successful message delivery. Conclusions: Peer educators have the potential to effectively deliver falls prevention education to older adults and influence acceptance of the message as they possess the peer-to-peer connection that facilitates optimal engagement. There is a need to consider incorporating learnings from this research into a formal large scale evaluation of the effectiveness of the peer education approach in reducing falls in older adults.

Notes: Khong, Linda Farrington, Fiona Hill, Keith D. Hill, Anne-Marie

Hill, Anne-Marie/C-2252-2011; Hill, Keith D/L-6398-2017; Khong, Linda A. M./P-3148-2018

Hill, Keith D/0000-0002-2191-0308; Khong, Linda A. M./0000-0002-8042-7084; Hill, Anne-Marie/0000-0003-1411-6752 1471-2318

URL: <Go to ISI>://WOS:000351568500001

Reference Type: Journal Article

Record Number: 125

Author: Khurana, M. P., Essack, S., Zoubiane, G., Sreenivasan, N., Cordoba, G. C., Westwood, E., Dalsgaard, A., Mdegela, R. H., Mpundu, M., Scotini, R., Matondo, A. B., Mzula, A., Chanishvili, N., Gogebashvili, D., Beruashvili, M., Tsereteli, M., Sooronbaev, T., Kjaergaard, J., Bloch, J., Isaeva, E., Mainda, G., Muuka, G., Mudenda, N. B., Goma, F. Y., Chu, D. H., Chanda, D., Chirwa, U., Yamba, K., Kapolowe, K., Fwoloshi, S., Mwenge, L. and Skov, R.

Year: 2023

Title: Mitigating antimicrobial resistance (AMR) using implementation research: a development funder's approach

Journal: *Jac-Antimicrobial Resistance*

Volume: 5

Issue: 2

Date: Mar

Short Title: Mitigating antimicrobial resistance (AMR) using implementation research: a development funder's approach

DOI: 10.1093/jacamr/dlad031

Article Number: dlad031

Accession Number: WOS:000958948100002

Abstract: Despite the escalating burden of antimicrobial resistance (AMR), the global response has not sufficiently matched the scale and scope of the issue, especially in low- and middle-income countries (LMICs). While many countries have adopted national action plans to combat AMR, their implementation has lagged due to resource constraints, dysfunctional multisectoral coordination mechanisms

and, importantly, an under-recognized lack of technical capacity to adapt evidence-based AMR mitigation interventions to local contexts. AMR interventions should be tailored, context-specific, cost-effective and sustainable. The implementation and subsequent scale-up of these interventions require multidisciplinary intervention-implementation research (IIR). IIR involves both quantitative and qualitative approaches, occurs across a three-phase continuum (proof of concept, proof of implementation and informing scale-up), and across four context domains (inner setting, outer setting, stakeholders and the implementation process). We describe the theoretical underpinnings of implementation research (IR), its various components, and how to construct different IR strategies to facilitate sustainable uptake of AMR interventions. Additionally, we provide real-world examples of AMR strategies and interventions to demonstrate these principles in practice. IR provides a practical framework to implement evidence-based and sustainable AMR mitigation interventions.

Notes: Khurana, Mark P. Essack, Sabiha Zoubiane, Ghada Sreenivasan, Nandini Cordoba, Gloria Cristina Westwood, Erica Dalsgaard, Anders Mdegela, Robinson H. Mpundu, Mirfin Scotini, Rodrigo Matondo, Augustine B. Mzula, Alexandra Chanishvili, Nina Gogebashvili, Dimitri Beruashvili, Maia Tsereteli, Marika Sooronbaev, Talant Kjaergaard, Jesper Bloch, Joakim Isaeva, Elvira Mainda, Geoffrey Muuka, Geoffrey Mudenda, Ntombi B. Goma, Fusya Y. Chu, Duc-Huy Chanda, Duncan Chirwa, Uchizi Yamba, Kaunda Kapolowe, Kenneth Fwoloshi, Sombo Mwenge, Lawrence Skov, Robert ; Essack, Sabiha/N-5710-2013 Khurana, Mark Poulsen/0000-0002-1123-7674; Essack, Sabiha/0000-0003-3357-2761; Goma, Fastone/0000-0002-9159-1621 2632-1823 URL: <Go to ISI>://WOS:000958948100002

Reference Type: Journal Article

Record Number: 532

Author: Kibu, O. D., Siysi, V. V., Legrand, S. E. A., Tanue, E. A. and Nsagha, D. S.

Year: 2022

Title: Treatment Adherence among HIV and TB Patients Using Single and Double Way Mobile Phone Text Messages: A Randomized Controlled Trial

Journal: Journal of Tropical Medicine

Volume: 2022

Date: Aug

Short Title: Treatment Adherence among HIV and TB Patients Using Single and Double Way Mobile Phone Text Messages: A Randomized Controlled Trial

ISSN: 1687-9686

DOI: 10.1155/2022/2980141

Article Number: 2980141

Accession Number: WOS:000843293800001

Abstract: Background. Research has shown that patients fail to adhere to ART and TB treatment due to the long duration of both therapies, side effects, and forgetfulness. Objective. To assess the

role of the double-way and single-way SMS on adherence to HIV and TB treatment. Materials and Methods. A randomized controlled trial among adult HIV and TB patients on treatment at the Buea Regional and Kumba District Hospitals, South West Region, Cameroon, was conducted. Participants were randomly allocated to the control, single-way, and double-way SMS intervention groups. HIV and TB participants were followed independently for a period of 6 months and 3 months, respectively. Baseline and post-intervention data were collected and analyzed using the chisquare and Student's t-tests with statistical significance set at $p < 0.05$. Results. A total of 210 HIV participants and 84 TB were recruited into the study with a mean age of 41.25 +/- 10 years and 37.89 +/- 13.27 years, respectively. Optimal adherence to ART and TB treatment at baseline was [65 (31%) CI: 0.247-0.372] and [35 (41.7%) CI: 0.311-0.522], respectively, and after the intervention, it increased to [72 (42.6%) CI: 0.347-0.495] and 41 (61.2%), respectively. There was an increase in adherence to ART among participants in the double-way SMS intervention group from 23 (32.9%) (RR: 1.04, CI: 0.8-1.31, $p = 0.716$) to 29 (48.3%) (RR: 1.06, CI: 0.75-1.50, $p = 0.746$). Combined single-way and double-way SMS significantly increased adherence to ART. Conclusions. The level of adherence was low among HIV and TB participants. The single-way and double-way SMS did not significantly increase adherence. However, a combination of both the double-way and single-way SMS intervention significantly improved adherence to ART.

Notes: Kibu, Odette Dzemo Siysi, Vincent Verla Legrand, Same Ekobo Albert Tanue, Elvis Asangbeng Nsagha, Dickson Shey Nsagha, Dickson Shey/0000-0002-7519-0991
1687-9694
URL: <Go to ISI>://WOS:000843293800001

Reference Type: Journal Article

Record Number: 329

Author: Kidd, T., Devine, S. L. and Walker, S. C.

Year: 2023

Title: Affective touch and regulation of stress responses

Journal: Health Psychology Review

Volume: 17

Issue: 1

Pages: 60-77

Date: Jan

Short Title: Affective touch and regulation of stress responses

ISSN: 1743-7199

DOI: 10.1080/17437199.2022.2143854

Accession Number: WOS:000884229400001

Abstract: Much has been documented on the association between stress and health. Both direct and indirect pathways have been identified and explored extensively, helping us understand trajectories from healthy individuals to reductions in well-being, and development of preclinical and disease states. Some of these pathways are well established within the field; physiology, affect regulation, and social relationships. The purpose of this review is to push beyond what is known separately about these pathways and provide a means to

integrate them using one common mechanism. We propose that social touch, specifically affective touch, may be the missing active ingredient fundamental to our understanding of how close relationships contribute to stress and health. We provide empirical evidence detailing how affective touch is fundamental to the development of our stress systems, critical to the development of attachment bonds and subsequent social relationships across the life course. We will also explore how we can use this in applied contexts and incorporate it into existing interventions.

Notes: Kidd, Tara Devine, Shaunna L. Walker, Susannah C. Devine, Shaunna/0000-0003-1517-2588
1743-7202

URL: <Go to ISI>://WOS:000884229400001

Reference Type: Journal Article

Record Number: 200

Author: Kim, M., Kim, Y. and Choi, M.

Year: 2023

Title: Development of an Ecological Momentary Assessment-Triggered Text Message Library for Peripheral Artery Disease

Journal: Western Journal of Nursing Research

Volume: 45

Issue: 5

Pages: 469-477

Date: May

Short Title: Development of an Ecological Momentary Assessment-Triggered Text Message Library for Peripheral Artery Disease

ISSN: 0193-9459

DOI: 10.1177/01939459221150391

Accession Number: WOS:000922454900001

Abstract: This study developed an ecological momentary assessment (EMA)-triggered text message library based on the behavior change wheel framework to encourage exercise engagement in patients with peripheral artery disease (PAD). This study was conducted in three steps. In Step 1, semi-structured interviews were conducted with 15 patients with PAD. Their accounts of their exercise experiences revealed six barriers and three facilitators through thematic analysis. In Step 2, based on the findings from the prior step, the EMA survey was developed; its items included barriers to exercise, PAD-related leg symptoms, and general conditions. In Step 3, intervention functions to overcome exercise barriers were mapped, and 120 text messages were generated. Responses to the exercise barriers in the EMA survey triggered the automatic text messages. Additional studies are needed to examine the end-user acceptability of the text message library and the effectiveness of EMA-triggered text message interventions.

Notes: Kim, Mihui Kim, Yesol Choi, Mona
1552-8456

URL: <Go to ISI>://WOS:000922454900001

Reference Type: Journal Article

Record Number: 574

Author: Kinchen, G., Cox, S., Kale, D. and Shahab, L.

Year: 2022

Title: Facilitators and barriers for harm reduction after first use of novel nicotine delivery devices: a qualitative investigation of cigarette smokers

Journal: BMC Psychology

Volume: 10

Issue: 1

Date: Jul

Short Title: Facilitators and barriers for harm reduction after first use of novel nicotine delivery devices: a qualitative investigation of cigarette smokers

DOI: 10.1186/s40359-022-00874-w

Article Number: 190

Accession Number: WOS:000833020400002

Abstract: Background Novel nicotine delivery devices (NNDDs) are a safer alternative to combustible tobacco smoking. Understanding what factors can facilitate people who smoke to use NNDDs can inform intervention design and public health messaging. This study aims to explore the facilitators and barriers to NNDD use from the perspective of smokers without prior use, after trialling two NNDDs. Method UK adults who smoke combustible cigarettes (n = 11) were recruited from a larger quantitative study after trialling two NNDDs, an electronic cigarette and a heated tobacco product (order randomly allocated). Semi-structured interviews were conducted, transcribed and thematically analysed, using the COM-B model of behaviour and NVivo12 pro software. Results Five main themes were identified: health knowledge, availability of and accessibility to NNDD products, cost, social acceptance, and NNDD use experience. There was curiosity and interest in the uptake and use of NNDDs, but the absence of centralised product information was identified as a barrier. Other themes were related to the design and functionality of the NNDD products. For example, the e-cigarette with its low maintenance was seen as easier to use than the heated tobacco product, which offered too short a single use duration and was described as 'cumbersome'. Throat discomfort and high anticipated cost were among additional barriers identified for both product types. Conclusion This study highlights the need for reliable objective information on the health effects of NNDDs compared with combustible cigarettes, which could facilitate their regular use. Product adjustment such as single use duration alignment with combustible cigarette smoking duration may encourage uptake. Interventions offering opportunity for experience of NNDD use and knowledge dissemination of NNDDs could increase motivation to adopt harm reducing behaviours as demonstrated in this study.

Notes: Kinchen, Gill Cox, Sharon Kale, Dimitra Shahab, Lion Shahab, Lion/B-5835-2009

Shahab, Lion/0000-0003-4033-442X
2050-7283

URL: <Go to ISI>://WOS:000833020400002

Reference Type: Journal Article

Record Number: 4

Author: King, K., Cai, S., Barrera, L., Reddy, P., Heneghan, M. B. and Badawy, S. M.

Year: 2023

Title: Barriers to medication adherence in sickle cell disease: A comprehensive theory-based evaluation using the COM-B model

Journal: Pediatric Blood & Cancer

Date: 2023 May

Short Title: Barriers to medication adherence in sickle cell disease: A comprehensive theory-based evaluation using the COM-B model

ISSN: 1545-5009

DOI: 10.1002/pbc.30440

Accession Number: WOS:000995487400001

Abstract: BackgroundSickle cell disease (SCD) affects more than 100,000 Americans, with complications such as pain episodes and acute chest syndrome. Despite the efficacy of hydroxyurea in reducing these complications, adherence remains low. Study objectives were to examine barriers to hydroxyurea adherence, and to evaluate the relationship between barriers and their impact on adherence. MethodsIn this cross-sectional study, patients with SCD and their caregivers were enrolled if they were taking hydroxyurea. Study measures included demographics, self-report of adherence using visual analog scale (VAS), and the Disease Management and Barriers Interview (DMI)-SCD. The DMI-SCD was mapped to the Capability, Opportunity, Motivation, and Behavior (COM-B) model. ResultsForty-eight caregivers (females 83%, median age 38 [34-43]) and 19 patients (male 53%, median age 15 [13.5-18]) participated. Using VAS, many patients (63%) reported low hydroxyurea adherence, while most caregivers (75%) reported high adherence. Caregivers endorsed barriers across multiple COM-B components, with physical opportunity (e.g., cost) and reflective motivation (e.g., SCD perceptions) being the most identified categories (48% and 42%), respectively. Patients' most identified barriers included psychological capability (e.g., forgetfulness) and reflective motivation (84% and 68%), respectively. Patients' and caregivers' VAS scores negatively correlated with the number of barriers ($r(s) = -.53, p = .01$; $r(s) = -.28, p = .05$) and COM-B categories ($r(s) = -.51, p = .02$; $r(s) = -.35, p = .01$), respectively, suggesting lower adherence with more endorsed barriers. ConclusionsFewer barriers to hydroxyurea adherence were associated with higher adherence. Understanding barriers to adherence is essential to develop tailored interventions aimed at improving adherence.

Notes: King, Kathryn Cai, Stephanie Barrera, Leonardo Reddy, Paavani Heneghan, Mallorie B. Badawy, Sherif M.

Badawy, Sherif/0000-0002-4739-265X; King, Kathryn/

0009-0005-1137-6104

1545-5017

URL: <Go to ISI>://WOS:000995487400001

Reference Type: Journal Article

Record Number: 731

Author: King, O. A., Shee, A. W., Howlett, O., Clapham, R. and Versace, V. L.

Year: 2022

Title: Research training incorporating education and mentoring for rural and regional allied health professionals: An evaluation study

Journal: Australian Journal of Rural Health

Volume: 30

Issue: 5

Pages: 654-665

Date: Oct

Short Title: Research training incorporating education and mentoring for rural and regional allied health professionals: An evaluation study

ISSN: 1038-5282

DOI: 10.1111/ajr.12879

Accession Number: WOS:000799702600001

Abstract: Introduction and Objective Building rural health workforce research capacity is critical to addressing rural health inequalities. Research training is a mainstay research capacity building strategy. This paper describes the delivery and evaluation of a research training program for rural and regional allied health professions (AHPs). Design A mentored research training program was delivered to AHPs employed public health services in rural and regional Victoria, Australia. The program was evaluated using the Evidence-Based Practice Knowledge Attitudes and Practice (EBP-KAP) tool at baseline and 3 months post-training. Semi-structured interviews undertaken at 3 and 16 months post-training explored participants' perspectives of the training, their development and application of EBP and research skills. Survey data were analysed descriptively, and interview data were analysed using a framework approach. Findings Thirty-four individuals from 14 organisations attended the first workshop and 31 attended the second. Thirty-one participants completed the survey at baseline and nine at 3 months post-training. Sixteen interviews were undertaken with 11 participants, five participating at both time points. Participants had positive EBP attitudes at both time points. Overall, participants' knowledge and incorporation of EBP into their practice, and retrieval of evidence was unchanged 3 months post-training. Themes identified in the interview data were as follows: (1) individual research capacity enhanced through supported practice, (2) organisational factors influence individuals' progression of research and (3) individual contributions towards research capacity within the organisation. Conclusion A mentored rural research training program promoted the application of EBP skills at the individual level and contributed to organisational research capacity.

Notes: King, Olivia A. Shee, Anna Wong Howlett, Owen Clapham, Renee Versace, Vincent L.

Versace, Vincent/AAL-6418-2021

Versace, Vincent/0000-0002-8514-1763; Wong Shee, Anna/0000-0001-5095-218X; Clapham, Renee/0000-0002-8888-1003 1440-1584

URL: <Go to ISI>://WOS:000799702600001

Reference Type: Journal Article

Record Number: 1763

Author: Kinnear, F. J., Lithander, F. E., Searle, A., Bayly, G., Wei, C., Stensel, D. J., Thackray, A. E., Hunt, L. and Shield, J. P. H.

Year: 2020

Title: Reducing cardiovascular disease risk among families with familial hypercholesterolaemia by improving diet and physical activity: a randomised controlled feasibility trial

Journal: Bmj Open

Volume: 10

Issue: 12

Short Title: Reducing cardiovascular disease risk among families with familial hypercholesterolaemia by improving diet and physical activity: a randomised controlled feasibility trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-044200

Article Number: e044200

Accession Number: WOS:000605320900009

Abstract: Objective Familial hypercholesterolaemia (FH) elevates low-density lipoprotein cholesterol (LDL-C) and increases cardiovascular disease (CVD) risk. This study aimed to provide evidence for the feasibility of conducting a randomised controlled trial to evaluate the efficacy of an intervention designed to improve diet and physical activity in families with FH. Design A parallel, randomised, waitlist-controlled, feasibility pilot trial. Setting Three outpatient lipid clinics in the UK. Participants Families that comprised children (aged 10-18 years) and their parent with genetically diagnosed FH. Intervention Families were randomised to either 12-week usual care or intervention. The behavioural change intervention aimed to improve dietary, physical activity and sedentary behaviours. It was delivered to families by dietitians initially via a single face-to-face session and then by four telephone or email follow-up sessions. Outcome measures Feasibility was assessed via measures related to recruitment, retention and intervention fidelity. Postintervention qualitative interviews were conducted to explore intervention acceptability. Behavioural (dietary intake, physical activity and sedentary time) and clinical (blood pressure, body composition and blood lipids) outcomes were collected at baseline and endpoint assessments to evaluate the intervention's potential benefit. Results Twenty-one families (38% of those approached) were recruited which comprised 22 children and 17 adults with FH, and 97% of families completed the study. The intervention was implemented with high fidelity and the qualitative data revealed it was well accepted. Between-group differences at the endpoint assessment were indicative of the intervention's potential for improving diet in children and adults. Evidence for potential benefits on physical activity and sedentary behaviours was less apparent. However, the intervention was associated with improvements in several CVD risk factors including LDL-C, with a within-group mean decrease of 8% (children) and 10% (adults). Conclusions The study's recruitment, retention, acceptability and potential efficacy support the development of a definitive trial, subject to identified refinements.

Notes: Kinnear, Fiona Jane Lithander, Fiona E. Searle, Aidan Bayly,

Graham Wei, Christina Stensel, David J. Thackray, Alice E. Hunt, Linda Shield, Julian P. H. Kinnear, Fiona/0000-0002-4090-1554; Stensel, David/0000-0001-9119-8590
URL: <Go to ISI>://WOS:000605320900009

Reference Type: Journal Article

Record Number: 1015

Author: Kirk, J. W., Nilsen, P., Andersen, O., Powell, B. J., Tjornhoj-Thomsen, T., Bandholm, T. and Pedersen, M. M.

Year: 2022

Title: Co-designing implementation strategies for the WALK-Cph intervention in Denmark aimed at increasing mobility in acutely hospitalized older patients: a qualitative analysis of selected strategies and their justifications

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Jan

Short Title: Co-designing implementation strategies for the WALK-Cph intervention in Denmark aimed at increasing mobility in acutely hospitalized older patients: a qualitative analysis of selected strategies and their justifications

DOI: 10.1186/s12913-021-07395-z

Article Number: 8

Accession Number: WOS:000737069900015

Abstract: Background: Selecting appropriate strategies to target barriers to implementing interventions represents a considerable challenge in implementation research and practice. The aim was to investigate what categories of implementation strategies were selected by health care practitioners and their managers in a co-design process and how they justified these strategies aimed at facilitating the implementation of the WALK-Cph intervention.

Methods: The study used a qualitative research design to explore what implementation strategies were selected and the justifications for selecting these strategies. Workshops were used because this qualitative method is particularly well suited for studying co-design processes that involve substantial attention to social interaction and the context. Data were 1) analyzed deductively based on the Proctor et al. taxonomy of implementation strategies, 2) categorized in accordance with the ERIC compilation of implementation strategies by Powell et al., and 3) analyzed to examine the justification for the selected strategies by the Proctor et al. framework for justifications of implementation strategies.

Results: Thirteen different types of implementation strategies were chosen across two hospitals. The deductive analysis showed that selection of implementation strategies was based on pragmatic and theoretical justifications. The contents of the two types of justifications were thematized into nine subthemes. Conclusion: This study contributes with knowledge about categories and justification of implementation strategies selected in a co-design process. In this study, implementation strategies were selected through pragmatic and theoretical justifications. This points to a challenge

in balancing strategies based on practice-based and research-based knowledge and thereby selection of strategies with or without proven effectiveness.

Notes: Kirk, Jeanette Wassar Nilsen, Per Andersen, Ove Powell, Byron J. Tjornhoj-Thomsen, Tine Bandholm, Thomas Pedersen, Mette Merete Kirk, Jeanette/R-8671-2017; Bandholm, Thomas/AAZ-8632-2020; Andersen, Ove/D-3091-2019
Bandholm, Thomas/0000-0001-6884-1971; Andersen, Ove/0000-0002-2274-548X; Pedersen, Mette Merete/0000-0001-5719-2531 1472-6963
URL: <Go to ISI>://WOS:000737069900015

Reference Type: Journal Article

Record Number: 2080

Author: Kirk, J. W., Sivertsen, D. M., Petersen, J., Nilsen, P. and Petersen, H. V.

Year: 2016

Title: Barriers and facilitators for implementing a new screening tool in an emergency department: A qualitative study applying the Theoretical Domains Framework

Journal: Journal of Clinical Nursing

Volume: 25

Issue: 19-20

Pages: 2786-2797

Date: Oct

Short Title: Barriers and facilitators for implementing a new screening tool in an emergency department: A qualitative study applying the Theoretical Domains Framework

ISSN: 0962-1067

DOI: 10.1111/jocn.13275

Accession Number: WOS:000388921200007

Abstract: Aim. The aim was to identify the factors that were perceived as most important as facilitators or barriers to the introduction and intended use of a new tool in the emergency department among nurses and a geriatric team. Background. A high incidence of functional decline after hospitalisation for acute medical illness has been shown in the oldest patients and those who are physically frail. In Denmark, more than 35% of older medical patients acutely admitted to the emergency department are readmitted within 90 days after discharge. A new screening tool for use in the emergency department aiming to identify patients at particularly high risk of functional decline and readmission was developed. Design. Qualitative study based on semistructured interviews with nurses and a geriatric team in the emergency department and semistructured single interviews with their managers. Methods. The Theoretical Domains Framework guided data collection and analysis. Content analysis was performed whereby new themes and themes already existing within each domain were described. Results. Six predominant domains were identified: (1) professional role and identity; (2) beliefs about consequences; (3) goals; (4) knowledge; (5) optimism and (6) environmental context and resources. The content analysis identified three themes, each containing two subthemes. The themes were professional role and identity, beliefs about consequences and

preconditions for a successful implementation. Conclusions. Two different cultures were identified in the emergency department. These cultures applied to different professional roles and identity, different actions and sense making and identified how barriers and facilitators linked to the new screening tool were perceived.

Notes: Kirk, Jeanette W. Sivertsen, Ditte M. Petersen, Janne Nilsen, Per Petersen, Helle V.

Kirk, Jeanette/R-8671-2017; Petersen, Helle/AAR-9051-2021

Petersen, Helle/0000-0003-4569-1434; Petersen, Janne/
0000-0001-7323-2548

1365-2702

URL: <Go to ISI>://WOS:000388921200007

Reference Type: Journal Article

Record Number: 272

Author: Kirkegaard, P., Larsen, M. B. and Andersen, B.

Year: 2023

Title: "It's cancer screening after all". Barriers to cervical and colorectal cancer screening and attitudes to promotion of self-sampling kits upon attendance for breast cancer screening

Journal: Journal of Medical Screening

Volume: 30

Issue: 2

Pages: 74-80

Date: Jun

Short Title: "It's cancer screening after all". Barriers to cervical and colorectal cancer screening and attitudes to promotion of self-sampling kits upon attendance for breast cancer screening

ISSN: 0969-1413

DOI: 10.1177/09691413221137852

Accession Number: WOS:000901549700001

Abstract: Objectives To explore barriers to cervical and colorectal cancer screening and attitudes to promotion of self-sampling kits upon attendance for breast cancer screening. Methods Interview study with women who had not responded to one or more invitations to cervical or colorectal cancer screening. A semi-structured interview guide was used and interviews were audio recorded and transcribed verbatim. Concepts from Temporal Motivation Theory were used to structure and analyse the data. Results Twenty-two women were interviewed. Screening was highly valued but the women perceived screening for cervical cancer and colorectal cancer as more troublesome to participate in, compared with participation in breast cancer screening. The lack of a pre-booked appointment or a suggested deadline attenuated the perceived value of cervical and colorectal cancer screening and this further increased procrastination. Promotion of self-sampling kits for cervical and colorectal cancer screening upon attendance for breast cancer screening was considered a feasible way to increase salience of both types of screening. Conclusion A high number of micro steps and absence of a deadline in cervical and colorectal cancer screening diverted attention away from screening participation in cervical and colorectal cancer screening. The main facilitator could be reduction of micro actions, proposing a suggested deadline, and promotion of

self-sampling kits when attending breast cancer screening to increase salience and a renewed attention to all three screening programmes.

Notes: Kirkegaard, Pia Larsen, Mette Bach Andersen, Berit Kirkegaard, Pia/T-6828-2017; Andersen, Berit/J-3402-2017; Larsen, Mette Bach/T-6816-2017

Kirkegaard, Pia/0000-0003-2099-253X; Andersen, Berit/0000-0003-4074-6504; Larsen, Mette Bach/0000-0002-0727-5571 1475-5793

URL: <Go to ISI>://WOS:000901549700001

Reference Type: Journal Article

Record Number: 1780

Author: Kitsaras, G., Allan, J. and Pretty, I. A.

Year: 2020

Title: Bedtime Routines Intervention for Children (BRIC) using an automated text messaging system for behaviour change: study protocol for an early phase study

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: Bedtime Routines Intervention for Children (BRIC) using an automated text messaging system for behaviour change: study protocol for an early phase study

DOI: 10.1186/s40814-020-0562-y

Article Number: 14

Accession Number: WOS:000729238200023

Abstract: BackgroundThis work concerns the activities in the last hour before bed for young children born to first-time parents, so called bedtime routines (BTR). These activities include amongst others tooth brushing, reading a book, having a bath and avoiding food and drinks before bed. Having a set bedtime at a suitable hour is also very important. Establishing good bedtime routines has been shown to be really important for a number of health, wellbeing, development and social outcomes. Currently, there is no evidence-based bedtime routine intervention for first-time parents using a novel design (i.e. text messages). Existing research has highlighted the importance of bedtime routines and the lack of appropriate mechanisms in place for parents who sought support.**Methods**The proposed study includes 2 work packages. Work package 1 focuses on the development of the intervention through a combination of qualitative work (1:1 interviews with parents on barriers and facilitators on bedtime routines using the Theoretical Domains Framework) and an expert group of key stakeholders. Work package 2 involves a small-scale (n = 50) feasibility and effectiveness study to examine proof of concept with first-time parents using text messages to communicate the intervention. Quantitative information relating to uptake, engagement, retention and effectiveness of the intervention as well as qualitative information (focus groups with parents who took part in the study) will be collected. Overall, the effectiveness of the intervention will be assessed through the APEASE criteria (acceptability, practicability, effectiveness, affordability, safety, equity).**Discussion**This study can provide

initial yet important support for further exploration in the field of bedtime routines in more complicated family structures (parents with more than 1 child, separated families etc.). Also, the implementation of a novel study design (i.e. text messages) could lead to considerable cost savings while maintaining high retention, uptake and engagement from the participants. Should the intervention meet the APEASE criteria, a more comprehensive intervention on bedtime routines for first-time parents will be explored in a more robust (RCT and longitudinal) approach. Trials registration Due to the nature of the study, no trial registration is currently in place.

Notes: Kitsaras, George Allan, Julia Pretty, Iain A.

Allan, Julia/0000-0001-7287-8363; Kitsaras, George/

0000-0002-1631-1730

2055-5784

URL: <Go to ISI>://WOS:000729238200023

Reference Type: Journal Article

Record Number: 165

Author: Kitsaras, G., Asimakopoulou, K., Henshaw, M. and Borrelli, B.

Year: 2023

Title: Theoretical and methodological approaches in designing, developing, and delivering interventions for oral health behaviour change

Journal: Community Dentistry and Oral Epidemiology

Volume: 51

Issue: 1

Pages: 91-102

Date: Feb

Short Title: Theoretical and methodological approaches in designing, developing, and delivering interventions for oral health behaviour change

ISSN: 0301-5661

DOI: 10.1111/cdoe.12817

Accession Number: WOS:000928846500001

Abstract: Oral health behaviour change interventions are gaining momentum on a global scale. After lagging behind other disciplines, oral health behaviour change is becoming an area of fast and important development. Theories used in medicine and healthcare more generally are now being applied to oral health behaviour change with varying results. Despite the importance of using theories when designing and developing interventions, the variety and variation of theories available to choose from create a series of dilemmas and potential hazards. Some theories, like the COM-B (Capability, Opportunity, Motivation-Behaviour) model, and frameworks, like the Behaviour Change Wheel might represent areas of opportunity for oral health behaviour change interventions with careful consideration vital. Different methodological approaches to intervention development are actively utilized in oral health with a wide host of potential opportunities. The issue of co-designing and co-developing interventions with intended users and stakeholders from the start is an important component for successful and effective interventions, one that oral health behaviour change interventions need to

consistently implement. Oral health behaviour change interventions are utilizing technology-based approaches as a major vehicle for intervention delivery and, innovative solutions are implemented across a wide host of oral health behaviour change interventions. With multiple options for designing, developing, and delivering interventions, careful selection of appropriate, user-inclusive, and adaptable approaches is essential. With a lot of available information and evidence from other disciplines, oral health behaviour change interventions need to reflect on lessons learned in other fields whilst also maximizing the potential of the wide variety of theories, frameworks, methodologies, and techniques available at present.

Notes: Kitsaras, George Asimakopoulou, Koula Henshaw, Michelle Borrelli, Belinda

Asimakopoulou, Koula/0000-0003-3420-8523; Kitsaras, George/0000-0002-1631-1730; Borrelli, Belinda/0000-0002-0859-796X 1600-0528

Si

URL: <Go to ISI>://WOS:000928846500001

Reference Type: Journal Article

Record Number: 802

Author: Kitsaras, G., Pretty, I. A. and Allan, J.

Year: 2022

Title: Bedtime Routines Intervention for Children (BRIC) project: results from a non-randomised feasibility, proof-of concept study

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Apr

Short Title: Bedtime Routines Intervention for Children (BRIC) project: results from a non-randomised feasibility, proof-of concept study

DOI: 10.1186/s40814-022-01039-7

Article Number: 79

Accession Number: WOS:000778977200001

Abstract: Background Bedtime routines are highly recurrent family activities with implications for children's wellbeing, development and health. Aims The objective of this study is to co-develop and test in a feasibility, proof-of-concept study a bedtime routines intervention using text messages aimed at first-time parents with young children. Methods Fifty first-time parents with children aged 1-3 years were recruited for this study. Parents received a text message-based intervention for 7-consecutive nights which provided support and information on achieving optimal bedtime routines. Parents completed pre- and post-intervention questionnaires focusing on children's sleep, bedtime routines and parental mood disturbance. Feedback was provided at the end of the study. Results Recruitment target and high retention with 98%, or 49 out of 50 participants completing the study were achieved. Pre- and post-intervention, there were improvements in total children's sleep with children sleeping longer and having less disrupted sleep overall (MD = - 7.77 (SD = 17.91), $t(48) = - 3.03$, $p = .004$, CI (- 12.91, - 2.63) and in

overall quality of bedtime routines (MD = - 5.00, SD = 7.01, t(48) = - 4.98, p < .001, CI (- 7.01, - 2.98). Parental mood disturbance decreased pre- to post-intervention (MD = 5.87, SD = 15.43, t(48) = 2.66), p = .010, CI (1.44, 10.30). Parents provided positive feedback about the intervention and valued the support that was provided to them. Conclusions Bedtime routines were successfully altered with short-term benefits for children's sleep and parental mood. Future research will need to utilize a more robust, longitudinal approach for a definite exploration of sustained changes in bedtime routines and their long-term implications for children and parents.

Notes: Kitsaras, George Pretty, Iain A. Allan, Julia

Allan, Julia/0000-0001-7287-8363

2055-5784

URL: <Go to ISI>://WOS:000778977200001

Reference Type: Journal Article

Record Number: 838

Author: Kitson, A.

Year: 2022

Title: How and Why Context Matters: A Personal Reflection; Comment on "Stakeholder Perspectives of Attributes and Features of Context Relevant to Knowledge Translation in Health Settings: A Multi-Country Analysis"

Journal: International Journal of Health Policy and Management

Date: 2022 Mar

Short Title: How and Why Context Matters: A Personal Reflection; Comment on "Stakeholder Perspectives of Attributes and Features of Context Relevant to Knowledge Translation in Health Settings: A Multi-Country Analysis"

DOI: 10.34172/ijhpm.2022.6782

Accession Number: WOS:000783594200001

Abstract: This commentary acknowledges that the evidence-based practice (EBP) movement did not automatically or initially understand the impact of context on successful implementation. The subsequent work of research teams, such as the PARIHS team, and the Ottawa team led by Squires, have contributed to the ongoing refinement of the concept. However, still under discussion is whether having a more comprehensive set of contextual attributes will necessarily lead to more implementation success. Just as the strength of the evidence does not automatically lead to implementation success, so having a comprehensive understanding of contextual factors will not necessarily improve implementation uptake.

Notes: Kitson, Alison

2322-5939

URL: <Go to ISI>://WOS:000783594200001

Reference Type: Journal Article

Record Number: 1410

Author: Kitson, A., Feo, R., Lawless, M., Arciuli, J., Clark, R., Golley, R., Lange, B., Ratcliffe, J. and Robinson, S.

Year: 2022

Title: Towards a unifying caring life-course theory for better self-care and caring solutions: A discussion paper

Journal: Journal of Advanced Nursing

Volume: 78

Issue: 1

Pages: E6-E20

Date: Jan

Short Title: Towards a unifying caring life-course theory for better self-care and caring solutions: A discussion paper

ISSN: 0309-2402

DOI: 10.1111/jan.14887

Accession Number: WOS:000651495600001

Abstract: Aim: To present the first iteration of the caring life-course theory. Background: Despite requiring care from birth to death, a person's universal or fundamental care needs and the subsequent care provision, either by self or others, has yet to be presented within a life-course perspective. Accurately describing the care people require across their lifespan enables us to identify who, what type, how and where this care should be provided. This novel perspective can help to legitimise a person's care needs and the support they require from wider care systems and contexts.

Design: Discussion paper outlines theory development. We adopted an inductive approach to theory development, drawing upon existing literature and the team's diverse experiences. Our theoretical insights were refined through a series of collaborative meetings to define the theory's constructs, until theoretical saturation was reached. Discussion: Fourteen constructs are identified as essential to the theory. We propose it is possible, using these constructs, to generate caring life-course trajectories and predict divergences in these trajectories. The novel contribution of the theory is the interplay between understanding a person's care needs and provision within the context of their lifespan and personal histories, termed their care biography, and understanding a person's care needs and provision at specific points in time within a given care network and socio-political context. Impact for Nursing: The caring life-course theory can provide a roadmap to inform nursing and other care industry sectors, providing opportunities to integrate and deliver care from the perspective of the person and their care history, trajectories and networks, with those of professional care teams. It can help to shape health, social and economic policy and involve individuals, families and communities in more constructive ways of talking about the importance of care for improved quality of life and healthy societies.

Notes: Kitson, Alison Feo, Rebecca Lawless, Michael Arciuli, Joanne Clark, Robyn Golley, Rebecca Lange, Belinda Ratcliffe, Julie Robinson, Sally

Lange, Belinda/GPW-9678-2022; Feo, Rebecca/S-1479-2018; Ratcliffe, Julie/G-3169-2017; Kitson, Alison/AW-6026-2021; Golley, Rebecca K/D-1606-2009; Robinson, Sally/J-1831-2015

Feo, Rebecca/0000-0001-9414-2242; Ratcliffe, Julie/0000-0001-7365-1988; Arciuli, Joanne/0000-0002-7467-9939; Kitson, Alison/0000-0003-3053-8381; Clark, Robyn A/0000-0002-5063-2618; Golley, Rebecca/0000-0001-5197-7987; Lawless, Michael/

0000-0002-2536-6442; Robinson, Sally/0000-0002-5768-0065; Lange,
Belinda/0000-0002-2330-2699
1365-2648
URL: <Go to ISI>://WOS:000651495600001

Reference Type: Journal Article

Record Number: 2460

Author: Kitson, A., Powell, K., Hoon, E., Newbury, J., Wilson, A.
and Beilby, J.

Year: 2013

Title: Knowledge translation within a population health study: how
do you do it?

Journal: Implementation Science

Volume: 8

Date: May

Short Title: Knowledge translation within a population health study:
how do you do it?

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-54

Article Number: 54

Accession Number: WOS:000319990300001

Abstract: Background: Despite the considerable and growing body of knowledge translation (KT) literature, there are few methodologies sufficiently detailed to guide an integrated KT research approach for a population health study. This paper argues for a clearly articulated collaborative KT approach to be embedded within the research design from the outset. Discussion: Population health studies are complex in their own right, and strategies to engage the local community in adopting new interventions are often fraught with considerable challenges. In order to maximise the impact of population health research, more explicit KT strategies need to be developed from the outset. We present four propositions, arising from our work in developing a KT framework for a population health study. These cover the need for an explicit theory-informed conceptual framework; formalizing collaborative approaches within the design; making explicit the roles of both the stakeholders and the researchers; and clarifying what counts as evidence. From our deliberations on these propositions, our own co-creating (co-KT) Framework emerged in which KT is defined as both a theoretical and practical framework for actioning the intent of researchers and communities to co-create, refine, implement and evaluate the impact of new knowledge that is sensitive to the context (values, norms and tacit knowledge) where it is generated and used. The co-KT Framework has five steps. These include initial contact and framing the issue; refining and testing knowledge; interpreting, contextualising and adapting knowledge to the local context; implementing and evaluating; and finally, the embedding and translating of new knowledge into practice. Summary: Although descriptions of how to incorporate KT into research designs are increasing, current theoretical and operational frameworks do not generally span a holistic process from knowledge co-creation to knowledge application and implementation within one project. Population health studies may have greater health impact when KT is incorporated early and

explicitly into the research design. This, we argue, will require that particular attention be paid to collaborative approaches, stakeholder identification and engagement, the nature and sources of evidence used, and the role of the research team working with the local study community.

Notes: Kitson, Alison Powell, Kathryn Hoon, Elizabeth Newbury, Jonathan Wilson, Anne Beilby, Justin

Wilson, Anne/A-9967-2008; Beilby, Justin/M-5147-2019; Kitson, Alison/AAW-6026-2021

Wilson, Anne/0000-0003-1098-8457; Kitson, Alison/0000-0003-3053-8381

URL: <Go to ISI>://WOS:000319990300001

Reference Type: Journal Article

Record Number: 1311

Author: Klein, A. B., Kline, A. C., Bowling, A. R. and Feeny, N. C.

Year: 2021

Title: Bridging the science-practice gap in treatment for posttraumatic stress disorder: Testing strategies to enhance beliefs toward exposure therapy

Journal: Journal of Clinical Psychology

Volume: 77

Issue: 12

Pages: 2765-2780

Date: Dec

Short Title: Bridging the science-practice gap in treatment for posttraumatic stress disorder: Testing strategies to enhance beliefs toward exposure therapy

ISSN: 0021-9762

DOI: 10.1002/jclp.23221

Accession Number: WOS:000673625000001

Abstract: Objective Exposure therapies (e.g., prolonged exposure [PE]), are first-line interventions for posttraumatic stress disorder but remain underutilized, partially due to providers' negative beliefs about these interventions. We examined two experimental strategies aimed at enhancing beliefs towards PE and subsequent utilization. Method Clinicians (N = 155) were randomized to one of three conditions presenting a PE rationale: basic, empirically-based, or emotionally-based description. Participants were rerandomized to write or not write arguments for utilizing PE. Before and after PE rationales and 1-month later, participants completed questions about PE beliefs and utilization. Results Participants reported small yet durable belief change across all rationale conditions, with greatest change following the empirically-based description. Across conditions, belief change was not impacted by writing condition or associated with utilization. Conclusion Addressing negative beliefs with empirical information may be a brief, cost-effective strategy to improve clinicians' beliefs toward PE. Complementary strategies that leverage belief modification to increase utilization are needed.

Notes: Klein, Alexandra B. Kline, Alexander C. Bowling, Alexandra R. Feeny, Norah C.

Klein, Alexandra/IQR-8833-2023

Klein, Alexandra/0000-0003-0664-4563; Kline, Alexander/

0000-0001-7420-7547; Bowling, Alexandra/0000-0003-2526-286X
1097-4679
URL: <Go to ISI>://WOS:000673625000001

Reference Type: Journal Article

Record Number: 1100

Author: Kletter, M., Melendez-Torres, G. J., Lilford, R. and Taylor, C.

Year: 2021

Title: A Library of Logic Models to Explain How Interventions to Reduce Diagnostic Errors Work

Journal: Journal of Patient Safety

Volume: 17

Issue: 8

Pages: E1223-E1233

Date: Dec

Short Title: A Library of Logic Models to Explain How Interventions to Reduce Diagnostic Errors Work

ISSN: 1549-8417

DOI: 10.1097/pts.0000000000000459

Accession Number: WOS:000723781400077

Abstract: Objectives We aimed to create a library of logic models for interventions to reduce diagnostic error. This library can be used by those developing, implementing, or evaluating an intervention to improve patient care, to understand what needs to happen, and in what order, if the intervention is to be effective. Methods To create the library, we modified an existing method for generating logic models. The following five ordered activities to include in each model were defined: preintervention; implementation of the intervention; postimplementation, but before the immediate outcome can occur; the immediate outcome (usually behavior change); and postimmediate outcome, but before a reduction in diagnostic errors can occur. We also included reasons for lack of progress through the model. Relevant information was extracted about existing evaluations of interventions to reduce diagnostic error, identified by updating a previous systematic review. Results Data were synthesized to create logic models for four types of intervention, addressing five causes of diagnostic error in seven stages in the diagnostic pathway. In total, 46 interventions from 43 studies were included and 24 different logic models were generated. Conclusions We used a novel approach to create a freely available library of logic models. The models highlight the importance of attending to what needs to occur before and after intervention delivery if the intervention is to be effective. Our work provides a useful starting point for intervention developers, helps evaluators identify intermediate outcomes, and provides a method to enable others to generate libraries for interventions targeting other errors.

Notes: Kletter, Maartje Melendez-Torres, G. J. Lilford, Richard Taylor, Celia

Lilford, Richard/0000-0002-0634-984X; Kletter, Maartje/

0000-0001-5931-0976

1549-8425

URL: <Go to ISI>://WOS:000723781400077

Reference Type: Journal Article

Record Number: 2104

Author: Kliemann, N., Beeken, R. J., Wardle, J. and Johnson, F.

Year: 2016

Title: Development and validation of the Self-Regulation of Eating Behaviour Questionnaire for adults

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 13

Date: Aug

Short Title: Development and validation of the Self-Regulation of Eating Behaviour Questionnaire for adults

DOI: 10.1186/s12966-016-0414-6

Article Number: 87

Accession Number: WOS:000381567400001

Abstract: Background: Eating self-regulatory capacity can help individuals to cope with the obesogenic environment and achieve, as well as maintain, a healthy weight and diet. At present, there is no comprehensive, reliable and valid questionnaire for assessing this capacity and measuring change in response to self-regulation interventions in adults. This paper reports the development of the Self-regulation of Eating Behaviour Questionnaire (SREBQ) for use in UK adults, and presents evidence for its reliability and construct validity. The development of the SREBQ involved generation of an item pool, followed by two pilot studies (Samples 1 and 2) and a test of the questionnaire's underlying factor structure (Sample 3). The final version of the SREBQ was then assessed for reliability and construct validity (Sample 4). Results: Development of the SREBQ resulted in a 5-item questionnaire. The face validity was satisfactory, as assessed by the pilot studies. The factor structure analysis (Sample 3) suggested that it has a single underlying factor, which was confirmed in a second sample (Sample 4). The SREBQ had strong construct validity, showing a positive correlation with general measures of self-regulation. It was also positively correlated with motivation and behavioural automaticity, and negatively correlated with food responsiveness and emotional over-eating ($p < 0.001$). It showed good discriminant validity, as it was only weakly associated with satiety responsiveness, food fussiness and slowness in eating. Conclusions: The SREBQ is a reliable and valid measure for assessment of eating self-regulatory capacity in the general UK adult population.

Notes: Kliemann, Nathalie Beeken, Rebecca J. Wardle, Jane Johnson, Fiona

Beeken, Rebecca/HPG-2516-2023

Beeken, Rebecca/0000-0001-8287-9351; Kliemann, Nathalie/0000-0002-1778-9998

1479-5868

URL: <Go to ISI>://WOS:000381567400001

Reference Type: Journal Article

Record Number: 965

Author: Knight, R. L., McNarry, M. A., Runacres, A. W., Shelley, J., Sheeran, L. and Mackintosh, K. A.

Year: 2022

Title: Moving Forward: Understanding Correlates of Physical Activity and Sedentary Behaviour during COVID-19 in Children and Adolescents—An Integrative Review and Socioecological Approach

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 3

Date: Feb

Short Title: Moving Forward: Understanding Correlates of Physical Activity and Sedentary Behaviour during COVID-19 in Children and Adolescents—An Integrative Review and Socioecological Approach

DOI: 10.3390/ijerph19031044

Article Number: 1044

Accession Number: WOS:000754515500001

Abstract: Novel coronavirus disease 2019 (COVID-19) pandemic restrictions have negatively impacted physical activity (PA) and sedentary time/behaviour. This integrative review systematically explored the socioecological factors that impacted and influenced these movement behaviours in children and adolescents during the pandemic. Five electronic databases were systematically searched in January 2021, with data extracted from 16 articles (n = 18,352; 5–17 years; 12 countries). Risk-of-bias was assessed using the Mixed Methods Assessment Tool (MMAT), with correlates identified, coded, and themed via thematic analysis. A socioecological model of during-pandemic PA and sedentary time/behaviour was conceptualised and mapped to the Capability, Opportunity, Motivation, and Behaviour (COM-B) model of behaviour-change mechanisms, illustrating influences over five levels: Individual (biological)—age and sex; Individual (psychological)—mental health, and cognition, motivation, and behaviour; Social—family factors, and structured support; Environmental—area of residence and resources; and Policy—COVID-19-related rules. For sedentary time/behaviour, individual—(age and sex), social—(family factors) and policy—(COVID-19-related rules) level factors may be important correlates. There were no age or sex associations with PA levels, though there was some indication that sedentary time/behaviour increased with age. Interventions seeking to enhance young people's movement behaviours during periods of enforced restrictions should focus on enhancing opportunities on a social and environmental level.

Notes: Knight, Rachel L. McNarry, Melitta A. Runacres, Adam W. Shelley, James Sheeran, Liba Mackintosh, Kelly A.

McNarry, Melitta/AAC-6899-2020; Sheeran, Liba/L-1828-2018

McNarry, Melitta/0000-0003-0813-7477; Knight, Rachel/0000-0002-9181-2615; Shelley, James/0000-0003-4351-0361; Mackintosh, Kelly/0000-0003-0355-6357; Sheeran, Liba/0000-0002-1502-764X;

Runacres, Adam/0000-0002-8251-2805

1660-4601

URL: <Go to ISI>://WOS:000754515500001

Reference Type: Journal Article

Record Number: 2355

Author: Knowles, S., Lam, L. T., McInnes, E., Elliott, D., Hardy, J. and Middleton, S.

Year: 2015

Title: Knowledge, attitudes, beliefs and behaviour intentions for three bowel management practices in intensive care: effects of a targeted protocol implementation for nursing and medical staff

Journal: BMC Nursing

Volume: 14

Short Title: Knowledge, attitudes, beliefs and behaviour intentions for three bowel management practices in intensive care: effects of a targeted protocol implementation for nursing and medical staff

ISSN: 1472-6955

DOI: 10.1186/s12912-015-0056-z

Article Number: 6

Accession Number: WOS:000210484900006

Abstract: Background: Bowel management protocols have the potential to minimize complications for critically ill patients. Targeted implementation can increase the uptake of protocols by clinicians into practice. The theory of planned behaviour offers a framework in which to investigate clinicians' intention to perform the behaviour of interest. This study aimed to evaluate the effect of implementing a bowel management protocol on intensive care nursing and medical staffs' knowledge, attitude, subjective norms, perceived behavioural control, behaviour intentions, role perceptions and past behaviours in relation to three bowel management practices. Methods: A descriptive before and after survey using a self-administered questionnaire sent to nursing and medical staff working within three intensive care units before and after implementation of our bowel management protocol (pre: May – June 2008; post: Feb – May 2009). Results: Participants had significantly higher knowledge scores post-implementation of our protocol (pre mean score 17.6; post mean score 19.3; $p = 0.004$). Post-implementation there was a significant increase in: self-reported past behaviour (pre mean score 5.38; post mean score 7.11; $p = 0.002$) and subjective norms scores (pre mean score 3.62; post mean score 4.18; $p = 0.016$) for bowel assessment; and behaviour intention (pre mean score 5.22; post mean score 5.65; $p = 0.048$) for administration of enema. Conclusion: This evaluation, informed by the theory of planned behaviour, has provided useful insights into factors that influence clinician intentions to perform evidence-based bowel management practices in intensive care. Addressing factors such as knowledge, attitudes and beliefs can assist in targeting implementation strategies to positively affect clinician behaviour change. Despite an increase in clinicians' knowledge scores, our implementation strategy did not, however, significantly change clinician behaviour intentions for all three bowel management practices. Further research is required to explore the influence of opinion leaders and organizational culture on clinicians' behaviour intentions related to bowel management for intensive care patients.

Notes: Knowles, Serena Lam, Lawrence T. McInnes, Elizabeth Elliott, Doug Hardy, Jennifer Middleton, Sandy

Middleton, Sandy/J-5526-2015; Lam, Lawrence/HTP-2419-2023; McInnes, Liz/R-6374-2019; Elliott, Doug/F-8086-2017

Middleton, Sandy/0000-0002-7201-4394; Lam, Lawrence/
0000-0001-6183-6854; McInnes, Liz/0000-0002-0567-9679; Elliott,
Doug/0000-0002-6081-5442; Knowles, Serena/0000-0002-5028-3825
URL: <Go to ISI>://WOS:000210484900006

Reference Type: Journal Article

Record Number: 1051

Author: Knudsen, H. B. S., Jalali-Moghadam, N., Nieva, S.,
Czaplewska, E., Laasonen, M., Gerrits, E., McKean, C. and Law, J.
Year: 2022

Title: Allocation and funding of Speech and Language Therapy for
children with Developmental Language Disorders across Europe and
beyond

Journal: Research in Developmental Disabilities

Volume: 121

Date: Feb

Short Title: Allocation and funding of Speech and Language Therapy
for children with Developmental Language Disorders across Europe and
beyond

ISSN: 0891-4222

DOI: 10.1016/j.ridd.2021.104139

Article Number: 104139

Accession Number: WOS:000745974500008

Abstract: Background: Children with Developmental Language Disorder
(DLD) have a significant deficit in spoken language ability which
affects their communication skills, education, mental health,
employment and social inclusion. Aim: The present study reports
findings from a survey by EU network COST ACTION 1406 and aims to
explore differences in service delivery and funding of SLT services
for children with DLD across Europe and beyond. Methods and
procedures: The survey was completed by 5024 European professionals.
COST countries were grouped into Nordic, Anglo-Saxon, Continental,
Mediterranean, Central/Eastern and Non-European categories. The use
of direct, indirect and mixed interventions, and their relationship
to funding available (public, private or mixed) were considered for
further analysis. Outcomes and results: The results revealed that
for direct therapy, there were more cases than expected receiving
private funding. For indirect therapy, fewer than expected received
private and more than expected public funding. For mixed therapy,
fewer cases than expected received private funding. Conclusions and
implications: The results implies that other factors than evidence-
based practices, practitioners experience, and patient preferences,
drive choices in therapy. More research is needed to gain a better
understanding of factors affecting the choice of therapy.

Notes: Knudsen, Hanne B. Sondergaard Jalali-Moghadam, Niloufar
Nieva, Silvia Czaplewska, Ewa Laasonen, Marja Gerrits, Ellen McKean,
Cristina Law, James

Laasonen, Marja/ISA-5323-2023

McKean, Cristina/0000-0001-9058-9813; Knudsen, Hanne Bruun

Sondergaard/0000-0001-6566-6901

1873-3379

URL: <Go to ISI>://WOS:000745974500008

Reference Type: Journal Article

Record Number: 1286

Author: Knudsen, R. H., Thomsen, J. L., Andersen, C. A., Afzali, T. and Riis, A.

Year: 2021

Title: Involving practice nurse and other assistant clinical staff members in the management of low back pain: A qualitative interview study from Danish general practice

Journal: Sage Open Medicine

Volume: 9

Date: Aug

Short Title: Involving practice nurse and other assistant clinical staff members in the management of low back pain: A qualitative interview study from Danish general practice

ISSN: 2050-3121

DOI: 10.1177/20503121211039660

Accession Number: WOS:000693710700001

Abstract: Objectives: Involving practice nurse and other assistant clinical staff members in providing information and education to patients with low back pain at follow-up appointments may release more time and improve care in general practice. However, this requires a shift in the division of tasks, and general practitioners' barriers and facilitators for this are currently unknown. The objectives were to explore general practitioners' experiences and perceptions of including assistant clinical staff members in the management of low back pain. Methods: This is a semi-structured interview study in Danish general practice. General practitioners with a variation in demographics and experience with task-delegation to clinical staff were recruited for in-depth interviews. We used a phenomenological approach to guide the data collection and the analysis in order to gain insight into the subjective experiences of the general practitioners and to understand the phenomenon of 'delegating tasks to practice staff from the perspective of the general practitioners' lifeworld. Analysis was conducted using an inductive descriptive method. The sample size was guided by information power. Results: We conducted five interviews with general practitioners. All general practitioners had experience with task delegation, but there was a variation in which tasks the general practitioners delegated and to which types of clinical staff members. The following themes were derived from the analysis: general practice organisation, delegating to clinical staff members, doctor-patient relationship, exercise instruction, clinical pathway for patients and external support. Conclusion: General practitioners consider patients with low back pain to be a heterogeneous group with a variety of treatment needs and a patient group without any predetermined content or frequency of consultations; this can be a barrier for delegating these patients to clinical staff members.

Notes: Knudsen, Randi H. Thomsen, Janus L. Andersen, Camilla Aakjaer Afzali, Tamana Riis, Allan

Afzali, Tamana/0000-0001-8347-9878; Andersen, Camilla Aakjaer/0000-0002-5933-748X; Thomsen, Janus Laust/0000-0002-0745-6815; Riis, Allan/0000-0002-7009-3025

URL: <Go to ISI>://WOS:000693710700001

Reference Type: Journal Article

Record Number: 2231

Author: Kobrin, S., Ferrer, R., Meissner, H., Tiro, J., Hall, K., Shmueli-Blumberg, D. and Rothman, A.

Year: 2015

Title: Use of Health Behavior Theory in Funded Grant Proposals: Cancer Screening Interventions as a Case Study

Journal: Annals of Behavioral Medicine

Volume: 49

Issue: 6

Pages: 809-818

Date: Dec

Short Title: Use of Health Behavior Theory in Funded Grant Proposals: Cancer Screening Interventions as a Case Study

ISSN: 0883-6612

DOI: 10.1007/s12160-015-9714-3

Accession Number: WOS:000364519500004

Abstract: Interventions using theory should change behavior and identify both mechanisms of effect and necessary conditions. To date, inconsistent description of "use of theory" has limited understanding of how theory improves intervention impact. The purpose of this study was to describe the use of theory in health behavior intervention development by coding grant proposals. We developed an abstraction tool to characterize investigators, interventions, and theory use and identified seven core elements describing both how and how much theory was used. We used the tool to review and code NCI's funded cancer screening intervention R01 proposals, 1998-2009. Of 116 proposals, 38 met criteria; all but one described a conceptual model unique to the proposed research. Few proposals included plans to identify mechanisms of effect or conditions necessary for intervention effectiveness. Cancer screening intervention grant proposals rarely use theory in ways that advance behavioral or theoretical sciences. Proposed core elements may classify and synthesize the use of theory in behavioral intervention research.

Notes: Kobrin, Sarah Ferrer, Rebecca Meissner, Helen Tiro, Jasmin Hall, Kara Shmueli-Blumberg, Dikla Rothman, Alex

Tiro, Jasmin/0000-0001-8300-0441; Shmueli-Blumberg, Dikla/0000-0002-0788-5767; Rothman, Alexander/0000-0003-3163-1895
1532-4796

URL: <Go to ISI>://WOS:000364519500004

Reference Type: Journal Article

Record Number: 1122

Author: Kola, L., Abiona, D., Oladeji, B. D., Ayinde, O., Bello, T. and Gureje, O.

Year: 2022

Title: Theory-driven development of a mobile phone supported intervention for adolescents with perinatal depression

Journal: Social Psychiatry and Psychiatric Epidemiology

Volume: 57

Issue: 6

Pages: 1201-1210

Date: Jun

Short Title: Theory-driven development of a mobile phone supported intervention for adolescents with perinatal depression

ISSN: 0933-7954

DOI: 10.1007/s00127-021-02198-3

Accession Number: WOS:000718740600002

Abstract: Purpose This paper describes the design of a theory-informed pragmatic intervention for adolescent perinatal depression in primary care in Nigeria. Methods We conducted Focus Group Discussions (FGDs) among 17 adolescent mothers and 25 maternal health care providers with experience in the receipt and provision of care for perinatal depression. The Consolidated Framework for Implementation Research (CFIR) was used to systematically examine the barriers and facilitators affecting adolescent mothers' use of an existing intervention package for depression. The Theoretical Domain Framework (TDF) and the Capability, Opportunity, Motivation, Behaviour (COM-B) model were used to analyze the results of the data across the five CFIR domains. Results FGD analysis revealed that care providers lacked knowledge on approaches to engage young mothers in treatment. Young mothers had poor treatment engagement, low social support, and little interest in parenting. A main characteristic of the newly designed intervention is the inclusion of age-appropriate psychoeducation supported with weekly mobile phone calls, to address treatment engagement and parenting behaviours of young mothers. Also in the outer setting, low social support from relatives was addressed with education, "as need arises" phone calls, and the involvement of "neighborhood mothers". In the inner settings, care providers' behaviour is addressed with training to increase their capacity to engage young mothers in treatment. Conclusion A theory-based approach helped develop an age-appropriate intervention package targeting depression and parenting skills deficit among perinatal adolescents in primary maternal care and in which a pragmatic use of mobile phone was key.

Notes: Kola, Lola Abiona, Dolapo Oladeji, Bibilola D. Ayinde, Olatunde Bello, Toyin Gureje, Oye

KOLA, Lola/0000-0003-0678-796X

1433-9285

URL: <Go to ISI>://WOS:000718740600002

Reference Type: Journal Article

Record Number: 336

Author: Kompf, J. and Rhodes, R.

Year: 2022

Title: Differential correlates for aerobic physical activity and resistance training: a systematic review

Journal: Psychology Health & Medicine

Date: 2022 Nov

Short Title: Differential correlates for aerobic physical activity and resistance training: a systematic review

ISSN: 1354-8506

DOI: 10.1080/13548506.2022.2142617

Accession Number: WOS:000883230200001

Abstract: Worldwide, physical inactivity is a major public health concern. Both aerobic physical activity (PA) and resistance training (RT) are forms of exercise that provide numerous health benefits. The present systematic review aimed to examine the evidence among studies that have formally compared the correlates of both aerobic PA and RT in the same sample. Literature searches were concluded in April 2022 using four common databases. Eligible studies were selected from English language peer-reviewed journals which reported at least a bivariate correlation between the correlate and aerobic PA and RT. Findings were grouped by the correlate in accordance with the capability, opportunity, motivation, behavior (COM-B) model. The analysis identified 18 studies with 16 independent samples. Overall, evidence suggest that there are many similarities between aerobic PA and RT participation. There were positive associations for both aerobic PA and RT for physical and psychological capabilities, reflective and reflexive motivation. There were mixed associations for environmental opportunities, and social opportunities had no association for aerobic PA but mixed evidence for RT. The analyses emphasized that comparative research is lacking in certain areas, principally for environmental opportunity and reflexive motivation.

Notes: Kompf, Justin Rhodes, Ryan

Rhodes, Ryan E./ABB-4896-2020

Rhodes, Ryan E./0000-0003-0940-9040; kompff, justin/
0000-0002-1255-5471

1465-3966

URL: <Go to ISI>://WOS:000883230200001

Reference Type: Journal Article

Record Number: 1125

Author: Konstanti, C., Karapanos, E. and Markopoulos, P.

Year: 2022

Title: The Behavior Change Design Cards: A Design Support Tool for Theoretically-Grounded Design of Behavior Change Technologies

Journal: International Journal of Human-Computer Interaction

Volume: 38

Issue: 13

Pages: 1238-1254

Date: Aug

Short Title: The Behavior Change Design Cards: A Design Support Tool for Theoretically-Grounded Design of Behavior Change Technologies

ISSN: 1044-7318

DOI: 10.1080/10447318.2021.1990519

Accession Number: WOS:000716799600001

Abstract: Despite a wealth of behavior change theories and techniques available, designers often struggle to apply theory in the design of behavior change technologies. We present the Behavior Change Design (BCD) cards, a design support tool that makes behavioral science theory accessible to interaction designers during design meetings. Grounded on two theoretical frameworks of behavior change, the BCD cards attempt to map 34 behavior change techniques to five stages of behavior change, thus assisting designers in

selecting appropriate techniques for given behavioral objectives. We present the design of the BCD cards along with the results of two formative and one summative study that aimed at informing the design of the cards and assessing their impact on the design process.

Notes: Konstanti, Chrysanthi Karapanos, Evangelos Markopoulos, Panos 1532-7590

URL: <Go to ISI>://WOS:000716799600001

Reference Type: Journal Article

Record Number: 1393

Author: Konstantinou, P., Georgiou, K., Kumar, N., Kyprianidou, M., Nicolaidis, C., Karekla, M. and Kassianos, A. P.

Year: 2021

Title: Transmission of Vaccination Attitudes and Uptake Based on Social Contagion Theory: A Scoping Review

Journal: Vaccines

Volume: 9

Issue: 6

Date: Jun

Short Title: Transmission of Vaccination Attitudes and Uptake Based on Social Contagion Theory: A Scoping Review

DOI: 10.3390/vaccines9060607

Article Number: 607

Accession Number: WOS:000666492000001

Abstract: Vaccine hesitancy is a complex health problem, with various factors involved including the influence of an individual's network. According to the Social Contagion Theory, attitudes and behaviours of an individual can be contagious to others in their social networks. This scoping review aims to collate evidence on how attitudes and vaccination uptake are spread within social networks. Databases of PubMed, PsycINFO, Embase, and Scopus were searched with the full text of 24 studies being screened. A narrative synthesis approach was used to collate the evidence and interpret findings. Eleven cross-sectional studies were included. Participants held more positive vaccination attitudes and greater likelihood to get vaccinated or vaccinate their child when they were frequently exposed to positive attitudes and frequently discussing vaccinations with family and friends. We also observed that vaccination uptake was decreased when family and friends were hesitant to take the vaccine. Homophily—the tendency of similar individuals to be connected in a social network—was identified as a significant factor that drives the results, especially with respect to race and ethnicity. This review highlights the key role that social networks play in shaping attitudes and vaccination uptake. Public health authorities should tailor interventions and involve family and friends to result in greater vaccination uptake.

Notes: Konstantinou, Pinelopi Georgiou, Katerina Kumar, Navin Kyprianidou, Maria Nicolaidis, Christos Karekla, Maria Kassianos, Angelos P.

Kumar, Navin/HII-4609-2022; Nicolaidis, Christos/0-5991-2017

Konstantinou, Pinelopi/0000-0001-8079-0417; Karekla, Maria/0000-0001-7021-7908; Nicolaidis, Christos/0000-0002-1485-2736 2076-393x

URL: <Go to ISI>://WOS:000666492000001

Reference Type: Journal Article

Record Number: 378

Author: Koorts, H., Bauman, A., Edwards, N., Bellew, W., Brown, W. J., Duncan, M. J., Lubans, D. R., Milat, A. J., Morgan, P. J., Nathan, N., Searles, A., Lee, K. and Plotnikoff, R. C.

Year: 2022

Title: Tensions and Paradoxes of Scaling Up: A Critical Reflection on Physical Activity Promotion

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 21

Date: Nov

Short Title: Tensions and Paradoxes of Scaling Up: A Critical Reflection on Physical Activity Promotion

DOI: 10.3390/ijerph192114284

Article Number: 14284

Accession Number: WOS:000883600300001

Abstract: Background: Achieving system-level, sustainable 'scale-up' of interventions is the epitome of successful translation of evidence-based approaches in population health. In physical activity promotion, few evidence-based interventions reach implementation at scale or become embedded within systems for sustainable health impact. This is despite the vast published literature describing efficacy studies of small-scale physical activity interventions. Research into physical activity scale-up (through case-study analysis; evaluations of scale-up processes in implementation trials; and mapping the processes, strategies, and principles for scale-up) has identified barriers and facilitators to intervention expansion. Many interventions are implemented at scale by governments but have not been evaluated or have unpublished evaluation information. Further, few public health interventions have evaluations that reveal the costs and benefits of scaled-up implementation. This lack of economic information introduces an additional element of risk for decision makers when deciding which physical activity interventions should be supported with scarce funding resources. Decision-makers face many other challenges when scaling interventions which do not relate to formal research trials of scale-up; Methods: To explore these issues, a multidisciplinary two-day workshop involving experts in physical activity scale-up was convened by the University of Newcastle, Australia, and the University of Ottawa, Canada (February 2019); Results: In this paper we discuss some of the scale-up tensions (challenges and conflicts) and paradoxes (things that are contrary to expectations) that emerged from this workshop in the context of the current literature and our own experiences in this field. We frame scale-up tensions according to epistemology, methodology, time, and partnerships; and paradoxes as 'reach without scale', 'planned serendipity' and 'simple complexity'. We reflect on the implications of these scale-up tensions and paradoxes, providing considerations for future scale-up research and practice moving forward; Conclusions: In this

paper, we delve deeper into stakeholders' assumptions, processes and expectations of scaling up, and challenge in what ways as stakeholders, we all contribute to desired or undesired outcomes. Through a lens of 'tensions' and 'paradoxes', we make an original contribution to the scale-up literature that might influence current perspectives of scaling-up, provide future approaches for physical activity promotion, and contribute to understanding of dynamic of research-practice partnerships.

Notes: Koorts, Harriet Bauman, Adrian Edwards, Nancy Bellew, William Brown, Wendy J. Duncan, Mitch J. Lubans, David R. Milat, Andrew J. Morgan, Philip J. Nathan, Nicole Searles, Andrew Lee, Karen Plotnikoff, Ronald C.

Duncan, Mitch/V-1708-2019; Brown, Wendy J/G-2201-2010; Morgan, Philip/G-7072-2013

Duncan, Mitch/0000-0002-9166-6195; Brown, Wendy J/0000-0001-9093-4509; Lubans, David/0000-0002-0204-8257; Morgan, Philip/0000-0002-5632-8529; Bellew, William/0000-0003-1342-2723; Nathan, Nicole/0000-0002-7726-1714
1660-4601

URL: <Go to ISI>://WOS:000883600300001

Reference Type: Journal Article

Record Number: 1669

Author: Korenvain, C., MacKeigan, L. D., Dainty, K. N., Guilcher, S. J. T. and McCarthy, L. M.

Year: 2020

Title: Exploring deprescribing opportunities for community pharmacists using the Behaviour Change Wheel

Journal: Research in Social & Administrative Pharmacy

Volume: 16

Issue: 12

Pages: 1746-1753

Date: Dec

Short Title: Exploring deprescribing opportunities for community pharmacists using the Behaviour Change Wheel

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2020.01.019

Accession Number: WOS:000594634100015

Abstract: Background: Deprescribing, the planned and supervised process of stopping or reducing doses of medications, can reduce the use of harmful or unnecessary medications. However, deprescribing is challenging for patients and prescribers to implement. Community pharmacists have the potential to contribute to deprescribing, but whether they are well positioned to do so effectively remains unclear. Objectives: To explore community pharmacists' involvement with deprescribing, and identify strategies for enhancing this involvement. Methods: We conducted qualitative telephone interviews with 17 community pharmacists in Ontario, Canada. The Behaviour Change Wheel's COM-B model was used to inform the development of the interview guide. Four investigators coded three transcripts independently to develop the codebook. One investigator coded the remainder and generated themes relating to the first study objective using inductive thematic analysis. Two phases of analysis were then

used to satisfy the second study objective: the first without the explicit use of theory, and the second using the Behaviour Change Wheel as a theoretical framework. Results: Pharmacists' involvement in deprescribing was affected by: 1) their understanding of which medications should be stopped and by whom, 2) their access to patient information, and 3) competing clinical and business/technical demands of their daily activities. Findings support recommendations for optimizing community pharmacists' involvement in deprescribing by focusing on specific steps within deprescribing, expanding pharmacists' understanding of how to integrate deprescribing into their practices, and defining their deprescribing role with multi-stakeholder engagement. Conclusions: This study is the first to connect community pharmacists' real-world deprescribing challenges with theory-informed recommendations for enhancing their contributions to deprescribing. This study also explored the role of theory in pragmatically-oriented qualitative work by analyzing data without the explicit use of theory as the first step to analysis. Findings inform recommendations for enhancing community pharmacists' contributions to deprescribing.

Notes: Korenvain, Clara MacKeigan, Linda D. Dainty, Katie N. Guilcher, Sara J. T. McCarthy, Lisa M. McCarthy, Lisa M./0-1857-2016
McCarthy, Lisa M./0000-0001-9087-1077
1934-8150
URL: <Go to ISI>://WOS:000594634100015

Reference Type: Journal Article

Record Number: 995

Author: Koripalli, M., Giruparajah, M., Laur, C. and Shulman, R.

Year: 2022

Title: Selecting an intervention to prevent ketoacidosis at diabetes diagnosis in children using a behavior change framework

Journal: Pediatric Diabetes

Volume: 23

Issue: 3

Pages: 406-410

Date: May

Short Title: Selecting an intervention to prevent ketoacidosis at diabetes diagnosis in children using a behavior change framework

ISSN: 1399-543X

DOI: 10.1111/pedi.13314

Accession Number: WOS:000742712300001

Abstract: Objective The rate of diabetic ketoacidosis (DKA), a preventable, life-threatening complication of diabetes, at the time of diagnosis in children remains unacceptably high worldwide. We describe our initial approach to selecting a national DKA prevention strategy, to be implemented by the Canadian Pediatric Endocrine Group DKA Prevention Working Group, informed by a framework for behavior change interventions. Methods Existing interventions were identified from a systematic review and our own gray literature search. We then characterized interventions using the Behavior Change Wheel, a framework to inform and drive behavior change, and matched interventions to behavioral targets, audiences, and

identified barriers and facilitators. Feedback from the CPEG DKA prevention working group was incorporated into the intervention plan. Results We identified 27 interventions. Our proposed target behaviors are: (1) prompt recognition of symptoms of diabetes in children; (2) urgent attendance to medical care with a request for an office-based test for diabetes; and (3) rapid confirmation of diagnosis and urgent consultation with pediatric diabetes experts. We initially identified four possible intervention functions including education, training, environment restructuring, and enablement. Feedback from the working group favored education intervention functions including symptom recognition messages targeting parents, caregivers, teachers, and providers and messages about how to make a rapid diagnosis and need for urgent referral targeting providers. Conclusions The Behavior Change Wheel has been used successfully in selecting interventions in other clinical areas. We describe how we used this framework to provide a foundation for developing an intervention to prevent DKA at diabetes diagnosis in children.

Notes: Koripalli, Maanasa Giruparajah, Mohana Laur, Celia Shulman, Rayzel

1399-5448

URL: <Go to ISI>://WOS:000742712300001

Reference Type: Journal Article

Record Number: 1502

Author: Kostick, K. M., Trejo, M., Bhimaraj, A., Civitello, A., Grinstein, J., Horstmanshof, D., Jorde, U. P., Loebe, M., Mehra, M. R., Sulemanjee, N. Z., Thohan, V., Trachtenberg, B. H., Uriel, N., Volk, R. J., Estep, J. D. and Blumenthal-Barby, J. S.

Year: 2021

Title: A principal components analysis of factors associated with successful implementation of an LVAD decision support tool

Journal: BMC Medical Informatics and Decision Making

Volume: 21

Issue: 1

Date: Mar

Short Title: A principal components analysis of factors associated with successful implementation of an LVAD decision support tool

DOI: 10.1186/s12911-021-01468-z

Article Number: 106

Accession Number: WOS:000631143300002

Abstract: Background A central goal among researchers and policy makers seeking to implement clinical interventions is to identify key facilitators and barriers that contribute to implementation success. Despite calls from a number of scholars, empirical insights into the complex structural and cultural predictors of why decision aids (DAs) become routinely embedded in health care settings remains limited and highly variable across implementation contexts. Methods We examined associations between "reach", a widely used indicator (from the RE-AIM model) of implementation success, and multi-level site characteristics of nine LVAD clinics engaged over 18 months in implementation and dissemination of a decision aid for left ventricular assist device (LVAD) treatment. Based on data collected

from nurse coordinators, we explored factors at the level of the organization (e.g. patient volume), patient population (e.g. health literacy; average sickness level), clinician characteristics (e.g. attitudes towards decision aid; readiness for change) and process (how the aid was administered). We generated descriptive statistics for each site and calculated zero-order correlations (Pearson's r) between all multi-level site variables including cumulative reach at 12 months and 18 months for all sites. We used principal components analysis (PCA) to examine any latent factors governing relationships between and among all site characteristics, including reach. Results We observed strongest inclines in reach of our decision aid across the first year, with uptake fluctuating over the second year. Average reach across sites was 63% (s.d. = 19.56) at 12 months and 66% (s.d. = 19.39) at 18 months. Our PCA revealed that site characteristics positively associated with reach on two distinct dimensions, including a first dimension reflecting greater organizational infrastructure and standardization (characteristic of larger, more established clinics) and a second dimension reflecting positive attitudinal orientations, specifically, openness and capacity to give and receive decision support among coordinators and patients. Conclusions Successful implementation plans should incorporate specific efforts to promote supportive and mutually informative interactions between clinical staff members and to institute systematic and standardized protocols to enhance the availability, convenience and salience of intervention tool in routine practice. Further research is needed to understand whether "core predictors" of success vary across different intervention types.

Notes: Kostick, Kristin M. Trejo, Meredith Bhimaraj, Arvind Civitello, Andrew Grinstein, Jonathan Horstmanshof, Douglas Jorde, Ulrich P. Loebe, Matthias Mehra, Mandeep R. Sulemanjee, Nasir Z. Thohan, Vinay Trachtenberg, Barry H. Uriel, Nir Volk, Robert J. Estep, Jerry D. Blumenthal-Barby, J. S. Grinstein, Jonathan/L-6851-2019
Kostick, Kristin/0000-0003-2510-0174
1472-6947
URL: <Go to ISI>://WOS:000631143300002

Reference Type: Journal Article

Record Number: 1774

Author: Kostick, K. M., Trejo, M., Volk, R. J., Estep, J. D. and Blumenthal-Barby, J. S.

Year: 2020

Title: Using Nudges to Enhance Clinicians' Implementation of Shared Decision Making With Patient Decision Aids

Journal: Mdm Policy & Practice

Volume: 5

Issue: 1

Date: Jan-Jun

Short Title: Using Nudges to Enhance Clinicians' Implementation of Shared Decision Making With Patient Decision Aids

DOI: 10.1177/2381468320915906

Accession Number: WOS:000938229200009

Abstract: Background. Although effective interventions for shared decision making (SDM) exist, there is a lack of uptake of these tools into clinical practice. ``Nudges,' ' which draw on behavioral economics and target automatic thinking processes, are used by policy makers to influence population-level behavior change. Nudges have not been applied in the context of SDM interventions but have potential to influence clinician motivation, a primary barrier to long-term adoption of SDM tools. Objective. Describe, evaluate, and propose recommendations for the use of a behavioral economics framework (MINDSPACE) on clinician motivation and behavior during implementation of a validated decision aid (DA) for left ventricular assist device at nine hospitals. Methods. Qualitative thematic analysis of process notes from stakeholder meetings during the first 6 months of implementation to identify examples of how the MINDSPACE framework was operationalized. Quantitative implementation progress was evaluated using the REAIM framework. Results. MINDSPACE components were translated into concrete approaches that leveraged influential stakeholders, fostered ownership over the DA and positive emotional associations, spread desirable norms across sites, and situated the DA within established default processes. DA reach to eligible patients increased from 9.8% in the first month of implementation to 70.0% in the sixth month. Larger gains in reach were observed following meetings using MINDSPACE approaches. Limitations. The MINDSPACE framework does not capture all possible influences on behavior and responses to nudges may differ across populations. Conclusions. Behavioral economics can be applied to implementation science to foster uptake of SDM tools by increasing clinician motivation. Our recommendations can help other researchers effectively apply these approaches in real-world settings when there are often limited incentives and opportunities to change organizational- or structural-level factors.

Notes: Kostick, Kristin M. Trejo, Meredith Volk, Robert J. Estep, Jerry D. Blumenthal-Barby, J. S.

Buchberg Trejo, Meredith/0000-0003-2719-6050; Kostick, Kristin/0000-0003-2510-0174
2381-4683

URL: <Go to ISI>://WOS:000938229200009

Reference Type: Journal Article

Record Number: 1440

Author: Kotz, D. and Kastaun, S.

Year: 2021

Title: Do people know that cigarette filters are mainly composed of synthetic material? A representative survey of the German population (the DEBRA study)

Journal: Tobacco Control

Volume: 30

Issue: 3

Pages: 345-347

Date: May

Short Title: Do people know that cigarette filters are mainly composed of synthetic material? A representative survey of the German population (the DEBRA study)

ISSN: 0964-4563

DOI: 10.1136/tobaccocontrol-2019-055558

Accession Number: WOS:000645253900018

Abstract: Introduction Most cigarettes are smoked with filters made of synthetic plastic, which are not fully biodegradable. Littering used cigarette filters (butts) represents a substantial environmental hazard. It is unclear if people, in particular smokers, know that filters consist of synthetic plastic. Methods We used data collected in August/September 2019 from a representative household survey of the German population aged 14 years and over (wave 20 of the German Study on Tobacco Use; DEBRA). Respondents were asked: 'The majority of smokers use cigarettes with a filter. What do you think these filters are composed of? (1) Mainly of natural material; (2) Mainly of synthetic material; (3) I don't know what cigarette filters are composed of.' Response option 2 indicated correct knowledge. Results A total of 2066 people were interviewed, including 625 current smokers. The weighted response rate to option 2 ('mainly of synthetic material') was 34.8% (95%CI 32.7 to 36.9) in the total sample and 42.7% (95%CI=38.7 to 46.8) in the subgroup of current smokers. In the latter subgroup, smokers with low compared with those with high educational level were less likely to know that filters are mainly composed of synthetic material (OR=0.62, 95%CI=0.39 to 0.99). Conclusions The majority of smokers in Germany does not know that cigarette filters are mainly composed of synthetic material. Our findings suggest a need for promoting awareness as well as knowledge of environmental health hazards of cigarette filters to the general population, and specifically to current smokers.

Notes: Kotz, Daniel Kastaun, Sabrina

Kotz, Daniel/A-1270-2007

Kotz, Daniel/0000-0002-9454-023X; Kastaun, Sabrina/
0000-0002-5590-1135

1468-3318

URL: <Go to ISI>://WOS:000645253900018

Reference Type: Journal Article

Record Number: 916

Author: Kourouche, S., Curtis, K., Munroe, B., Asha, S. E., Carey, I., Considine, J., Fry, M., Lyons, J., Middleton, S., Mitchell, R., Shaban, R. Z., Unsworth, A. and Buckley, T.

Year: 2022

Title: Implementation of a hospital-wide multidisciplinary blunt chest injury care bundle (ChIP): Fidelity of delivery evaluation

Journal: Australian Critical Care

Volume: 35

Issue: 2

Pages: 113-122

Date: Mar

Short Title: Implementation of a hospital-wide multidisciplinary blunt chest injury care bundle (ChIP): Fidelity of delivery evaluation

ISSN: 1036-7314

DOI: 10.1016/j.aucc.2021.04.003

Accession Number: WOS:000768691300002

Abstract: Background: Ineffective intervention for patients with blunt chest wall injury results in high rates of morbidity and mortality. To address this, a blunt chest injury care bundle protocol (ChIP) was developed, and a multifaceted plan was implemented using the Behaviour Change Wheel. Objective: The purpose of this study was to evaluate the reach, fidelity, and dose of the ChIP intervention to discern if it was activated and delivered to patients as intended at two regional Australian hospitals. Methods: This is a pretest and post-test implementation evaluation study. The proportion of ChIP activations and adherence to ChIP components received by eligible patients were compared before and after intervention over a 4-year period. Sample medians were compared using the nonparametric median test, with 95% confidence intervals. Differences in proportions for categorical data were compared using the two-sample z-test. Results/Findings: Over the 19-month postimplementation period, 97.1% (n = 440) of eligible patients received ChIP (reach). The median activation time was 134 min; there was no difference in time to activation between business hours and after-hours; time to activation was not associated with comorbidities and injury severity score. Compared with the preimplementation group, the postimplementation group were more likely to receive evidence-based treatments (dose), including high-flow nasal cannula use (odds ratio [OR] = 6.8 [95% confidence interval {CI} = 4.8–9.6]), incentive spirometry in the emergency department (OR = 7.5, [95% CI = 3.2–17.6]), regular analgesia (OR = 2.4 [95% CI = 1.5–3.8]), regional analgesia (OR = 2.8 [95% CI = 1.5–5.3]), patient-controlled analgesia (OR = 1.8 [95% CI = 1.3–2.4]), and multiple specialist team reviews, e.g., surgical review (OR = 9.9 [95% CI = 6.1–16.1]). Conclusions: High fidelity of delivery was achieved and sustained over 19 months for implementation of a complex intervention in the acute context through a robust implementation plan based on theoretical frameworks. There were significant and sustained improvements in care practices known to result in better patient outcomes. Findings from this evaluation can inform future implementation programs such as ChIP and other multidisciplinary interventions in an emergency or acute care context. (c) 2021 Australian College of Critical Care Nurses Ltd. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Notes: Kourouche, Sarah Curtis, Kate Munroe, Belinda Asha, Stephen Edward Carey, Ian Considine, Julie Fry, Margaret Lyons, Jack Middleton, Sandy Mitchell, Rebecca Shaban, Ramon Z. Unsworth, Annalise Buckley, Thomas Mitchell, Rebecca J/J-6105-2012; Middleton, Sandy/J-5526-2015; Fry, Margaret/F-8082-2017 Mitchell, Rebecca J/0000-0003-1939-1761; Middleton, Sandy/0000-0002-7201-4394; Shaban, Ramon/0000-0002-5203-0557; Lyons, Jack/0000-0003-3011-5768; Fry, Margaret/0000-0003-1265-7096 1878-1721

URL: <Go to ISI>://WOS:000768691300002

Reference Type: Journal Article

Record Number: 277

Author: Kourtidis, P., Nurek, M., Delaney, B. and Kostopoulou, O.

Year: 2022

Title: Influences of early diagnostic suggestions on clinical reasoning

Journal: Cognitive Research-Principles and Implications

Volume: 7

Issue: 1

Date: Dec

Short Title: Influences of early diagnostic suggestions on clinical reasoning

ISSN: 2365-7464

DOI: 10.1186/s41235-022-00453-y

Article Number: 103

Accession Number: WOS:000899567200001

Abstract: Previous research has highlighted the importance of physicians' early hypotheses for their subsequent diagnostic decisions. It has also been shown that diagnostic accuracy improves when physicians are presented with a list of diagnostic suggestions to consider at the start of the clinical encounter. The psychological mechanisms underlying this improvement in accuracy are hypothesised. It is possible that the provision of diagnostic suggestions disrupts physicians' intuitive thinking and reduces their certainty in their initial diagnostic hypotheses. This may encourage them to seek more information before reaching a diagnostic conclusion, evaluate this information more objectively, and be more open to changing their initial hypotheses. Three online experiments explored the effects of early diagnostic suggestions, provided by a hypothetical decision aid, on different aspects of the diagnostic reasoning process. Family physicians assessed up to two patient scenarios with and without suggestions. We measured effects on certainty about the initial diagnosis, information search and evaluation, and frequency of diagnostic changes. We did not find a clear and consistent effect of suggestions and detected mainly non-significant trends, some in the expected direction. We also detected a potential biasing effect: when the most likely diagnosis was included in the list of suggestions (vs. not included), physicians who gave that diagnosis initially, tended to request less information, evaluate it as more supportive of their diagnosis, become more certain about it, and change it less frequently when encountering new but ambiguous information; in other words, they seemed to validate rather than question their initial hypothesis. We conclude that further research using different methodologies and more realistic experimental situations is required to uncover both the beneficial and biasing effects of early diagnostic suggestions.

Notes: Kourtidis, Ploutarchos Nurek, Martine Delaney, Brendan Kostopoulou, Olga

Kostopoulou, Olga/0000-0001-9643-0838; Nurek, Martine/0000-0002-4252-4692

URL: <Go to ISI>://WOS:000899567200001

Reference Type: Journal Article

Record Number: 614

Author: Kovacevic, D., Bray, S. R., Brown, D. M. Y. and Kwan, M. Y. W.

Year: 2022

Title: Understanding Changes in Adolescent Physical Activity Behaviors and Cognitions Prior to and During the COVID-19 Pandemic

Journal: Frontiers in Sports and Active Living

Volume: 4

Date: Jul

Short Title: Understanding Changes in Adolescent Physical Activity Behaviors and Cognitions Prior to and During the COVID-19 Pandemic

DOI: 10.3389/fspor.2022.895097

Article Number: 895097

Accession Number: WOS:000830086900001

Abstract: Despite accumulating evidence that has found significant negative declines in physical activity (PA) as a result of the COVID-19 pandemic, little work has sought to understand how PA cognitions have changed during this period and in relation to behavior change during the pandemic. The purpose of the current study was to investigate the changes in adolescents' PA behaviors and cognitions associated with COVID-19 and prospective predictors of PA using the Multi-Process Action Control (M-PAC) framework.

Adolescents were recruited from a large school board and a total of 588 participants (M-age = 15.87 +/- 0.43 years, 60% female)

completed data collection in both Fall 2019 and 2020-prior to and during the COVID-19 pandemic. Participants completed self-reported measures of moderate-to-vigorous PA (MVPA), participation in organized activities, and variables derived from the M-PAC framework.

Mixed effects models were computed to examine longitudinal changes in MVPA and cognitions as well as whether cognitions prior to COVID-19 predict MVPA during COVID-19. A generalized estimating equations model was computed to examine longitudinal changes for participation in organized activities.

Findings indicated that MVPA ($B = -56.41$, $p < 0.01$) and participation in organized activities ($OR = 0.33$, $p < 0.01$) significantly decreased during the COVID-19 pandemic.

Correspondingly, there were significant decreases in intentions ($B = -0.34$), identity ($B = -0.19$), and habit ($B = -0.20$), though there were increases in behavioral regulation ($B = 0.18$). No significant changes were found in affective attitudes, instrumental attitudes, perceived opportunity, and perceived capability.

Among the baseline M-PAC cognitions, habit ($B = 46.28$) was the lone significant predictor of MVPA during COVID-19. Overall results suggest that adolescents' PA behaviors and cognitions were negatively impacted by the COVID-19 pandemic, along with promising evidence that

restrictions prompted adaptive utilization of behavioral regulation skills. Moreover, habit appears to play a salient role in predicting PA behaviors during uncertain times involving major life disruptions. These findings highlight the need to dedicate additional attention to PA promotion as COVID-19 moves toward an endemic phase, and that interventions targeting habit formation may be critical for helping adolescents better sustain healthy active lifestyles during major life changes.

Notes: Kovacevic, Dusan Bray, Steven R. Brown, Denver M. Y. Kwan,

Matthew Y. W.
2624-9367
URL: <Go to ISI>://WOS:000830086900001

Reference Type: Journal Article

Record Number: 895

Author: Kowalski, E., Stengel, A., Schneider, A., Goebel-Stengel, M., Zipfel, S. and Graf, J.

Year: 2022

Title: How to Motivate SARS-CoV-2 Convalescents to Receive a Booster Vaccination? Influence on Vaccination Willingness

Journal: Vaccines

Volume: 10

Issue: 3

Date: Mar

Short Title: How to Motivate SARS-CoV-2 Convalescents to Receive a Booster Vaccination? Influence on Vaccination Willingness

DOI: 10.3390/vaccines10030455

Article Number: 455

Accession Number: WOS:000774544300001

Abstract: (1) Background: Booster vaccinations for SARS-CoV-2 convalescents are essential for achieving herd immunity. For the first time, this study examined the influencing factors of vaccination willingness among SARS-CoV-2 infected individuals and identified vaccination-hesitant subgroups. (2) Methods: Individuals with positive SARS-CoV-2 PCR results were recruited by telephone. They completed an online questionnaire during their home isolation in Germany. This questionnaire assessed the vaccination willingness and its influencing factors. (3) Results: 224 home-isolated individuals with acute SARS-CoV-2 infection were included in the study. Vaccination willingness of home-isolated SARS-CoV-2 infected individuals with asymptomatic or moderate course was 54%. The following factors were associated with significantly lower vaccination willingness: younger age, foreign nationality, low income, low trust in vaccination effectiveness, fear of negative vaccination effects, low trust in the governmental pandemic management, low subjective informativeness about SARS-CoV-2, support of conspiracy theories. (4) Conclusions: The vaccination willingness of homeisolated SARS-CoV-2 infected individuals with asymptomatic or moderate symptomatic course was low. Motivational vaccination campaigns should be adapted to individuals with acute SARS-CoV-2 infection and consider the vaccination-hesitant groups. Vaccination education should be demand-driven, low-threshold, begin during the acute infection phase, and be guided for example by the established 5C model ("confidence, complacency, constraints, calculation, collective responsibility").

Notes: Kowalski, Elias Stengel, Andreas Schneider, Axel Goebel-Stengel, Miriam Zipfel, Stephan Graf, Johanna

Kowalski, Elias/0000-0002-8715-578X; Stengel, Andreas/
0000-0003-3294-4340

2076-393x

URL: <Go to ISI>://WOS:000774544300001

Reference Type: Journal Article

Record Number: 1042

Author: Kpokiri, E. E., Ladva, M., Dodoo, C. C., Orman, E., Aku, T. A., Mensah, A., Jato, J., Mfoafo, K. A., Folitse, I., Hutton-Nyameaye, A., Okon-Ben, I., Mensah-Kane, P., Sarkodie, E., Awadzi, B. and Jani, Y. H.

Year: 2022

Title: Knowledge, Awareness and Practice with Antimicrobial Stewardship Programmes among Healthcare Providers in a Ghanaian Tertiary Hospital

Journal: Antibiotics-Basel

Volume: 11

Issue: 1

Date: Jan

Short Title: Knowledge, Awareness and Practice with Antimicrobial Stewardship Programmes among Healthcare Providers in a Ghanaian Tertiary Hospital

ISSN: 2079-6382

DOI: 10.3390/antibiotics11010006

Article Number: 6

Accession Number: WOS:000757582000001

Abstract: Antimicrobial resistance (AMR) is a significant problem in global health today, particularly in low- and middle-income countries (LMICs) where antimicrobial stewardship programmes are yet to be successfully implemented. We established a partnership between AMR pharmacists from a UK NHS hospital and in Ho Teaching Hospital with the aim of enhancing antimicrobial stewardship knowledge and practice among healthcare providers through an educational intervention. We employed a mixed-method approach that included an initial survey on knowledge and awareness before and after training, followed by qualitative interviews with healthcare providers conducted six months after delivery of training. This study was carried out in two phases in Ho Teaching Hospital with healthcare professionals, including pharmacists, medical doctors, nurses and medical laboratory scientists. Ethical approval was obtained prior to data collection. In the first phase, we surveyed 50 healthcare providers, including nurses (33%), pharmacists (29%) and biomedical scientists (23%). Of these, 58% of participants had engaged in continuous professional development on AMR/AMS, and above 95% demonstrated good knowledge on the general use of antibiotics. A total of 18 participants, which included four medical doctors, five pharmacists, four nurses, two midwives and three biomedical scientists, were interviewed in the second phase and demonstrated greater awareness of AMS practices, particularly the role of education for patients, as well as healthcare professionals. We found that knowledge and practice with AMS was markedly improved six months after the training session. There is limited practice of AMS in LMICs; however, through AMR-focused training, we demonstrated improved AMS skills and practice among healthcare providers in Ho Teaching Hospital. There is a need for continuous AMR training sessions for healthcare professionals in resource-limited settings.

Notes: Kpokiri, Eneyi E. Ladva, Misha Dodoo, Cornelius C. Orman, Emmanuel Aku, Thelma Alalbila Mensah, Adelaide Jato, Jonathan

Mfoafo, Kwadwo A. Folitse, Isaac Hutton-Nyameaye, Araba Okon-Ben, Inemesit Mensah-Kane, Paapa Sarkodie, Emmanuel Awadzi, Benedict Jani, Yogini H. orman, emmanuel/AAF-4359-2020; Jani, Yogini/GRF-6258-2022; JATO, JONATHAN/GZG-5464-2022; Ben, Inemesit/GPK-4597-2022 orman, emmanuel/0000-0002-0053-5377; JATO, JONATHAN/0000-0002-5508-602X; Ben, Inemesit/0000-0002-7752-3315; SARKODIE, EMMANUEL/0000-0002-1464-2472; Mensah, Adelaide/0000-0002-4329-4411; Jani, Yogini H/0000-0001-5927-5429; Mfoafo, Kwadwo/0000-0002-8720-3892; Alalbila Aku, Thelma/0000-0002-3769-9367; Kpokiri, Eneyi Edith/0000-0003-1180-1439; Dodoo, Cornelius Cecil/0000-0003-4369-8245
URL: <Go to ISI>://WOS:000757582000001

Reference Type: Journal Article

Record Number: 1701

Author: Krause, K., Midgley, N., Edbrooke-Childs, J. and Wolpert, M.

Year: 2021

Title: A comprehensive mapping of outcomes following psychotherapy for adolescent depression: The perspectives of young people, their parents and therapists

Journal: European Child & Adolescent Psychiatry

Volume: 30

Issue: 11

Pages: 1779-1791

Date: Nov

Short Title: A comprehensive mapping of outcomes following psychotherapy for adolescent depression: The perspectives of young people, their parents and therapists

ISSN: 1018-8827

DOI: 10.1007/s00787-020-01648-8

Accession Number: WOS:000574312400001

Abstract: As mental health systems move towards person-centred care, outcome measurement in clinical research and practice should track changes that matter to young people and their families. This study mapped the types of change described by three key stakeholder groups following psychotherapy for depression, and compared the salience of these outcomes with the frequency of their measurement in recent quantitative treatment effectiveness studies for adolescent depression. Using qualitative content analysis, this study identified and categorized outcomes across 102 semi-structured interviews that were conducted with depressed adolescents, their parents, and therapists, as part of a randomized superiority trial. Adolescents had been allocated to Cognitive-Behavioral Therapy, Short-Term Psychoanalytic Psychotherapy, or a Brief Psychosocial Intervention. The study mapped seven high-level outcome domains and 29 outcome categories. On average, participants discussed change in four domains and six outcome categories. The most frequently discussed outcome was an improvement in mood and affect (i.e., core depressive symptoms), but close to half of the participants also described changes in family functioning, coping and resilience, academic functioning, or social functioning. Coping had specific importance for adolescents, while parents and therapists showed

particular interest in academic functioning. There was some variation in the outcomes discussed beyond these core themes, across stakeholder groups and treatment arms. Of the outcomes that were frequently discussed in stakeholder narratives, only symptomatic change has been commonly reported in recent treatment studies for adolescent depression. A shift towards considering multiple outcome domains and perspectives is needed to reflect stakeholder priorities and enable more nuanced insights into change processes.

Notes: Krause, K. Midgley, N. Edbrooke-Childs, J. Wolpert, M.

Krause, Karolin Rose/ABH-6897-2020

Krause, Karolin Rose/0000-0003-3914-7272; Edbrooke-Childs, Julian/
0000-0003-0401-4058

1435-165x

URL: <Go to ISI>://WOS:000574312400001

Reference Type: Journal Article

Record Number: 1639

Author: Krause, N., Riemann-Lorenz, K., Steffen, T., Rahn, A. C., Pottgen, J., Stellmann, J. P., Kopke, S., Friede, T., Icks, A., Vomhof, M., Temmes, H., van de Loo, M., Gold, S. M. and Heesen, C.
Year: 2021

Title: Study protocol for a randomised controlled trial of a web-based behavioural lifestyle programme for emPOWERment in early Multiple Sclerosis (POWER@MS1)

Journal: Bmj Open

Volume: 11

Issue: 2

Short Title: Study protocol for a randomised controlled trial of a web-based behavioural lifestyle programme for emPOWERment in early Multiple Sclerosis (POWER@MS1)

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-041720

Article Number: e041720

Accession Number: WOS:000621082800011

Abstract: Introduction Multiple sclerosis (MS) is an inflammatory and degenerative disease of the central nervous system that mainly affects young adults. Uncertainty is a major psychological burden of the disease from diagnosis to prognosis, enhanced by the pressure to make early decisions on a diverse set of immunotherapies. Watchful waiting for 1-2 years while adapting goals and lifestyle habits to life with a chronic disease represents another reasonable option for persons with MS (PwMS). A behaviour change programme based on evidence-based patient information (EBPI) is not available in standard care. This randomised controlled trial (RCT) with an embedded process evaluation investigates the efficacy and cost-effectiveness of a web-based behavioural lifestyle programme to change lifestyle behaviour and reduce inflammatory disease activity in PwMS. Methods and analysis A web-based behavioural intervention will be evaluated in an RCT aiming to recruit 328 persons with clinically isolated syndrome, suspected MS or confirmed MS for less than 1 year, who have not yet started immunotherapy. Moreover, a mixed-methods process evaluation and a health economic evaluation will be carried out. Participants will be recruited in at least 16

MS centres across Germany and randomised to an intervention group with 12 months of access to EBPI about lifestyle factors in MS, combined with a complex behaviour change programme or to a control group (optimised standard care). The combined primary endpoint is the incidence of new T2 lesions on MRI or confirmed relapses. Ethics and dissemination The study has been approved by the Ethics Committee of the Hamburg Chamber of Physicians (PV6015). Trial results will be communicated at scientific conferences and meetings and presented on relevant patient websites and in patient education seminars. Trial registration number ClinicalTrials.gov Registry (NCT03968172); Pre-results.

Notes: Krause, Nicole Riemann-Lorenz, Karin Steffen, Tanja Rahn, Anne Christin Pottgen, Jana Stellmann, Jan-Patrick Kopke, Sascha Friede, Tim Icks, Andrea Vomhof, Markus Temmes, Herbert van de Loo, Markus Gold, Stefan M. Heesen, Christoph Stellmann, Jan-Patrick/ABA-7132-2020; Friede, Tim/ABF-1132-2021 Stellmann, Jan-Patrick/0000-0003-2565-2833; Friede, Tim/0000-0001-5347-7441; Riemann-Lorenz, Karin/0000-0002-0779-2640; Vomhof, Markus/0000-0002-2714-6371; Kopke, Sascha/0000-0003-4106-4919; Krause, Nicole/0000-0001-6681-7054; Icks, Andrea/0000-0002-4882-969X; Rahn, Anne/0000-0002-9051-3621
URL: <Go to ISI>://WOS:000621082800011

Reference Type: Journal Article

Record Number: 2177

Author: Kredo, T., Bernhardsson, S., Machingaidze, S., Young, T., Louw, Q., Ochodo, E. and Grimmer, K.

Year: 2016

Title: Guide to clinical practice guidelines: the current state of play

Journal: International Journal for Quality in Health Care

Volume: 28

Issue: 1

Pages: 122-128

Date: Feb

Short Title: Guide to clinical practice guidelines: the current state of play

ISSN: 1353-4505

DOI: 10.1093/intqhc/mzv115

Accession Number: WOS:000371239300019

Abstract: Introduction: Extensive research has been undertaken over the last 30 years on the methods underpinning clinical practice guidelines (CPGs), including their development, updating, reporting, tailoring for specific purposes, implementation and evaluation. This has resulted in an increasing number of terms, tools and acronyms. Over time, CPGs have shifted from opinion-based to evidence-informed, including increasingly sophisticated methodologies and implementation strategies, and thus keeping abreast of evolution in this field of research can be challenging. Methods: This article collates findings from an extensive document search, to provide a guide describing standards, methods and systems reported in the current CPG methodology and implementation literature. This guide is targeted at those working in health care quality and safety and

responsible for either commissioning, researching or delivering health care. It is presented in a way that can be updated as the field expands. Conclusion: CPG development and implementation have attracted the most international interest and activity, whilst CPG updating, adopting (with or without contextualization), adapting and impact evaluation are less well addressed.

Notes: Kredo, Tamara Bernhardsson, Susanne Machingaidze, Shingai Young, Taryn Louw, Quinette Ochodo, Eleanor Grimmer, Karen Ochodo, Eleanor/0000-0002-7951-3030; Young, Taryn/0000-0003-2406-081X; Bernhardsson, Susanne/0000-0001-8212-7678; Kredo, Tamara/0000-0001-7115-9535
1464-3677

URL: <Go to ISI>://WOS:000371239300019

Reference Type: Journal Article

Record Number: 1746

Author: Kredo, T., Cooper, S., Abrams, A. L., Muller, J., Schmidt, B. M., Volmink, J. and Atkins, S.

Year: 2020

Title: 'Building on shaky ground' – challenges to and solutions for primary care guideline implementation in four provinces in South Africa: a qualitative study

Journal: Bmj Open

Volume: 10

Issue: 5

Date: May

Short Title: 'Building on shaky ground' – challenges to and solutions for primary care guideline implementation in four provinces in South Africa: a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2019-031468

Article Number: e031468

Accession Number: WOS:000738373200003

Abstract: Objectives Clinical guidelines support evidence-informed quality patient care. Our study explored perspectives of South African subnational health managers regarding barriers to and enablers for implementation for all available primary care guidelines. Design We used qualitative research methods, including semistructured, individual interviews and an interpretative perspective. Thematic content analysis was used to develop data categories and themes. Setting We conducted research in four of nine South African provinces with diverse geographic, economic and health system arrangements (Eastern Cape, Western Cape, KwaZulu-Natal, Limpopo). South Africa is a middle-income country with high levels of inequality. The settings represented public sector rural and peri-urban health facilities. Participants Twenty-two participants with provincial and district health management roles, that comprised implementation and/or training on primary care guidelines, were included. Results Participants recommended urgent consideration of health system challenges, particularly financial constraints, impacting on access to the guidelines themselves and to medical equipment and supplies necessary to adhere to guidelines. They suggested that overcoming service delivery gaps requires

strengthening of leadership, clarification of roles and enhanced accountability. Participants suggested that inadequate numbers of skilled clinical staff hampered guideline use and, ultimately, patient care. Quality assurance of training programmes for clinicians—particularly nurses—interdisciplinary training, and strengthening post-training mentorship were recommended. Furthermore, fit-for-purpose guideline implementation necessitates considering the unique settings of facilities, including local culture and geography. This requires guideline development to include guideline end users. Conclusions Guidelines are one of the policy tools to achieve evidence-informed, cost-effective and universal healthcare. But, if not effectively implemented, they have no impact. Subnational health managers in poorly resourced settings suggested that shortcomings in the health system, along with poor consultation with end users, affect implementation. Short-term improvements are possible through increasing access to and training on guidelines. However, health system strengthening and recognition of socio-cultural-geographic diversity are prerequisites for context-appropriate evidence-informed practice.

Notes: Kredo, Tamara Cooper, Sara Abrams, Amber Louise Muller, Jocelyn Schmidt, Bey-Marrie Volmink, Jimmy Atkins, Salla Atkins, Salla/ABH-1071-2021; Abrams, Amber L/AAC-7533-2022 Abrams, Amber L/0000-0003-1416-7891; Volmink, Jimmy/0000-0001-9027-3237; Kredo, Tamara/0000-0001-7115-9535; Atkins, Salla/0000-0002-4116-893X

URL: <Go to ISI>://WOS:000738373200003

Reference Type: Journal Article

Record Number: 270

Author: Kristensen, C. B., Ide, M., Forbes, A. and Asimakopoulou, K.

Year: 2022

Title: Psychologically informed oral health interventions in pregnancy and type 2 diabetes: A scoping review

Journal: Frontiers in Oral Health

Volume: 3

Date: Dec

Short Title: Psychologically informed oral health interventions in pregnancy and type 2 diabetes: A scoping review

DOI: 10.3389/froh.2022.1068905

Article Number: 1068905

Accession Number: WOS:000993699500001

Abstract: Introduction Oral health is a critical aspect of gestational diabetes management. Gestational diabetes is high blood glucose levels during pregnancy and is managed like type 2 diabetes with diet and physical activity interventions. This scoping review sets out to discuss why oral health support should also become part of gestational diabetes management. Objectives The primary objective was to synthesise the existing psychologically informed oral health interventions for pregnant women and individuals with type 2 diabetes, and the extent to which these interventions map on to the COM-B Model. No literature exists on oral health interventions in gestational diabetes, why studies with type 2 diabetes populations were selected instead. The secondary objective was to identify the

precise outcomes targeted in the interventions. MethodologyThe Joanna Briggs Institute's Methodology for Scoping Reviews was used to conduct this review. The populations of interest were pregnant women and individuals with type 2 diabetes, and eligible concepts were psychologically informed oral health interventions. Quasi-experimental and experimental designs were considered. The Ovid Interface including Embase, Medline, Global Health, APA PsychInfo, Health Management Information, Maternity, Infant Care Database, the Cochrane Library, and CINAHL was used as information sources. The study selection followed the PRISMA guidelines. The first search was conducted on the week commencing the 25th of July 2022, with a follow-up search conducted on the 10th of October 2022. Results28 records were included for synthesis. The most frequently assessed psychological outcome was oral health knowledge and the most frequently assessed oral clinical outcome was Plaque Index. All studies used an educational intervention approach, while psychological capability in the COM-B Model was targeted in all interventions by increasing oral health knowledge among the participants. The Health Belief Model was the most frequently used theory in the interventions. ConclusionThe results demonstrate that oral health is a recognised aspect of pregnancy and type 2 diabetes. The findings from this review and a qualitative interview study which is under development will inform the first oral health intervention for women with gestational diabetes in the United Kingdom.

Notes: Kristensen, Camilla Bohme Ide, Mark Forbes, Angus Asimakopoulou, Koula Asimakopoulou, Koula/0000-0003-3420-8523 2673-4842
URL: <Go to ISI>://WOS:000993699500001

Reference Type: Journal Article

Record Number: 494

Author: Kristensen, C. B., Ide, M., Forbes, A. and Asimakopoulou, K.

Year: 2022

Title: Psychologically informed oral health interventions in pregnancy and type 2 diabetes: a scoping review protocol

Journal: Bmj Open

Volume: 12

Issue: 9

Date: Sep

Short Title: Psychologically informed oral health interventions in pregnancy and type 2 diabetes: a scoping review protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-062591

Article Number: e062591

Accession Number: WOS:000860227200047

Abstract: Introduction Periodontal health is becoming a recognised component in managing gestational diabetes. Gestational diabetes is characterised as raised blood glucose levels first discovered in pregnancy and managed similarly to type 2 diabetes. Currently, the standard intervention for gestational diabetes in the UK entails dietary modifications and physical activity interventions. However,

considering the literature discussed in this review, it is argued that oral health advice and support should also become an integrated part of gestational diabetes management. Objective The objective of this scoping review is to map out psychologically informed oral health interventions in pregnancy and type 2 diabetes. This will inform the development of a new behavioural intervention to promote oral health-related behaviours in women with gestational diabetes. As no literature exists on oral health interventions in gestational diabetes, it was deemed appropriate to synthesise the evidence on oral health interventions designed for pregnant women and individuals with type 2 diabetes. Methodology The scoping review will be conducted using the Joanna Briggs Institute's methodology for scoping reviews. Studies including pregnant women and individuals with type 2 diabetes over 18 years of age will be included. Only studies including a psychologically informed oral health intervention will be considered. The authors will consider experimental and quasi-experimental research designs. The Ovid Interface including EMBASE, Medline, Global Health, APA PsychInfo, Health Management Information, Maternity, Infant Care Database and the Cochrane Library will be used as information sources. The planned searches will commence on the week of the 25 July 2022. Only articles in Danish and English will be considered. The study selection will follow the Preferred Reporting Items for Scoping Reviews process. The data will be presented using narrative synthesis. Ethics and dissemination No ethical approval is needed for this review. The results will be published in a relevant scientific journal.

Notes: Kristensen, Camilla Bohme Ide, Mark Forbes, Angus Asimakopoulou, Koula Asimakopoulou, Koula/0000-0003-3420-8523; Forbes, Angus/0000-0003-3331-755X; Bohme Kristensen, Camilla/0000-0002-4133-6331 URL: <Go to ISI>://WOS:000860227200047

Reference Type: Journal Article

Record Number: 865

Author: Krmpotic, K., Gallant, J. R., Zufelt, K. and Zuijdwijk, C.

Year: 2022

Title: User-centred development of an mHealth app for youth with type 1 diabetes: the challenge of operationalizing desired features and feasibility of offering financial incentives

Journal: Health and Technology

Volume: 12

Issue: 2

Pages: 499-513

Date: Mar

Short Title: User-centred development of an mHealth app for youth with type 1 diabetes: the challenge of operationalizing desired features and feasibility of offering financial incentives

ISSN: 2190-7188

DOI: 10.1007/s12553-022-00656-9

Accession Number: WOS:000768659600001

Abstract: Mobile health applications (mHealth apps) have the potential to support youth with type 1 diabetes (T1D) as they

transition to independence, but require sustained user-engagement if long-term health benefits, such as improved metabolic control, are to be observed. As such, it is important for mHealth apps to be developed using an evidence-based framework, with early involvement of end-users. Although financial incentives may further promote app engagement and improve health outcomes, few mHealth apps for youth with T1D have incorporated principles of behavioural economics into their design. In this hypothesis-generating, mixed-methods pilot study, we conducted focus groups with youth, parents, and healthcare providers (HCPs) to identify challenges related to self-management that could potentially be overcome by an innovative mHealth app offering user-selected financial rewards for youth participation in self-management behaviours. We developed and piloted the functionality of and satisfaction with a prototype of the Canadian Diabetes Incentives and Technology (CanDIT) app. Though rewards were earned and redeemed, and feedback on existing features was positive, we were unable to fully meet the needs of our target population. We present a summary of findings and discuss design features that app developers should consider in the future to optimize app usability and uptake by youth with T1D.

Notes: Krmpotic, Kristina Gallant, Julien R. Zufelt, Kirk Zuijdwijk, Caroline

Zuijdwijk, Caroline/0000-0003-0369-5103
2190-7196

URL: <Go to ISI>://WOS:000768659600001

Reference Type: Journal Article

Record Number: 1806

Author: Krogh, E., Medeiros, S., Bitran, M. and Langer, A. I.

Year: 2019

Title: Mindfulness and the clinical relationship: steps to a resilience in medicine

Journal: Revista Medica De Chile

Volume: 147

Issue: 5

Pages: 618-627

Date: May

Short Title: Mindfulness and the clinical relationship: steps to a resilience in medicine

ISSN: 0034-9887

DOI: 10.4067/s0034-98872019000500618

Accession Number: WOS:000478968700010

Abstract: Medical resilience is a dynamic capacity, which has the potential to improve the well-being of physicians and to enhance the quality of the clinical relationship. Strategies to promote resilience are important to achieve a sustainable medical practice and improve patient care. Mindfulness training has demonstrated to be an effective tool to promote resilience in physicians. This paper contextualizes the place of mindfulness in medical practice and describes the ways through which it can contribute to resilience in medicine. The concept of mindfulness, its relationship with health practice is reviewed and the benefits of the practice of mindfulness in the clinical relationship are described. We suggest that the

benefits achieved through a mindfulness-based medical practice are mediated by two axes. One is the nonspecific and specific effect of mindfulness-based practices and the other is the integration of explicit and implicit knowledge of clinical practice. We conclude that medical practice that integrates mindfulness can contribute to the challenge of achieving greater levels of individual, staff and institutional resilience. There is a need to have continuing mindfulness training programs for health professionals and to integrate this concept in the curriculum of health care professionals.

Notes: Krogh, Edwin Medeiros, Sebastian Bitran, Marcela Langer, Alvaro, I

bitran, marcela/AAF-4205-2019; Krogh, Edwin/IAQ-6698-2023

Krogh, Edwin/0000-0002-2042-3137; Langer, Alvaro/0000-0003-2983-5274 0717-6163

URL: <Go to ISI>://WOS:000478968700010

Reference Type: Journal Article

Record Number: 1312

Author: Kroon, D., Steutel, N. F., Vermeulen, H., Tabbers, M. M., Benninga, M. A., Langendam, M. W. and van Dulmen, S. A.

Year: 2021

Title: Effectiveness of interventions aiming to reduce inappropriate drug prescribing: an overview of interventions

Journal: Journal of Pharmaceutical Health Services Research

Volume: 12

Issue: 3

Pages: 423-433

Date: Sep

Short Title: Effectiveness of interventions aiming to reduce inappropriate drug prescribing: an overview of interventions

ISSN: 1759-8885

DOI: 10.1093/jphsr/rmab038

Accession Number: WOS:000700076300015

Abstract: Objective Inappropriate prescribing of drugs is associated with unnecessary harms for patients and healthcare costs.

Interventions to reduce these prescriptions are widely studied, yet the effectiveness of different types of interventions remains unclear. Therefore, we provide an overview regarding the

effectiveness of intervention types that aim to reduce inappropriate drug prescriptions, unrestricted by target drugs, population or setting. Methods For this overview, systematic reviews (SRs) were

used as the source for original studies. EMBASE and MEDLINE were searched from inception to August 2018. All SRs aiming to evaluate the effectiveness of interventions to reduce inappropriate

prescribing of drugs were eligible for inclusion. The SRs and their original studies were screened for eligibility. Interventions of the original studies were categorized by type of intervention. The

percentage of interventions showing a significant reduction of inappropriate prescribing were reported per intervention category.

Key findings Thirty-two SRs were included, which provided 319 unique interventions. Overall, 61.4% of these interventions showed a significant reduction in inappropriate prescribing of drugs.

percentage of interventions showing a significant reduction of inappropriate prescribing were reported per intervention category.

Key findings Thirty-two SRs were included, which provided 319 unique interventions. Overall, 61.4% of these interventions showed a significant reduction in inappropriate prescribing of drugs.

Strategies that were most frequently effective in reducing inappropriate prescribing were multifaceted interventions (73.2%), followed by interventions containing additional diagnostic tests (anti-biotics) (70.4%), computer interventions (69.2%), audit and feedback (66.7%), patient-mediated interventions (62.5%) and multidisciplinary (team) approach (57.1%). The least frequently effective intervention was an education for healthcare professionals (50.0%). Conclusion The majority of the interventions were effective in reducing inappropriate prescribing of drugs. Multifaceted interventions most frequently showed a significant reduction of inappropriate prescribing. Education for healthcare professionals is the most frequently included intervention in this overview, yet this category is least frequently effective.

Notes: Kroon, Danielle Steutel, Nina F. Vermeulen, Hester Tabbers, Merit M. Benninga, Marc A. Langendam, Miranda W. van Dulmen, Simone A.

Vermeulen, Hester/P-5739-2016; van Dulmen, Simone A/K-3966-2016

Vermeulen, Hester/0000-0002-0743-2979; Kroon, Danielle/

0000-0002-6602-5492

1759-8893

URL: <Go to ISI>://WOS:000700076300015

Reference Type: Journal Article

Record Number: 1490

Author: Krpan, D., Makki, F., Saleh, N., Brink, S. I. and Klauznicer, H. V.

Year: 2021

Title: When behavioural science can make a difference in times of COVID-19

Journal: Behavioural Public Policy

Volume: 5

Issue: 2

Pages: 153-179

Date: Apr

Short Title: When behavioural science can make a difference in times of COVID-19

ISSN: 2398-063X

DOI: 10.1017/bpp.2020.48

Article Number: Pii s2398063x20000482

Accession Number: WOS:000865478900004

Abstract: In a large study that involved 2637 participants recruited from a representative UK and US sample, we tested the influence of four behavioural interventions (versus control) on a range of behaviours important for reducing the spread of COVID-19 a day after the interventions were administered. Even if people largely complied with social distancing measures, our analyses showed that for certain subgroups of the population the interventions made a positive difference. More specifically, for those who started practising social distancing relatively recently, an information-based intervention increased general compliance with social distancing and reduced both the number of times people went out and the number of hours they spent outside. However, for people who started practising social distancing relatively early, the

interventions tended to backfire and, in some cases, reduced compliance with social distancing. Overall, this research has various policy implications and shows that, although behavioural interventions can positively impact compliance with social distancing, their effect may depend on personal circumstances.

Notes: Krpan, Dario Makki, Fadi Saleh, Nabil Brink, Suzanne Iris Klauznicer, Helena Vlahinja

Saleh, Nabil/0000-0002-7189-5249

2398-0648

URL: <Go to ISI>://WOS:000865478900004

Reference Type: Journal Article

Record Number: 1133

Author: Kuhl, C. A., Dean, R., Quarmby, C. and Lea, R. G.

Year: 2022

Title: Information sourcing by dog owners in the UK: Resource selection and perceptions of knowledge

Journal: Veterinary Record

Volume: 190

Issue: 10

Date: May

Short Title: Information sourcing by dog owners in the UK: Resource selection and perceptions of knowledge

ISSN: 0042-4900

DOI: 10.1002/vetr.1081

Article Number: e1081

Accession Number: WOS:000714908100001

Abstract: Background: Dogs are a popular pet in the UK. Information resources utilised by dog owners can influence welfare at acquisition and throughout a dog's lifetime. This study determined where UK dog owners source information, and how perceptions relating to pedigree dog breeding and health may influence this process.

Methods: This cross-sectional study used online questionnaires to explore the information resources used by dog owners and their perceptions of veterinary surgeons' and dog breeders' knowledge.

Results: Overall, 1336 responses were collected (useable responses: 1167). Data indicated most owners conducted research before getting a dog, with the internet, books, breeders and friends or family among the most popular resources used. Preferred sources of information during a dogs' lifetime included the internet, talking to veterinary surgeons and reading books. Veterinary surgeons were the most popular source for health advice. Pedigree dog owners perceived veterinary surgeons and breeders to be equally knowledgeable on canine inherited diseases. However, veterinary surgeons were perceived as being more knowledgeable on inherited disease screening programmes and breeders more knowledgeable on dog breeding. Conclusion: This study highlights the information resources preferred by dog owners, providing an opportunity to maximise access to reliable sources of information to improve dog welfare.

Notes: Kuhl, Christina Ann Dean, Rachel Quarmby, Caroline Lea, Richard Graham

Dean, Rachel S/H-2348-2011

Dean, Rachel/0000-0002-0796-2785; Kuhl, Christina/
0000-0001-5058-9691
2042-7670
URL: <Go to ISI>://WOS:000714908100001

Reference Type: Journal Article

Record Number: 1272

Author: Kumar, R., Stevenson, L., Jobling, J., Bar-Zeev, Y.,
Eftekhari, P. and Gould, G. S.

Year: 2021

Title: Health providers' and pregnant women's perspectives about
smoking cessation support: a COM-B analysis of a global systematic
review of qualitative studies

Journal: BMC Pregnancy and Childbirth

Volume: 21

Issue: 1

Date: Aug

Short Title: Health providers' and pregnant women's perspectives
about smoking cessation support: a COM-B analysis of a global
systematic review of qualitative studies

DOI: 10.1186/s12884-021-03773-x

Article Number: 550

Accession Number: WOS:000685125400003

Abstract: Background Smoking cessation in pregnancy has unique challenges. Health providers (HP) may need support to successfully implement smoking cessation care (SCC) for pregnant women (PW). We aimed to synthesize qualitative data about views of HPs and PW on SCC during pregnancy using COM-B (Capability, Opportunity, Motivation, Behaviour) framework. Methods A systematic search of online databases (MEDLINE, EMBASE, PsycINFO and CINAHL) using PRISMA guidelines. PW's and HPs' quotes, as well as the authors' analysis, were extracted and double-coded (30%) using the COM-B framework. Results Thirty-two studies included research from 5 continents: twelve on HPs' perspectives, 16 on PW's perspectives, four papers included both. HPs' capability and motivation were affected by role confusion and a lack of training, time, and resources to provide interventions. HPs acknowledged that advice should be delivered while taking women's psychological state (capability) and stressors into consideration. Pregnant women's physical capabilities to quit (e.g., increased metabolism of nicotine and dependence) was seldom addressed due to uncertainty about nicotine replacement therapy (NRT) use in pregnancy. Improving women's motivation to quit depended on explaining the risks of smoking versus the safety of quit methods. Women considered advice from HPs during antenatal visits as effective, if accompanied by resources, peer support, feedback, and encouragement. Conclusions HPs found it challenging to provide effective SCC due to lack of training, time, and role confusion. The inability to address psychological stress in women and inadequate use of pharmacotherapy were additional barriers. These findings could aid in designing training programs that address HPs' and PW's attitudes and supportive campaigns for pregnant smokers.

Notes: Kumar, Ratika Stevenson, Leah Jobling, Judith Bar-Zeev, Yael

Eftekhari, Parivash Gould, Gillian S.
Gould, Gillian/HKP-2481-2023; Stevenson, Leah/T-1393-2019
Gould, Gillian/0000-0001-8489-2576; Stevenson, Leah/
0000-0001-6608-4559
1471-2393
URL: <Go to ISI>://WOS:000685125400003

Reference Type: Journal Article

Record Number: 1744

Author: Kurdi, A., Elliott, R. A. and Chen, L. C.

Year: 2020

Title: Lessons from the failure of implementing the 'Better Care Better Value' prescribing indicator for renin-angiotensin system drugs in England: a qualitative study of general practitioners' perceptions using behavioural change framework

Journal: Bmj Open

Volume: 10

Issue: 6

Date: Jun

Short Title: Lessons from the failure of implementing the 'Better Care Better Value' prescribing indicator for renin-angiotensin system drugs in England: a qualitative study of general practitioners' perceptions using behavioural change framework

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2019-035910

Article Number: e035910

Accession Number: WOS:000738458500088

Abstract: Objectives To explore reasons for the lack of uptake of 'Better Care Better Value (BCBV)' prescribing indicators for renin-angiotensin-aldosterone system (RAAS) inhibitors and identify learning lessons to inform the implementation of future prescribing policies. Design In-depth, semistructured interviews to explore: general practitioners' (GPs) experiences in prescribing RAAS, perceptions of the BCBV policy and potential barriers to policy implementation and suggestions for improving future policy implementation. Interviews were audio recorded, transcribed verbatim and analysed thematically, then mapped onto behavioural change frameworks (the Capability, Opportunity, Motivation and Behaviour) model and Behaviour Change Wheel (BCW)). Setting Primary care setting in England Participants Interviews were conducted with 16 GPs recruited from a purposive sample of 91 GP practices in three English counties. Results Four factors/barriers, related mainly to GPs' psychological capability and reflective motivation, emerged as the possible barriers for the BCBV's lack of uptake, including: lack of the policy awareness, negative attitude to the policy, lack of incentives and GPs' reluctance to switch patients from angiotensin receptor blockers (ARBs) to ACE inhibitors (ACEIs). The participating GPs proposed interventions to improve future BCBV implementation and they were related to six intervention/policy functions of the BCW, addressing the four identified barriers: education/communication (increase GPs' awareness) and environmental restructuring/regulations (provide GPs with reminding alerts); incentivisation/fiscal (provide GPs with financial incentives);

enablement/guidelines–regulations (provide GPs with benchmarking against peers) and enablement/regulations and education/guidelines (facilitate switching from ARBs to ACEIs). Conclusions The main reason underpinning the low uptake of the BCBV indicator appears to be lack of a proactive implementation strategy. This case study demonstrated that passively disseminating policy without an effective implementation strategy results in low uptake. Furthermore, multifaceted implementation strategies are necessary to influence complex clinical decision making in a time–limited environment, such as prescribing behaviours. These findings suggest that effective policy implementation requires the application of a systematic comprehensive behaviours change framework.

Notes: Kurdi, Amanj Elliott, Rachel Ann Chen, Li–Chia Chen, Li–Chia/C–5950–2009; Elliott, Rachel/P–5894–2018; Kurdi, Amanj/P–1217–2017
Elliott, Rachel/0000–0002–3650–0168; Chen, Li–Chia/0000–0002–6158–6645; Kurdi, Amanj/0000–0001–5036–1988
URL: <Go to ISI>://WOS:000738458500088

Reference Type: Journal Article

Record Number: 74

Author: Kureshi, R. R., Thakker, D., Mishra, B. K. and Barnes, J.

Year: 2023

Title: From Raising Awareness to a Behavioural Change: A Case Study of Indoor Air Quality Improvement Using IoT and COM–B Model

Journal: Sensors

Volume: 23

Issue: 7

Date: Apr

Short Title: From Raising Awareness to a Behavioural Change: A Case Study of Indoor Air Quality Improvement Using IoT and COM–B Model

DOI: 10.3390/s23073613

Article Number: 3613

Accession Number: WOS:000970124500001

Abstract: The topic of indoor air pollution has yet to receive the same level of attention as ambient pollution. We spend considerable time indoors, and poorer indoor air quality affects most of us, particularly people with respiratory and other health conditions. There is a pressing need for methodological case studies focusing on informing households about the causes and harms of indoor air pollution and supporting changes in behaviour around different indoor activities that cause it. The use of indoor air quality (IAQ) sensor data to support behaviour change is the focus of our research in this paper. We have conducted two studies–first, to evaluate the effectiveness of the IAQ data visualisation as a trigger for the natural reflection capability of human beings to raise awareness. This study was performed without the scaffolding of a formal behaviour change model. In the second study, we showcase how a behaviour psychology model, COM–B (Capability, Opportunity, and Motivation–Behaviour), can be operationalised as a means of digital intervention to support behaviour change. We have developed four digital interventions manifested through a digital platform. We have demonstrated that it is possible to change behaviour concerning

indoor activities using the COM-B model. We have also observed a measurable change in indoor air quality. In addition, qualitative analysis has shown that the awareness level among occupants has improved due to our approach of utilising IoT sensor data with COM-B-based digital interventions.

Notes: Kureshi, Rameez Raja Thakker, Dhavalkumar Mishra, Bhupesh Kumar Barnes, Jo

Mishra, Bhupesh/0000-0003-3430-8989; KURESHI, RAMEEZRAJA/0000-0002-2021-8053; Barnes, Jo/0000-0002-3947-4348
1424-8220

URL: <Go to ISI>://WOS:000970124500001

Reference Type: Journal Article

Record Number: 969

Author: Kurlander, J. E., Helminski, D., Kokaly, A. N., Richardson, C. R., De Vries, R., Saini, S. D. and Krein, S. L.

Year: 2022

Title: Barriers to Guideline-Based Use of Proton Pump Inhibitors to Prevent Upper Gastrointestinal Bleeding

Journal: Annals of Family Medicine

Volume: 20

Issue: 1

Pages: 5-11

Date: Jan-Feb

Short Title: Barriers to Guideline-Based Use of Proton Pump Inhibitors to Prevent Upper Gastrointestinal Bleeding

ISSN: 1544-1709

DOI: 10.1370/afm.2734

Accession Number: WOS:000748419000001

Abstract: PURPOSE Gastrointestinal (GI) bleeding is one of the most common serious adverse drug upper GI bleeding in high-risk patients, but this practice is underused. METHODS To explore prescribing practices and barriers to the use of PPI gastroprotection, including dynamics within and across specialties, we conducted semistructured interviews with physicians in 4 specialties at a single institution. We performed thematic analysis of barriers, organized around the theoretical domains framework. RESULTS The sample included 5 primary care physicians (PCPs), 4 cardiologists, 3 gastroenterologists, and 3 vascular surgeons. Most PCPs, gastroenterologists, and vascular surgeons seldom prescribed PPI gastroprotection. Cardiologists varied most in their use of PPI gastroprotection, with some prescribing it consistently and others never. Major barriers related to the following 3 themes: (1) knowledge, (2) decision processes, and (3) professional role. Knowledge of guidelines was greatest among cardiologists and gastroenterologists and low among PCPs and vascular surgeons, and PCPs tended to focus on adverse effects associated with PPIs, which made them reluctant to prescribe them. For cardiologists, prevention of bleeding was usually a priority, but they sometimes deferred prescribing to others. For the other 3 specialties, PPI gastroprotection was a low priority. There was unclear delineation of responsibility for prescribing gastroprotection between specialties. CONCLUSIONS Major barriers to PPI gastroprotection relate to knowledge, decision processes, and

professional role, which operate differentially across specialties. Multicomponent interventions will likely be necessary to improve guideline-based use of PPIs to prevent upper GI bleeding.

Notes: Kurlander, Jacob E. Helmski, Danielle Kokaly, Alex N. Richardson, Caroline R. De Vries, Raymond Saini, Sameer D. Krein, Sarah L.

Helmski, Danielle/AGX-7027-2022

Helmski, Danielle/0000-0002-0373-8882; Kurlander, Jacob/
0000-0003-1798-060X

1544-1717

URL: <Go to ISI>://WOS:000748419000001

Reference Type: Journal Article

Record Number: 1379

Author: Kutzner, F., Kacperski, C., Schramm, D. and Waenke, M.

Year: 2021

Title: How far can we get with eco driving tech?

Journal: Journal of Environmental Psychology

Volume: 76

Date: Aug

Short Title: How far can we get with eco driving tech?

ISSN: 0272-4944

DOI: 10.1016/j.jenvp.2021.101626

Article Number: 101626

Accession Number: WOS:000684890300015

Abstract: Individual, car-based mobility contributes significantly to worldwide greenhouse gas emissions. Driving style accounts for up to 30% of fuel consumption and manufacturers have implemented technologies such as energy-efficient "eco" driving modes to reduce emissions. Here we report evidence from a field experiment with battery-electric vehicles. Two behavioral interventions, changing the mode's default to on and informing drivers about the frequency of other people's usage of the mode, i.e. providing a descriptive social norm, successfully increased eco mode usage. However, the cars' acceleration and energy consumption remained unaffected due to a behavioral rebound, and were instead predicted by a situational factor, trip distance. While behavioral interventions proved effective, the results suggest that technological interventions aiming to reduce the environmental impacts might focus more strongly on alterations of situational rather than dispositional factors of people or cars.

Notes: Kutzner, Florian Kacperski, Celina Schramm, Diana Waenke, Michaela

Kutzner, Florian/AAR-6543-2021

Kutzner, Florian/0000-0001-9881-6638; Kacperski, Celina/
0000-0002-8844-5164

1522-9610

URL: <Go to ISI>://WOS:000684890300015

Reference Type: Journal Article

Record Number: 508

Author: Kwak, L., Toropova, A., Powell, B. J., Lengnick-Hall, R.,

Jensen, I., Bergstrom, G., Elinder, L. S., Stigmar, K., Wahlin, C. and Bjorklund, C.

Year: 2022

Title: A randomized controlled trial in schools aimed at exploring mechanisms of change of a multifaceted implementation strategy for promoting mental health at the workplace

Journal: Implementation Science

Volume: 17

Issue: 1

Date: Sep

Short Title: A randomized controlled trial in schools aimed at exploring mechanisms of change of a multifaceted implementation strategy for promoting mental health at the workplace

ISSN: 1748-5908

DOI: 10.1186/s13012-022-01230-7

Article Number: 59

Accession Number: WOS:000848744600002

Abstract: Background This study will explore implementation mechanisms through which a single implementation strategy and a multifaceted implementation strategy operate to affect the implementation outcome, which is fidelity to the Guideline For The Prevention of Mental Ill Health within schools. The guideline gives recommendations on how workplaces can prevent mental ill health among their personnel by managing social and organizational risks factors in the work environment. Schools are chosen as the setting for the study due to the high prevalence of mental ill health among teachers and other personnel working in schools. The study builds on our previous research, in which we compared the effectiveness of the two strategies on fidelity to the guideline. Small improvements in guideline adherence were observed for the majority of the indicators in the multifaceted strategy group. This study will focus on exploring the underlying mechanisms of change through which the implementation strategies may operate to affect the implementation outcome. Methods We will conduct a cluster-randomized-controlled trial among public schools (n=55 schools) in Sweden. Schools are randomized (1:1 ratio) to receive a multifaceted strategy (implementation teams, educational meeting, ongoing training, Plan-Do-Study-Act cycles) or a single strategy (implementation teams, educational meeting). The implementation outcome is fidelity to the guideline. Hypothesized mediators originate from the COM-B model. A mixed-method design will be employed, entailing a qualitative study of implementation process embedded within the cluster-randomized controlled trail examining implementation mechanisms. The methods will be used in a complementary manner to get a full understanding of the implementation mechanisms. Discussion This implementation study will provide valuable knowledge on how implementation strategies work (or fail) to affect implementation outcomes. The knowledge gained will aid the selection of effective implementation strategies that fit specific determinants, which is a priority for the field. Despite recent initiatives to advance the understanding of implementation mechanisms, studies testing these mechanisms are still uncommon.

Notes: Kwak, Lydia Toropova, Anna Powell, Byron J. Lengnick-Hall, Rebecca Jensen, Irene Bergstrom, Gunnar Elinder, Liselotte Schafer

Stigmar, Kjerstin Wahlin, Charlotte Bjorklund, Christina Kwak, Lydia/0000-0003-3117-6765
URL: <Go to ISI>://WOS:000848744600002

Reference Type: Journal Article

Record Number: 242

Author: Kwan, Y. H., Ong, Z. Q., Choo, D. Y. X., Phang, J. K., Yoon, S. and Low, L. L.

Year: 2023

Title: A Mobile Application to Improve Diabetes Self-Management Using Rapid Prototyping: Iterative Co-Design Approach in Asian Settings

Journal: Patient Preference and Adherence

Volume: 17

Pages: 1-11

Short Title: A Mobile Application to Improve Diabetes Self-Management Using Rapid Prototyping: Iterative Co-Design Approach in Asian Settings

ISSN: 1177-889X

DOI: 10.2147/ppa.S386456

Accession Number: WOS:000910404500001

Abstract: Background: Diabetes is a global public health issue, causing burden on healthcare system and increasing risk of mortality. Mobile applications (apps) can be a promising approach to facilitate diabetes self-management. An increasingly utilized approach to facilitate engagement with mobile health (mHealth) technology is to involve potential users in the creation of the technology. Objective: The aim of this study was to use co-design for type 2 diabetes mellitus (T2DM) self-management mHealth development. Methods: Three rounds of iterative rapid prototyping panel sessions were conducted with a total of 9 T2DM participants in an Asian setting between Oct 2020 and April 2021. The participants were recruited through convenience sampling. For each round, feedback was gathered through qualitative interviews, and the feedback was used as a reference by the development team to develop and test a more refined version of the app in the next round. Transcribed semi-structured interview data was analyzed thematically using an inductive approach. Results: Participants' ages ranged from 40 to 69 years. Data saturation was reached, with no new themes emerging from the data. During the sessions, the participants expressed a variety of concerns and feedback on T2DM self-management using EMPOWER app and raised suggestions on the features of ideal T2DM self-management app. Important features include 1) reminders and notifications for medications, 2) Bluetooth integration with glucometers and blood pressure machines to minimize manual entry, 3) enlarged local food database including information on sugar content and recommendations for healthier options, 4) one touch for logging of routine medications and favorite foods, 5) export function for data sharing with physicians. Overall inputs concerned aspects such as user-friendliness of the app, customization possibilities, and educational content for the features in the mobile app. Conclusion: In this study, we explored users' opinions on a T2DM self-management mobile app using co-design approach. This study adds to the growing

body of literature on co-designing behavioral mHealth interventions and can potentially guide researchers in mobile app design for other chronic conditions.

Notes: Kwan, Yu Heng Ong, Zhi Quan Choo, Dawn Yee Xi Phang, Jie Kie Yoon, Sungwon Low, Lian Leng

Low, Lian Leng/M-2853-2016

Low, Lian Leng/0000-0003-4228-2862; Yoon, Sungwon/
0000-0001-9458-6097

URL: <Go to ISI>://WOS:000910404500001

Reference Type: Journal Article

Record Number: 910

Author: Kwan, Y. H., Yoon, S., Tan, C. S., Tai, B. C., Tan, W. B., Phang, J. K., Tan, N. C., Tan, C. Y. L., Quah, Y. L., Koot, D., Teo, H. H. and Low, L. L.

Year: 2022

Title: EMPOWERing Patients With Diabetes Using Profiling and Targeted Feedbacks Delivered Through Smartphone App and Wearable (EMPOWER): Protocol for a Randomized Controlled Trial on Effectiveness and Implementation

Journal: Frontiers in Public Health

Volume: 10

Date: Feb

Short Title: EMPOWERing Patients With Diabetes Using Profiling and Targeted Feedbacks Delivered Through Smartphone App and Wearable (EMPOWER): Protocol for a Randomized Controlled Trial on Effectiveness and Implementation

DOI: 10.3389/fpubh.2022.805856

Article Number: 805856

Accession Number: WOS:000777762700001

Abstract: Introduction: Type 2 diabetes mellitus (T2DM) poses huge burden and cost on the healthcare system. Mobile health (mHealth) interventions that incorporate wearables may be able to improve diabetes self-management. The aim of this randomized controlled trial (RCT) is to investigate the clinical and cost-effectiveness of personalized educational and behavioral interventions delivered through an EMPOWER mobile application (app) among patients with T2DM. Methods: This is a parallel two-arm randomized controlled trial (RCT). Patients with T2DM recruited from primary care will be randomly allocated in a 1:1 ratio to either intervention or control group. The intervention group will receive personalized educational and behavioral interventions through the EMPOWER app in addition to their usual clinical care. The control group will receive the usual clinical care for their T2DM but will not have access to the EMPOWER app. Our primary outcome is patient activation score at 12 months. Secondary outcomes will include HbA1c, physical activity level and diet throughout 12 months; quality of life (QoL), medication adherence, direct healthcare cost and indirect healthcare cost at 6 and 12 months. Discussion: This RCT will provide valuable insights into the effectiveness and implementation of personalized educational and behavioral interventions delivered through mobile application in T2DM management. Findings from this study can help to achieve sustainable and cost-effective behavioral change in patients

with T2DM, and this can be potentially scaled to other chronic diseases such as hypertension and dyslipidemia.

Notes: Kwan, Yu Heng Yoon, Sungwon Tan, Chuen Seng Tai, Bee Choo Tan, Wee Boon Phang, Jie Kie Tan, Ngiap Chuan Tan, Cynthia Yan Ling Quah, Yan Ling Koot, David Teo, Hock Hai Low, Lian Leng

Yoon, Sungwon/0000-0001-9458-6097

2296-2565

URL: <Go to ISI>://WOS:000777762700001

Reference Type: Journal Article

Record Number: 584

Author: Kwok, E. Y. L., Pozniak, K., Cunningham, B. J. and Rosenbaum, P.

Year: 2022

Title: Factors influencing the success of telepractice during the COVID-19 pandemic and preferences for post-pandemic services: An interview study with clinicians and parents

Journal: International Journal of Language & Communication Disorders

Volume: 57

Issue: 6

Pages: 1354-1367

Date: Nov

Short Title: Factors influencing the success of telepractice during the COVID-19 pandemic and preferences for post-pandemic services: An interview study with clinicians and parents

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12760

Accession Number: WOS:000829097800001

Abstract: Background There has been a significant uptake in the use of telepractice during the coronavirus SARS-CoV-2 (COVID-19) pandemic. This study explored the experiences of speech and language therapists (SLTs), assistants (SLTAs) and parents with telepractice during the COVID-19 pandemic. Aims (1) To identify factors that influenced success of telepractice; and (2) to describe clinicians' and parents' preferences for the future mode of service delivery for preschoolers with communication disorders. Methods & Procedures The study was conducted in partnership with one publicly funded programme in Ontario, Canada, that offered services to preschoolers with speech, language and communication needs at no cost. SLTs (N = 13), assistants (N = 3) and parents (N = 13) shared their experiences and perspectives during semi-structured videoconference interviews. Outcomes & Results Factors that influenced the success of telepractice were reported in three categories: the setting (i.e., where and how telepractice was being delivered); the nature of telepractice (i.e., the services that were provided via telepractice); and the individuals (i.e., who was involved in telepractice). These factors were reported to interact with each other. As the needs for each child and family are unique, parents and clinicians reported a preference for a hybrid and flexible service delivery model in the future. Conclusions & Implications The themes identified in this study can be used by clinicians and managers to consider factors that influence the success of telepractice for children and families. WHAT THIS PAPER ADDS What is

already known on the subject? Studies conducted before the COVID-19 pandemic showed that telepractice was an effective and acceptable service approach. However, some clinicians and parents reported wanting to resume in-person visits. The provision of telepractice services to families with children with communication disorders increased significantly during COVID-19. What this paper adds to existing knowledge? Parents and clinicians shared factors that influenced the success of telepractice during semi-structured interviews. Factors were identified in three categories: the setting (i.e., where and how telepractice was being delivered); the nature of telepractice (i.e., the services that were provided via telepractice); and the individuals (i.e., who were involved in telepractice). As each child's and family's needs are unique, parents and clinicians reported a preference for a hybrid and flexible service delivery model in the future. What are the potential or actual clinical implications of this work? SLTs and SLT managers can use the factors identified to discuss with parents and decide whether telepractice may be well suited to the needs of each child and family.

Notes: Kwok, Elaine Yuen Ling Pozniak, Kinga Cunningham, Barbara Jane Rosenbaum, Peter
Rosenbaum, Peter/AAW-7913-2021
Rosenbaum, Peter/0000-0001-6751-5613
1460-6984
URL: <Go to ISI>://WOS:000829097800001

Reference Type: Journal Article

Record Number: 1655

Author: Kwon, B. C., VanDam, C., Chiuve, S. E., Choi, H. W., Entler, P., Tan, P. N. and Huh-Yoo, J.

Year: 2020

Title: Improving Heart Disease Risk Through Quality-Focused Diet

Logging: Pre-Post Study of a Diet Quality Tracking App

Journal: Jmir Mhealth and Uhealth

Volume: 8

Issue: 12

Date: Dec

Short Title: Improving Heart Disease Risk Through Quality-Focused

Diet Logging: Pre-Post Study of a Diet Quality Tracking App

ISSN: 2291-5222

DOI: 10.2196/21733

Article Number: e21733

Accession Number: WOS:000617704000001

Abstract: Background: Diet-tracking mobile apps have gained increased interest from both academic and clinical fields. However, quantity-focused diet tracking (eg, calorie counting) can be time-consuming and tedious, leading to unsustainable adoption. Diet quality-focusing on high-quality dietary patterns rather than quantifying diet into calories-has shown effectiveness in improving heart disease risk. The Healthy Heart Score (HHS) predicts 20-year cardiovascular risks based on the consumption of foods from quality-focused food categories, rather than detailed serving sizes. No studies have examined how mobile health (mHealth) apps focusing on

diet quality can bring promising results in health outcomes and ease of adoption. Objective: This study aims to design a mobile app to support the HHS-informed quality-focused dietary approach by enabling users to log simplified diet quality and view its real-time impact on future heart disease risks. Users were asked to log food categories that are the main predictors of the HHS. We measured the app's feasibility and efficacy in improving individuals' clinical and behavioral factors that affect future heart disease risks and app use. Methods: We recruited 38 participants who were overweight or obese with high heart disease risk and who used the app for 5 weeks and measured weight, blood sugar, blood pressure, HHS, and diet score (DS)-the measurement for diet quality-at baseline and week 5 of the intervention. Results: Most participants (30/38, 79%) used the app every week and showed significant improvements in DS (baseline: mean 1.31, SD 1.14; week 5: mean 2.36, SD 2.48; 2-tailed t test $t(29)=-2.85$; $P=.008$) and HHS (baseline: mean 22.94, SD 18.86; week 4: mean 22.15, SD 18.58; $t(29)=2.41$; $P=.02$) at week 5, although only 10 participants (10/38, 26%) checked their HHS risk scores more than once. Other outcomes, including weight, blood sugar, and blood pressure, did not show significant changes. Conclusions: Our study showed that our logging tool significantly improved dietary choices. Participants were not interested in seeing the HHS and perceived logging diet categories irrelevant to improving the HHS as important. We discuss the complexities of addressing health risks and quantity- versus quality-based health monitoring and incorporating secondary behavior change goals that matter to users when designing mHealth apps.

Notes: Kwon, Bum Chul VanDam, Courtland Chiuve, Stephanie E. Choi, Hyung Wook Entler, Paul Tan, Pang-Ning Huh-Yoo, Jina Tan, Pang-Ning/L-3839-2019; Huh-Yoo, Jina/AAN-7442-2021 Tan, Pang-Ning/0000-0003-3205-0339; Huh-Yoo, Jina/0000-0001-5811-9256; , Paul/0000-0002-6134-5219; Choi, Hyung Wook/0000-0002-4075-0768; Chiuve, Stephanie/0000-0002-3524-8917; Kwon, Bum Chul/0000-0002-9391-6274
URL: <Go to ISI>://WOS:000617704000001

Reference Type: Journal Article

Record Number: 10

Author: Kwong, M. H., Ho, L., Li, A. S. C., Nilsen, P., Ho, F. F., Zhong, C. C. W. and Chung, V. C. H.

Year: 2023

Title: Integrative oncology in cancer care - implementation factors: mixed-methods systematic review

Journal: Bmj Supportive & Palliative Care

Date: 2023 May

Short Title: Integrative oncology in cancer care - implementation factors: mixed-methods systematic review

ISSN: 2045-435X

DOI: 10.1136/spcare-2022-004150

Accession Number: WOS:000990691100001

Abstract: BackgroundIntegrative oncology (IO) appears to be beneficial to patients with cancer, but its implementation remains a challenge. Guided by the Theoretical Domains Framework (TDF) and the

Capability–Opportunity–Motivation–Behaviour (COM–B) model, this systematic review identified the barriers to and facilitators of IO implementation in conventional cancer care settings. Methods We searched eight electronic databases from their inception until February 2022 for qualitative, quantitative or mixed–methods empirical studies reporting the implementation outcomes for IO services. Critical appraisal approach was tailored according to study types. The identified implementation barriers and facilitators were mapped onto TDF domains and the COM–B model, and subsequently onto the behavioural change wheel (BCW) for formulating behavioural change interventions. Results We included 28 studies (11 qualitative, 6 quantitative, 9 mixed–methods and 2 Delphi studies) of satisfied methodological quality. The main implementation barriers were the lack of IO knowledge, the absence of funding and healthcare professionals' low level of IO receptiveness. The key implementation facilitators were the dissemination of evidence on IO clinical benefits, the equipping of professionals with IO service delivery skills and the provision of a supportive organisational climate. Conclusion Multifaceted implementation strategies are needed to address the determinants influencing IO service delivery. Based on our BCW–based analysis of the included studies, the key behavioural change techniques are: (1) educating healthcare professionals about the value and application of traditional and complementary medicine; (2) ensuring access to actionable clinical evidence on IO effectiveness and safety and (3) designing guidelines on communicating traditional and complementary medicine interventions with patients and caregivers for biomedically trained doctors and nurses.

Notes: Kwong, Ming Hong Ho, Leonard Li, Angus S. C. Nilsen, Per Ho, Fai Fai Zhong, Claire C. W. Chung, Vincent C. H. Ho, Leonard/0000–0001–8353–9631
2045–4368
URL: <Go to ISI>://WOS:000990691100001

Reference Type: Journal Article

Record Number: 2256

Author: Kyle, S. D., Aquino, M. R. J., Miller, C. B., Henry, A. L., Crawford, M. R., Espie, C. A. and Spielman, A. J.

Year: 2015

Title: Towards standardisation and improved understanding of sleep restriction therapy for insomnia disorder: A systematic examination of CBT–I trial content

Journal: Sleep Medicine Reviews

Volume: 23

Pages: 83–88

Date: Oct

Short Title: Towards standardisation and improved understanding of sleep restriction therapy for insomnia disorder: A systematic examination of CBT–I trial content

ISSN: 1087–0792

DOI: 10.1016/j.smr.2015.02.003

Accession Number: WOS:000362148100008

Abstract: Sleep restriction therapy is a core element of

contemporary cognitive-behavioural therapy for insomnia and is also effective as a single-component therapeutic strategy. Since its original description, sleep restriction therapy has been applied in several different ways, potentially limiting understanding of key therapeutic ingredients, mode of action, evidence synthesis, and clinical implementation. We sought to examine the quality of reporting and variability in the application of sleep restriction therapy within the context of insomnia intervention trials.

Systematic literature searches revealed 88 trials of cognitive-behavioural therapy/sleep restriction therapy that met pre-defined inclusion/exclusion criteria. All papers were coded in relation to their description of sleep restriction therapy procedures. Findings indicate that a large proportion of papers (39%) do not report any details regarding sleep restriction therapy parameters and, for those papers that do, variability in implementation is present at every level (sleep window generation, minimum time-in-bed, sleep efficiency titration criteria, and positioning of sleep window). Only 7% of papers reported all parameters of sleep restriction treatment. Poor reporting and variability in the application of sleep restriction therapy may hinder progress in relation to evidence synthesis, specification of mechanistic components, and refinement of therapeutic procedures for patient benefit. We set out guidelines for the reporting of sleep restriction therapy as well as a research agenda aimed at advancing understanding of sleep restriction therapy. (C) 2015 Elsevier Ltd. All rights reserved.

Notes: Kyle, Simon D. Aquino, Maria Raisa Jessica Miller, Christopher B. Henry, Alasdair L. Crawford, Megan R. Espie, Colin A. Spielman, Arthur J.

Aquino, Maria Raisa Jessica/H-2995-2019; Miller, Christopher/E-6752-2013

Aquino, Maria Raisa Jessica/0000-0002-3989-1221; Miller, Christopher/0000-0002-2936-7717; Henry, Alasdair/0000-0003-2217-3052; Espie, Colin/0000-0002-1294-8734; Kyle, Simon/0000-0002-9581-5311; Crawford, Megan/0000-0002-3167-1398
1532-2955

URL: <Go to ISI>://WOS:000362148100008

Reference Type: Journal Article

Record Number: 778

Author: Kyprianidou, M., Konstantinou, P., Alvarez-Galvez, J., Ceccarelli, L., Gruszczynska, E., Mierzejewska-Floreni, D., Loumba, N., Montagni, I., Tivoschi, L., Karekla, M. and Kassianos, A. P.

Year: 2022

Title: Profiling Hesitancy to COVID-19 Vaccinations in Six European Countries: Behavioral, Attitudinal and Demographic Determinants

Journal: Behavioral Medicine

Date: 2022 Apr

Short Title: Profiling Hesitancy to COVID-19 Vaccinations in Six European Countries: Behavioral, Attitudinal and Demographic Determinants

ISSN: 0896-4289

DOI: 10.1080/08964289.2022.2071198

Accession Number: WOS:000794228700001

Abstract: Vaccination hesitancy is an important barrier for the effective control of the COVID-19 pandemic. Identifying determinants of COVID-19 vaccination hesitancy is essential in order to reduce mortality rates. Further, given the variability of the factors and the different recommendations used in each country, it is important to conduct cross-country research to profile individuals who are hesitant toward COVID-19 vaccinations. This cross-sectional study aimed to examine cross-country differences and the behavioral, attitudinal and demographic characteristics of vaccine hesitant individuals. Adults living in six European countries (Cyprus, France, Germany, Italy, Poland, and Spain) were eligible to participate. A total of 832 individuals completed the online survey, with 17.9% reporting being hesitant to COVID-19 vaccination. Vaccine accepters were significantly older ($M = 38.9$, $SD = 14.3$), more educated (master/postgraduate studies) and lived in a place with a higher number of residents ($>500,000$ people) compared to those hesitant to COVID-19 vaccination. Discriminant analysis confirmed that the hesitant profile includes a person of younger age, living alone in smaller communities, and without children. Additionally, hesitant participants reported COVID-19-specific characteristics such as lower institutional trust, less adherence to COVID-19 protective behaviors and higher pandemic fatigue. When tackling COVID-19 vaccination hesitancy both socio-demographic and behavioral/attitudinal aspects should be taken into account. Stakeholders are advised to implement targeted vaccination programs while at the same time building trust with population illness cognitions addressed in order to reduce hesitancy rates. Further, stakeholders and public health authorities in each country are suggested to target interventions according to different population characteristics as behavioral and attitudinal determinants of COVID-19 vaccination hesitancy differed between countries.

Notes: Kyprianidou, Maria Konstantinou, Pinelopi Alvarez-Galvez, Javier Ceccarelli, Luca Gruszczynska, Ewa Mierzejewska-Floreani, Dorota Loumba, Nataly Montagni, Ilaria Tavoschi, Lara Karekla, Maria Kassianos, Angelos P.

Alvarez-Galvez, Javier/0000-0001-9512-7853; Montagni, Ilaria/
0000-0003-0076-0010
1940-4026

URL: <Go to ISI>://WOS:000794228700001

Reference Type: Journal Article

Record Number: 2449

Author: Laba, T. L., Bleasel, J., Brien, J. A., Cass, A., Howard, K., Peiris, D., Redfern, J., Salam, A., Usherwood, T. and Jan, S.
Year: 2013

Title: Strategies to improve adherence to medications for cardiovascular diseases in socioeconomically disadvantaged populations: A systematic review

Journal: International Journal of Cardiology

Volume: 167

Issue: 6

Pages: 2430-2440

Date: Sep

Short Title: Strategies to improve adherence to medications for cardiovascular diseases in socioeconomically disadvantaged populations: A systematic review

ISSN: 0167-5273

DOI: 10.1016/j.ijcard.2013.01.049

Accession Number: WOS:000324478400024

Abstract: Medication non-adherence poses a major barrier to reducing cardiovascular disease (CVD) burden globally, and is increasingly recognised as a socioeconomically determined problem. Strategies promoting CVD medication adherence appear of moderate effectiveness and cost-effectiveness. Potentially, 'one-size-fits-all' measures are ill-equipped to address heterogeneous adherence behaviour between social groups. This review aims to determine the effects of strategies to improve adherence to CVD-related medications in socioeconomically disadvantaged groups. Randomised/quasi-randomised controlled trials (1996-June 2012, English), testing strategies to increase adherence to CVD-related medications prescribed to adult patients who may experience health inequity (place of residence, occupation, education, or socioeconomic position) were reviewed. 772 abstracts were screened, 111 full-text articles retrieved, and 16 full-text articles reporting on 14 studies, involving 7739 patients (age range 41-66 years), were included. Methodological and clinical heterogeneity precluded quantitative data synthesis. Studies were thematically grouped by targeted outcomes; underlying interventions and policies were classified using Michie et al.'s Behaviour Change Wheel. Contrasting with patient or physician/practice strategies, those simultaneously directed at patients and physicians/practices resulted in statistically significant improvements in relative adherence (16-169%). Comparative cost and cost-effectiveness analyses from three studies did not find cost-saving or cost-effective strategies. Unlike much current evidence in general populations, promising evidence exists about what strategies improve adherence in disadvantaged groups. These strategies were generally complex: simultaneously targeting patients and physicians; addressing social, financial, and treatment-related adherence barriers; and supported by broader guidelines, regulatory and communication-based policies. Given their complexity and potential resource implications, comprehensive process evaluations and cost and cost-effectiveness evidence are urgently needed. (C) 2013 Elsevier Ireland Ltd. All rights reserved.

Notes: Laba, Tracey-Lea Bleasel, Jonathan Brien, Jo-anne Cass, Alan Howard, Kirsten Peiris, David Redfern, Julie Salam, Abdul Usherwood, Tim Jan, Stephen

Redfern, Julie/AAM-8617-2020; Salam, Abdul/GWC-1029-2022; Jan, Stephen/AAG-3333-2021; Laba, Tracey-Lea/H-8908-2013

Redfern, Julie/0000-0001-8707-5563; Laba, Tracey-Lea/0000-0002-5182-9092; Howard, Kirsten/0000-0002-0918-7540; Abdul

Salam, Mohammad/0000-0002-5870-7936; Jan, Stephen/0000-0003-2839-1405; Cass, Alan/0000-0002-3923-3173; Peiris, David/0000-0002-6898-3870

1874-1754

URL: <Go to ISI>://WOS:000324478400024

Reference Type: Journal Article
Record Number: 1801
Author: Lacroix, K. and Gifford, R.
Year: 2019
Title: Reducing meat consumption: Identifying group-specific inhibitors using latent profile analysis
Journal: Appetite
Volume: 138
Pages: 233-241
Date: Jul
Short Title: Reducing meat consumption: Identifying group-specific inhibitors using latent profile analysis
ISSN: 0195-6663
DOI: 10.1016/j.appet.2019.04.002
Accession Number: WOS:000468715200024
Abstract: Consumption of animal products is an important greenhouse gas emitting behavior. However, perceived hindrances to incorporating more plant-based diets present challenges for the successful design of behavior-change interventions. Latent profile analysis of survey responses revealed three distinct groups. Meat-reducers perceive the fewest inhibitors and are the most willing to incorporate more meat-free days in their diets. Moderate-hindrance meat eaters perceive many more inhibitors, and are hindered by a lack of social support, attachment to meat, not wanting to change their routine, and less awareness of the health benefits of eating less meat. They are willing to incorporate new healthy foods in their diet and are somewhat willing to avoid meat on some days. Strong-hindrance meat eaters report weak self-efficacy and the most inhibitors but are somewhat willing to incorporate healthier foods in their diets. Implications for tailored meat-reduction interventions are discussed. For example, when targeting meat-attached individuals, it might be beneficial to focus on replacing red meats with less carbon-intensive protein sources.
Notes: Lacroix, Karine Gifford, Robert
Gifford, Robert/ABF-6187-2020; Lacroix, Karine/J-4926-2019
Lacroix, Karine/0000-0002-4930-1766; Gifford, Robert/
0000-0002-2764-3810
1095-8304
URL: <Go to ISI>://WOS:000468715200024

Reference Type: Journal Article
Record Number: 644
Author: Lago, A. F., Nicholson, A. J., Sivasuthan, J., Gastaldi, A. C., Bowen, A., Stratton, A., Tipping, C., Campbell, C., Pound, G., McCleary, K., Thomas, L., Nickels, M., Paykel, M., Shealy, M. and Hodgson, C.
Year: 2022
Title: The perceived barriers and facilitators to implementation of early mobilisation within a multicentre, phase 3 randomised controlled trial: A qualitative process evaluation study
Journal: Australian Critical Care
Volume: 35
Issue: 4

Pages: 345-354

Date: Jul

Short Title: The perceived barriers and facilitators to implementation of early mobilisation within a multicentre, phase 3 randomised controlled trial: A qualitative process evaluation study
ISSN: 1036-7314

DOI: 10.1016/j.aucc.2021.06.0081036-7314

Accession Number: WOS:000818503200006

Abstract: Background: Process evaluation within clinical trials provides an assessment of the study implementation's accuracy and quality to explain causal mechanisms and highlight contextual factors associated with variation in outcomes. Objectives: This study aimed to identify the barriers and facilitators of implementing early mobilisation (EM) within a trial. Methods: This is a qualitative process evaluation study within the Trial of Early Activity and Mobilisation (TEAM) phase 3 randomised controlled trial. Semistructured interviews were conducted remotely with multiprofessional clinicians (physiotherapists, medical staff, and nursing staff) involved in the delivery of the TEAM intervention at Australian hospitals participating in the TEAM study. Inductive coding was used to establish themes which were categorised into the Behaviour system involving domains of Capability, Opportunity, and Motivation (COM-B), which allowed barriers and enablers affecting EM to be identified. Findings: Semistructured interviews were conducted in three different states of Australia. There were 16 participants, including 10 physiotherapists, five physicians, and one nurse. The key themes that facilitated EM were mentoring, champions, additional staff, organisation of the environment, cultural changes, communication, and documented safety criteria. In contrast, the main factors that hindered EM were lack of expertise and confidence in delivering EM, heavy sedation, interdisciplinary conflicts, and perceived risks related to EM. Conclusion: A wide range of barriers and facilitators that influenced EM within the TEAM study were identified using the COM-B framework. Many of these have been previously identified in the literature; however, participation in the study was viewed positively by multidisciplinary team members. (c) 2021 Published by Elsevier Ltd on behalf of Australian College of Critical Care Nurses Ltd.

Notes: Lago, Alessandra F. Nicholson, Angus J. Sivasuthan, Janani Gastaldi, Ada Clarice Bowen, Alicia Stratton, Anne Tipping, Claire Campbell, Courtney Pound, Gemma McCleary, Kate Thomas, Lauren Nickels, Marc Paykel, Melanie Shealy, Morag Hodgson, Carol ; Lago, Alessandra/N-5552-2017

Gastaldi, Ada/0000-0001-9845-3611; , Angus/0000-0001-9780-7289;

Lago, Alessandra/0000-0002-7534-4655; McCleary, Kate/0000-0002-8535-4857; Pound, Gemma/0000-0002-3949-0153
1878-1721

URL: <Go to ISI>://WOS:000818503200006

Reference Type: Journal Article

Record Number: 1151

Author: Lahiri, S., Bingenheimer, J. B., Evans, W. D., Wang, Y., Dubey, P. and Snowden, B.

Year: 2021

Title: Social Norms Change and Tobacco Use: A Protocol for a Systematic Review and Meta-Analysis of Interventions

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 22

Date: Nov

Short Title: Social Norms Change and Tobacco Use: A Protocol for a Systematic Review and Meta-Analysis of Interventions

DOI: 10.3390/ijerph182212186

Article Number: 12186

Accession Number: WOS:000722923800001

Abstract: Tobacco use kills more than eight million individuals each year, and results in substantial economic and human capital loss across nations. While effective supply-side solutions to tobacco control exist, these approaches are less effective at promoting cessation among heavy smokers, and less feasible to implement in countries with weaker tobacco control policy environments. Thus, effective demand-side solutions are needed. Shifting social norms around tobacco use is one such promising approach. To this end, a systematic review and meta-analysis of social norms intervention studies to influence tobacco use will be conducted following PRISMA 2020 guidance. Tobacco intervention studies with at least two time points that explicitly mention social norms or social influence as part of an intervention or set of measured variables will be included. Literature sources will comprise PubMed, Scopus, PsycInfo, and the Cochrane Trial Registry, as well as several grey literature sources. Two reviewers will independently screen studies, and risk of bias will be assessed using the Cochrane Risk of Bias 2 and ROBINS-I tools. The primary outcomes will be change in tobacco use and change in social norms. A random-effects meta-analysis will be conducted for both outcomes. Sources of heterogeneity will be explored using meta-regression with key covariates. Non-reporting biases will be explored using funnel plots. PROSPERO: CRD42021251535.

Notes: Lahiri, Shaon Bingenheimer, Jeffrey B. Evans, William Douglas Wang, Yan Dubey, Priyanka Snowden, Bobbi

Evans, William/0000-0002-7559-1592; Lahiri, Shaon/

0000-0001-9797-9566; Bingenheimer, Jeffrey/0000-0002-1427-0402

1660-4601

URL: <Go to ISI>://WOS:000722923800001

Reference Type: Journal Article

Record Number: 675

Author: Lai, J., Brettle, A., Zhang, Y. J., Zhou, C. L., Li, C. X., Fu, J. Q. and Wu, Y. N.

Year: 2022

Title: Barriers to implementing evidence-based nursing practice from the hospitals' point of view in China: A regional cross-sectional study

Journal: Nurse Education Today

Volume: 116

Date: Sep

Short Title: Barriers to implementing evidence-based nursing practice from the hospitals' point of view in China: A regional cross-sectional study

ISSN: 0260-6917

DOI: 10.1016/j.nedt.2022.105436

Article Number: 105436

Accession Number: WOS:000824578300017

Abstract: Background: There is a widespread international agreement that healthcare should be based on high-quality evidence; however, bridging the gap from evidence to practice is still problematic. Although barriers to the implementation of evidence-based nursing practice have been identified, most studies have focused on clinical nurses' perceptions of the barriers to evidence-based nursing practice, with a lack of investigation into barriers from the hospitals' viewpoint. Objectives: To identify existing barriers to implementing evidence-based nursing practice from the hospitals' viewpoint. Design: A descriptive study employing a regional cross-sectional survey. Settings and participants: A convenience sample of 91 hospitals in Guangdong Province, China. Methods: The survey used an online questionnaire containing basic hospital information and an open-ended question. Descriptive statistics were used to analyse basic hospital data. Responses to the open-ended question were analysed with thematic analysis. Results: The sample consisted of 89 valid responses to the open-ended question. Five themes were identified: (1) knowledge (70.8 %); (2) environmental context and resources (42.7 %); (3) social influences (7.9 %); (4) intentions (7.9 %); and (5) beliefs about capabilities (1.1 %). Conclusion: Introduced early in 2001, China has embraced evidence-based nursing for more than 20 years. However, lack of knowledge is still the top barrier to implementing evidence-based nursing practice in hospitals in China. The findings indicate a need for more evidence-based nursing practice teaching strategies towards further enhancing clinical nurses' and nursing managers' evidence-based nursing practice beliefs, knowledge, and skills.

Notes: Lai, Jie Brettle, Alison Zhang, Yingjie Zhou, Chunlan Li, Chaixiu Fu, Jiaqi Wu, Yanni

lai, jie/GWV-7291-2022

lai, jie/0000-0003-4919-8196

1532-2793

URL: <Go to ISI>://WOS:000824578300017

Reference Type: Journal Article

Record Number: 2027

Author: Laine, H., Araujo-Soares, V., Haukkala, A. and Hankonen, N.

Year: 2017

Title: Acceptability of Strategies to Reduce Student Sitting: A Mixed-Methods Study With College Teachers

Journal: Health Promotion Practice

Volume: 18

Issue: 1

Pages: 44-53

Date: Jan

Short Title: Acceptability of Strategies to Reduce Student Sitting:
A Mixed-Methods Study With College Teachers

ISSN: 1524-8399

DOI: 10.1177/1524839916677209

Accession Number: WOS:000397218400007

Abstract: Background. As school days among adolescents include long periods of prolonged sitting, teachers are key agents to deliver interventions to reduce youth sedentary behavior. To develop an intervention, acceptability and feasibility of alternative strategies should be tested. We aimed to examine teachers' current use and willingness to use various strategies to decrease student sitting and potential barriers and facilitators of use. Method. Mixed-methods design with college teachers using an online cross-sectional survey (n = 192) and focus group interviews (n = 13). Findings. Although a vast majority (87%) of the teachers found reducing prolonged sitting an important goal, only 47% were actually including practices to reduce sitting in their classroom. 89% of the teachers reported willingness to use at least one of the five alternative strategies presented. Focus groups revealed a discussion emphasis on environmental opportunity and motivation as key to implementation. Teachers also generated additional ideas for intervention content. Discussion. Despite low levels of current sitting reduction, teachers were willing to try at least one strategy to reduce sitting. Results informed intervention development regarding parameters of use for each strategy. When possible, interventions should provide teachers with a variety of alternative strategies that are easy to use to reduce prolonged sitting.

Notes: Laine, Hanna Araujo-Soares, Vera Haukkala, Ari Hankonen, Nelli

Araujo-Soares, Vera/ABF-8144-2021; Haukkala, Ari/AAD-1309-2019; Hankonen, Nelli/K-1189-2012

Araujo-Soares, Vera/0000-0003-4044-2527; Haukkala, Ari/0000-0001-8567-1548; Hankonen, Nelli/0000-0002-8464-2478
1552-6372

URL: <Go to ISI>://WOS:000397218400007

Reference Type: Journal Article

Record Number: 384

Author: Laird, E. C., Bryant, C. A., Barr, C. M. and Bennett, R. J.

Year: 2022

Title: Psychologically Informed Practice in Audiological Rehabilitation: Audiologist Perceived Barriers, Facilitators, and Preparedness

Journal: Ear and Hearing

Volume: 43

Issue: 6

Pages: 1853-1865

Date: Nov-Dec

Short Title: Psychologically Informed Practice in Audiological Rehabilitation: Audiologist Perceived Barriers, Facilitators, and Preparedness

ISSN: 0196-0202

DOI: 10.1097/aud.0000000000001257

Accession Number: WOS:000870068200025

Abstract: Objectives: Psychological factors, such as mental illness, mental health, attitudes, emotions, and coping styles, are known to impact the success of audiological rehabilitation. However, evidence suggests that audiologists are not sufficiently addressing client psychological factors. Psychologically informed practice, implemented in other healthcare professions, is a framework that guides clinicians in addressing both the physical and psychological factors of a condition throughout rehabilitation. Psychologically informed practice may also be an appropriate framework to improve client outcomes in audiology. The objectives of this study were (1) to determine the barriers and facilitators to audiologists addressing client mental health, psychological symptoms, emotions, and feelings, and (2) to determine audiologists' preparedness and willingness to implement aspects of psychologically informed practice in audiological rehabilitation. Design: A cross-sectional survey was conducted with a convenience sample of 118 Australian clinical audiologists (83.1%, n = 98 female) working in adult audiological rehabilitation. Results: Most participants (91.5%) reported at least one barrier to discussing mental health with clients, with the most common being insufficient knowledge and skills in mental health (39.8%). Applying the COM-B model of behavior change, audiologists reported that factors related to motivation were primarily facilitators, and factors related to opportunity (e.g., lack of time) and capabilities (e.g., insufficient knowledge) were barriers to discussing client mental health. Many participants (83.1%) reported willingness to incorporate a clear protocol, including when and how to refer to psychological services, within audiological rehabilitation. Conclusions: Audiologists were generally motivated to incorporate psychologically informed practice into audiological rehabilitation; however, lack of knowledge and organizational barriers would need to be overcome. The insights gained in this study provide a foundation for developing a viable approach to psychologically informed practice, which may ultimately encourage audiologists to engage in person-centered care more actively.

Notes: Laird, Emma C. Bryant, Christina A. Barr, Caitlin M. Bennett, Rebecca J.

Laird, Emma/HMV-7390-2023

Laird, Emma/0000-0002-9355-3338

1538-4667

URL: <Go to ISI>://WOS:000870068200025

Reference Type: Journal Article

Record Number: 231

Author: Lalu, M. M., Presseau, J., Foster, M. K., Hunniford, V. T., Cobey, K. D., Brehaut, J. C., Ilkow, C., Montroy, J., Cardenas, A., Sharif, A., Jeffers, M. S. and Fergusson, D. A.

Year: 2023

Title: Identifying barriers and enablers to rigorous conduct and reporting of preclinical laboratory studies

Journal: Plos Biology

Volume: 21

Issue: 1

Date: Jan

Short Title: Identifying barriers and enablers to rigorous conduct and reporting of preclinical laboratory studies

ISSN: 1544-9173

DOI: 10.1371/journal.pbio.3001932

Article Number: e3001932

Accession Number: WOS:000934625800001

Abstract: Use of rigorous study design methods and transparent reporting in publications are 2 key strategies proposed to improve the reproducibility of preclinical research. Despite promotion of these practices by funders and journals, assessments suggest uptake is low in preclinical research. Thirty preclinical scientists were interviewed to better understand barriers and enablers to rigorous design and reporting. The interview guide was informed by the Theoretical Domains Framework, which is a framework used to understand determinants of current and desired behavior. Four global themes were identified; 2 reflecting enablers and 2 reflecting barriers. We found that basic scientists are highly motivated to apply the methods of rigorous design and reporting and perceive a number of benefits to their adoption (e.g., improved quality and reliability). However, there was varied awareness of the guidelines and in implementation of these practices. Researchers also noted that these guidelines can result in disadvantages, such as increased sample sizes, expenses, time, and can require several personnel to operationalize. Most researchers expressed additional resources such as personnel and education/training would better enable the application of some methods. Using existing guidance (Behaviour Change Wheel (BCW); Expert Recommendations for Implementing Change (ERIC) project implementation strategies), we mapped and coded our interview findings to identify potential interventions, policies, and implementation strategies to improve routine use of the guidelines by preclinical scientists. These findings will help inform specific strategies that may guide the development of programs and resources to improve experimental design and transparent reporting in preclinical research.

Notes: Lalu, Manoj D. Pesseau, Justin C. Foster, Madison Hunniford, Victoria Cobey, Kelly Brehaut, Jamie Ilkow, Carolina S. Montroy, Joshua A. Cardenas, Analyssa Sharif, Ayni Jeffers, Matthew Fergusson, Dean

Jeffers, Matthew/F-6277-2014

Jeffers, Matthew/0000-0002-4148-2638; Lalu, Manoj/
0000-0002-0322-382X; Sharif, Ayni/0000-0001-6039-1670
1545-7885

URL: <Go to ISI>://WOS:000934625800001

Reference Type: Journal Article

Record Number: 486

Author: Lam, J. H. Y., Chiu, M. M., Lee, S. M. K. and Tong, S. X.

Year: 2023

Title: Psychosocial factors, but not professional practice skills, linked to self-perceived effectiveness of telepractice in school-

based speech and language therapists during COVID-19 pandemic
Journal: International Journal of Language & Communication Disorders
Volume: 58

Issue: 1

Pages: 111-123

Date: Jan

Short Title: Psychosocial factors, but not professional practice skills, linked to self-perceived effectiveness of telepractice in school-based speech and language therapists during COVID-19 pandemic
ISSN: 1368-2822

DOI: 10.1111/1460-6984.12773

Accession Number: WOS:000849861700001

Abstract: Background Face-to-face class suspensions during the coronavirus disease (COVID-19) pandemic in 2019 increased telepractice in speech and language therapy. However, little is known about speech and language therapists' (SLTs) perceived effectiveness of telepractice and its antecedents. Aims To examine the use of telepractice and the factors affecting its perceived effectiveness in Hong Kong mainstream schools during COVID-19. Methods & Procedures Seventy-two school-based Hong Kong SLTs completed a 110-item online survey with six structural components: (1) concerns, (2) adoption, (3) student selection criteria, (4) perceived effectiveness, (5) continuous professional development and (6) attitudes/beliefs. Outcomes & Results Over 90% of respondents adopted telepractice during the pandemic. Confirmatory factor analysis identified reliable constructs from their component measures. These participants reported great telepractice difficulties (especially in therapy preparation and managing students' attention and/or communication). Mixed-response analysis revealed that psychosocial factors (i.e., students' engagement and SLTs' attitudes towards telepractice) but not professional practice skill factors (i.e., student client selection criteria and SLTs' years of experience in school settings) contributed to SLTs' self-perceived effectiveness of telepractice. Conclusions & Implications Our findings suggest that psychosocial factors play a more important role than professional practice skill factors in the self-perceived effectiveness of telepractice. WHAT THIS PAPER ADDS What is already known on the subject Previous surveys reported that although SLTs were interested in using telepractice before the COVID-19 pandemic, they showed concern about its effectiveness, resulting in a low adoption rate. One critical question naturally arises: What factors may affect the perceived effectiveness of telepractice by SLTs? What this paper adds to existing knowledge This study demonstrates for the first time that despite the high adoption rate of telepractice during the COVID-19 pandemic, school-based SLTs exhibited great difficulties, and the SLTs' self-perceived effectiveness of telepractice was related to psychosocial factors instead of professional practice skill factors. What are the potential or actual clinical implications of this work Professional support is needed to alter the attitudes of SLTs towards telepractice for enhancing their self-perceived effectiveness and positive clinical practice experience.

Notes: Lam, Joseph Hin Yan Chiu, Ming Ming Lee, Stephen Man Kit Tong, Shelley Xiuli

Lam, Joseph Hin Yan/GQP-3349-2022; Tong, Xiuli/F-4454-2011
Lam, Joseph Hin Yan/0000-0001-6068-3630; Chiu, Ming/
0000-0002-5721-1971; Tong, Xiuli/0000-0003-3319-4609
1460-6984
URL: <Go to ISI>://WOS:000849861700001

Reference Type: Journal Article

Record Number: 1528

Author: Lambert, J. D., Elliott, L. R., Taylor, A. H., Farrand, P.,
Haase, A. M. and Greaves, C. J.

Year: 2021

Title: A Novel Method for Assessing Design Fidelity in Web-Based
Behavioral Interventions

Journal: Health Psychology

Volume: 40

Issue: 3

Pages: 217-225

Date: Mar

Short Title: A Novel Method for Assessing Design Fidelity in Web-
Based Behavioral Interventions

ISSN: 0278-6133

DOI: 10.1037/hea0001046

Accession Number: WOS:000623075300007

Abstract: Objective: Delivery is one of the most common ways of
assessing fidelity in behavioral interventions. However, there is a
lack of research reporting on how well an intervention protocol
reflects its proposed theoretical principles (design fidelity). This
study presents a systematic method for assessing design fidelity and
applies it to the eMotion web-based intervention targeting physical
activity and depression. Method: The eMotion intervention comprises
of 13 web-based modules, designed according to an underlying
intervention map. An independent rater with expertise in behavior
change coded the presence or absence of behavior change techniques
(BCTs) in the content of eMotion. Results of coding were compared to
the intervention designers' a priori specification for interrater
reliability. Results: After discussion, the independent rater and
the intervention designer had a high agreement for the presence of
BCTs relating to behavioral activation ($AC1 = 0.91$) with
"demonstration of behavior" and "monitoring of emotional
consequences" having the lowest agreement ($AC1 < 0.4$). There was
also high agreement for the presence of BCTs targeting physical
activity ($AC1 = 0.88$) with "demonstration of behavior" and
"monitoring, of emotional consequences" having the lowest agreement
($AC1 < 0.4$). The eMotion description was then amended to align the
interrater agreement. Conclusions: This study presents a novel
method for assessing design fidelity. Developers of behavioral (and
other multicomponent) interventions are encouraged to develop and
refine this method and assess design fidelity in future
interventions to ensure BCTs are operationalized as intended.

Notes: Lambert, Jeffrey D. Elliott, Lewis R. Taylor, Adrian H.

Farrand, Paul Haase, Anne M. Greaves, Colin J.

Greaves, Colin/AAY-1555-2020; Taylor, Adrian/GME-5077-2022

Greaves, Colin/0000-0003-4425-2691; Taylor, Adrian/

0000-0003-2701-9468; Haase, Anne M/0000-0001-8556-2165; Lambert, Jeffrey/0000-0003-4774-9054; Farrand, Paul/0000-0001-7898-5362; Elliott, Lewis/0000-0003-3864-9465
1930-7810
URL: <Go to ISI>://WOS:000623075300007

Reference Type: Journal Article

Record Number: 2174

Author: Lambert, M. F.

Year: 2016

Title: Assessing potential local routine monitoring indicators of reach for the NHS health checks programme

Journal: Public Health

Volume: 131

Pages: 92-98

Date: Feb

Short Title: Assessing potential local routine monitoring indicators of reach for the NHS health checks programme

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2015.10.019

Accession Number: WOS:000368590100013

Abstract: Objectives: Success in reaching target populations is an important factor in determining the impact of public health programmes. The NHS Health Check (NHSCH) Programme is directed towards reducing excess cardiovascular mortality in England. As the programme is locally commissioned, local monitoring of programme reach is essential. This study aimed to assess indicators of programme reach available to local service commissioners. Study design: Ecological. Methods: The programme reach of NHSCH was assessed in three health districts in the North East of England. Local data returned from GP practices to commissioners on their NHSCH activities was collated for the period October 2010 to March 2013 together with related national published data. Three candidate indicators were chosen and the association between each of these and NHSCHs at GP practice level was examined by univariate logistic regression. Results: Data were available from 101 GP practices, together undertaking almost 20,000 health checks a year. Number of NHSCHs by practices explained most (77-92%) of the variance the numbers identified at high risk of cardiovascular disease (two for every ten NHSCHs). NHSCHs were not associated with growth in GP practice disease registers for either diabetes or hypertension. NHSCHs predicted practices identification of new cases of hypertension (with one case identified for every ten checks), albeit the proportion of variation explained was much more variable (2-60%) less consistent effect. Conclusions: Data routinely available to NHSCH commissioners can support monitoring programme reach, with numbers of new cases of hypertension being the most promising indicator of reach. (C) 2015 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Notes: Lambert, Mark F.

Lambert, Mark/0000-0003-3528-9070

1476-5616

URL: <Go to ISI>://WOS:000368590100013

Reference Type: Journal Article

Record Number: 2339

Author: Landis-Lewis, Z., Brehaut, J. C., Hochheiser, H., Douglas, G. P. and Jacobson, R. S.

Year: 2015

Title: Computer-supported feedback message tailoring: theory-informed adaptation of clinical audit and feedback for learning and behavior change

Journal: Implementation Science

Volume: 10

Date: Jan

Short Title: Computer-supported feedback message tailoring: theory-informed adaptation of clinical audit and feedback for learning and behavior change

ISSN: 1748-5908

DOI: 10.1186/s13012-014-0203-z

Article Number: 12

Accession Number: WOS:000349184600001

Abstract: Background: Evidence shows that clinical audit and feedback can significantly improve compliance with desired practice, but it is unclear when and how it is effective. Audit and feedback is likely to be more effective when feedback messages can influence barriers to behavior change, but barriers to change differ across individual health-care providers, stemming from differences in providers' individual characteristics. Discussion: The purpose of this article is to invite debate and direct research attention towards a novel audit and feedback component that could enable interventions to adapt to barriers to behavior change for individual health-care providers: computer-supported tailoring of feedback messages. We argue that, by leveraging available clinical data, theory-informed knowledge about behavior change, and the knowledge of clinical supervisors or peers who deliver feedback messages, a software application that supports feedback message tailoring could improve feedback message relevance for barriers to behavior change, thereby increasing the effectiveness of audit and feedback interventions. We describe a prototype system that supports the provision of tailored feedback messages by generating a menu of graphical and textual messages with associated descriptions of targeted barriers to behavior change. Supervisors could use the menu to select messages based on their awareness of each feedback recipient's specific barriers to behavior change. We anticipate that such a system, if designed appropriately, could guide supervisors towards giving more effective feedback for health-care providers. Summary: A foundation of evidence and knowledge in related health research domains supports the development of feedback message tailoring systems for clinical audit and feedback. Creating and evaluating computer-supported feedback tailoring tools is a promising approach to improving the effectiveness of clinical audit and feedback.

Notes: Landis-Lewis, Zach Brehaut, Jamie C. Hochheiser, Harry Douglas, Gerald P. Jacobson, Rebecca S.

Jacobson, Rebecca/0000-0002-5719-8340

URL: <Go to ISI>://WOS:000349184600001

Reference Type: Journal Article

Record Number: 1405

Author: Lane, C., Carson, V., Morton, K., Reno, K., Wright, C., Predy, M. and Naylor, P. J.

Year: 2021

Title: A real-world feasibility study of the PLAYshop: a brief intervention to facilitate parent engagement in developing their child's physical literacy

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: May

Short Title: A real-world feasibility study of the PLAYshop: a brief intervention to facilitate parent engagement in developing their child's physical literacy

DOI: 10.1186/s40814-021-00849-5

Article Number: 113

Accession Number: WOS:000704717600001

Abstract: Background Development of physical literacy, defined as "the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life," can support children's physically active behaviors and consequent health benefits. Little research has explored interventions to improve children's physical literacy, although substantive evidence shows parents play a key role in children's physically active behaviors and development of fundamental movement skills. The purpose of this study was to explore the feasibility of a novel, physical literacy program (the PLAYshop) designed to build parents' self-efficacy to support their child's physical literacy. Methods A non-randomized, one-arm concurrent nested design was used. Thirty-five parents of young children (3-8 years of age) attended a 75-min workshop inclusive of interactive activities, educational messages, and the provision of resources focused on core physical literacy concepts. Pre- and post-workshop surveys used quantitative measures to assess parents' satisfaction, knowledge, confidence, and intention to adopt practices. Follow-up interviews qualitatively explored the implementation experiences of both parents and facilitators. Paired t tests and thematic analysis were undertaken. Results Of the 33 eligible parents, 23 completed both pre- and post-workshop surveys. Follow-up interviews were completed with 11 parents and four workshop facilitators. Parents' self-reported knowledge and confidence to support their child's physical literacy development significantly increased after PLAYshop participation. The majority of parents were satisfied with the workshop and motivated to apply learnings at home with their child. Workshop facilitators identified seven workshop strengths (e.g., workshop champions and skilled facilitators) and four challenges (e.g., recruitment and unfavorable spaces). Limitations include the lack of control group and recruitment challenges. Conclusions The PLAYshop was perceived positively by parents and facilitators and appeared to improve

parent self-efficacy and intention to promote physical literacy with their child. Recruitment and attendance were key implementation challenges. The findings from this real-world study support the preliminary feasibility of the PLAYshop intervention and highlight areas to improve the intervention and recruitment prior to efficacy testing in a more rigorous trial format.

Notes: Lane, Cassandra Carson, Valerie Morton, Kayla Reno, Kendra Wright, Chris Predy, Madison Naylor, Patti-Jean

Carson, Valerie/ABG-2853-2021

Carson, Valerie/0000-0002-3009-3282; Naylor, Patti-Jean/

0000-0002-4799-2751

2055-5784

URL: <Go to ISI>://WOS:000704717600001

Reference Type: Journal Article

Record Number: 1456

Author: Lang, R., Benham, J. L., Atabati, O., Hollis, A., Tombe, T., Shaffer, B., Burns, K. K., MacKean, G., Leveille, T., McCormack, B., Sheikh, H., Fullerton, M. M., Tang, T., Boucher, J. C., Constantinescu, C., Murali, M., Manns, B. J., Marshall, D. A., Hu, J. and Oxoby, R. J.

Year: 2021

Title: Attitudes, behaviours and barriers to public health measures for COVID-19: a survey to inform public health messaging

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Apr

Short Title: Attitudes, behaviours and barriers to public health measures for COVID-19: a survey to inform public health messaging

DOI: 10.1186/s12889-021-10790-0

Article Number: 765

Accession Number: WOS:000642621000003

Abstract: Background Public support of public health measures including physical distancing, masking, staying home while sick, avoiding crowded indoor spaces and contact tracing/exposure notification applications remains critical for reducing spread of COVID-19. The aim of our work was to understand current behaviours and attitudes towards public health measures as well as barriers individuals face in following public health measures. We also sought to identify attitudes persons have regarding a COVID-19 vaccine and reasons why they may not accept a vaccine. Methods A cross-sectional online survey was conducted in August 2020, in Alberta, Canada in persons 18 years and older. This survey evaluated current behaviours, barriers and attitudes towards public health measures and a COVID-19 vaccine. Cluster analysis was used to identify key patterns that summarize data variations among observations. Results Of the 60 total respondents, the majority of persons were always or often physically distancing (73%), masking (65%) and staying home while sick (67%). Bars/pubs/lounges or nightclubs were visited rarely or never by 63% of respondents. Persons identified staying home while sick to provide the highest benefit (83%) in reducing spread of COVID-19. There were a large proportion of persons who had not downloaded or

used a contact tracing/exposure notification app (77%) and who would not receive a COVID-19 vaccine when available (20%) or were unsure (12%). Reporting health authorities as most trusted sources of health information was associated with greater percentage of potential uptake of vaccine but not related to contact tracing app download and use. Individuals with lower concern of getting and spreading COVID-19 showed the least uptake of public health measures except for avoiding public places such as bars. Lower concern regarding COVID-19 was also associated with more negative responses to taking a potential COVID-19 vaccine. Conclusion These results suggest informational frames and themes focusing on individual risks, highlighting concern for COVID-19 and targeting improving trust for health authorities may be most effective in increasing public health measures. With the ultimate goal of preventing spread of COVID-19, understanding persons' attitudes towards both public health measures and a COVID-19 vaccine remains critical to addressing barriers and implementing targeted interventions and messaging to improve uptake.

Notes: Lang, Raynell Benham, Jamie L. Atabati, Omid Hollis, Aidan Tombe, Trevor Shaffer, Blake Burns, Katharina Kovacs MacKean, Gail Leveille, Tova McCormack, Brandi Sheikh, Hasan Fullerton, Madison M. Tang, Theresa Boucher, Jean-Christophe Constantinescu, Cora Murali, Mehdi Manns, Braden J. Marshall, Deborah A. Hu, Jia Oxoby, Robert J. Murali, Mehdi/HTO-0412-2023; Kovacs Burns, Katharina/AAA-5993-2022; Murali, Mehdi/AAE-9962-2020; Manns, Braden J/I-8942-2012 Murali, Mehdi/0000-0002-9969-3892; Kovacs Burns, Katharina/0000-0002-6322-0778; Sheikh, Hasan/0000-0003-3280-361X; Benham, Jamie L/0000-0002-2233-4613
1471-2458
URL: <Go to ISI>://WOS:000642621000003

Reference Type: Journal Article

Record Number: 1785

Author: Langford, B. J., Leung, E., Haj, R., McIntyre, M., Taggart, L. R., Brown, K. A., Downing, M. and Matukas, L. M.

Year: 2019

Title: Nudging In MicroBiology Laboratory Evaluation (NIMBLE): A scoping review

Journal: Infection Control and Hospital Epidemiology

Volume: 40

Issue: 12

Pages: 1400-1406

Date: Dec

Short Title: Nudging In MicroBiology Laboratory Evaluation (NIMBLE): A scoping review

ISSN: 0899-823X

DOI: 10.1017/ice.2019.293

Article Number: Pii s0899823x19002939

Accession Number: WOS:000511235500012

Abstract: Background: Nudging in microbiology is an antimicrobial stewardship strategy to influence decision making through the strategic reporting of microbiology results while preserving prescriber autonomy. The purpose of this scoping review was to

identify the evidence that demonstrates the effectiveness of nudging strategies in susceptibility result reporting to improve antimicrobial use. Methods: A search for studies in Ovid MEDLINE, Embase, PsycINFO, and All EBM Reviews was conducted. All simulated and vignette studies were excluded. Two independent reviewers were used throughout screening and data extraction. Results: Of a total of 1,346 citations screened, 15 relevant studies were identified. Study types included pre- and postintervention (n = 10), retrospective cohort (n = 4), and a randomized controlled trial (n = 1). Most studies were performed in acute-care settings (n = 13), and the remainder were in primary care (n = 2). Most studies used a strategy to alter the default antibiotic choices on the antibiotic report. All studies reported at least 1 outcome of antimicrobial use: utilization (n = 9), appropriateness (n = 7), de-escalation (n = 2), and cost (n = 1). Moreover, 12 studies reported an overall benefit in antimicrobial use outcomes associated with nudging, and 4 studies evaluated the association of nudging strategy with subsequent antimicrobial resistance, with 2 studies noting overall improvement. Conclusions: The number of heterogeneous studies evaluating the impact of applying nudging strategies to susceptibility result reports is small; however, most strategies do show promise in altering prescriber's antibiotic selection. Selective and cascade reporting of targeted agents in a hospital setting represent the majority of current research. Gaps and opportunities for future research identified from our scoping review include performing prospective randomized controlled trials and evaluating other approaches aside from selective reporting. Notes: Langford, Bradley J. Leung, Elizabeth Haj, Reem McIntyre, Mark Taggart, Linda R. Brown, Kevin A. Downing, Mark Matukas, Larissa M. Langford, Bradley/ABC-7937-2021 Langford, Bradley/0000-0001-5467-6776; Brown, Kevin Antoine/0000-0002-1483-2188 1559-6834 URL: <Go to ISI>://WOS:000511235500012

Reference Type: Journal Article
Record Number: 2443
Author: Langley, T., Lewis, S., McNeill, A., Gilmore, A., Szatkowski, L., West, R. and Sims, M.
Year: 2013
Title: Characterizing tobacco control mass media campaigns in England
Journal: Addiction
Volume: 108
Issue: 11
Pages: 2001-2008
Date: Nov
Short Title: Characterizing tobacco control mass media campaigns in England
ISSN: 0965-2140
DOI: 10.1111/add.12293
Accession Number: WOS:000329141500020

Abstract: AimsTo characterize publically funded tobacco control campaigns in England between 2004 and 2010 and to explore if they were in line with recommendations from the literature in terms of their content and intensity. International evidence suggests that campaigns which warn of the negative consequences of smoking and feature testimonials from real-life smokers are most effective, and that four exposures per head per month are required to reduce smoking prevalence. DesignCharacterization of tobacco control advertisements using a theoretically based framework designed to describe advertisement themes, informational and emotional content and style. Study of the intensity of advertising and exposure to different types of advertisement using data on population-level exposure to advertisements shown during the study period. SettingEngland. MeasurementsTelevision Ratings (TVRs), a standard measure of advertising exposure, were used to calculate exposure to each different campaign type. FindingsA total of 89% of advertising was for smoking cessation; half of this advertising warned of the negative consequences of smoking, while half contained how-to-quit messages. Acted scenes featured in 72% of advertising, while only 17% featured real-life testimonials. Only 39% of months had at least four exposures to tobacco control campaigns per head. ConclusionsA theory-driven approach enabled a systematic characterization of tobacco control advertisements in England. Between 2004 and 2010 only a small proportion of tobacco control advertisements utilized the most effective strategiesnegative health effects messages and testimonials from real-life smokers. The intensity of campaigns was lower than international recommendations.

Notes: Langley, Tessa Lewis, Sarah McNeill, Ann Gilmore, Anna Szatkowski, Lisa West, Robert Sims, Michelle gilmore, anna B/I-7130-2012; McNeill, Ann M/A-3581-2009; West, Robert/B-5414-2009; West, Robert/B-5414-2009 gilmore, anna B/0000-0003-0281-1248; West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921; Langley, Tessa/0000-0001-9560-1148; lewis, sarah/0000-0001-5308-6619; McNeill, Ann/0000-0002-6223-4000; Szatkowski, Lisa/0000-0003-3295-5891
1360-0443

URL: <Go to ISI>://WOS:000329141500020

Reference Type: Journal Article

Record Number: 172

Author: Langsrud, S., Veflen, N., Allison, R., Crawford, B., Izso, T., Kasza, G., Lecky, D., Nicolau, A. I., Scholderer, J., Skuland, S. E. and Teixeira, P.

Year: 2023

Title: A trans disciplinary and multi actor approach to develop high impact food safety messages to consumers: Time for a revision of the WHO- Five keys to safer food?

Journal: Trends in Food Science & Technology

Volume: 133

Pages: 87-98

Date: Mar

Short Title: A trans disciplinary and multi actor approach to

develop high impact food safety messages to consumers: Time for a revision of the WHO- Five keys to safer food?

ISSN: 0924-2244

DOI: 10.1016/j.tifs.2023.01.018

Accession Number: WOS:000934271700001

Abstract: Background: A significant part of foodborne infections is caused by food eaten at home, and food safety messages are given to help consumers mitigate risk. The World Health Organisation "Five Keys to Safer Food", developed about 20 years ago has been used with success worldwide to provide general advice on how to prepare food safely. Scope and approach: In this commentary, we discuss how food safety messages could be updated using a holistic approach built on implementation science, considering new food consumption patterns and insights from natural and social sciences. A stepwise approach for developing and evaluating food safety messages, performed in the European project SafeConsume, is presented. The top pathogen-food combinations associated with foodborne disease in Europe were combined with common consumer practices to identify risky behaviours. Food safety messages were suggested and assessed for understanding as well as capability, opportunity, and motivation in an expert survey. Key findings and conclusions: Overall, the food safety topics developed overlapped with those from WHO. The opportunity and motivation for changing behaviour, (e.g., choose pasteurised egg) were identified as important restrictions for uptake of messages. Also, understanding terminology, (e.g "thoroughly cooked") was a challenge. Therefore, there is a need to be specific, without excluding other safe alternatives or make lengthy explanations. The food safety messages suggested by the expert group were considered as more likely to be implemented among domestic cooks, resulting in safer practice than corresponding WHO messages. WHO should reconsider the preventive risk communication based on new knowledge and challenges.

Notes: Langsrud, Solveig Veflen, Nina Allison, Rosalie Crawford, Bob Izso, Tekla Kasza, Gyula Lecky, Donna Nicolau, Anca Ioana Scholderer, Joachim Skuland, Silje Elisabeth Teixeira, Paula Langsrud, Solveig/I-1241-2012

Langsrud, Solveig/0000-0001-6415-017X
1879-3053

URL: <Go to ISI>://WOS:000934271700001

Reference Type: Journal Article

Record Number: 88

Author: Lares-Michel, M., Housni, F. E., Reyes-Castillo, Z., Huertas, J. R., Aguilera-Cervantes, V. G. and Michel-Nava, R. M.
Year: 2023

Title: Sustainable-psycho-nutritional intervention programme for a sustainable diet (the 'NutriSOS' study) and its effects on eating behaviour, diet quality, nutritional status, physical activity, metabolic biomarkers, gut microbiota and water and carbon footprints in Mexican population: study protocol of an mHealth randomised controlled trial

Journal: British Journal of Nutrition

Date: 2023 Mar

Short Title: Sustainable-psycho-nutritional intervention programme for a sustainable diet (the 'NutriSOS' study) and its effects on eating behaviour, diet quality, nutritional status, physical activity, metabolic biomarkers, gut microbiota and water and carbon footprints in Mexican population: study protocol of an mHealth randomised controlled trial

ISSN: 0007-1145

DOI: 10.1017/s0007114523000843

Article Number: Pii s0007114523000843

Accession Number: WOS:000983732400001

Abstract: Mexico is going through an environmental and nutritional crisis related to unsustainable dietary behaviours. Sustainable diets could solve both problems together. This study protocol aims to develop a three-stage, 15-week mHealth randomised controlled trial of a sustainable-psycho-nutritional intervention programme to promote Mexican population adherence to a sustainable diet and to evaluate its effects on health and environmental outcomes. In stage 1, the programme will be designed using the sustainable diets, behaviour change wheel and capability, opportunity, motivation, and behaviour (COM-B) models. A sustainable food guide, recipes, meal plans and a mobile application will be developed. In stage 2, the intervention will be implemented for 7 weeks, and a 7-week follow-up period in a young Mexican adults (18-35 years) sample, randomly divided (1:1 ratio) into a control group (n 50) and an experimental group (n 50), will be divided into two arms at week 8. Outcomes will include health, nutrition, environment, behaviour and nutritional-sustainable knowledge. Additionally, socio-economics and culture will be considered. Thirteen behavioural objectives will be included using successive approaches in online workshops twice a week. The population will be monitored using the mobile application consisting of behavioural change techniques. In stage 3, the effects of the intervention will be assessed using mixed-effects models on dietary intake and quality, nutritional status, physical activity, metabolic biomarkers (serum glucose and lipid profile), gut microbiota composition and dietary water and carbon footprints of the evaluated population. Improvements in health outcomes and a decrease in dietary water and carbon footprints are expected.

Notes: Lares-Michel, Mariana Housni, Fatima Ezzahra Reyes-Castillo, Zyanya Huertas, Jesus R. Aguilera-Cervantes, Virginia Gabriela Michel-Nava, Rosa Maria

Lares-Michel, Mariana/0000-0002-1242-7752
1475-2662

URL: <Go to ISI>://WOS:000983732400001

Reference Type: Journal Article

Record Number: 64

Author: Larios-Vargas, E., Elazhary, O., Yousefi, S., Lowlind, D., Vliek, M. L. W. and Storey, M. A.

Year: 2023

Title: DASP: A Framework for Driving the Adoption of Software Security Practices

Journal: Ieee Transactions on Software Engineering

Volume: 49

Issue: 4
Pages: 2892-2919
Date: Apr
Short Title: DASP: A Framework for Driving the Adoption of Software Security Practices
ISSN: 0098-5589
DOI: 10.1109/tse.2023.3235684
Accession Number: WOS:000978723600084
Abstract: Implementing software security practices is a critical concern in modern software development. Industry practitioners, security tool providers, and researchers have provided standard security guidelines and sophisticated security development tools to ensure a secure software development pipeline. But despite these efforts, there continues to be an increase in the number of vulnerabilities that can be exploited by malicious hackers. There is thus an urgent need to understand why developers still introduce security vulnerabilities into their applications and to understand what can be done to motivate them to write more secure code. To understand and address this problem further, we propose DASP, a framework for diagnosing and driving the adoption of software security practices among developers. DASP was conceived by combining behavioral science theories to shape a cross-sectional interview study with 28 software practitioners. Our interviews lead to a framework that consists of a comprehensive set of 33 drivers grouped into 7 higher-level categories that represent what needs to happen or change so that the adoption of software security practices occurs. Using the DASP framework, organizations can design interventions suitable for developers' specific development contexts that will motivate them to write more secure code.
Notes: Larios-Vargas, Enrique Elazhary, Omar Yousefi, Soroush Lowlind, Derek Vlieg, Michael L. W. Storey, Margaret-Anne 1939-3520
URL: <Go to ISI>://WOS:000978723600084

Reference Type: Journal Article
Record Number: 2257
Author: Larkin, L., Gallagher, S., Cramp, F., Brand, C., Fraser, A. and Kennedy, N.
Year: 2015
Title: Behaviour change interventions to promote physical activity in rheumatoid arthritis: a systematic review
Journal: Rheumatology International
Volume: 35
Issue: 10
Pages: 1631-1640
Date: Oct
Short Title: Behaviour change interventions to promote physical activity in rheumatoid arthritis: a systematic review
ISSN: 0172-8172
DOI: 10.1007/s00296-015-3292-3
Accession Number: WOS:000361556100003
Abstract: Research has shown that people who have rheumatoid arthritis (RA) do not usually participate in enough physical

activity to obtain the benefits of optimal physical activity levels, including quality of life, aerobic fitness and disease-related characteristics. Behaviour change theory underpins the promotion of physical activity. The aim of this systematic review was to explore behaviour change interventions which targeted physical activity behaviour in people who have RA, focusing on the theory underpinning the interventions and the behaviour change techniques utilised using specific behaviour change taxonomy. An electronic database search was conducted via EBSCOhost, PubMed, Cochrane Central Register of Controlled Trials and Web of Science databases in August 2014, using Medical Subject Headings and keywords. A manual search of reference lists was also conducted. Randomised control trials which used behaviour change techniques and targeted physical activity behaviour in adults who have RA were included. Two reviewers independently screened studies for inclusion. Methodological quality was assessed using the Cochrane risk of bias tool. Five studies with 784 participants were included in the review. Methodological quality of the studies was mixed. The studies consisted of behaviour change interventions or combined practical physical activity and behaviour change interventions and utilised a large variety of behaviour change techniques. Four studies reported increased physical activity behaviour. All studies used subjective methods of assessing physical activity with only one study utilising an objective measure. There has been varied success of behaviour change interventions in promoting physical activity behaviour in people who have RA. Further studies are required to develop and implement the optimal behaviour change intervention in this population.

Notes: Larkin, Louise Gallagher, Stephen Cramp, Fiona Brand, Charles Fraser, Alexander Kennedy, Norelee

Larkin, Louise/I-5412-2019

Larkin, Louise/0000-0001-9646-3947; Cramp, Fiona/
0000-0001-8035-9758; , Stephen/0000-0002-5471-7774; Kennedy,
Norelee/0000-0001-6047-1240
1437-160x

URL: <Go to ISI>://WOS:000361556100003

Reference Type: Journal Article

Record Number: 2224

Author: Larkin, L., Kennedy, N. and Gallagher, S.

Year: 2015

Title: Promoting physical activity in rheumatoid arthritis: a narrative review of behaviour change theories

Journal: Disability and Rehabilitation

Volume: 37

Issue: 25

Pages: 2359-2366

Date: Dec

Short Title: Promoting physical activity in rheumatoid arthritis: a narrative review of behaviour change theories

ISSN: 0963-8288

DOI: 10.3109/09638288.2015.1019011

Accession Number: WOS:000369746000007

Abstract: Purpose: Despite physical activity having significant

health benefits for people with rheumatoid arthritis (RA), current levels of physical activity in this population are suboptimal. Changing behaviour is challenging and interventions aimed at increasing physical activity in this context have had varying levels of success. This review provides an overview of common behaviour change theories used in interventions to promote physical activity and their application for promoting physical activity in people with RA. Method: A scoping, narrative review was conducted of English language literature, using the search terms physical activity/ exercise and keywords, which are associated with behaviour change interventions. The theoretical basis of such interventions in people with RA was assessed using the theory coding scheme. Results: Six theories which have been used in physical activity research are discussed. Further, four studies which aimed to increase physical activity levels in people with RA are explored in detail. Conclusions: To date, behaviour change interventions conducted in RA populations to increase physical activity levels have not had a strong theoretical underpinning. It is proposed that an intervention utilising the theory of planned behaviour is developed with the aim of increasing physical activity in people with RA. Implications for Rehabilitation Interventions to promote physical activity in the rheumatoid arthritis (RA) population have failed to change participants' behaviour. A small number of studies have used behaviour change theories in the development and delivery of interventions. The theory of planned behaviour is recommended as the theoretical basis for an intervention to promote physical activity in the RA population.

Notes: Larkin, Louise Kennedy, Norelee Gallagher, Stephen

Larkin, Louise/I-5412-2019

Larkin, Louise/0000-0001-9646-3947; Kennedy, Norelee/

0000-0001-6047-1240; , Stephen/0000-0002-5471-7774

1464-5165

URL: <Go to ISI>://WOS:000369746000007

Reference Type: Journal Article

Record Number: 2491

Author: LaRocca, R., Yost, J., Dobbins, M., Ciliska, D. and Butt, M.

Year: 2012

Title: The effectiveness of knowledge translation strategies used in public health: a systematic review

Journal: BMC Public Health

Volume: 12

Date: Sep

Short Title: The effectiveness of knowledge translation strategies used in public health: a systematic review

DOI: 10.1186/1471-2458-12-751

Article Number: 751

Accession Number: WOS:000313102000001

Abstract: Background: Literature related to the effectiveness of knowledge translation (KT) strategies used in public health is lacking. The capacity to seek, analyze, and synthesize evidence-based information in public health is linked to greater success in making policy choices that have the best potential to yield positive

outcomes for populations. The purpose of this systematic review is to identify the effectiveness of KT strategies used to promote evidence-informed decision making (EIDM) among public health decision makers. Methods: A search strategy was developed to identify primary studies published between 2000-2010. Studies were obtained from multiple electronic databases (CINAHL, Medline, EMBASE, and the Cochrane Database of Systematic Reviews). Searches were supplemented by hand searching and checking the reference lists of included articles. Two independent review authors screened studies for relevance, assessed methodological quality of relevant studies, and extracted data from studies using standardized tools. Results: After removal of duplicates, the search identified 64,391 titles related to KT strategies. Following title and abstract review, 346 publications were deemed potentially relevant, of which 5 met all relevance criteria on full text screen. The included publications were of moderate quality and consisted of five primary studies (four randomized controlled trials and one interrupted time series analysis). Results were synthesized narratively. Simple or single KT strategies were shown in some circumstances to be as effective as complex, multifaceted ones when changing practice including tailored and targeted messaging. Multifaceted KT strategies led to changes in knowledge but not practice. Knowledge translation strategies shown to be less effective were passive and included access to registries of pre-processed research evidence or print materials. While knowledge brokering did not have a significant effect generally, results suggested that it did have a positive effect on those organizations that at baseline perceived their organization to place little value on evidence-informed decision making. Conclusions: No singular KT strategy was shown to be effective in all contexts. Conclusions about interventions cannot be taken on their own without considering the characteristics of the knowledge that was being transferred, providers, participants and organizations.

Notes: LaRocca, Rebecca Yost, Jennifer Dobbins, Maureen Ciliska, Donna Butt, Michelle

Dobbins, Maureen/0000-0002-1968-6765; Yost, Jennifer/
0000-0002-3170-1956
1471-2458

URL: <Go to ISI>://WOS:000313102000001

Reference Type: Journal Article

Record Number: 459

Author: Larsen, J. K., Karssen, L. T. and van der Veek, S. M. C.

Year: 2022

Title: Targeting food parenting practices to prevent early child obesity risk requires a different approach in families with a lower socioeconomic position

Journal: Frontiers in Public Health

Volume: 10

Date: Sep

Short Title: Targeting food parenting practices to prevent early child obesity risk requires a different approach in families with a lower socioeconomic position

DOI: 10.3389/fpubh.2022.1012509
Article Number: 1012509
Accession Number: WOS:000874001200001
Notes: Larsen, Junilla K. Karssen, Levie T. van der Veek, Shelley M. C.
van der Veek, Shelley/0000-0001-9195-6523
2296-2565
URL: <Go to ISI>://WOS:000874001200001

Reference Type: Journal Article
Record Number: 2133
Author: Latimer-Cheung, A. E., Copeland, J. L., Fowles, J., Zehr, L., Duggan, M. and Tremblay, M. S.
Year: 2016
Title: The Canadian 24-Hour Movement Guidelines for Children and Youth: Implications for practitioners, professionals, and organizations
Journal: Applied Physiology Nutrition and Metabolism
Volume: 41
Issue: 6
Pages: S328-S335
Date: Jun
Short Title: The Canadian 24-Hour Movement Guidelines for Children and Youth: Implications for practitioners, professionals, and organizations
ISSN: 1715-5312
DOI: 10.1139/apnm-2016-0086
Accession Number: WOS:000379430600009
Abstract: The new Canadian 24-Hour Movement Guidelines for Children and Youth emphasize the integration of all movement behaviours that occur over a whole day (i.e., light, moderate, and vigorous physical activity, sedentary behaviour, and sleep). These guidelines shift the paradigm away from considering each behaviour in isolation. This concept of the "whole day matters" not only calls for a change in thinking about movement but also for redevelopment of dissemination and implementation practice. Past guideline launch activities largely have aimed to create awareness through passive dissemination strategies (e.g., Website posts, distribution of print resources). For the integrated guidelines to have public health impact, we must move beyond dissemination and raising of awareness to implementation and behaviour change. Shifting this focus requires new, innovative approaches to intervention, including interdisciplinary collaboration, policy change, and refocused service provision. The purpose of this paper is to identify practitioners, professionals, and organizations with potential to disseminate and/or implement the guidelines, discuss possible implementation strategies for each of these groups, and describe the few resources being developed and those needed to support dissemination and implementation efforts. This discussion makes readily apparent the need for a well-funded, comprehensive, long-term dissemination, implementation, and evaluation plan to ensure uptake and activation of the guidelines.
Notes: Latimer-Cheung, Amy E. Copeland, Jennifer L. Fowles, Jonathon Zehr, Lori Duggan, Mary Tremblay, Mark S.

Tremblay, Mark/AAF-2981-2019; Tremblay, Mark/ABI-5477-2020
Latimer, Amy/0000-0002-0442-6848; Copeland, Jennifer/
0000-0002-3519-7603
1715-5320

3

URL: <Go to ISI>://WOS:000379430600009

Reference Type: Journal Article

Record Number: 154

Author: Latomme, J., Morgan, P. J., Chastin, S., Brondeel, R. and Cardon, G.

Year: 2023

Title: Effects of a family-based lifestyle intervention on co-physical activity and other health-related outcomes of fathers and their children: the 'Run Daddy Run' intervention

Journal: BMC Public Health

Volume: 23

Issue: 1

Date: Feb

Short Title: Effects of a family-based lifestyle intervention on co-physical activity and other health-related outcomes of fathers and their children: the 'Run Daddy Run' intervention

DOI: 10.1186/s12889-023-15191-z

Article Number: 342

Accession Number: WOS:000934877600001

Abstract: Background:Fathers are important in establishing healthy behaviors in their children, but are rarely engaged in lifestyle programs. Focusing on physical activity (PA) of both fathers and their children by engaging them together in PA (i.e. "co-PA") is therefore a promising novel strategy for interventions. The study aim was to investigate the effect of the 'Run Daddy Run' on co-PA and PA of fathers and their children, and secondary outcomes such as weight status and sedentary behaviour (SB).Methods:This study is a non-randomized controlled trial (nRCT), including 98 fathers and one of their 6 to 8 years old children (intervention = 35, control = 63). The intervention was implemented over a 14-week period, and consisted of six (inter)active father-child sessions and an online component. Due to COVID-19, only 2/6 sessions could be implemented as planned, the remaining sessions were delivered online. In November 2019-January 2020 pre-test measurements took place, and post-test measurements in June 2020. Additional follow-up test was conducted in November 2020. PA (i.e. LPA, MPA, VPA and volume) of fathers and children were objectively measured using accelerometry, co-PA and the secondary outcomes were questioned using an online questionnaire.Results:Significant intervention effects were found for co-PA (+ 24 min./day in the intervention compared to the control group, $p = 0.002$), and MPA of the father (+ 17 min./day, $p = 0.035$). For children, a significant increase in LPA (+ 35 min./day, $p < 0.001$) was found. However, an inverse intervention effect was found for their MPA and VPA (-15 min./day, $p = 0.005$ and - 4 min./day, $p = 0.002$, respectively). Also decreases in fathers' and children's SB were found (-39 min./day, $p = 0.022$ and - 40 min./day, $p = 0.003$, respectively), but no changes in weight status, the father-child

relationship, and the PA-family health climate (all $p > 0.05$). Conclusion: The Run Daddy Run intervention was able to improve co-PA, MPA of fathers and LPA of children, and decreasing their SB. Inverse intervention effects were however found for MPA and VPA of children. These results are unique given their magnitude and clinical relevance. Targeting fathers together with their children might be a novel and potential intervention strategy to improve overall physical activity levels, however, further efforts should however be made to target children's MPA and VPA. Last, replicating these findings in a randomized controlled trial (RCT) is recommended for future research.

Notes: Latomme, Julie Morgan, Philip J. Chastin, Sebastien Brondeel, Ruben Cardon, Greet

Brondeel, Ruben/F-1086-2018

Brondeel, Ruben/0000-0002-9876-4150

1471-2458

URL: <Go to ISI>://WOS:000934877600001

Reference Type: Journal Article

Record Number: 1571

Author: Latomme, J., Morgan, P. J., De Craemer, M., Brondeel, R., Verloigne, M. and Cardon, G.

Year: 2021

Title: A Family-Based Lifestyle Intervention Focusing on Fathers and Their Children Using Co-Creation: Study Protocol of the Run Daddy Run Intervention

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 4

Date: Feb

Short Title: A Family-Based Lifestyle Intervention Focusing on Fathers and Their Children Using Co-Creation: Study Protocol of the Run Daddy Run Intervention

DOI: 10.3390/ijerph18041830

Article Number: 1830

Accession Number: WOS:000623595700001

Abstract: Fathers play a unique and important role in shaping their children's physical activity (PA), independent from the mother. Lifestyle interventions focusing simultaneously on PA of fathers and their children ("co-PA") are therefore a novel and promising way to improve PA of both. A theory-based lifestyle intervention was co-created with fathers (i.e., the Run Daddy Run intervention), using the behavior change wheel as a theoretical framework. The aim of the present study is to describe the protocol of the Run Daddy Run intervention study, focusing on improving (co-)PA of fathers and children, and the prospecting outcomes. The developed intervention consists of six (inter)active father-child sessions and an eHealth component, delivered over a 14-week intervention period. Baseline measurements will be conducted between November 2019-January 2020, post-test measurements in June 2020, and follow-up measurements in November 2020, with (co-)PA as the primary outcome variable. Outcomes will be measured using accelerometry and an online

questionnaire. To evaluate the intervention, multilevel analyses will be conducted. This study will increase our understanding on whether a theory-based, co-created lifestyle intervention focusing exclusively on fathers and their children can improve their (co-)PA behavior and has important implications for future research and health policy, where targeting fathers might be a novel and effective approach to improve (co-)PA and associated health behaviors of both fathers and their children.

Notes: Latomme, Julie Morgan, Philip J. De Craemer, Marieke Brondeel, Ruben Verloigne, Maite Cardon, Greet

Morgan, Philip J/G-7072-2013; Brondeel, Ruben/F-1086-2018; Cardon, Greet/AEK-0110-2022

Morgan, Philip J/0000-0002-5632-8529; Brondeel, Ruben/0000-0002-9876-4150; Cardon, Greet/0000-0003-4983-6557; De Craemer, Marieke/0000-0002-5220-7850; Latomme, Julie/0000-0003-3061-6423 1660-4601

URL: <Go to ISI>://WOS:000623595700001

Reference Type: Journal Article

Record Number: 1211

Author: Latulippe, K., LeBlanc, A., Gagnon, M. P., Boivin, K., Lavoie, P., Dufour, J., Raynard, E. P., Richard, E. and Lamontagne, M. E.

Year: 2021

Title: Organizational knowledge translation strategies for allied health professionals in traumatology settings: realist review protocol

Journal: Systematic Reviews

Volume: 10

Issue: 1

Date: Sep

Short Title: Organizational knowledge translation strategies for allied health professionals in traumatology settings: realist review protocol

DOI: 10.1186/s13643-021-01793-4

Article Number: 255

Accession Number: WOS:000698645300002

Abstract: Background: Knowledge translation (KT) is an important means of improving the health service quality. Most research on the effectiveness of KT strategies has focused on individual strategies, i.e., those directly targeting the modification of allied health professionals' knowledge, attitudes, and behaviors, for example. In general, these strategies are moderately effective in changing practices (maximum 10% change). Effecting change in organizational contexts (e.g., change readiness, general and specific organizational capacity, organizational routines) is part of a promising new avenue to service quality improvement through the implementation of evidence-based practices. The objective of this study will be to identify why, how, and under what conditions organizational KT strategies have been shown to be effective or ineffective in changing the (a) knowledge, (b) attitudes, and (c) clinical behaviors of allied health professionals in traumatology settings. Methods: This is a realist review protocol involving four

iterative steps: (1) Initial theory formulation, (2) search for Evidence search, (3) knowledge extraction and synthesis, and (4) recommendations. We will search electronic databases such as PubMed, Embase, CINAHL, Cochrane Library, and Conference Proceedings Citation Index Science. The studies included will be those relating to the use of organizational KT strategies in trauma settings, regardless of study designs, published between January 1990 and October 2020, and presenting objective measures that demonstrate change in allied health professionals' knowledge, attitudes, and clinical behaviors. Two independent reviewers will select, screen, and extract the data related to all relevant sources in order to refine or refute the context-mechanism-outcome (CMO) configurations developed in the initial theory and identify new CMO configurations. Discussion: Using a systematic and rigorous method, this review will help guide decision-makers and researchers in choosing the best organizational strategies to optimize the implementation of evidence-based practices.

Notes: Latulippe, Karine LeBlanc, Annie Gagnon, Marie-Pierre Boivin, Katia Lavoie, Pascale Dufour, Joelle Raynard, Emmanuelle Paquette Richard, Eve Lamontagne, Marie-Eve Paquette Raynard, Emmanuelle/0000-0002-3191-7618 2046-4053
URL: <Go to ISI>://WOS:000698645300002

Reference Type: Journal Article

Record Number: 748

Author: Lau-Zhu, A., Anderson, C. and Lister, M.

Year: 2023

Title: Assessment of digital risks in child and adolescent mental health services: A mixed-method, theory-driven study of clinicians' experiences and perspectives

Journal: Clinical Child Psychology and Psychiatry

Volume: 28

Issue: 1

Pages: 255-269

Date: Jan

Short Title: Assessment of digital risks in child and adolescent mental health services: A mixed-method, theory-driven study of clinicians' experiences and perspectives

ISSN: 1359-1045

DOI: 10.1177/13591045221098896

Article Number: 13591045221098896

Accession Number: WOS:000797528500001

Abstract: Children and adolescents in the UK spend increasingly more time in the digital world, raising societal fears about digital risks in this age group. Professionals are not always aware of the ever-developing research or guidance available around digital safety. This gap underscores the need to understand current experiences and determinants of digital risk assessment, including clinicians' views on barriers and facilitators. A mixed-method design was used. Fifty-three clinicians working in child and adolescent mental health services (CAMHS) in South England took part in a survey; of these 12 took part in semi-structured interviews. A

psychological model of behavioural change (COM-B: capabilities, opportunities, motivation and behaviour) guided the analyses. Survey data revealed that clinicians showed awareness and concerns for several digital risk issues but there appeared to be gaps in their knowledge and practice. Interview data revealed different factors influencing staff enquiry about digital risks in CAMHS. These included aspects of capabilities (knowledge and skills), opportunities (resources, organisational context and empowerment of youth), and motivations (habit change, emotional experiences, and professional identity/role). Targeting both staff-level and organisation-level barriers to digital risk assessments in CAMHS is crucial. This study informs service improvement to ensure that children and young people safely navigate the digital world.

Notes: Lau-Zhu, Alex Anderson, Ciorsdan Lister, Matthew

Lau-Zhu, Alex/AGF-7343-2022

Lau-Zhu, Alex/0000-0001-5055-8617

1461-7021

Si

URL: <Go to ISI>://WOS:000797528500001

Reference Type: Journal Article

Record Number: 782

Author: Launbo, N., Davidsen, E., Granich-Armenta, A., Bygbjerg, I. C., Sanchez, M., Ramirez-Silva, I., Avila-Jimenez, L., Christensen, D. L., Rivera-Dommarco, J. A., Cantoral, A., Nielsen, K. K. and Grunnet, L. G.

Year: 2022

Title: The overlooked paradox of the coexistence of overweight/obesity and anemia during pregnancy

Journal: Nutrition

Volume: 99-100

Date: Jul-Aug

Short Title: The overlooked paradox of the coexistence of overweight/obesity and anemia during pregnancy

ISSN: 0899-9007

DOI: 10.1016/j.nut.2022.111650

Article Number: 111650

Accession Number: WOS:000797077300001

Abstract: Globally, the prevalence of overweight and obesity, including among pregnant women, has substantially increased in the past three decades. This has been fueled by, among other factors, an increase in the consumption of high energy-dense foods and a decrease in physical activity. Additionally, global prevalence of anemia among pregnant women remains a public health concern.

Overweight/obesity as well as anemia in pregnancy are independently associated with adverse health outcomes for the mother and offspring. In some pregnant women, the two conditions coexist. Yet current knowledge in this field, including prevalence rates, risk factors, and health consequences for mother and offspring being exposed to these conditions, is staggeringly sparse. In this review we describe the current evidence on prevalence rates, risk factors, and effects for mother and offspring regarding coexistence of overweight/obesity and anaemia in pregnant women based on a

systematic literature search. We also highlight research gaps and suggest avenues for future research.(c) 2022 The Author(s).
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Notes: Launbo, Natja Davidsen, Emma Granich-Armenta, Adriana Bygbjerg, Ib Christian Sanchez, Marcela Ramirez-Silva, Ivonne Avila-Jimenez, Laura Christensen, Dirk Lund Rivera-Dommarco, Juan Angel Cantoral, Alejandra Nielsen, Karoline Kragelund Grunnet, Louise Groth

Davidsen, Emma/HKE-7402-2023; Nielsen, Karoline Kragelund/AAX-3883-2020

Davidsen, Emma/0000-0002-1753-1858; Nielsen, Karoline Kragelund/0000-0002-4058-0615; Ramirez-Silva, Claudia Ivonne/0000-0002-5863-1169; Bygbjerg, Ib/0000-0001-9100-2754; Launbo, Natja/0000-0002-5717-1631; Avila Jimenez, Laura/0000-0002-1388-3178 1873-1244

URL: <Go to ISI>://WOS:000797077300001

Reference Type: Journal Article

Record Number: 2300

Author: Laur, C., McCullough, J., Davidson, B. and Keller, H.

Year: 2015

Title: Becoming Food Aware in Hospital: A Narrative Review to Advance the Culture of Nutrition Care in Hospitals

Journal: Healthcare

Volume: 3

Issue: 2

Pages: 393-407

Date: Jun

Short Title: Becoming Food Aware in Hospital: A Narrative Review to Advance the Culture of Nutrition Care in Hospitals

DOI: 10.3390/healthcare3020393

Accession Number: WOS:000439434400015

Abstract: The Nutrition Care in Canadian Hospitals (2010-2013) study identified the prevalence of malnutrition on admission to medical and surgical wards as 45%. Nutrition practices in the eighteen hospitals, including diagnosis, treatment and monitoring of malnourished patients, were ad hoc. This lack of a systematic approach has demonstrated the need for the development of improved processes and knowledge translation of practices aimed to advance the culture of nutrition care in hospitals. A narrative review was conducted to identify literature that focused on improved care processes and strategies to promote the nutrition care culture. The key finding was that a multi-level approach is needed to address this complex issue. The organization, staff, patients and their families need to be part of the solution to hospital malnutrition. A variety of strategies to promote the change in nutrition culture have been proposed in the literature, and these are summarized as examples for others to consider. Examples of strategies at the organizational level include developing policies to support change, use of a screening tool, protecting mealtimes, investing in food and additional personnel (healthcare aides, practical nurses and/or diet technicians) to assist patients at mealtimes. Training for hospital

staff raises awareness of the issue, but also helps them to identify their role and how it can be modified to improve nutrition care. Patients and families need to be aware of the importance of food to their recovery and how they can advocate for their needs while in hospital, as well as post-hospitalization. It is anticipated that a multi-level approach that promotes being " food aware" for all involved will help hospitals to achieve patient-centred care with respect to nutrition.

Notes: Laur, Celia McCullough, James Davidson, Bridget Keller, Heather

2227-9032

URL: <Go to ISI>://WOS:000439434400015

Reference Type: Journal Article

Record Number: 1916

Author: Laur, C., Valaitis, R., Bell, J. and Keller, H.

Year: 2017

Title: Changing nutrition care practices in hospital: a thematic analysis of hospital staff perspectives

Journal: BMC Health Services Research

Volume: 17

Date: Jul

Short Title: Changing nutrition care practices in hospital: a thematic analysis of hospital staff perspectives

DOI: 10.1186/s12913-017-2409-7

Article Number: 498

Accession Number: WOS:000406055900001

Abstract: Background: Many patients are admitted to hospital and are already malnourished. Gaps in practice have identified that care processes for these patients can be improved. Hospital staff, including management, needs to work towards optimizing nutrition care in hospitals to improve the prevention, detection and treatment of malnutrition. The objective of this study was to understand how staff members perceived and described the necessary ingredients to support change efforts required to improve nutrition care in their hospital. Methods: A qualitative study was conducted using purposive sampling techniques to recruit participants for focus groups (FG) (n = 11) and key informant interviews (n = 40) with a variety of hospital staff and management. Discussions based on a semi-structured schedule were conducted at five diverse hospitals from four provinces in Canada as part of the More-2-Eat implementation project. One researcher conducted 2-day site visits over a two-month period to complete all interviews and FGs. Interviews were transcribed verbatim while key points and quotes were taken from FGs. Transcripts were coded line-by-line with initial thematic analysis completed by the primary author. Other authors (n = 3) confirmed the themes by reviewing a subset of transcripts and the draft themes. Themes were then refined and further detailed. Member checking of site summaries was completed with site champions.

Results: Participants (n = 133) included nurses, physicians, food service workers, dietitians, and hospital management, among others. Discussion regarding ways to improve nutrition care in each specific site facilitated the thought process during FG and interviews. Five

main themes were identified: building a reason to change; involving relevant people in the change process; embedding change into current practice; accounting for climate; and building strong relationships within the hospital team. Conclusions: Hospital staff need a reason to change their nutrition care practices and a significant change driver is perceived and experienced benefit to the patient. Participants described key ingredients to support successful change and specifically engaging the interdisciplinary team to effect sustainable improvements in nutrition care.
Notes: Laur, Celia Valaitis, Renata Bell, Jack Keller, Heather Bell, Jack J./M-7702-2015
Bell, Jack J./0000-0002-7217-3635; Laur, Celia/0000-0003-4555-1407 1472-6963
URL: <Go to ISI>://WOS:000406055900001

Reference Type: Book
Record Number: 1022
Author: Lauwerier, E., Van der Veken, K., Van Roy, K. and Willems, S.
Year: 2022
Title: Health promotion in the context of community sport
Illustration of a theory-informed approach to programme development and evaluation
Series Editor: Theeboom, M., Schaillee, H., Roose, R., Willems, S., Lauwerier, E. and Bradt, L.
Series Title: COMMUNITY SPORT AND SOCIAL INCLUSION: Enhancing Strategies for Promoting Personal Development, Health and Social Cohesion
Number of Pages: 64-82
Short Title: Health promotion in the context of community sport
Illustration of a theory-informed approach to programme development and evaluation
ISBN: 978-1-032-12528-2; 978-0-429-34063-5; 978-0-367-35614-9
DOI: 10.4324/9780429340635-6
Accession Number: WOS:000859619400004
Notes: Lauwerier, Emelien Van der Veken, Karen Van Roy, Kaatje Willems, Sara
Lauwerier, Emelien/HTL-6224-2023
URL: <Go to ISI>://WOS:000859619400004

Reference Type: Journal Article
Record Number: 1854
Author: Lavalley, J. F., Gray, T. A., Dumville, J. and Cullum, N.
Year: 2018
Title: Barriers and facilitators to preventing pressure ulcers in nursing home residents: A qualitative analysis informed by the Theoretical Domains Framework
Journal: International Journal of Nursing Studies
Volume: 82
Pages: 79-89
Date: Jun
Short Title: Barriers and facilitators to preventing pressure ulcers

in nursing home residents: A qualitative analysis informed by the Theoretical Domains Framework

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2017.12.015

Accession Number: WOS:000437069900010

Abstract: Background: Pressure ulcers are areas of localised damage to the skin and underlying tissue; and can cause pain, immobility, and delay recovery, impacting on health-related quality of life. The individuals who are most at risk of developing a pressure ulcer are those who are seriously ill, elderly, have impaired mobility and/or poor nutrition; thus, many nursing home residents are at risk.

Objectives: To understand the context of pressure ulcer prevention in nursing homes and to explore the potential barriers and facilitators to evidence-informed practices. **Methods:** Semi-structured interviews were conducted with nursing home nurses, healthcare assistants and managers, National Health Service community-based wound specialist nurses (known in the UK as tissue viability nurses) and a nurse manager in the North West of England. The interview guide was developed using the Theoretical Domains Framework to explore the barriers and facilitators to pressure ulcer prevention in nursing home residents. Data were analysed using a framework analysis and domains were identified as salient based on their frequency and the potential strength of their impact.

Findings: 25 participants (nursing home: 2 managers, 7 healthcare assistants, 11 qualified nurses; National Health Service community services: 4 tissue viability nurses, 1 manager) were interviewed. Depending upon the behaviours reported and the context, the same domain could be classified as both a barrier and a facilitator. We identified seven domains as relevant in the prevention of pressure ulcers in nursing home residents mapping to four "barrier" domains and six "facilitator" domains. The four "barrier" domains were knowledge, physical skills, social influences and environmental context and resources and the six "facilitator" domains were interpersonal skills, environmental context and resources, social influences, beliefs about capabilities, beliefs about consequences and social/professional role and identity). Knowledge and insight into these barriers and facilitators provide a theoretical understanding of the complexities in preventing pressure ulcers with reference to the staff capabilities, opportunities and motivation related to pressure ulcer prevention. **Conclusion:** Pressure ulcer prevention in nursing home residents is complex and is influenced by several factors. The findings will inform a theory and evidence-based intervention to aid the prevention of pressure ulcers in nursing home settings.

Notes: Lavalley, Jacqueline F. Gray, Trish A. Dumville, Jo Cullum, Nicky

çalışkan, sinem/T-9441-2018; Cullum, Nicky/F-2438-2011; Dumville, Jo C/O-7867-2014; Cullum, Nicky/AAT-5888-2020; Gray, Trish A/O-8790-2014

çalışkan, sinem/0000-0002-3912-6503; Cullum, Nicky/0000-0003-2631-123X; Dumville, Jo C/0000-0002-6546-3685; Cullum, Nicky/0000-0003-2631-123X; Gray, Trish A/0000-0002-8088-0698; Lavalley, Jacqueline/0000-0003-2858-8996 1873-491x

URL: <Go to ISI>://WOS:000437069900010

Reference Type: Journal Article

Record Number: 1052

Author: Laven, A., Bienentreu, S., Nick, B., Winkler, D. and Correll, C.

Year: 2021

Title: Motivational interviewing and schizophrenia: development of a training method to improve psychiatric counseling

Journal: European Neuropsychopharmacology

Volume: 53

Pages: S349-S351

Date: Dec

Short Title: Motivational interviewing and schizophrenia: development of a training method to improve psychiatric counseling

ISSN: 0924-977X

DOI: 10.1016/j.euroneuro.2021.10.448

Accession Number: WOS:000753359500437

Notes: Laven, A. Bienentreu, S. Nick, B. Winkler, D. Correll, C. 34th European-College-of-Neuropsychopharmacology (ECNP) Congress on Early Career Scientists in Europe 2021

Lisbon, PORTUGAL

European Coll Neuropsychopharmacol

Correll, Christoph/D-3530-2011

Correll, Christoph/0000-0002-7254-5646

1873-7862

1

URL: <Go to ISI>://WOS:000753359500437

Reference Type: Journal Article

Record Number: 2121

Author: Lavorini, F., Mannini, C., Chellini, E. and Fontana, G. A.

Year: 2016

Title: Optimising Inhaled Pharmacotherapy for Elderly Patients with Chronic Obstructive Pulmonary Disease: The Importance of Delivery Devices

Journal: Drugs & Aging

Volume: 33

Issue: 7

Pages: 461-473

Date: Jul

Short Title: Optimising Inhaled Pharmacotherapy for Elderly Patients with Chronic Obstructive Pulmonary Disease: The Importance of Delivery Devices

ISSN: 1170-229X

DOI: 10.1007/s40266-016-0377-y

Accession Number: WOS:000379709300002

Abstract: Chronic obstructive pulmonary disease (COPD) is common in older people. Inhaled medications are the mainstay of pharmacological treatment of COPD, and are typically administered by handheld inhalers, such as pressurised metered-dose inhalers and dry

powder inhalers, or by nebulisers. For each of the three major categories of aerosol delivery devices, several new inhalers have recently been launched, each with their own particularities, advantages and disadvantages. Consequently, broader availability of new drug-device combinations will increase prescription opportunities. Despite this, however, there is limited guidance available in published guidelines on the choice of inhalers, and still less consideration is given to elderly patients with COPD. The aim of this article is to provide a guide for healthcare professionals on device selection and factors to be considered for effective inhaled drug delivery in elderly COPD patients, including device factors (device type and complexity of use), patient factors (inspiratory capabilities, manual dexterity and hand strength, cognitive ability, co-morbidities) and considerations for healthcare professionals (proper education of patients in device use).

Notes: Lavorini, Federico Mannini, Claudia Chellini, Elisa Fontana, Giovanni A.

Lavorini, Federico/AFQ-2334-2022; chellini, elisa/K-5324-2018

chellini, elisa/0000-0003-4622-9882; Lavorini, Federico/
0000-0002-3293-2123

1179-1969

URL: <Go to ISI>://WOS:000379709300002

Reference Type: Journal Article

Record Number: 1544

Author: Lawani, M. A., Turgeon, Y., Cote, L., Legare, F., Witteman, H. O., Morin, M., Kroger, E., Voyer, P., Rodriguez, C. and Giguere, A.

Year: 2021

Title: User-centered and theory-based design of a professional training program on shared decision-making with older adults living with neurocognitive disorders: a mixed-methods study

Journal: BMC Medical Informatics and Decision Making

Volume: 21

Issue: 1

Date: Feb

Short Title: User-centered and theory-based design of a professional training program on shared decision-making with older adults living with neurocognitive disorders: a mixed-methods study

DOI: 10.1186/s12911-021-01396-y

Article Number: 59

Accession Number: WOS:000620941900001

Abstract: Background We know little about the best approaches to design training for healthcare professionals. We thus studied how user-centered and theory-based design contribute to the development of a distance learning program for professionals, to increase their shared decision-making (SDM) with older adults living with neurocognitive disorders and their caregivers. Methods In this mixed-methods study, healthcare professionals who worked in family medicine clinics and homecare services evaluated a training program in a user-centered approach with several iterative phases of quantitative and qualitative evaluation, each followed by modifications. The program comprised an e-learning activity and five

evidence summaries. A subsample assessed the e-learning activity during semi-structured think-aloud sessions. A second subsample assessed the evidence summaries they received by email. All participants completed a theory-based questionnaire to assess their intention to adopt SDM. Descriptive statistical analyses and qualitative thematic analyses were integrated at each round to prioritize training improvements with regard to the determinants most likely to influence participants' intention. Results of 106 participants, 98 completed their evaluations of either the e-learning activity or evidence summary (93%). The professions most represented were physicians (60%) and nurses (15%). Professionals valued the e-learning component to gain knowledge on the theory and practice of SDM, and the evidence summaries to apply the knowledge gained through the e-learning activity to diverse clinical contexts. The iterative design process allowed addressing most weaknesses reported. Participants' intentions to adopt SDM and to use the summaries were high at baseline and remained positive as the rounds progressed. Attitude and social influence significantly influenced participants' intention to use the evidence summaries ($P < 0.0001$). Despite strong intention and the tailoring of tools to users, certain factors external to the training program can still influence the effective use of these tools and the adoption of SDM in practice. Conclusions A theory-based and user-centered design approach for continuing professional development interventions on SDM with older adults living with neurocognitive disorders and their caregivers appeared useful to identify the most important determinants of learners' intentions to use SDM in their practice, and validate our initial interpretations of learners' assessments during the subsequent evaluation round.

Notes: Lawani, Moulikatou Adouni Turgeon, Yves Cote, Luc Legare, France Witteman, Holly O. Morin, Michele Kroger, Edeltraut Voyer, Philippe Rodriguez, Charo Giguere, Anik Giguere, Anik/0000-0001-9928-7395; Legare, France/0000-0002-2296-6696; Kroger, Edeltraut/0000-0002-5653-3979; Voyer, Philippe/0000-0002-3234-6554
1472-6947

URL: <Go to ISI>://WOS:000620941900001

Reference Type: Journal Article

Record Number: 876

Author: Lawrason, S., Tomasone, J., Olsen, K. and Ginis, K. M.

Year: 2022

Title: 'I'm glad I can walk, but sometimes it's so challenging that it's an inconvenience to myself and others': physical activity experiences among individuals with spinal cord injury who ambulate

Journal: Qualitative Research in Sport Exercise and Health

Volume: 14

Issue: 6

Pages: 987-1004

Date: Nov

Short Title: 'I'm glad I can walk, but sometimes it's so challenging that it's an inconvenience to myself and others': physical activity experiences among individuals with spinal cord injury who ambulate

ISSN: 2159-676X

DOI: 10.1080/2159676x.2022.2046630

Accession Number: WOS:000763145800001

Abstract: Leisure-time physical activity (LTPA) participation involves two dimensions: quantity and quality. Research has been undertaken to explore strategies for increasing the quantity of LTPA among ambulators with spinal cord injury (SCI). Yet, no studies have been conducted to examine the quality of LTPA participation among ambulators with SCI, which may be important for well-being, health, and maintaining participation. Thus, the purpose of this study was to explore conditions and elements involved in positive and negative quality LTPA experiences. Semi-structured interviews were conducted with 22 ambulators with SCI. Using pragmatism and integrated knowledge translation as guiding approaches, the data were thematically analysed. Following inductive coding, the Quality Participation Framework and the Quality Parasport Participation Framework were employed for deductively coding the elements and conditions associated with LTPA experiences, respectively. Three principal themes were identified which provide broad insights for LTPA among ambulators with SCI: ableism, feeling sidelined, and effects of SCI. These themes capture conditions that fostered a positive or negative quality PA experience, including: three intrapersonal, five social, four programme, and one physical condition(s). Elements identified in the Quality Participation Framework were also related to both positive and negative quality LTPA experiences. This study provides insight on how LTPA is uniquely experienced by ambulators with SCI, including conditions and elements that influence quality participation. Self-determination theory may be useful to inform the design of behavioural interventions due to its alignment with the Quality Participation Framework. Behavioural interventions should employ behaviour change techniques to target conditions and elements of LTPA participation.

Notes: Lawrason, Sarah Tomasone, Jennifer Olsen, Kenedy Ginis, Kathleen Martin

2159-6778

URL: <Go to ISI>://WOS:000763145800001

Reference Type: Journal Article

Record Number: 1475

Author: Lawrason, S. V. C. and Ginis, K. A. M.

Year: 2022

Title: Factors associated with leisure-time physical activity participation among individuals with spinal cord injury who ambulate

Journal: Disability and Rehabilitation

Volume: 44

Issue: 16

Pages: 4343-4350

Date: Jul

Short Title: Factors associated with leisure-time physical activity participation among individuals with spinal cord injury who ambulate

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1904011

Accession Number: WOS:000638175500001

Abstract: Purpose The purpose of this study was to employ the theoretical domains framework (TDF) to identify behaviour change factors related to leisure-time physical activity (LTPA) in spinal cord injury (SCI) ambulators. Methods A cross-sectional design was employed. Among 43 SCI ambulators, the TDF behaviour change factors were assessed, along with the duration, types, and intensities of LTPA performed over the previous week. Results The TDF behaviour change factors identified as barriers to LTPA included: knowledge, beliefs about capabilities, coping planning, and goal conflict. Approximately 71.81 mins/day (SD = 75.41) was spent doing LTPA. Participants reported aerobic and resistance training activities, along with several other types of LTPA (e.g., rock climbing). Coping planning, action planning, goal conflict, and skills explained significant variance in time spent on LTPA (R -adjusted(2) = 0.259, $p < 0.01$), but only action planning uniquely predicted LTPA. Conclusions Greater use of coping and action planning, lower levels of goal conflict and stronger skills were associated with greater participation in LTPA. These factors will be targeted for a future LTPA-enhancing intervention for SCI ambulators, informed by behaviour change theory. SCI ambulators participate in a surprisingly wide range of LTPA. Rehabilitation specialists can use this list to suggest activities for patients with SCI who ambulate. Notes: Lawrason, Sarah V. C. Martin Ginis, Kathleen A. 1464-5165 URL: <Go to ISI>://WOS:000638175500001

Reference Type: Journal Article

Record Number: 124

Author: Lawrason, S. V. C. and Ginis, K. A. M.

Year: 2023

Title: Evaluating the Feasibility, Acceptability, and Engagement of an mHealth Physical Activity Intervention for Adults With Spinal Cord Injury Who Walk: A Randomized Controlled Trial

Journal: Journal of Sport & Exercise Psychology

Volume: 45

Issue: 2

Pages: 61-76

Date: Apr

Short Title: Evaluating the Feasibility, Acceptability, and Engagement of an mHealth Physical Activity Intervention for Adults With Spinal Cord Injury Who Walk: A Randomized Controlled Trial

ISSN: 0895-2779

DOI: 10.1123/jsep.2022-0087

Accession Number: WOS:000944294200001

Abstract: The purpose of this study was to test a partnered, self-determination theory-informed mobile health intervention called SCI Step Together, using an 8-week randomized controlled trial design. The aim of SCI Step Together is to increase the quantity and quality of physical activity (PA) among adults with spinal cord injury (SCI) who walk. The SCI Step Together program provides PA modules and PA self-monitoring tools and facilitates peer and health coach support. Process, resource, management, and scientific feasibility were

assessed, and participants completed questionnaires at baseline, mid-, and postintervention to assess determinants and outcomes of PA. Interviews were conducted to evaluate acceptability. Results suggest that the program demonstrated good feasibility, acceptability, and engagement. The intervention group (n = 11) had greater fulfillment of basic psychological needs and knowledge (p = .05) than the control group (n = 9). There were no significant interaction effects for other outcomes. The SCI Step Together program is feasible and acceptable and efficacious for improving some psychosocial variables. Results may inform SCI mobile health programs.

Notes: Lawrason, Sarah V. C. Ginis, Kathleen A. Martin

1543-2904

URL: <Go to ISI>://WOS:000944294200001

Reference Type: Journal Article

Record Number: 1580

Author: Lawrence, K., Rodriguez, D. V., Feldthouse, D. M., Shelley, D., Yu, J. L., Belli, H. M., Gonzalez, J., Tasneem, S., Fontaine, J., Groom, L. L., Luu, S., Wu, Y. X., McTigue, K. M., Rockette-Wagner, B. and Mann, D. M.

Year: 2021

Title: Effectiveness of an Integrated Engagement Support System to Facilitate Patient Use of Digital Diabetes Prevention Programs: Protocol for a Randomized Controlled Trial

Journal: Jmir Research Protocols

Volume: 10

Issue: 2

Date: Feb

Short Title: Effectiveness of an Integrated Engagement Support System to Facilitate Patient Use of Digital Diabetes Prevention Programs: Protocol for a Randomized Controlled Trial

ISSN: 1929-0748

DOI: 10.2196/26750

Article Number: e26750

Accession Number: WOS:000632479700007

Abstract: Background: Digital diabetes prevention programs (dDPPs) are effective behavior change tools to prevent disease progression in patients at risk for diabetes. At present, these programs are poorly integrated into existing health information technology infrastructure and clinical workflows, resulting in barriers to provider-level knowledge of, interaction with, and support of patients who use dDPPs. Tools that can facilitate patient-provider interaction around dDPPs may contribute to improved patient engagement and adherence to these programs and improved health outcomes. Objective: This study aims to use a rigorous, user-centered design (UCD) methodology to develop a theory-driven system that supports patient engagement with dDPPs and their primary care providers with their care. Methods: This study will be conducted in 3 phases. In phase 1, we will use systematic UCD, Agile software development, and qualitative research methods to identify key user (patients, providers, clinical staff, digital health technologists, and content experts) requirements, constraints, and prioritization

of high-impact features to design, develop, and refine a viable intervention prototype for the engagement system. In phase 2, we will conduct a single-arm feasibility pilot of the engagement system among patients with prediabetes and their primary care providers. In phase 3, we will conduct a 2-arm randomized controlled trial using the engagement system. Primary outcomes will be weight, BMI, and A1c at 6 and 12 months. Secondary outcomes will be patient engagement (use and activity) in the dDPP. The mediator variables (self-efficacy, digital health literacy, and patient-provider relationship) will be measured. Results: The project was initiated in 2018 and funded in September 2019. Enrollment and data collection for phase 1 began in September 2019 under an Institutional Review Board quality improvement waiver granted in July 2019. As of December 2020, 27 patients have been enrolled and first results are expected to be submitted for publication in early 2021. The study received Institutional Review Board approval for phases 2 and 3 in December 2020, and phase 2 enrollment is expected to begin in early 2021. Conclusions: Our findings will provide guidance for the design and development of technology to integrate dDPP platforms into existing clinical workflows. This will facilitate patient engagement in digital behavior change interventions and provider engagement in patients'; use of dDPPs. Integrated clinical tools that can facilitate patient-provider interaction around dDPPs may contribute to improved patient adherence to these programs and improved health outcomes by addressing barriers faced by both patients and providers. Further evaluation with pilot testing and a clinical trial will assess the effectiveness and implementation of these tools.

Notes: Lawrence, Katharine Rodriguez, Danissa, V Feldthouse, Dawn M. Shelley, Donna Yu, Jonathan L. Belli, Hayley M. Gonzalez, Javier Tasneem, Sumaiya Fontaine, Jerlisa Groom, Lisa L. Luu, Son Wu, Yinxiang McTigue, Kathleen M. Rockette-Wagner, Bonny Mann, Devin M. Wu, Yinxiang/HJH-4445-2023

Gonzalez, Javier/0000-0002-7562-6070; Mann, Devin/0000-0002-2099-0852; Shelley, Donna/0000-0003-1677-2577; Rockette-Wagner, Bonny/0000-0002-4096-917X; Tasneem, Sumaiya/0000-0001-5721-1819; Feldthouse, Dawn/0000-0002-9722-7310;

RODRIGUEZ, DANISSA/0000-0003-4642-6798; Belli, Hayley/0000-0002-0816-6844; Wu, Yinxiang/0000-0001-7806-6999

URL: <Go to ISI>://WOS:000632479700007

Reference Type: Journal Article

Record Number: 2323

Author: Lawrence, M., Pringle, J., Kerr, S., Booth, J., Govan, L. and Roberts, N. J.

Year: 2015

Title: Multimodal Secondary Prevention Behavioral Interventions for TIA and Stroke: A Systematic Review and Meta-Analysis

Journal: Plos One

Volume: 10

Issue: 3

Date: Mar

Short Title: Multimodal Secondary Prevention Behavioral

Interventions for TIA and Stroke: A Systematic Review and Meta-Analysis

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0120902

Article Number: e0120902

Accession Number: WOS:000352083900087

Abstract: Background Guidelines recommend implementation of multimodal interventions to help prevent recurrent TIA/stroke. We undertook a systematic review to assess the effectiveness of behavioral secondary prevention interventions. Strategy Searches were conducted in 14 databases, including MEDLINE (1980–January 2014). We included randomized controlled trials (RCTs) testing multimodal interventions against usual care/modified usual care. All review processes were conducted in accordance with Cochrane guidelines. Results Twenty-three papers reporting 20 RCTs (6,373 participants) of a range of multimodal behavioral interventions were included. Methodological quality was generally low. Meta-analyses were possible for physiological, lifestyle, psychosocial and mortality/recurrence outcomes. Note: all reported confidence intervals are 95%. Systolic blood pressure was reduced by 4.21 mmHg (mean) (-6.24 to -2.18, $P = 0.01$, I-2 = 58%, 1,407 participants); diastolic blood pressure by 2.03 mmHg (mean) (-3.19 to -0.87, $P = 0.004$, I-2 = 52%, 1,407 participants). No significant changes were found for HDL, LDL, total cholesterol, fasting blood glucose, high sensitivity-CR, BMI, weight or waist: hip ratio, although there was a significant reduction in waist circumference (-6.69 cm, -11.44 to -1.93, $P = 0.006$, I-2 = 0%, 96 participants). There was no significant difference in smoking continuance, or improved fruit and vegetable consumption. There was a significant difference in compliance with antithrombotic medication (OR 1.45, 1.21 to 1.75, $P < 0.0001$, I-2 = 0%, 2,792 participants) and with statins (OR 2.53, 2.15 to 2.97, $P < 0.00001$, I-2 = 0%, 2,636 participants); however, there was no significant difference in compliance with antihypertensives. There was a significant reduction in anxiety (-1.20, -1.77 to -0.63, $P < 0.0001$, I-2 = 85%, 143 participants). Although there was no significant difference in odds of death or recurrent TIA/stroke, there was a significant reduction in the odds of cardiac events (OR 0.38, 0.16 to 0.88, $P = 0.02$, I-2 = 0%, 4,053 participants). Conclusions There are benefits to be derived from multimodal secondary prevention interventions. However, the findings are complex and should be interpreted with caution. Further, high quality trials providing comprehensive detail of interventions and outcomes, are required.

Notes: Lawrence, Maggie Pringle, Jan Kerr, Susan Booth, Joanne Govan, Lindsay Roberts, Nicola J.

Lawrence, Maggie/E-7722-2010; Roberts, Nicola/AAJ-5784-2021

Lawrence, Maggie/0000-0002-1685-4639; Roberts, Nicola/0000-0002-7589-8113; Booth, Joanne/0000-0002-7870-6391

URL: <Go to ISI>://WOS:000352083900087

Reference Type: Journal Article

Record Number: 181

Author: Laws, R. A., Cheng, H. L., Rossiter, C., Kuswara, K.,

Markides, B. R., Size, D., Corcoran, P., Ong, K. L. and Denney-Wilson, E.

Year: 2023

Title: Perinatal support for breastfeeding using mHealth: A mixed methods feasibility study of the My Baby Now app

Journal: Maternal and Child Nutrition

Volume: 19

Issue: 2

Date: Apr

Short Title: Perinatal support for breastfeeding using mHealth: A mixed methods feasibility study of the My Baby Now app

ISSN: 1740-8695

DOI: 10.1111/mcn.13482

Accession Number: WOS:000922898300001

Abstract: Despite the well-known benefits of breastfeeding, breastfeeding rates remain suboptimal, particularly for women with lower socioeconomic position. Although popular, breastfeeding apps are often poor quality; their impact on breastfeeding knowledge, attitudes, confidence and intentions is unknown. A mixed method pre-post feasibility study was conducted to: 1) explore the feasibility of the My Baby Now app in providing perinatal breastfeeding support; 2) examine the impact on breastfeeding knowledge, attitudes, confidence and intentions; 3) to examine any differences in acceptability and impact of the app according to maternal education. The My Baby Now app was offered to pregnant women 20-30 weeks gestation. Breastfeeding knowledge and intentions were collected at baseline (T1) and 36-38 weeks gestation (T2); attitudes and confidence were collected at baseline, T2 and T3 (8-12 weeks post-partum). App engagement was measured via app analytics. Qualitative interviews were conducted with a purposeful sample following T3. Of 266 participants recruited, 169 (64%) completed T2 and 157 (59%) completed T3. Mothers without university education rated the app to be higher quality, more useful and impactful than mothers with university education. From T1-T2, breastfeeding knowledge (59.6% vs. 66.5%, $p < 0.001$) and exclusive breastfeeding intentions (76.6% vs. 80.9%, $p < 0.001$) increased. Breastfeeding attitudes and confidence scores also increased significantly across T1-T2 and T1-T3. App engagement during pregnancy predicted changes in breastfeeding attitudes from T1-T2 among participants without university education. App engagement did not predict changes in breastfeeding knowledge, confidence or intentions. Future randomised controlled studies should examine the effectiveness of mHealth interventions on breastfeeding outcomes.

Notes: Laws, Rachel A. Cheng, Heilok Rossiter, Chris Kuswara, Konsita Markides, Brittany R. Size, Donna Corcoran, Patricia Ong, Kok-Leong Denney-Wilson, Elizabeth

; Laws, Rachel/P-4948-2016

Cheng, Heilok/0000-0002-7299-0416; Laws, Rachel/0000-0003-4328-1116
1740-8709

URL: <Go to ISI>://WOS:000922898300001

Reference Type: Journal Article

Record Number: 673

Author: Le Bonniec, A., Sun, S., Andrin, A., Dima, A. L. and Letrilliart, L.

Year: 2022

Title: Barriers and Facilitators to Participation in Health

Screening: an Umbrella Review Across Conditions

Journal: Prevention Science

Volume: 23

Issue: 7

Pages: 1115-1142

Date: Oct

Short Title: Barriers and Facilitators to Participation in Health

Screening: an Umbrella Review Across Conditions

ISSN: 1389-4986

DOI: 10.1007/s11121-022-01388-y

Accession Number: WOS:000811412000001

Abstract: Screening is an essential prevention practice for a number of health conditions. However, screening coverage remains generally low. Studies that investigate determinants of screening participation are becoming more common, but oftentimes investigate screening for health conditions in an individualized rather than integrated fashion. In routine clinical practice, however, healthcare professionals are often confronted with situations in which several screening procedures are recommended for the same patient. The consideration of their common determinants may support a more integrated screening approach. The objectives of this umbrella review were therefore to examine: 1) the determinants (barriers and facilitators) that have been identified in relation to recommended health screening procedures; and 2) the modifiable determinants (in primary care) common across health conditions or specific to individual procedures. Results were presented through a narrative synthesis. PubMed, PsycInfo and Cochrane were searched up to January 2022. Systematic reviews reporting determinants of participation in health screening procedures with grade A or B recommendation according to the US Preventive Services Task Force were included. A total of 85 systematic reviews were included, most which contained both qualitative and quantitative studies on determinants that describe individual factors (961 occurrences), social factors (113 occurrences), healthcare professional factors (149 occurrences), health system factors (105 occurrences) and screening procedure factors (99 occurrences). The most studied screening procedures concerned cervical cancer/human papillomavirus (n = 33), breast cancer (n = 28), colorectal cancer (n = 25) and the human immunodeficiency virus (n = 12). Other conditions have been under-studied (e.g. cardiovascular problems, lung cancer, syphilis). The individual domain, including determinants such as knowledge, beliefs and emotions, was the most covered across health conditions. Healthcare professional's recommendations and the quality of patient-provider communication were identified to have a strong influence on screening participation in most conditions. The other three domains included determinants which were more specific to a condition or a population. Various determinants modifiable in primary care were found in the individual domain and in the health system, healthcare professional and screening procedure domains. Quality was assessed as low for most systematic reviews included.

The identification of various modifiable determinants common across conditions highlights the potential of an integrated screening participation approach. Interventions may address common determinants in a broader person-centred framework within which tailoring to specific procedures or populations can be considered. This approach needs to be explored in intervention studies. The systematic review registration is PROSPERO CRD42019126709.

Notes: Le Bonniec, Alice Sun, Sophie Andrin, Amandine Dima, Alexandra L. Letrilliart, Laurent

Dima, Alexandra Lelia/H-4823-2019

Dima, Alexandra Lelia/0000-0002-3106-2242; Sun, Sophie/0000-0002-2202-5060; Le Bonniec, Alice/0000-0001-9916-8038 1573-6695

URL: <Go to ISI>://WOS:000811412000001

Reference Type: Journal Article

Record Number: 25

Author: Leach, M. J.

Year: 2023

Title: Development and validation of the global assessment of the evidence implementation environment GENIE tool

Journal: Complementary Therapies in Clinical Practice

Volume: 52

Date: Aug

Short Title: Development and validation of the global assessment of the evidence implementation environment GENIE tool

ISSN: 1744-3881

DOI: 10.1016/j.ctcp.2023.101764

Article Number: 101764

Accession Number: WOS:000989260200001

Abstract: Background: Overcoming the various barriers to evidence implementation is critical to delivering evidence-based health care. Identifying and managing these obstacles is somewhat challenging however, due to interprofessional and interjurisdictional variations in reported barriers. An efficient, systematic, comprehensive and innovative approach to isolating the barriers to evidence implementation is therefore needed. Materials and methods: Using a mixed methods design, the study aimed to develop, refine and validate a tool to assess the evidence implementation environment for complementary medicine (CM) professions. The tool was developed using a five-stage process, and refined and validated using a two-round e-Delphi technique. Results: Informed by reviews examining the barriers and enablers to evidence implementation in CM, and shaped by the Behaviour Change Wheel Framework, a preliminary 33-item tool was created (i.e. the Global Assessment of the Evidence Implementation Environment [GENIE] tool). A two-round Delphi technique was used to refine the criteria, with a panel of 23 experts agreeing to the removal of two criteria, and the addition of two items. In the end, the Delphi panel reached consensus on 33 criteria, which were sorted into nine stakeholder groups. Conclusion: This study has for the first time, created an innovative tool to assess the capacity and capability of CM professions to engage in evidence-based practice at an optimal level. By assessing the

evidence implementation environment of CM professions, the GENIE tool is able to determine where resources, infrastructure and personnel should be directed in order to optimise the uptake of evidence-based practices within CM professions.

Notes: Leach, Matthew J.

Leach, Matthew/A-2085-2008

Leach, Matthew/0000-0003-3133-1913

1873-6947

URL: <Go to ISI>://WOS:000989260200001

Reference Type: Journal Article

Record Number: 1343

Author: Leary, J., Menyeh, B., Chapungu, V. and Troncoso, K.

Year: 2021

Title: eCooking: Challenges and Opportunities from a Consumer Behaviour Perspective

Journal: Energies

Volume: 14

Issue: 14

Date: Jul

Short Title: eCooking: Challenges and Opportunities from a Consumer Behaviour Perspective

DOI: 10.3390/en14144345

Article Number: 4345

Accession Number: WOS:000676702900001

Abstract: New opportunities are opening for electric cooking (eCooking) as a cost-effective, practical and desirable solution to the twin global challenges of clean cooking and electrification. Globally, momentum is building behind the transformative potential of eCooking to achieve a range of environmental and social impacts. However, cooking is a complex, culturally embedded practice, that results in an array of behavioural change challenges that must be understood and overcome for these new opportunities to translate into impact at scale. The Modern Energy Cooking Services (MECS) programme was designed to explore this space and pilot innovative new eCooking services with the potential to rapidly scale. This paper reflects upon the programme's key learnings to date on the behavioural change dimension of eCooking. It consolidates what we now know on the subject and highlights the gaps that remain, where further investigation is needed. The evidence shows that the uptake of eCooking can be hindered by (often false) perceptions around cost, taste and safety, the high cost and steep learning curve for new appliances, the lack of awareness/availability/after-sales service for energy-efficient appliances and the reluctance of male decision-makers to authorise appliance purchases. However, it also shows that the convenience and potential cost savings offered by energy-efficient appliances can offer an aspirational cooking experience and that uptake could be driven forward rapidly by urbanisation and changing lifestyles.

Notes: Leary, Jon Menyeh, Bridget Chapungu, Vimbai Troncoso, Karin

Menyeh, Bridget Okyerebea/HNQ-7369-2023

Menyeh, Bridget Okyerebea/0000-0003-4799-2943; Troncoso, Karin/

0000-0002-4348-0994; Chapungu, Vimbai/0000-0003-1731-7509

1996-1073

URL: <Go to ISI>://WOS:000676702900001

Reference Type: Journal Article

Record Number: 2197

Author: Leask, C. F., Sandlund, M., Skelton, D. A., Tulle, E. and Chastin, S. F. M.

Year: 2016

Title: Modifying Older Adults' Daily Sedentary Behaviour Using an Asset-based Solution: Views from Older Adults

Journal: Aims Public Health

Volume: 3

Issue: 3

Pages: 542-554

Short Title: Modifying Older Adults' Daily Sedentary Behaviour Using an Asset-based Solution: Views from Older Adults

ISSN: 2327-8994

DOI: 10.3934/publichealth.2016.3.542

Accession Number: WOS:000382488300009

Abstract: Objective: There is a growing public health focus on the promotion of successful and active ageing. Interventions to reduce sedentary behaviour (SB) in older adults are feasible and are improved by tailoring to individuals' context and circumstances. SB is ubiquitous; therefore part of the tailoring process is to ensure individuals' daily sedentary routine can be modified. The aim of this study was to understand the views of older adults and identify important considerations when creating a solution to modify daily sedentary patterns. Method: This was a qualitative research study. Fifteen older adult volunteers (mean age = 78 years) participated in 1 of 4 focus groups to identify solutions to modify daily sedentary routine. Two researchers conducted the focus groups whilst a third took detailed fieldnotes on a flipchart to member check the findings. Data were recorded and analysed thematically. Results: Participants wanted a solution with a range of options which could be tailored to individual needs and circumstances. The strategy suggested was to use the activities of daily routine and reasons why individuals already naturally interrupting their SB, collectively framed as assets. These assets were categorised into 5 sub-themes: physical assets (eg. standing up to reduce stiffness); psychological assets (eg. standing up to reduce feelings of guilt); interpersonal assets (eg. standing up to answer the phone); knowledge assets (eg. standing up due to knowing the benefits of breaking SB) and activities of daily living assets (eg. standing up to get a drink). Conclusion: This study provides important considerations from older adults' perspectives to modify their daily sedentary patterns. The assets identified by participants could be used to co-create a tailored intervention with older adults to reduce SB, which may increase effectiveness and adherence.

Notes: Leask, Calum F. Sandlund, Marlene Skelton, Dawn A. Tulle, Emmanuelle Chastin, Sebastien F. M.

Skelton, Dawn/B-7552-2013; Chastin, Sebastien/ABF-1455-2020

Skelton, Dawn/0000-0001-6223-9840; Chastin, Sebastien/
0000-0003-1421-9348

URL: <Go to ISI>://WOS:000382488300009

Reference Type: Journal Article

Record Number: 790

Author: Leather, J. Z., Keyworth, C., Kapur, N., Campbell, S. M. and Armitage, C. J.

Year: 2022

Title: Examining drivers of self-harm guideline implementation by general practitioners: A qualitative analysis using the theoretical domains framework

Journal: British Journal of Health Psychology

Volume: 27

Issue: 4

Pages: 1275-1295

Date: Nov

Short Title: Examining drivers of self-harm guideline implementation by general practitioners: A qualitative analysis using the theoretical domains framework

ISSN: 1359-107X

DOI: 10.1111/bjhp.12598

Accession Number: WOS:000782000000001

Abstract: Objectives This study aimed to (1) examine barriers and enablers to General Practitioners' (GP) use of National Institute for Health and Care Excellence (NICE) guidelines for self-harm and (2) recommend potential intervention strategies to improve implementation of them in primary care. Design: Qualitative interview study. Methods Twenty-one telephone interviews, semi-structured around the capabilities, opportunities and motivations model of behaviour change (COM-B), were conducted with GPs in the United Kingdom. The Theoretical Domains Framework was employed as an analytical framework. Using the Behaviour Change Wheel, Behaviour Change Techniques (BCTs), intervention functions and exemplar interventions were identified. Results GPs valued additional knowledge about self-harm risk assessments (knowledge), and communication skills were considered to be fundamental to high-pressure consultations (cognitive and interpersonal skills). GPs did not engage with the guidelines due to concerns that they would be a distraction from patient cues about risk during consultations (memory, attention and decision processes), and perceptions that following the guidance is difficult due to time pressures and lack of access to mental health referrals (environmental context and resources). Clinical uncertainty surrounding longer term care for people that self-harm, particularly patients that are waiting for or cannot access a referral, drives GPs to rely on their professional judgement over the guidance (beliefs about capabilities).

Conclusions Three key drivers related to information and skill needs, guideline engagement and clinical uncertainty need to be addressed to support GPs to be able to assess and manage self-harm. Five intervention functions and ten BCT groups were identified as potential avenues for intervention design.

Notes: Leather, Jessica Z. Keyworth, Christopher Kapur, Nav Campbell, Stephen M. Armitage, Christopher J.

Leather, Jessica/0000-0003-3100-0030; Keyworth, Chris/

0000-0002-7815-6174; Kapur, Nav/0000-0002-3100-3234
2044-8287
URL: <Go to ISI>://WOS:000782000000001

Reference Type: Journal Article

Record Number: 2076

Author: Lee, A., Belski, R., Radcliffe, J. and Newton, M.

Year: 2016

Title: What do Pregnant Women Know About the Healthy Eating
Guidelines for Pregnancy? A Web-Based Questionnaire

Journal: Maternal and Child Health Journal

Volume: 20

Issue: 10

Pages: 2179-2188

Date: Oct

Short Title: What do Pregnant Women Know About the Healthy Eating
Guidelines for Pregnancy? A Web-Based Questionnaire

ISSN: 1092-7875

DOI: 10.1007/s10995-016-2071-4

Accession Number: WOS:000383582000020

Abstract: Objectives This study explored nutrition knowledge of pregnant women, and how it correlated with participant characteristics, their main sources of information and changes to their diet since becoming pregnant. Methods Pregnant women residing in Australia accessing pregnancy forums on the internet were invited to complete a web-based questionnaire on general nutrition and pregnancy-specific nutrition guidelines. Results Of the 165 eligible questionnaire responses, 114 were complete and included in the analysis. Pregnancy nutrition knowledge was associated with education ($r(s) = 0.21, p < 0.05$) and income ($r(s) = 0.21, p < 0.05$). Only 2 % of pregnant women achieved nutrition knowledge scores over 80 %. Few women received nutrition advice during their pregnancy, of which most were advised by their doctor. Dietary changes adopted since becoming pregnant included consuming more fruit, vegetables, dairy and high fibre foods. Conclusions for Practice Pregnant women in this study had limited knowledge of the dietary guidelines for healthy eating during pregnancy. Furthermore, nutrition counselling in maternity care appears to be infrequent. One approach to optimising maternal diets and subsequently preventing adverse health outcomes is to enhance their knowledge of the pregnancy nutrition guidelines through the provision of nutritional counselling. Furthermore, research exploring the access and use of nutrition resources, and nutrition advice provided to pregnant women is recommended to understand how knowledge impacts on dietary behaviour.

Notes: Lee, Amelia Belski, Regina Radcliffe, Jessica Newton,
Michelle

Radcliffe, Jessica/AFN-6913-2022

Lee, Amelia/0000-0002-4425-8383; Belski, Regina/0000-0002-8836-3417;

Radcliffe, Jessica/0000-0001-7416-0320

1573-6628

URL: <Go to ISI>://WOS:000383582000020

Reference Type: Conference Proceedings
Record Number: 2430
Author: Lee, J., Walker, E., Burleson, W., Hekler, E. B. and Acm
Year of Conference: 2014
Title: Exploring Users' Creation of Personalized Behavioral Plans
Conference Name: ACM International Joint Conference on Pervasive and Ubiquitous Computing (UbiComp)
Conference Location: Seattle, WA
Pages: 703-706
Date: Sep 13-17
Sponsor: Assoc Comp Machinery, Acm Sigchi Acm Sigmobile
Short Title: Exploring Users' Creation of Personalized Behavioral Plans
ISBN: 978-1-4503-3047-3
DOI: 10.1145/2638728.2641318
Source: Proceedings of the 2014 acm international joint conference on pervasive and ubiquitous computing (ubicomp'14 adjunct)
Year Published:2014
Accession Number: WOS:000704293700138
Abstract: As an initial effort in developing tools that support users' creation of their own behavior-change plans, we conducted a formative user study. We intended to explore people's creation of plans for their own behavioral goals, with minimal support to facilitate their goal-setting, implementation of behavior-change techniques, and self-monitoring. In this paper, we present lessons that we obtained from this initial study, and insights on shifts in our design tools for a follow-up formative study currently underway.
Notes: Lee, Jisoo Walker, Erin Burleson, Winslow Hekler, Eric B. Hekler, Eric B/0000-0002-7434-0775
URL: <Go to ISI>://WOS:000704293700138

Reference Type: Journal Article
Record Number: 1419
Author: Lee, J. K., Bullen, C., Ben Amor, Y., Bush, S. R., Colombo, F., Gaviria, A., Karim, S. S. A., Kim, B., Lavis, J. N., Lazarus, J. V., Lo, Y. C., Michie, S. F., Norheim, O. F., Oh, J., Reddy, K. S., Rostila, M., Saenz, R., Smith, L. D. G., Thwaites, J. W., Were, M. K., Xue, L. and Lancet, Covid-Commission Task Fo
Year: 2021
Title: Institutional and behaviour-change interventions to support COVID-19 public health measures: a review by the Lancet Commission Task Force on public health measures to suppress the pandemic
Journal: International Health
Volume: 13
Issue: 5
Pages: 399-409
Date: Sep
Short Title: Institutional and behaviour-change interventions to support COVID-19 public health measures: a review by the Lancet Commission Task Force on public health measures to suppress the pandemic
ISSN: 1876-3413

DOI: 10.1093/inthealth/ihab022

Accession Number: WOS:000696579000002

Abstract: The Lancet COVID-19 Commission Task Force for Public Health Measures to Suppress the Pandemic was launched to identify critical points for consideration by governments on public health interventions to control coronavirus disease 2019 (COVID-19). Drawing on our review of published studies of data analytics and modelling, evidence synthesis and contextualisation, and behavioural science evidence and theory on public health interventions from a range of sources, we outline evidence for a range of institutional measures and behaviour-change measures. We cite examples of measures adopted by a range of countries, but especially jurisdictions that have, thus far, achieved low numbers of COVID-19 deaths and limited community transmission of severe acute respiratory syndrome coronavirus 2. Finally, we highlight gaps in knowledge where research should be undertaken. As countries consider long-term measures, there is an opportunity to learn, improve the response and prepare for future pandemics.

Notes: Lee, Jong-Koo Bullen, Chris Ben Amor, Yanis Bush, Simon R. Colombo, Francesca Gaviria, Alejandro Karim, Salim S. Abdool Kim, Booyuel Lavis, John N. Lazarus, Jeffrey, V Lo, Yi-Chun Michie, Susan F. Norheim, Ole F. Oh, Juhwan Reddy, Kolli Srinath Rostila, Mikael Saenz, Rocio Smith, Liam D. G. Thwaites, John W. Were, Miriam K. Xue, Lan

Lazarus, Jeffrey V./R-6248-2018; Bullen, Chris/E-4594-2017; Kim, Booyuel/AAK-1211-2021; Ben Amor, Yanis/HNC-4714-2023; Norheim, Ole Frithjof/AAC-8771-2020; Lavis, John N/I-7555-2013; Abdool Karim, Salim/N-5947-2013; Michie, Susan/A-1745-2010

Lazarus, Jeffrey V./0000-0001-9618-2299; Bullen, Chris/0000-0001-6807-2930; Ben Amor, Yanis/0000-0003-1278-8715; Norheim, Ole Frithjof/0000-0002-5748-5956; Lavis, John N/0000-0001-7917-3657; Abdool Karim, Salim/0000-0002-4986-2133; Lee, Jong-koo/0000-0003-4833-1178; Michie, Susan/0000-0003-0063-6378
1876-3405

URL: <Go to ISI>://WOS:000696579000002

Reference Type: Journal Article

Record Number: 1035

Author: Lee, K. and Freudenberg, N.

Year: 2022

Title: Public Health Roles in Addressing Commercial Determinants of Health

Journal: Annual Review of Public Health

Volume: 43

Pages: 375-395

Short Title: Public Health Roles in Addressing Commercial Determinants of Health

ISSN: 0163-7525

DOI: 10.1146/annurev-publhealth-052220-020447

Accession Number: WOS:000789889200020

Abstract: The shared challenges posed by the production and distribution of health-harming products have led to growing recognition of the need for policy learning and transfer across

problems, populations, and social contexts. The commercial determinants of health (CDoH) can serve as a unifying concept to describe the population health consequences arising from for-profit actors and activities, along with the social structures that sustain them. Strategies to mitigate harms from CDoH have focused on behavioral change, regulation, fiscal policies, consumer and citizen activism, and litigation. While there is evidence of effective measures for each strategy, approaches that combine strategies are generally more impactful. Filling gaps in evidence can inform ways of adapting these strategies to specific populations and social contexts. Overall, CDoH are addressed most effectively not through siloed efforts to reduce consumption of health-harming products, but instead as a set of integrated strategies to reduce exposures to health-harming commercial actors and activities.

Notes: Lee, Kelley Freudenberg, Nicholas
1545-2093

URL: <Go to ISI>://WOS:000789889200020

Reference Type: Journal Article

Record Number: 404

Author: Lee, P. X., Wong, T. C. S., Ng, P. Y. B., Yuen, H. C. C., Pontre, I., Craig, J., Taylor, S. and Hatfield, M.

Year: 2023

Title: Coaching in an Acute Pediatric Setting: A Qualitative Approach to Understanding the Perspectives of Occupational Therapists

Journal: Physical & Occupational Therapy in Pediatrics

Volume: 43

Issue: 2

Pages: 212-227

Date: Mar

Short Title: Coaching in an Acute Pediatric Setting: A Qualitative Approach to Understanding the Perspectives of Occupational Therapists

ISSN: 0194-2638

DOI: 10.1080/01942638.2022.2131500

Accession Number: WOS:000869499100001

Abstract: Aims To identify barriers and enablers to implementing coaching in acute pediatric settings from the perspective of occupational therapists and develop an implementation plan to address the identified barriers at a large metropolitan hospital. Methods Participatory Action Research was used, and two stages of focus groups were conducted with 17 occupational therapists working in an acute pediatric hospital. Reflexive thematic analysis was employed for data analysis. Results Stage one themes; (1) Lack of clarity around coaching definition, (2) Acute setting barriers to coaching, (3) Family acceptance and appropriateness, and (4) Enablers for coaching. Stage two themes; (1) Addressing skepticism about coaching, (2) Logistics and approvals, and (3) Implementation strategies for coaching. In Stage Two, participants and researchers developed an implementation plan. Conclusion Occupational therapists perceived coaching as hard to implement in acute pediatric settings due to acuity of caseloads and traditional medical models. The six-

step implementation plan aims to enhance therapist knowledge and motivation as well as reduce environmental barriers, with the aim of embedding coaching into acute pediatric settings.

Notes: Lee, Pei Xuan Wong, Tsz Ching Sabrina Ng, Pei Yun Beatrice Yuen, Hau Ching Camilla Pontre, Isabelle Craig, Joanna Taylor, Susan Hatfield, Megan

Hatfield, Megan/0000-0001-5684-135X; Lee, Pei Xuan/0000-0003-1502-5588; Taylor, Susan/0000-0001-5057-8140 1541-3144

URL: <Go to ISI>://WOS:000869499100001

Reference Type: Journal Article

Record Number: 1960

Author: Leece, P., Buchman, D. Z., Hamilton, M., Timmings, C., Shantharam, Y., Moore, J., Furlan, A. D. and Investigators, S. P. O.

Year: 2017

Title: Improving opioid safety practices in primary care: protocol for the development and evaluation of a multifaceted, theory-informed pilot intervention for healthcare providers

Journal: Bmj Open

Volume: 7

Issue: 4

Date: Apr

Short Title: Improving opioid safety practices in primary care: protocol for the development and evaluation of a multifaceted, theory-informed pilot intervention for healthcare providers

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-013244

Article Number: e013244

Accession Number: WOS:000402527200030

Abstract: Introduction In North America, drug overdose deaths are reaching unprecedented levels, largely driven by increasing prescription opioid-related deaths. Despite the development of several opioid guidelines, prescribing behaviours still contribute to poor patient outcomes and societal harm. Factors at the provider and system level may hinder or facilitate the application of evidence-based guidelines; interventions designed to address such factors are needed. Methods and analysis Using implementation science and behaviour change theory, we have planned the development and evaluation of a comprehensive Opioid Self-Assessment Package, designed to increase adherence to the Canadian Opioid Guideline among family physicians. The intervention uses practical educational and self-assessment tools to provide prescribers with feedback on their current knowledge and practices, and resources to improve their practice. The evaluation approach uses a pretest and post-test design and includes both quantitative and qualitative methods at baseline and 6 months. We will recruit a purposive sample of approximately 10 family physicians in Ontario from diverse practice settings, who currently treat patients with long-term opioid therapy for chronic pain. Quantitative data will be analysed using basic descriptive statistics, and qualitative data will be analysed using the Framework Method. Ethics and dissemination The University Health Network Research Ethics Board approved this study. Dissemination

plan includes publications, conference presentations and brief stakeholder reports. This evidenceinformed, theory-driven intervention has implications for national application of opioid quality improvement tools in primary care settings. We are engaging experts and end users in advisory and stakeholder roles throughout our project to increase its national relevance, application and sustainability. The performance measures could be used as the basis for health system quality improvement indicators to monitor opioid prescribing. Additionally, the methods and approach used in this study could be adapted for other opioid guidelines, or applied to other areas of preventive healthcare and clinical guideline implementation processes.

Notes: Leece, Pamela Buchman, Daniel Z. Hamilton, Michael Timmings, Caitlyn Shantharam, Yalnee Moore, Julia Furlan, Andrea D. Furlan, Andrea D/J-9888-2012; Furlan, Andrea/AAH-2711-2019 Furlan, Andrea/0000-0001-6138-8510; Buchman, Daniel/0000-0001-8944-6647
URL: <Go to ISI>://WOS:000402527200030

Reference Type: Journal Article

Record Number: 1247

Author: Leerapan, B., Kaewkamjornchai, P., Atun, R. and Jalali, M. S.

Year: 2022

Title: How systems respond to policies: intended and unintended consequences of COVID-19 lockdown policies in Thailand Comment

Journal: Health Policy and Planning

Volume: 37

Issue: 2

Pages: 292-293

Date: Feb

Short Title: How systems respond to policies: intended and unintended consequences of COVID-19 lockdown policies in Thailand Comment

ISSN: 0268-1080

DOI: 10.1093/heapol/czab103

Accession Number: WOS:000761458200011

Notes: Leerapan, Borwornsom Kaewkamjornchai, Phanuwich Atun, Rifat Jalali, Mohammad S.

Kaewkamjornchai, Phanuwich/G0J-9959-2022; Leerapan, Borwornsom/HLX-4805-2023

Leerapan, Borwornsom/0000-0001-9381-1045; Jalali, Mohammad/0000-0001-6769-2732; Kaewkamjornchai, Phanuwich/0000-0003-3591-7401 1460-2237

URL: <Go to ISI>://WOS:000761458200011

Reference Type: Journal Article

Record Number: 2433

Author: Legare, F., Guerrier, M., Nadeau, C., Rheume, C., Turcotte, S. and Labrecque, M.

Year: 2013

Title: Impact of DECISION + 2 on patient and physician assessment of

shared decision making implementation in the context of antibiotics use for acute respiratory infections

Journal: Implementation Science

Volume: 8

Date: Dec

Short Title: Impact of DECISION + 2 on patient and physician assessment of shared decision making implementation in the context of antibiotics use for acute respiratory infections

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-144

Article Number: 144

Accession Number: WOS:000329792600001

Abstract: Background: DECISION + 2, a training program for physicians, is designed to implement shared decision making (SDM) in the context of antibiotics use for acute respiratory tract infections (ARTIs). We evaluated the impact of DECISION + 2 on SDM implementation as assessed by patients and physicians, and on physicians' intention to engage in SDM. Methods: From 2010 to 2011, a multi-center, two-arm, parallel randomized clustered trial appraised the effects of DECISION + 2 on the decision to use antibiotics for patients consulting for ARTIs. We randomized 12 family practice teaching units (FPTUs) to either DECISION + 2 or usual care. After the consultation, both physicians and patients independently completed questionnaires based on the D-Option scale regarding SDM behaviors during the consultation. Patients also answered items assessing the role they assumed during the consultation (active/collaborative/passive). Before and after the intervention, physicians completed a questionnaire based on the Theory of Planned Behavior to measure their intention to engage in SDM. To account for the cluster design, we used generalized estimating equations and generalized linear mixed models to assess the impact of DECISION + 2 on the outcomes of interest. Results: A total of 270 physicians (66% women) participated in the study. After DECISION + 2, patients' D-Option scores were 80.1 +/- 1.1 out of 100 in the intervention group and 74.9 +/- 1.1 in the control group ($p = 0.001$). Physicians' D-Option scores were 79.7 +/- 1.8 in the intervention group and 76.3 +/- 1.9 in the control group ($p = 0.2$). However, subgroup analyses showed that teacher physicians D-Option scores were 79.7 +/- 1.5 and 73.0 +/- 1.4 respectively ($p = 0.001$). More patients reported assuming an active or collaborative role in the intervention group (67.1%), than in the control group (49.2%) ($p = 0.04$). There was a significant relation between patients' and physicians' D-Option scores ($p < 0.01$) and also between patient-reported assumed roles and both D-Option scores (as assessed by patients, $p < 0.01$; and physicians, $p = 0.01$). DECISION + 2 had no impact on the intention of physicians to engage in SDM. Conclusion: DECISION + 2 positively influenced SDM behaviors as assessed by patients and teacher physicians. Physicians' intention to engage in SDM was not affected by DECISION + 2.

Notes: Legare, France Guerrier, Mireille Nadeau, Catherine Rheume, Caroline Turcotte, Stephane Labrecque, Michel

Rheume, Caroline/0000-0002-1863-4410; Turcotte, Stephane/0000-0001-6031-4958; Legare, France/0000-0002-2296-6696

URL: <Go to ISI>://WOS:000329792600001

Reference Type: Journal Article

Record Number: 2492

Author: Legare, F., Politi, M. C., Drolet, R., Desroches, S., Stacey, D., Bekker, H. and Team, Sdm-Cpd

Year: 2012

Title: Training health professionals in shared decision-making: An international environmental scan

Journal: Patient Education and Counseling

Volume: 88

Issue: 2

Pages: 159-169

Date: Aug

Short Title: Training health professionals in shared decision-making: An international environmental scan

ISSN: 0738-3991

DOI: 10.1016/j.pec.2012.01.002

Accession Number: WOS:000307914700002

Abstract: Objective: To identify and analyze training programs in shared decision-making (SDM) for health professionals. Methods: We conducted an environmental scan looking for programs that train health professionals in SDM. Pairs of reviewers independently analyzed the programs identified using a standardized data extraction sheet. The developers of the programs validated the data extracted. Results: We identified 54 programs conducted between 1996 and 2011 in 14 countries and 10 languages. Thirty-four programs targeted licensed health professionals, 10 targeted pre-licensure health professionals, and 10 targeted both. Most targeted only the medical profession (n = 32): six targeted more than one health profession. The five most frequently mentioned teaching methods were case-based discussion, small group educational session, role play, printed educational material, and audit and feedback. Thirty-six programs reported having evaluated their impacts but evaluation data was available only for 17. Conclusions: Health professional training programs in SDM vary widely in how and what they deliver, and evidence of their effectiveness is sparse. Practice implications: This study suggests there is a need for international consensus on ways to address the variability in SDM training programs. We need agreed criteria for certifying the programs and for determining the most effective types of training. (C) 2012 Elsevier Ireland Ltd. All rights reserved.

Notes: Legare, France Politi, Mary C. Drolet, Renee Desroches, Sophie Stacey, Dawn Bekker, Hilary

Bekker, Hilary L/A-9183-2010

Bekker, Hilary/0000-0003-1978-5795; Desroches, Sophie/

0000-0003-0797-605X; Politi, Mary/0000-0001-9103-6495; Legare,

France/0000-0002-2296-6696; Stacey, Dawn/0000-0002-2681-741X

1873-5134

URL: <Go to ISI>://WOS:000307914700002

Reference Type: Book

Record Number: 2479

Author: Legare, F. and Zhang, P.
Year: 2013
Title: Barriers and facilitators Strategies for identification and measurement
Series Editor: Straus, S. E., Tetroe, J. and Graham, I. D.
Series Title: Knowledge Translation in Health Care: Moving from Evidence to Practice, 2nd Edition
Number of Pages: 121-136
Short Title: Barriers and facilitators Strategies for identification and measurement
ISBN: 978-1-118-41354-8
Accession Number: WOS:000337603100010
Notes: Legare, France Zhang, Peng
URL: <Go to ISI>://WOS:000337603100010

Reference Type: Journal Article
Record Number: 205
Author: Legrand, J., Aubin-Auger, I., De Bary, L., Fossembas, E., Baruch, D. and Malmartel, A.
Year: 2023
Title: Sustainable development in general practice
Journal: Family Practice
Date: 2023 Jan
Short Title: Sustainable development in general practice
ISSN: 0263-2136
DOI: 10.1093/fampra/cmada003
Accession Number: WOS:000913329600001
Abstract: Lay Summary In an era where global health is an increasing concern for the population, it appeared necessary to study the extent to which health professionals were willing to change their behaviours in their professional lives. This study was based on the interview of 12 French general practitioners and investigated their perspective on sustainable development and how they implemented it in their practice. Four main themes were highlighted. Some physicians did not spontaneously see the link between their practice and sustainable development. Our study showed that they were willing to adapt their practice despite organisational constraints and the difficulty in changing their behaviour. Background As health care accounts for 4-5% of global carbon emissions, many health organisations have called for implementing sustainable development actions in health care. However, sustainable development measures in general practice are rarely implemented by physicians. The aim of this study was to explore the practices of general practitioners (GPs) in terms of sustainable development to identify which actions are appropriate and achievable. Methods A qualitative study was conducted in 12 French GPs using face-to-face or telephone interviews, transcribed verbatim and analysed through a global inductive analysis with constant comparison. Semi-structured interviews were focussed on waste management, relationships between health professionals, sustainable development, and GPs' activity. Results The mean age of the GPs was 42.8 years and they mainly worked in an urban environment. The interviews highlighted 4 themes. It appeared that a balance needs to be found between the

environmental impact and the constraints related to medical care. To be able to think about integrating sustainable development into health care, GPs should make a personal commitment to change their routine. In practice, consumption should be reassessed, prescriptions and prevention reconsidered. These actions could be applied to the GPs' environment as role models for their patients, business leaders, and members of the healthcare system. Conclusion GPs felt concerned by sustainable development and were already involved in its implementation in their practice. Tools are available to help GPs to continue to implement their actions described in this article, but their impact remains to be investigated.

Notes: Legrand, Julie Aubin-Auger, Isabelle De Bary, Louise Fossembas, Elodie Baruch, Dan Malmartel, Alexandre Malmartel, Alexandre/AAG-9088-2020
Malmartel, Alexandre/0000-0001-5387-3268
1460-2229
URL: <Go to ISI>://WOS:000913329600001

Reference Type: Journal Article

Record Number: 2450

Author: Lenferink, A., Frith, P., van der Valk, P., Buckman, J., Sladek, R., Cafarella, P., van der Palen, J. and Effing, T.

Year: 2013

Title: A self-management approach using self-initiated action plans for symptoms with ongoing nurse support in patients with Chronic Obstructive Pulmonary Disease (COPD) and comorbidities: The COPE-III study protocol

Journal: Contemporary Clinical Trials

Volume: 36

Issue: 1

Pages: 81-89

Date: Sep

Short Title: A self-management approach using self-initiated action plans for symptoms with ongoing nurse support in patients with Chronic Obstructive Pulmonary Disease (COPD) and comorbidities: The COPE-III study protocol

ISSN: 1551-7144

DOI: 10.1016/j.cct.2013.06.003

Accession Number: WOS:000324961300009

Abstract: Background: Chronic Obstructive Pulmonary Disease (COPD) frequently coexists with other diseases. Whereas COPD action plans are currently part of usual care, they are less suitable and potentially unsafe for use in the presence of comorbidities. This study evaluates whether an innovative treatment approach directed towards COPD and frequently existing comorbidities can reduce COPD exacerbation days. We hypothesise that this approach, which combines self-initiated action plans and nurse support, will accelerate proper treatment actions and lead to better control of deteriorating symptoms. Methods: In this multicenter randomised controlled trial we aim to include 300 patients with COPD (GOLD II-IV), and with at least one comorbidity (cardiovascular disease, diabetes, anxiety and/or depression). Patients will be recruited from hospitals in the

Netherlands (n = 150) and Australia (n = 150) and will be assigned to an intervention or control group. All patients will learn to complete daily symptom diaries for 12-months. Intervention group patients will participate in self-management training sessions to learn the use of individualised action plans for COPD and comorbidities, linked to the diary. The primary outcome is the number of COPD exacerbation days. Secondary outcomes include hospitalisations, quality of life, self-efficacy, adherence, patient's satisfaction and confidence, health care use and cost data. Analyses: Intention-to-treat analyses (random effect negative binomial regression and random effect mixed models) and cost-effectiveness analyses will be performed. Discussion: Prudence should be employed before extrapolating the use of COPD specific action plans in patients with comorbidities. This study evaluates the efficacy of tailored action plans for both COPD and common comorbidities. (C) 2013 Elsevier Inc. All rights reserved.

Notes: Lenferink, Anke Frith, Peter van der Valk, Paul Buckman, Julie Sladek, Ruth Cafarella, Paul van der Palen, Job Effing, Tanja van der Valk, paul/CAA-2791-2022; van der Valk, paul/AAH-3095-2022; Lenferink, Anke/H-6936-2015; Frith, Peter A/G-5079-2013; Effing, Tanja/AAD-8673-2020

Lenferink, Anke/0000-0002-2276-5691; Cafarella, Paul/0000-0002-0165-4909; Frith, Peter Anthony/0000-0003-3265-0131; van der Palen, Job/0000-0003-1071-6769; Sladek, Ruth/0000-0002-6396-2528 1559-2030

URL: <Go to ISI>://WOS:000324961300009

Reference Type: Journal Article

Record Number: 1589

Author: Leon, N., Namadingo, H., Bobrow, K., Cooper, S., Crampin, A., Pauly, B., Levitt, N. and Farmer, A.

Year: 2021

Title: Intervention development of a brief messaging intervention for a randomised controlled trial to improve diabetes treatment adherence in sub-Saharan Africa

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Jan

Short Title: Intervention development of a brief messaging intervention for a randomised controlled trial to improve diabetes treatment adherence in sub-Saharan Africa

DOI: 10.1186/s12889-020-10089-6

Article Number: 147

Accession Number: WOS:000610521100002

Abstract: Background Brief messaging interventions, including Short Message Service (SMS) text-messages, delivered via mobile device platforms, show promise to support and improve treatment adherence. To understand how these interventions work, and to facilitate transparency, we need clear descriptions of the intervention development process. Method We describe and reflect on the process of designing and pretesting an evidence- and theory-informed brief messaging intervention, to improve diabetes treatment adherence in

sub-Saharan Africa. We followed the stepwise approach recommended by the Medical Research Council, United Kingdom (MRC UK) Framework for Development and Evaluation of Complex Health Interventions and guidance for mobile health intervention development. Results We used a four-phase, iterative approach that first generated primary and secondary evidence on the lived experience of diabetes, diabetes treatment services and mobile-phone use. Second, we designed a type 2 diabetes-specific, brief text-message library, building on our previous hypertension text-message library, as well as drawing on the primary and secondary data from phase one, and on expert opinion. We then mapped the brief text-messages onto behaviour change (COM-B) theoretical constructs. Third, we refined and finalised the newly developed brief text-message library through stakeholder consultation and translated it into three local languages. Finally, we piloted the intervention by pre-testing the automated delivery of the brief text-messages in the trial sites in Malawi and South Africa. The final SMS text Adherence support for people with type 2 diabetes (StAR2D) intervention was tested in a randomised controlled trial in Malawi and South Africa (trial registration: ISRCTN70768808). Conclusion The complexity of public health interventions requires that we give more attention to intervention development work. Our documentation and reflection on the StAR2D intervention development process promotes transparency, replicability, assessment of intervention quality, and comparison with other studies.

Notes: Leon, Natalie Namadingo, Hazel Bobrow, Kirsty Cooper, Sara Crampin, Amelia Pauly, Bruno Levitt, Naomi Farmer, Andrew Crampin, Amelia/0000-0002-1513-4330; Levitt, Naomi/0000-0001-6480-8066
1471-2458
URL: <Go to ISI>://WOS:000610521100002

Reference Type: Journal Article

Record Number: 1256

Author: Leon, N., Namadingo, H., Cooper, S., Bobrow, K., Mwantisi, C., Nyasulu, M., Sicwebu, N., Crampin, A., Levitt, N. and Farmer, A.
Year: 2021

Title: Process evaluation of a brief messaging intervention to improve diabetes treatment adherence in sub-Saharan Africa

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Aug

Short Title: Process evaluation of a brief messaging intervention to improve diabetes treatment adherence in sub-Saharan Africa

DOI: 10.1186/s12889-021-11552-8

Article Number: 1576

Accession Number: WOS:000687154300003

Abstract: Background: The SMS text Adherence support for people with type 2 diabetes (StAR2D) intervention is a pragmatic randomised controlled trial, testing the effectiveness of brief text messaging for improving clinical outcomes and medication adherence. The intervention did not impact glycaemic control. We conducted a pre-

and post-trial process evaluation alongside the StAR2D study in Malawi and South Africa, exploring the experiences and perceptions of patient participants, to better understand potential underlying reasons for the trial outcomes. Methods: We employed a qualitative research design, including conducting semi structured in-depth interviews and focus groups at both trial sites. Purposive sampling was used to ensure representation of a wide range of patients with type 2 diabetes with regards to age, gender, ethnicity, language, and duration of diabetes. We interviewed the same participants at baseline and at the end of the trial. We used within-case and across-case thematic analysis to identify key themes. Results: Brief messages delivered by text were acceptable and useful for addressing informational and support needs for participants. Some participants reported behaviour changes because of the text reminders and advice on a healthy lifestyle. Both participating in the trial and the messages were experienced as a source of support, caring, and motivation. Participants' ability to act on the messages was limited. A common theme was frustration over the lack of ability to effectively control one's blood glucose level. They reported a range of routinised, partial diabetes care adherence behaviours, shaped by complex and interacting individual, social, and health service factors. Participant responses and intervention impact were similar across sites, despite differences in health services. Conclusion: This process evaluation provided context and insight into the factors influencing participants' engagement with the text messaging intervention. The complex context in which patients take their diabetes medication, may explain in part, why brief text messaging may have been insufficient to bring about changes in health outcomes. The scale of need for self-management and health service support, suggests that health system strengthening, and other forms of self-management support should accompany digital communication interventions.

Notes: Leon, N. Namadingo, H. Cooper, S. Bobrow, K. Mwantisi, C. Nyasulu, M. Sicwebu, N. Crampin, A. Levitt, N. Farmer, A. Levitt, Naomi/0000-0001-6480-8066
1471-2458
URL: <Go to ISI>://WOS:000687154300003

Reference Type: Journal Article

Record Number: 1796

Author: Lerum, O., Bartholomew, J., McKay, H., Resaland, G. K., Tjomsland, H. E., Anderssen, S. A., Leirhaug, P. E. and Moe, V. F.
Year: 2019

Title: Active Smarter Teachers: Primary School Teachers' Perceptions and Maintenance of a School-Based Physical Activity Intervention

Journal: Translational Journal of the American College of Sports Medicine

Volume: 4

Issue: 17

Pages: 141-147

Date: Sep

Short Title: Active Smarter Teachers: Primary School Teachers' Perceptions and Maintenance of a School-Based Physical Activity

Intervention

DOI: 10.1249/tjx.0000000000000104

Accession Number: WOS:000755993900005

Abstract: The Active Smarter Kids (ASK) study evaluated the effect of a 7-month curriculum-prescribed physical activity intervention on academic performance in fifth-grade Norwegian students. However, there is also a need to examine teachers' perception and maintenance of the ASK intervention. We conducted a prospective, mixed methods descriptive study across 1 yr of the ASK intervention. Data were collected via a self-report questionnaire, administered online, at two time points, immediately after the ASK intervention and 1 yr postintervention. The first questionnaire comprised open-ended questions about the teacher's experience with the ASK intervention. The second questionnaire determined teachers' maintenance of the ASK intervention. All teachers (N = 59) from the 28 intervention schools were eligible to participate. To prevent workload burden, teachers from the same school were offered the option to respond as a group to a single questionnaire. Thirty-one teachers from 22 schools completed the first questionnaire, and 26 teachers from 25 schools completed the second questionnaire. An analysis of the openended responses in the first questionnaire identified themes centering on the teachers perception of the ASK intervention, including benefits on student's social engagement, professional competence, and interpersonal processes. Eighty-one percent reported that they maintained the use of physically active learning and physical activity breaks as part of their weekly pedagogical practice 1 yr postintervention. Only 18% reported maintained use of physical activity homework. A novel finding was a recognition that the interaction in physically active learning opportunities was especially beneficial for low academic achievement students. Furthermore, the findings indicate that it is important to collaborate with teachers to codesign interventions. This seems to be critical in order for teachers to achieve agency and empower teachers to integrate physical activity into their school day.

Notes: Lerum, Oystein Bartholomew, John McKay, Heather Resaland, Geir Kare Tjomsland, Hege E. Anderssen, Sigmund Alfred Leirhaug, Petter Erik Moe, Vegard Fusche

Lerum, Oystein/0000-0003-4033-8834
2379-2868

URL: <Go to ISI>://WOS:000755993900005

Reference Type: Journal Article

Record Number: 2097

Author: Leslie, H. H., Gage, A., Nsona, H., Hirschhorn, L. R. and Kruk, M. E.

Year: 2016

Title: Training And Supervision Did Not Meaningfully Improve Quality Of Care For Pregnant Women Or Sick Children In Sub-Saharan Africa

Journal: Health Affairs

Volume: 35

Issue: 9

Pages: 1716-1724

Date: Sep

Short Title: Training And Supervision Did Not Meaningfully Improve Quality Of Care For Pregnant Women Or Sick Children In Sub-Saharan Africa

ISSN: 0278-2715

DOI: 10.1377/hlthaff.2016.0261

Accession Number: WOS:000387114300024

Abstract: In-service training courses and supportive supervision of health workers are among the most common interventions to improve the quality of health care in low-and middle-income countries. Despite extensive investment from donors, evaluations of the long-term effect of these two interventions are scarce. We used nationally representative surveys of health systems in seven countries in sub-Saharan Africa to examine the association of in-service training and supervision with provider quality in antenatal and sick child care. The results of our analysis showed that observed quality of care was poor, with fewer than half of evidence-based actions completed by health workers, on average. In-service training and supervision were associated with quality of sick child care; they were associated with quality of antenatal care only when provided jointly. All associations were modest-at most, improvements related to interventions were equivalent to 2 additional provider actions out of the 18-40 actions expected per visit. In-service training and supportive supervision as delivered were not sufficient to meaningfully improve the quality of care in these countries. Greater attention to the quality of health professional education and national health system performance will be required to provide the standard of health care that patients deserve.

Notes: Leslie, Hannah H. Gage, Anna Nsona, Humphreys Hirschhorn, Lisa R. Kruk, Margaret E.

Gage, Anna/ABC-1778-2020; Kruk, Margaret E/E-3058-2010

Gage, Anna/0000-0002-4422-0545; Kruk, Margaret E/

0000-0002-9549-8432; Leslie, Hannah Hogan/0000-0002-7464-3645

URL: <Go to ISI>://WOS:000387114300024

Reference Type: Journal Article

Record Number: 1403

Author: Leung, P., Csipke, E., Yates, L., Birt, L. and Orrell, M.

Year: 2021

Title: Collaborative knowledge sharing in developing and evaluating a training programme for health professionals to implement a social intervention in dementia research

Journal: Journal of Mental Health Training Education and Practice

Volume: 16

Issue: 4

Pages: 269-284

Date: Jul

Short Title: Collaborative knowledge sharing in developing and evaluating a training programme for health professionals to implement a social intervention in dementia research

ISSN: 1755-6228

DOI: 10.1108/jmhtep-10-2020-0071

Accession Number: WOS:000657046800001

Abstract: Purpose This study aims to explore the utility of

collaborative knowledge sharing with stakeholders in developing and evaluating a training programme for health professionals to implement a social intervention in dementia research. Design/methodology/approach The programme consisted of two phases: 1) development phase guided by the Buckley and Caple's training model and 2) evaluation phase drew on the Kirkpatrick's evaluation model. Survey and interview data was collected from health professionals, people with dementia and their supporters who attended the training programme, delivered or participated in the intervention. Qualitative data was analysed using the framework analysis. Findings Seven health professionals participated in consultations in the development phase. In the evaluation phase, 20 intervention facilitators completed the post one-day training evaluations and three took part in the intervention interviews. Eight people with dementia and their supporters from the promoting independence in dementia feasibility study participated in focus groups interviews. The findings show that intervention facilitators were satisfied with the training programme. They learnt new knowledge and skills through an interactive learning environment and demonstrated competencies in motivating people with dementia to engage in the intervention. As a result, this training programme was feasible to train intervention facilitators. Practical implications The findings could be implemented in other research training contexts where those delivering research interventions have professional skills but do not have knowledge of the theories and protocols of a research intervention. Originality/value This study provided insights into the value of collaborative knowledge sharing between academic researchers and multiple non-academic stakeholders that generated knowledge and maximised power through building new capacities and alliances.

Notes: Leung, Phuong Csipke, Emese Yates, Lauren Birt, Linda Orrell, Martin

Orrell, Martin/0000-0002-1169-3530

2042-8707

URL: <Go to ISI>://WOS:000657046800001

Reference Type: Journal Article

Record Number: 2315

Author: Levac, D., Glegg, S. M. N., Camden, C., Rivard, L. M. and Missiuna, C.

Year: 2015

Title: Best Practice Recommendations for the Development, Implementation, and Evaluation of Online Knowledge Translation Resources in Rehabilitation

Journal: Physical Therapy

Volume: 95

Issue: 4

Pages: 648-662

Date: Apr

Short Title: Best Practice Recommendations for the Development, Implementation, and Evaluation of Online Knowledge Translation Resources in Rehabilitation

ISSN: 0031-9023

DOI: 10.2522/ptj.20130500

Accession Number: WOS:000352121400015

Abstract: The knowledge-to-practice gap in rehabilitation has spurred knowledge translation (KT) initiatives aimed at promoting clinician behavior change and improving patient care. Online KT resources for physical therapists and other rehabilitation clinicians are appealing because of their potential to reach large numbers of individuals through self-paced, self-directed learning. This article proposes best practice recommendations for developing online KT resources that are designed to translate evidence into practice. Four recommendations are proposed with specific steps in the development, implementation, and evaluation process: (1) develop evidence-based, user-centered content; (2) tailor content to online format; (3) evaluate impact; and (4) share results and disseminate knowledge. Based on KT evidence and instructional design principles, concrete examples are provided along with insights gained from experiences in creating and evaluating online KT resources for physical therapists. In proposing these recommendations, the next steps for research are suggested, and others are invited to contribute to the discussion.

Notes: Levac, Danielle Glegg, Stephanie M. N. Camden, Chantal Rivard, Lisa M. Missiuna, Cheryl

Levac, Danielle/0-9008-2015

Levac, Danielle/0000-0001-7356-9335; Glegg, Stephanie/
0000-0002-8164-6983

1538-6724

URL: <Go to ISI>://WOS:000352121400015

Reference Type: Journal Article

Record Number: 1950

Author: Lewin, S., Hendry, M., Chandler, J., Oxman, A. D., Michie, S., Shepperd, S., Reeves, B. C., Tugwell, P., Hannes, K., Rehfuss, E. A., Welch, V., McKenzie, J. E., Burford, B., Petkovic, J., Anderson, L. M., Harris, J. and Noyes, J.

Year: 2017

Title: Assessing the complexity of interventions within systematic reviews: development, content and use of a new tool (iCAT_SR)

Journal: BMC Medical Research Methodology

Volume: 17

Date: Apr

Short Title: Assessing the complexity of interventions within systematic reviews: development, content and use of a new tool (iCAT_SR)

DOI: 10.1186/s12874-017-0349-x

Article Number: 76

Accession Number: WOS:000400239100004

Abstract: Background: Health interventions fall along a spectrum from simple to more complex. There is wide interest in methods for reviewing 'complex interventions', but few transparent approaches for assessing intervention complexity in systematic reviews. Such assessments may assist review authors in, for example, systematically describing interventions and developing logic models. This paper describes the development and application of the

intervention Complexity Assessment Tool for Systematic Reviews (iCAT_SR), a new tool to assess and categorise levels of intervention complexity in systematic reviews. Methods: We developed the iCAT_SR by adapting and extending an existing complexity assessment tool for randomized trials. We undertook this adaptation using a consensus approach in which possible complexity dimensions were circulated for feedback to a panel of methodologists with expertise in complex interventions and systematic reviews. Based on these inputs, we developed a draft version of the tool. We then invited a second round of feedback from the panel and a wider group of systematic reviewers. This informed further refinement of the tool. Results: The tool comprises ten dimensions: (1) the number of active components in the intervention; (2) the number of behaviours of recipients to which the intervention is directed; (3) the range and number of organizational levels targeted by the intervention; (4) the degree of tailoring intended or flexibility permitted across sites or individuals in applying or implementing the intervention; (5) the level of skill required by those delivering the intervention; (6) the level of skill required by those receiving the intervention; (7) the degree of interaction between intervention components; (8) the degree to which the effects of the intervention are context dependent; (9) the degree to which the effects of the interventions are changed by recipient or provider factors; (10) and the nature of the causal pathway between intervention and outcome. Dimensions 1-6 are considered 'core' dimensions. Dimensions 7-10 are optional and may not be useful for all interventions. Conclusions: The iCAT_SR tool facilitates more in-depth, systematic assessment of the complexity of interventions in systematic reviews and can assist in undertaking reviews and interpreting review findings. Further testing of the tool is now needed.

Notes: Lewin, Simon Hendry, Maggie Chandler, Jackie Oxman, Andrew D. Michie, Susan Shepperd, Sasha Reeves, Barnaby C. Tugwell, Peter Hannes, Karin Rehfuess, Eva A. Welch, Vivien McKenzie, Joanne E. Burford, Belinda Petkovic, Jennifer Anderson, Laurie M. Harris, Janet Noyes, Jane

Rehfuess, Eva Annette/ABD-8167-2021; Welch, Vivian Andrea/AAD-9338-2020; Tugwell, Peter/AFD-8076-2022; Lewin, Simon/HCH-1959-2022; Oxman, Andrew/Y-3004-2019; Hannes, Karin/H-3857-2018; McKenzie, Joanne/I-2925-2014

Welch, Vivian Andrea/0000-0002-5238-7097; Tugwell, Peter/0000-0001-5062-0556; Oxman, Andrew/0000-0002-5608-5061; Hannes, Karin/0000-0002-5011-3615; Shepperd, Sasha/0000-0001-6384-8322; McKenzie, Joanne/0000-0003-3534-1641; Reeves, Barnaby/0000-0002-5101-9487; Harris, Janet/0000-0002-0754-7223
1471-2288

URL: <Go to ISI>://WOS:000400239100004

Reference Type: Journal Article

Record Number: 1114

Author: Lewis, N. V., Stone, T., Feder, G. S. and Horwood, J.

Year: 2023

Title: Barriers and facilitators to pharmacists' engagement in response to domestic violence: a qualitative interview study

informed by the capability–opportunity–motivation–behaviour model

Journal: Journal of Public Health

Volume: 45

Issue: 1

Pages: E104–E113

Date: Mar

Short Title: Barriers and facilitators to pharmacists' engagement in response to domestic violence: a qualitative interview study informed by the capability–opportunity–motivation–behaviour model

ISSN: 1741–3842

DOI: 10.1093/pubmed/fdab375

Accession Number: WOS:000764765200001

Abstract: Background Domestic and sexual violence and abuse (DSVA) is a global public health problem resulting in health inequalities. Community pharmacies are uniquely placed to help people affected by DSVA. We examined factors that impact pharmacists' engagement in response to DSVA when providing public health services. Methods Semi-structured qualitative interviews with community pharmacists (n = 20) were analyzed thematically, with inductive themes mapped to the Capability–Opportunity–Motivation Behaviour (COM–B) model. Results Pharmacists were confident in providing public health services, but a lack of DSVA training meant there is a need to support their 'Capability' to respond to DSVA. Pharmacies were perceived as highly accessible healthcare providers on the high street, with sexual health consultations offering an ideal 'Opportunity' to enquire about DSVA in a private consultation room. Pharmacist's 'Motivation' to enquire about DSVA was driven by potential positive client outcomes and a desire to be more involved in public health interventions, but organisation– and system–level support and remuneration is needed. Conclusions Community pharmacy offers opportunities for integrating DSVA work in existing public health services. Pharmacists need training on DSVA, ongoing support, allocated funding for DSVA work, and awareness raising campaign for the public on their extended public health role.

Notes: Lewis, Natalia, V Stone, Tracey Feder, Gene S. Horwood, Jeremy

; Lewis, Natalia V/P–7523–2017

Stone, Tracey/0000–0003–2627–3843; horwood, jeremy/

0000–0001–7092–4960; Feder, Gene/0000–0002–7890–3926; Lewis, Natalia V/0000–0002–4839–6548

1741–3850

URL: <Go to ISI>://WOS:000764765200001

Reference Type: Journal Article

Record Number: 1306

Author: Li, B., Huang, X. X., Meng, C. C., Wan, Q. Q. and Sun, Y. A.

Year: 2022

Title: Physical Activity and its Influencing Factors in Community– Dwelling Older Adults With Dementia: A Path Analysis

Journal: Clinical Nursing Research

Volume: 31

Issue: 2

Pages: 301–309

Date: Feb

Short Title: Physical Activity and its Influencing Factors in Community-Dwelling Older Adults With Dementia: A Path Analysis

ISSN: 1054-7738

DOI: 10.1177/10547738211033928

Article Number: 10547738211033928

Accession Number: WOS:000677289700001

Abstract: Dementia is prevalent worldwide, and increases the care burden and potential costs. Physical activity (PA) has been increasingly shown to be beneficial for them. This was a cross-sectional observational study aiming to investigate the status of PA among community-dwelling older adults with dementia in Beijing or Hangzhou, China, and verify the relationships between neuropsychiatric symptoms, activities of daily living (ADL), caregivers' fear of patients' falling and their PA using a path analysis approach. The level of PA among 216 included people with dementia was low. PA was related to the neuropsychiatric symptoms, with ADL and caregivers' fear of patients' falling have mediation roles. The findings indicated that person-centered strategies related to the management of these symptoms might be helpful to improve ADL, relieve caregivers' concerns about them falling and consequently foster positive participation in PA.

Notes: Li, Bei Huang, Xiuxiu Meng, Chenchen Wan, Qiaoqin Sun, Yongan Huang, Xiuxiu/AAM-4920-2021; meng, chen/HKE-5994-2023

Huang, Xiuxiu/0000-0002-5065-9087; Li, Bei/0000-0003-3356-389X 1552-3799

URL: <Go to ISI>://WOS:000677289700001

Reference Type: Journal Article

Record Number: 2026

Author: Li, D., Menassa, C. C. and Karatas, A.

Year: 2017

Title: Energy use behaviors in buildings: Towards an integrated conceptual framework

Journal: Energy Research & Social Science

Volume: 23

Pages: 97-112

Date: Jan

Short Title: Energy use behaviors in buildings: Towards an integrated conceptual framework

ISSN: 2214-6296

DOI: 10.1016/j.erss.2016.11.008

Accession Number: WOS:000396395200009

Abstract: To achieve significant energy reductions in buildings, decision-makers can engage occupants in different types of interventions such as information sharing, feedback and social marketing. To improve the effectiveness of these energy saving interventions, this study develops and tests a model which is capable of identifying occupants' energy use characteristics and the influential factors of their energy use behaviors (e.g., turning off lights when not in use). The consumer segmentation approach from social marketing is adopted to divide occupants into different categories using three metrics: motivation, opportunity and ability.

As a result, a set of hypotheses and corresponding measures are identified to study the effect of influential factors on occupants' energy use characteristics and intentional energy use behaviors. The occupants are then clustered into five main segments that take into account how the occupants will respond to interventions. In the case study, a survey is designed to test the hypotheses and their validity using descriptive statistical analysis and structural equation modeling. The proposed framework is expected to provide decision-makers with useful information to design effective energy saving interventions to reduce overall energy consumption in buildings. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: Li, Da Menassa, Carol C. Karatas, Aslihan
2214-6326

URL: <Go to ISI>://WOS:000396395200009

Reference Type: Journal Article

Record Number: 1291

Author: Li, L. C., Feehan, L. M. and Hoens, A. M.

Year: 2021

Title: Rethinking Physical Activity Promotion During the COVID-19 Pandemic: Focus on a 24-hour Day

Journal: Journal of Rheumatology

Volume: 48

Issue: 8

Pages: 1205-1207

Date: Aug

Short Title: Rethinking Physical Activity Promotion During the COVID-19 Pandemic: Focus on a 24-hour Day

ISSN: 0315-162X

DOI: 10.3899/jrheum.201595

Accession Number: WOS:000680558500004

Notes: Li, Linda C. Feehan, Lynne M. Hoens, Alison M.

Hoens, Alison/AAS-6442-2021; Li, Linda C./P-8485-2015

Hoens, Alison/0000-0002-9533-9079; Li, Linda C./0000-0001-6280-0511
1499-2752

URL: <Go to ISI>://WOS:000680558500004

Reference Type: Journal Article

Record Number: 318

Author: Li, L. F. and Kang, K.

Year: 2022

Title: Understanding the real-time interaction between middle-aged consumers and online experts based on the COM-B model

Journal: Journal of Marketing Analytics

Date: 2022 Nov

Short Title: Understanding the real-time interaction between middle-aged consumers and online experts based on the COM-B model

ISSN: 2050-3318

DOI: 10.1057/s41270-022-00196-1

Accession Number: WOS:000886852700001

Abstract: This paper presents a study of middle-aged online consumers' specific shopping behaviour on live streaming platforms

and analyses the distinct marketing strategy provided by online experts. Influenced by unique social and cultural backgrounds, middle-aged online consumers lack related shopping experience and keep counterfeiting concerns to live streaming shopping, making them prefer to interact with online experts before making final decisions. Based on the COM-B Behaviour Changing theory and the Emotional attachment theory, the research model has been established in this study, and it divides influencing factors into the Emotion unit, Opportunity unit and Capability unit. To test the relationships between influencing factors and middle-aged online consumers' interactive motivation, the partial least-squares path modelling and variance-based structural equation modelling (PLS-SEM) have been applied on the SmartPLS. By analysing 450 samples, the study shows that the counterfeiting concern and ease of use factors positively impact online consumers' motivation to interact with online experts, and self-efficacy plays a negative role.

Notes: Li, Lifu Kang, Kyeong

Li, Lifu/0000-0002-7345-9782

2050-3326

URL: <Go to ISI>://WOS:000886852700001

Reference Type: Journal Article

Record Number: 1076

Author: Li, L. F., Kang, K. and Sohaib, O.

Year: 2023

Title: Investigating factors affecting Chinese tertiary students' online-startup motivation based on the COM-B behaviour changing theory

Journal: Journal of Entrepreneurship in Emerging Economies

Volume: 15

Issue: 3

Pages: 566-588

Date: Apr

Short Title: Investigating factors affecting Chinese tertiary students' online-startup motivation based on the COM-B behaviour changing theory

ISSN: 2053-4604

DOI: 10.1108/jeee-08-2021-0299

Accession Number: WOS:000727929700001

Abstract: Purpose This study aims to present the Chinese entrepreneurial environment and explore Chinese tertiary students' online-startup motivation on live streaming platforms. Based on the COM-B behaviour changing theory, this paper discovers various influencing factors from environmental opportunity and personal capability aspects. It analyses their effects under the cooperative system established among official departments, industries and universities. Meanwhile, considering social and cultural control, it also refers to the uncertainty-avoidance dimension from the Hofstede cultural theory and re-evaluates its influence on Chinese tertiary students' online-startup motivation. Design/methodology/approach The authors analyse 474 responses from online questionnaires through partial least squares path modelling and variance-based structural equation modelling. The paper claims that environmental opportunity

and personal capability factors positively affect students' online-startup motivation, but uncertainty-avoidance thinking plays a negative role. The study also measures the importance-performance map analysis to explore additional findings and discuss managerial implications. Findings Both platform support and official department support positively impact Chinese tertiary students' online-startup motivation and entrepreneurial skills learned from universities are beneficial for them to build online-startup confidence. Meanwhile, influenced by the cooperative system implemented among official departments, industries and universities, official department support positively affects platform support and entrepreneurial skills. Conversely, influenced by Chinese traditional Confucian culture, uncertainty-avoidance thinking negatively affects tertiary students' online-startup motivation. Originality/value This paper demonstrates the analysis of Chinese tertiary students' online-startup motivation drawing on the COM-B behaviour changing and Hofstede cultural theories. Specifically, this study divides influencing factors into three specific aspects as follows: environmental opportunity, personal capability and social and cultural control. Unlike existing research applying traditional research models, the combination of the COM-B behaviour changing theory and the Hofstede cultural theory could be conducive to making the research model reflect influencing factors and present their different relationships.

Notes: Li, Lifu Kang, Kyeong Sohaib, Osama

Sohaib, Osama/R-7312-2019

Sohaib, Osama/0000-0001-9287-5995

2053-4612

URL: <Go to ISI>://WOS:000727929700001

Reference Type: Journal Article

Record Number: 265

Author: Li, Q. Y., Cai, W. W., Li, Y. L., Zhang, R. X., Zeng, C. L., Ma, X. Q., Barka, C. K., Zhang, C., Sun, T. and Xie, H.

Year: 2023

Title: Effects of a theory-based exercise intervention on physical activity levels and health-related outcomes in older people with chronic diseases

Journal: Geriatrics & Gerontology International

Volume: 23

Issue: 2

Pages: 78-84

Date: Feb

Short Title: Effects of a theory-based exercise intervention on physical activity levels and health-related outcomes in older people with chronic diseases

ISSN: 1444-1586

DOI: 10.1111/ggi.14520

Accession Number: WOS:000904073200001

Abstract: BackgroundThe benefits of physical activity are well-documented, and the prevalence of physical inactivity is high in older patients with chronic diseases. This study aimed to investigate the impact of an aerobic exercise intervention based on

the capacity, opportunity, motivation-behavior (COM-B) model on physical activity and health-related outcomes in this population. Methods Thirty-five participants were randomly assigned to the intervention group (IG) for an exercise intervention based on the COM-B model, and 33 were assigned to the control group (CG) for usual care. Physical activity levels, daily steps and bone mineral density T-value, body mass index, waist-hip ratio, subendocardial myocardial viability rate, central arterial pressure, growth index, brachial-ankle pulse wave velocity, ankle-arm index were measured at baseline, during the 12-week intervention, and after the 12-week follow-up. Results Compared with the CG and pre-intervention, total physical activity in the IG increased significantly ($P < 0.05$); however, after the 12-week follow-up, total physical activity decreased. At the same time, the average daily steps of the elderly in both groups increased. Compared with the CG, at the 12-week follow-up, the bone mineral density T-value in the IG was significantly improved ($P < 0.05$). Compared with the pre-intervention values, during the 12-week intervention, bone mineral density T-value, body mass index, waist-hip ratio, subendocardial myocardial viability rate and central arterial pressure were significantly improved ($P < 0.05$); after the 12-week follow-up, brachial-ankle pulse wave velocity and ankle-arm index were significantly improved ($P < 0.05$). No statistically significant changes in the growth index were detected, independent of the group and time. Conclusion Theory-based exercise interventions can change the physical inactivity behavior of older people with chronic diseases, effectively promoting physical activity and improves bone mineral density T-value, controls body weight, and reduces cardiovascular risk and physiological indicators related to atherosclerosis. Geriatr Gerontol Int 2022; center dot center dot: center dot center dot-center dot center dot.

Notes: Li, Qiyu Cai, Weiwei Li, Yanling Zhang, Ruixin Zeng, Chunlu Ma, Xiaoqing Barka, Catherine Katumu Zhang, Chu Sun, Ting Xie, Hui Li, Qiyu/0000-0002-4296-6992
1447-0594

URL: <Go to ISI>://WOS:000904073200001

Reference Type: Journal Article

Record Number: 487

Author: Li, R., Curtis, K., Zaidi, S. T., Van, C. and Castellino, R.
Year: 2022

Title: A new paradigm in adverse drug reaction reporting:
consolidating the evidence for an intervention to improve reporting
Journal: Expert Opinion on Drug Safety

Volume: 21

Issue: 9

Pages: 1193-1204

Date: Sep

Short Title: A new paradigm in adverse drug reaction reporting:
consolidating the evidence for an intervention to improve reporting

ISSN: 1474-0338

DOI: 10.1080/14740338.2022.2118712

Accession Number: WOS:000849592500001

Abstract: Introduction Adverse drug reaction (ADR) under-reporting is highly prevalent internationally and interventions created to address this problem have only been temporarily successful. This review aims to investigate how to leverage digital applications and automation across the healthcare industry to improve the quantity and quality of ADR reporting. Areas covered This review investigated the significance of ADR under-reporting, the barriers of reporting ADRs, and the magnitude of success of various interventions to improve ADR reporting by searching the EMBASE and MEDLINE databases to include studies published between January 2000 and February 2022. This data was integrated with a view to describe a future ADR reporting framework. Expert opinion Digital transformation has presented a significant opportunity with vast quantities of patient health data becoming available in electronic formats. The application of artificial intelligence to detect ADRs and then using automation to report these directly to regulatory agencies without human input would significantly enhance the quantity and quality of ADR reporting. Emphasis should be placed on ADRs identified for newly approved or black triangle medicines. Future studies are needed to measure the success of this ADR reporting framework in reducing the time taken to identify new safety issues and improving patient outcomes.

Notes: Li, Raymond Curtis, Kate Zaidi, Syed Tabish Van, Connie Castelino, Ronald

Li, Raymond/ADD-4734-2022; Zaidi, Syed Tabish R./J-7336-2014

Li, Raymond/0000-0002-8040-4296; Curtis, Kate/0000-0002-3746-0348;

Zaidi, Syed Tabish R./0000-0002-2031-1055

1744-764x

URL: <Go to ISI>://WOS:000849592500001

Reference Type: Journal Article

Record Number: 196

Author: Liao, L. L., Feng, H., Jiao, J. J., Zhao, Y. A. and Ning, H. T.

Year: 2023

Title: Nursing assistants' knowledge, attitudes and training needs regarding urinary incontinence in nursing homes: a mixed-methods study

Journal: BMC Geriatrics

Volume: 23

Issue: 1

Date: Jan

Short Title: Nursing assistants' knowledge, attitudes and training needs regarding urinary incontinence in nursing homes: a mixed-methods study

DOI: 10.1186/s12877-023-03762-z

Article Number: 39

Accession Number: WOS:000919074600001

Abstract: Background Urinary incontinence is an increasingly common problem, especially among older people in nursing homes. Nursing assistants are the leading workforce in nursing homes, and their knowledge and attitudes regarding urinary incontinence have garnered considerable attention in the context of aging in China. However,

most previous studies on this issue have focused on registered nurses. This study aimed to explore nursing assistants' knowledge, attitudes and training needs with regard to urinary incontinence. Methods We conducted a two-part mixed-methods study. After institutional manager approval, we surveyed the knowledge and attitudes of 509 nursing assistants regarding urinary incontinence. We carried out semi-structured interviews with 40 nursing assistants to elicit detailed information on training needs. Results In general, knowledge about urinary incontinence was poor (14.00 +/- 4.18), although attitudes were primarily positive (35.51 +/- 3.19). Most nursing assistants were very willing to learn more about urinary incontinence (93.9%, 478/509), but time constraints and low educational background may be barriers to learning motivation. The three preferred training styles among nursing assistants were face-to-face guidance from a mentor, training combining theory with practice, and online video training. Conclusions Chinese nursing assistants had poor knowledge but positive attitudes toward urinary incontinence. Facility managers should focus on developing training and learning mechanisms regarding urinary incontinence. It is important to adopt diverse training styles according to the actual situation of nursing homes.

Notes: Liao, Lulu Feng, Hui Jiao, Jingjing Zhao, Yinan Ning, Hongting
1471-2318

URL: <Go to ISI>://WOS:000919074600001

Reference Type: Journal Article

Record Number: 81

Author: Liao, L. L., Feng, M. J., You, Y. J., Chen, Y. Q., Guan, C. Y. and Liu, Y. L.

Year: 2023

Title: Experiences of older people, healthcare providers and caregivers on implementing person-centered care for community-dwelling older people: a systematic review and qualitative meta-synthesis

Journal: BMC Geriatrics

Volume: 23

Issue: 1

Date: Mar

Short Title: Experiences of older people, healthcare providers and caregivers on implementing person-centered care for community-dwelling older people: a systematic review and qualitative meta-synthesis

DOI: 10.1186/s12877-023-03915-0

Article Number: 207

Accession Number: WOS:000984100800005

Abstract: Background Person-centered care (PCC) is a critical approach to improving the quality of care for community-dwelling older people. Old-age care services could be provided according to older peoples' choices, needs, and preferences. The purpose of this study was to synthesize research evidence on the experiences of older people, healthcare providers, and caregivers with PCC and to identify the enablers and barriers to implementing PCC for

community-dwelling older people. Methods A meta-synthesis of qualitative research design was adopted. Data searches were performed using CINAHL (EBSCOhost), PubMed (OvidSP), Embase (Ovid), Cochrane Database, and PsycINFO (Ovid) in published articles and were reviewed from the earliest date to February 2023. The Qualitative Method Appraisal Tool was used to conduct a quality appraisal on selected articles. Data were extracted based on the capacity, opportunity, and motivation-behavior model (COM-B model), and the findings were synthesized using the meta-aggregative approach. Results Twelve included articles were analyzed to identify 122 findings that were organized into 11 categories and combined into three synthesized findings-capacities of older people, healthcare providers, and caregivers; opportunities in the implementation of PCC; motivation in implementing PCC. Capacities consisted of a lack of person-centered knowledge and skills, negative attitudes toward shared decision-making, and a lack of formal training to enhance capabilities among HCPs. Opportunities included a lack of coordination in resource allocation, strengthening multidisciplinary teamwork, establishing a desirable environment, and time constraints. Motivation in implementing PCC included encouraging self-reflection and regulation, respecting the autonomy of older people, lack of clear reward and empowerment mechanisms, and being resilient and optimistic. Conclusions The findings of this research provide a reference for implementing successful PCC in the community. The researchers identified barriers and facilitators of implementing PCC, facilitating through stakeholder's person-centered knowledge and skills being valued and respecting the autonomy of older people. Establishing a positive environment and strengthening multidisciplinary team members also promotes the implementation of PCC. However, additional studies are required to explore the influencing factors and address the barriers.

Notes: Liao, Lulu Feng, Mingjiao You, Yanjie Chen, Yuqin Guan, Chunyan Liu, Yilan
1471-2318

URL: <Go to ISI>://WOS:000984100800005

Reference Type: Journal Article

Record Number: 1147

Author: Liew, T. M. and Lee, C. S.

Year: 2021

Title: Examining the Utility of Social Media in COVID-19

Vaccination: Unsupervised Learning of 672,133 Twitter Posts

Journal: Jmir Public Health and Surveillance

Volume: 7

Issue: 11

Date: Nov

Short Title: Examining the Utility of Social Media in COVID-19

Vaccination: Unsupervised Learning of 672,133 Twitter Posts

ISSN: 2369-2960

DOI: 10.2196/29789

Article Number: e29789

Accession Number: WOS:000738935100027

Abstract: Background: Although COVID-19 vaccines have recently become available, efforts in global mass vaccination can be hampered by the widespread issue of vaccine hesitancy. Objective: The aim of this study was to use social media data to capture close-to-real-time public perspectives and sentiments regarding COVID-19 vaccines, with the intention to understand the key issues that have captured public attention, as well as the barriers and facilitators to successful COVID-19 vaccination. Methods: Twitter was searched for tweets related to "COVID-19" and "vaccine" over an 11-week period after November 18, 2020, following a press release regarding the first effective vaccine. An unsupervised machine learning approach (ie, structural topic modeling) was used to identify topics from tweets, with each topic further grouped into themes using manually conducted thematic analysis as well as guided by the theoretical framework of the COM-B (capability, opportunity, and motivation components of behavior) model. Sentiment analysis of the tweets was also performed using the rule-based machine learning model VADER (Valence Aware Dictionary and Sentiment Reasoner). Results: Tweets related to COVID-19 vaccines were posted by individuals around the world (N=672,133). Six overarching themes were identified: (1) emotional reactions related to COVID-19 vaccines (19.3%), (2) public concerns related to COVID-19 vaccines (19.6%), (3) discussions about news items related to COVID-19 vaccines (13.3%), (4) public health communications about COVID-19 vaccines (10.3%), (5) discussions about approaches to COVID-19 vaccination drives (17.1%), and (6) discussions about the distribution of COVID-19 vaccines (20.3%). Tweets with negative sentiments largely fell within the themes of emotional reactions and public concerns related to COVID-19 vaccines. Tweets related to facilitators of vaccination showed temporal variations over time, while tweets related to barriers remained largely constant throughout the study period. Conclusions: The findings from this study may facilitate the formulation of comprehensive strategies to improve COVID-19 vaccine uptake; they highlight the key processes that require attention in the planning of COVID-19 vaccination and provide feedback on evolving barriers and facilitators in ongoing vaccination drives to allow for further policy tweaks. The findings also illustrate three key roles of social media in COVID-19 vaccination, as follows: surveillance and monitoring, a communication platform, and evaluation of government responses.

Notes: Liew, Tau Ming Lee, Cia Sin

URL: <Go to ISI>://WOS:000738935100027

Reference Type: Journal Article

Record Number: 330

Author: Lightfoot, C. J., Wilkinson, T. J., Hadjiconstantinou, M., Graham-Brown, M., Barratt, J., Brough, C., Burton, J., Hainsworth, J., Johnson, V., Martinez, M., Nixon, A. C., Pursey, V., Schreder, S., Vadaszy, N., Wilde, L., Willingham, F., Young, H. M. L., Yates, T., Davies, M. J. and Smith, A. C.

Year: 2022

Title: The Codevelopment of "My Kidneys & Me": A Digital Self-management Program for People With Chronic Kidney Disease

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 11

Date: Nov

Short Title: The Codevelopment of "My Kidneys & Me": A Digital Self-management Program for People With Chronic Kidney Disease

ISSN: 1438-8871

DOI: 10.2196/39657

Article Number: e39657

Accession Number: WOS:000965048200003

Abstract: Background: Health care self-management is important for people living with nondialysis chronic kidney disease (CKD).

However, the few available resources are of variable quality.

Objective: This work describes the systematic codevelopment of "My Kidneys & Me" (MK&M), a theory-driven and evidence-based digital self-management resource for people with nondialysis CKD, guided by an established process used for the successful development of the diabetes education program MyDESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed, DESMOND). Methods: A

multidisciplinary steering group comprising kidney health care professionals and researchers and specialists in the development of complex interventions and digital health provided expertise in the clinical and psychosocial aspects of CKD, self-management, digital health, and behavior change. A patient and public involvement group helped identify the needs and priorities of MK&M and co-design the resource. MK&M was developed in 2 sequential phases. Phase 1 involved the codevelopment process of the MK&M resource (content and materials), using Intervention Mapping (IM) as a framework. The first 4 IM steps guided the development process: needs assessment was conducted to describe the context of the intervention;

intervention outcomes, performance objectives, and behavioral determinants were identified; theory- and evidence-based change methods and practical strategies to deliver change methods were selected; and program components were developed and refined. Phase 2 involved the adoption and adaptation of the existing MyDESMOND digital platform to suit the MK&M resource. Results: The needs assessment identified that individuals with CKD have multiple differing needs and that delivering a self-management program digitally would enable accessible, tailored, and interactive information and support. The intended outcomes of MK&M were to improve and maintain effective self-management behaviors, including physical activity and lifestyle, improve knowledge, promote self-care skills, increase self-efficacy, and enhance well-being. This was achieved through the provision of content and materials designed to increase CKD knowledge and patient activation, reduce health risks, manage symptoms, and improve physical function. Theories and behavior change techniques selected include Self-Management Framework, Capability, Opportunity, Motivation Behavior model components of Behaviour Change Wheel and taxonomy of behavior change techniques, Health Action Process Approach Model, Common Sense Model, and Social Cognitive Theory. The program components developed comprised educational and behavior change sessions, health trackers (eg, monitoring blood pressure, symptoms, and exercise), goal-setting features, and forums for social support. The MyDESMOND

digital platform represented an ideal existing platform to host MK & M; thus, the MyDESMOND interface and features were adopted and adapted for MK&M. Conclusions: Applying the IM framework enabled the systematic application of theory, empirical evidence, and practical perspectives in the codevelopment of MK&M content and materials. Adopting and adapting a preexisting platform provided a cost- and time-efficient approach for developing our digital intervention. In the next stage of work, the efficacy of MK&M in increasing patient activation will be tested in a randomized controlled trial.

Notes: Lightfoot, Courtney J. Wilkinson, Thomas J.

Hadjiconstantinou, Michelle Graham-Brown, Matthew Barratt, Jonathan Brough, Christopher Burton, James Hainsworth, Jenny Johnson, Vicki Martinez, Maria Nixon, Andrew C. Pursey, Victoria Schreder, Sally Vadaszy, Noemi Wilde, Lucina Willingham, Fiona Young, Hannah M. L. Yates, Thomas Davies, Melanie J. Smith, Alice C.

Barratt, Jonathan/IQV-1054-2023

Barratt, Jonathan/0000-0002-9063-7229; Wilkinson, Thomas James/0000-0002-7855-7752; Burton, James/0000-0003-1176-7592; Yates, Thomas/0000-0002-5724-5178; Johnson-Warrington, Vicki/0000-0001-6709-7634; Hainsworth, Jennifer/0000-0002-0432-6126; Lightfoot, Courtney/0000-0002-5855-4159; , Maria/0000-0002-2013-5231; Graham-Brown, Matthew/0000-0002-6197-180X; Brough, Christopher/0000-0001-5623-2669

URL: <Go to ISI>://WOS:000965048200003

Reference Type: Journal Article

Record Number: 1550

Author: Liljeberg, E., Nydahl, M., Lovestam, E. and Andersson, A.

Year: 2021

Title: A qualitative exploration of dietitians' experiences of prescribing oral nutritional supplements to patients with malnutrition: A focus on shared tailoring and behaviour change support

Journal: Journal of Human Nutrition and Dietetics

Volume: 34

Issue: 5

Pages: 858-867

Date: Oct

Short Title: A qualitative exploration of dietitians' experiences of prescribing oral nutritional supplements to patients with malnutrition: A focus on shared tailoring and behaviour change support

ISSN: 0952-3871

DOI: 10.1111/jhn.12867

Accession Number: WOS:000618007600001

Abstract: Background Oral nutritional supplements (ONS) are commonly prescribed to patients with malnutrition. Dietitians have been suggested as preferred prescribers but generally lack ONS prescribing rights. How dietitians with prescribing rights experience their professional practice of prescribing ONS remains understudied. Thus, by exploring dietitians' experiences of prescribing ONS, the present study aimed to obtain a deeper understanding of specific aspects that are of importance for

dietitians when providing a nutrition therapy including ONS. Methods Qualitative individual interviews were conducted with 13 dietitians prescribing ONS to free-living adult outpatients with malnutrition or at nutritional risk in the hospital or primary care setting. Systematic text condensation was used for data analysis. Results Two main categories signifying important aspects were identified and labelled: 'Shared tailoring of the ONS prescription' and 'Supporting and facilitating ONS use'. First, the dietitians described tailoring the ONS prescription together with the patient, having their acceptance as a prerequisite, and being flexible regarding products and amounts prescribed. Second, they described performing different communication strategies and organising of practical issues (e.g., ONS delivery and support from others) to support and facilitate patients' ONS usage. Conclusions The present study identifies patient involvement and the role of dietitians as behaviour change facilitators as two important aspects when dietitians prescribe ONS. These findings allow for dietitians' ideals and strategies on how to prescribe ONS to be made more visible, which can inform both clinical practice and clinical trials for future improvements in nutrition therapy to address malnutrition.

Notes: Liljeberg, Evelina Nydahl, Margaretha Lovestam, Elin Andersson, Agneta

Liljeberg, Evelina/AAE-7646-2020

Liljeberg, Evelina/0000-0002-2605-7457
1365-277x

URL: <Go to ISI>://WOS:000618007600001

Reference Type: Journal Article

Record Number: 328

Author: Lilley, D. and Lofthouse, V.

Year: 2023

Title: Theory into practice: Applying design for sustainable behaviour to drive single use cup recycling

Journal: Design Journal

Volume: 26

Issue: 1

Pages: 74-96

Date: Jan

Short Title: Theory into practice: Applying design for sustainable behaviour to drive single use cup recycling

ISSN: 1460-6925

DOI: 10.1080/14606925.2022.2144474

Accession Number: WOS:000884709500001

Abstract: This paper introduces a real-world, case study application of a Design for Sustainable Behaviour (DfSB) process model and associated evaluation criteria towards the collection of single use cups for recycling at x. It concludes that strategy selection criteria need to be contextualised to ensure meaning and relevance; that framing criteria as prompting questions encourages discussion and reflection, and that engagement with multiple stakeholders when selecting strategies is vital. It also underlines the importance of ethical considerations when implementing behaviour change interventions within the public domain, and mindfulness of potential

'rebound effects'.

Notes: Lilley, Debra Lofthouse, Vicky
1756-3062
URL: <Go to ISI>://WOS:000884709500001

Reference Type: Journal Article

Record Number: 1246

Author: Lim, S., Wright, B., Savaglio, M., Goodwin, D., Pirotta, S.
and Moran, L.

Year: 2021

Title: An Analysis on the Implementation of the Evidence-based PCOS
Lifestyle Guideline: Recommendations from Women with PCOS

Journal: Seminars in Reproductive Medicine

Volume: 39

Issue: 03/04

Pages: 153-160

Date: Jul

Short Title: An Analysis on the Implementation of the Evidence-based
PCOS Lifestyle Guideline: Recommendations from Women with PCOS

ISSN: 1526-8004

DOI: 10.1055/s-0041-1735575

Accession Number: WOS:000691022800001

Abstract: Polycystic ovary syndrome (PCOS) is the most common
endocrinological disorder affecting women of reproductive age,
affecting 8-13% in this group. Women with PCOS are more likely to
have excess BMI, which in turn exacerbates the symptoms of PCOS in
these women. The latest evidence-based guideline recommends
lifestyle management as the first-line treatment for PCOS. However,
the implementation of this recommendation through health services
faces a significant challenge. As part of the mapping of the
implementation plan for lifestyle management in PCOS, citizen panels
and semi-structured interviews were conducted to capture the voices
of consumers. Women with PCOS expressed the need for
multidisciplinary, integrated care as a recurrent theme. Other
important considerations included health professionals who listen
and are open to learning about PCOS, the empowerment of women to
self-manage PCOS and the provision of peer support. Women with PCOS
also expressed the key recommendation of focusing on practical
skills when providing lifestyle advice. Within that, both individual
and group lifestyle sessions were valued for privacy and peer
support respectively and delivery by a dietitian is preferred. These
recommendations by women with PCOS should be considered when
developing the implementation plan for the PCOS lifestyle guideline.

Notes: Lim, Siew Wright, Breanna Savaglio, Melissa Goodwin, Denise
Pirotta, Stephanie Moran, Lisa
1526-4564

URL: <Go to ISI>://WOS:000691022800001

Reference Type: Conference Proceedings

Record Number: 2016

Author: Lindgren, H., Guerrero, E. and Janols, R.

Year of Conference: 2017

Title: Personalised Persuasive Coaching to Increase Older Adults' Physical and Social Activities: A Motivational Model
Conference Name: 15th International Conference on Practical Applications of Agents and Multi-Agent Systems (PAAMS)
Conference Location: Porto, PORTUGAL
Volume: 10349
Pages: 170-182
Series Title: Lecture Notes in Artificial Intelligence
Date: Jun 21-23
Sponsor: Ieee Smc Spain, I. B. M. Aepia Afia Appia Univ Politecnica Madrid Polytechn Inst Porto Cnrs Inst Super Engn Port Ingn Software Avanzado S. A. Ieee Secc Espana Indra
Short Title: Personalised Persuasive Coaching to Increase Older Adults' Physical and Social Activities: A Motivational Model
ISBN: 978-3-319-59930-4; 978-3-319-59929-8
DOI: 10.1007/978-3-319-59930-4_14
Source: Advances in practical applications of cyber-physical multi-agent systems: The paams collection, paams 2017
Year Published:2017
Accession Number: WOS:000434609600014
Abstract: The overall aim of this research is to develop an adaptive digital coaching system that gives seniors personalized support for increasing physical activity, and promoting participation in social activity and their own care. The main research question is how can different behavioral and motivational factors of an individual be formally integrated into the knowledge base of a coach agent for generating support tailored to the individual's needs and preferences in a specific situation? The results include a theory-based motivational model incorporating different person-centric factors, and an algorithm for generating the adaptive and persuasive behavior of the agent that aims to motivate the individual. These are integrated in a mobile coaching application together with a set of theory-based motivating messages targeting primarily physical and social activities. Future work includes the development of methods for handling conflicting motives, and user studies.
Notes: Lindgren, Helena Guerrero, Esteban Janols, Rebecka Guerrero, Esteban/Y-6425-2018; Rosero, Esteban Guerrero/AAH-1761-2020; Lindgren, Helena/AAF-4286-2021; Lindgren, Helena/GLQ-5305-2022
Rosero, Esteban Guerrero/0000-0002-6035-800X; Lindgren, Helena/0000-0002-8430-4241
2945-9133
URL: <Go to ISI>://WOS:000434609600014

Reference Type: Journal Article

Record Number: 109

Author: Lion, K. C., Zhou, C., Fishman, P., Senturia, K., Cole, A., Sherr, K., Opel, D. J., Stout, J., Hazim, C. E., Warren, L., Rains, B. H. and Lewis, C. C.

Year: 2023

Title: A sequential, multiple assignment randomized trial comparing web-based education to mobile video interpreter access for improving provider interpreter use in primary care clinics: the mVOCAL hybrid

type 3 study protocol

Journal: Implementation Science

Volume: 18

Issue: 1

Date: Mar

Short Title: A sequential, multiple assignment randomized trial comparing web-based education to mobile video interpreter access for improving provider interpreter use in primary care clinics: the mVOCAL hybrid type 3 study protocol

ISSN: 1748-5908

DOI: 10.1186/s13012-023-01263-6

Article Number: 8

Accession Number: WOS:000948427700001

Abstract: Background Individuals who use a language other than English for medical care are at risk for disparities related to healthcare safety, patient-centered care, and quality. Professional interpreter use decreases these disparities but remains underutilized, despite widespread access and legal mandates. In this study, we compare two discrete implementation strategies for improving interpreter use: (1) enhanced education targeting intrapersonal barriers to use delivered in a scalable format (interactive web-based educational modules) and (2) a strategy targeting system barriers to use in which mobile video interpreting is enabled on providers' own mobile devices. **Methods** We will conduct a type 3 hybrid implementation-effectiveness study in 3-5 primary care organizations, using a sequential multiple assignment randomized trial (SMART) design. Our primary implementation outcome is interpreter use, calculated by matching clinic visits to interpreter invoices. Our secondary effectiveness outcome is patient comprehension, determined by comparing patient-reported to provider-documented visit diagnosis. Enrolled providers (n = 55) will be randomized to mobile video interpreting or educational modules, plus standard interpreter access. After 9 months, providers with high interpreter use will continue as assigned; those with lower use will be randomized to continue as before or add the alternative strategy. After another 9 months, both strategies will be available to enrolled providers for 9 more months. Providers will complete 2 surveys (beginning and end) and 3 in-depth interviews (beginning, middle, and end) to understand barriers to interpreter use, based on the Theoretical Domains Framework. Patients who use a language other than English will be surveyed (n = 648) and interviewed (n = 75) following visits with enrolled providers to understand their experiences with communication. Visits will be video recorded (n = 100) to assess fidelity to assigned strategies. We will explore strategy mechanism activation to refine causal pathway models using a quantitative plus qualitative approach. We will also determine the incremental cost-effectiveness of each implementation strategy from a healthcare organization perspective, using administrative and provider survey data. **Discussion** Determining how these two scalable strategies, alone and in sequence, perform for improving interpreter use, the mechanisms by which they do so, and at what cost, will provide critical insights for addressing a persistent cause of healthcare disparities.

Notes: Lion, K. Casey Zhou, Chuan Fishman, Paul Senturia, Kirsten

Cole, Allison Sherr, Kenneth Opel, Douglas J. Stout, James Hazim, Carmen E. Warren, Louise Rains, Bonnie H. Lewis, Cara C.
URL: <Go to ISI>://WOS:000948427700001

Reference Type: Journal Article

Record Number: 1460

Author: Litchfield, I., Perryman, K., Avery, A., Campbell, S., Gill, P. and Greenfield, S.

Year: 2021

Title: From policy to patient: Using a socio-ecological framework to explore the factors influencing safe practice in UK primary care

Journal: Social Science & Medicine

Volume: 277

Date: May

Short Title: From policy to patient: Using a socio-ecological framework to explore the factors influencing safe practice in UK primary care

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2021.113906

Article Number: 113906

Accession Number: WOS:000668752500035

Abstract: Background: The recent and rapid changes in the model of primary care delivery have led to an increased focus on patient safety in what is one of the most diverse and complex healthcare settings. However, previous initiatives have failed to deliver the expected improvements, leading to calls for a better understanding of how a range of personal and contextual factors influence the decisions and behaviours of individual care providers. Methods: The socio-ecological framework, successfully used in public health settings to interpret the complex influences on individual behaviours, enabled a post-hoc deductive analysis of a series of semi-structured interviews conducted with clinical staff and senior managers at a range of practices across five geographically diverse regions in England to explore their perspectives on the factors that influence safe practice. Results: The five levels of the socio-ecological framework successfully helped unpick the myriad influences on safe primary care practice, including, at the Individual level, assumptions of responsibility and previous experience; at the Interpersonal, equitable communication in support of a team ethos; at the Organisational, the physical infrastructure, size and complexity of the practice; at the Community, the health profile and literacy of patients; and at the Policy, meeting the demands of competing local and national governing bodies.

Conclusions: Coherent, realistic and achievable goals are needed for improving patient safety in primary care addressing personal, organisational and environmental factors. Such goals and the tools and interventions designed to meet them must therefore be sympathetic to the demands on resources and the characteristics of patients, staff, and their organisations. Using the framework to interpret our findings provided much needed insight into the impact of these varying influences, and highlights the importance of recognising and communicating the relationship between specific contextual factors and the ability of individual providers to

provide safe primary care.

Notes: Litchfield, Ian Perryman, Katherine Avery, Anthony Campbell, Stephen Gill, Paramjit Greenfield, Sheila

Litchfield, Ian/AF0-0944-2022

Litchfield, Ian/0000-0002-1169-5392; Perryman, Katherine/
0000-0003-1275-6991

1873-5347

URL: <Go to ISI>://WOS:000668752500035

Reference Type: Journal Article

Record Number: 1907

Author: Litchfield, I. J., Bentham, L. M., Lilford, R. J., McManus, R. J., Hill, A. and Greenfield, S.

Year: 2017

Title: Adaption, implementation and evaluation of collaborative service improvements in the testing and result communication process in primary care from patient and staff perspectives: a qualitative study

Journal: BMC Health Services Research

Volume: 17

Date: Aug

Short Title: Adaption, implementation and evaluation of collaborative service improvements in the testing and result communication process in primary care from patient and staff perspectives: a qualitative study

DOI: 10.1186/s12913-017-2566-8

Article Number: 615

Accession Number: WOS:000408662800003

Abstract: Background: Increasing numbers of blood tests are being ordered in primary care settings and the swift and accurate communication of test results is central to providing high quality care. The process of testing and result communication is complex and reliant on the coordinated actions of care providers, external groups in laboratory and hospital settings, and patients. This fragmentation leaves it vulnerable to error and the need to improve an apparently fallible system is apparent. However, primary care is complex and does not necessarily adopt change in a linear and prescribed manner influenced by a range of factors relating to practice staff, patients and organisational factors. To account for these competing perspectives, we worked in conjunction with both staff and patients to develop and implement strategies intended to improve patient satisfaction and increase efficiency of existing processes. Methods: The study applied the principles of 'experience-based co-design' to identify key areas of weakness and source proposals for change from staff and patients. The study was undertaken within two primary practices situated in South Birmingham (UK) of contrasting size and socio-economic environment. Senior practice staff were involved in the refinement of the interventions for introduction. We conducted focus groups singly constituted of staff and patients at each practice to determine suitability, applicability and desirability alongside the practical implications of their introduction. Results: At each practice four of the six proposals for change were implemented these were increased access to

phlebotomy, improved receptionist training, proactive communication of results, and increased patient awareness of the tests ordered and the means of their communication. All were received favourably by both patients and staff. The remaining issues around the management of telephone calls and the introduction of electronic alerts for missing results were not addressed due to constraints of time and available resources. Conclusions: Approaches to tackling the same area of weakness differed at practices and was determined by individual staff attitudes and by organisational and patient characteristics. The long-term impact of the changes requires further quantitative evaluation.

Notes: Litchfield, Ian J. Bentham, Louise M. Lilford, Richard J. McManus, Richard J. Hill, Ann Greenfield, Sheila

Litchfield, Ian/AF0-0944-2022

Litchfield, Ian/0000-0002-1169-5392; Lilford, Richard/
0000-0002-0634-984X; McManus, Richard/0000-0003-3638-028X
1472-6963

URL: <Go to ISI>://WOS:000408662800003

Reference Type: Journal Article

Record Number: 599

Author: Lithopoulos, A., Zhang, C. Q., Williams, D. M. and Rhodes, R. E.

Year: 2023

Title: Development and Validation of a Two-component Perceived Control Measure

Journal: Annals of Behavioral Medicine

Volume: 57

Issue: 2

Pages: 175-184

Date: Feb

Short Title: Development and Validation of a Two-component Perceived Control Measure

ISSN: 0883-6612

DOI: 10.1093/abm/kaac033

Accession Number: WOS:000826629000001

Abstract: Background Research indicates that perceived behavioral control (PBC) is an important determinant of behavior and that it is composed of perceived capability and opportunity. However, typical measurement of these constructs may be confounded with motivation and outcome expectations. Vignettes presented before questionnaire items may clarify construct meaning leading to precise measurement. Purpose The purpose of this study was to develop and validate measures of perceived capability and opportunity that parse these constructs from the influence of motivation and outcome expectations using vignettes. Methods Study 1 collected feedback from experts (N = 9) about the initial measure. Study 2a explored internal consistency reliability and construct and discriminant validity of the revised measure using two independent samples (N = 683 and N = 727). Finally, using a prospective design, Study 2b (N = 1,410) investigated test-retest reliability, construct and discriminant validity at Time 2, and nomological validity. Results After Study 1, the revised measure was tested in Studies 2a and 2b. Overall, the

evidence suggests that the measure is optimal with four items for perceived capability and three for the perceived opportunity. The measure demonstrated strong internal consistency (> 0.90) and test-retest reliability (intraclass correlation coefficients [ICCs] $> .78$). The measure also showed construct and discriminant validity by differentiating itself from behavioral intentions (i.e., motivation) and affective attitude (based on expected outcomes) (SRMR = 0.03; RMSEA = 0.06). It also demonstrated evidence of nomological validity as behavior 2 weeks later was predicted. Conclusions We recommend researchers use this tool in future correlational and intervention studies to parse motivation and outcome expectations from perceived capability and opportunity measurement.

Notes: Lithopoulos, Alexander Zhang, Chun-Qing Williams, David M. Rhodes, Ryan E.

Zhang, Chun-Qing/AAC-5508-2019; Rhodes, Ryan E./ABB-4896-2020

Zhang, Chun-Qing/0000-0002-0683-4570; Rhodes, Ryan E./

0000-0003-0940-9040; Lithopoulos, Alexander/0000-0002-8212-2583
1532-4796

URL: <Go to ISI>://WOS:000826629000001

Reference Type: Journal Article

Record Number: 238

Author: Litterbach, E. K., Laws, R., Zheng, M. B., Campbell, K. J. and Spence, A. C.

Year: 2023

Title: ?That?s the routine?: A qualitative exploration of mealtime screen use in lower educated Australian families with young children

Journal: Appetite

Volume: 180

Date: Jan

Short Title: ?That?s the routine?: A qualitative exploration of mealtime screen use in lower educated Australian families with young children

ISSN: 0195-6663

DOI: 10.1016/j.appet.2022.106377

Article Number: 106377

Accession Number: WOS:000917007300004

Abstract: Background: Family meals are an opportune context for initiating healthy eating habits in young children. However, using screens at family mealtimes may negate some of the associated nutritional and social benefits. In High Income countries, frequent mealtime screen use is common, particularly in families of low socioeconomic position (SEP). This study aimed to explore experiences and acceptability of mealtime screen use in families of low SEP with young children. Methods: Qualitative interviews with 25 mothers of low SEP were conducted via telephone or ZoomTM using Photo Interviewing and a semi-structured interview script. Transcripts were analysed thematically using a Constructivist paradigm. Results: Many parents reported an eagerness for reducing family mealtime screen use. Three major themes were identified in explaining the reasons behind levels of engagement in family mealtime screen use. These included parental self-efficacy, such as parental confidence in saying no to screens at mealtimes, physical

resources such as having enough space in the home for a functioning dining table without view of a television, and temporal priorities such as prioritising screen use for managing children's difficult behaviour at mealtimes over long-term health considerations.

Conclusions: This study highlights that although family mealtime screen use is likely linked with a range of child behaviours and parenting practices that may negatively influence children's dietary intake and social engagement, parents often considered screens acceptable at mealtimes. Nonetheless, parents' desire to reduce family mealtime screen use provides an important opportunity to determine how best to support parents to achieve this.

Notes: Litterbach, Eloise-kate Laws, Rachel Zheng, Miaobing Campbell, Karen J. Spence, Alison C.

Laws, Rachel/P-4948-2016

Laws, Rachel/0000-0003-4328-1116

1095-8304

URL: <Go to ISI>://WOS:000917007300004

Reference Type: Journal Article

Record Number: 1091

Author: Littlewood, K. E. and Beausoleil, N. J.

Year: 2021

Title: Two Domains to Five: Advancing Veterinary Duty of Care to Fulfil Public Expectations of Animal Welfare Expertise

Journal: Animals

Volume: 11

Issue: 12

Date: Dec

Short Title: Two Domains to Five: Advancing Veterinary Duty of Care to Fulfil Public Expectations of Animal Welfare Expertise

ISSN: 2076-2615

DOI: 10.3390/ani11123504

Article Number: 3504

Accession Number: WOS:000735278800001

Abstract: Simple Summary Veterinarians are animal health experts. More recently, explicit references to veterinarians as animal welfare experts have proliferated. Veterinarians are ideally situated to act as animal welfare experts by virtue of their core work with animals, influence over owners, their roles in policy development, compliance, and monitoring, and as educators of future veterinary professionals. However, the discipline of animal welfare science has moved beyond a focus on nutrition and health towards an acceptance that the mental experiences of animals are the focus of welfare consideration. The Five Domains Model is a framework for assessing animal welfare and focuses on mental experiences arising from a broad range of impacts or opportunities. The Model can be used as a framework to integrate contemporary understanding of animal welfare science in veterinary curricula and improve welfare literacy within the veterinary profession. Veterinarians are animal health experts. More recently, they have been conferred a leading role as experts in animal welfare. This expectation of veterinarians as welfare experts appears to stem from their training in veterinary medicine as well as professional contributions to welfare-relevant

policy and law. Veterinarians are ideally situated to act as animal welfare experts by virtue of their core work with animals and potential influence over owners, their roles in policy development, compliance, and monitoring, and as educators of future veterinarians. However, since its inception as a discipline over 70 years ago, animal welfare science has moved beyond a two-dimensional focus on nutrition and health (biological functioning) towards an understanding that the mental experiences of animals are the focus of welfare consideration. The Five Domains Model is a structured and systematic framework for more holistically considering conditions that contribute to the animal's internal state and its perception of its external situation, and the resultant mental experiences. The Model can be used to better align veterinary animal welfare expertise with contemporary understanding of animal welfare science and improve welfare literacy within the veterinary profession. Improved understanding of animal welfare science is likely to lead to increased confidence, competence, and empowerment to act as experts in their daily lives.

Notes: Littlewood, Katherine E. Beausoleil, Ngaio J.

Littlewood, Katherine/GPP-6569-2022

Beausoleil, Ngaio/0000-0003-4592-0460; Littlewood, Katherine/
0000-0002-5315-3305

URL: <Go to ISI>://WOS:000735278800001

Reference Type: Journal Article

Record Number: 1267

Author: Litton, E., Atkinson, H., Anstey, J., Anstey, M., Campbell, L. T., Forbes, A., Hahn, R., Hooper, K., Kasza, J., Knapp, S., McGain, F., Ngyuen, N., Pilcher, D., Reddi, B., Reid, C., Robinson, S., Thompson, K., Webb, S. and Young, P.

Year: 2021

Title: Optimising a targeted test reduction intervention for patients admitted to the intensive care unit: The Targeted Intensive Care Test Ordering Cluster Trial intervention

Journal: Australian Critical Care

Volume: 34

Issue: 5

Pages: 419-426

Date: Sep

Short Title: Optimising a targeted test reduction intervention for patients admitted to the intensive care unit: The Targeted Intensive Care Test Ordering Cluster Trial intervention

ISSN: 1036-7314

DOI: 10.1016/j.aucc.2020.11.003

Accession Number: WOS:000685540600004

Abstract: Background: Approaches to routine diagnostic testing in the intensive care unit include time-scheduled testing and targeted testing. Blood tests and chest radiographs requested on a routine, time-scheduled basis may reduce the risk of missing important findings. Targeted testing, considering individual patient needs, may reduce unnecessary testing, wasted clinician time, and costs. However, existing evidence of targeted testing interventions is generally of low quality, and the optimal testing approach is

uncertain. Objectives: The aim of the study was to describe the development of an intervention to reduce unnecessary diagnostic test ordering by clinicians working in intensive care, with the aim of informing the design of a pivotal clinical trial. Methods: The Capability, Opportunity, Motivation-Behaviour model was used as a theoretical framework for change. The intervention components were informed by systematically identifying, assessing, and classifying targeted testing interventions in behavioural terms. Feedback from intensive care clinicians and patients was sought using surveys and a consumer reference group. Results: The mean percentage of routine tests considered unnecessary by 201 intensive care clinicians was 33 (standard deviation = 16). When presented with a statement of the pros and cons for targeted versus liberal testing (n = 154), 93 (60%) consumer survey respondents preferred a more liberal approach, 33 (21%) preferred a more restrictive approach, and 28 (18%) were unsure. There were 24 behavioural interventions identified and incorporated into the final intervention. This had five major components: (i) a management committee to acquire, disseminate, and coordinate intervention-related information, (ii) a targeted testing guideline for sites, (iii) educational material for sites, (iv) site medical and nursing champions, and (v) site audit and feedback. Conclusions: Although surveyed intensive care clinicians report substantial unnecessary routine diagnostic testing, on the basis of currently available evidence, consumers prefer a more liberal approach. This feedback, and a framework to identify behavioural interventions, has been used to inform the design of a proposed targeted testing clinical trial. (c) 2020 Australian College of Critical Care Nurses Ltd. Published by Elsevier Ltd. All rights reserved.

Notes: Litton, Edward Atkinson, Helen Anstey, James Anstey, Matthew Campbell, Lewis T. Forbes, Andrew Hahn, Rebecca Hooper, Katherine Kasza, Jessica Knapp, Sharon McGain, Forbes Ngyuen, Nhi Pilcher, David Reddi, Benjamin Reid, Chris Robinson, Suzanne Thompson, Kelly Webb, Steve Young, Paul

Reid, Christopher A/F-4387-2014; litton, edward/C-5384-2017;

Robinson, Suzanne/B-6604-2013

litton, edward/0000-0002-5125-6829; Kasza, Jessica/

0000-0002-8940-0136; Young, Paul/0000-0002-3428-3083; Reid,

Christopher/0000-0001-9173-3944; Thompson, Kelly/

0000-0003-2304-8931; Robinson, Suzanne/0000-0001-5703-6475

1878-1721

URL: <Go to ISI>://WOS:000685540600004

Reference Type: Journal Article

Record Number: 2308

Author: Liu, H. M., Massi, L., Laba, T. L., Peiris, D., Usherwood, T., Patel, A., Cass, A., Eades, A. M., Redfern, J., Hayman, N., Howard, K. and Brien, J. A.

Year: 2015

Title: Patients' and Providers' Perspectives of a Polypill Strategy to Improve Cardiovascular Prevention in Australian Primary Health Care A Qualitative Study Set Within a Pragmatic Randomized, Controlled Trial

Journal: Circulation–Cardiovascular Quality and Outcomes

Volume: 8

Issue: 3

Pages: 301–308

Date: May

Short Title: Patients' and Providers' Perspectives of a Polypill Strategy to Improve Cardiovascular Prevention in Australian Primary Health Care A Qualitative Study Set Within a Pragmatic Randomized, Controlled Trial

ISSN: 1941–7705

DOI: 10.1161/circoutcomes.115.001483

Accession Number: WOS:000354743900012

Abstract: Background–This study explores health provider and patient attitudes toward the use of a cardiovascular polypill as a health service strategy to improve cardiovascular prevention. Methods and Results–In-depth, semistructured interviews (n= 94) were conducted with health providers and patients from Australian general practice, Aboriginal community–controlled and government–run Indigenous Health Services participating in a pragmatic randomized controlled trial evaluating a polypill–based strategy for high–risk primary and secondary cardiovascular disease prevention. Interview topics included polypill strategy acceptability, factors affecting adherence, and trial implementation. Transcribed interview data were analyzed thematically and interpretively. Polypill patients commented frequently on cost–savings, ease, and convenience of a daily–dosing pill. Most providers considered a polypill strategy to facilitate improved patient medication use. Indigenous Health Services providers and indigenous patients thought the strategy acceptable and beneficial for indigenous patients given the high disease burden. Providers noted the inflexibility of the fixed dose regimen, with dosages sometimes inappropriate for patients with complex management considerations. Future polypill formulations with varied strengths and classes of medications may overcome this barrier. Many providers suggested the polypill strategy, in its current formulations, might be more suited to high–risk primary prevention patients. Conclusions–The polypill strategy was generally acceptable to patients and providers in cardiovascular prevention. Limitations to provider acceptability of this particular polypill were revealed, as was a perception it might be more suitable for high–risk primary prevention patients, though future combinations could facilitate its use in secondary prevention. Participants suggested a polypill–based strategy as particularly appropriate for lowering the high cardiovascular burden in indigenous populations. Notes: Liu, Hueiming Massi, Luciana Laba, Tracey–Lea Peiris, David Usherwood, Tim Patel, Anushka Cass, Alan Eades, Anne–Marie Redfern, Julie Hayman, Noel Howard, Kirsten Brien, Jo–anne Redfern, Julie/AAM–8617–2020; Hayman, Noel/H–9626–2013; Laba, Tracey–Lea/H–8908–2013 Redfern, Julie/0000–0001–8707–5563; Laba, Tracey–Lea/0000–0002–5182–9092; Peiris, David/0000–0002–6898–3870; Patel, Anushka/0000–0003–3825–4092; Jan, Stephen/0000–0003–2839–1405; Cass, Alan/0000–0002–3923–3173; Eades, Anne–Marie/0000–0001–5138–8891; Howard, Kirsten/0000–0002–0918–7540 1941–7713

URL: <Go to ISI>://WOS:000354743900012

Reference Type: Journal Article

Record Number: 958

Author: Liu, J., Kamarudin, K. M., Liu, Y. Q., Zou, J. Z. and Zhang, J. Q.

Year: 2022

Title: Developing a Behavior Change Framework for Pandemic Prevention and Control in Public Spaces in China

Journal: Sustainability

Volume: 14

Issue: 4

Date: Feb

Short Title: Developing a Behavior Change Framework for Pandemic Prevention and Control in Public Spaces in China

DOI: 10.3390/su14042452

Article Number: 2452

Accession Number: WOS:000764322600001

Abstract: Preventive behavior, such as hand hygiene, facemask wearing, and social distancing, plays a vital role in containing the spread of viruses during pandemics. However, people in many parts of the world usually encounter difficulties adhering to this behavior due to various causes. Thus, this article aims to develop a research framework and propose design strategies to prompt individuals' behavior change during pandemics. Initially, we integrated a literature review and a structured interview (n = 22) to ascertain the core factors impacting behavior change during pandemics. These factors were categorized into four aspects: perceptual factors (attitudes, subjective norms and perceived behavior control, risk perceptions); social factors (knowledge and information dissemination, governmental regulations); physical factors (tools and facilities and surveillance); and sociocultural factor (cultural contexts). Then, a theoretical framework with antecedents was developed to reveal behavior intention and formation process. After that, an empirical study was carried out to test the research framework through a questionnaire survey (n = 549). The research findings indicated that all derived factors could directly or indirectly affect individuals' preventive behavior during pandemics. This article strives to provide valuable insights for different stakeholders when coping with pandemic situations.

Notes: Liu, Jing Kamarudin, Khairul Manami Liu, Yuqi Zou, Jinzhi Zhang, Jiaqi

Kamarudin, Khairul Manami/N-7518-2017

Kamarudin, Khairul Manami/0000-0002-5940-7046
2071-1050

URL: <Go to ISI>://WOS:000764322600001

Reference Type: Journal Article

Record Number: 21

Author: Liu, S., Coulter, R., Sui, W. Y., Nuss, K. and Rhodes, R. E.

Year: 2023

Title: Determinants of recreational screen time behavior following

the COVID-19 pandemic among Canadian adults
Journal: Applied Physiology Nutrition and Metabolism
Date: 2023 May
Short Title: Determinants of recreational screen time behavior following the COVID-19 pandemic among Canadian adults
ISSN: 1715-5312
DOI: 10.1139/apnm-2022-0379
Accession Number: WOS:000985432500001

Abstract: The objectives of our study were to examine recreational screen time behavior before and 2 years following the COVID-19 pandemic lockdown, and explore whether components of the capability-opportunity-motivation-behavior (COM-B) model would predict changes in this recreational screen time behavior profile over the 2-year period. This cross-sectional, retrospective study was conducted in March 2022. Canadian adults (n = 977) completed an online survey that collected demographic information, current screen time behavior, screen time behavior prior to the pandemic, and beliefs about capability, opportunities, and motivation for limiting screen time based on the COM-B model. We found that post-pandemic recreational screen time (3.91 +/- 2.85 h/day) was significantly higher than pre-pandemic levels (3.47 +/- 2.50 h/day, p < 0.01). Three recreational screen time behavior profiles were identified based on the Canadian 24-Hour Movement Guidelines: (1) always met screen time guidelines (<= 3 h/day) (47.8%; n = 454); (2) increased screen time (10.1%; n = 96); and (3) never met screen time guidelines (42%; n = 399). The overall discriminant function was found to be significant among the groups (Wilks' lambda = 0.90; canonical r = 0.31, chi 2 = (14) = 95.81, p < 0.001). The group that always met screen time guidelines had the highest levels of automatic motivation, reflective motivation, social opportunity, and psychological capabilities to limit screen time compared to other screen time profile groups. In conclusion, recreational screen time remains elevated post-pandemic. Addressing motivation (automatic and reflective), psychological capabilities, and social opportunities may be critical for future interventions aiming to limit recreational screen time.

Notes: Liu, Sam Coulter, Rebecca Sui, Wuyou Nuss, Kayla Rhodes, Ryan E.

1715-5320

URL: <Go to ISI>://WOS:000985432500001

Reference Type: Journal Article

Record Number: 1275

Author: Liu, S. R., Li, J. L. and Liu, J. L.

Year: 2021

Title: Leveraging Transfer Learning to Analyze Opinions, Attitudes, and Behavioral Intentions Toward COVID-19 Vaccines: Social Media Content and Temporal Analysis

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 8

Date: Aug

Short Title: Leveraging Transfer Learning to Analyze Opinions,

Attitudes, and Behavioral Intentions Toward COVID-19 Vaccines:
Social Media Content and Temporal Analysis

ISSN: 1438-8871

DOI: 10.2196/30251

Article Number: e30251

Accession Number: WOS:000683837700006

Abstract: Background: The COVID-19 vaccine is considered to be the most promising approach to alleviate the pandemic. However, in recent surveys, acceptance of the COVID-19 vaccine has been low. To design more effective outreach interventions, there is an urgent need to understand public perceptions of COVID-19 vaccines.

Objective: Our objective was to analyze the potential of leveraging transfer learning to detect tweets containing opinions, attitudes, and behavioral intentions toward COVID-19 vaccines, and to explore temporal trends as well as automatically extract topics across a large number of tweets. **Methods:** We developed machine learning and transfer learning models to classify tweets, followed by temporal analysis and topic modeling on a dataset of COVID-19 vaccine-related tweets posted from November 1, 2020 to January 31, 2021. We used the F1 values as the primary outcome to compare the performance of machine learning and transfer learning models. The statistical values and P values from the Augmented Dickey-Fuller test were used to assess whether users' perceptions changed over time. The main topics in tweets were extracted by latent Dirichlet allocation analysis. **Results:** We collected 2,678,372 tweets related to COVID-19 vaccines from 841,978 unique users and annotated 5000 tweets. The F1 values of transfer learning models were 0.792 (95% CI 0.789-0.795), 0.578 (95% CI 0.572-0.584), and 0.614 (95% CI 0.606-0.622) for these three tasks, which significantly outperformed the machine learning models (logistic regression, random forest, and support vector machine). The prevalence of tweets containing attitudes and behavioral intentions varied significantly over time. Specifically, tweets containing positive behavioral intentions increased significantly in December 2020. In addition, we selected tweets in the following categories: positive attitudes, negative attitudes, positive behavioral intentions, and negative behavioral intentions. We then identified 10 main topics and relevant terms for each category. **Conclusions:** Overall, we provided a method to automatically analyze the public understanding of COVID-19 vaccines from real-time data in social media, which can be used to tailor educational programs and other interventions to effectively promote the public acceptance of COVID-19 vaccines.

Notes: Liu, Siru Li, Jili Liu, Jialin

Liu, Siru/GYA-2297-2022

Liu, Siru/0000-0002-5003-5354; Li, Jili/0000-0002-7051-0503

URL: <Go to ISI>://WOS:000683837700006

Reference Type: Journal Article

Record Number: 1417

Author: Liu, S. R. and Liu, J. L.

Year: 2021

Title: Understanding Behavioral Intentions Toward COVID-19 Vaccines:
Theory-Based Content Analysis of Tweets

Journal: Journal of Medical Internet Research
Volume: 23
Issue: 5
Date: May
Short Title: Understanding Behavioral Intentions Toward COVID-19 Vaccines: Theory-Based Content Analysis of Tweets
ISSN: 1438-8871
DOI: 10.2196/28118
Article Number: e28118
Accession Number: WOS:000649822100005
Abstract: Background: Acceptance rates of COVID-19 vaccines have still not reached the required threshold to achieve herd immunity. Understanding why some people are willing to be vaccinated and others are not is a critical step to develop efficient implementation strategies to promote COVID-19 vaccines. Objective: We conducted a theory-based content analysis based on the capability, opportunity, motivation-behavior (COM-B) model to characterize the factors influencing behavioral intentions toward COVID-19 vaccines mentioned on the Twitter platform. Methods: We collected tweets posted in English from November 1-22, 2020, using a combination of relevant keywords and hashtags. After excluding retweets, we randomly selected 5000 tweets for manual coding and content analysis. We performed a content analysis informed by the adapted COM-B model. Results: Of the 5000 COVID-19 vaccine-related tweets that were coded, 4796 (95.9%) were posted by unique users. A total of 97 tweets carried positive behavioral intent, while 182 tweets contained negative behavioral intent. Of these, 28 tweets were mapped to capability factors, 155 tweets were related to motivation, 23 tweets were related to opportunities, and 74 tweets did not contain any useful information about the reasons for their behavioral intentions ($K=0.73$). Some tweets mentioned two or more constructs at the same time. Tweets that were mapped to capability ($P<.001$), motivation ($P<.001$), and opportunity ($P=.03$) factors were more likely to indicate negative behavioral intentions. Conclusions: Most behavioral intentions regarding COVID-19 vaccines were related to the motivation construct. The themes identified in this study could be used to inform theory-based and evidence-based interventions to improve acceptance of COVID-19 vaccines.
Notes: Liu, Siru Liu, Jialin
Liu, Siru/GYA-2297-2022
Liu, Siru/0000-0002-5003-5354
URL: <Go to ISI>://WOS:000649822100005

Reference Type: Journal Article
Record Number: 1269
Author: Liu, S. R., Reese, T. J., Kawamoto, K., Del Fiol, G. and Weir, C.
Year: 2021
Title: A theory-based meta-regression of factors influencing clinical decision support adoption and implementation
Journal: Journal of the American Medical Informatics Association
Volume: 28
Issue: 11

Pages: 2514–2522

Date: Nov

Short Title: A theory-based meta-regression of factors influencing clinical decision support adoption and implementation

ISSN: 1067-5027

DOI: 10.1093/jamia/ocab160

Accession Number: WOS:000711702400023

Abstract: Objective: The purpose of the study was to explore the theoretical underpinnings of effective clinical decision support (CDS) factors using the comparative effectiveness results. Materials and Methods: We leveraged search results from a previous systematic literature review and updated the search to screen articles published from January 2017 to January 2020. We included randomized controlled trials and cluster randomized controlled trials that compared a CDS intervention with and without specific factors. We used random effects meta-regression procedures to analyze clinician behavior for the aggregate effects. The theoretical model was the Unified Theory of Acceptance and Use of Technology (UTAUT) model with motivational control. Results: Thirty-four studies were included. The meta-regression models identified the importance of effort expectancy (estimated coefficient = -0.162 ; $P = .0003$); facilitating conditions (estimated coefficient = 0.094 ; $P = .013$); and performance expectancy with motivational control (estimated coefficient = 1.029 ; $P = .022$). Each of these factors created a significant impact on clinician behavior. The meta-regression model with the multivariate analysis explained a large amount of the heterogeneity across studies ($R^2 = 88.32\%$). Discussion: Three positive factors were identified: low effort to use, low controllability, and providing more infrastructure and implementation strategies to support the CDS. The multivariate analysis suggests that passive CDS could be effective if users believe the CDS is useful and/or social expectations to use the CDS intervention exist. Conclusions: Overall, a modified UTAUT model that includes motivational control is an appropriate model to understand psychological factors associated with CDS effectiveness and to guide CDS design, implementation, and optimization.

Notes: Liu, Siru Reese, Thomas J. Kawamoto, Kensaku Del Fiol, Guilherme Weir, Charlene

Liu, Siru/GYA-2297-2022

Weir, Charlene/0000-0002-8297-2860; Kawamoto, Kensaku/

0000-0003-4282-9338; Reese, Thomas/0000-0002-1081-1670; Del Fiol, Guilherme/0000-0001-9954-6799

1527-974x

URL: <Go to ISI>://WOS:000711702400023

Reference Type: Journal Article

Record Number: 1075

Author: Liu, Y. S., Chu, H. L., Peng, K., Yin, X. J., Huang, L. P., Wu, Y. F., Pearson, S. A., Li, N., Elliott, P., Yan, L. J. L., Labarthe, D. R., Hao, Z. X., Feng, X. X., Zhang, J. X., Zhang, Y. H., Zhang, R. J., Zhou, B. F., Li, Z. F., Sun, J. X., Zhao, Y., Yu, Y., Tian, M. Y., Neal, B. and Liu, H. M.

Year: 2021

Title: Factors Associated With the Use of a Salt Substitute in Rural China

Journal: Jama Network Open

Volume: 4

Issue: 12

Date: Dec

Short Title: Factors Associated With the Use of a Salt Substitute in Rural China

ISSN: 2574-3805

DOI: 10.1001/jamanetworkopen.2021.37745

Article Number: e2137745

Accession Number: WOS:000728886300005

Abstract: IMPORTANCE Lowering sodium intake reduces blood pressure and may reduce the risk of cardiovascular diseases. The use of reduced-sodium salt (a salt substitute) may achieve sodium reduction, but its effectiveness may be associated with the context of its use. OBJECTIVE To identify factors associated with the use of salt substitutes in rural populations in China within the Salt Substitute and Stroke Study, a large-scale cluster randomized trial. DESIGN, SETTING, AND PARTICIPANTS This sequential mixed-methods qualitative evaluation, conducted from July 2 to August 28, 2018, in rural communities across 3 provinces in China, included a quantitative survey, collection of 24-hour urine samples, and face-to-face interviews. A random subsample of trial participants, selected from the 3 provinces, completed the quantitative survey (n = 1170) and provided urine samples (n = 1025). Interview respondents were purposively selected from the intervention group based on their different ranges of urinary sodium excretion levels. Statistical analysis was performed from September 18, 2018, to February 22, 2019. EXPOSURES The intervention group of the Salt Substitute and Stroke Study was provided with the free salt substitute while the control group continued to use regular salt. MAIN OUTCOMES AND MEASURES Knowledge, attitudes, and behaviors regarding the use of the salt substitute were measured using quantitative surveys, and urinary sodium levels were measured using 24-hour urine samples. Contextual factors were explored through semistructured interviews and integrated findings from surveys and interviews. RESULTS A total of 1170 individuals participated in the quantitative survey. Among the 1025 participants with successful urine samples, the mean (SD) age was 67.4 (7.5) years, and 502 (49.0%) were female. The estimated salt intake of participants who believed that high salt intake was good for health was higher; however, it was not significantly different (0.84 g/d [95% CI, -0.04 to 1.72 g/d]) from those who believed that high salt intake was bad for health. Thirty individuals participated in the qualitative interviews (18 women [60.0%]; mean [SD] age, 70.3 [6.0] years). Quantitative and qualitative data indicated high acceptability of and adherence to the salt substitute. Contextual factors negatively associated with the use of the salt substitute included a lack of knowledge about the benefits associated with salt reduction and consumption of high-sodium pickled foods. In addition, reduced antihypertensive medication was reported by a few participants using the salt substitute. CONCLUSIONS AND RELEVANCE This study suggests that lack of comprehensive understanding of sodium reduction and salt

substitutes and habitual consumption of high-sodium foods (such as pickled foods) were the main barriers to the use of salt substitutes to reduce sodium intake. These factors should be considered in future population-based, sodium-reduction interventions.

Notes: Liu, Yishu Chu, Hongling Peng, Ke Yin, Xuejun Huang, Liping Wu, Yangfeng Pearson, Sallie-Anne Li, Nicole Elliott, Paul Yan, Lijing L. Labarthe, Darwin R. Hao, Zhixin Feng, Xiangxian Zhang, Jianxin Zhang, Yuhong Zhang, Ruijuan Zhou, Bo Li, Zhifang Sun, Jixin Zhao, Yi Yu, Yan Tian, Maoyi Neal, Bruce Liu, Hueiming zhang, rui/HZI-0079-2023

Yin, Xuejun/0000-0001-8446-9591; Zhao, Yi/0000-0002-0958-0350; Huang, Liping/0000-0002-0945-8988; Tian, Maoyi/0000-0002-5660-8571; Zhang, Yuhong/0000-0002-7110-8401; Neal, Bruce/0000-0002-0490-7465
URL: <Go to ISI>://WOS:000728886300005

Reference Type: Journal Article

Record Number: 1206

Author: Lloyd, A., McKay, R., Hartman, T. K., Vincent, B. T., Murphy, J., Gibson-Miller, J., Levita, L., Bennett, K., McBride, O., Martinez, A. P., Stocks, T. V. A., Vallieres, F., Hyland, P., Karatzias, T., Butter, S., Shevlin, M., Bentall, R. P. and Mason, L.
Year: 2021

Title: Delay discounting and under-valuing of recent information predict poorer adherence to social distancing measures during the COVID-19 pandemic

Journal: Scientific Reports

Volume: 11

Issue: 1

Date: Sep

Short Title: Delay discounting and under-valuing of recent information predict poorer adherence to social distancing measures during the COVID-19 pandemic

ISSN: 2045-2322

DOI: 10.1038/s41598-021-98772-5

Article Number: 19237

Accession Number: WOS:000701575500081

Abstract: The COVID-19 pandemic has brought about unprecedented global changes in individual and collective behaviour. To reduce the spread of the virus, public health bodies have promoted social distancing measures while attempting to mitigate their mental health consequences. The current study aimed to identify cognitive predictors of social distancing adherence and mental health symptoms, using computational models derived from delay discounting (the preference for smaller, immediate rewards over larger, delayed rewards) and patch foraging (the ability to trade-off between exploiting a known resource and exploring an unknown one). In a representative sample of the UK population (N = 442), we find that steeper delay discounting predicted poorer adherence to social distancing measures and greater sensitivity to reward magnitude during delay discounting predicted higher levels of anxiety symptoms. Furthermore, under-valuing recently sampled information during foraging independently predicted greater violation of lockdown guidance. Our results suggest that those who show greater

discounting of delayed rewards struggle to maintain social distancing. Further, those who adapt faster to new information are better equipped to change their behaviour in response to public health measures. These findings can inform interventions that seek to increase compliance with social distancing measures whilst minimising negative repercussions for mental health.

Notes: Lloyd, Alex McKay, Ryan Hartman, Todd K. Vincent, Benjamin T. Murphy, Jamie Gibson-Miller, Jilly Levita, Liat Bennett, Kate McBride, Orla Martinez, Anton P. Stocks, Thomas V. A. Vallieres, Frederique Hyland, Philip Karatzias, Thanos Butter, Sarah Shevlin, Mark Bentall, Richard P. Mason, Liam

Vincent, Benjamin/A-1210-2010; McKay, Ryan/C-2160-2008; Lloyd, Alex/AAC-3043-2020

Vincent, Benjamin/0000-0002-8801-2430; McKay, Ryan/0000-0001-7781-1539; Lloyd, Alex/0000-0003-0627-0952; Bentall, Richard/0000-0001-7561-2923; Hartman, Todd/0000-0001-9136-2784; Levita, Liat/0000-0001-6002-6817; Butter, Sarah/0000-0001-9735-9156
URL: <Go to ISI>://WOS:000701575500081

Reference Type: Journal Article

Record Number: 2413

Author: Lloyd, B., Pfeiffer, D., Dominish, J., Heading, G., Schmidt, D. and McCluskey, A.

Year: 2014

Title: The New South Wales Allied Health Workplace Learning Study: barriers and enablers to learning in the workplace

Journal: BMC Health Services Research

Volume: 14

Date: Mar

Short Title: The New South Wales Allied Health Workplace Learning Study: barriers and enablers to learning in the workplace

DOI: 10.1186/1472-6963-14-134

Article Number: 134

Accession Number: WOS:000333556700001

Abstract: Background: Workplace learning refers to continuing professional development that is stimulated by and occurs through participation in workplace activities. Workplace learning is essential for staff development and high quality clinical care. The purpose of this study was to explore the barriers to and enablers of workplace learning for allied health professionals within NSW Health. Methods: A qualitative study was conducted with a purposively selected maximum variation sample (n = 46) including 19 managers, 19 clinicians and eight educators from 10 allied health professions. Seven semi-structured interviews and nine focus groups were audio-recorded and transcribed. The 'framework approach' was used to guide the interviews and analysis. Textual data were coded and charted using an evolving thematic framework. Results: Key enablers of workplace learning included having access to peers, expertise and 'learning networks', protected learning time, supportive management and positive staff attitudes. The absence of these key enablers including heavy workload and insufficient staffing were important barriers to workplace learning. Conclusion: Attention to these barriers and enablers may help organisations to

more effectively optimise allied health workplace learning.
Ultimately better workplace learning may lead to improved patient,
staff and organisational outcomes.

Notes: Lloyd, Bradley Pfeiffer, Daniella Dominish, Jacqueline

Heading, Gaynor Schmidt, David McCluskey, Annie

Schmidt, David/W-2951-2019

Schmidt, David/0000-0003-1515-2990

1472-6963

URL: <Go to ISI>://WOS:00033356700001

Reference Type: Journal Article

Record Number: 1210

Author: Lloyd, M., Bennett, N., Wilkinson, A., Furlong, N.,

Cardwell, J. and Michaels, S.

Year: 2021

Title: A mixed-methods evaluation of the impact of a pharmacist-led
feedback pilot intervention on insulin prescribing in a hospital
setting

Journal: Research in Social & Administrative Pharmacy

Volume: 17

Issue: 11

Pages: 2006-2014

Date: Nov

Short Title: A mixed-methods evaluation of the impact of a
pharmacist-led feedback pilot intervention on insulin prescribing in
a hospital setting

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2021.03.007

Accession Number: WOS:000700969600015

Abstract: Aims: To explore the impact of a prescribing feedback
intervention on insulin prescribing. Methods: This was a mixed-
methods study in a hospital setting. An insulin prescribing feedback
intervention was delivered verbally and in writing to twelve
doctors. Insulin prescribing error frequency was compared to ten
doctors who had not received the feedback intervention. Insulin
prescribing was audited over four weeks at the start and end of the
intervention period. Semi-structured interviews were conducted with
participating doctors who had received feedback, and qualitative
data analysed thematically to explore the impact of the intervention
on their prescribing practice. Results: Prescribing data were
collected on 370 insulin prescriptions with 241 errors identified. A
significant reduction ($\chi^2 = 22.6, p < 0.05$) in insulin prescribing
error frequency was observed in the intervention group, with a non-
significant increase reported in the control group. Feedback was
received positively and considered valuable by doctors, supporting
development of their knowledge and skills and encouraging reflection
on their prescribing performance. Doctors described enhanced
confidence in insulin prescribing and a desire to improve as a
prescriber and avoid harm, with feedback raising awareness of their
development needs. Prescribers also described enhanced team work,
with greater information and feedback seeking behavior to inform
future prescribing decisions. Conclusions: Feedback has potential to
improve insulin prescribing and is a valued and acceptable process

intervention for doctors. The impact on insulin prescribing practice is varied and complex influencing the capability, opportunity and motivation of prescribers to adapt and evolve their behavior in response to ongoing feedback.

Notes: Lloyd, M. Bennett, N. Wilkinson, A. Furlong, N. Cardwell, J. Michaels, S.

1934-8150

URL: <Go to ISI>://WOS:000700969600015

Reference Type: Journal Article

Record Number: 2305

Author: Lloyd-Evans, B., Sweeney, A., Hinton, M., Morant, N., Pilling, S., Leibowitz, J., Killaspy, H., Tanskanen, S., Totman, J., Armstrong, J. and Johnson, S.

Year: 2015

Title: Evaluation of a community awareness programme to reduce delays in referrals to early intervention services and enhance early detection of psychosis

Journal: BMC Psychiatry

Volume: 15

Date: May

Short Title: Evaluation of a community awareness programme to reduce delays in referrals to early intervention services and enhance early detection of psychosis

DOI: 10.1186/s12888-015-0485-y

Article Number: 98

Accession Number: WOS:000354176200001

Abstract: Background: Reducing treatment delay and coercive pathways to care are accepted aims for Early Intervention Services (EIS) for people experiencing first episode psychosis but how to achieve this is unclear. A one-year community awareness programme was implemented in a London EIS team, targeting staff in non-health service community organisations. The programme comprised psycho-educational workshops and EIS link workers, and offering direct referral routes to EIS. Its feasibility and its impact on duration of untreated psychosis and pathways to EIS were evaluated. Methods: Evaluation comprised: pre and post questionnaires with workshop participants assessing knowledge and attitudes to psychosis and mental health services; and a comparison of new service users' "service DUP" (time from first psychotic symptom to first contact with EIS) and pathways to care in the intervention year and preceding year. Focus groups sought stakeholders' views regarding the benefits and limitations of the programme and what else might promote help-seeking. Results: 41 workshops at 36 community organisations were attended by 367 staff. 19 follow up workshops were conducted and 16 services were allocated an EIS link worker. Participants' knowledge and attitudes to psychosis and attitudes to mental health services improved significantly following workshops. In the year of the intervention, only 6 of 110 new service users reached EIS directly via community organisations. For all new referrals accepted by EIS, in the intervention year compared to the previous year, there was no difference in mean or median service DUP. A clear impact on pathways to care could not be discerned. Stakeholders suggested that barriers

to referral remained. These included: uncertainty about the signs of early psychosis, disengagement by young people when becoming unwell, and worries about stigma or coercive treatment from mental health services. More general, youth focused, mental health services were proposed. Conclusions: The community awareness programme did not reduce treatment delays for people experiencing first episode psychosis. Further research is needed regarding effective means to reduce duration of untreated psychosis. Although EIS services are guided to promote access through community engagement, this may not be an effective use of their limited resources.

Notes: Lloyd-Evans, Brynmor Sweeney, Angela Hinton, Mark Morant, Nicola Pilling, Stephen Leibowitz, Judy Killaspy, Helen Tanskanen, Sanna Totman, Jonathan Armstrong, Jessica Johnson, Sonia Johnson, Sonia/ABF-1457-2020; Johnson, Sonia/A-5220-2008 Johnson, Sonia/0000-0002-2219-1384; Johnson, Sonia/0000-0002-2219-1384; Killaspy, Helen/0000-0003-2481-4802; Totman, Jonathan/0000-0002-0342-1252; Lloyd-Evans, Brynmor/0000-0001-9866-788X; Sweeney, Angela/0000-0001-6020-7490 1471-244x

URL: <Go to ISI>://WOS:000354176200001

Reference Type: Journal Article

Record Number: 688

Author: Locke, A.

Year: 2023

Title: Putting the 'teachable moment' in context: A view from critical health psychology

Journal: Journal of Health Psychology

Volume: 28

Issue: 1

Pages: 3-16

Date: Jan

Short Title: Putting the 'teachable moment' in context: A view from critical health psychology

ISSN: 1359-1053

DOI: 10.1177/13591053221101750

Article Number: 13591053221101750

Accession Number: WOS:000810890600001

Abstract: The concept of 'Teachable Moment' (TM) is an increasingly used term within mainstream health psychology in relation to interventions and health behaviour change. It refers to a naturally occurring health event where individuals may be motivated to change their behaviours from unhealthy ones to healthier choices. Pregnancy is seen as a key time for behaviour change interventions, partly due to the idea that the mother has increased motivations to protect her unborn child. This paper proposes a Critical Health Psychological (CHP) re-examination of the concept and explores the 'teachable moment' within a wider framing of contemporary parenting ideologies in order to offer a more critical, nuanced and contextual consideration of pregnancy and the transition to motherhood. The paper locates these discussions using an example of alcohol usage in pregnancy. In doing so, this paper is the first of its kind to consider the 'teachable moment' from a critical health psychological

perspective.

Notes: Locke, Abigail

Locke, Abigail/0000-0002-2759-0579

1461-7277

URL: <Go to ISI>://WOS:000810890600001

Reference Type: Journal Article

Record Number: 2466

Author: Lockton, D., Harrison, D. J., Cain, R., Stanton, N. A. and Jennings, P.

Year: 2013

Title: Exploring Problem-framing through Behavioural Heuristics

Journal: International Journal of Design

Volume: 7

Issue: 1

Pages: 37-53

Date: Apr

Short Title: Exploring Problem-framing through Behavioural Heuristics

ISSN: 1991-3761

Accession Number: WOS:000323948400003

Abstract: Design for behaviour change aims to influence user behaviour, through design, for social or environmental benefit. Understanding and modelling human behaviour has thus come within the scope of designers' work, as in interaction design, service design and user experience design more generally. Diverse approaches to how to model users when seeking to influence behaviour can result in many possible strategies, but a major challenge for the field is matching appropriate design strategies to particular behaviours (Zachrisson & Boks, 2012). In this paper, we introduce and explore behavioural heuristics as a way of framing problem-solution pairs (Dorst & Cross, 2001) in terms of simple rules. These act as a 'common language' between insights from user research and design principles and techniques, and draw on ideas from human factors, behavioural economics, and decision research. We introduce the process via a case study on interaction with office heating systems, based on interviews with 16 people. This is followed by worked examples in the 'other direction', based on a workshop held at the Interaction '12 conference, extracting heuristics from existing systems designed to influence user behaviour, to illustrate both ends of a possible design process using heuristics.

Notes: Lockton, Dan Harrison, David J. Cain, Rebecca Stanton, Neville A. Jennings, Paul

Stanton, Neville/ABD-8671-2021; Lockton, Dan/J-5931-2014

Lockton, Dan/0000-0002-8653-7057; Stanton, Neville/

0000-0002-8562-3279

1994-036x

URL: <Go to ISI>://WOS:000323948400003

Reference Type: Journal Article

Record Number: 1914

Author: Logren, A., Ruusuvuori, J. and Laitinen, J.

Year: 2017
Title: Self-reflective talk in group counselling
Journal: Discourse Studies
Volume: 19
Issue: 4
Pages: 422-440
Date: Aug
Short Title: Self-reflective talk in group counselling
ISSN: 1461-4456
DOI: 10.1177/1461445617706771
Accession Number: WOS:000405023500003
Abstract: Reflective processing is a joint social action that develops in interaction. Using conversation analysis and discursive psychology, this article focuses on self-reflective turns of talk in group counselling for adults at risk of type 2 diabetes. We show how reflective processing unfolds in patterns of interaction, wherein group members take an observing, evaluating or interpreting position towards their own actions and experiences. Self-reflective talk is neither exclusively dependent on counsellors' actions nor limited to the niches the counselling programme structure offers. Self-reflective talk is one method of generating joint reflective processing. Such talk makes a topic available for discussion by connecting details of counselling with individuals' experiences and enabling sharing. Self-reflective talk thus serves as a way for group members to participate in constructing a lifestyle problem, to invite or provide sharing of experiences and to display their orientation to the institutional task at hand.
Notes: Logren, Aija Ruusuvuori, Johanna Laitinen, Jaana Logren, Aija/HSG-6894-2023; Logren, Aija/AAW-1038-2020 Logren, Aija/0000-0002-5750-8185 1461-7080
URL: <Go to ISI>://WOS:000405023500003

Reference Type: Journal Article
Record Number: 135
Author: Lohiniva, A. L., Hussein, I., Lehtinen, J. M., Sivela, J., Hyokki, S., Nohynek, H., Nuorti, P. and Lyytikainen, O.
Year: 2023
Title: Qualitative Insights into Vaccine Uptake of Nursing Staff in Long-Term Care Facilities in Finland
Journal: Vaccines
Volume: 11
Issue: 3
Date: Mar
Short Title: Qualitative Insights into Vaccine Uptake of Nursing Staff in Long-Term Care Facilities in Finland
DOI: 10.3390/vaccines11030530
Article Number: 530
Accession Number: WOS:000960264500001
Abstract: Vaccine hesitancy and refusal have undermined COVID-19 vaccination efforts of nursing staff. This study aimed to identify behavioral factors associated with COVID-19 vaccine uptake among unvaccinated nursing staff in long-term care facilities (LTCF) in

Finland. Methodology: The study was based on the Theoretical Domains Framework. Data were collected through qualitative in-depth interviews among nursing staff and managers of LTCFs. The analysis was based on thematic analysis. We identified seven behavioral domains, with several themes, that reduced the staff's intention to get vaccinated: knowledge (information overload, inability to identify trustworthy information sources, lack of vaccine-specific and understandable scientific information), beliefs about consequences (incorrect perceptions about the vaccine effectiveness, and lack of trust in the safety of the vaccine), social influences (influence of family and friends), reinforcement (limited abilities of the management to encourage vaccination), beliefs about capabilities (pregnancy or desire to get pregnant), psychological factors (coping with changing opinion), and emotions (confusion, suspicion, disappointment, and fatigue). We also identified three behavioral domains that encouraged vaccine uptake: social influences (trust in health authorities), environmental context and resources (vaccination logistics), and work and professional role (professional pride). The study findings can help authorities to develop tailored vaccine promotion strategies for healthcare workers in LTCFs.

Notes: Lohiniva, Anna-Leena Hussein, Idil Lehtinen, Jaana-Marija Sivela, Jonas Hyokki, Suvi Nohynek, Hanna Nuorti, Pekka Lyytikainen, Outi

Hussein, Idil/0000-0003-1258-0340

2076-393x

URL: <Go to ISI>://WOS:000960264500001

Reference Type: Journal Article

Record Number: 418

Author: Lohiniva, A. L., Toura, S., Arifulla, D., Ollgren, J. and Lyytikainen, O.

Year: 2022

Title: Exploring behavioural factors influencing COVID-19-specific infection prevention and control measures in Finland: a mixed-methods study, December 2020 to March 2021

Journal: Eurosurveillance

Volume: 27

Issue: 40

Pages: 7-15

Date: Oct

Short Title: Exploring behavioural factors influencing COVID-19-specific infection prevention and control measures in Finland: a mixed-methods study, December 2020 to March 2021

ISSN: 1025-496X

DOI: 10.2807/1560-7917.Es.2022.27.40.2100915

Accession Number: WOS:000912309600002

Abstract: Background: Compliance with infection prevention and control (IPC) measures is critical to preventing COVID-19 transmission in healthcare settings. Aim: To identify and explain factors influencing compliance with COVID-19-specific IPC measures among healthcare workers (HCWs) in long-term care facilities (LTCF) in Finland. Methods: The study included a web-based survey and

qualitative study based on the Theoretical Domains Framework (TDF). The link to the anonymous survey was distributed via email to LTCFs through regional IPC experts in December 2020. Outcome was modelled using ordinary logistic regression and penalised ridge logistic regression using regrouped explanatory variables and an original, more correlated set of explanatory variables, respectively. In-depth interviews were conducted among survey participants who volunteered during January– March 2021. Data were analysed thematically using qualitative data analysis software (NVIV012). Results: A total of 422 HCWs from 17/20 regions responded to the survey. Three TDF domains were identified that negatively influenced IPC compliance: environmental context and resources, reinforcement and beliefs about capabilities. Twenty HCWs participated in interviews, which resulted in identification of several themes: changes in professional duties and lack of staff planning for emergencies (domain: environmental context and resources); management culture and physical absence of management (domain: reinforcement), knowledge of applying IPC measures, nature of tasks and infrastructure that supports implementation (domain: beliefs about capabilities), that explained how the domains negatively Notes: Lohiniva, Anna–Leena Toura, Saija Arifulla, Dinah Ollgren, Jukka Lyytikainen, Outi
1560–7917
URL: <Go to ISI>://WOS:000912309600002

Reference Type: Journal Article

Record Number: 2325

Author: Lokker, C., McKibbin, K. A., Colquhoun, H. and Hempel, S.

Year: 2015

Title: A scoping review of classification schemes of interventions to promote and integrate evidence into practice in healthcare

Journal: Implementation Science

Volume: 10

Date: Mar

Short Title: A scoping review of classification schemes of interventions to promote and integrate evidence into practice in healthcare

ISSN: 1748–5908

DOI: 10.1186/s13012–015–0220–6

Article Number: 27

Accession Number: WOS:000350423000002

Abstract: Background: Many models and frameworks are currently used to classify or describe knowledge translation interventions to promote and integrate evidence into practice in healthcare. Methods: We performed a scoping review of intervention classifications in public health, clinical medicine, nursing, policy, behaviour science, improvement science and psychology research published to May 2013 by searching MEDLINE, PsycINFO, CINAHL and the grey literature. We used five stages to map the literature: identifying the research question; identifying relevant literature; study selection; charting the data; collating, summarizing, and reporting results. Results: We identified 51 diverse classification schemes, including 23 taxonomies, 15 frameworks, 8 intervention lists, 3

models and 2 other formats. Most documents were public health based, 55% included a literature or document review, and 33% were theory based. Conclusions: This scoping review provides an overview of schemes used to classify interventions which can be used for evaluation, comparison and validation of existing and emerging models. The collated taxonomies can guide authors in describing interventions; adequate descriptions of interventions will advance the science of knowledge translation in healthcare.

Notes: Lokker, Cynthia McKibbin, K. Ann Colquhoun, Heather Hempel, Susanne

Lokker, Cynthia/L-4177-2017

Lokker, Cynthia/0000-0003-2436-4290; Hempel, Susanne/
0000-0003-1597-5110

URL: <Go to ISI>://WOS:000350423000002

Reference Type: Journal Article

Record Number: 1862

Author: Longman, J. M., Adams, C. M., Johnston, J. J. and Passey, M. E.

Year: 2018

Title: Improving implementation of the smoking cessation guidelines with pregnant women: How to support clinicians?

Journal: Midwifery

Volume: 58

Pages: 137-144

Date: Mar

Short Title: Improving implementation of the smoking cessation guidelines with pregnant women: How to support clinicians?

ISSN: 0266-6138

DOI: 10.1016/j.midw.2017.12.016

Accession Number: WOS:000425149400022

Abstract: Objective: this study aimed to explore the enablers and barriers to implementation of the Australian smoking cessation in pregnancy guidelines. These guidelines direct clinicians to follow the 5As of cessation: Ask, Advise, Assess, Assist and Arrange follow-up. Design: semi-structured interviews based on the Theoretical Domains Framework (TDF) elicited clinicians' views and experiences of implementing the guidelines. Setting: antenatal care in the NSW public health system. Participants: 27 maternity service managers, obstetricians and midwives. Findings: participants confirmed that implementation of the smoking cessation guidelines was sub-optimal. This was particularly the case with Assist and Arrange follow up at the initial visit, and with following any of the 5As at subsequent visits. Key barriers included systems which did not support implementation or monitoring, lack of knowledge, skills and training, perceived time restrictions, 'difficult conversations' and perceiving smoking as a social activity. Enablers included clinicians' knowledge of the harms of smoking in pregnancy, clinicians' skills in communicating with pregnant women, positive emotions, professional role and identity, the potential of training and of champions to influence practice, and systems that regulated behaviour. Key conclusions: these findings will contribute to the development of a multifaceted intervention to support clinicians in

implementing the guidelines.

Notes: Longman, Jo M. Adams, Catherine M. Johnston, Jennifer J.

Passey, Megan E.

Passey, Megan/AAC-7062-2019

Passey, Megan/0000-0001-5766-0235; Longman, Jo/0000-0002-8257-7772
1532-3099

URL: <Go to ISI>://WOS:000425149400022

Reference Type: Journal Article

Record Number: 621

Author: Lorenc, A., Greaves, C., Duda, J., Brett, J., Matheson, L.,
Fulton-Lieuw, T., Secher, D., Rhodes, P., Ozakinci, G., Nankivell,
P., Mehanna, H., Jepson, M. and Team, Petneck Res

Year: 2022

Title: Exploring the views of patients' and their family about
patient-initiated follow-up in head and neck cancer: A mixed methods
study

Journal: European Journal of Cancer Care

Volume: 31

Issue: 6

Date: Nov

Short Title: Exploring the views of patients' and their family about
patient-initiated follow-up in head and neck cancer: A mixed methods
study

ISSN: 0961-5423

DOI: 10.1111/ecc.13641

Article Number: e13641

Accession Number: WOS:000820493900001

Abstract: Objective The objective of this work was to explore head
and neck cancer (HNC) patients' and their family members' views on
acceptability and feasibility of patient-initiated follow-up (PIFU),
including concerns and anticipated benefits. Methods Patients were
recruited from UK HNC clinics, support groups and advocacy groups.
They completed a survey (n = 144) and/or qualitative interview (n =
30), three with a family member. Qualitative data were analysed
thematically, quantitative data using descriptive statistics.
Results Preference for follow-up care in HNC was complex and
individual. Many patients thought PIFU could beneficially reallocate
health care resources and encourage self-management. Patients' main
concerns with PIFU were losing the reassurance of regular clinic
appointments and addressing mental well-being needs within PIFU,
possibly using peer support. Patients were concerned about their
ability to detect recurrence due to lack of expertise and
information. They emphasised the importance of a reliable, direct
and easy urgent appointment service and of feeling supported and
heard by clinicians. Patients believed family and friends need
support. Conclusion PIFU may be feasible and acceptable for certain
HNC patients, providing it addresses support for mental well-being,
provides quick, reliable and direct clinician access and information
on "red flag" symptoms, and ensures patients and their caregivers
feel supported.

Notes: Lorenc, Ava Greaves, Colin Duda, Joan Brett, Jo Matheson,
Lauren Fulton-Lieuw, Tessa Secher, Denis Rhodes, Pat Ozakinci, Gozde

Nankivell, Paul Mehanna, Hisham Jepson, Marcus
Nankivell, Paul/L-6719-2018
Nankivell, Paul/0000-0003-4664-6117; Lorenc, Ava/
0000-0002-3254-004X; Jepson, Marcus/0000-0003-3261-1626
1365-2354
Si
URL: <Go to ISI>://WOS:000820493900001

Reference Type: Journal Article

Record Number: 281

Author: Lorenzo-Luaces, L., Howard, J., De Jesus-Romero, R.,
Peipert, A., Buss, J. F., Lind, C., Botts, K. and Starvaggi, I.

Year: 2023

Title: Acceptability and Outcomes of Transdiagnostic Guided Self-
help Bibliotherapy for Internalizing Disorder Symptoms in Adults: A
Fully Remote Nationwide Open Trial

Journal: Cognitive Therapy and Research

Volume: 47

Issue: 2

Pages: 195-208

Date: Apr

Short Title: Acceptability and Outcomes of Transdiagnostic Guided
Self-help Bibliotherapy for Internalizing Disorder Symptoms in
Adults: A Fully Remote Nationwide Open Trial

ISSN: 0147-5916

DOI: 10.1007/s10608-022-10338-5

Accession Number: WOS:000898460300001

Abstract: IntroductionDoing What Matters in Times of Stress (DWM) is
a five-module transdiagnostic guided self-help (GSH) intervention
developed by the World Health Organization, originally in a group-
based format. In a sample of individuals recruited from across the
United States, we conducted an open trial to study the feasibility
and acceptability of an adaptation of DWM in which guidance was
provided individually and remotely via phone and videoconferencing.
MethodsWe assessed internalizing symptoms, psychological well-being,
work and social functioning, usability of the intervention, and
emotion regulation over the course of 6 weeks. ResultsA total of 263
individuals completed our screening. Of those, 75.29% (n = 198)
qualified for the intervention. We reached most participants who
qualified (71.21%, n = 141) via phone to schedule a GSH session.
Most of those scheduled attended a study session (84.4%, n = 119),
and most of those who attended a session completed more than half
the treatment (84.03%, n = 100). Retention rates were comparable to
meta-analytic estimates of dropout rates in GSH. Participants showed
improvement on internalizing symptoms, psychological well-being,
work and social functioning, usability of the intervention, and
emotion regulation. ConclusionDWM is a freely available, seemingly
efficacious transdiagnostic intervention for internalizing disorder
symptoms.

Notes: Lorenzo-Luaces, Lorenzo Howard, Jacqueline De Jesus-Romero,
Robinson Peipert, Allison Buss, John F. Lind, Colton Botts,
Kassandra Starvaggi, Isabella

Lorenzo-Luaces, Lorenzo/0000-0002-8882-0243

1573-2819

URL: <Go to ISI>://WOS:000898460300001

Reference Type: Journal Article

Record Number: 1525

Author: Lorenzoni, A. A., Manzini, F., da Trindade, M. C. N., Storb, B. H., Rech, N., Farias, M. R. and Leite, S. N.

Year: 2021

Title: Attending a Blended In-Service Management Training in a Public Health System: Constraints and Opportunities for Pharmacists and Health Services

Journal: Pharmacy

Volume: 9

Issue: 1

Date: Mar

Short Title: Attending a Blended In-Service Management Training in a Public Health System: Constraints and Opportunities for Pharmacists and Health Services

DOI: 10.3390/pharmacy9010012

Article Number: 12

Accession Number: WOS:000633170900001

Abstract: Management and public health are important domains of competency for pharmacists. In about 90% of Brazilian health departments, pharmacists manage the selection and purchase of medicines. The Pharmaceutical Services and Access to Medicines Management Course (PSAMM) was offered to pharmacists working in the public health system. The aim of this study is to analyze the impacts of the course as perceived by the students (pharmacists). Two thousand five hundred pharmacists completed the course. It is a mixed-methods study, including subscribing forms (n = 2500), evaluation questionnaire (n = 1500), focus groups (n = 10), and semi-structured interviews (n = 31). Participants reported a high level of satisfaction with the course; they considered to have developed competencies related to leadership and management, competencies needed to enhance and sustain their practices in health services. Data analyses showed important barriers to complete the course: high course workload, poor quality of Internet access, lack of support from the health services. Participants highlighted crucial features of the course that helped them develop key competencies: practical in-service activities, useful and realistic contents, tutoring. These features helped participants overcome some important constraints described by them. The educational model described in this study was perceived as having a long-term impact on their behaviors and management practices in health services.

Notes: Lorenzoni, Andrigo Antonio Manzini, Fernanda Nunes da Trindade, Monica Cristina Storb, Bernd Heinrich Rech, Norberto Farias, Marení Rocha Leite, Silvana Nair Storb, Bernd Heinrich/AHC-8199-2022; Farias, Marení Rocha/ABF-4822-2020; Manzini, Fernanda/GS0-0307-2022; Farias, Marení Rocha/GPS-4367-2022

Farias, Marení Rocha/0000-0002-4319-9318; 2226-4787

URL: <Go to ISI>://WOS:000633170900001

Reference Type: Journal Article

Record Number: 149

Author: Los, F. S., Hulshof, C. T. J., de Boer, A. G. E. M. and van der Molen, H. F.

Year: 2023

Title: A workers' health surveillance online training programme for occupational physicians

Journal: Occupational Medicine-Oxford

Volume: 73

Issue: 3

Pages: 148-154

Date: Apr

Short Title: A workers' health surveillance online training programme for occupational physicians

ISSN: 0962-7480

DOI: 10.1093/occmed/kqad024

Accession Number: WOS:000939702500001

Abstract: Background To support occupational physicians (OPs) in the implementation of workers' health surveillance (WHS), a training programme was developed. Aims (i) To evaluate the effects of a WHS training programme for OPs on knowledge, self-efficacy and skills to implement WHS. (ii) To evaluate to what extent a WHS training programme is acceptable and feasible for implementation in practice. Methods A single-blinded randomized controlled trial with waiting-list control group was used. The WHS training programme consisted of an e-learning and a 4.5-h online training session. OPs completed a knowledge test (0-8), self-efficacy questionnaires on knowledge and skills (6-60), and vignette assignments (0-16) to measure skills. OPs completed the questionnaires, either before and after the WHS training programme (intervention group), or before the training programme (control group) while receiving the training programme after the waiting period. All OPs completed questionnaires about the training's acceptability, and feasibility for implementation in practice. ANCOVA and Poisson regression analyses were conducted. Results The self-efficacy score ($M = 44.1$ versus $M = 37.2$) ($P < 0.001$) and skills score ($M = 9.6$ versus $M = 8.3$) ($P < 0.05$) of OPs in the training group ($N = 16$) were higher than the control group ($N = 23$). No effect was found on knowledge. Evaluation of acceptability and feasibility showed that 21 (58%) OPs were very satisfied with the training part on initiating WHS, and 29 (85%) would recommend the WHS training programme to colleagues. Conclusions This WHS training programme has a positive effect on self-efficacy and skills of OPs to implement WHS, and may be acceptable and feasible to implement in practice. Workers' health surveillance (WHS) is aimed at the prevention of work-related diseases. This study shows that a newly developed WHS training programme had a positive effect on self-efficacy and skills of occupational physicians (OPs) to implement WHS. Because the training showed to be acceptable and feasible, enhancing educational programmes with specific WHS training may support OPs to initiate and implement WHS.

Notes: Los, F. S. Hulshof, C. T. J. de Boer, A. G. E. M. van der Molen, H. F.

hulshof, carel tj/B-3435-2013
1471-8405
URL: <Go to ISI>://WOS:000939702500001

Reference Type: Journal Article

Record Number: 2074

Author: Loveday, A., Sherar, L. B., Sanders, J. P., Sanderson, P. W. and Esliger, D. W.

Year: 2016

Title: Novel technology to help understand the context of physical activity and sedentary behaviour

Journal: Physiological Measurement

Volume: 37

Issue: 10

Pages: 1834-1851

Date: Oct

Short Title: Novel technology to help understand the context of physical activity and sedentary behaviour

ISSN: 0967-3334

DOI: 10.1088/0967-3334/37/10/1834

Accession Number: WOS:000385497200014

Abstract: When used in large, national surveillance programmes, objective measurement tools provide prevalence estimates of low physical activity guideline compliance and high amounts of sedentary time. There are undoubtedly a plethora of reasons for this but one possible contributing factor is the current lack of behavioural context offered by accelerometers and posture sensors. Context includes information such as where the behaviour occurs, the type of activity being performed and is vital in allowing greater refinement of intervention strategies. Novel technologies are emerging with the potential to provide this information. Example data from three ongoing studies is used to illustrate the utility of these technologies. Study one assesses the concurrent validity of electrical energy monitoring and wearable cameras as measures of television viewing. This study found that on average the television is switched on for 202 min d(-1) but is visible in just 90 min of wearable camera images with a further 52 min where the participant is in their living room but the television is not visible in the image. Study two utilises indoor location monitoring to assess where older adult care home residents accumulate their sedentary time. This study found that residents were highly sedentary (sitting for an average of 720 min d(-1)) and spent the majority of their time in their own rooms with more time spent in communal areas in the morning than in the afternoon. Lastly, study three discusses the use of proximity sensors to quantify exposure to a height adjustable desk. These studies are example applications of this technology, with many other technologies available and applications possible. The adoption of these technologies will provide researchers with a more complete understanding of the behaviour than has previously been available.

Notes: Loveday, Adam Sherar, Lauren B. Sanders, James P. Sanderson, Paul W. Esliger, Dale W.

Sherar, Lauren/IQW-4930-2023

Sanderson, Paul/0000-0003-3530-4189
1361-6579
URL: <Go to ISI>://WOS:000385497200014

Reference Type: Journal Article
Record Number: 2398
Author: Lovell, M. R., Lockett, T., Boyle, F. M., Phillips, J.,
Agar, M. and Davidson, P. M.
Year: 2014
Title: Patient Education, Coaching, and Self-Management for Cancer
Pain

Journal: Journal of Clinical Oncology
Volume: 32
Issue: 16
Pages: 1712-+

Date: Jun

Short Title: Patient Education, Coaching, and Self-Management for
Cancer Pain

ISSN: 0732-183X

DOI: 10.1200/jco.2013.52.4850

Accession Number: WOS:000337156700010

Abstract: Purpose Multiple systematic reviews and meta-analyses have identified the effectiveness of patient education in improving cancer pain management. However, the mechanisms by which patient education improves pain outcomes are uncertain, as are the optimal delivery, content, timing, frequency, and duration. This review provides best-bet recommendations based on available evidence to guide service managers and clinicians in developing a patient education program. Methods We used patient-centered care, self-management, coaching, and a behavior change wheel as lenses through which to consider the evidence for elements of patient education most likely to be effective within the context of other strategies for overcoming barriers to cancer pain assessment and management. Results The evidence suggests that optimal strategies include those that are patient-centered and tailored to individual needs, are embedded within health professional-patient communication and therapeutic relationships, empower patients to self-manage and coordinate their care, and are routinely integrated into standard cancer care. An approach that integrates patient education with processes and systems to ensure implementation of key standards for pain assessment and management and education of health professionals has been shown to be most effective. Conclusion Patient education is effective in reducing cancer pain and should be standard practice in all settings. For optimal results, patient education should be integrated with other strategies for implementing evidence-based, person-centered care and overcoming barriers at the levels of patient, provider, and health system. (C) 2014 by American Society of Clinical Oncology

Notes: Lovell, Melanie R. Lockett, Tim Boyle, Frances M. Phillips, Jane Agar, Meera Davidson, Patricia M. Agar, Meera/AAI-4002-2021; Phillips, Jane/A-7780-2015 Agar, Meera/0000-0002-6756-6119; Phillips, Jane/0000-0002-3691-8230; Lockett, Tim/0000-0001-6121-5409; Lovell, Melanie Ruth/

0000-0002-1407-2748; Davidson, Patricia M./0000-0003-2050-1534
1527-7755
URL: <Go to ISI>://WOS:000337156700010

Reference Type: Journal Article

Record Number: 918

Author: Lovell, M. R., Phillips, J. L., Lockett, T., Lam, L., Boyle, F. M., Davidson, P. M., Cheah, S. L., McCaffrey, N., Currow, D. C., Shaw, T., Hosie, A., Koczwara, B., Clarke, S., Lee, J., Stockler, M. R., Sheehan, C., Spruijt, O., Allsopp, K., Clinch, A., Clark, K., Read, A. and Agar, M.

Year: 2022

Title: Effect of Cancer Pain Guideline Implementation on Pain Outcomes Among Adult Outpatients With Cancer-Related Pain A Stepped Wedge Cluster Randomized Trial

Journal: Jama Network Open

Volume: 5

Issue: 2

Date: Feb

Short Title: Effect of Cancer Pain Guideline Implementation on Pain Outcomes Among Adult Outpatients With Cancer-Related Pain A Stepped Wedge Cluster Randomized Trial

ISSN: 2574-3805

DOI: 10.1001/jamanetworkopen.2022.0060

Article Number: e220060

Accession Number: WOS:000760984200002

Abstract: IMPORTANCE An evidence-practice gap exists for cancer pain management, and cancer pain remains prevalent and disabling.

OBJECTIVES To evaluate the capacity of 3 cancer pain guideline implementation strategies to improve pain-related outcomes for patients attending oncology and palliative care outpatient services.

DESIGN, SETTING, AND PARTICIPANTS A pragmatic, stepped wedge, cluster-randomized, nonblinded, clinical trial was conducted between 2014 and 2019. The clusters were cancer centers in Australia providing oncology and palliative care outpatient clinics.

Participants included a consecutive cohort of adult outpatients with advanced cancer and a worst pain severity score of 2 or more out of 10 on a numeric rating scale (NRS). Data were collected between August 2015 and May 2019. Data were analyzed July to October 2019 and reanalyzed November to December 2021.

INTERVENTIONS Guideline implementation strategies at the cluster, health professional, and patient levels introduced with the support of a clinical champion.

MAIN OUTCOMES AND MEASURES The primary measure of effect was the percentage of participants initially screened as having moderate to severe worst pain (NRS \geq 5) who experienced a clinically important improvement of 30% or more 1 week later. Secondary outcomes included mean average pain, patient empowerment, fidelity to the intervention, and quality of life and were measured in all participants with a pain score of 2 or more 10 at weeks 1, 2, and 4.

RESULTS Of 8099 patients screened at 6 clusters, 1564 were eligible, and 359 were recruited during the control phase (mean [SD] age, 64.2 [12.1] years; 196 men [55%]) and 329 during the intervention phase (mean [SD] age, 63.6 [12.7] years; 155 men [47%]), with no

significant differences between phases on baseline measures. The mean (SD) baselineworst pain scores were 5.0 (2.6) and 4.9 (2.6) for control and intervention phases, respectively. The mean (SD) baseline average pain scores were 3.5 (2.1) for both groups. For the primary outcome, the proportions of participants with a 30% or greater reduction in a pain score of 5 or more of 10 at baseline were similar in the control and intervention phases (31 of 280 participants [11.9%] vs 30 of 264 participants [11.8%]; OR, 1.12; 95% CI, 0.79–1.60; P=.51). No significant differences were found in secondary outcomes between phases. Fidelity to the intervention was low. CONCLUSIONS AND RELEVANCE A suite of implementation strategies was insufficient to improve pain-related outcomes for outpatients with cancer-related pain. Further evaluation is needed to determine the required clinical resources needed to enable wide-scale uptake of the fundamental elements of cancer pain care. Ongoing quality improvement activities should be supported to improve sustainability.

Notes: Lovell, Melanie R. Phillips, Jane L. Lockett, Tim Lam, Lawrence Boyle, Frances M. Davidson, Patricia M. Cheah, Seong L. McCaffrey, Nicola Currow, David C. Shaw, Tim Hosie, Annmarie Koczwara, Bogda Clarke, Stephen Lee, Jessica Stockler, Martin R. Sheehan, Caitlin Spruijt, Odette Allsopp, Katherine Clinch, Alexandra Clark, Katherine Read, Alison Agar, Meera Phillips, Jane/A-7780-2015; Clarke, Stephen John/HNR-3821-2023; Lam, Lawrence/HTP-2419-2023

Phillips, Jane/0000-0002-3691-8230; Clarke, Stephen John/0000-0001-5817-1222; Lam, Lawrence/0000-0001-6183-6854; Davidson, Patricia M./0000-0003-2050-1534; Lockett, Tim/0000-0001-6121-5409; Lee, Jessica/0000-0003-1570-066X; Hosie, Annmarie/0000-0003-1674-2124; Currow, David/0000-0003-1988-1250; Sheehan, caitlin/0000-0001-5100-0746; Agar, Meera/0000-0002-6756-6119; Koczwara, Bogda/0000-0002-1201-1642
URL: <Go to ISI>://WOS:000760984200002

Reference Type: Journal Article

Record Number: 2292

Author: Lawson, K., Jenks, M., Filby, A., Carr, L., Campbell, B. and Powell, J.

Year: 2015

Title: Examining the implementation of NICE guidance: cross-sectional survey of the use of NICE interventional procedures guidance by NHS Trusts

Journal: Implementation Science

Volume: 10

Date: Jun

Short Title: Examining the implementation of NICE guidance: cross-sectional survey of the use of NICE interventional procedures guidance by NHS Trusts

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0283-4

Accession Number: WOS:000357314200001

Abstract: Background: In the UK, NHS hospitals receive large amounts of evidence-based recommendations for care delivery from the

National Institute for Health and Care Excellence (NICE) and other organisations. Little is known about how NHS organisations implement such guidance and best practice for doing so. This study was therefore designed to examine the dissemination, decision-making, and monitoring processes for NICE interventional procedures (IP) guidance and to investigate the barriers and enablers to the implementation of such guidance. Methods: A cross-sectional survey questionnaire was developed and distributed to individuals responsible for managing the processes around NICE guidance in all 181 acute NHS hospitals in England, Scotland, Wales and Northern Ireland. A review of acute NHS hospital policies for implementing NICE guidance was also undertaken using information available in the public domain and from organisations' websites. Results: The response rate to the survey was 75 % with 135 completed surveys received. Additionally, policies from 25 % of acute NHS hospitals were identified and analysed. NHS acute hospitals typically had detailed processes in place to implement NICE guidance, although organisations recognised barriers to implementation including organisational process barriers, clinical engagement and poor targeting with a large number of guidance issued. Examples of enablers to, and good practice for, implementation of guidance were found, most notably the value of shared learning experiences between NHS hospitals. Implications for NICE were also identified. These included making improvements to the layout of guidance, signposting on the website and making better use of their shared learning platform. Conclusions: Most organisations have robust processes in place to deal with implementing guidance. However, resource limitations and the scope of guidance received by organisations create barriers relating to organisational processes, clinician engagement and financing of new procedures. Guidance implementation can be facilitated through encouragement of shared learning by organisations such as NICE and open knowledge transfer between organisations.

Notes: Lowson, Karin Jenks, Michelle Filby, Alexandra Carr, Louise Campbell, Bruce Powell, John Powell, John/0000-0002-1456-4857; Jenks, Michelle/0000-0002-1637-1506
URL: <Go to ISI>://WOS:000357314200001

Reference Type: Journal Article

Record Number: 462

Author: Lu, Y., Liu, C. J., Yu, D. H. and Wells, Y.

Year: 2022

Title: Conditions required to ensure successful detection and management of mild cognitive impairment in primary care: A Delphi consultation study in China

Journal: Frontiers in Public Health

Volume: 10

Date: Sep

Short Title: Conditions required to ensure successful detection and management of mild cognitive impairment in primary care: A Delphi consultation study in China

DOI: 10.3389/fpubh.2022.943964

Article Number: 943964

Accession Number: WOS:000874015100001

Abstract: Objective Detection and management of mild cognitive impairment (MCI) in primary care has been recognized internationally as one of the strategies that can be employed to delay the development of dementia. However, little is known about what role primary care should play. This study aimed to develop a checklist of conditions necessary for successfully detecting and managing mild cognitive impairment in primary care in China. **Methods** This study employed the Delphi method to establish expert consensus on the conditions required for successfully detecting and managing MCI in primary care in China. Twenty-four experts who specialized in general practice, public health, neuropsychology, or community health service management rated the importance of pre-defined conditions (44 items measuring providers' preparedness, patient engagement, and system support in line with the Chronic Care Model). The degree of consensus among the experts was measured using four indicators: median ≥ 4 , mean ≥ 3.5 , Co-efficient of Variance < 0.25 , and retention in the checklist required $\geq 80\%$ agreement with a rating of important or essential. The checklist and descriptions of the conditions were revised according to the experts' feedback and then sent out for repeated consultations along with a summary of the results of the previous round of consultations. Consensus was achieved after the second round of consultations, which was completed by 22 of the experts. **Results** The experts endorsed a checklist of 47 conditions required for successful detection and management of MCI in primary care in China. These conditions were categorized into four domains: prepared general practitioners (17 items), engaged patients (15 items), organizational efforts (11 items), and environmental support (4 items). **Conclusions** Successful detection and management of MCI in primary care in China requires a dedicated and competent workforce of general practitioners, as well as the engagement of patients and family caregivers. Adequate support from healthcare organizations, health system arrangements, and the broader society is needed to enable effective interactions between general practitioners and patients and efficient delivery of the services required to detect and manage MCI.

Notes: Lu, Yuan Liu, Chaojie Yu, Dehua Wells, Yvonne

Liu, Chaojie/Q-6915-2018

Liu, Chaojie/0000-0003-0877-0424

2296-2565

URL: <Go to ISI>://WOS:000874015100001

Reference Type: Journal Article

Record Number: 2141

Author: Luca, N. R., Hibbert, S. and McDonald, R.

Year: 2016

Title: Towards a service-dominant approach to social marketing

Journal: Marketing Theory

Volume: 16

Issue: 2

Pages: 194-218

Date: Jun

Short Title: Towards a service-dominant approach to social marketing
ISSN: 1470-5931

DOI: 10.1177/1470593115607941

Accession Number: WOS:000376307400003

Abstract: Over the last decade, social marketing has moved away from traditional marketing management approaches towards service-oriented theory, integrating concepts from other disciplines, to account for the distinctive nature of social change and develop an ecological perspective. This article extends prior literature by interrogating the applicability of service-dominant logic (SDL) to social marketing, with a particular emphasis on how a systems perspective can offer new ways to address challenges of social change. In so doing, it examines how the social marketing benchmarks can be extended through applying (and adapting) the principles, concepts and theories of SDL. The article provides critical reflection on the challenges of transferring service-dominant theory to social change contexts highlighting implications for practice and a future research agenda.

Notes: Luca, Nadina R. Hibbert, Sally McDonald, Ruth

McDonald, Ruth/C-3547-2013

McDonald, Ruth/0000-0002-3488-4209; Luca, Nadina/0000-0002-3757-6340
1741-301x

URL: <Go to ISI>://WOS:000376307400003

Reference Type: Journal Article

Record Number: 1892

Author: Lucas, P. J., Ingram, J., Redmond, N. M., Cabral, C.,
Turnbull, S. L. and Hay, A. D.

Year: 2017

Title: Development of an intervention to reduce antibiotic use for
childhood coughs in UK primary care using critical synthesis of
multi-method research

Journal: BMC Medical Research Methodology

Volume: 17

Date: Dec

Short Title: Development of an intervention to reduce antibiotic use
for childhood coughs in UK primary care using critical synthesis of
multi-method research

DOI: 10.1186/s12874-017-0455-9

Article Number: 175

Accession Number: WOS:000418777000001

Abstract: Background: Overuse of antibiotics contributes to the
global threat of antimicrobial resistance. Antibiotic stewardship
interventions address this threat by reducing the use of antibiotics
in occasions or doses unlikely to be effective. We aimed to develop
an evidence-based, theory-informed, intervention to reduce
antibiotic prescriptions in primary care for childhood respiratory
tract infections (RTI). This paper describes our methods for doing
so. Methods: Green and Krueger's Precede/Proceed logic model was
used as a framework to integrate findings from a programme of
research including 5 systematic reviews, 3 qualitative studies, and
1 cohort study. The model was populated using a strength of evidence
approach, and developed with input from stakeholders including

clinicians and parents. Results: The synthesis produced a series of evidence-based statements summarizing the quantitative and qualitative evidence for intervention elements most likely to result in changes in clinician behaviour. Current evidence suggests that interventions which reduce clinical uncertainty, reduce clinician/parent miscommunication, elicit parent concerns, make clear delayed or no-antibiotic recommendations, and provide clinicians with alternate treatment actions have the best chance of success. We designed a web-based within-consultation intervention to reduce clinician uncertainty and pressure to prescribe, designed to be used when children with RTI present to a prescribing clinician in primary care. Conclusions: We provide a worked example of methods for the development of future complex interventions in primary care, where multiple factors act on multiple actors within a complex system. Our synthesis provided intervention guidance, recommendations for practice, and highlighted evidence gaps, but questions remain about how best to implement these recommendations. The funding structure which enabled a single team of researchers to work on a multi-method programme of related studies (NIHR Programme Grant scheme) was key in our success.

Notes: Lucas, Patricia J. Ingram, Jenny Redmond, Niamh M. Cabral, Christie Turnbull, Sophie L. Hay, Alastair D.

Lucas, Patricia/HNJ-0065-2023; Hay, Alastair/L-1818-2019; Ingram, Jenny/C-7518-2009

Ingram, Jenny/0000-0003-2366-008X; Turnbull, Sophie/0000-0001-5259-3168; Lucas, Patricia Jane/0000-0002-0469-8085;

Cabral, Christie/0000-0002-9884-0555; Redmond, Niamh M/0000-0001-8814-3396; Hay, Alastair/0000-0003-3012-375X

1471-2288

URL: <Go to ISI>://WOS:000418777000001

Reference Type: Journal Article

Record Number: 1008

Author: Lucci, V. E. M., McKay, R. C., McBride, C. B., McGrath, M. S., Willms, R., Gainforth, H. L. and Claydon, V. E.

Year: 2022

Title: Barriers and facilitators to changing bowel care practices after spinal cord injury: a Theoretical Domains Framework approach

Journal: Spinal Cord

Volume: 60

Issue: 7

Pages: 664-673

Date: Jul

Short Title: Barriers and facilitators to changing bowel care practices after spinal cord injury: a Theoretical Domains Framework approach

ISSN: 1362-4393

DOI: 10.1038/s41393-021-00743-0

Accession Number: WOS:000740147000001

Abstract: Background Improvement to autonomic processes such as bladder, bowel and sexual function are prioritised by individuals with spinal cord injury (SCI). Bowel care is associated with high levels of dissatisfaction and decreased quality of life. Despite

dissatisfaction, 71% of individuals have not changed their bowel care routine for at least 5 years, highlighting a disconnect between dissatisfaction with bowel care and changing routines to optimise bowel care. Objective Using an integrated knowledge translation approach, we aimed to explore the barriers and facilitators to making changes to bowel care in individuals with SCI. Methods Our approach was guided by the Behaviour Change Wheel and used the Theoretical Domains Framework (TDF). Semi-structured interviews were conducted with individuals with SCI (n = 13, mean age 48.6 +/- 13.1 years) and transcribed verbatim (duration 31.9 +/- 7.1 min). Barriers and facilitators were extracted, deductively coded using TDF domains and inductively analysed for themes within domains. Results Changing bowel care after SCI was heavily influenced by four TDF domains: environmental context and resources (workplace flexibility, opportunity or circumstance, and access to resources); beliefs about consequences; social influences (perceived support and peer mentorship); and knowledge (knowledge of physiological processes and bowel care options). All intervention functions and policy categories were considered viable intervention options, with human (61%) and digital (33%) platforms preferred. Conclusions Modifying bowel care is a multi-factorial behaviour. These findings will support the systematic development and implementation of future interventions to both enable individuals with SCI to change their bowel care and to facilitate the optimisation of bowel care approaches.

Notes: Lucci, Vera-ElLEN M. McKay, Rhyann C. McBride, Christopher B. McGrath, Maureen S. Willms, Rhonda Gainforth, Heather L. Claydon, Victoria E.

Gainforth, Heather/0000-0002-3281-1110; Claydon, Victoria/0000-0002-2720-8042; Lucci, Vera-ElLEN M./0000-0002-9853-5120 1476-5624

URL: <Go to ISI>://WOS:000740147000001

Reference Type: Journal Article

Record Number: 931

Author: Lucic, A., Babric, D. and Uzelac, M.

Year: 2023

Title: Theoretical underpinnings of consumers' financial capability research

Journal: International Journal of Consumer Studies

Volume: 47

Issue: 1

Pages: 373-399

Date: Jan

Short Title: Theoretical underpinnings of consumers' financial capability research

ISSN: 1470-6423

DOI: 10.1111/ijcs.12778

Accession Number: WOS:000754084500001

Abstract: This paper investigates the multidisciplinary theoretical context of financial capability and provides a critical examination of 14 relevant theoretical frameworks. To this end, the paper defines financial capability and develops a new theoretical

framework of financial capability termed the personal financial management system. Financial capability is defined as the capacity of consumers to undertake comprehensive financial activities and thereby achieve personal financial well-being. The exploration of financial capability includes the concepts of financial literacy and psychological financial capability, where the latter represents automatic and controlled mental processes. Recent advances in behavioural science have profoundly changed the realm of personal finances, and it is, therefore, essential to acknowledge the importance of the intuitive reasoning that shapes our financial decision making. As part of the financial management system's throughput, together with individual motivation and opportunity within the personal financial management system, financial capability forms financial behaviour. The framework identifies three groups of relevant antecedents of financial capability including sociodemographic factors, cognitive and affective factors and personality and values. By constructing a comprehensive theoretical model, this paper contributes to the literature by providing greater consistency in the definitions of capability and its related terms, encouraging academic discussion and affirming the much-needed directions for future research.

Notes: Lucic, Andrea Babric, Dajana Uzelac, Marija Uzelac, Marija/AAE-8510-2021; Lučić, Andrea/ABA-9212-2021 Uzelac, Marija/0000-0003-2349-9185; Lučić, Andrea/0000-0002-3391-2503 1470-6431

URL: <Go to ISI>://WOS:000754084500001

Reference Type: Journal Article

Record Number: 1690

Author: Lucidi, F. and Chirico, A.

Year: 2020

Title: 50th years of research on doping prevention. A narrative review of tracks and perspectives

Journal: International Journal of Sport Psychology

Volume: 51

Issue: 6

Pages: 579-596

Date: Nov-Dec

Short Title: 50th years of research on doping prevention. A narrative review of tracks and perspectives

ISSN: 0047-0767

DOI: 10.7352/ijsp.2020.51.579

Accession Number: WOS:000835780000003

Abstract: While the use of Performance-Enhancing and Aesthetic Substances (PAES) has been observed for thousands of years, doping has been conceptualized and regulated only in the modern era. The aim of the present study was to review the doping prevention theme in a narrative manner. The theoretical and research considerations presented in this article overall are guided by the assumption that doping behavior partly depends on the dynamic interplay between a set of individual factors, its environment, and the goal that guide the intentional behavior. Relatedly, this article introduces the

general hypothesis that these forms interplay between socio-cognitive variables of particular importance in contributing to the scientific understanding of doping use, as they might help accounting for individual differences in doping intentions and doping use. In doing so, there are described theoretical and research frameworks that indirectly support this general view, and subsequently, is addressed the value of a focus on doping research. Finally, there are reported different research programs that have been tried to find empirical support to the hypothesized linkages between intervention, their efficacy and doping use in various sport contexts.

Notes: Lucidi, Fabio Chirico, Andrea

URL: <Go to ISI>://WOS:000835780000003

Reference Type: Journal Article

Record Number: 2042

Author: Lukaszyk, C., Coombes, J., Keay, L., Sherrington, C., Tiedemann, A., Broe, T., Lovitt, L. and Ivers, R.

Year: 2016

Title: Fall prevention services for older Aboriginal people: investigating availability and acceptability

Journal: Public Health Research & Practice

Volume: 26

Issue: 5

Date: Dec

Short Title: Fall prevention services for older Aboriginal people: investigating availability and acceptability

ISSN: 2204-2091

DOI: 10.17061/phrp2651659

Article Number: e2651659

Accession Number: WOS:000391548300007

Abstract: Background: Falls and fall-related injury are emerging issues for older Aboriginal people. Despite this, it is unknown whether older Aboriginal people access available fall prevention programs, or whether these programs are effective or acceptable to this population. Objective: To investigate the use of available fall prevention services by older Aboriginal people and identify features that are likely to contribute to program acceptability for Aboriginal communities in New South Wales (NSW), Australia. Methods: A questionnaire was distributed to Aboriginal and mainstream health and community services across NSW to identify the fall prevention and healthy ageing programs currently used by older Aboriginal people. Services with experience in providing fall prevention interventions for Aboriginal communities, and key Aboriginal health services that delivered programs specifically for older Aboriginal people, were followed up and staff members were nominated from within each service to be interviewed. Service providers offered their suggestions as to how a fall prevention program could be designed and delivered to meet the health and social needs of their older Aboriginal clients. Results: Of the 131 services that completed the questionnaire, four services (3%) had past experience in providing a mainstream fall prevention program to Aboriginal people; however, there were no programs being offered at the time of

data collection. From these four services, and from a further five key Aboriginal health services, 10 staff members experienced in working with older Aboriginal people were interviewed. Barriers preventing services from offering appropriate fall prevention programs to their older Aboriginal clients were identified, including limited funding, a lack of available Aboriginal staff, and communication difficulties between health services and sectors. According to the service providers, an effective and acceptable fall prevention intervention would be evidence based, flexible, community-oriented and social, held in a familiar and culturally safe location and delivered free of cost. Conclusion: This study identified a gap in the availability of acceptable fall prevention programs designed for, and delivered to, older Aboriginal people in NSW. Further consultation with older Aboriginal people is necessary to determine how an appropriate and effective program can be designed and delivered. Terminology: The authors recognise the two distinctive Indigenous populations of Australia: Aboriginal and Torres Strait Islander people. Because the vast majority of the NSW Aboriginal and Torres Strait Islander population is Aboriginal (95.4%)(1), this population will be referred to as 'Aboriginal' in this manuscript.

Notes: Lukaszuk, Caroline Coombes, Julieann Keay, Lisa Sherrington, Catherine Tiedemann, Anne Broe, Tony Lovitt, Loraine Ivers, Rebecca Sherrington, Catherine/S-9196-2019

Sherrington, Catherine/0000-0001-8934-4368; Keay, Lisa/0000-0003-2215-0678; Ivers, Rebecca/0000-0003-3448-662X

URL: <Go to ISI>://WOS:000391548300007

Reference Type: Journal Article

Record Number: 1363

Author: Luo, Z. N., Brown, C. and O'Steen, B.

Year: 2021

Title: Factors contributing to teachers' acceptance intention of gamified learning tools in secondary schools: An exploratory study

Journal: Education and Information Technologies

Volume: 26

Issue: 5

Pages: 6337-6363

Date: Sep

Short Title: Factors contributing to teachers' acceptance intention of gamified learning tools in secondary schools: An exploratory study

ISSN: 1360-2357

DOI: 10.1007/s10639-021-10622-z

Accession Number: WOS:000664428100005

Abstract: Gamified learning tools refer to the websites, software or mobile applications that use game design elements for educational purposes. Though theoretically promising in engaging learners, gamified learning tools were not widely accepted in practice. This paper seeks to better understand what encourages and constrains teachers' use of gamified learning tools in secondary schools in China in order to better realise the potential of gamification in formal learning contexts. The research comprises a survey and an

interview that involves 347 and 14 secondary school teachers respectively, who were recruited with the use of convenience sampling method. Using the thematic analysis approach, the author obtained 16 themes that influence teachers' acceptance intention to gamification, followed by a list of sub-themes that furtherly explain the themes. Research limitations, implications and future research lines were addressed.

Notes: Luo, Zhanni Brown, Cheryl O'Steen, Billy

Hidayat, Ima Kusumawati/ABF-6870-2021; Luo, Zhanni/AAF-7642-2020

Hidayat, Ima Kusumawati/0000-0002-3387-9213; Luo, Zhanni/

0000-0002-5162-875X

1573-7608

URL: <Go to ISI>://WOS:000664428100005

Reference Type: Journal Article

Record Number: 428

Author: Luong, M. L. N., Bennell, K. L., Hinman, R. S. and Rebar, A. L.

Year: 2022

Title: A test of the impact of pain on automatic motivational processes in people with knee osteoarthritis

Journal: Psychology of Sport and Exercise

Volume: 63

Date: Nov

Short Title: A test of the impact of pain on automatic motivational processes in people with knee osteoarthritis

ISSN: 1469-0292

DOI: 10.1016/j.psychsport.2022.102293

Article Number: 102293

Accession Number: WOS:000875644800019

Abstract: Objective: People with osteoarthritis are likely to be physically inactive and current socio-cognitive approaches to changing physical activity in this patient population are generally ineffective. We assessed prospective associations between physical activity and the automatic processes of habit automaticity, automatic evaluations, and automatic self-schema in people with knee osteoarthritis. Design: One-week prospective. Method: 253 adults (aged 46-82 years, 72% female, 28% male) with knee osteoarthritis self-reported their physical activity behaviour of the past week, habit automaticity for physical activity and completed two implicit association tests to assess automatic evaluations of physical activity (relative to sedentary behaviour) and automatic self-schema for physical activity. One week later, participants self-reported physical activity and pain while walking over the prior week. Linear regression models assessed associations of each automatic process with subsequent physical activity and the moderation effect of pain and each automatic process on subsequent physical activity, controlling for covariates. Results: We did not find evidence of a statistical relationship between physical activity with automatic evaluations, automatic self-schema, or habit automaticity. The inclusion of pain while walking did not moderate the relationship between any automatic process and physical activity. Conclusion: Although previous research on healthy, young adults suggests that

automatic processes affect physical activity behaviour, we did not find evidence to confirm whether a similar relationship exists for older adults with knee osteoarthritis. Replication and extension work testing these research questions is needed to ensure the findings are not a result of measurement and design features of the study.

Notes: Luong, My-Linh Nguyen Bennell, Kim L. Hinman, Rana S. Rebar, Amanda L.

Rebar, Amanda/0000-0003-3164-993X

1878-5476

URL: <Go to ISI>://WOS:000875644800019

Reference Type: Journal Article

Record Number: 649

Author: Lutz, R., Fischmann, W., Drexler, H. and Nohammer, E.

Year: 2022

Title: A German Model Project for Workplace Health Promotion-Flow of Communication, Information, and Reasons for Non-Participation in the Offered Measures

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 13

Date: Jul

Short Title: A German Model Project for Workplace Health Promotion-Flow of Communication, Information, and Reasons for Non-Participation in the Offered Measures

DOI: 10.3390/ijerph19138122

Article Number: 8122

Accession Number: WOS:000824412500001

Abstract: Background: Workplace health promotion (WHP) as a part of workplace health management (WHM) was strengthened in German legislature with the Prevention Act of 2015. However, smaller enterprises often do not offer WHM or WHP. Accordingly, a model-project for improving the uptake and implementation, particularly in micro-, small, and medium-sized enterprises (MSMEs) was carried out. The aim of the study was to determine reasons for non-participation in WHP offers and analyze communication issues, both from the employee's and employer's perspective. Methods: In total, 21 managers or persons responsible for WHP participated in the first online survey between March and April 2020, and 156 employees responded to the second online survey between June and October 2021. The importance of barriers and communication issues was investigated. Based on a principal component analysis on non-participation, differences regarding sociodemographic variables were analyzed. Results: Most employees knew about the offered measures and that the measures were cost free. There was no significant association between having communicated the offers to the employees and considering them suitable for their needs. Most of the managers or persons responsible for WHP rated the measures as sufficiently varied and allowed staff to take part during working-time. Reasons for non-participation from the managers' point of view were travel time to the location of the offers, lack of time, and a missing fit

between offers and employees' needs. From the employees' point of view, workload (including working time) was the main barrier to participation. Conclusions: For the practical implementation of model projects in MSMEs, special attention should be paid to ensuring opportunity to participate, which may be easier with in-house offers.

Notes: Lutz, Regina Fischmann, Wolfgang Drexler, Hans Noehammer, Elisabeth

Nöhammer, Elisabeth/AAA-6385-2021

Nöhammer, Elisabeth/0000-0003-0284-527X; Lutz, Regina/
0000-0003-0619-9914

1660-4601

URL: <Go to ISI>://WOS:000824412500001

Reference Type: Journal Article

Record Number: 1560

Author: Ly, A., Zemek, R., Wright, B., Zwicker, J., Schneider, K., Mikrogianakis, A., Conradi, A., Johnson, D., Clark, B., Barlow, K., Burey, J., Kolstad, A. and Yeates, K. O.

Year: 2021

Title: "What is the actual goal of the pathway?": examining emergency department physician and nurse perspectives on the implementation of a pediatric concussion pathway using the theoretical domains framework

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Feb

Short Title: "What is the actual goal of the pathway?": examining emergency department physician and nurse perspectives on the implementation of a pediatric concussion pathway using the theoretical domains framework

DOI: 10.1186/s12913-021-06110-2

Article Number: 119

Accession Number: WOS:000617449200002

Abstract: Background Multiple evidence-based clinical practice guidelines (CPGs) exist to guide the management of concussion in children, but few have been translated into clinical pathways (CP), which operationalize guidelines into accessible and actionable algorithms that can be more readily implemented by health care providers. This study aimed to identify the clinical behaviours, attitudinal factors, and environmental contexts that potentially influence the implementation of a clinical pathway for pediatric concussion. Methods Semi-structured interviews were conducted from October 2017 to January 2018 with 42 emergency department clinicians (17 physicians, 25 nurses) at five urban emergency departments in Alberta, Canada. A Theoretical Domains Framework (TDF)-informed interview guide contained open-ended questions intended to gather feedback on the proposed pathway developed for the study, as well as factors that could potentially influence its implementation. Results The original 14 domains of the TDF were collapsed into 6 clusters based on significant overlap between domains in the issues discussed by clinicians: 1) knowledge, skills, and practice; 2) professional

roles and identity; 3) attitudes, beliefs, and motivations; 4) goals and priorities; 5) local context and resources; and 6) engagement and collaboration. The 6 clusters identified in the interviews each reflect 2-4 predominant topics that can be condensed into six overarching themes regarding clinicians' views on the implementation of a concussion CP: 1) standardization in the midst of evolving research; 2) clarifying and communicating goals; 3) knowledge dissemination and alignment of information; 4) a team-oriented approach; 5) site engagement; and 6) streamlining clinical processes. Conclusion Application of a comprehensive, evidence-based, and theory-driven framework in conjunction with an inductive thematic analysis approach enabled six themes to emerge as to how to successfully implement a concussion CP.

Notes: Ly, Anh Zemek, Roger Wright, Bruce Zwicker, Jennifer Schneider, Kathryn Mikrogianakis, Angelo Conradi, Alf Johnson, David Clark, Brenda Barlow, Karen Burey, Joseph Kolstad, Ash Yeates, Keith Owen

Mikrogianakis, Angelo/AAW-5929-2021; Barlow, Karen/C-1323-2014

Mikrogianakis, Angelo/0000-0002-8854-0620; Wright, Bruce/0000-0002-5056-9356; Barlow, Karen/0000-0003-2612-8507
1472-6963

URL: <Go to ISI>://WOS:000617449200002

Reference Type: Journal Article

Record Number: 645

Author: Lynch, M., Yoo, J., Mukami, D., Arian, W., Bashford, T., Hobden, P., Luthra, P., Patel, M., Ralph, N., Winters, N., McGrath, L. and Simms, B.

Year: 2022

Title: Principles to guide the effective use of technology to support capacity development in global health partnerships Comment

Journal: Bmj Global Health

Volume: 6

Issue: SUPPL_6

Date: Jul

Short Title: Principles to guide the effective use of technology to support capacity development in global health partnerships Comment

ISSN: 2059-7908

DOI: 10.1136/bmjgh-2021-006783

Accession Number: WOS:000827089000001

Notes: Lynch, Marion Yoo, Jihoon Mukami, Diana Arian, Waheed Bashford, Tom Hobden, Paul Luthra, Pramod Patel, Mumtaz Ralph, Neil Winters, Niall McGrath, Louise Simms, Ben

Bashford, Tom/H-9586-2019

Bashford, Tom/0000-0003-0228-9779; Winters, Niall/0000-0001-8597-2914

6

URL: <Go to ISI>://WOS:000827089000001

Reference Type: Journal Article

Record Number: 689

Author: Lynch, T., Ryan, C., Bradley, C., Foster, D., Huff, C.,

Hutchinson, S., Lamberson, N., Lynch, L. and Cadogan, C.

Year: 2022

Title: Supporting safe and gradual reduction of long-term benzodiazepine receptor agonist use: Development of the SAFEGUARDING-BZRAs toolkit using a codesign approach

Journal: Health Expectations

Volume: 25

Issue: 4

Pages: 1904-1918

Date: Aug

Short Title: Supporting safe and gradual reduction of long-term benzodiazepine receptor agonist use: Development of the SAFEGUARDING-BZRAs toolkit using a codesign approach

ISSN: 1369-6513

DOI: 10.1111/hex.13547

Accession Number: WOS:000807261500001

Abstract: Introduction Long-term benzodiazepine receptor agonist (BZRA) use persists in healthcare settings worldwide and poses risks of patient harm. Objective This study aimed to develop an intervention to support discontinuation of long-term BZRA use among willing individuals. Methods The intervention development process aligned with the UK Medical Research Council's complex intervention framework. This involved a previous systematic review of brief interventions targeting long-term BZRA use in primary care and qualitative interviews based on the Theoretical Domains Framework that explored barriers and facilitators to discontinuing long-term BZRA use. A codesign approach was used involving an active partnership between experts by experience, researchers and clinicians. Intervention content was specified in terms of behaviour change techniques (BCTs). Results The SAFEGUARDING-BZRAs (Supporting SAFE and GradUAL ReDUctIon of loNG-term BenZodiazepine Receptor Agonist uSe) toolkit comprises 24 BCTs and includes recommendations targeted at primary care-based clinicians for operationalizing each BCT to support individuals with BZRA discontinuation. Conclusion The SAFEGUARDING-BZRAs toolkit has been developed using a systematic and theory-based approach that addresses identified limitations of previous research. Further research is needed to assess its usability and acceptability by service users and clinicians, as well as its potential to effectively support safe and gradual reduction of long-term BZRA use. Patient or Public Contribution The qualitative interview phase included patients as participants. The codesign process included 'experts by experience' with either current or previous experience of long-term BZRA use as collaborators.

Notes: Lynch, Tom Ryan, Cristin Bradley, Colin Foster, D. Huff, Christy Hutchinson, Sharon Lamberson, Nicole Lynch, Lily Cadogan, Cathal

Huff, Christy/HZJ-6521-2023

Huff, Christy/0000-0003-1212-8477; Cadogan, Cathal A./

0000-0002-8778-0112

1369-7625

URL: <Go to ISI>://WOS:000807261500001

Reference Type: Journal Article

Record Number: 1598

Author: Lyon, A. R., Pullmann, M. D., Dorsey, S., Levin, C., Gaias, L. M., Brewer, S. K., Larson, M., Corbin, C. M., Davis, C., Muse, I., Joshi, M., Reyes, R., Jungbluth, N. J., Barrett, R., Hong, D., Gomez, M. D. and Cook, C. R.

Year: 2021

Title: Protocol for a hybrid type 2 cluster randomized trial of trauma-focused cognitive behavioral therapy and a pragmatic individual-level implementation strategy

Journal: Implementation Science

Volume: 16

Issue: 1

Date: Jan

Short Title: Protocol for a hybrid type 2 cluster randomized trial of trauma-focused cognitive behavioral therapy and a pragmatic individual-level implementation strategy

ISSN: 1748-5908

DOI: 10.1186/s13012-020-01064-1

Article Number: 3

Accession Number: WOS:000608277600003

Abstract: Background More than two-thirds of youth experience trauma during childhood, and up to 1 in 5 of these youth develops posttraumatic stress symptoms that significantly impair their functioning. Although trauma-focused cognitive behavior therapy (TF-CBT) has a strong evidence base, it is rarely adopted, delivered with adequate fidelity, or evaluated in the most common setting where youth access mental health services—schools. Given that individual behavior change is ultimately required for successful implementation, even when organizational factors are firmly in place, focusing on individual-level processes represents a potentially parsimonious approach. Beliefs and Attitudes for Successful Implementation in Schools (BASIS) is a pragmatic, motivationally focused multifaceted strategy that augments training and consultation and is designed to target precise mechanisms of behavior change to produce enhanced implementation and youth clinical outcomes. This study protocol describes a hybrid type 2 effectiveness-implementation trial designed to concurrently evaluate the main effects, mediators, and moderators of both the BASIS implementation strategy on implementation outcomes and TF-CBT on youth mental health outcomes. Methods Using a cluster randomized controlled design, this trial will assign school-based mental health (SMH) clinicians and schools to one of three study arms: (a) enhanced treatment-as-usual (TAU), (b) attention control plus TF-CBT, or (c) BASIS+TF-CBT. With a proposed sample of 120 SMH clinicians who will each recruit 4–6 youth with a history of trauma (480 children), this project will gather data across 12 different time points to address two project aims. Aim 1 will evaluate, relative to an enhanced TAU condition, the effects of TF-CBT on identified mechanisms of change, youth mental health outcomes, and intervention costs and cost-effectiveness. Aim 2 will compare the effects of BASIS against an attention control plus TF-CBT condition on theoretical mechanisms of clinician behavior change and implementation outcomes, as well as examine costs and cost-

effectiveness. Discussion This study will generate critical knowledge about the effectiveness and cost-effectiveness of BASIS—a pragmatic, theory-driven, and generalizable implementation strategy designed to enhance motivation—to increase the yield of evidence-based practice training and consultation, as well as the effectiveness of TF-CBT in a novel service setting. Trial registration ClinicalTrials.gov registration number NCT04451161. Registered on June 30, 2020. Notes: Lyon, Aaron R. Pullmann, Michael D. Dorsey, Shannon Levin, Carol Gaias, Larissa M. Brewer, Stephanie K. Larson, Madeline Corbin, Catherine M. Davis, Chayna Muse, Ian Joshi, Mahima Reyes, Rosemary Jungbluth, Nathaniel J. Barrett, Rachel Hong, David Gomez, Michael D. Cook, Clayton R. Muse, Ian/0000-0002-7628-5642; Reyes, Rosemary/0000-0002-6368-5655 URL: <Go to ISI>://WOS:000608277600003

Reference Type: Journal Article

Record Number: 1254

Author: Lyons, S., Lorigan, P., Green, A. C., Ferguson, A. and Epton, T.

Year: 2021

Title: Reasons for indoor tanning use and the acceptability of alternatives: A qualitative study

Journal: Social Science & Medicine

Volume: 286

Date: Oct

Short Title: Reasons for indoor tanning use and the acceptability of alternatives: A qualitative study

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2021.114331

Article Number: 114331

Accession Number: WOS:000696314500009

Abstract: Rationale: Using indoor tanning devices is associated with substantial health consequences, such as an increased risk of melanoma and other skin cancers. Many people including minors and some at high risk of skin cancer continue to use these devices. In the absence of effective restrictions on use, it is important that behaviour change interventions are designed to reduce indoor tanning. Objective: To explore reasons for use of indoor tanning devices and the acceptability of alternatives in adult users residing in North-West England. Methods: Participants were required to be current indoor tanners aged 18 years and above and were recruited online. Twenty-one participants took part in either a focus group or semi-structured interview. An inductive thematic analysis was conducted. Results: Six themes were identified: psychological benefits; improving physical health; denial of health risks; alternatives do not meet psychological needs; alternatives do not meet physical needs; and perceived side-effects. Participants used indoor tanning devices to improve their self-esteem and to prevent sun damage to their skin (by gaining a 'base tan'). Participants appeared to justify their usage by responding defensively to avoid accepting they were at risk, exaggerating the benefits of indoor tanning, and discounting alternatives to indoor tanning. Alternatives to indoor tanning were perceived as risky for

health, inadequate to provide the desired aesthetic, and incapable of meeting their self-esteem needs. Conclusions: Interventions to reduce indoor tanning behaviour should increase sources of self-esteem other than appearance, increase media literacy and address defensive responses to information around indoor tanning and alternatives. Further research is needed to develop these interventions and assess their feasibility.

Notes: Lyons, Stephanie Lorigan, Paul Green, Adele C. Ferguson, Ashley Epton, Tracy
Lorigan, Paul/J-6898-2015; Epton, Tracy/H-3301-2017
Lorigan, Paul/0000-0002-8875-2164; Epton, Tracy/0000-0002-1653-191X
1873-5347
URL: <Go to ISI>://WOS:000696314500009

Reference Type: Journal Article

Record Number: 781

Author: Ma, J., Chan, A., Singh, C., Elashi, M., Gerevas, K., Idle, M., Lundie, J., Urbina, M., Pace, A. and Hoens, A.

Year: 2022

Title: Current Practices in and Barriers to Physiotherapists' Use of Resistance Exercise with Older Adults in Acute Care

Journal: Physiotherapy Canada

Volume: 74

Issue: 4

Pages: 363-369

Date: Nov

Short Title: Current Practices in and Barriers to Physiotherapists' Use of Resistance Exercise with Older Adults in Acute Care

ISSN: 0300-0508

DOI: 10.3138/ptc-2020-0123

Accession Number: WOS:000787332600001

Abstract: Purpose: The purpose of this cross-sectional study was to describe physiotherapists' current use of resistance exercise (REx) with older adults in acute care and to identify barriers to its use with this population. Methods: We developed an online questionnaire guided by the theoretical domains framework and distributed it to physiotherapists across British Columbia. We used thematic analysis to code open-text questionnaire responses. Results: One hundred five physiotherapists completed the questionnaire (78% female; mean age 39.9 [SD 10.3] years; mean years of experience 12.4 [SD 10.3]). Respondents reported frequently performing functional testing (95%) and assessing muscle strength (70%) in older adults, but few often prescribed REx (34%). The greatest barriers to use of REx that respondents identified were lack of prioritization of REx among other duties and perceived poor patient motivation. Open-text data analysis revealed that respondents felt that some patients were unable to perform REx and that physiotherapists lacked a clear definition of REx and sufficient support personnel. Conclusions: Addressing treatment priorities, patient motivation, and staffing resources can support physiotherapists in increasing REx use, an important strategy for reducing the incidence of hospital-associated deconditioning among older adults in acute care settings.

Notes: Jasmin, Ma Chan, Amber Singh, Chiara Elashi, Maha Gerevas,

Kristi Idle, Melissa Lundie, Janet Urbina, Maylinda Pace, Angela Hoens, Alison Ma, Jasmin/0000-0002-0193-4820
1708-8313
URL: <Go to ISI>://WOS:000787332600001

Reference Type: Journal Article

Record Number: 523

Author: Ma, J. K., Ramachandran, S., Sandhu, A., Tsui, K., Hoens, A. M., Hu, D. and Li, L. C.

Year: 2022

Title: Tailored Interventions for Supporting Physical Activity Participation in People with Arthritis and Related Conditions: a Systematic Review

Journal: Current Treatment Options in Rheumatology

Volume: 8

Issue: 4

Pages: 117-142

Date: Dec

Short Title: Tailored Interventions for Supporting Physical Activity Participation in People with Arthritis and Related Conditions: a Systematic Review

DOI: 10.1007/s40674-022-00194-5

Accession Number: WOS:000842759900001

Abstract: Purpose of Review To summarize both the research on and effects of physical activity tailoring in people with arthritis. Recent Findings Physical activity is an essential disease management strategy for people with arthritis. However, participation rates are low which may be due to generalized approaches to supporting physical activity behavior change. Tailored physical activity approaches involve the use of assessment to shape individualized intervention strategies to change physical activity. The effectiveness of tailored physical activity interventions in the general population is mixed, likely as a result of suboptimal tailoring methods, and the effectiveness in arthritis populations is unknown. We identified 24 unique assessment factors and 23 intervention strategies used in tailored physical activity interventions for people with osteoarthritis, inflammatory arthritis, or fibromyalgia. Health professionals should conduct comprehensive patient characteristics, physical, and psychosocial assessments to select the optimal physical activity prescription and strategies to deliver it. While more research is needed to refine methods for optimal tailoring of physical activity interventions for people with arthritis, health professionals should familiarize themselves with factors to consider for tailoring, collaborate with their patients on decisions about tailoring their physical activity, and adapt tailoring approaches as required over time to optimize physical activity participation.

Notes: Ma, Jasmin K. Ramachandran, Smruthi Sandhu, Amrit Tsui, Karen Hoens, Alison M. Hu, Davin Li, Linda C.

Hoens, Alison/AAS-6442-2021

Hoens, Alison/0000-0002-9533-9079; Ma, Jasmin/0000-0002-0193-4820;

Li, Linda/0000-0001-6280-0511

2198-6002

URL: <Go to ISI>://WOS:000842759900001

Reference Type: Journal Article

Record Number: 2198

Author: Maar, M. A., Yeates, K., Toth, Z., Barron, M., Boesch, L., Hua-Stewart, D., Liu, P., Perkins, N., Sleeth, J., Wabano, M. J., Williamson, P. and Tobe, S. W.

Year: 2016

Title: Unpacking the Black Box: A Formative Research Approach to the Development of Theory-Driven, Evidence-Based, and Culturally Safe Text Messages in Mobile Health Interventions

Journal: Jmir Mhealth and Uhealth

Volume: 4

Issue: 1

Pages: 266-278

Date: Jan-Mar

Short Title: Unpacking the Black Box: A Formative Research Approach to the Development of Theory-Driven, Evidence-Based, and Culturally Safe Text Messages in Mobile Health Interventions

ISSN: 2291-5222

DOI: 10.2196/mhealth.4994

Article Number: e10

Accession Number: WOS:000381182000021

Abstract: Background: Mobile-cellular subscriptions have increased steadily over the past decade. The accessibility of SMS messages over existing mobile networks is high and has almost universal availability even on older and unsophisticated mobile phones and in geographic settings where wireless coverage is weak. There is intensive exploration of this inexpensive mobile telecommunication technology to improve health services and promote behavior change among vulnerable populations. However, a neglected area of research is the documentation and critical analysis of the formative research process required in the development and refinement of effective SMS messages. Objective: The objective of this qualitative research study was to identify major factors that may impact on the effectiveness of evidence-based SMS messages designed to reduce health inequities in hypertension management in low resource settings, including Aboriginal populations in high-income countries and rural populations in low-income countries. Specifically, we were interested in uncovering the range of mediators that impact on appropriate message content transmission and, ultimately, on health behavior improvements in a range of these sociocultural settings. Methods: Collaborative qualitative research with Canadian Aboriginal and Tanzanian participants was conducted to deconstruct the content and transmission of evidence-based health information contained in SMS messages in the context of an international research project designed to address health inequalities in hypertension, and to develop a grounded theory of the major factors that mediate the effectiveness of this communication. We also examined the interrelationship of these mediators with the three essential conditions of the behavior system of the Behavioral Change Wheel model (capability, opportunity, and motivation) and cultural safety.

Results: Four focus groups with a total of 45 participants were conducted. Our grounded theory research revealed how discrepancies develop between the evidence-based text message created by researchers and the message received by the recipient in mobile health interventions. These discrepancies were primarily generated by six mediators of meaning in SMS messages: (1) negative or non-affirming framing of advocacies, (2) fear-or stress-inducing content, (3) oppressive or authoritarian content, (4) incongruity with cultural and traditional practices, (5) disconnect with the reality of the social determinants of health and the diversity of cultures within a population, and (6) lack of clarity and/or practicality of content. These 6 mediators of meaning provide the basis for sound strategies for message development because they impact directly on the target populations' capability, opportunity, and motivation for behavior change. Conclusions: The quality of text messages impacts significantly on the effectiveness of a mobile health intervention. Our research underscores the urgent need for interventions to incorporate and evaluate the quality of SMS messages and to examine the mediators of meaning within each targeted cultural and demographic group. Reporting on this aspect of mobile health intervention research will allow researchers to move away from the current black box of SMS text message development, thus improving the transparency of the process as well as the quality of the outcomes.

Notes: Maar, Marion A. Yeates, Karen Toth, Zsolt Barron, Marcia Boesch, Lisa Hua-Stewart, Diane Liu, Peter Perkins, Nancy Sleeth, Jessica Wabano, Mary Jo Williamson, Pamela Tobe, Sheldon W. Maar, Marion/AAX-7713-2021; Tobe, Sheldon W/A-9202-2008
Maar, Marion/0000-0001-9901-1436; Sleeth, Jessica/0000-0003-1109-7533; Boesch, Lisa/0000-0002-2507-1206; Perkins, Nancy/0000-0002-6140-4848; Barron, Marcia/0000-0002-6822-9093
URL: <Go to ISI>://WOS:000381182000021

Reference Type: Journal Article

Record Number: 939

Author: Maas, V. Y. F., Blanchette, L. M. G., van Amstel, W., Franx, A., Poels, M. and Koster, M. P. H.

Year: 2022

Title: A social marketing strategy to promote preconception care: development of the Woke Women strategy

Journal: Journal of Social Marketing

Volume: 12

Issue: 2

Pages: 154-173

Date: Mar

Short Title: A social marketing strategy to promote preconception care: development of the Woke Women strategy

ISSN: 2042-6763

DOI: 10.1108/jsocm-07-2021-0151

Accession Number: WOS:000753176200001

Abstract: Purpose - Exposure to unhealthy lifestyle behaviours before pregnancy affects the health of mothers and their (unborn) children. A social marketing strategy could empower prospective

parents to actively prepare for pregnancy through preconception care (PCC). This study aims to describe the development of a PCC social marketing strategy based on the eight-point benchmark criteria for effective social marketing and to clarify the concept of using social marketing for health promotion purposes. Design/methodology/approach – An extensive literature search was carried out regarding the needs of the target population and PCC behavioural goals, leading to the development of a bottom-up, ambassador-driven, communication concept. Findings – In-depth insights of all benchmarks were analysed and incorporated during the development process of a new PCC social marketing strategy, with a special focus on the application of the "Health Belief Model" (Benchmark 3) and "the Four-P framework" (Benchmark 8). Evidence-based preconceptional health information is our product, for a low price as the information is freely attainable, promoting a message of overall women's health and online or through a consult with a health-care provider as the appropriate place. This formative research resulted in the development of the Woke Women (R) strategy, empowering women to actively prepare for pregnancy. Originality/value – Developing a social marketing strategy to enhance actively preparing for pregnancy shows potential to encourage prospective parents to adopt healthier preconceptional lifestyle behaviours and can therefore improve the health of future generations.

Notes: Maas, Veronique Y. F. Blanchette, Lyne M. G. van Amstel, Wencke Franx, Arie Poels, Marjolein Koster, Maria P. H.

Maas, Veronique/HHM-3786-2022

2042-6771

URL: <Go to ISI>://WOS:000753176200001

Reference Type: Journal Article

Record Number: 593

Author: Maas, V. Y. F., Poels, M., de Kievit, M. H., Hartog, A. P., Franx, A. and Koster, M. P. H.

Year: 2022

Title: Planning is not equivalent to preparing, how Dutch women perceive their pregnancy planning in relation to preconceptional lifestyle behaviour change—a cross-sectional study

Journal: BMC Pregnancy and Childbirth

Volume: 22

Issue: 1

Date: Jul

Short Title: Planning is not equivalent to preparing, how Dutch women perceive their pregnancy planning in relation to preconceptional lifestyle behaviour change—a cross-sectional study

DOI: 10.1186/s12884-022-04843-4

Article Number: 577

Accession Number: WOS:000827748600003

Abstract: Background Unhealthy prenatal lifestyle behaviours are associated with adverse pregnancy outcomes, but little is known about what motivates women to comply with preconceptional lifestyle recommendations or consciously plan their pregnancy. Therefore, the objective of this study is to explore the associations between preconceptional lifestyle behaviours, health beliefs and pregnancy

planning among Dutch pregnant women. Methods In this cross-sectional study based on the data of the APROPOS-II study, 1,077 low-risk pregnant women were eligible for inclusion. Preconception lifestyle behaviours and actively preparing for pregnancy were assessed in relation to planned pregnancies (based on the London Measure of Unplanned Pregnancies) and health beliefs (14 statements). The following preconceptional lifestyle behaviours were assessed through a self-administered questionnaire in the first trimester of pregnancy: fruit intake, vegetable intake, caffeine intake, (second-hand)smoking, alcohol intake, folic acid supplement use and exercise. Data were analysed using multivariate logistic regression analyses. Results A total of 921 (85.5%) women in our cohort had a planned pregnancy. However, of these women, 640 (69.5%) adequately used folic acid supplements and 465 (50.5%) women consumed alcohol at any point during pregnancy. Of the women considering themselves 'healthy enough and not needing preconception care', 48 (9.1%) women had an adequate vegetable intake, 294 (55.6%) women consumed alcohol at any point during pregnancy and 161 (30.4%) women were either over- or underweight. Conclusion Despite consciously planning their pregnancy, most women did not adhere to preconceptional lifestyle behaviour recommendations. Women's health beliefs and overestimation of their health status seem to interfere with actively planning and preparing for pregnancy. Findings from our study may encourage the development of prospective health-promoting interventions that focus on health beliefs and actively preparing for pregnancy, to improve preconceptional lifestyle behaviours, thereby optimizing the health of future generations.

Notes: Maas, Veronique Y. F. Poels, Marjolein de Kievit, Marleen H. Hartog, Anniek P. Franx, Arie Koster, Maria P. H.

Maas, Veronique/HHM-3786-2022

1471-2393

URL: <Go to ISI>://WOS:000827748600003

Reference Type: Journal Article

Record Number: 1566

Author: Macdonald, C., Mazza, D., Hickey, M., Hunter, M., Keogh, L. A., Jones, S. C., Saunders, C., Nesci, S., Milne, R. L., McLachlan, S. A., Hopper, J. L., Friedlander, M. L., Emery, J., Phillips, K. A. and Investigators, K. ConFab

Year: 2021

Title: Motivators of Inappropriate Ovarian Cancer Screening: A Survey of Women and Their Clinicians

Journal: Jnci Cancer Spectrum

Volume: 5

Issue: 1

Date: Feb

Short Title: Motivators of Inappropriate Ovarian Cancer Screening: A Survey of Women and Their Clinicians

DOI: 10.1093/jncics/pkaa110

Article Number: pkaa110

Accession Number: WOS:000648885600023

Abstract: Background: This study examined why women and doctors screen for ovarian cancer (OC) contrary to guidelines. Methods:

Surveys, based on the Theoretical Domains Framework, were sent to women in the Kathleen Cuninghams Foundation Consortium for Research into Familial Breast Cancer and family physicians and gynecologists who organized their screening. Results: Of 1264 Kathleen Cuninghams Foundation Consortium for Research into Familial Breast Cancer women, 832 (65.8%) responded. In the past 2 years, 126 (15.1%) had screened. Most of these (n = 101, 80.2%) would continue even if their doctor told them it is ineffective. For women, key OC screening motivators operated in the domains of social role and goals (staying healthy for family, 93.9%), emotion and reinforcement (peace of mind, 93.1%), and beliefs about capabilities (tests are easy to have, 91.9%). Of 531 clinicians 252 (47.5%) responded; a minority (family physicians 45.8%, gynecologists 16.7%) thought OC screening was useful. For gynecologists, the main motivators of OC screening operated in the domains of environmental context (lack of other screening options, 27.6%), and emotion (patient peace of mind, 17.2%; difficulty discontinuing screening, 13.8%). For family physicians, the strongest motivators were in the domains of social influence (women ask for these tests, 20.7%), goals (a chance these tests will detect cancer early, 16.4%), emotion (patient peace of mind, 13.8%), and environmental context (no other OC screening options, 11.2%). Conclusion: Reasons for OC screening are mostly patient driven. Clinician knowledge and practice are discordant. Motivators of OC screening encompass several domains, which could be targeted in interventions to reduce inappropriate OC screening. Notes: Macdonald, Courtney Mazza, Danielle Hickey, Martha Hunter, Morgan Keogh, Louise A. Jones, Sandra C. Saunders, Christobel Nesci, Stephanie Milne, Roger L. McLachlan, Sue-Anne Hopper, John L. Friedlander, Michael L. Emery, Jon Phillips, Kelly-Anne friedlander, michael l/G-3490-2013; Mazza, Danielle/H-4577-2014; Saunders, Christobel/H-5779-2014 friedlander, michael l/0000-0002-6488-0604; Mazza, Danielle/0000-0001-6158-7376; Saunders, Christobel/0000-0003-2281-9829; Macdonald, Courtney/0000-0003-2603-4068; Milne, Roger/0000-0001-5764-7268; Hickey, Martha/0000-0002-3941-082X 2515-5091
URL: <Go to ISI>://WOS:000648885600023

Reference Type: Journal Article
Record Number: 903
Author: MacDonald, C. M., McCauley, N., O'Toole, S. and Green, J.
Year: 2022
Title: Effective strategies for testicular torsion education in adolescents: A qualitative study in educational environments
Journal: Health Education Journal
Volume: 81
Issue: 3
Pages: 325-336
Date: Apr
Short Title: Effective strategies for testicular torsion education in adolescents: A qualitative study in educational environments
ISSN: 0017-8969
DOI: 10.1177/00178969221079587

Article Number: 00178969221079587

Accession Number: WOS:000764094900001

Abstract: Objective: In the context of testicular torsion, research demonstrates a delay from the onset of testicular pain to attending hospital in adolescents, leading to high rates of testicular loss. This is due to a lack of knowledge about this condition. In this study, we aimed to investigate the methods adolescents and their parents felt would be effective in testicular torsion education. Design: Qualitative semi-structured interviews and focus group workshops were used to generate ideas and opinions regarding the 'ideal' education package for testicular torsion. Setting: One-to-one interviews with young men and a chosen chaperone recruited through purposive sampling from after-school clubs. Focus groups recruited from an active hospital youth forum. Method: Qualitative data analysis was undertaken to explore collective and normative views and to validate findings using a combination of thematic framework, and descriptive and content analysis. Results: In all, 16 young men aged 11-19 years with an attending chaperone were interviewed. Forty-four young people of both sexes participated in focus groups. Participants in all groups supported school-based teaching about testicular torsion, with focus group members mentioning Personal, Social, Health and Economic Education (PSHE) as the preferred setting. Members of all groups also advocated the use of video, but tone was a matter of debate. Reservations were expressed regarding the use of social and online media as primary means of dissemination but saw these as useful adjuncts to formal school lessons. Focus group members were supportive of teaching in a mixed sex environment and for repeat lessons at 11 and 13 years of age. Conclusion: Study findings support the development and use of PSHE teaching, using video methodology, to promote knowledge about testicular torsion in boys and young men. An evidence-based intervention to improve outcomes in testicular torsion for this cohort can now be developed.

Notes: MacDonald, Caroline M. McCauley, Nadine O'Toole, Stuart Green, James

McCauley, Nadine/0000-0002-8093-8706
1748-8176

URL: <Go to ISI>://WOS:000764094900001

Reference Type: Journal Article

Record Number: 2157

Author: MacDonald, L., Chapman, S., Syrett, M., Bowskill, R. and Horne, R.

Year: 2016

Title: Improving medication adherence in bipolar disorder: A systematic review and meta-analysis of 30 years of intervention trials

Journal: Journal of Affective Disorders

Volume: 194

Pages: 202-221

Date: Apr

Short Title: Improving medication adherence in bipolar disorder: A systematic review and meta-analysis of 30 years of intervention

trials

ISSN: 0165-0327

DOI: 10.1016/j.jad.2016.01.002

Accession Number: WOS:000370724200029

Abstract: Background: Medication non-adherence in bipolar disorder is a significant problem resulting in increased morbidity, hospitalisation and suicide. Interventions to enhance adherence exist but it is not clear how effective they are, or what works and why. Methods: We systematically searched bibliographic databases for RCTs of interventions to support adherence to medication in bipolar disorder. Study selection and data extraction was performed by two investigators. Data was extracted on intervention design and delivery, study characteristics, adherence outcomes and study quality. The meta-analysis used pooled odds ratios for adherence using random effects models. Results: Searches identified 795 studies, of which 24 met the inclusion criteria, 18 provided sufficient data for meta-analysis. The pooled OR was 2.27 (95% CI 1.45-3.56) equivalent to a two-fold increase in the odds of adherence in the intervention group relative to control. Smaller effects were seen where the control group consisted of an active comparison and with increasing intervention length. The effects were robust across other factors of intervention and study design and delivery. Limitations: Many studies did not report sufficient information to classify intervention design and delivery or judge quality and the interventions were highly variable. Therefore, the scope of moderation analysis was limited. Conclusions: Even brief interventions can improve medication adherence. Limitations in intervention and study design and reporting prevented assessment of which elements of adherence support are most effective. Applying published guidance and quality criteria for designing and reporting adherence interventions is a priority to inform the implementation of cost-effective adherence support. (C) 2016 Elsevier B.V. All rights reserved.

Notes: MacDonald, Lindsay Chapman, Sarah Syrett, Michel Bowskill, Richard Horne, Rob

Horne, Rob/C-6000-2009

Horne, Robert/0000-0002-3068-8438; Chapman, Sarah/
0000-0002-7612-1605

1573-2517

URL: <Go to ISI>://WOS:000370724200029

Reference Type: Journal Article

Record Number: 973

Author: MacFarlane, D., Hurlstone, M. J., Ecker, U. K. H., Ferraro, P. J., van der Linden, S., Wan, A. K. Y., Verissimo, D., Burgess, G., Chen, F., Hall, W., Hollands, G. J. and Sutherland, W. J.

Year: 2022

Title: Reducing demand for overexploited wildlife products: Lessons from systematic reviews from outside conservation science

Journal: Conservation Science and Practice

Volume: 4

Issue: 3

Date: Mar

Short Title: Reducing demand for overexploited wildlife products:
Lessons from systematic reviews from outside conservation science

DOI: 10.1111/csp2.627

Article Number: e627

Accession Number: WOS:000747806100001

Abstract: Conservationists have long sought to reduce consumer demand for products from overexploited wildlife species. Health practitioners have also begun calling for reductions in the wildlife trade to reduce pandemic risk. Most wildlife-focused demand reduction campaigns have lacked rigorous evaluations and thus their impacts remain unknown. There is thus an urgent need to review the evidence from beyond conservation science to inform future demand-reduction efforts. We searched for systematic reviews of interventions that aimed to reduce consumer demand for products that are harmful (e.g., cigarettes and illicit drugs). In total, 41 systematic reviews were assessed, and their data extracted. Mass-media campaigns and incentive programs were, on average, ineffective. While advertising bans, social marketing, and location bans were promising, there was insufficient robust evidence to draw firm conclusions. In contrast, the evidence for the effectiveness of norm appeals and risk warnings was stronger, with some caveats.

Notes: MacFarlane, Douglas Hurlstone, Mark J. Ecker, Ullrich K. H. Ferraro, Paul J. van Der Linden, Sander Wan, Anita K. Y. Verissimo, Diogo Burgess, Gayle Chen, Frederick Hall, Wayne Hollands, Gareth J. Sutherland, William J.

Ferraro, Paul/B-4435-2014; Sutherland, William/B-1291-2013; Ecker, Ullrich K H/A-2043-2010

Ferraro, Paul/0000-0002-4777-5108; Ecker, Ullrich K H/
0000-0003-4743-313X; Hurlstone, Mark/0000-0001-9920-6284
2578-4854

URL: <Go to ISI>://WOS:000747806100001

Reference Type: Journal Article

Record Number: 1794

Author: Machin, L., Curutchet, M. R., Gimenez, A., Aschemann-Witzel, J. and Ares, G.

Year: 2019

Title: Do nutritional warnings do their work? Results from a choice experiment involving snack products

Journal: Food Quality and Preference

Volume: 77

Pages: 159-165

Date: Oct

Short Title: Do nutritional warnings do their work? Results from a choice experiment involving snack products

ISSN: 0950-3293

DOI: 10.1016/j.foodqual.2019.05.012

Accession Number: WOS:000472696600015

Abstract: Nutritional warnings have been recently introduced as a new front-of-pack nutrition labelling scheme. Its particular goal is to facilitate the identification of products with excessive content of nutrients, given these are associated with non-communicable diseases. The aim of the present study was to evaluate the influence

of nutritional warnings on consumers' choice of a snack in a choice experiment involving real products. A total of 199 participants were asked to evaluate a series of bread images on a computer screen using eye-tracking glasses. Once they finished the task, they were invited to help themselves a snack from a shelf as a compensation for their participation in the study. A total of 15 snack products with different nutritional composition were included on the shelf. Participants were randomly divided into groups: one that made their choice from a shelf containing products that did not include front-of-package nutritional information, whereas the other chose among products that featured nutritional warnings. Participants in both experiments invested an average of 14s to select their product. When products were presented with warnings, 50% of the participants fixated their gaze on the warnings during the choice task. Significant differences in the frequency of selection of the products ($p = 0.002$) were found between the groups. When the warnings were present, participants chose products with fewer warnings and lower average sodium, saturated fat, and sugar content ($p < 0.001$). These findings confirm the potential of nutritional warnings to encourage more healthful food choices.

Notes: Machin, Leandro Rosa Curutchet, Maria Gimenez, Ana Aschemann-Witzel, Jessica Ares, Gaston

Aschemann-Witzel, Jessica/ABD-5432-2020; Aschemann-Witzel, Jessica/HDN-4575-2022

Aschemann-Witzel, Jessica/0000-0002-6737-3659; 1873-6343

URL: <Go to ISI>://WOS:000472696600015

Reference Type: Journal Article

Record Number: 1810

Author: Mackay, H. J., Campbell, K. L., van der Melj, B. S. and Wilkinson, S. A.

Year: 2019

Title: Establishing an evidenced-based dietetic model of care in haemodialysis using implementation science

Journal: Nutrition & Dietetics

Volume: 76

Issue: 2

Pages: 150-157

Date: Apr

Short Title: Establishing an evidenced-based dietetic model of care in haemodialysis using implementation science

ISSN: 1446-6368

DOI: 10.1111/1747-0080.12528

Accession Number: WOS:000468046600005

Abstract: AimTo establish an evidence-based dietetics service in an in-centre haemodialysis unit utilising implementation science.

MethodsThe service was developed through the Knowledge-to-Action Framework. The steps of the Action Cycle were addressed through a literature review, identification of evidence-based guidelines, benchmarking and local staff engagement. The theoretical domains framework (TDF) was used to identify barriers/enablers, and behaviour change wheel to determine appropriate interventions. To

monitor, evaluate outcomes and assess sustained knowledge use we employed multidisciplinary team engagement and database use. Audit data were collected at baseline, 6 and 12 months on nutrition assessment (Patient-Generated Subjective Global Assessment), intervention timeliness and alignment to dietetic workforce recommendations. Descriptive statistics, McNemar tests and a linear mixed model were applied. Results Barriers existed in the knowledge, skills, environmental context and resources TDF domains. Suitable interventions were identified with training on nutritional management of haemodialysis patients delivered to 148 nurses, and nutrition management recommendations summarised into local procedural resources. A database to prompt and monitor outcome measures was created and indicated that over 18 months post-service commencement, eligible patients received nutrition assessment at least 6-monthly, aligning with recommendations. Prevalence of malnutrition was 28% (n= 9/32) at baseline, 23% (n= 5/22) at 6 months and 20% (n= 4/20) at 12 months (P = 0.50). Conclusions We demonstrated benefits to service development and implementation with implementation science providing a structured and methodical approach to translating guidelines into practice. Development of training, resources and prompts for outcome measures has supported the establishment of an evidence-based dietetics service in a haemodialysis unit.

Notes: Mackay, Hannah J. Campbell, Katrina L. van der Melj, Barbara S. Wilkinson, Shelley A.

Wilkinson, Shelley/AAV-9803-2020

Wilkinson, Shelley/0000-0003-3365-3473; van der Meij, Barbara/
0000-0002-0412-2801
1747-0080

URL: <Go to ISI>://WOS:000468046600005

Reference Type: Journal Article

Record Number: 1865

Author: Mackie, B. R., Mitchell, M. and Marshall, A.

Year: 2018

Title: The impact of interventions that promote family involvement in care on adult acute-care wards: An integrative review

Journal: Collegian

Volume: 25

Issue: 1

Pages: 131-140

Date: Feb

Short Title: The impact of interventions that promote family involvement in care on adult acute-care wards: An integrative review

ISSN: 1322-7696

DOI: 10.1016/j.colegn.2017.01.006

Accession Number: WOS:000425896500020

Abstract: Background: Healthcare that involves patients and their families in care has been recommended to improve patient safety and quality. With limited direction on care partnerships for adult acute care patients, their families and healthcare teams, there is a need for a review of interventions that have been used to promote family in patient care within adult acute care wards. Aim: The aim of this

integrative review was to describe interventions that have been used to promote family involvement in patient care within adult acute care wards. Method: Electronic databases of Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane, PubMed, and PsycINFO were searched between 1994 and 2016 using key search terms and word variations family involvement', family nursing', family centred care', family interventions', 'family therapies'. Additional literature was sourced from reference lists of relevant original publications. The Mixed Methods Appraisal Tool and Template for Intervention Description and Replication informed study and intervention assessment. Findings: Eleven single centered studies were included with interventions designed to improve functional capacity, cognitive function, and communication. Nurses were involved in intervention delivery for six of the 11 interventions. Outcomes of interest included patient outcomes (n = 8) and intervention acceptability and feasibility (n = 3). Improved patient outcomes were reported for seven studies. Intervention design and implementation were generally poorly described. Conclusion: Interventions designed to promote family in patient care on adult acute care wards improved patient outcomes in some instances, however, methodological limitations confound the evidence base for family involvement having a direct and positive impact on patient outcomes. Allowing patients and family members to partner in intervention design may enhance uptake and improve outcomes. Process and economic evaluations should also be included in future studies to allow assessment of clinical feasibility. (C) 2017 Australian College of Nursing Ltd. Published by Elsevier Ltd. Notes: Mackie, Benjamin R. Mitchell, Marion Marshall, Andrea Marshall, Andrea/0000-0001-7692-403X 1876-7575 URL: <Go to ISI>://WOS:000425896500020

Reference Type: Journal Article
Record Number: 1962
Author: MacLennan, S., Briganti, A., Grimshaw, J. M. and N'Dow, J.
Year: 2017
Title: Re: Low Adherence to Guidelines in Nonmuscle-invasive Disease
Journal: European Urology
Volume: 71
Issue: 4
Pages: 689-689
Date: Apr
Short Title: Re: Low Adherence to Guidelines in Nonmuscle-invasive Disease
ISSN: 0302-2838
DOI: 10.1016/j.eururo.2016.12.019
Accession Number: WOS:000396336200039
Notes: MacLennan, Steven Briganti, Alberto Grimshaw, Jeremy M. N'Dow, James
Briganti, Alberto/AAN-1965-2020; Grimshaw, Jeremy/D-8726-2013
MacLennan, Steven/0000-0002-2691-8421 1873-7560
URL: <Go to ISI>://WOS:000396336200039

Reference Type: Journal Article

Record Number: 1708

Author: Macleod, A., Nair, D., Ilbahar, E., Sellars, M. and Nolte, L.

Year: 2020

Title: Identifying barriers and facilitators to implementing advance care planning in prisons: a rapid literature review

Journal: Health & Justice

Volume: 8

Issue: 1

Date: Sep

Short Title: Identifying barriers and facilitators to implementing advance care planning in prisons: a rapid literature review

DOI: 10.1186/s40352-020-00123-5

Article Number: 22

Accession Number: WOS:000705317000001

Abstract: Background Limited information is available describing advance care planning (ACP) within correctional facilities, despite its increasing relevance due to the ageing population in prisons and the high rates of complex medical comorbidities. In Western countries, self-determination with respect to making future medical decisions is a human right that prisoners do not lose when they are remanded into custody. ACP enables individuals to plan for their health and personal care so their values, beliefs and preferences are made known to inform future decision-making, for a time when they can no longer communicate their decisions. This paper examines the limited academic literature relating to ACP within prisons to identify barriers and facilitators that influence the uptake of ACP and advance care directive (ACD) documentation. Common themes related to ACP in a correctional setting were extracted and synthesised to produce a high-level analysis of barriers and facilitators influencing ACP uptake for prisoners within a correctional setting. Results Six articles met the selection criteria and reported on the experience of ACP and ACDs in prisons; five from the United States of America and one from Switzerland. Three dominant themes were identified, with related subthemes: system-level factors, attitudes and perceptions, and ACP knowledge and comprehension. Barriers to ACP and ACD implementation were more prominent in articles than facilitators. Conclusions Limited academic literature regarding the implementation and experience of ACP in prisons is available. The dominance of barriers identified in studies highlights key challenges for improving ACP uptake in correctional settings. Further research is required to understand the barriers, enablers, and attitudes to ACP in prisons.

Notes: Macleod, Ashley Nair, Divya Ilbahar, Ekin Sellars, Marcus Nolte, Linda

Macleod, Ashley/0000-0002-4694-1768

2194-7899

URL: <Go to ISI>://WOS:000705317000001

Reference Type: Journal Article

Record Number: 1002

Author: MacLeod, C. J., Brandt, A. J., Collins, K., Moller, H. and Manhire, J.

Year: 2022

Title: Behavioural insights for improved uptake of agricultural sustainability assessment tools

Journal: People and Nature

Volume: 4

Issue: 2

Pages: 428–444

Date: Apr

Short Title: Behavioural insights for improved uptake of agricultural sustainability assessment tools

DOI: 10.1002/pan3.10294

Accession Number: WOS:000740669300001

Abstract: 1. Changing human behaviour to enhance agricultural sustainability outcomes is an ongoing challenge that urgently needs addressing. It requires identifying the mechanisms for the successful uptake and application of tools and behavioural interventions to mitigate the detrimental impacts of farm activities on the environment. 2. We combined a participatory action research and mixed-methods approach (via online surveys, workshops, seminars, meetings and emails) to work with diverse stakeholders to understand their perspectives on the following: (a) sharing farm biodiversity data; (b) behavioural factors likely to influence farmer uptake and use of a farm-level sustainability assessment tool developed for New Zealand farms; and (c) how to improve the tool. 3. Respondents (n = 133) to an online survey were most willing to share data to gain advice on improving farm practices, but least willing when farmers were paid for the data, or companies used it to market products to farmers. Respondents were most comfortable with sharing data when an independent board decided the data-use policies, or the contributor could change their sharing preferences and data were anonymised. 4. Feedback on the tool prototypes was elicited via 27 events and more than 133 individual interactions. Of the 529 alignments between 255 discussion points and 14 behavioural factors, almost half were centred on the material context (e.g. infrastructures, technologies, time and schedules) but were often coupled with individual and social factors. 5. Overall, a strong desire for a tool that empowers individual farmers to enhance their farm's biodiversity outcomes emerged, although, during the initial prototype tests, the tool's strengths were rarely acknowledged and concerns about weaknesses were more common. 6. Ten strategies were identified for enhancing the tool. These aligned closely with three human-thinking principles: four strategies focused on thinking automatically, three on thinking socially and seven on thinking using mental models. The system transformations required to implement such an integrated package of interventions to change behaviour at scale include a collective approach to developing a stronger evidence base for conservation actions, and behavioural interventions to enhance social and environmental capital in production landscapes.

Notes: MacLeod, Catriona J. Brandt, Angela J. Collins, Kevin Moller, Henrik Manhire, Jon

MacLeod, Catriona/AAF-2351-2019

MacLeod, Catriona/0000-0002-8435-410X
2575-8314
URL: <Go to ISI>://WOS:000740669300001

Reference Type: Journal Article
Record Number: 2421
Author: Macleod, M. R., Michie, S., Roberts, I., Dirnagl, U.,
Chalmers, I., Ioannidis, J. P. A., Salman, R. A., Chan, A. W. and
Glasziou, P.
Year: 2014
Title: Biomedical research: increasing value, reducing waste
Journal: Lancet
Volume: 383
Issue: 9912
Pages: 101-104
Date: Jan
Short Title: Biomedical research: increasing value, reducing waste
ISSN: 0140-6736
DOI: 10.1016/s0140-6736(13)62329-6
Accession Number: WOS:000329579600006
Notes: Macleod, Malcolm R. Michie, Susan Roberts, Ian Dirnagl,
Ulrich Chalmers, Iain Ioannidis, John P. A. Salman, Rustam Al-Shahi
Chan, An-Wen Glasziou, Paul
Macleod, Malcolm Robert/B-2052-2010; Glasziou, Paul/A-7832-2008;
Salman, Rustam Al-Shahi/IAM-4339-2023; Ioannidis, John P. A./
G-9836-2011; Michie, Susan/A-1745-2010
Macleod, Malcolm Robert/0000-0001-9187-9839; Glasziou, Paul/
0000-0001-7564-073X; Al-Shahi Salman, Rustam/0000-0002-2108-9222;
Michie, Susan/0000-0003-0063-6378; Dirnagl, Ulrich/
0000-0003-0755-6119
1474-547x
URL: <Go to ISI>://WOS:000329579600006

Reference Type: Journal Article
Record Number: 2228
Author: MacLure, K. and Stewart, D.
Year: 2015
Title: Self-Reported Digital Literacy of the Pharmacy Workforce in
North East Scotland
Journal: Pharmacy
Volume: 3
Issue: 4
Pages: 182-196
Date: Dec
Short Title: Self-Reported Digital Literacy of the Pharmacy
Workforce in North East Scotland
DOI: 10.3390/pharmacy3040182
Accession Number: WOS:000367727900003
Abstract: In their day-to-day practice, pharmacists, graduate (pre-
registration) pharmacists, pharmacy technicians, dispensing
assistants and medicines counter assistants use widely available
office, retail and management information systems alongside

dedicated pharmacy management and electronic health (ehealth) applications. The ability of pharmacy staff to use these applications at home and at work, also known as digital literacy or digital competence or e-skills, depends on personal experience and related education and training. The aim of this research was to gain insight into the self-reported digital literacy of the pharmacy workforce in the North East of Scotland. A purposive case sample survey was conducted across NHS Grampian in the NE of Scotland. Data collection was based on five items: sex, age band, role, pharmacy experience plus a final question about self-reported digital literacy. The study was conducted between August 2012 and March 2013 in 17 community and two hospital pharmacies. With few exceptions, pharmacy staff perceived their own digital literacy to be at a basic level. Secondary outcome measures of role, age, gender and work experience were not found to be clear determinants of digital literacy. Pharmacy staff need to be more digitally literate to harness technologies in pharmacy practice more effectively and efficiently.

Notes: MacLure, Katie Stewart, Derek

MacLure, Katie/GRJ-8912-2022

Stewart, Derek/0000-0001-7360-8592; MacLure, Katie/
0000-0003-0686-948X

2226-4787

URL: <Go to ISI>://WOS:000367727900003

Reference Type: Journal Article

Record Number: 813

Author: MacPherson, M. M., Merry, K. J., Locke, S. R. and Jung, M. E.

Year: 2022

Title: mHealth prompts within diabetes prevention programs: a scoping review

Journal: Mhealth

Volume: 8

Issue: 2

Date: Apr

Short Title: mHealth prompts within diabetes prevention programs: a scoping review

DOI: 10.21037/mhealth-21-22

Article Number: 20

Accession Number: WOS:000850208700007

Abstract: Background: Mobile health (mHealth) prompts (e.g., text messaging, push notifications) are a commonly used technique within behaviour change interventions to prompt or cue a specific behaviour. Such prompts are being increasingly integrated into diabetes prevention programs (DPPs). While mHealth prompts provide a convenient and cost-effective way to reinforce behaviour change, no reviews to date have examined mHealth prompt use within DPPs.

This scoping review aims to: (I) understand how mHealth prompts are being used within behaviour change interventions for individuals at risk for developing type 2 diabetes (T2D); and (II) provide recommendations for future mHealth prompt research, design, and application. Methods: The scoping review methodology outlined by

Arksey and O'Malley were followed. Medline, CINAHL, PsycInfo, Web of Science, and SportDiscus were searched. The search strategy combined keywords relating to T2D risk and mHealth prompts in conjunction with database-controlled vocabulary when available (e.g., MeSH for Medline). Results: Of the 4,325 publications screened, 44 publications (based on 33 studies) met the inclusion criteria and were included for data extraction. Text messaging was the most widely used mHealth prompt (73%) followed by push notifications (21%). Only 30% of studies discussed the theoretical basis for prompt content and time of day messages were sent, and only 27% provided justification for prompt timing and frequency. Fourteen studies assessed participant satisfaction with mHealth prompts of which only two reported dissatisfaction due to either prompting frequency (hourly) or message content (solely focused on weight). Nine studies assessed behavioural outcomes including weight loss, physical activity, and diabetes incidence, and found mixed effects overall. Conclusions: While mHealth prompts were well-received by participants, there are mixed effects on the influence of mHealth prompts on behavioural outcomes and diabetes incidence. More thorough reporting of prompt content development and delivery is needed, and more experimental research is needed to identify optimal content, delivery characteristics, and impact on behavioural and clinical outcomes.

Notes: MacPherson, Megan M. Merry, Kohle J. Locke, Sean R. Jung, Mary E.

MacPherson, Megan/0000-0001-7907-1394
2306-9740

URL: <Go to ISI>://WOS:000850208700007

Reference Type: Journal Article

Record Number: 779

Author: Macura, B., Ran, Y., Persson, U. M., Abu Hatab, A., Jonell, M., Lindahl, T. and Roos, E.

Year: 2022

Title: What evidence exists on the effects of public policy interventions for achieving environmentally sustainable food consumption? A systematic map protocol

Journal: Environmental Evidence

Volume: 11

Issue: 1

Date: Apr

Short Title: What evidence exists on the effects of public policy interventions for achieving environmentally sustainable food consumption? A systematic map protocol

DOI: 10.1186/s13750-022-00271-1

Article Number: 17

Accession Number: WOS:000796534900001

Abstract: Background: The global food system is causing considerable environmental harm. A transition towards more sustainable consumption is needed. Targeted public policy interventions are crucial for stimulating such transition. While there is extensive research about the promotion of more environmentally sustainable food consumption, this knowledge is scattered across different

sources. This systematic map aims to collate and describe the available evidence on public policy interventions such as laws, directives, taxes and information campaigns, for achieving sustainable food consumption patterns. Methods: We will search bibliographic databases, specialist websites, Google Scholar and bibliographies of relevant reviews. Searches for academic literature will be performed in English, while searches for grey literature will be performed in English, Swedish, Danish and Norwegian. Screening, including consistency checking exercises, will be done at two levels: title and abstract, and full text. We will use machine learning algorithms to support screening at the title and abstract level. Coding and meta-data extraction will include bibliographic information, policy details and context, and measured environmental outcome(s). The evidence base will be summarised narratively using tables and graphs and presented as an online interactive searchable database and a website that will allow for visualisation, filtering and exploring systematic map findings, knowledge gaps and clusters. Notes: Macura, Biljana Ran, Ylva Persson, U. Martin Abu Hatab, Assem Jonell, Malin Lindahl, Therese Roos, Elin Macura, Biljana/A-4617-2012; Abouhatab, Assem/A-8414-2015 Macura, Biljana/0000-0002-4253-1390; Abouhatab, Assem/0000-0002-6764-1887 2047-2382 URL: <Go to ISI>://WOS:000796534900001

Reference Type: Journal Article

Record Number: 1896

Author: MacWilliams, K., Curran, J., Racek, J., Cloutier, P. and Cappelli, M.

Year: 2017

Title: Barriers and Facilitators to Implementing the HEADS-ED A Rapid Screening Tool for Pediatric Patients in Emergency Departments

Journal: Pediatric Emergency Care

Volume: 33

Issue: 12

Pages: 774-780

Date: Dec

Short Title: Barriers and Facilitators to Implementing the HEADS-ED A Rapid Screening Tool for Pediatric Patients in Emergency Departments

ISSN: 0749-5161

DOI: 10.1097/pec.0000000000000651

Accession Number: WOS:000417604100014

Abstract: Objectives This study sought to identify barriers and facilitators to the implementation of the HEADS-ED, a screening tool appropriate for use in the emergency department (ED) that facilitates standardized assessments, discharge planning, charting, and linking pediatric mental health patients to appropriate community resources. Methods A qualitative theory-based design was used to identify barriers and facilitators to implementing the HEADS-ED tool. Focus groups were conducted with participants recruited from 6 different ED settings across 2 provinces (Ontario and Nova Scotia). The Theoretical Domains Framework was used as a

conceptual framework to guide data collection and to identify themes from focus group discussions. Results The following themes spanning 12 domains were identified as reflective of participants' beliefs about the barriers and facilitators to implementing the HEADS-ED tool: knowledge, skills, beliefs about capabilities, social professional role and identity, optimism, beliefs about consequences, reinforcement, environmental context and resources, social influences, emotion, behavioral regulation and memory, and attention and decision process. Conclusions The HEADS-ED has the potential to address the need for better discharge planning, complete charting, and standardized assessments for the increasing population of pediatric mental health patients who present to EDs. This study has identified potential barriers and facilitators, which should be considered when developing an implementation plan for adopting the HEADS-ED tool into practice within EDs.

Notes: MacWilliams, Kate Curran, Janet Racek, Jakub Cloutier, Paula Cappelli, Mario
Curran, Janet/0000-0001-9977-0467
1535-1815
URL: <Go to ISI>://WOS:000417604100014

Reference Type: Journal Article

Record Number: 1485

Author: Madden, S. K., Blewitt, C. A., Ahuja, K. D. K., Skouteris, H., Bailey, C. M., Hills, A. P. and Hill, B.

Year: 2021

Title: Workplace Healthy Lifestyle Determinants and Wellbeing Needs across the Preconception and Pregnancy Periods: A Qualitative Study Informed by the COM-B Model

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 8

Date: Apr

Short Title: Workplace Healthy Lifestyle Determinants and Wellbeing Needs across the Preconception and Pregnancy Periods: A Qualitative Study Informed by the COM-B Model

DOI: 10.3390/ijerph18084154

Article Number: 4154

Accession Number: WOS:000644114300001

Abstract: Overweight and obesity present health risks for mothers and their children. Reaching women during the key life stages of preconception and pregnancy in community settings, such as workplaces, is an ideal opportunity to enable health behavior change. We conducted five focus groups with 25 women aged between 25 and 62 years in order to investigate the determinants of healthy lifestyle behaviors, weight management, and wellbeing needs during the preconception and pregnancy periods in an Australian university workplace. Discussions explored women's health and wellbeing needs with specific reference to workplace impact. An abductive analytical approach incorporated the capability, opportunity, and motivation of behavior (COM-B) model, and four themes were identified: hierarchy of needs and values, social interactions, a support scaffold, and

control. Findings highlight the requirement for greater organization-level support, including top-down coordination of wellbeing opportunities and facilitation of education and support for preconception healthy lifestyle behaviors in the workplace. Interventionists and organizational policy makers could incorporate these higher-level changes into workplace processes and intervention development, which may increase intervention capacity for success. Notes: Madden, Seonad K. Blewitt, Claire A. Ahuja, Kiran D. K. Skouteris, Helen Bailey, Cate M. Hills, Andrew P. Hill, Briony Hill, Briony L/M-9643-2017; Ahuja, Kiran DK/A-3147-2012; Bailey, Cate/F-4346-2015; Hills, Andrew/M-3199-2014 Hill, Briony L/0000-0003-4993-3963; Ahuja, Kiran DK/0000-0002-0323-4692; Blewitt, Claire/0000-0002-4990-2334; Bailey, Cate/0000-0001-5030-430X; Hills, Andrew/0000-0002-7787-7201; Madden, Seonad/0000-0002-6804-2667 1660-4601 URL: <Go to ISI>://WOS:000644114300001

Reference Type: Journal Article
Record Number: 678
Author: Madhani, A. and Finlay, K. A.
Year: 2022
Title: Using the COM-B model to characterize the barriers and facilitators of pre-exposure prophylaxis (PrEP) uptake in men who have sex with men
Journal: British Journal of Health Psychology
Volume: 27
Issue: 4
Pages: 1330-1353
Date: Nov
Short Title: Using the COM-B model to characterize the barriers and facilitators of pre-exposure prophylaxis (PrEP) uptake in men who have sex with men
ISSN: 1359-107X
DOI: 10.1111/bjhp.12605
Accession Number: WOS:000810257600001
Abstract: Objectives Using the COM-B model, this study aimed to characterize barriers and facilitators to pre-exposure prophylaxis (PrEP) uptake amongst men who have sex with men (MSM). Design and Method Semistructured interviews with 13 MSM who were non-PrEP users were conducted with a specific focus on barriers and facilitators to PrEP uptake. A 15-item interview schedule was created informed by the COM-B model. Transcripts were transcribed verbatim and inductively analysed using thematic analysis. To illustrate pathways for intervention design, inductive themes were then deductively mapped onto COM-B constructs. Results Results demonstrated that barriers to PrEP uptake were closely aligned with five (of six) COM-B components: psychological capability, physical opportunity, social opportunity, reflective motivation and automatic motivation. These COM-B subcomponents reflected seven thematized barriers: (1) limited information about PrEP, (2) restricted access to PrEP, (3) gay identity and sexual stigmatization, (4) social and cultural stigmatization, (5) capabilities in treatment adherence, (6)

optimistic bias about sexual behaviours and (7) calculating risk. No facilitators or physical capability concerns were demonstrated. Conclusion This study adopted a novel behaviour change-informed approach to understanding barriers and facilitators to PrEP uptake amongst MSM. Unrealistic optimism about self-protective individual behaviours, the physical accessibility of PrEP and (mis)information together interacted closely with perceptions of personal and social stigmatization to dynamically impact PrEP uptake decisions. Barriers to PrEP uptake mapped clearly to the COM-B; therefore, these results provide the foundation for Behaviour Change Wheel intervention development to improve rates of PrEP uptake and its acceptability for MSM.

Notes: Madhani, Adam Finlay, Katherine A.

Madhani, Adam/0000-0002-6957-9087; Finlay, Katherine/

0000-0002-8997-2652

2044-8287

URL: <Go to ISI>://WOS:000810257600001

Reference Type: Journal Article

Record Number: 613

Author: Magee, L., Knights, F., McKechnie, D. G. J., Al-Bedaery, R. and Razai, M. S.

Year: 2022

Title: Facilitators and barriers to COVID-19 vaccination uptake among ethnic minorities: A qualitative study in primary care

Journal: Plos One

Volume: 17

Issue: 7

Date: Jul

Short Title: Facilitators and barriers to COVID-19 vaccination uptake among ethnic minorities: A qualitative study in primary care

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0270504

Article Number: e0270504

Accession Number: WOS:000844536800058

Abstract: Introduction COVID-19 vaccination effectively reduces severe disease and death from COVID-19. However, both vaccine uptake and intention to vaccinate differ amongst population groups. Vaccine hesitancy is highest amongst specific ethnic minority groups. There is very limited understanding of the barriers and facilitators to COVID-19 vaccine uptake in Black and South Asian ethnicities.

Therefore, we aimed to explore COVID-19 vaccination hesitancy in primary care patients from South Asian (Bangladeshi/Pakistani) and Black or Black British/ African/Caribbean/Mixed ethnicities. Methods Patients from the above ethnicities were recruited using convenience sampling in four London general practices. Telephone interviews were conducted, using an interpreter if necessary, covering questions on the degree of vaccine hesitancy, barriers and potential facilitators, and decision-making. Interviews were transcribed verbatim and thematically analysed. Data collection and analysis occurred concurrently with the iterative development of the topic guide and coding framework. Key themes were conceptualised through discussion with the wider team. Results Of thirty-eight interviews,

55% (21) of these were in Black or Black British/African/Caribbean/Mixed ethnicities, 32% (12) in Asian / British Asian and 13% (5) in mixed Black and White ethnicities. Key themes included concerns about the speed of vaccine roll-out and potential impacts on health, mistrust of official information, and exposure to misinformation. In addition, exposure to negative messages linked to vaccination appears to outweigh positive messages received. Facilitators included the opportunity to discuss concerns with a healthcare professional, utilising social influences via communities and highlighting incentives. Conclusion COVID-19 has disproportionately impacted ethnic minority groups. Vaccination is an effective strategy for mitigating risk. We have demonstrated factors contributing to vaccine reluctance, hesitancy and refusal and highlighted levers for change.

Notes: Magee, Lucia Knights, Felicity McKechnie, Doug G. J. Al-Bedaery, Roaa Razai, Mohammad S.

Razai, Mohammad Sharif/AAW-4269-2020

Razai, Mohammad Sharif/0000-0002-6671-5557; Knights, Felicity/0000-0002-3007-1438; McKechnie, Douglas/0000-0002-3477-1503; Magee, Lucia/0000-0002-4380-1647

URL: <Go to ISI>://WOS:000844536800058

Reference Type: Book

Record Number: 1784

Author: Maggs, D. and Robinson, J.

Year: 2020

Title: Sustainability in an Imaginary World: Art and the Question of Agency

Series Title: Sustainability in an Imaginary World: Art and the Question of Agency

Number of Pages: 1-251

Short Title: Sustainability in an Imaginary World: Art and the Question of Agency

ISBN: 978-0-429-34658-3; 978-0-367-36515-8

DOI: 10.4324/9780429346583

Accession Number: WOS:000784438200016

Notes: Maggs, D Robinson, J

URL: <Go to ISI>://WOS:000784438200016

Reference Type: Journal Article

Record Number: 348

Author: Magola-Makina, E., Abuzour, A. S., Ashcroft, D. M., Dunlop, J., Brown, P. and Keers, R. N.

Year: 2022

Title: Exploring the challenges to safer prescribing and medication monitoring in prisons: A qualitative study with health care staff

Journal: Plos One

Volume: 17

Issue: 11

Date: Nov

Short Title: Exploring the challenges to safer prescribing and medication monitoring in prisons: A qualitative study with health

care staff

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0275907

Article Number: e0275907

Accession Number: WOS:000925067300024

Abstract: Introduction Research suggests that patients who are prisoners experience greater morbidity, increased health inequalities and frequent preventable harm, compared to the general population. Little is known about the process and influencing factors for safe prescribing in the unique prison environment, which may limit the development efforts to improve the quality of care in prisons. This study aimed to understand the process and challenges associated with prescribing in prisons, explore the causes and impact of these challenges, and explore approaches to improve prescribing safety in prisons. Methods Grounded theory informed data collection and analysis of a nominal group discussion by seven participants and semi-structured telephone interviews with twenty prison healthcare staff, including GPs, pharmacists, psychiatrists and nurses. Findings The underlying complexity of prescribing in prison settings increased the level of challenge and influenced the safety of this process. Multiple contributors to the challenges of safe prescribing were identified (comprising governance and policy; the prison structure; staff retention, training and skill mix; IT systems and interface; polypharmacy and co-morbidity; tradability and patient behaviour) with overarching constructs of variations in practice/policy and the influence of prison culture. Participants identified measures to address these challenges through multi-disciplinary collaborative working, increased consistency in processes, and the need for more innovation and education/training. Conclusions Our study highlighted that healthcare provision in prisons is unique and needs to tailor the care provided to patients without enforcing a model focused on primary, secondary or tertiary care. Participants emphasised a necessary shift in workplace culture and behaviour change to support improvements. The COM-B model of behaviour change may be effectively applied to develop interventions in organisations that have in-depth understanding of their own unique challenges.

Notes: Magola-Makina, Esnath Abuzour, Aseel S. Ashcroft, Darren M. Dunlop, James Brown, Petra Keers, Richard N.

Keers, Richard N/D-9136-2012

Keers, Richard N/0000-0001-7854-8154; Abuzour, Aseel S/
0000-0002-4073-4346

URL: <Go to ISI>://WOS:000925067300024

Reference Type: Journal Article

Record Number: 1192

Author: Mahmoodabad, S. S. M., Abdollahi, S. Z., Lotfi, M. H. and Ardakani, S. M. Y.

Year: 2021

Title: Readability and Suitability Assessment of university students Educational Materials in Preventing Smoking

Journal: International Journal of Ayurvedic Medicine

Volume: 12

Issue: 4

Pages: 967-974

Date: Oct-Dec

Short Title: Readability and Suitability Assessment of university students Educational Materials in Preventing Smoking

ISSN: 0976-5921

Accession Number: WOS:000742170400036

Abstract: Background: Educational materials are frequently used by health care providers to inform university students and young people about smoking and the health risks of smoking. However, little attention has been paid to the readability and suitability of these educational materials. Objectives: The study aimed to determine the readability and suitability of educational materials in preventing smoking for university students. Methods: Multiple instructional materials and books were used for the design and preparation of educational materials and were then tailored to the target group. Readability was measured by using the readability assessment of materials (RAM); and suitability was determined by the suitability assessment of materials (SAM) that considers characteristics such as content, graphics, layout/topography, and cultural appropriateness. Twenty reviewers, including 15 students and 5 health specialists scored the educational materials. Results: The mean readability score \pm standard deviation(SD) of the educational materials was 8 \pm 1.6, 9 \pm 1.5 and 10 \pm 1.7, for the booklet, the pamphlet of the skill of saying no, smoking pamphlet and quitting it, respectively, which were increased to 15 \pm 1.4, 16 \pm 1.7 and 17 \pm 0.8, after tailoring the content. The average SAM scores before and after tailoring the content were 45% for the booklet, which was increased to 88% and 75% for the pamphlet of the skill of saying no, which was increased to 93% and 79% for the smoking pamphlet and quitting it, which was increased to 95%. The increase in all scores was significant ($p < 0.01$). The final tailored educational material was rated "superior media" on the SAM ratings. Conclusions: Given that most of the printed materials are suitable for people with higher education levels, health providers are strongly advised to prepare simple and understandable education materials that may increase the likelihood of consumer perception and recall.

Notes: Mahmoodabad, Seyed Saeed Mazloomi Abdollahi, Salime Zare Lotfi, Mohammad Hasan Ardakani, Seyed Mojtaba Yassini

URL: <Go to ISI>://WOS:000742170400036

Reference Type: Journal Article

Record Number: 2049

Author: Main, C. J., Nicholas, M. K., Shaw, W. S., Tetrick, L. E., Ehrhart, M. G., Pransky, G. and Hopkinton Conference Working, Grp
Year: 2016

Title: Implementation Science and Employer Disability Practices: Embedding Implementation Factors in Research Designs

Journal: Journal of Occupational Rehabilitation

Volume: 26

Issue: 4

Pages: 448-464

Date: Dec

Short Title: Implementation Science and Employer Disability
Practices: Embedding Implementation Factors in Research Designs
ISSN: 1053-0487

DOI: 10.1007/s10926-016-9677-7

Accession Number: WOS:000392946000006

Abstract: Purpose For work disability research to have an impact on employer policies and practices it is important for such research to acknowledge and incorporate relevant aspects of the workplace. The goal of this article is to summarize recent theoretical and methodological advances in the field of Implementation Science, relate these to research of employer disability management practices, and recommend future research priorities. **Methods** The authors participated in a year-long collaboration culminating in an invited 3-day conference, "Improving Research of Employer Practices to Prevent Disability", held October 14-16, 2015, in Hopkinton, MA, USA. The collaboration included a topical review of the literature, group conference calls to identify key areas and challenges, drafting of initial documents, review of industry publications, and a conference presentation that included feedback from peer researchers and a question/answer session with a special panel of knowledge experts with direct employer experience. **Results** A 4-phase implementation model including both outer and inner contexts was adopted as the most appropriate conceptual framework, and aligned well with the set of process evaluation factors described in both the work disability prevention literature and the grey literature. Innovative interventions involving disability risk screening and psychologically-based interventions have been slow to gain traction among employers and insurers. Research recommendations to address this are : (1) to assess organizational culture and readiness for change in addition to individual factors; (2) to conduct process evaluations alongside controlled trials; (3) to analyze decision-making factors among stakeholders; and (4) to solicit input from employers and insurers during early phases of study design. **Conclusions** Future research interventions involving workplace support and involvement to prevent disability may be more feasible for implementation if organizational decision-making factors are imbedded in research designs and interventions are developed to take account of these influences.

Notes: Main, Chris J. Nicholas, Michael K. Shaw, William S. Tetrick, Lois E. Ehrhart, Mark G. Pransky, Glenn Shaw, William/Q-3013-2019; FASSIER, Jean-Baptiste/C-2238-2016 Shaw, William/0000-0002-6830-6415; FASSIER, Jean-Baptiste/0000-0003-3885-4987; Bultmann, Ute/0000-0001-9589-9220; Munir, Fehmidah/0000-0002-5585-0243; Gimeno, David/0000-0003-2502-0465 1573-3688

Si

URL: <Go to ISI>://WOS:000392946000006

Reference Type: Journal Article

Record Number: 1229

Author: Maindal, H. T., Timm, A., Dahl-Petersen, I. K., Davidsen, E., Hillersdal, L., Jensen, N. H., Thogersen, M., Jensen, D. M., Ovesen, P., Damm, P., Kampmann, U., Vinter, C. A., Mathiesen, E. R.

and Nielsen, K. K.

Year: 2021

Title: Systematically developing a family-based health promotion intervention for women with prior gestational diabetes based on evidence, theory and co-production: the Face-it study

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Sep

Short Title: Systematically developing a family-based health promotion intervention for women with prior gestational diabetes based on evidence, theory and co-production: the Face-it study

DOI: 10.1186/s12889-021-11655-2

Article Number: 1616

Accession Number: WOS:000694243200003

Abstract: Background: Women with prior gestational diabetes mellitus (GDM) are at high risk of developing type 2 diabetes; however, this risk can be reduced by engaging in positive health behaviours e.g. healthy diet and regular physical activity. As such behaviours are difficult to obtain and maintain there is a need to develop sustainable behavioural interventions following GDM. We aimed to report the process of systematically developing a health promotion intervention to increase quality of life and reduce diabetes risk among women with prior GDM and their families. We distil general lessons about developing complex interventions through co-production and discuss our extensions to intervention development frameworks. Methods: The development process draws on the Medical Research Council UK Development of complex interventions in primary care framework and an adaptation of a three-stage framework proposed by Hawkins et al. From May 2017 to May 2019, we iteratively developed the Face-it intervention in four stages: 1) Evidence review, qualitative research and stakeholder consultations; 2) Co-production of the intervention content; 3) Prototyping, feasibility- and pilot-testing and 4) Core outcome development. In all stages, we involved stakeholders from three study sites. Results: During stage 1, we identified the target areas for health promotion in families where the mother had prior GDM, including applying a broad understanding of health and a multilevel and multi-determinant approach. We pinpointed municipal health visitors as deliverers and the potential of using digital technology. In stage 2, we tested intervention content and delivery methods. A health pedagogic dialogue tool and a digital health app were co-adapted as the main intervention components. In stage 3, the intervention content and delivery were further adapted in the local context of the three study sites. Suggestions for intervention manuals were refined to optimise flexibility, delivery, sequencing of activities and from this, specific training manuals were developed. Finally, at stage 4, all stakeholders were involved in developing realistic and relevant evaluation outcomes. Conclusions: This comprehensive description of the development of the Face-it intervention provides an example of how to co-produce and prototype a complex intervention balancing evidence and local conditions. The thorough, four-stage development is expected to create ownership and feasibility among intervention participants, deliverers and local stakeholders.

Notes: Maindal, Helle Terkildsen Timm, Anne Dahl-Petersen, Inger Katrine Davidsen, Emma Hillersdal, Line Jensen, Nanna Husted Thogersen, Maja Jensen, Dorte Moller Ovesen, Per Damm, Peter Kampmann, Ulla Vinter, Christina Anne Mathiesen, Elisabeth Reinhardt Nielsen, Karoline Kragelund

Maindal, Helle Terkildsen/N-8916-2016; Nielsen, Karoline Kragelund/AAX-3883-2020; Davidsen, Emma/HKE-7402-2023; Hillersdal, Line/GWC-8131-2022; Kampmann, Ulla/ISA-2654-2023

Maindal, Helle Terkildsen/0000-0003-0525-7254; Nielsen, Karoline Kragelund/0000-0002-4058-0615; Davidsen, Emma/0000-0002-1753-1858; Hillersdal, Line/0000-0002-8137-843X; Vinter, Christina/0000-0001-5084-6053; Jensen, Dorte Moller/0000-0002-3298-9824; Thogersen, Maja/0000-0003-1751-9944; Kampmann, Ulla/0000-0002-2234-7780; Jensen, Nanna Husted/0000-0002-8438-0674; Timm, Anne/0000-0002-2156-7407
1471-2458

URL: <Go to ISI>://WOS:000694243200003

Reference Type: Journal Article

Record Number: 1464

Author: Mak, H. W. and Fancourt, D.

Year: 2022

Title: Predictors of engaging in voluntary work during the COVID-19 pandemic: analyses of data from 31,890 adults in the UK

Journal: Perspectives in Public Health

Volume: 142

Issue: 5

Pages: 287-296

Date: Sep

Short Title: Predictors of engaging in voluntary work during the COVID-19 pandemic: analyses of data from 31,890 adults in the UK

ISSN: 1757-9139

DOI: 10.1177/1757913921994146

Article Number: 1757913921994146

Accession Number: WOS:000679319200001

Abstract: Aims: As the COVID-19 pandemic has grown internationally, there has been an increased need for volunteers. This study aimed to identify the predictors of volunteering including demographic backgrounds, socio-economic characteristics, personality, and psychosocial factors. Methods: Data were analysed from 31,890 adults in the UK COVID-19 Social Study run by the University College London - a longitudinal study focusing on the psychological and social experiences of adults living in the UK during the COVID-19 pandemic. Tetrachoric factor analysis was applied to identify latent categories of voluntary work. Multivariate logistic regression was used to identify predictors for volunteering and change in volunteering behaviours since before the COVID-19 pandemic. Results: Three types of volunteering during the pandemic were identified as follows: formal volunteering, social action volunteering, and neighbourhood volunteering. Regression analysis showed that the pattern of voluntary work was structured by demographic backgrounds, socio-economic factors, personality, and psychosocial factors. Conclusion: The predictors of volunteering during the pandemic may

be slightly different from other non-emergency period.

Notes: Mak, H. W. Fancourt, D.

Fancourt, Daisy/0000-0002-6952-334X; Mak, Hei Wan/
0000-0002-2013-1644

1757-9147

URL: <Go to ISI>://WOS:000679319200001

Reference Type: Journal Article

Record Number: 1605

Author: Makama, M., Awoke, M. A., Skouteris, H., Moran, L. J. and
Lim, S.

Year: 2021

Title: Barriers and facilitators to a healthy lifestyle in
postpartum women: A systematic review of qualitative and
quantitative studies in postpartum women and healthcare providers

Journal: Obesity Reviews

Volume: 22

Issue: 4

Date: Apr

Short Title: Barriers and facilitators to a healthy lifestyle in
postpartum women: A systematic review of qualitative and
quantitative studies in postpartum women and healthcare providers

ISSN: 1467-7881

DOI: 10.1111/obr.13167

Accession Number: WOS:000604875200001

Abstract: A healthy postpartum lifestyle is vital for the promotion of optimal maternal health, return to pre-pregnancy weight and prevention of postpartum weight retention, but barriers exist. We performed a systematic review that aimed to describe the barriers and facilitators to a healthy lifestyle in the first 2 years postpartum from the perspectives of women and healthcare providers. Databases were searched for eligible studies published up to 26 August 2019. Following thematic analysis, identified themes were mapped to the Theoretical Domains Framework and the Capability, Opportunity, Motivation and Behaviour model. We included 28 qualitative and quantitative studies after screening 15,643 citations and 246 full texts. We identified barriers and facilitators relating to capability (e.g., lack of knowledge regarding benefits of lifestyle behaviours; limitations in healthcare providers' skills in providing lifestyle support), opportunity (e.g., social support from partners, family, friends and healthcare providers; childcare needs) and motivation (e.g., identifying benefits of exercise and perception of personal health; enjoyment of the activity or food). We suggest intervention components to include in lifestyle interventions for postpartum women based on the identified themes. Our findings provide evidence to inform the development of interventions to support postpartum women in adopting and maintaining a healthy lifestyle.

Notes: Makama, Maureen Awoke, Mamaru Ayenew Skouteris, Helen Moran,
Lisa J. Lim, Siew

Skouteris, Helen/AAG-6494-2021; Makama, Maureen/ADC-2798-2022;

Moran, Lisa J/E-9850-2015; Awoke, Mamaru Ayenew/AAE-3767-2022

Makama, Maureen/0000-0002-4164-3702; Awoke, Mamaru Ayenew/

0000-0001-8130-1582; Moran, Lisa/0000-0001-5772-6484
1467-789x
URL: <Go to ISI>://WOS:000604875200001

Reference Type: Journal Article

Record Number: 439

Author: Makama, M., Chen, M. L., Moran, L. J., Skouteris, H.,
Harrison, C. L., Choi, T. and Lim, S.

Year: 2022

Title: Postpartum Women's Preferences for Lifestyle Intervention
after Childbirth: A Multi-Methods Study Using the TIDieR Checklist

Journal: Nutrients

Volume: 14

Issue: 20

Date: Oct

Short Title: Postpartum Women's Preferences for Lifestyle
Intervention after Childbirth: A Multi-Methods Study Using the
TIDieR Checklist

DOI: 10.3390/nu14204229

Article Number: 4229

Accession Number: WOS:000873493700001

Abstract: Postpartum lifestyle interventions are known to be efficacious in reducing postpartum weight retention, but uptake and engagement are poor. This multi-method study explored the preferences of postpartum women for the delivery of lifestyle interventions based on the Template for Intervention Description and Replication (TIDieR) checklist. Semi-structured interviews were conducted with 21 women within 2 years of childbirth, recruited through convenience and snowball sampling throughout Australia (15 May 2020 to 20 July 2020). Transcripts were analysed thematically using an open coding approach. A cross-sectional online survey was conducted in November 2021 among postpartum women within 5 years of childbirth in Australia. Data were summarised using descriptive statistics. The survey was completed by 520 women. Both the survey and interviews revealed that women were interested in receiving lifestyle support postpartum and wanted a program delivered by health professionals. They preferred a flexible low-intensity program embedded within existing maternal and child health services that is delivered through both online and face-to-face sessions. Having a pragmatic approach that taught practical strategies and enlists the support of partners, family and peers was important to mothers. Consumer-informed postpartum lifestyle interventions promote optimal engagement and improve program reach and therefore, impact.

Notes: Makama, Maureen Chen, Mingling Moran, Lisa J. Skouteris,
Helen Harrison, Cheryce L. Choi, Tammie Lim, Siew

Makama, Maureen/ADC-2798-2022; Harrison, Cheryce/AAC-3675-2019

Makama, Maureen/0000-0002-4164-3702; Harrison, Cheryce/
0000-0002-3154-4946; Chen, Mingling/0000-0001-7992-1838; Choi,

Tammie Suet Ting/0000-0003-0471-0248; Skouteris, Helen/
0000-0001-9959-5750; Lim, Siew/0000-0002-5333-6451

2072-6643

URL: <Go to ISI>://WOS:000873493700001

Reference Type: Journal Article

Record Number: 824

Author: Makovec, U. N., Goetzinger, C., Ribaut, J., Barnestein-Fonseca, P., Haupenthal, F., Herdeiro, M. T., Grant, S. P., Jacome, C., Roque, F., Smits, D., Tadic, I., Dima, A. L. and European Network Adv Best, practice

Year: 2022

Title: Developing a medication adherence technologies repository: proposed structure and protocol for an online real-time Delphi study

Journal: Bmj Open

Volume: 12

Issue: 4

Date: Apr

Short Title: Developing a medication adherence technologies repository: proposed structure and protocol for an online real-time Delphi study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-059674

Article Number: e059674

Accession Number: WOS:000787543100007

Abstract: Introduction An online interactive repository of available medication adherence technologies may facilitate their selection and adoption by different stakeholders. Developing a repository is among the main objectives of the European Network to Advance Best practices and technology on medication adherence (ENABLE) COST Action (CA19132). However, meeting the needs of diverse stakeholders requires careful consideration of the repository structure. Methods and analysis A real-time online Delphi study by stakeholders from 39 countries with research, practice, policy, patient representation and technology development backgrounds will be conducted. Eleven ENABLE members from 9 European countries formed an interdisciplinary steering committee to develop the repository structure, prepare study protocol and perform it. Definitions of medication adherence technologies and their attributes were developed iteratively through literature review, discussions within the steering committee and ENABLE Action members, following ontology development recommendations. Three domains (product and provider information (D1), medication adherence descriptors (D2) and evaluation and implementation (D3)) branching in 13 attribute groups are proposed: product and provider information, target use scenarios, target health conditions, medication regimen, medication adherence management components, monitoring/measurement methods and targets, intervention modes of delivery, target behaviour determinants, behaviour change techniques, intervention providers, intervention settings, quality indicators and implementation indicators. Stakeholders will evaluate the proposed definition and attributes' relevance, clarity and completeness and have multiple opportunities to reconsider their evaluations based on aggregated feedback in real-time. Data collection will stop when the predetermined response rate will be achieved. We will quantify agreement and perform analyses of process indicators on the whole sample and per stakeholder group. Ethics and dissemination Ethical approval for the

COST ENABLE activities was granted by the Malaga Regional Research Ethics Committee. The Delphi protocol was considered compliant regarding data protection and security by the Data Protection Officer from University of Basel. Findings from the Delphi study will form the basis for the ENABLE repository structure and related activities.

Notes: Nabergoj Makovec, Urska Goetzinger, Catherine Ribaut, Janette Barnestein-Fonseca, Pilar Hauptenthal, Frederik Herdeiro, Maria Teresa Grant, Sean Patrick Jacome, Cristina Roque, Fatima Smits, Dins Tadic, Ivana Dima, Alexandra L.

Tadic, IVANA/HCH-1358-2022; Dima, Alexandra Lelia/H-4823-2019; Jácome, Cristina/K-1185-2019; Roque, Fatima Marques/H-1713-2013; Vujic-Aleksic, Vesna/ABE-9130-2020; Barnestein-Fonseca, Pilar/CAI-9030-2022; Smits, Dins/L-1412-2017; Herdeiro, Maria Teresa/H-8195-2013; Grant, Sean/L-9912-2016

Dima, Alexandra Lelia/0000-0002-3106-2242; Jácome, Cristina/0000-0002-1151-8791; Roque, Fatima Marques/0000-0003-0169-3788; Vujic-Aleksic, Vesna/0000-0002-4145-5023; Nabergoj Makovec, Urska/0000-0001-5194-3314; Tadic, Ivana/0000-0001-5488-9261; Ribaut, Janette/0000-0003-0654-4052; Smits, Dins/0000-0001-5514-7374; Herdeiro, Maria Teresa/0000-0002-0500-4049; Grant, Sean/0000-0002-7775-3022; Goetzinger, Catherine/0000-0002-6377-1078; van Boven, Job/0000-0003-2368-2262; Barnestein-Fonseca, Pilar/0000-0003-2767-8017

URL: <Go to ISI>://WOS:000787543100007

Reference Type: Journal Article

Record Number: 1559

Author: Malliaras, P., Merolli, M., Williams, C. M., Caneiro, J. P., Haines, T. and Barton, C.

Year: 2021

Title: ?It ? s not hands-on therapy, so it ? s very limited ? : Telehealth use and views among allied health clinicians during the coronavirus pandemic *

Journal: Musculoskeletal Science and Practice

Volume: 52

Date: Apr

Short Title: ?It ? s not hands-on therapy, so it ? s very limited ? : Telehealth use and views among allied health clinicians during the coronavirus pandemic *

ISSN: 2468-7812

DOI: 10.1016/j.msksp.2021.102340

Article Number: 102340

Accession Number: WOS:000647722900005

Abstract: Background: Telehealth services have helped enable continuity of care during the coronavirus pandemic. We aimed to investigate use and views towards telehealth among allied health clinicians treating people with musculoskeletal conditions during the pandemic. Methods: Cross-sectional international survey of allied health clinicians who used telehealth to manage musculoskeletal conditions during the coronavirus pandemic.

Questions covered demographics, clinician-related factors (e.g. profession, clinical experience and setting), telehealth use (e.g.

proportion of caseload, treatments used), attitudes towards telehealth (Likert scale), and perceived barriers and enablers (open questions). Data were presented descriptively, and an inductive thematic content analysis approach was used for qualitative data, based on the Capability-Opportunity-Motivation Behavioural Model. Results: 827 clinicians participated, mostly physiotherapists (82%) working in Australia (70%). Most (71%, 587/ 827) reported reduced revenue (mean (SD) 62% (24.7%)) since the pandemic commenced. Median proportion of people seen via telehealth increased from 0% pre (IQR 0 to 1) to 60% during the pandemic (IQR 10 to 100). Most clinicians reported managing common musculoskeletal conditions via telehealth. Less than half (42%) of clinicians surveyed believed telehealth was as effective as face-to-face care. A quarter or less believed patients value telehealth to the same extent (25%), or that they have sufficient telehealth training (21%). Lack of physical contact when working through telehealth was perceived to hamper accurate and effective diagnosis and management. Conclusion: Although telehealth was adopted by allied health clinicians during the coronavirus pandemic, we identified barriers that may limit continued telehealth use among allied health clinicians beyond the current pandemic. Notes: Malliaras, P. Merolli, M. Williams, C. M. Caneiro, J. P. Haines, T. Barton, C. Merolli, Mark/0-7039-2017 Merolli, Mark/0000-0003-4273-1816 URL: <Go to ISI>://WOS:000647722900005

Reference Type: Journal Article

Record Number: 1504

Author: Malone, S., McKay, V. R., Krucylak, C., Powell, B. J., Liu, J. X., Terrill, C., Saito, J. M., Rangel, S. J. and Newland, J. G. Year: 2021

Title: A cluster randomized stepped-wedge trial to de-implement unnecessary post-operative antibiotics in children: the optimizing perioperative antibiotic in children (OPerAtiC) trial

Journal: Implementation Science

Volume: 16

Issue: 1

Date: Mar

Short Title: A cluster randomized stepped-wedge trial to de-implement unnecessary post-operative antibiotics in children: the optimizing perioperative antibiotic in children (OPerAtiC) trial

ISSN: 1748-5908

DOI: 10.1186/s13012-021-01096-1

Article Number: 29

Accession Number: WOS:000631128200002

Abstract: Background Antibiotic-resistant infections have become a public health crisis that is driven by the inappropriate use of antibiotics. In the USA, antibiotic stewardship programs (ASP) have been established and are required by regulatory agencies to help combat the problem of antibiotic resistance. Post-operative antibiotic use in surgical cases deemed low-risk for infection is an area with significant overuse of antibiotics in children. Consensus among leading public health organizations has led to guidelines

eliminating post-operative antibiotics in low-risk surgeries. However, the best strategies to de-implement these inappropriate antibiotics in this setting are unknown. Methods/design A 3-year stepped wedge cluster randomized trial will be conducted at nine US Children's Hospitals to assess the impact of two de-implementation strategies, order set change and facilitation training, on inappropriate post-operative antibiotic prescribing in low risk (i.e., clean and clean-contaminated) surgical cases. The facilitation training will amplify order set changes and will involve a 2-day workshop with antibiotic stewardship teams. This training will be led by an implementation scientist expert (VRM) and a pediatric infectious diseases physician with antibiotic stewardship expertise (JGN). The primary clinical outcome will be the percentage of surgical cases receiving unnecessary post-operative antibiotics. Secondary clinical outcomes will include the rate of surgical site infections and the rate of *Clostridioides difficile* infections, a common negative consequence of antibiotic use. Monthly semi-structured interviews at each hospital will assess the implementation process of the two strategies. The primary implementation outcome is penetration, which will be defined as the number of order sets changed or developed by each hospital during the study. Additional implementation outcomes will include the ASP team members' assessment of the acceptability, appropriateness, and feasibility of each strategy while they are being implemented. Discussion This study will provide important information on the impact of two potential strategies to de-implement unnecessary post-operative antibiotic use in children while assessing important clinical outcomes. As more unnecessary medical practices are identified, de-implementation strategies, including facilitation, need to be rigorously evaluated. Along with this study, other rigorously designed studies evaluating additional strategies are needed to further advance the burgeoning field of de-implementation. Notes: Malone, Sara McKay, Virginia R. Krucylak, Christina Powell, Byron J. Liu, Jingxia Terrill, Cindy Saito, Jacqueline M. Rangel, Shawn J. Newland, Jason G. Malone, Sara/AAA-6587-2021 Liu, Jingxia/0000-0002-9434-7907 URL: <Go to ISI>://WOS:000631128200002

Reference Type: Book Section
Record Number: 1611
Author: Mambretti, C. and Andreoni, G.
Year: 2021
Title: Older Persons in Europe 2020: Needs and Challenges for an Interdisciplinary Polytechnic Approach
Editor: Andreoni, G. and Mambretti, C.
Book Title: DIGITAL HEALTH TECHNOLOGY FOR BETTER AGING: A multidisciplinary approach
Pages: 1-10
Series Title: Research for Development
Short Title: Older Persons in Europe 2020: Needs and Challenges for an Interdisciplinary Polytechnic Approach
ISBN: 978-3-030-72663-8; 978-3-030-72662-1

DOI: 10.1007/978-3-030-72663-8_1

Accession Number: WOS:000849735700002

Abstract: Ageing population is a fact in the European countries. How to improve the quality of life and sustain healthy ageing is one of the big challenges that deserve to be addressed considering the several and different aspects of life. But a person is a complex system and the last decades' approach demonstrated that, even if general or cluster medicine reached good results, the new barriers to overcome are ad hoc solutions, tailored to the single to improve wellbeing and preserve decline. The Personalised Medicine call, SC1-PM-15-2017 Personalised coaching for well-being and care of people as they age, under the Horizon 2020 program, aims at developing and validating new ICT based approaches for empowering and motivating people. This section will introduce the reader to the European scenario, the challenge and the research and innovation action promoted under personalised medicine and the specific call.

Notes: Mambretti, Cinzia Andreoni, Giuseppe

Andreoni, Giuseppe/AGD-5724-2022

Andreoni, Giuseppe/0000-0002-5537-4128

2198-7300

URL: <Go to ISI>://WOS:000849735700002

Reference Type: Journal Article

Record Number: 1715

Author: Mandic, S., Jackson, A., Lieswyn, J., Mindell, J. S., Bengoechea, E. G., Spence, J. C., Coppell, K., Wade-Brown, C., Wooliscroft, B. and Hinckson, E.

Year: 2020

Title: Development of key policy recommendations for active transport in New Zealand: A multi-sector and multidisciplinary endeavour

Journal: Journal of Transport & Health

Volume: 18

Date: Sep

Short Title: Development of key policy recommendations for active transport in New Zealand: A multi-sector and multidisciplinary endeavour

ISSN: 2214-1405

DOI: 10.1016/j.jth.2020.100859

Article Number: 100859

Accession Number: WOS:000571103400019

Abstract: Background: Despite national-level initiatives to encourage active transport (AT) in New Zealand since 2005, rates of AT have continued to decline in most parts of the country, with negative impacts on health and the environment. This article describes the development of key policy recommendations for increasing AT in New Zealand. The goal was to establish a cohesive set of priority recommendations to inform AT decision-making in central and local government, district health boards, public health units and regional sports trusts in New Zealand. Project description: The development of policy recommendations was a planned outcome of multi-sectoral discussions held at The Active Living and Environment Symposium (TALES; Dunedin, New Zealand; February 2019).

A ten-member working group consisting of TALEs symposium delegates working in academia, industry and non-governmental organisations led the development of the recommendations. Symposium delegates contributed their expertise to draft recommendations and reports prior to, during and after the symposium. Importance and feasibility of each recommended action were independently evaluated by working group members. The final set of 13 policy recommendations (and 39 associated actions) included: making a national-level commitment to change; establishing a nationally coordinated and funded programme of education and promotion of AT; making a commitment to design cities for people, not cars; and developing a regulatory system that encourages AT. The report aligns with the current New Zealand government's increased focus on wellbeing, walking, cycling, public transport and the Vision Zero approach. A final report was officially launched in April 2019 with presentations to stakeholders April-May 2019. Conclusions: This cross-sector effort resulted in a report with a set of recommendations designed to stimulate the development of a new AT strategy for New Zealand; prompt setting of targets and monitoring progress/outcomes; and inform New Zealand's response to the World Health Organization's Global Action Plan on Physical Activity 2018-2030.

Notes: Mandic, Sandra Jackson, Andrew Lieswyn, John Mindell, Jennifer S. Bengoechea, Enrique Garcia Spence, John C. Coppell, Kirsten Wade-Brown, Celia Wooliscroft, Ben Hinckson, Erica Spence, John C/D-1548-2009; Wooliscroft, Ben/C-2950-2009; Mandic, Sandra/F-2689-2016; Mindell, Jennifer/G-2241-2011 Spence, John C/0000-0001-8485-1336; Wooliscroft, Ben/0000-0002-7875-1950; Mandic, Sandra/0000-0003-4126-8874; Mindell, Jennifer/0000-0002-7604-6131
URL: <Go to ISI>://WOS:000571103400019

Reference Type: Journal Article

Record Number: 531

Author: Manika, D., Iacovidou, E., Canhoto, A., Pei, E. J. and Mach, K.

Year: 2022

Title: Capabilities, opportunities and motivations that drive food waste disposal practices: A case study of young adults in England

Journal: Journal of Cleaner Production

Volume: 370

Date: Oct

Short Title: Capabilities, opportunities and motivations that drive food waste disposal practices: A case study of young adults in England

ISSN: 0959-6526

DOI: 10.1016/j.jclepro.2022.133449

Article Number: 133449

Accession Number: WOS:000861357700001

Abstract: Data in England suggests that food waste is still being disposed into the black bin, also known as residual waste, despite continuous efforts to promote separate food waste collection and food waste reduction practices. Furthermore, it has been anecdotally reported that 18 to 30-year-olds have the highest propensity to

generate large amounts of food waste and thus need to be urgently engaged in communication that helps them change their behaviour. This study aims to explore young adults' capabilities (C), opportunities (O), and motivations (M) that may lead to a certain behaviour (B) towards food waste disposal practices (FWDP) grounded on the Behaviour Change Wheel, also called the COM-B model, and could reveal barriers to action. In doing so, a case study approach is used via Harrow Council residents in England within the age group of 18-30 years old. The study took place amid the national lockdown due to the Covid-19 pandemic and targeted young residents within the 18-30 age group using a structured interview approach with a diagnostic questionnaire promoted through Harrow Council's social media account, followed by in-depth interviews with eligible participants. Out of the 30 residents who completed the diagnostic questionnaire, 35% reported no FWDP, 42% partial FWDP (i.e., some incorrect items in the black bin waste), and 23% reported engaging in FWDP. The first two groups only were invited to the online interviews. The interview results are organised using the COM-B model and reveal that: 1) due to Covid-19 there was a shift to home cooking and increased food waste generation (B); 2) there is a lack of FWDP knowledge, information on benefits, and advice on alleviating pests/health concerns from councils, whereas FWDP differences between councils and reliance on 'common sense' often create confusion around FWDP (C); 3) the council may not always provide a caddy or a drop-off/collection service, whereas economic (caddy liners purchase) and logistic concerns (e.g., the lack of a regular collection schedule, unfavourable features of the caddy, and lack of prompts/reminders) resulted to limited uptake of FWDP as the norm (O); 4) the benefits of FWDP do not outweigh costs, while feelings of disgust and a sense of inconvenience lead to lack of or partial FWDP (M). To our knowledge, this is the first study using the COM-B model within the context of FWDP and with a specific focus on young adults in England. Novel theoretical and practical insights are discussed, along with limitations and future research directions.

Notes: Manika, Danae Iacovidou, Eleni Canhoto, Ana Pei, Eujin Mach, Khanh

Canhoto, Ana Isabel/M-1980-2017

Canhoto, Ana Isabel/0000-0002-1623-611X
1879-1786

URL: <Go to ISI>://WOS:000861357700001

Reference Type: Journal Article

Record Number: 2384

Author: Mann, D. M., Quintiliani, L. M., Reddy, S., Kitos, N. R. and Weng, M.

Year: 2014

Title: Dietary Approaches to Stop Hypertension: Lessons Learned From a Case Study on the Development of an mHealth Behavior Change System

Journal: Jmir Mhealth and Uhealth

Volume: 2

Issue: 4

Date: Oct-Dec

Short Title: Dietary Approaches to Stop Hypertension: Lessons Learned From a Case Study on the Development of an mHealth Behavior Change System

ISSN: 2291-5222

DOI: 10.2196/mhealth.3307

Article Number: e41

Accession Number: WOS:000209895200010

Abstract: Background: Evidence-based solutions for changing health behaviors exist but problems with feasibility, sustainability, and dissemination limit their impact on population-based behavior change and maintenance. Objective: Our goal was to overcome the limitations of an established behavior change program by using the inherent capabilities of smartphones and wireless sensors to develop a next generation mobile health (mHealth) intervention that has the potential to be more feasible. Methods: In response to the clinical need and the growing capabilities of smartphones, our study team decided to develop a behavioral hypertension reduction mHealth system inspired by Dietary Approaches to Stop Hypertension (DASH), a lifestyle modification program. We outline the key design and development decisions that molded the project including decisions about behavior change best practices, coaching features, platform, multimedia content, wireless devices, data security, integration of systems, rapid prototyping, usability, funding mechanisms, and how all of these issues intersect with clinical research and behavioral trials. Results: Over the 12 months, our study team faced many challenges to developing our prototype intervention. We describe 10 lessons learned that will ultimately stimulate more effective and sustainable approaches. Conclusions: The experiences presented in this case study can be used as a reference for others developing mHealth behavioral intervention development projects by highlighting the benefits and challenges facing mHealth research.

Notes: Mann, Devin M. Quintiliani, Lisa M. Reddy, Shivani Kitos, Nicole R. Weng, Michael

Mann, Devin/0000-0002-2099-0852; Reddy, Shivani/0000-0003-2803-6155

URL: <Go to ISI>://WOS:000209895200010

Reference Type: Journal Article

Record Number: 677

Author: Manzoor, S. A. and Alomari, A. H.

Year: 2022

Title: Modeling the Behavioral Response of Dentists to COVID-19 and Assessing the Perceived Impacts of Pandemic on Operative Dentistry Practices in Pakistan

Journal: Frontiers in Public Health

Volume: 10

Date: Jun

Short Title: Modeling the Behavioral Response of Dentists to COVID-19 and Assessing the Perceived Impacts of Pandemic on Operative Dentistry Practices in Pakistan

DOI: 10.3389/fpubh.2022.904838

Article Number: 904838

Accession Number: WOS:000815994400001

Abstract: COVID-19 pandemic has affected dentistry in unprecedented

ways. This study investigates the perceived effects of the pandemic on operative dentistry procedures and dentistry profession in Pakistan and the factors that determine the behavioral changes among dentists to adapt to the "new normal." A Capability Opportunity Motivation-Behavioral model (COM-B) was utilized to investigate the factors that determine the behavior of dentists in Punjab, Pakistan to adhere to COVID-19 standard operating procedures (SOPs). Using social media, an online questionnaire was sent to operative dentistry professionals in Pakistan, and 312 responses were received. 81.4% of the respondents believed that the COVID-19 pandemic has severely affected the level of care provided to the patients, 66% were extremely worried about the risk of contagion during clinical practices, and more than 75% of the respondents opined that the pandemic has led to an increased emphasis on disinfection and oral hygiene instructions. The multiple regression model suggests that the behavior of Pakistani dentists to adhere to the COVID-19 SOPs is significantly affected by their Capabilities (beta = 0.358) and Opportunities (beta = 0.494). The study concluded that dentists in Punjab, Pakistan are concerned about the risk of contagion and report a serious concern about consequences such as financial loss and inappropriate care of patients. The current study results can feed the policymaking in Pakistan and other developing countries. Facilities and training to improve dentists' opportunities and capabilities can improve their ability to cope with the COVID-19 challenges.

Notes: Manzoor, Syeda Afshan Alomari, Abdul-Hakeem

2296-2565

URL: <Go to ISI>://WOS:000815994400001

Reference Type: Journal Article

Record Number: 2439

Author: Marie, N., Lockett, T., Davidson, P. M., Lovell, M. and Lal, S.

Year: 2013

Title: Optimal patient education for cancer pain: a systematic review and theory-based meta-analysis

Journal: Supportive Care in Cancer

Volume: 21

Issue: 12

Pages: 3529-3537

Date: Dec

Short Title: Optimal patient education for cancer pain: a systematic review and theory-based meta-analysis

ISSN: 0941-4355

DOI: 10.1007/s00520-013-1995-0

Accession Number: WOS:000326892100036

Abstract: Previous systematic reviews have found patient education to be moderately efficacious in decreasing the intensity of cancer pain, but variation in results warrants analysis aimed at identifying which strategies are optimal. A systematic review and meta-analysis was undertaken using a theory-based approach to classifying and comparing educational interventions for cancer pain. The reference lists of previous reviews and MEDLINE, PsycINFO, and

CENTRAL were searched in May 2012. Studies had to be published in a peer-reviewed English language journal and compare the effect on cancer pain intensity of education with usual care. Meta-analyses used standardized effect sizes (ES) and a random effects model. Subgroup analyses compared intervention components categorized using the Michie et al. (Implement Sci 6:42, 2011) capability, opportunity, and motivation behavior (COM-B) model. Fifteen randomized controlled trials met the criteria. As expected, meta-analysis identified a small-moderate ES favoring education versus usual care (ES, 0.27 [-0.47, -0.07]; P = 0.007) with substantial heterogeneity (IA(2) = 71 %). Subgroup analyses based on the taxonomy found that interventions using "enablement" were efficacious (ES, 0.35 [-0.63, -0.08]; P = 0.01), whereas those lacking this component were not (ES, 0.18 [-0.46, 0.10]; P = 0.20). However, the subgroup effect was nonsignificant (P = 0.39), and heterogeneity was not reduced. Factoring in the variable of individualized versus non-individualized influenced neither efficacy nor heterogeneity. The current meta-analysis follows a trend in using theory to understand the mechanisms of complex interventions. We suggest that future efforts focus on interventions that target patient self-efficacy. Authors are encouraged to report comprehensive details of interventions and methods to inform synthesis, replication, and refinement.

Notes: Marie, N. Lockett, T. Davidson, P. M. Lovell, M. Lal, S. Lal, Sara/0000-0002-0911-0850; Davidson, Patricia M./0000-0003-2050-1534; Lovell, Melanie Ruth/0000-0002-1407-2748; Lockett, Tim/0000-0001-6121-5409
1433-7339

URL: <Go to ISI>://WOS:000326892100036

Reference Type: Journal Article

Record Number: 178

Author: Marini, S., Messina, R., Masini, A., Scognamiglio, F., Caravita, I., Leccese, V., Solda, G., Parma, D., Bertini, V., Scheier, L. M. and Dallolio, L.

Year: 2023

Title: Application of the COM-B Framework to Understand Facilitators and Barriers for Practising Physical Activity among Pregnant Women and Midwives Participating in the WELL-DONE! Study

Journal: Behavioral Sciences

Volume: 13

Issue: 2

Date: Feb

Short Title: Application of the COM-B Framework to Understand Facilitators and Barriers for Practising Physical Activity among Pregnant Women and Midwives Participating in the WELL-DONE! Study

DOI: 10.3390/bs13020114

Article Number: 114

Accession Number: WOS:000938184400001

Abstract: Regular physical activity (PA) is protective and reduces disease burden but remains a challenge for pregnant women (PW). According to the World Health Organization (WHO) guidelines, PW without contraindications should practice 150 min of moderate PA per

week. Nonetheless, PA levels are concerningly low among PW. The aim of this study was to investigate PW's and midwives' perceptions regarding PA and recommended guidelines, and use this information to inform future health promotion strategies. We recruited 10 PW and 10 midwives to participate in online focus groups conducted between July 2020 and April 2021. Focus group probes and data analysis were guided by the COM-B (capability, opportunity, motivation-behaviour) framework. The majority of the sample had already practised PA, recognized the importance of PA during pregnancy, and considered the WHO guidelines reasonable. Notwithstanding, PW wanted more specific instruction on PA and desired opportunities to practice. Additional barriers reported by PW included low self-efficacy and lack of motivation. Midwives considered the lack of specific knowledge and confidence in managing PA as the main obstacles. The current findings suggest that PW and midwives need specific training in PA to overcome both psychological and physical barriers. Midwives play a vital role in educating and encouraging PA among PW.

Notes: Marini, Sofia Messina, Rossella Masini, Alice Scognamiglio, Francesca Caravita, Isotta Leccese, Vincenza Solda, Giorgia Parma, Dila Bertini, Virginia Scheier, Lawrence Matthew Dallolio, Laura Marini, Sofia/AAC-5760-2020

Marini, Sofia/0000-0002-7025-4271; Scognamiglio, Francesca/0000-0002-2704-1369; Solda, Giorgia/0000-0002-5951-1062; Dallolio, Laura/0000-0001-7555-9659; Scheier, Lawrence/0000-0003-2254-0123 2076-328x

URL: <Go to ISI>://WOS:000938184400001

Reference Type: Journal Article

Record Number: 1154

Author: Marini, S., Parma, D., Masini, A., Bertini, V., Leccese, V., Caravita, I., Gori, D., Messina, R. and Dallolio, L.

Year: 2021

Title: Co-Design and Evaluation of the Feasibility and the Efficacy of a Multiple-Targeted Adapted Physical Activity Intervention to Promote Quality of Life, Well-Being and Physical Activity Levels in Pregnant Women: The "WELL-DONE!" Study Protocol

Journal: Sustainability

Volume: 13

Issue: 21

Date: Nov

Short Title: Co-Design and Evaluation of the Feasibility and the Efficacy of a Multiple-Targeted Adapted Physical Activity Intervention to Promote Quality of Life, Well-Being and Physical Activity Levels in Pregnant Women: The "WELL-DONE!" Study Protocol

DOI: 10.3390/su132112285

Article Number: 12285

Accession Number: WOS:000719196800001

Abstract: Background: Regular physical activity (PA) practice during pregnancy offers health and fitness benefits for both mother and baby. Therefore, healthy pregnant women with no contraindications to exercise should be encouraged to perform PA. Nevertheless, their levels of PA are generally low. The aim of the WELL-DONE! Study is to co-design an adapted physical activity intervention (APAI) for

pregnant women to include in childbirth preparation classes (CPCs) evaluating its feasibility and efficacy on quality of life (QoL), PA levels and other outcomes. Methods: A quasi-experimental study was divided in two progressive stages. First, APAI was developed in collaboration with pregnant women and midwives using focus groups; second, APAI's efficacy was evaluated comparing two groups: the experimental group engaged in the CPCs integrated with 1 h/week of the APAI administered by midwives and the control group participating in the standard CPCs. Pre-post evaluation was carried out in three stages through questionnaires and tests. Data analysis involved the combination of qualitative and quantitative methodologies. Discussion: Findings from the WELL-DONE! Study will help to assess the feasibility, sustainability, and efficacy of incorporating APAI inside CPCs as a new public health strategy oriented to QoL, well-being, and PA level improvements. Notes: Marini, Sofia Parma, Dila Masini, Alice Bertini, Virginia Lecce, Vincenza Caravita, Isotta Gori, Davide Messina, Rossella Dallolio, Laura
Marini, Sofia/AAC-5760-2020; Gori, Davide/AAC-3486-2022
Marini, Sofia/0000-0002-7025-4271; Gori, Davide/0000-0003-4954-9419; Dallolio, Laura/0000-0001-7555-9659; MESSINA, ROSSELLA/0000-0001-5526-9769
2071-1050
URL: <Go to ISI>://WOS:000719196800001

Reference Type: Journal Article

Record Number: 854

Author: Marks, D. F.

Year: 2022

Title: Psychological homeostasis and protective behaviours in the Covid-19 pandemic

Journal: Journal of Health Psychology

Volume: 27

Issue: 6

Pages: 1275-1287

Date: May

Short Title: Psychological homeostasis and protective behaviours in the Covid-19 pandemic

ISSN: 1359-1053

DOI: 10.1177/13591053221084858

Article Number: 13591053221084858

Accession Number: WOS:000773105900001

Abstract: Since the first case of human SARS-CoV-2 infection late in 2019 workers across multiple disciplines have been strenuously engaged in attempting to prevent the spread of the virus and to provide care to patients. Never in history has so much human effort been concentrated on a single health trauma. Much of the new research is empirical in nature with relatively few strands of theory. This article focuses on two recent theories relevant to COVID-19 protective behaviours, the COM-B and the General Theory of Behaviour. New empirical findings on the means, motives and opportunities for COVID-19 protective behaviours improve our knowledge and capacity to cope with pandemics using psychological

homeostasis.

Notes: Marks, David F.

1461-7277

Si

URL: <Go to ISI>://WOS:000773105900001

Reference Type: Journal Article

Record Number: 387

Author: Marks, E., Moghaddam, N., De Boos, D. and Malins, S.

Year: 2023

Title: A systematic review of the barriers and facilitators to adherence to mindfulness-based cognitive therapy for those with chronic conditions

Journal: British Journal of Health Psychology

Volume: 28

Issue: 2

Pages: 338-365

Date: May

Short Title: A systematic review of the barriers and facilitators to adherence to mindfulness-based cognitive therapy for those with chronic conditions

ISSN: 1359-107X

DOI: 10.1111/bjhp.12628

Accession Number: WOS:000876223500001

Abstract: Purpose Mindfulness-Based Cognitive Therapy (MBCT) can improve the lives of those with a chronic condition and psychological distress, however, high drop-out rates limit benefits. MBCT might be a candidate treatment for this population if nonadherence can be overcome. This review explores the existing literature on the barriers and facilitators to adherence to MBCT for those with chronic conditions. Method Databases MEDLINE, PsycINFO, CINAHL and Scopus were searched between 28(th) May and 11th June 2021. We included empirical papers that identified barriers and/or facilitators to MBCT adherence in patients with chronic conditions—excluding non-English and grey literature. Papers were screened and duplicates removed. Extracted data included: setting, design, aim, sample-size, population and identified barriers/facilitators to MBCT adherence. The Mixed Methods Appraisal Tool (MMAT) was adapted and used to appraise the quality of studies Results Twenty papers were eligible for review. Synthesis identified six themes (in prevalence order): (1) Practical Factors (e.g., time and other commitments), (2) Motivation (e.g., change-readiness), (3) Patient clinical and demographic characteristics (e.g., current physical health), (4) Connection with Others (facilitators and group members), (5) Credibility (perception of the intervention) and (6) Content difficulty (intervention accessibility). Findings highlight potential adaptations to implementation (e.g., clear treatment rationale, preference matching, and eliciting and responding to individual concerns or obstructive assumptions) that could address barriers and harness facilitators. Conclusion This review contributes a higher order understanding of factors that may support/obstruct client adherence to MBCT with implications for future implementation in research and practice. Future research

should prioritize open exploration of barriers/facilitators.
Notes: Marks, Eleanor Moghaddam, Nima De Boos, Danielle Malins, Sam Malins, Sam/0000-0001-9570-186X; Marks, Eleanor/0000-0001-6816-2127 2044-8287
URL: <Go to ISI>://WOS:000876223500001

Reference Type: Journal Article

Record Number: 1284

Author: Marlow, L. A. V., Nemec, M., Vlaev, I. and Waller, J.

Year: 2022

Title: Testing the content for a targeted age-relevant intervention to promote cervical screening uptake in women aged 50-64 years

Journal: British Journal of Health Psychology

Volume: 27

Issue: 2

Pages: 623-644

Date: May

Short Title: Testing the content for a targeted age-relevant intervention to promote cervical screening uptake in women aged 50-64 years

ISSN: 1359-107X

DOI: 10.1111/bjhp.12552

Accession Number: WOS:000680085000001

Abstract: Objectives Low uptake of cervical screening in women in their 50s and 60s leaves them at elevated risk of cancer in older age. An age-targeted intervention could be an effective way to motivate older women to attend cervical screening. Our primary objective was to test the impact of different candidate messages on cervical screening intention strength. Design A cross-sectional online survey with randomized exposure to different candidate messages. Methods Women aged 50-64 years who were not intending to be screened when next invited were recruited through an online panel. Those meeting the inclusion criteria (n = 825) were randomized to one of three groups: (1) control group, (2) intervention group 1, (3) intervention group 2. Each intervention group saw three candidate messages. These included a descriptive social norms message, a diagram illustrating the likelihood of each possible screening outcome, a response efficacy message, a risk reduction message and an acknowledgement of the potential for screening discomfort. We tested age-targeted versions (vs. generic) of some messages. The primary outcome was screening intention strength. Results After adjusting for baseline intention, social norms (p = .425), outcome expectancy (p = .367), risk reduction (p = .090), response efficacy (p = .136) and discomfort acknowledgement messages (p = .181) had no effect on intention strength. Age-targeted messages did not result in greater intention than generic ones. Conclusions There was no evidence that a single message used to convey social norms, outcome expectancy, risk reduction or response efficacy had an impact on intention strength for older women who did not plan to be screened in future.

Notes: Marlow, Laura A. V. Nemec, Martin Vlaev, Ivo Waller, Jo Marlow, Laura A.V/0000-0003-1709-2397; Nemec, Martin/0000-0003-4228-661X; Waller, Jo/0000-0003-4025-9132

2044-8287

URL: <Go to ISI>://WOS:000680085000001

Reference Type: Journal Article

Record Number: 634

Author: Marlow, L. A. V., Schmeising-Barnes, N., Brain, K., Duncombe, S., Robb, K. A., Round, T., Sanderson, S. C. and Waller, J.

Year: 2022

Title: Multi-cancer early detection tests for cancer screening: a behavioural science perspective

Journal: Lancet Oncology

Volume: 23

Issue: 7

Pages: 837-839

Date: Jul

Short Title: Multi-cancer early detection tests for cancer screening: a behavioural science perspective

ISSN: 1470-2045

Accession Number: WOS:000833519600019

Notes: Marlow, Laura A., V Schmeising-Barnes, Ninian Brain, Kate Duncombe, Sue Robb, Kathryn A. Round, Thomas Sanderson, Saskia C. Waller, Jo

Waller, Jo/0000-0003-4025-9132

1474-5488

URL: <Go to ISI>://WOS:000833519600019

Reference Type: Journal Article

Record Number: 1049

Author: Marquart, H. and Schuppan, J.

Year: 2022

Title: Promoting Sustainable Mobility: To What Extent Is "Health" Considered by Mobility App Studies? A Review and a Conceptual Framework

Journal: Sustainability

Volume: 14

Issue: 1

Date: Jan

Short Title: Promoting Sustainable Mobility: To What Extent Is "Health" Considered by Mobility App Studies? A Review and a Conceptual Framework

DOI: 10.3390/su14010047

Article Number: 47

Accession Number: WOS:000741346700001

Abstract: Promoting cycling and walking in cities improves individual health and wellbeing and, together with public transport, promotes societal sustainability patterns. Recently, smartphone apps informing and motivating sustainable mobility usage have increased. Current research has applied and investigated these apps; however, none have specifically considered mobility-related health components within mobility apps. The aim of this study is to examine the (potential) role of health-related information provided in mobility

apps to influence mobility behavior. Following a systematic literature review of empirical studies applying mobility apps, this paper (1) investigates the studies and mobility apps regarding communicated information, strategies, and effects on mobility behavior and (2) explores how, and to what extent, health and its components are addressed. The reviewed studies focus on environmental information, especially CO₂-emissions. Health is represented by physical activity or calories burned. The self-exposure to air pollution, noise, heat, traffic injuries or green spaces is rarely addressed. We propose a conceptual framework based on protection motivation theory to include health in mobility apps for sustainable mobility behavior change. Addressing people's self-protective motivation could empower mobility app users. It might be a possible trigger for behavior change, leading towards healthy and sustainable mobility and thus, have individual and societal benefits.

Notes: Marquart, Heike Schuppan, Julia

Marquart, Heike/0000-0003-1561-8543; Schuppan, Julia/

0000-0003-0679-0608

2071-1050

URL: <Go to ISI>://WOS:000741346700001

Reference Type: Journal Article

Record Number: 723

Author: Marquina, T., Hackenburg, D., Duray, H., Fisher, B. and Gould, R. K.

Year: 2022

Title: Lessons from an experiment with values-based messaging to support watershed conservation

Journal: Conservation Biology

Volume: 36

Issue: 5

Date: Oct

Short Title: Lessons from an experiment with values-based messaging to support watershed conservation

ISSN: 0888-8892

DOI: 10.1111/cobi.13910

Article Number: e13910

Accession Number: WOS:000801858800001

Abstract: Conservation professionals use language related to instrumental, intrinsic, and relational values when communicating about the importance of conservation, frequently in connection with ecosystem services. However, few researchers have examined whether messages that emphasize values associated with ecosystem services result in different policy-support or behavior-change outcomes among different audiences. We conducted a large-scale survey experiment with participants (n = 815) who resided in the United States and were recruited online via the survey platform Qualtrics. The experiment tested whether messages about watershed protection that emphasize instrumental, intrinsic, or relational values (as opposed to the information-only control message) resulted in differing support for policies or behavioral intentions related to watershed conservation. Respondents' personal characteristics had a stronger

effect on conservation beliefs than the way values were framed (i.e., than treatments in the experiment). For example, income positively predicted policy support ($\beta = 0.07$, 95% CI 0.02–0.12, $p = 0.01$, corrected $p = 0.03$). Instrumental messages decreased (SSG, tense) policy support among people who identified as politically liberal ($\beta = -0.75$, 95% CI -1.19 to -0.30, $p = 0.001$, corrected $\beta = 0.003$). Over 40% of respondents selected relational values over other value types as the main reason to protect watersheds. Our results demonstrated that political orientation interacts with how the importance of conservation is framed in complex ways and that conservation practitioners might improve the effectiveness of their communications by incorporating relational values and tailoring messages to different audiences.

Notes: Marquina, Tatiana Hackenburg, Diana Duray, Hannah Fisher, Brendan Gould, Rachelle K.

Gladkikh, Tatiana/IAS-0663-2023

Gladkikh, Tatiana/0009-0002-4940-9387; Marquina, Tatiana/0000-0003-0313-2028

1523-1739

URL: <Go to ISI>://WOS:000801858800001

Reference Type: Journal Article

Record Number: 1695

Author: Marselle, M. R., Turbe, A., Shwartz, A., Bonn, A. and Colleony, A.

Year: 2021

Title: Addressing behavior in pollinator conservation policies to combat the implementation gap

Journal: Conservation Biology

Volume: 35

Issue: 2

Pages: 610-622

Date: Apr

Short Title: Addressing behavior in pollinator conservation policies to combat the implementation gap

ISSN: 0888-8892

DOI: 10.1111/cobi.13581

Accession Number: WOS:000579456400001

Abstract: Solutions for conserving biodiversity lie in changing people's behavior. Ambitious international and national conservation policies frequently fail to effectively mitigate biodiversity loss because they rarely apply behavior-change theories. We conducted a gap analysis of conservation behavior-change interventions advocated in national conservation strategies with the Behavior Change Wheel (BCW), a comprehensive framework for systematically characterizing and designing behavior-change interventions. Using pollinator conservation as a case study, we classified the conservation actions listed in national pollinator initiatives in relation to intervention functions and policy categories of the BCW. We included all national-level policy documents from the European Union available in March 2019 that focused on conservation of pollinators ($n = 8$). A total of 610 pollinator conservation actions were coded using in-depth directed content analysis, resulting in the

identification of 787 intervention function and 766 policy category codes. Overall, these initiatives did not employ the entire breadth of behavioral interventions. Intervention functions most frequently identified were education (23%) and environmental restructuring (19%). Least frequently identified intervention functions were incentivization (3%), and restriction (2%) and coercion were completely absent (0%). Importantly, 41% of all pollinator conservation actions failed to identify whose behavior was to be changed. Building on these analyses, we suggest that reasons for the serious implementation gap in national and international conservation policies is founded in insufficient understanding of which behavioral interventions to employ for most beneficial impacts on biodiversity and how to clearly specify the intervention targets. We recommend that policy advisors engage with behavior-change theory to design effective behavior-change interventions that underpin successful conservation policies.

Notes: Marselle, Melissa R. Turbe, Anne Shwartz, Assaf Bonn, Aletta Colleony, Agathe

Bonn, Aletta/A-2164-2013

Bonn, Aletta/0000-0002-8345-4600; Marselle, Melissa/
0000-0002-3245-7473; Colleony, Agathe/0000-0001-6096-7254; Shwartz,
Assaf/0000-0002-3384-2509
1523-1739

URL: <Go to ISI>://WOS:000579456400001

Reference Type: Journal Article

Record Number: 1096

Author: Marsh, R. J., Brent, A. C. and De Kock, I. H.

Year: 2021

Title: Understanding the barriers and drivers of sustainable construction adoption and implementation in South Africa: A quantitative study using the Theoretical Domains Framework and CO M-B model

Journal: Journal of the South African Institution of Civil Engineering

Volume: 63

Issue: 4

Pages: 11-23

Date: Dec

Short Title: Understanding the barriers and drivers of sustainable construction adoption and implementation in South Africa: A quantitative study using the Theoretical Domains Framework and CO M-B model

ISSN: 1021-2019

DOI: 10.17159/2309-8775/2021/v63n4a2

Accession Number: WOS:000729960700002

Abstract: The construction industry is one of the largest consumers of natural resources. Improving the sustainability of construction industry activities is therefore key to mitigating the negative impact of the industry on the environment. Given the extent of the environmental challenges faced by many countries, the transition towards the adoption of sustainable alternatives in the construction industry must include dimensions of changing human behaviour. These

dimensions include influencing the capability, opportunity, and motivation to adopt the desired change in behaviour. In order to improve the adoption and implementation of sustainable practices within the construction industry, the behaviour change processes of stakeholders need to be considered. This study describes how the Capability, Opportunity, Motivation–Behaviour (COM–B) model and Theoretical Domains Framework (TDF) were used to identify the barriers to and drivers of sustainable construction practices by construction industry stakeholders. The study included a structured questionnaire survey completed by 108 construction industry stakeholders and indicated a need to improve the capability, opportunity, and motivation amongst construction industry stakeholders to facilitate the adoption of sustainable construction practices. The questionnaire identified that an increase in the awareness, knowledge, interest, and demand for sustainable construction will facilitate the adoption thereof. Additionally, providing training and access to education on best practices for sustainability can positively influence the behaviour of stakeholders and improve their confidence in implementing sustainable construction practices. Economic factors such as the cost of implementing sustainable solutions and the perception of the economic and social benefits of sustainable construction were identified as the critical barriers. These barriers and drivers are mapped to five TDF domains (knowledge, skills, social influences, beliefs about capabilities, and beliefs about consequences), which can be targeted for behaviour change amongst construction industry stakeholders in future interventions.

Notes: Marsh, R. J. Brent, A. C. De Kock, I. H.

Brent, Alan C/N–2914–2016

Brent, Alan C/0000–0003–3769–4512

URL: <Go to ISI>://WOS:000729960700002

Reference Type: Journal Article

Record Number: 1479

Author: Marsilio, M., Gramegna, A., Fusco, F., Gheduzzi, E., Pizzamiglio, G., Blasi, F. and Guglielmetti, C.

Year: 2021

Title: The Evaluation of Determinants and Impacts of Co–Production in Healthcare: A Research Protocol for OPAT in Cystic Fibrosis

Journal: International Journal of Integrated Care

Volume: 21

Issue: 2

Date: Apr–Jun

Short Title: The Evaluation of Determinants and Impacts of Co–Production in Healthcare: A Research Protocol for OPAT in Cystic Fibrosis

ISSN: 1568–4156

DOI: 10.5334/ijic.5568

Article Number: 15

Accession Number: WOS:000663325600011

Abstract: Introduction: Co–production is more and more considered as a promising tool for dealing with the main challenges in the health sector (e.g., growing rates of chronic diseases, budget constraints,

higher patients' expectations of the quality and the value of services, equity to access of care, etc.). However, there is still little evidence on co-production determinants and impacts.

Description: This research protocol aims to present a framework to assess the determinants and impacts of the co-productive approach in healthcare delivery on patients, professionals, and providers from economic, organisational, and clinical perspectives. To this end, the paper examines the co-produced outpatient parenteral antimicrobial therapy (OPAT), applied to cystic fibrosis patients in an Italian hospital. A mixed methods approach will be adopted and data will be collected through semi-structured interviews and surveys of patients, caregivers, and professionals; biological samples of patients; archival sources. Then, the analyses to be performed are the following: (i) cost evaluation, (ii) content, (iii) descriptive and inferential statistical, (iv) microbiome analysis, and (v) desk analysis. Conclusion: The research protocol contributes to both theoretical and practical knowledge. It represents the first attempt to develop a systematic analytical framework for the evaluation of co-production in healthcare. Moreover, the findings gathered within the study will provide evidence to support policy makers and managers in decision-making and managerial processes within the health service.

Notes: Marsilio, Marta Gramegna, Andrea Fusco, Floriana Gheduzzi, Eleonora Pizzamiglio, Giovanna Blasi, Francesco Guglielmetti, Chiara Gramegna, Andrea/AAC-2389-2022; GHEDUZZI, ELEONORA/AGZ-0938-2022; guglielmetti, chiara/J-3474-2012; Marsilio, Marta/K-9258-2017; Blasi, Francesco/O-5885-2017 Gramegna, Andrea/0000-0003-2315-5737; GHEDUZZI, ELEONORA/0000-0001-7449-3379; guglielmetti, chiara/0000-0002-1866-2796; Fusco, Floriana/0000-0002-3488-4970; Marsilio, Marta/0000-0001-9191-7284; Blasi, Francesco/0000-0002-2285-9970
URL: <Go to ISI>://WOS:000663325600011

Reference Type: Book
Record Number: 2361
Author: Martin, P. and Kennedy, A.
Year: 2015
Title: Introduction: a jurisprudence of environmental governance?
Series Editor: Martin, P. and Kennedy, A.
Series Title: Implementing Environmental Law
Number of Pages: 1-25
Short Title: Introduction: a jurisprudence of environmental governance?
ISBN: 978-1-78347-931-3; 978-1-78347-929-0
Accession Number: WOS:000372628400001
Notes: Martin, Paul Kennedy, Amanda
Kennedy, Amanda/0000-0003-4383-1907; Martin, Paul/0000-0002-0243-2654
URL: <Go to ISI>://WOS:000372628400001

Reference Type: Journal Article
Record Number: 1903

Author: Martin, P., Le Gal, E. and Verbeek, M.
Year: 2017
Title: Engagement: Australia's weak link in biodiversity protection
Journal: Environmental and Planning Law Journal
Volume: 34
Issue: 5
Pages: 383-397
Date: Sep
Short Title: Engagement: Australia's weak link in biodiversity protection
ISSN: 0813-300X
Accession Number: WOS:000408993700001
Abstract: International and domestic conservation laws aim to address the biodiversity decline that is caused by intertwined environmental and human behaviour factors. In Australia, despite the country being a signatory to relevant conventions and having many biodiversity conservation laws, policy instruments and associated biodiversity strategies are not adequately protecting nature. For Australia to meet its Convention commitments to biodiversity protection a more effective approach to managing human behaviours is needed. Both tangible and intangible resources, including more scientifically sophisticated approaches to managing community engagement, are essential if legal instruments are to be made effective. This article forms part of a growing body of scholarship on the implementation of environmental instruments, and suggests that legal effectiveness will require new academic and policy approaches that take into account the diverse drivers and practical constraints on human behaviour.
Notes: Martin, Paul Le Gal, Elodie Verbeek, Miriam
Martin, Paul/0000-0002-0243-2654
URL: <Go to ISI>://WOS:000408993700001

Reference Type: Journal Article
Record Number: 1961
Author: Martin, P. and Tannenbaum, C.
Year: 2017
Title: A realist evaluation of patients' decisions to deprescribe in the EMPOWER trial
Journal: Bmj Open
Volume: 7
Issue: 4
Date: Apr
Short Title: A realist evaluation of patients' decisions to deprescribe in the EMPOWER trial
ISSN: 2044-6055
DOI: 10.1136/bmjopen-2017-015959
Article Number: e015959
Accession Number: WOS:000402527200130
Abstract: Background and objectives Successful mechanisms for engaging patients in the deprescribing process remain unknown but may include: (1) triggering motivation to deprescribe by increasing patients' knowledge and concern about medications; (2) building capacity to taper by augmenting self-efficacy and (3) creating

opportunities to discuss and receive support for deprescribing from a healthcare provider. We tested these mechanisms during the Eliminating Medications through Patient Ownership of End Results (EMPOWER) () trial and investigated the contexts that led to positive and negative deprescribing outcomes. Design A realist evaluation using a sequential mixed methods approach, conducted alongside the EMPOWER randomised clinical trial. Setting Community, Quebec, Canada. Participants 261 older chronic benzodiazepine consumers, who received the EMPOWER intervention and had complete 6-month follow-up data. Intervention Mailed deprescribing brochure on benzodiazepines. Measurements Motivation (intent to discuss deprescribing; change in knowledge test score; change in beliefs about the risk-benefits of benzodiazepines, measured with the Beliefs about Medicines Questionnaire), capacity (self-efficacy for tapering) and opportunity (support from a physician or pharmacist). Results The intervention triggered the motivation to deprescribe among 167 (n=64%) participants (mean age 74.6 years +/- 6.3, 72% women), demonstrated by improved knowledge (risk difference, 58.50% (95% CI 46.98% to 67.44%)) and increased concern about taking benzodiazepines (risk difference, 67.67% (95% CI 57.36% to 74.91%)). Those who attempted to taper exhibited increased self-efficacy (risk difference, 56.90% (95% CI 45.41% to 65.77%)). Contexts where the deprescribing mechanisms failed included lack of support from a healthcare provider, a focus on shortterm quality of life, intolerance to withdrawal symptoms and perceived poor health. Conclusion Deprescribing mechanisms that target patient motivation and capacity to deprescribe yield successful outcomes in contexts where healthcare providers are supportive, and patients do not have internal competing desires to remain on drug therapy. Notes: Martin, Philippe Tannenbaum, Cara URL: <Go to ISI>://WOS:000402527200130

Reference Type: Journal Article

Record Number: 2253

Author: Martin, R. and Murtagh, E. M.

Year: 2015

Title: Preliminary findings of Active Classrooms: An intervention to increase physical activity levels of primary school children during class time

Journal: Teaching and Teacher Education

Volume: 52

Pages: 113-127

Date: Nov

Short Title: Preliminary findings of Active Classrooms: An intervention to increase physical activity levels of primary school children during class time

ISSN: 0742-051X

DOI: 10.1016/j.tate.2015.09.007

Accession Number: WOS:000364882000012

Abstract: This study evaluates the effects of a behaviour change intervention, which encourages the integration of physical activity into the teaching of academic lessons, on physical activity levels of students. The main outcome is mean minutes of moderate-to-

vigorous physical activity (MVPA) daily generated during the intervention lessons. Teacher's perceptions and students' enjoyment of the programme were also evaluated. Students accumulated a mean of 8 min MVPA during the intervention lessons daily. The teacher and students were very satisfied with the programme. Therefore, changing teacher behaviour towards using physically active teaching methods is a promising way of increasing children's physical activity levels. (C) 2015 Elsevier Ltd. All rights reserved.

Notes: Martin, Rosemarie Murtagh, Elaine M.

Murtagh, Elaine M/AE0-8704-2022; Murtagh, Elaine M/AEU-2463-2022;

Murtagh, Elaine M/AAF-4146-2022

Murtagh, Elaine M/0000-0003-4232-1403; Murtagh, Elaine M/

0000-0003-4232-1403

1879-2480

URL: <Go to ISI>://WOS:000364882000012

Reference Type: Journal Article

Record Number: 2329

Author: Martin, R. and Murtagh, E. M.

Year: 2015

Title: An intervention to improve the physical activity levels of children: Design and rationale of the 'Active Classrooms' cluster randomised controlled trial

Journal: Contemporary Clinical Trials

Volume: 41

Pages: 180-191

Date: Mar

Short Title: An intervention to improve the physical activity levels of children: Design and rationale of the 'Active Classrooms' cluster randomised controlled trial

ISSN: 1551-7144

DOI: 10.1016/j.cct.2015.01.019

Accession Number: WOS:000353000500022

Abstract: Background: Recent evidence demonstrates that children are not engaging in the recommended 60 min of moderate to vigorous physical activity per day. Physical activity (PA) interventions have been acknowledged by the WHO (2010) as a key strategy to increase the PA levels of children. School has been recognised as a primary location for reaching the majority of children and providing PA opportunities for them. However, the sedentary nature of lessons carried out in the classroom has been identified as a contributing factor to physical inactivity among this age group. Purpose: The aim of this study is to develop and evaluate a classroom-based intervention which integrates PA and academic content, and evaluate its effects on the PA levels of children aged 8-11 in Ireland.

Methods: Active Classrooms is an 8-week classroom based intervention guided by the behaviour change wheel (BCW) framework (Michie et al. 2011) that will be evaluated using a cluster randomised controlled trial (RCT). Study measures will be taken at baseline, during the final week of the intervention and at follow-up after 4 months. The primary outcome is minutes of moderate-to-vigorous intensity physical activity during school time objectively assessed using accelerometers (Actigraph). Teachers' perceptions on the

effectiveness and use of the intervention and students' enjoyment of the programme will be evaluated post intervention. Conclusions: Changing teacher behaviour towards using physically active teaching methods may increase the moderate to vigorous physical activity levels of their students. Therefore, the results of this study may have important implications for the health of children both now and into the future. (C) 2015 Elsevier Inc. All rights reserved.

Notes: Martin, Rosemarie Murtagh, Elaine M.
Murtagh, Elaine M/AAF-4146-2022; Murtagh, Elaine M/AE0-8704-2022;
Murtagh, Elaine M/AEU-2463-2022
Murtagh, Elaine M/0000-0003-4232-1403; Murtagh, Elaine M/
0000-0003-4232-1403;
1559-2030
URL: <Go to ISI>://WOS:000353000500022

Reference Type: Journal Article

Record Number: 1957

Author: Martin, R. and Murtagh, E. M.

Year: 2017

Title: Teachers' and students' perspectives of participating in the 'Active Classrooms' movement integration programme

Journal: Teaching and Teacher Education

Volume: 63

Pages: 218-230

Date: Apr

Short Title: Teachers' and students' perspectives of participating in the 'Active Classrooms' movement integration programme

ISSN: 0742-051X

DOI: 10.1016/j.tate.2017.01.002

Accession Number: WOS:000397364900021

Abstract: This paper evaluates perceptions of 5 teachers and 129 students, of participating in an 8-week primary school movement integration intervention. Following training and provision of resources, teachers were asked to teach 2 active lessons each day. Teachers completed questionnaires at post-intervention. Students participated in 'draw and write' activities and focus group interviews. Teachers reported great satisfaction, noting student enjoyment, enhanced teaching and learning, and provision of resources as contributing to the success of the programme. Students expressed high levels of enjoyment, with emphasis on peer-engagement, perceived health benefits, and improved academic motivation. (C) 2017 Elsevier Ltd. All rights reserved.

Notes: Martin, Rosemarie Murtagh, Elaine M.

Murtagh, Elaine M/AEU-2463-2022; Murtagh, Elaine M/AAF-4146-2022;

Murtagh, Elaine M/AE0-8704-2022

Murtagh, Elaine M/0000-0003-4232-1403; Murtagh, Elaine M/
0000-0003-4232-1403

1879-2480

URL: <Go to ISI>://WOS:000397364900021

Reference Type: Journal Article

Record Number: 1577

Author: Martín-Payo, R., Fernández-Alvarez, M. D., Zabaleta-del-Olmo, E., García-García, R., González-Méndez, X. and Carrasco-Santos, S.

Year: 2021

Title: Feasibility Study of an Educational Intervention to Improve Water Intake in Adolescent Soccer Players: A Two-Arm, Non-Randomized Controlled Cluster Trial

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 3

Date: Feb

Short Title: Feasibility Study of an Educational Intervention to Improve Water Intake in Adolescent Soccer Players: A Two-Arm, Non-Randomized Controlled Cluster Trial

DOI: 10.3390/ijerph18031339

Article Number: 1339

Accession Number: WOS:000615188300001

Abstract: This study aimed to assess the feasibility of an educational intervention on hydration behavior in adolescent soccer players. A pilot study of a two-arm, non-randomized controlled cluster trial was conducted. A total of 316 players aged 13–16 agreed to participate. The response variables were the players' participation in the intervention, their perception of the knowledge acquired, the usefulness and the overall assessment of the intervention. Hydration patterns and acquisition of knowledge on hydration behavior were also assessed. The intervention involved two elements: posters and a web app. A total of 259 adolescents completed the study (intervention group (IG) = 131; control group (CG) = 128). 80.6% of the players responded to the survey assessing the feasibility of the intervention. The mean number of correct answers regarding behavior was significantly higher in the IG (3.54; SD = 1.162) than in the CG (2.64; SD = 1.174) ($p < 0.001$). The water consumption pattern at all the clubs was ad libitum. Of the players, 10% did not drink any water at all during the game. In conclusion, this intervention has been shown to be feasible for implementation with adolescent soccer players. It suggests that hydration guidelines should be informed by personal factors and that ad libitum water consumption should be avoided.

Notes: Martín-Payo, Ruben del Mar Fernández-Alvarez, Maria Zabaleta-del-Olmo, Edurne García-García, Rebeca González-Méndez, Xana Carrasco-Santos, Sergio

del Olmo, Edurne Zabaleta/A-2418-2013; Martín-Payo, Rubén/AAQ-3088-2020; González-Méndez, Xana/AAM-5182-2021; Fernández-Alvarez, Mar/CAA-1786-2022

del Olmo, Edurne Zabaleta/0000-0002-5072-8548; Martín-Payo, Rubén/0000-0001-7835-4616; González-Méndez, Xana/0000-0002-5327-5783; Fernández-Alvarez, Mar/0000-0003-4603-2289

1660-4601

URL: <Go to ISI>://WOS:000615188300001

Reference Type: Journal Article

Record Number: 344

Author: Martin-Payo, R., Martinez-Urquijo, A., Zabaleta-del-Olmo, E. and Fernandez-Alvarez, M. D.

Year: 2023

Title: Use a web-app to improve breast cancer risk factors and symptoms knowledge and adherence to healthy diet and physical activity in women without breast cancer diagnosis (Precam project)

Journal: Cancer Causes & Control

Volume: 34

Issue: 2

Pages: 113-122

Date: Feb

Short Title: Use a web-app to improve breast cancer risk factors and symptoms knowledge and adherence to healthy diet and physical activity in women without breast cancer diagnosis (Precam project)

ISSN: 0957-5243

DOI: 10.1007/s10552-022-01647-x

Accession Number: WOS:000882547200001

Abstract: Purpose This study aimed to evaluate the preliminary effectiveness of an educational intervention using a web-app to improve knowledge of breast cancer risk factors and symptoms and adherence to healthy eating and physical activity among women without breast cancer diagnosis in Asturias (Spain). Methods A pragmatic randomized pilot trial was conducted to evaluate the impact of a web-app-based intervention for women without breast cancer diagnosis. Women in the intervention group participated in a 6-month intervention web-app based on the Behaviour Change Wheel Model. The web-app includes information about breast cancer risk factors, early detection, physical activity and diet. Results Two hundred and eighty-fifth women aged 25-50 were invited to join the study. Two hundred and twenty-four were randomly assigned to either the intervention group (IG = 134) or control group (CG = 90) according to their place of residence. Adherence among women in the IG increased significantly from pre- to post-intervention for eight of the 12 healthy behaviors and for the identification of six risk factors and six symptoms compared to women in the CG and, among whom adherence only increased for two behaviors, the identification of one risk factor and 0 symptoms. The intervention significantly improved the mean number of risk factors + 1.06 ($p < 0.001$) and symptoms + 1.18 ($p < 0.001$) identified by women in the IG.

Conclusions The preliminary results of this study suggest that an educational intervention using a web-app and based on the Behaviour Change Wheel model could be useful to improve knowledge of breast cancer risk factors and symptoms and to improve adherence to a healthy diet and physical activity in women without a previous breast cancer diagnosis.

Notes: Martin-Payo, Ruben Martinez-Urquijo, Andrea Zabaleta-del-Olmo, Edurne del Mar Fernandez-Alvarez, Maria

Martin-Payo, Ruben/AAQ-3088-2020; Zabaleta del Olmo, Edurne/A-2418-2013; Martinez Urquijo, Andrea/G-8264-2019; Fernandez-Alvarez, Mar/CAA-1786-2022

Martin-Payo, Ruben/0000-0001-7835-4616; Zabaleta del Olmo, Edurne/0000-0002-5072-8548; Martinez Urquijo, Andrea/0000-0003-4176-1669; Fernandez-Alvarez, Mar/0000-0003-4603-2289

1573-7225

URL: <Go to ISI>://WOS:000882547200001

Reference Type: Journal Article

Record Number: 1330

Author: Martínez-Urquijo, A., Postigo, A., Cuesta, M., Fernández-Alvarez, M. D. and Martín-Payo, R.

Year: 2021

Title: Development and validation of the MARA scale in Spanish to assess knowledge and perceived risks and barriers relating to breast cancer prevention

Journal: Cancer Causes & Control

Volume: 32

Issue: 11

Pages: 1237-1245

Date: Nov

Short Title: Development and validation of the MARA scale in Spanish to assess knowledge and perceived risks and barriers relating to breast cancer prevention

ISSN: 0957-5243

DOI: 10.1007/s10552-021-01473-7

Accession Number: WOS:000672415800002

Abstract: Objective The aim of this study was to develop a measurement instrument for assessing knowledge of breast cancer and perceived risk of developing the disease (MARA). Methods 641 women with a mean age of 36.19 years (SD = 7.49) participated in the study. Data collection took place during 2019 and included sociodemographic data, data on history of cancer and breast cancer, perceived risk, and feelings of concern about developing breast cancer. Internal consistency, test-retest reliability, convergent validity, and structural validity were tested. Results The questionnaire items comprise 4 subscales: risk factors (9 items), signs and symptoms (9 items), perceived risk (6 items), barriers (7 items). A factor analysis revealed that the first two subscales had two dimensions each, whereas the other two subscales had one dimension each. Each subscale was shown to have adequate reliability ($\alpha = 0.74-0.92$) and temporal stability ($r = 0.201-0.906$), as well as strong evidence of validity in relation to a questionnaire on breast cancer knowledge ($r = 0.131-0.434$). In addition, the subscales were shown to have high discriminatory power in terms of the presence or absence of a history of cancer or breast cancer, perceived risk, and feelings of concern. Conclusion The MARA questionnaire represents a valid, reliable tool for assessing Spanish women's knowledge, risks, perceptions, and barriers regarding breast cancer.

Notes: Martínez-Urquijo, Andrea Postigo, Alvaro Cuesta, Marcelino del Mar Fernández-Alvarez, María Martín-Payo, Rubén

Martín-Payo, Rubén/AAQ-3088-2020; Cuesta, Marcelino/L-3705-2014; Fernández-Alvarez, Mar/CAA-1786-2022; Martínez Urquijo, Andrea/G-8264-2019

Martín-Payo, Rubén/0000-0001-7835-4616; Cuesta, Marcelino/0000-0002-1060-9536; Fernández-Alvarez, Mar/0000-0003-4603-2289; Martínez Urquijo, Andrea/0000-0003-4176-1669; Postigo, Alvaro/0000-0003-4228-8965

1573-7225

URL: <Go to ISI>://WOS:000672415800002

Reference Type: Journal Article

Record Number: 947

Author: Marufu, T. C., Bower, R., Hendron, E. and Manning, J. C.

Year: 2022

Title: Nursing interventions to reduce medication errors in paediatrics and neonates: Systematic review and meta-analysis

Journal: Journal of Pediatric Nursing-Nursing Care of Children & Families

Volume: 62

Pages: E139-E147

Date: Jan-Feb

Short Title: Nursing interventions to reduce medication errors in paediatrics and neonates: Systematic review and meta-analysis

ISSN: 0882-5963

DOI: 10.1016/j.pedn.2021.08.024

Accession Number: WOS:000793561700035

Abstract: Background: Medication errors are a great concern to health care organisations as they are costly and pose a significant risk to patients. Children are three times more likely to be affected by medication errors than adults with medication administration error rates reported to be over 70%. Objective: To identify nursing interventions to reduce medication administration errors and perform a meta-analysis. Methods: Online databases; British Nursing Index (BNI), Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), EMBASE and MEDLINE were searched for relevant studies published between January 2000 to 2020. Studies with clear primary or secondary aims focusing on interventions to reduce medication administration errors in paediatrics, children and or neonates were included in the review. Results: 442 studies were screened and 18 studies met the inclusion criteria. Seven interventions were identified from included studies; education programmes, medication information services, clinical pharmacist involvement, double checking, barriers to reduce interruptions during drug calculation and preparation, implementation of smart pumps and improvement strategies. Educational interventional aspects were the most common identified in 13 out of 18 included studies. Meta-analysis demonstrated an associated 64% reduction in medicine administration errors post intervention (pooled OR 0.36 (95% Confidence Interval (CI) 0.21-0.63) P = 0.0003). Conclusion: Medication safety education is an important element of interventions to reduce administration errors. Medication errors are multifaceted that require a bundle interventional approach to address the complexities and dynamics relevant to the local context. It is imperative that causes of errors need to be identified prior to implementation of appropriate interventions. (c) 2021 Elsevier Inc. All rights reserved.

Notes: Marufu, Takawira C. Bower, Rachel Hendron, Elizabeth Manning, Joseph C.

Manning, Joseph/0000-0002-6077-4169

URL: <Go to ISI>://WOS:000793561700035

Reference Type: Journal Article

Record Number: 1719

Author: Masheder, J., Fjorback, L. and Parsons, C. E.

Year: 2020

Title: "I am getting something out of this, so I am going to stick with it": supporting participants' home practice in Mindfulness-Based Programmes

Journal: BMC Psychology

Volume: 8

Issue: 1

Date: Aug

Short Title: "I am getting something out of this, so I am going to stick with it": supporting participants' home practice in Mindfulness-Based Programmes

DOI: 10.1186/s40359-020-00453-x

Article Number: 91

Accession Number: WOS:000700919300001

Abstract: Background: The practice of mindfulness at home is a core component of standard eight-week mindfulness-based programmes (MBP). Teachers of mindfulness courses require an understanding of the factors that need to be addressed to support participants in establishing and maintaining a mindfulness practice. Method: Here, we present a review of seven factors that we argue are important for participants' practice of mindfulness. We use the well-established model of Behaviour Change, the COM-B model (Capability, Opportunity, Motivation and Behaviour) to organise and consider these factors. For each factor, we first present a definition and then a discussion in relation to psychological, health and Buddhist literature. We illustrate the importance of each factor with quotes from MBP participant interviews. Results: We discuss participants' Capability (planning/commitment, physical space), Opportunity (social support, the relationship with the teacher) and Motivation (readiness for self-care, beliefs about practice, self-efficacy, experiencing the rewards of practice), and how these lead to the target Behaviour (mindfulness practice). Conclusions: Our understanding, as teachers and researchers, of how best to support and guide participants during MBPs is at an early stage. We draw out practical lessons around each of the seven factors for mindfulness teachers in supporting participants' home practice.

Notes: Masheder, Jiva Fjorback, Lone Parsons, Christine E.

Parsons, Christine E/G-9286-2016

Parsons, Christine E/0000-0003-2856-6308; Fjorback, Lone Overby/0000-0002-9043-8967

2050-7283

URL: <Go to ISI>://WOS:000700919300001

Reference Type: Journal Article

Record Number: 1208

Author: Matei, R. and Ginsborg, J.

Year: 2022

Title: Health education for musicians in the UK: a qualitative

evaluation

Journal: Health Promotion International

Volume: 37

Issue: 2

Date: Apr

Short Title: Health education for musicians in the UK: a qualitative evaluation

ISSN: 0957-4824

DOI: 10.1093/heapro/daab146

Accession Number: WOS:000756580700001

Abstract: Lay Summary Professional classical musicians struggle with a range of occupational health issues. It has therefore been recommended that health education be integrated as part of their higher education training. Although some programmes of this nature have been implemented in recent years, very few were evaluated, so it is often unclear if they work and if so, how. This paper reports the evaluation of one such programme that lasted 5 months and was delivered to first-year undergraduate music students in the UK. Although the evaluation of the programme was complex and involved many measurements, this article reports only the analysis of themes arising from interviews with 20 participants that were audio-recorded and transcribed verbatim. The results of the analysis show that participants viewed the course positively. Specifically, they viewed the programme as relevant and informative, and appreciated the intimate nature of the seminars. The programme seemed to widen their perspective on musicianship and they reported changes in their behaviours related to preventative health and music practice, although they also expressed a preference for an even more practical and thus less theoretical approach. Musical training in higher education music institutions (e.g. conservatoires) has been associated with health-related issues among musicians. The Health Promotion in Schools of Music project in the USA and the Healthy Conservatoires project in the UK have therefore recommended health promotion at conservatoires. Few health education courses have been evaluated to date, however. A 5-month health education programme for first-year undergraduate students at a British conservatoire was introduced as part of the core curriculum in September 2016. The programme, which involved both lectures and seminars, was evaluated using quantitative and qualitative approaches. This article reports only the qualitative evaluation. Twenty semi-structured individual interviews were conducted either face-to-face or via Skype in April 2017. The data were transcribed verbatim and analysed thematically. Five themes were identified: (i) the programme as a catalyst for engagement with health; (ii) behavioural changes; (iii) barriers to engaging with the programme material and initiating changes; (iv) suggestions for improvement; and (v) misinformation. Generally, participants viewed the programme as relevant and informative, particularly appreciating the intimate nature of the seminars. They reported that the programme helped them take a broader perspective on musicianship and that they would welcome sessions that are more practical than theoretical. They also reported instances of change in their behaviours relating to both lifestyle and management of music practice. In conclusion, undergraduate music students viewed this health education programme positively. Their feedback

illustrates the complex nature of health promotion in the conservatoire setting.

Notes: Matei, Raluca Ginsborg, Jane

Matei, Raluca/0000-0002-3428-9768

1460-2245

URL: <Go to ISI>://WOS:000756580700001

Reference Type: Journal Article

Record Number: 111

Author: Mathew, A., Isbanner, S., Xi, Y., Rundle-Thiele, S., David, P., Li, G. B. and Lee, D. S. Y.

Year: 2023

Title: A systematic literature review of voluntary behaviour change approaches in single use plastic reduction

Journal: Journal of Environmental Management

Volume: 336

Date: Jun

Short Title: A systematic literature review of voluntary behaviour change approaches in single use plastic reduction

ISSN: 0301-4797

DOI: 10.1016/j.jenvman.2023.117582

Article Number: 117582

Accession Number: WOS:000951647000001

Abstract: Plastic waste is a leading contributor to climate change due to its build up in landfill and oceans, releasing harmful greenhouse gases and causing harm to ecosystems. The past decade has seen a rise in the number of policies and legislative regulations surrounding the use of single-use plastics (SUP). Such measures are needed and have shown effectiveness in the reduction of SUP's. However, it is becoming apparent that voluntary behaviour change efforts, which preserve autonomous decision making are also needed to further reduce demand for SUP. This mixed-methods systematic review had three aims, 1) synthesise existing voluntary behavioural change interventions and approaches aimed at reducing SUP consumption, 2) assess the level of autonomy preserved in interventions, and 3) assess the extent of theory use in voluntary SUP reduction interventions. A systematic search was executed across six electronic databases. Eligible studies were peer-reviewed literature published in English between 2000 and 2022 reporting on voluntary behaviour change programs aimed at reducing the consumption of SUPs. Quality was assessed using the Mixed Methods Appraisal Tool (MMAT). Overall, 30 articles were included. Due to the heterogenic nature of outcome data in included studies, meta-analytic analysis was not possible. However, data were extracted and narratively synthesised. Communication and informational campaigns were the most common intervention approach with most interventions taking place in community or commercial settings. There was limited theory use among included studies (27% used theory). A framework was created using the criteria outlined by Geiger et al. (2021) to evaluate level of autonomy pre-served in included interventions. Overall, level of autonomy preserved in included interventions was low. This review highlights the urgent need for more research into voluntary SUP reduction strategies,

increased inte-gration of theory in intervention development, and higher levels of autonomy preservation in SUP reduction interventions.

Notes: Mathew, Alieena Isbanner, Sebastian Xi, Yue Rundle-Thiele, Sharyn David, Patricia Li, Gabriel Lee, Daisy

Mathew, Alieena/IQS-6028-2023; Lee, Daisy/E-7877-2019

Isbanner, Sebastian/0000-0001-5842-2407; Lee, Daisy/

0000-0002-9630-1689; Li, Gabriel T. L./0000-0001-7207-2300

1095-8630

URL: <Go to ISI>://WOS:000951647000001

Reference Type: Journal Article

Record Number: 228

Author: Mathura, P., Marini, S., Spalding, K., Duhn, L., Kassam, N. and Medves, J.

Year: 2023

Title: Characteristics promoting behaviour change: physician experience with a coalition-led quality improvement initiative to reduce excessive laboratory test ordering

Journal: Bmj Open Quality

Volume: 12

Issue: 1

Date: Jan

Short Title: Characteristics promoting behaviour change: physician experience with a coalition-led quality improvement initiative to reduce excessive laboratory test ordering

DOI: 10.1136/bmjopen-2022-001965

Article Number: e001965

Accession Number: WOS:000949185300001

Abstract: Background Attempts have been made to reduce excessive laboratory test ordering; however, the problem persists and barriers to physician involvement in quality improvement (QI) remain. We sought to understand physician participation experience following a laboratory test overuse initiative supported by a QI coalition. Methods As part of a larger mixed-methods study, structured virtual interviews were conducted with 12 physicians. The Theoretical Domains Framework (TDF) and the Behavioural Change Wheel (BCW) were used to identify characteristics that influence physician behaviour change for QI leadership and participation and appropriate blood urea nitrogen (BUN) test ordering. A content analysis of physicians' statements to the TDF was performed, resulting in overarching themes; relevant TDF domains were mapped to the intervention functions of the BCW. Results Nine overarching themes emerged from the data. Eight of 14 TDF domains influence QI leadership and participation, and 10 influence appropriate BUN-test ordering behaviours. The characteristics participants described that promoted a change in their QI participation, leadership and appropriate BUN-test ordering were: QI education with hands-on training; physician peer mentorship/support; personnel assistance (QI and analytics) and communication from a trusted/credible physician leader who shares data and insights about the physician role in the initiative, clinical best practice and past project success. Other elements included: a simply designed initiative

requiring minimal effort and no clinical workflow disruptions; revised order forms/panels and limiting test-order frequency when laboratory tests are normal. Additionally, various future intervention strategies were identified. For their initial initiative participation, physicians acknowledged coalition leader or member credibility was more important than awareness of the coalition. Conclusions Based on physicians' described perceptions and experiences, coalition characteristics that influenced their QI leadership and participation, and appropriate BUN-test ordering behaviours were revealed; these characteristics aligned to several TDF domains. The findings suggest that these behaviours are multidimensional, requiring a multistrategy approach to change behaviour.

Notes: Mathura, Pamela Marini, Sandra Spalding, Karen Duhn, Lenora Kassam, Narmin Medves, Jennifer Duhn, Lenora/0000-0002-0401-953X
2399-6641
URL: <Go to ISI>://WOS:000949185300001

Reference Type: Journal Article

Record Number: 578

Author: Matlary, R. E. D., Grinda, N., Sayers, F., Versloot, O., McLaughlin, P. and Comm, Eahad Physiotherapists

Year: 2022

Title: Promoting physical activity for people with haemophilia in the age of new treatments

Journal: Haemophilia

Volume: 28

Issue: 6

Pages: 885-890

Date: Nov

Short Title: Promoting physical activity for people with haemophilia in the age of new treatments

ISSN: 1351-8216

DOI: 10.1111/hae.14641

Accession Number: WOS:000830700800001

Abstract: Haemophilia treatment has seen great advances in recent years with an accompanied reduced risk of physical activity (PA) related bleeds. Based on its known health benefits, people with haemophilia (PWH) are currently encouraged to regularly engage in PA. However, this may not always translate to increased levels of PA. In this narrative review we aim to provide a brief overview of what is currently understood regarding PA levels and influences for the three broad age groups of children and adolescents, adults and older adults. We also provide recommendations for members of the haemophilia team on important aspects related to promotion of PA in their clinical practice. We highlight that PA behaviour is multifactorial and that many PWH still have limited access to adequate care. Whilst some still face unique challenges to being more physically active, overall, the barriers and facilitators to activity are very similar to that of the general population.

Notes: Matlary, Ruth Elise D. Grinda, Nathalie Sayers, Fionnuala Versloot, Olav McLaughlin, Paul

Versloot, Olav/AAF-8367-2020
Versloot, Olav/0000-0003-0748-1364; Sayers, Fionnuala/
0000-0001-5119-988X; McLaughlin, Paul/0000-0002-5962-7647; Matlary,
Ruth Elise/0000-0002-3961-0207
1365-2516
URL: <Go to ISI>://WOS:000830700800001

Reference Type: Journal Article
Record Number: 560
Author: Mattsson, L. and Williams, H.
Year: 2022
Title: Avoidance of Supermarket Food Waste—Employees' Perspective on
Causes and Measures to Reduce Fruit and Vegetables Waste
Journal: Sustainability
Volume: 14
Issue: 16
Date: Aug
Short Title: Avoidance of Supermarket Food Waste—Employees'
Perspective on Causes and Measures to Reduce Fruit and Vegetables
Waste
DOI: 10.3390/su141610031
Article Number: 10031
Accession Number: WOS:000845182600001
Abstract: Identifying causes of food waste at grocery retail level
is crucial for the development of effective measures to reduce
waste. Frontline employees manage food waste in their day-to-day
operations; however, there is a paucity of research that draws
attention to their knowledge of and approach to causes and measures
to reduce food waste. In this empirical study, a mixed methods
approach is adopted, using multiple interviews and participatory
observations with employees, and primary quantitative data on fruit
and vegetable waste for one year from the supermarkets. The results
illuminate the fact that the role of employees is central for
reducing food waste, and from their perspective, the causes and
measures can be divided into four different main themes covering
policy, practice, people and product. The analysis involves 73
different fruit and vegetables categories, and the fruit and
vegetables waste at the three supermarkets is 60 tonnes. The results
also reveal different causes for different fruit and vegetables
categories, implying that generic descriptions of causes are not
enough to use as bases for planning reduction measures. The paper
provides a base for planning and implementing reduction measures for
the grocery retail sector, which contribute to a sustainable food
supply chain.
Notes: Mattsson, Lisa Williams, Helen
Williams, Helen/A-1239-2011
Williams, Helen/0000-0001-6469-9947
2071-1050
URL: <Go to ISI>://WOS:000845182600001

Reference Type: Journal Article
Record Number: 1824

Author: Matus, J., Wenke, R. and Mickan, S.
Year: 2019
Title: A PRACTICAL TOOLKIT OF STRATEGIES FOR BUILDING RESEARCH CAPACITY IN ALLIED HEALTH
Journal: Asia Pacific Journal of Health Management
Volume: 14
Issue: 2
Pages: 5-18
Short Title: A PRACTICAL TOOLKIT OF STRATEGIES FOR BUILDING RESEARCH CAPACITY IN ALLIED HEALTH
DOI: 10.24083/apjhm.v14i2.261
Accession Number: WOS:000493370600002
Abstract: OBJECTIVES The objectives of this project were firstly to develop a practical toolkit of evidence-informed strategies for building research capacity in allied health, and secondly to disseminate and apply this toolkit to inform tailored research capacity building plans for allied health teams. DESIGN: This project used a plan, do, study, act (PDSA) quality improvement methodology to develop, disseminate and apply a toolkit which was based on the results of a recent systematic review of allied health research capacity building frameworks and a narrative review of other interventions and theoretical recommendations. SETTING Eight allied health professional teams in a publicly funded tertiary health service were supported to develop tailored research capacity building plans based on their specific needs, goals and context. MAIN outcome measures: The outcomes of this project were evaluated using process measures including whether a research capacity building plan was developed and to what extent short-term goals were achieved within three months. RESULTS A practical toolkit was developed which consolidates existing evidence-informed strategies and organises these around three components including 'supporting clinicians in research', 'working together' and 'valuing research for excellence' and 17 sub-components. Several barriers and facilitators to applying the toolkit to teams were identified and this paper suggests some recommendations and future directions for addressing these. CONCLUSIONS This toolkit may be a useful resource to inform the development of team-based research capacity building plans for allied health. The application of the toolkit may be enhanced by a need's assessment and facilitation from a researcher.
Notes: Matus, Janine Wenke, Rachel Mickan, Sharon Mickan, Sharon/AAZ-6262-2021
Mickan, Sharon/0000-0002-5690-1997
2204-3136
URL: <Go to ISI>://WOS:000493370600002

Reference Type: Journal Article
Record Number: 934
Author: Mauch, C. E., Wycherley, T. P., Bell, L. K., Laws, R. A., Byrne, R. and Golley, R. K.
Year: 2022
Title: Parental work hours and household income as determinants of unhealthy food and beverage intake in young Australian children
Journal: Public Health Nutrition

Volume: 25

Issue: 8

Pages: 2125-2136

Date: Aug

Short Title: Parental work hours and household income as determinants of unhealthy food and beverage intake in young Australian children

ISSN: 1368-9800

DOI: 10.1017/s1368980022000349

Article Number: Pii s1368980022000349

Accession Number: WOS:000772533300001

Abstract: Objective: This study examined parental work hours and household income as determinants of discretionary (energy-dense, nutrient-poor) food and beverage intake in young children, including differences by eating occasion. Design: Secondary analysis of cross-sectional data. Three hierarchical regression models were conducted with percentage of energy from discretionary food and beverages across the day, at main meals and at snack times being the outcomes. Dietary intake was assessed by 1 x 24-h recall and 1-2 x 24-h food record(s). Both maternal and paternal work hours were included, along with total household income. Covariates included household, parent and child factors. Setting: Data from the NOURISH/South Australian Infants Dietary Intake studies were collected between 2008 and 2013. Participants: Participants included 526 mother-child dyads (median (interquartile range) child age 1 center dot 99 (1 center dot 96, 2 center dot 03) years). Forty-one percentage of mothers did not work while 57 % of fathers worked 35-40 h/week. Most (85 %) households had an income of >=\$50 k AUD/year. Results: Household income was consistently inversely associated with discretionary energy intake (beta = -0 center dot 12 to -0 center dot 15). Maternal part-time employment (21-35 h/week) predicted child consumption of discretionary energy at main meals (beta = 0 center dot 10, P = 0 center dot 04). Paternal unemployment predicted a lower proportion of discretionary energy at snacks (beta = -0 center dot 09, P = 0 center dot 047). Conclusions: This work suggests that household income should be addressed as a key opportunity-related barrier to healthy food provision in families of young children. Strategies to reduce the time burden of healthy main meal provision may be required in families where mothers juggle longer part-time working hours with caregiving and domestic duties. The need to consider the role of fathers and other parents/caregivers in shaping children's intake was also highlighted.

Notes: Mauch, Chelsea E. Wycherley, Thomas P. Bell, Lucinda K. Laws, Rachel A. Byrne, Rebecca Golley, Rebecca K.

Wycherley, Tom/E-5593-2011; Golley, Rebecca K/D-1606-2009; Bell, Lucinda/N-7154-2013; Laws, Rachel/P-4948-2016

Byrne, Rebecca/0000-0002-0096-3320; Golley, Rebecca/0000-0001-5197-7987; Wycherley, Thomas/0000-0003-3096-1796; Mauch, Chelsea/0000-0003-1419-7417; Bell, Lucinda/0000-0001-7251-9176; Laws, Rachel/0000-0003-4328-1116

1475-2727

URL: <Go to ISI>://WOS:000772533300001

Reference Type: Journal Article

Record Number: 542

Author: Maust, D. T., Takamine, L., Wiechers, I. R., Blow, F. C., Bohnert, A. S. B., Strominger, J., Min, L. and Krein, S. L.

Year: 2022

Title: Strategies Associated With Reducing Benzodiazepine Prescribing to Older Adults: A Mixed Methods Study

Journal: Annals of Family Medicine

Volume: 20

Issue: 4

Pages: 328-335

Date: Jul-Aug

Short Title: Strategies Associated With Reducing Benzodiazepine Prescribing to Older Adults: A Mixed Methods Study

ISSN: 1544-1709

DOI: 10.1370/afm.2825

Accession Number: WOS:000840719100005

Abstract: **PURPOSE** Unlike in many community-based settings, benzodiazepine (BZD) prescribing to older veterans has decreased. We sought to identify health care system strategies associated with greater facility-level reductions in BZD prescribing to older adults. **METHODS** We completed an explanatory sequential mixed methods study of health care facilities in the Veterans Health Administration (N = 140). Among veterans aged ≥ 75 years receiving long-term BZD treatment, we stratified facilities into relatively high and low performance on the basis of the reduction in average daily dose of prescribed BZD from October 1, 2015 to June 30, 2017. We then interviewed key facility informants (n = 21) who led local BZD reduction efforts (champions), representing 11 high-performing and 6 low-performing facilities. **RESULTS** Across all facilities, the age-adjusted facility-level average daily dose in October 2015 began at 1.34 lorazepam-equivalent mg/d (SD 0.17); the average rate of decrease was -0.27 mg/d (SD 0.09) per year. All facilities interviewed, regardless of performance, used passive strategies primarily consisting of education regarding appropriate prescribing, alternatives, and identifying potential patients for discontinuation. In contrast, champions at high-performing facilities described leveraging ≥ 1 active strategies that included individualized recommendations, administrative barriers to prescribing, and performance measures to incentivize clinicians. **CONCLUSIONS** Initiatives to reduce BZD prescribing to older adults that are primarily limited to passive strategies, such as education and patient identification, might have limited success. Clinicians might benefit from additional recommendations, support, and incentives to modify prescribing practices.

Notes: Maust, Donovan T. Takamine, Linda Wiechers, Ilse R. Blow, Frederic C. Bohnert, Amy S. B. Strominger, Julie Min, Lillian Krein, Sarah L.

1544-1717

URL: <Go to ISI>://WOS:000840719100005

Reference Type: Journal Article

Record Number: 569

Author: Mavis, S. C., Gallup, M. C., Meyer, M., Misgen, M. M., Schram, L. A., Herzog, D. L., Smith, B. N., Schuning, V. S., Stetson, R. C. and Fang, J. L.

Year: 2023

Title: A quality improvement initiative to reduce necrotizing enterocolitis in high-risk neonates

Journal: Journal of Perinatology

Volume: 43

Issue: 1

Pages: 97-102

Date: Jan

Short Title: A quality improvement initiative to reduce necrotizing enterocolitis in high-risk neonates

ISSN: 0743-8346

DOI: 10.1038/s41372-022-01476-5

Accession Number: WOS:000834738000001

Abstract: Objective Prompted by an acute increase in necrotizing enterocolitis (NEC) rates, we aimed to decrease the rate of stage 2 or greater NEC in infants born at <1500 grams or <30 weeks gestational age from 19.5% to less than 9.7% (a 50% reduction) within 18 months, without adversely affecting central line-associated bloodstream infection (CLABSI) rates. Study design We utilized Define, Measure, Analyze, Improve, and Control (DMAIC) as our improvement model. Informed by our key driver diagram and root cause analyses, six Plan-Do-Study-Act cycles were completed. Results 147 infants in the QI initiative had a median gestational age of 28.1 weeks and a median birthweight of 1070 grams. NEC rates decreased from the QI baseline of 19.5% to 6% (p = 0.03). Oral care administration increased, and maximal gavage tube dwell time decreased. Conclusion NEC rates decreased during this QI initiative through a combination of multidisciplinary interventions aimed at reducing dysbiosis.

Notes: Mavis, Stephanie C. Gallup, Maria C. Meyer, Mikael Misgen, Megan M. Schram, Laura A. Herzog, Danielle L. Smith, Brandi N. Schuning, Virginia S. Stetson, Raymond C. Fang, Jennifer L.

Mavis, Stephanie/GRR-3021-2022

Mavis, Stephanie/0000-0001-8647-4837

1476-5543

URL: <Go to ISI>://WOS:000834738000001

Reference Type: Journal Article

Record Number: 848

Author: Mawdsley, G., Richiello, M. and Gutman, L. M.

Year: 2022

Title: Barriers and facilitators of young people's engagement with webchat counselling: A qualitative analysis informed by the Behaviour Change Wheel

Journal: Counselling & Psychotherapy Research

Volume: 22

Issue: 3

Pages: 725-735

Date: Sep

Short Title: Barriers and facilitators of young people's engagement

with webchat counselling: A qualitative analysis informed by the Behaviour Change Wheel

ISSN: 1473-3145

DOI: 10.1002/capr.12528

Accession Number: WOS:000771911900001

Abstract: Young people's engagement with online counselling remains an endemic obstacle faced by mental health services. This study utilises the Behaviour Change Wheel (BCW) framework to systematically explore the barriers and facilitators of young people's behavioural engagement with online webchat counselling. The current study defines behavioural engagement as any observable or active contribution by the young person in the webchat sessions, such as written verbalisation and self-expression. Semi-structured interviews with counsellors (n = 8) and open-ended questionnaire data from 43 young people (aged 18-25 years) were gathered and then coded. Nine core themes were identified including communication difficulties, the safety of the webchat environment, absence of face-to-face communication, ambiguity in messages or pauses, reaching goals, optimism about outcomes, pre-existing anxieties, mood or well-being and wanting/not wanting to attend. Using the BCW framework, these themes were mapped to broad intervention functions and behaviour change techniques (BCTs) to provide suggestions to optimise young people's engagement with online counselling. These include the application of persuasive design features, the use of social strategies, increased counsellor training and greater personalisation of the online therapeutic approach. Future research can determine the effectiveness of these proposed strategies and BCTs to enrich the emerging engagement strategy field and the wider digital and mental health behaviour change literature.

Notes: Mawdsley, Geoffrey Richiello, Maria Gutman, Leslie Morrison Gutman, Leslie Morrison/0000-0003-0567-7347
1746-1405

URL: <Go to ISI>://WOS:000771911900001

Reference Type: Journal Article

Record Number: 306

Author: Maxwell, B., Sharples, J. and Coldwell, M.

Year: 2022

Title: Developing a systems-based approach to research use in education

Journal: Review of Education

Volume: 10

Issue: 3

Date: Dec

Short Title: Developing a systems-based approach to research use in education

ISSN: 2049-6613

DOI: 10.1002/rev3.3368

Article Number: e3368

Accession Number: WOS:000884038000001

Abstract: Models of research use in education tend to focus on specific elements of education systems or underplay the complexity of system change. Within other public policy areas, notably health,

more work has been undertaken to integrate systems thinking when considering knowledge mobilisation and research use. In this paper, we survey public policy system change literature to develop a set of system dimensions. We use these to examine models relating to research use that are widely referenced in education. We then apply these dimensions to the work of the Education Endowment Foundation (EEF), the UK's What Works Centre for Education, which aims to support evidence-informed practice at all levels of the education system. We focus on its work to embed research-informed practices in regional school systems, through a case analysis of two 'scale-up campaigns' to mobilise evidence relating to the effective deployment of teaching assistants (educational support paraprofessionals). The findings highlight the value of using the system dimensions framework as a diagnostic tool to understand how to effect system change, highlighting the key role of brokerage and system leadership at different system levels; school-level capacity to implement change; and system relationships. Rationale for this studyContext and implications Implications for educational researchers and policymakersWhy the new findings matter Current approaches to supporting research use in education underplay the complexity of system change. Failure to acknowledge the complexity of research-use systems is likely to result in less-than-optimal approaches and interventions to improve research use. By applying a systems perspective, we explore how research use can be more effectively supported. Research use emerges as a myriad of interconnected 'moving parts' that need to function optimally and be aligned. Weakness in any area of the system, or interactions between system actors and activities across system levels, can potentially impede research use. A systems perspective, using the dimensions table presented in the paper, can be used to examine the functioning of existing systems and make informed decisions on where best to intervene to support practitioners' use of research. There is value in exploring multi-stranded mobilisation strategies that work together at different levels of the system e.g. school, regional policy, national.

Notes: Maxwell, Bronwen Sharples, Jonathan Coldwell, Mike Coldwell, Mike R/I-3929-2017

Coldwell, Mike R/0000-0002-7385-3077; Maxwell, Bronwen/0000-0002-8022-9213

URL: <Go to ISI>://WOS:000884038000001

Reference Type: Journal Article

Record Number: 1788

Author: Maye, J., Kipps, C. and Cock, H. R.

Year: 2019

Title: Implementing clinical guidelines

Journal: Practical Neurology

Volume: 19

Issue: 6

Pages: 529-535

Date: Dec

Short Title: Implementing clinical guidelines

ISSN: 1474-7758

DOI: 10.1136/practneurol-2017-001814

Accession Number: WOS:000747771900013

Abstract: Clinical guidelines that support practice and improve care are essential in this era of evidence-based medicine. However, implementing this guidance often falls short in practice. Sharing knowledge and auditing practice are important, but not sufficient to implement change. This article brings together evidence from the study of behaviour, education and clinical practice and offers practical tips on how practising neurologists might bring about change in the healthcare environment. Common themes include the importance of team working, multidisciplinary engagement, taking time to identify who and what needs changing, and selecting the most appropriate tool(s) for the job. Engaging with the challenge is generally more rewarding than resisting and is important for the effective provision of care.

Notes: Maye, Josephine Kipps, Christopher Cock, Hannah R.

Cock, Hannah/0000-0002-5656-0141

1474-7766

URL: <Go to ISI>://WOS:000747771900013

Reference Type: Journal Article

Record Number: 84

Author: Mc Laughlin, L., Jones, C., Neukirchinger, B., Noyes, J., Stone, J., Williams, H., Williams, D., Rapado, R., Phillips, R. and Griffin, S.

Year: 2023

Title: Feminizing care pathways: Mixed-methods study of reproductive options, decision making, pregnancy, post-natal care and parenting amongst women with kidney disease

Journal: Journal of Advanced Nursing

Date: 2023 Mar

Short Title: Feminizing care pathways: Mixed-methods study of reproductive options, decision making, pregnancy, post-natal care and parenting amongst women with kidney disease

ISSN: 0309-2402

DOI: 10.1111/jan.15659

Accession Number: WOS:000962144800001

Abstract: Aims: To identify the needs, experiences and preferences of women with kidney disease in relation to their reproductive health to inform development of shared decision-making interventions. Design: UK-wide mixed-methods convergent design (Sep 20-Aug 21). Methods: Online questionnaire (n = 431) with validated components. Purposively sampled semi-structured interviews (n = 30). Patient and public input throughout. Findings: Kidney disease was associated with defeminization, negatively affecting current (sexual) relationships and perceptions of future life goals. There was little evidence that shared decision making was taking place. Unplanned pregnancies were common, sometimes influenced by poor care and support and complicated systems. Reasons for (not) wanting children varied. Complicated pregnancies and miscarriages were common. Women often felt that it was more important to be a "good mother" than to address their health needs, which were often unmet and unrecognized. Impacts of pregnancy on disease and options for

alternates to pregnancy were not well understood. Conclusion: The needs and reproductive priorities of women are frequently overshadowed by their kidney disease. High-quality shared decision-making interventions need to be embedded as routine in a feminized care pathway that includes reproductive health. Research is needed in parallel to examine the effectiveness of interventions and address inequalities. Impact: We do not fully understand the expectations, needs, experiences and preferences of women with kidney disease for planning and starting a family or deciding not to have children. Women lack the knowledge, resources and opportunities to have high-quality conversations with their healthcare professionals. Decisions are highly personal and related to a number of health, social and cultural factors; individualized approaches to care are essential. Healthcare services need to be redesigned to ensure that women are able to make informed choices about pregnancy and alternative routes to becoming a parent. Patient or Public Contribution: The original proposal for this research came from listening to the experiences of women in clinic who reported unmet needs and detailed experiences of their pregnancies (positive and negative). A patient group was involved in developing the funding application and helped to refine the objectives by sharing their experiences. Two women who are mothers living with kidney disease were co-opted as core members of the research team. We hosted an interim findings event and invited patients and wider support services (adoption, fertility, surrogacy, education and maternal chronic kidney disease clinics) from across the UK to attend. We followed the UK national standards for patient and public involvement throughout.

Notes: Mc Laughlin, Leah Jones, Caron Neukirchinger, Barbara Noyes, Jane Stone, Judith Williams, Helen Williams, Denitza Rapado, Rose Phillips, Rhiannon Griffin, Sian

Mc Laughlin, Leah/IQV-5008-2023
1365-2648

URL: <Go to ISI>://WOS:000962144800001

Reference Type: Journal Article

Record Number: 2070

Author: Mc Sharry, J., Murphy, P. J. and Byrne, M.

Year: 2016

Title: Implementing international sexual counselling guidelines in hospital cardiac rehabilitation: development of the CHARMS intervention using the Behaviour Change Wheel

Journal: Implementation Science

Volume: 11

Date: Oct

Short Title: Implementing international sexual counselling guidelines in hospital cardiac rehabilitation: development of the CHARMS intervention using the Behaviour Change Wheel

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0493-4

Article Number: 134

Accession Number: WOS:000385316000001

Abstract: Background: Decreased sexual activity and sexual problems

are common among people with cardiovascular disease, negatively impacting relationship satisfaction and quality of life. International guidelines recommend routine delivery of sexual counselling to cardiac patients. The Cardiac Health and Relationship Management and Sexuality (CHARMS) baseline study in Ireland found, similar to international findings, limited implementation of sexual counselling guidelines in practice. The aim of the current study was to develop the CHARMS multi-level intervention to increase delivery of sexual counselling by healthcare professionals. We describe the methods used to develop the CHARMS intervention following the three phases of the Behaviour Change Wheel approach: understand the behaviour, identify intervention options, and identify content and implementation options. Survey (n = 60) and focus group (n = 14) data from two previous studies exploring why sexual counselling is not currently being delivered were coded by two members of the research team to understand staff's capability, opportunity, and motivation to engage in the behaviour. All potentially relevant intervention functions to change behaviour were identified and the APEASE (affordability, practicability, effectiveness, acceptability, side effects and equity) criteria were used to select the most appropriate. The APEASE criteria were then used to choose between all behaviour change techniques (BCTs) potentially relevant to the identified functions, and these BCTs were translated into intervention content. The Template for Intervention Description and Replication (TIDieR) checklist was used to specify details of the intervention including the who, what, how and where of proposed intervention delivery. Results: Providing sexual counselling group sessions by cardiac rehabilitation staff to patients during phase III cardiac rehabilitation was identified as the target behaviour. Education, enablement, modelling, persuasion and training were selected as appropriate intervention functions. Twelve BCTs, linked to intervention functions, were identified for inclusion and translated into CHARMS intervention content. Conclusions: This paper details the use of Behaviour Change Wheel approach to develop an implementation intervention in an under-researched area of healthcare provision. The systematic and transparent development of the CHARMS intervention will facilitate the evaluation of intervention effectiveness and future replication and contribute to the advancement of a cumulative science of implementation intervention design.

Notes: Mc Sharry, J. Murphy, P. J. Byrne, M.
Mc Sharry, Jennifer/0000-0001-5459-1588; Murphy, Patrick/
0000-0002-2299-1699; Byrne, Molly/0000-0001-8900-4320
URL: <Go to ISI>://WOS:000385316000001

Reference Type: Journal Article

Record Number: 1586

Author: McAllister, S., Simpson, A., Tsianakas, V. and Robert, G.

Year: 2021

Title: 'What matters to me' and 'service users', carers', and clinicians' needs' and experiences of therapeutic engagement on acute mental health wards

Journal: International Journal of Mental Health Nursing

Volume: 30
Issue: 3
Pages: 701-712
Date: Jun
Short Title: 'What matters to me' and 'service users', carers', and clinicians' needs' and experiences of therapeutic engagement on acute mental health wards
ISSN: 1445-8330
DOI: 10.1111/inm.12835
Accession Number: WOS:000608280800001
Abstract: Nurse-patient therapeutic engagement on acute mental health wards is beneficial to service users' outcomes and nurses' job satisfaction. However, engagement is not always fulfilled in practice and interventions to improve engagement are sparse and ineffective. We explored the experiences of service users, carers, and clinicians drawing from 80 hours of non-participant observations in an acute mental health ward and semi-structured interviews with 14 service users, two carers, and 12 clinicians. Analysis of these data resulted in 28 touchpoints (emotionally significant moments) and eight overarching themes. Service users, carers, and clinicians identified a lack of high-quality, person-centred, collaborative engagement and recognized and supported efforts to improve engagement in practice. Potential solutions to inform future intervention development were identified. Our findings align with previous research highlighting negative experiences and support the need to develop multicomponent interventions through participatory methods.
Notes: McAllister, Sarah Simpson, Alan Tsianakas, Vicki Robert, Glenn Robert, Glenn/ABD-6477-2021
Tsianakas, Vicki/0000-0003-4177-6019; Simpson, Alan/0000-0003-3286-9846; Robert, Glenn/0000-0001-8781-6675; McAllister, Sarah/0000-0002-0448-006X
1447-0349
URL: <Go to ISI>://WOS:000608280800001

Reference Type: Journal Article
Record Number: 1323
Author: McArthur, C., Bai, Y. X., Hewston, P., Giangregorio, L., Straus, S. and Papaioannou, A.
Year: 2021
Title: Barriers and facilitators to implementing evidence-based guidelines in long-term care: a qualitative evidence synthesis
Journal: Implementation Science
Volume: 16
Issue: 1
Date: Jul
Short Title: Barriers and facilitators to implementing evidence-based guidelines in long-term care: a qualitative evidence synthesis
ISSN: 1748-5908
DOI: 10.1186/s13012-021-01140-0
Article Number: 70
Accession Number: WOS:000671557200001

Abstract: Background The long-term care setting poses unique challenges and opportunities for effective knowledge translation. The objectives of this review are to (1) synthesize barriers and facilitators to implementing evidence-based guidelines in long-term care, as defined as a home where residents require 24-h nursing care, and 50% of the population is over the age of 65 years; and (2) map barriers and facilitators to the Behaviour Change Wheel framework to inform theory-guided knowledge translation strategies. Methods Following the guidance of the Cochrane Qualitative and Implementation Methods Group Guidance Series and the ENTREQ reporting guidelines, we systematically reviewed the reported experiences of long-term care staff on implementing evidence-based guidelines into practice. MEDLINE Pubmed, EMBASE Ovid, and CINAHL were searched from the earliest date available until May 2021. Two independent reviewers selected primary studies for inclusion if they were conducted in long-term care and reported the perspective or experiences of long-term care staff with implementing an evidence-based practice guideline about health conditions. Appraisal of the included studies was conducted using the Critical Appraisal Skills Programme Checklist and confidence in the findings with the GRADE-CERQual approach. Findings After screening 2680 abstracts, we retrieved 115 full-text articles; 33 of these articles met the inclusion criteria. Barriers included time constraints and inadequate staffing, cost and lack of resources, and lack of teamwork and organizational support. Facilitators included leadership and champions, well-designed strategies, protocols, and resources, and adequate services, resources, and time. The most frequent Behaviour Change Wheel components were physical and social opportunity and psychological capability. We concluded moderate or high confidence in all but one of our review findings. Conclusions Future knowledge translation strategies to implement guidelines in long-term care should target physical and social opportunity and psychological capability, and include interventions such as environmental restructuring, training, and education. Notes: McArthur, Caitlin Bai, Yuxin Hewston, Patricia Giangregorio, Lora Straus, Sharon Papaioannou, Alexandra URL: <Go to ISI>://WOS:000671557200001

Reference Type: Journal Article

Record Number: 1492

Author: McBride, E., Arden, M. A., Chater, A. and Chilcot, J.

Year: 2021

Title: The impact of COVID-19 on health behaviour, well-being, and long-term physical health

Journal: British Journal of Health Psychology

Volume: 26

Issue: 2

Pages: 259-270

Date: May

Short Title: The impact of COVID-19 on health behaviour, well-being, and long-term physical health

ISSN: 1359-107X

DOI: 10.1111/bjhp.12520

Accession Number: WOS:000635096700001

Notes: McBride, Emily Arden, Madelynne A. Chater, Angel Chilcot, Joseph

Arden, Madelynne A/B-8717-2009; Chilcot, Joseph/B-9526-2009

Arden, Madelynne A/0000-0002-6199-717X; Chater, Angel Marie/0000-0002-9043-2565; Chilcot, Joseph/0000-0001-6427-4690
2044-8287

URL: <Go to ISI>://WOS:000635096700001

Reference Type: Journal Article

Record Number: 1185

Author: McCampbell, M., Adewopo, J., Klerkx, L. and Leeuwis, C.

Year: 2021

Title: Are farmers ready to use phone-based digital tools for agronomic advice? Ex-ante user readiness assessment using the case of Rwandan banana farmers

Journal: Journal of Agricultural Education & Extension

Date: 2021 Oct

Short Title: Are farmers ready to use phone-based digital tools for agronomic advice? Ex-ante user readiness assessment using the case of Rwandan banana farmers

ISSN: 1389-224X

DOI: 10.1080/1389224x.2021.1984955

Accession Number: WOS:000705002900001

Abstract: Purpose Digital extension is widely embraced in African agricultural development, promising unprecedented outcomes and impact. Especially phone-based services attract attention as tools for effective and efficient agricultural extension. To date, assessments of digital extension services are generally ex-post in nature, thus consideration of users and broader systems occurs once an intervention is broadly identified. However, early understanding of user needs, readiness, and relevant context is a prerequisite for successful adoption and sustainable use of digital extension services. We conducted an ex-ante assessment of user readiness (UR) for phone-based services. Design/Methodology/Approach We developed an ex-ante framework to assess UR, considering capabilities, opportunities, and motivations of targeted users. The case study of Rwandan banana farmers served to verify the UR framework, using survey data from 690 smallholder farmers. Findings Findings demonstrate limited capacity to access and use phone-based extension services, especially those requiring a smartphone, and a mismatch between expected UR and actual UR, current capabilities and opportunities. Findings provide entry points for designing suitable digital extension projects and interventions, suggesting a need for capacity building. Practical implications The UR-framework provided understanding about current limitations in farmer readiness for digital extension. This ex-ante approach to explore UR before designing digital interventions for African farmers is recommended. It points at the importance of embedding digital technologies into existing practices and creating blends of 'digital' and 'analogue' or 'high-tech' and 'low-tech'. Theoretical implications The UR-framework provides a structured approach to developing pre-intervention insights about users and use-context, supporting

informed strategizing and decision-making about digital extension. It is a relevant addition to existing readiness frameworks, participatory design methods, and ex-post intervention performance assessments, as part of a balanced readiness level assessment. Originality/Value This is the first ex-ante assessment of UR for digital extension services in an African context, and the first attempt to analyse Rwandan farmers' readiness for digital extension services.

Notes: McCampbell, Mariette Adewopo, Julius Klerkx, Laurens Leeuwis, Cees

Klerkx, Laurens/ABD-4957-2021
1750-8622

URL: <Go to ISI>://WOS:000705002900001

Reference Type: Journal Article

Record Number: 454

Author: McCarrick, D., Prestwich, A. and O'Connor, D. B.

Year: 2022

Title: Perseverative cognition and health behaviours: exploring the role of intentions and perceived behavioural control

Journal: Psychology & Health

Date: 2022 Sep

Short Title: Perseverative cognition and health behaviours: exploring the role of intentions and perceived behavioural control

ISSN: 0887-0446

DOI: 10.1080/08870446.2022.2130921

Accession Number: WOS:000865656000001

Abstract: Objective Worry and rumination (Perseverative Cognition, PC) have been associated with health behaviours, but the underlying mechanisms are unknown. Given the role of physiological experiences on perceived behavioural control (PBC) and emotion regulation on intention-health behaviour relationships, we tested whether: PC prospectively predicts poorer health behaviours; PC moderates the relationship(s) between intentions/PBC and health behaviour, as well as whether the relationship between PC and health behaviour is mediated by intentions and PBC. Methods and Measures In a prospective design, 650 participants (mean age = 38.21 years; 49% female) completed baseline measures of intentions, PBC and PC (worry and rumination) and 590 (mean age = 38.68 years; 50% female) completed follow-up (Time 2) measures of health behaviours (physical activity, sleep, sedentary activity, unhealthy snacking) 1-week later. Results Worry and rumination (at T1) predicted poorer sleep quality. Worry, but not rumination, moderated PBC-physical activity frequency relations. Consistent with mediation, the indirect paths from both worry and rumination, through PBC, to sleep quality and total sleep time were significant. Conclusion PC is associated with poorer sleep quality and PBC can play a mediating role in such relationships. Future research should further consider the role that PBC plays in PC-health behaviour relations.

Notes: McCarrick, Dane Prestwich, Andrew O'Connor, Daryl B.

Prestwich, Andrew/J-1119-2014

Prestwich, Andrew/0000-0002-7489-6415

1476-8321

URL: <Go to ISI>://WOS:000865656000001

Reference Type: Journal Article

Record Number: 654

Author: McCarron, A., Semple, S., Braban, C. F., Swanson, V., Gillespie, C. and Price, H. D.

Year: 2022

Title: Public engagement with air quality data: using health behaviour change theory to support exposure-minimising behaviours
Journal: Journal of Exposure Science and Environmental Epidemiology
Date: 2022 Jun

Short Title: Public engagement with air quality data: using health behaviour change theory to support exposure-minimising behaviours

ISSN: 1559-0631

DOI: 10.1038/s41370-022-00449-2

Accession Number: WOS:000818323200001

Abstract: Exposure to air pollution prematurely kills 7 million people globally every year. Policy measures designed to reduce emissions of pollutants, improve ambient air and consequently reduce health impacts, can be effective, but are generally slow to generate change. Individual actions can therefore supplement policy measures and more immediately reduce people's exposure to air pollution. Air quality indices (AQI) are used globally (though not universally) to translate complex air quality data into a single unitless metric, which can be paired with advice to encourage behaviour change. Here we explore, with reference to health behaviour theories, why these are frequently insufficient to instigate individual change. We examine the health behaviour theoretical steps linking air quality data with reduced air pollution exposure and (consequently) improved public health, arguing that a combination of more 'personalised' air quality data and greater public engagement with these data will together better support individual action. Based on this, we present a novel framework, which, when used to shape air quality interventions, has the potential to yield more effective and sustainable interventions to reduce individual exposures and thus reduce the global public health burden of air pollution.

Notes: McCarron, Amy Semple, Sean Braban, Christine F. Swanson, Vivien Gillespie, Colin Price, Heather D.

Braban, Christine Fiona/J-3225-2012; McCarron, Amy/HK0-1448-2023

Braban, Christine Fiona/0000-0003-4275-0152; Price, Heather/0000-0001-6886-4516

1559-064x

URL: <Go to ISI>://WOS:000818323200001

Reference Type: Journal Article

Record Number: 2209

Author: McCarthy, O. L., French, R. S., Baraitser, P., Roberts, I., Rathod, S. D., Devries, K., Bailey, J. V., Edwards, P., Wellings, K., Michie, S. and Free, C.

Year: 2016

Title: Safetxt: a pilot randomised controlled trial of an intervention delivered by mobile phone to increase safer sex

behaviours in young people

Journal: Bmj Open

Volume: 6

Issue: 12

Short Title: Safetxt: a pilot randomised controlled trial of an intervention delivered by mobile phone to increase safer sex behaviours in young people

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-013045

Article Number: e013045

Accession Number: WOS:000391303600098

Abstract: Objective: To test the procedures proposed for a main trial of a safer sex intervention for young people delivered by mobile phone text message ('safetxt'). Design and setting: Pilot randomised controlled trial. Participants were recruited through sexual health services in the UK. An independent online randomisation system allocated participants to receive the safetxt intervention or to receive the control text messages (monthly messages about participation in the study). Texting software delivered the messages in accordance with a predetermined schedule. Participants: Residents of England aged 16-24 who had received either a positive chlamydia test result or reported unsafe sex in the last year (defined as more than 1 partner and at least 1 occasion of sex without a condom). Intervention: The safetxt intervention is designed to reduce sexually transmitted infection in young people by supporting them in using condoms, telling a partner about an infection and testing before unprotected sex with a new partner. Safetxt was developed drawing on: behavioural science; face-to-face interventions; the factors known to influence safer sex behaviours and the views of young people. Outcomes: The coprimary outcomes of the pilot trial were the recruitment rate and completeness of follow-up. Results: We recruited 200 participants within our target of 3 months and we achieved 81% (162/200) follow-up response for the proposed primary outcome of the main trial, cumulative incidence of chlamydia at 12 months. Conclusions: Recruitment, randomisation, intervention delivery and follow-up were successful and a randomised controlled trial of the safetxt intervention is feasible.

Notes: McCarthy, Ona L. French, Rebecca S. Baraitser, Paula Roberts, Ian Rathod, Sujit D. Devries, Karen Bailey, Julia V. Edwards, Phil Wellings, Kaye Michie, Susan Free, Caroline

Devries, Karen/K-1083-2016; Rathod, Sujit D/M-9298-2014

Devries, Karen/0000-0001-8935-2181; Baraitser, Paula/

0000-0002-3354-6494; Free, Caroline/0000-0003-1711-0006; Edwards,

Phil/0000-0003-4431-8822; Rathod, Sujit D/0000-0001-8783-7724;

McCarthy, Ona/0000-0002-9902-6248

URL: <Go to ISI>://WOS:000391303600098

Reference Type: Journal Article

Record Number: 2271

Author: McClurg, D., Frawley, H., Hay-Smith, J., Dean, S., Chen, S. Y., Chiarelli, P., Mair, F. and Dumoulin, C.

Year: 2015

Title: Scoping review of adherence promotion theories in pelvic floor muscle training-2011 ics state-of-the-science seminar research paper i of iv

Journal: Neurourology and Urodynamics

Volume: 34

Issue: 7

Pages: 606-614

Date: Sep

Short Title: Scoping review of adherence promotion theories in pelvic floor muscle training-2011 ics state-of-the-science seminar research paper i of iv

ISSN: 0733-2467

DOI: 10.1002/nau.22769

Accession Number: WOS:000359710200003

Abstract: AimsThis paper, the first of four emanating from the International Continence Society's 2011 State-of-the-Science Seminar on pelvic-floor-muscle training (PFMT) adherence, aimed to summarize the literature on theoretical models to promote PFMT adherence, as identified in the research, or suggested by the seminar's expert panel, and recommends future directions for clinical practice and research. MethodsExisting literature on theories of health behavior were identified through a conventional subject search of electronic databases, reference-list checking, and input from the expert panel. A core eligibility criterion was that the study included a theoretical model to underpin adherence strategies used in an intervention to promote PFM training/exercise. ResultsA brief critique of 12 theoretical models/theories is provided and, where appropriate, their use in PFMT adherence strategies identified or examples of possible uses in future studies outlined. ConclusionA better theoretical-based understanding of interventions to promote PFMT adherence through changes in health behaviors is required. The results of this scoping review and expert opinions identified several promising models. Future research should explicitly map the theories behind interventions that are thought to improve adherence in various populations (e.g., perinatal women to prevent or lessen urinary incontinence). In addition, identified behavioral theories applied to PFMT require a process whereby their impact can be evaluated. Neurourol. Urodynam. 34:??-??, 2015. (c) 2015 Wiley Periodicals, Inc.

Notes: McClurg, Doreen Frawley, Helena Hay-Smith, Jean Dean, Sarah Chen, Shu-Yueh Chiarelli, Pauline Mair, Frances Dumoulin, Chantale Frawley, Helena C/B-9840-2017

Frawley, Helena C/0000-0002-7126-6979; Mair, Frances/0000-0001-9780-1135; Dean, Sarah/0000-0002-3682-5149; McClurg, Doreen/0000-0002-2872-1702
1520-6777

URL: <Go to ISI>://WOS:000359710200003

Reference Type: Journal Article

Record Number: 619

Author: McCormack, F. C., Hopley, R. C., Boath, E. H., Parry, S. L., Roscoe, S. M., Stewart, A. and Birch, V. A.

Year: 2022

Title: Exploring pregnant women's experiences of stopping smoking with an incentive scheme with 'enhanced' support: a qualitative study

Journal: Perspectives in Public Health

Date: 2022 Jul

Short Title: Exploring pregnant women's experiences of stopping smoking with an incentive scheme with 'enhanced' support: a qualitative study

ISSN: 1757-9139

DOI: 10.1177/17579139221106842

Accession Number: WOS:000821250200001

Abstract: Aim: This study aims to understand pregnant women's experiences of smoking cessation with an incentive scheme in a deprived UK city. This is important because smoking cessation with pregnant women is one of the most crucial public health initiatives to promote, and is particularly challenging in deprived areas. While financial incentive schemes are controversial, there is a need to better understand pregnant women's experiences. The scheme combined quasi-financial incentives (shopping vouchers) for validated quits (carbon monoxide (CO) validated at < 10 ppm), enhanced support from smoking cessation advisors, the opportunity to identify a 'Significant Other Supporter' and nicotine replacement therapy.

Methods: With the focus on understanding pregnant women's experiences, a qualitative design was adopted. Semi-structured interviews were completed with 12 pregnant women from the scheme, and the three advisors. All interviews were transcribed, and thematic analysis conducted. Results: Pregnant women reported various challenges to quitting, including long-established routines, and stress. Participants were aware of stigma around incentives but were all very positive about the scheme. The relationship with advisors was described as fundamental. The women valued their advice and support, while uptake of the 'Significant Other Supporter' appeared low. Participants viewed the CO monitoring as 'an incentive', while the vouchers were framed as a 'bonus'. Advisors perceived the vouchers as helping engage pregnant women and maintain quit status, and women appreciated the vouchers both as financial assistance and recognition of their accomplishments. Conclusion:

This study highlights the great value women placed on the support, advice and monitoring from specialist advisors. The distinction between vouchers as a welcomed bonus, rather than 'the incentive' to engage, is important. How smoking cessation and schemes to promote this are communicated to pregnant women and health professionals is important, particularly given the stigma and controversy involved.

Notes: McCormack, Fiona C. Hopley, Rachel C. Boath, Elizabeth H. Parry, Sian L. Roscoe, Suzie M. Stewart, Antony Birch, Victoria A. Stewart, Antony/0000-0002-6429-2386; McCormack@staffs.ac.uk, Fiona/0000-0002-3040-8969

1757-9147

URL: <Go to ISI>://WOS:000821250200001

Reference Type: Journal Article

Record Number: 603

Author: McCormack, G. R., Patterson, M., Frehlich, L. and

Lorenzetti, D. L.

Year: 2022

Title: The association between the built environment and intervention-facilitated physical activity: a narrative systematic review

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 19

Issue: 1

Date: Jul

Short Title: The association between the built environment and intervention-facilitated physical activity: a narrative systematic review

DOI: 10.1186/s12966-022-01326-9

Article Number: 86

Accession Number: WOS:000825410300001

Abstract: Background A diverse range of interventions increase physical activity (PA) but few studies have explored the contextual factors that may be associated with intervention effectiveness. The built environment (BE) may enhance or reduce the effectiveness of PA interventions, especially interventions that encourage PA in neighbourhood settings. Several studies have investigated the effects of the neighbourhood BE on intervention-facilitated PA, however, a comprehensive review of evidence has yet to be conducted. In our systematic review, we synthesize evidence from quantitative studies that have examined the relationships between objectively-measured neighbourhood BE and intervention-facilitated PA in adults. Method In October 2021, we searched 7 databases (Medline, CINAHL, Embase, Web of Science, SPORTDiscus, Environment Complete, and Cochrane Central Register of Controlled Trials) for English-language studies reporting on randomized and non-randomized experiments of physical activity interventions involving adults (≥ 18 years) and that estimated the association between objectively-measured BE and intervention-facilitated physical activity. Results Twenty articles, published between 2009 and 2021, were eligible for inclusion in the review. Among the 20 articles in this review, 13 included multi-arm experiments and 7 included single-arm experiments. Three studies examined PA interventions delivered at the population level and 17 examined interventions delivered at the individual level. PA intervention characteristics were heterogeneous and one-half of the interventions were implemented for at least 12-months ($n = 10$). Most studies were undertaken in North America ($n = 11$) and most studies ($n = 14$) included samples from populations identified as at risk of poor health (i.e., metabolic disorders, coronary heart disease, overweight, cancer, high blood pressure, and inactivity). Fourteen studies found evidence of a neighbourhood BE variable being negatively or positively associated with intervention-facilitated PA. Conclusion Approximately 70% of all studies reviewed found evidence for an association between a BE variable and intervention-facilitated PA. The BE's potential to enhance or constrain the effectiveness of PA interventions should be considered in their design and implementation.

Notes: McCormack, Gavin R. Patterson, Michelle Frehlich, Levi Lorenzetti, Diane L.

Frehlich, Levi/GWZ-3355-2022
Frehlich, Levi/0000-0002-4099-0657
1479-5868
URL: <Go to ISI>://WOS:000825410300001

Reference Type: Journal Article

Record Number: 1937

Author: McCormick, S. A., McDonald, K. R., Vatter, S., Orgeta, V.,
Poliakoff, E., Smith, S., Silverdale, M. A., Fu, B. and Leroi, I.
Year: 2017

Title: Psychosocial therapy for Parkinson's-related dementia: study
protocol for the INVEST randomised controlled trial

Journal: Bmj Open

Volume: 7

Issue: 6

Date: Jun

Short Title: Psychosocial therapy for Parkinson's-related dementia:
study protocol for the INVEST randomised controlled trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2017-016801

Article Number: e016801

Accession Number: WOS:000406391200244

Abstract: Introduction Parkinson's disease (PD) with mild cognitive impairment (MCI-PD) or dementia (PDD) and dementia with Lewy bodies (DLB) are characterised by motor and 'non-motor' symptoms which impact on quality of life. Treatment options are generally limited to pharmacological approaches. We developed a psychosocial intervention to improve cognition, quality of life and companion burden for people with MCI-PD, PDD or DLB. Here, we describe the protocol for a single-blind randomised controlled trial to assess feasibility, acceptability and tolerability of the intervention and to evaluate treatment implementation. The interaction among the intervention and selected outcome measures and the efficacy of this intervention in improving cognition for people with MCI-PD, PDD or DLB will also be explored. Methods and analysis Dyads will be randomised into two treatment arms to receive either 'treatment as usual' (TAU) or cognitive stimulation therapy specifically adapted for Parkinson's-related dementias (CST-PD), involving 30 min sessions delivered at home by the study companion three times per week over 10 weeks. A mixed-methods approach will be used to collect data on the operational aspects of the trial and treatment implementation. This will involve diary keeping, telephone follow-ups, dyad checklists and researcher ratings. Analysis will include descriptive statistics summarising recruitment, acceptability and tolerance of the intervention, and treatment implementation. To pilot an outcome measure of efficacy, we will undertake an inferential analysis to test our hypothesis that compared with TAU, CST-PD improves cognition. Qualitative approaches using thematic analysis will also be applied. Our findings will inform a larger definitive trial. Ethics and dissemination Ethical opinion was granted (REC reference: 15/YH/0531). Findings will be published in peer-reviewed journals and at conferences. We will prepare reports for dissemination by organisations involved with PD and dementia.

Notes: McCormick, Sheree A. McDonald, Kathryn R. Vatter, Sabina Orgeta, Vasiliki Poliakoff, Ellen Smith, Sarah Silverdale, Monty A. Fu, Bo Leroi, Iracema Vatter, Sabina/AFM-8512-2022; McCormick, Sheree/AAW-6493-2021; Poliakoff, Ellen/N-9910-2015; McCormick, Sheree/GWR-5720-2022 Vatter, Sabina/0000-0001-8512-0121; Poliakoff, Ellen/0000-0003-4975-7787; Smith, Sarah Jane/0000-0002-1561-9485; Orgeta, Vasiliki/0000-0001-8643-5061; Leroi, Iracema/0000-0003-1822-3643; Silverdale, Monty/0000-0002-3295-6897
URL: <Go to ISI>://WOS:000406391200244

Reference Type: Journal Article

Record Number: 763

Author: McCrossan, T., Lannon, R., Tarling, R., Doohar, M., Forshaw, M. and Poole, H.

Year: 2022

Title: Utilising the 'COM-B' bio-psychosocial approach to aid diabetes management

Journal: Practical Diabetes

Volume: 39

Issue: 3

Pages: 27-+

Date: May

Short Title: Utilising the 'COM-B' bio-psychosocial approach to aid diabetes management

ISSN: 2047-2897

DOI: 10.1002/pdi.2396

Accession Number: WOS:000806278200007

Abstract: With many individuals living with diabetes failing to make the necessary behaviour change to optimise glycaemic control(1) it is imperative that staff involved in their care have the skills required to guide them in this respect. The COM-B assists in this regard as it provides a behaviour-change model based on scientific evidence and theory in a practical and accessible format, which enables non-specialists to design and implement behaviour-change interventions. This paper reports a case of psychological assessment, formulation and intervention in a patient with type 1 diabetes mellitus associated anxiety and sub-optimal diabetes management. It highlights: (1) the importance of a bio-psychological approach to assessment and formulation; (2) the value of involving the patient in their care from the outset; and (3) the ease at which the COM-B can be routinely applied in clinical settings. Copyright (C) 2022 John Wiley & Sons.

Notes: McCrossan, Tracy Lannon, Rosa Tarling, Rachel Doohar, Mary Forshaw, Mark Poole, Helen

Forshaw, Mark/0000-0001-8916-1633

2047-2900

URL: <Go to ISI>://WOS:000806278200007

Reference Type: Journal Article

Record Number: 2235

Author: McCullough, A. R., Tunney, M. M., Elborn, J. S., Bradley, J.

M. and Hughes, C. M.

Year: 2015

Title: 'All illness is personal to that individual': a qualitative study of patients' perspectives on treatment adherence in bronchiectasis

Journal: Health Expectations

Volume: 18

Issue: 6

Pages: 2477-2488

Date: Dec

Short Title: 'All illness is personal to that individual': a qualitative study of patients' perspectives on treatment adherence in bronchiectasis

ISSN: 1369-6513

DOI: 10.1111/hex.12217

Accession Number: WOS:000368250300054

Abstract: Background Adherence to treatment is low in bronchiectasis and is associated with poorer health outcomes. Factors affecting adherence decisions have not been explored in patients with bronchiectasis. Objective We aimed to explore patients' perspectives on adherence, factors affecting adherence decision making and to develop a conceptual model explaining this decision-making process in adults with bronchiectasis. Methods Adults with bronchiectasis participated in one-to-one semi-structured interviews. Interviews were audio-recorded, transcribed verbatim and analysed independently by two researchers using thematic analysis. Data from core themes were extracted, categorized into factors affecting adherence decision making and used to develop the conceptual model. Results Participants' beliefs about treatment, the practical aspects of managing treatment, their trust in health-care professionals and acceptance of disease and treatment were important aspects of treatment adherence. The conceptual model demonstrated that adherence decisions were influenced by participants' individual balance of barriers and motivating factors (treatment-related, disease-related, health-care-related, personal and social factors). Conclusion Adherence decision-making in bronchiectasis is complex, but there is the potential to enhance adherence by understanding patients' specific barriers and motivators to adherence and using this to tailor adherence strategies to individual patients and treatments.

Notes: McCullough, Amanda R. Tunney, Michael M. Elborn, J. Stuart Bradley, Judy M. Hughes, Carmel M.

McCullough, Amanda/0000-0003-2882-1735; TUNNEY, MICHAEL/0000-0002-7433-7074; elborn, joseph/0000-0002-2323-442X; Bradley, Judy/0000-0002-7423-135X

1369-7625

URL: <Go to ISI>://WOS:000368250300054

Reference Type: Journal Article

Record Number: 907

Author: McDermott, G., Brick, N. E., Shannon, S., Fitzpatrick, B. and Taggart, L.

Year: 2022

Title: Barriers and facilitators of physical activity in adolescents with intellectual disabilities: An analysis informed by the COM-B model

Journal: Journal of Applied Research in Intellectual Disabilities

Volume: 35

Issue: 3

Pages: 800-825

Date: May

Short Title: Barriers and facilitators of physical activity in adolescents with intellectual disabilities: An analysis informed by the COM-B model

ISSN: 1360-2322

DOI: 10.1111/jar.12985

Accession Number: WOS:000762091700001

Abstract: Background Adolescents with intellectual disabilities are insufficiently physically active. Where interventions have been developed and delivered, these have had limited effectiveness, and often lack a theoretical underpinning. Aim Through application of the COM-B model, our aim is to explore the factors influencing adolescent physical activity within schools. Methods A qualitative methodology, using focus groups with students who have mild/moderate intellectual disabilities, their parents'/carers' and teachers'. The COM-B model provided the lens through which the data were collected and analysed. Results We identified a range of individual, interpersonal, and environmental factors influencing physical activity, across all six COM-B constructs, within the context of the 'school-system'. Conclusion This is the first study to use the COM-B model to explore school-based physical activity behaviour, for adolescents with intellectual disabilities. Identification of such physical activity behavioural determinants can support the development of effective and sustainable interventions.

Notes: McDermott, Gary Brick, Noel E. Shannon, Stephen Fitzpatrick, Ben Taggart, Laurence

Brick, Noel/0000-0002-3714-4660; McDermott, Gary/0000-0002-4395-9751 1468-3148

URL: <Go to ISI>://WOS:000762091700001

Reference Type: Journal Article

Record Number: 2219

Author: McDermott, M. S., Oliver, M., Svenson, A., Simnadis, T., Beck, E. J., Coltman, T., Iverson, D., Caputi, P. and Sharma, R.

Year: 2015

Title: The theory of planned behaviour and discrete food choices: a systematic review and meta-analysis

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 12

Date: Dec

Short Title: The theory of planned behaviour and discrete food choices: a systematic review and meta-analysis

DOI: 10.1186/s12966-015-0324-z

Article Number: 162

Accession Number: WOS:000367428200001

Abstract: The combination of economic and social costs associated with non-communicable diseases provide a compelling argument for developing strategies that can influence modifiable risk factors, such as discrete food choices. Models of behaviour, such as the Theory of Planned Behaviour (TPB) provide conceptual order that allows program designers and policy makers to identify the substantive elements that drive behaviour and design effective interventions. The primary aim of the current review was to examine the association between TPB variables and discrete food choice behaviours. A systematic literature search was conducted to identify relevant studies. Calculation of the pooled mean effect size ($r(+)$) was conducted using inverse-variance weighted, random effects meta-analysis. Heterogeneity across studies was assessed using the Q - and I^2 -statistics. Meta-regression was used to test the impact of moderator variables: type of food choice behaviour; participants' age and gender. A total of 42 journal articles and four unpublished dissertations met the inclusion criteria. TPB variables were found to have medium to large associations with both intention and behaviour. Attitudes had the strongest association with intention ($r(+)$ = 0.54) followed by perceived behavioural control (PBC, $r(+)$ = 0.42) and subjective norm (SN, $r(+)$ = 0.37). The association between intention and behaviour was $r(+)$ = 0.45 and between PBC and behaviour was $r(+)$ = 0.27. Moderator analyses revealed the complex nature of dietary behaviour and the factors that underpin individual food choices. Significantly higher PBC-behaviour associations were found for choosing health compromising compared to health promoting foods. Significantly higher intention-behaviour and PBC-behaviour associations were found for choosing health promoting foods compared to avoiding health compromising foods. Participant characteristics were also found to moderate associations within the model. Higher intention-behaviour associations were found for older, compared to younger age groups. The variability in the association of the TPB with different food choice behaviours uncovered by the moderator analyses strongly suggest that researchers should carefully consider the nature of the behaviour being exhibited prior to selecting a theory.

Notes: McDermott, Mairtin S. Oliver, Madalyn Svenson, Alexander Simnadis, Thomas Beck, Eleanor J. Coltman, Tim Iverson, Don Caputi, Peter Sharma, Rajeev

Sharma, Rajeev/A-7470-2012

Sharma, Rajeev/0000-0002-1622-2711; Beck, Eleanor/

0000-0002-3448-6534; McDermott, Mairtin/0000-0002-2640-3161
1479-5868

URL: <Go to ISI>://WOS:000367428200001

Reference Type: Journal Article

Record Number: 1975

Author: McDonagh, L. K., Saunders, J. M., Cassell, J., Bastaki, H., Hartney, T. and Rait, G.

Year: 2017

Title: Facilitators and barriers to chlamydia testing in general practice for young people using a theoretical model (COM-B): a systematic review protocol

Journal: Bmj Open

Volume: 7

Issue: 3

Date: Mar

Short Title: Facilitators and barriers to chlamydia testing in general practice for young people using a theoretical model (COM-B): a systematic review protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-013588

Article Number: e013588

Accession Number: WOS:000398959400087

Abstract: Introduction: Chlamydia is a key health concern with high economic and social costs. There were over 200 000 chlamydia diagnoses made in England in 2015. The burden of chlamydia is greatest among young people where the highest prevalence rates are found. Annual testing for sexually active young people is recommended; however, many of those at risk do not receive testing. General practice has been identified as an ideal setting for testing, yet efforts to increase testing in this setting have not been effective. One theoretical model which may provide insight into the underpinnings of chlamydia testing is the Capability, Opportunity and Motivation Model of Behaviour (COM-B model). The aim of this systematic review is to: (1) identify barriers and facilitators to chlamydia testing for young people in general practice and (2) use a theoretical model to conduct a behavioural analysis of chlamydia testing behaviour. Methods and analysis: Qualitative, quantitative and mixed methods studies published after 2000 will be included. Seven databases (MEDLINE, PubMed, EMBASE, Informit, PsycInfo, Scopus, Web of Science) will be searched to identify peer-reviewed publications which examined barriers and facilitators to chlamydia testing in general practice. Risk of bias will be assessed using the Critical Appraisal Skills Programme. Data regarding study design and key findings will be extracted. The data will be analysed using thematic analysis and the resultant factors will be mapped onto the COM-B model components. All findings will be reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Ethics and dissemination: Ethical approval is not required. The results will be disseminated via submission for publication to a peer-review journal when complete and for presentation at national and international conferences. The review findings will be used to inform the development of interventions to facilitate effective and efficient chlamydia testing in general practice.

Notes: McDonagh, Lorraine K. Saunders, John M. Cassell, Jackie Bastaki, Hamad Hartney, Thomas Rait, Greta Bastaki, Hamad/0000-0002-6980-5005; Saunders, John/0000-0003-3020-9916

URL: <Go to ISI>://WOS:000398959400087

Reference Type: Journal Article

Record Number: 933

Author: McDonald, J. and Clements, J.

Year: 2022

Title: Evaluation of a brief video intervention aimed at UK-based veterinary surgeons to encourage neutering cats at four months old: A randomised controlled trial

Journal: Plos One

Volume: 17

Issue: 2

Date: Feb

Short Title: Evaluation of a brief video intervention aimed at UK-based veterinary surgeons to encourage neutering cats at four months old: A randomised controlled trial

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0263353

Article Number: e0263353

Accession Number: WOS:000821499100026

Abstract: In the UK, it is currently recommended that owned cats be neutered from four months of age. However, its uptake is inconsistent across the veterinary profession. Here we assess the effect of a brief video intervention that aimed to encourage four month neutering, whilst preserving clinical autonomy. We compare this theory-driven approach with traditional information giving and a control group. Veterinary surgeons who regularly undertook feline neutering work in the UK but did not routinely neuter cats at four months and/or recommend four month neutering for client owned cats were randomised into three groups (n = 234). Participants received either no information, a written summary of evidence or the video. The primary behaviour outcomes were the recommending and carrying out of neutering cats at four months. Evaluative, belief and stages of change measures were also collected. Self-reported outcomes were assessed pre-intervention, immediately post-intervention, two months post-intervention and six months post-intervention. At two months, participants that had received the video intervention were significantly more likely to have started recommending neutering cats at four months. At six months, participants that had received the video intervention were significantly more likely to have started carrying out neutering cats at four months. There were no significant behaviour changes for the other groups. At two months, the video intervention was associated with a significant increase in thinking about, and speaking to colleagues about, four-month neutering, relative to the control group. The written summary of evidence had no similar effect on stages of change, despite it being perceived as a significantly more helpful resource relative to the video. To conclude, a brief one-off video intervention resulted in an increase in positive behaviours towards neutering cats at 4 months, likely mediated by the social influences of the intervention prompting the opportunity to reflect and discuss four-month neutering with colleagues.

Notes: McDonald, Jenni Clements, Jane

URL: <Go to ISI>://WOS:000821499100026

Reference Type: Journal Article

Record Number: 2387

Author: McDonnell, J., de Sousa, J. C., Baxter, N., Pinnock, H., Roman-Rodriguez, M., van der Molen, T. and Williams, S.

Year: 2014

Title: Building capacity to improve respiratory care: the education strategy of the International Primary Care Respiratory Group 2014-2020

Journal: Npj Primary Care Respiratory Medicine

Volume: 24

Date: Sep

Short Title: Building capacity to improve respiratory care: the education strategy of the International Primary Care Respiratory Group 2014-2020

DOI: 10.1038/npjpcrm.2014.72

Article Number: 14072

Accession Number: WOS:000345390100002

Abstract: Significant attention has been given to the global burden of noncommunicable diseases including respiratory diseases and the potential of primary care to address this challenge. The International Primary Care Respiratory Group (IPCRG) has a potentially significant role to build capacity through research and education in a complex global network with varying degrees of capability. In this paper we outline a comprehensive strategy, which revisits the IPCRG's educational role, our aims, audiences and approach in this context. The paper was developed through a collaborative process involving experts in global health, primary care and respiratory education, leading to a consensus educational strategy statement. This is further informed by a review of recent trends in continuing medical education. Professional education and training of health-care workers is a core component of the global response to the challenge of managing respiratory conditions in primary care. This paper offers a revised strategy for building capacity and improving clinical practice in IPCRG member countries by revisiting and broadening our aims, exploring the key audiences, focus and approaches.

Notes: McDonnell, Juliet de Sousa, Jaime Correia Baxter, Noel Pinnock, Hilary Roman-Rodriguez, Miguel van der Molen, Thys Williams, Sian

de Sousa, Jaime Correia/H-5607-2015

de Sousa, Jaime Correia/0000-0001-6459-7908; Williams, Sian/0000-0002-0527-2254

2055-1010

URL: <Go to ISI>://WOS:000345390100002

Reference Type: Journal Article

Record Number: 290

Author: McEachan, R. R. C., Rashid, R., Santorelli, G., Tate, J., Thorpe, J., McQuaid, J. B., Wright, J., Pickett, K. E., Pringle, K., Bojke, L., Jones, S., Islam, S., Walker, S., Yang, T. C. and Bryant, M.

Year: 2022

Title: Study Protocol. Evaluating the life-course health impact of a city-wide system approach to improve air quality in Bradford, UK: A quasi-experimental study with implementation and process evaluation

Journal: Environmental Health

Volume: 21

Issue: 1

Date: Dec

Short Title: Study Protocol. Evaluating the life-course health impact of a city-wide system approach to improve air quality in Bradford, UK: A quasi-experimental study with implementation and process evaluation

DOI: 10.1186/s12940-022-00942-z

Article Number: 122

Accession Number: WOS:000893868900001

Abstract: Background: Air quality is a major public health threat linked to poor birth outcomes, respiratory and cardiovascular disease, and premature mortality. Deprived groups and children are disproportionately affected. Bradford will implement a Clean Air Zone (CAZ) as part of the Bradford Clean Air Plan (B-CAP) in 2022 to reduce pollution, providing a natural experiment. The aim of the current study is to evaluate the impact of the B-CAP on health outcomes and air quality, inequalities and explore value for money. An embedded process and implementation evaluation will also explore barriers and facilitators to implementation, impact on attitudes and behaviours, and any adverse consequences. Methods: The study is split into 4 work packages (WP). WP1A: 20 interviews with decision makers, 20 interviews with key stakeholders; 10 public focus groups and documentary analysis of key reports will assess implementation barriers, acceptability and adverse or unanticipated consequences at 1 year post-implementation (defined as point at which charging CAZ goes 'live'). WP1B: A population survey (n = 2000) will assess travel behaviour and attitudes at baseline and change at 1 year post-implementation). WP2: Routine air quality measurements will be supplemented with data from mobile pollution sensors in 12 schools collected by N = 240 pupil citizen scientists (4 within, 4 bordering and 4 distal to CAZ boundary). Pupils will carry sensors over four monitoring periods over a 12 month period (two pre, and two post-implementation). We will explore whether reductions in pollution vary by CAZ proximity. WP3A: We will conduct a quasi-experimental interrupted time series analysis using a longitudinal routine health dataset of > 530,000 Bradford residents comparing trends (3 years prior vs 3 years post) in respiratory health (assessed via emergency/GP attendances. WP3B: We will use the richly-characterised Born in Bradford cohort (13,500 children) to explore health inequalities in respiratory health using detailed socio-economic data. WP4: will entail a multi-sectoral health economic evaluation to determine value for money of the B-CAP. Discussion: This will be first comprehensive quasi-experimental evaluation of a city-wide policy intervention to improve air quality. The findings will be of value for other areas implementing this type of approach.

Notes: McEachan, Rosemary R. C. Rashid, Rukhsana Santorelli, Gillian Tate, James Thorpe, Jamie McQuaid, James B. Wright, John Pickett, Kate E. Pringle, Kirsty Bojke, Laura Jones, Sally Islam, Shahid Walker, Simon Yang, Tiffany C. Bryant, Maria

Pringle, Kirsty/IAQ-6463-2023

Pringle, Kirsty/0000-0003-2190-5258; Pickett, Kate/

0000-0002-8066-8507; McEachan, Rosemary/0000-0003-1302-6675; Yang, Tiffany/0000-0003-4549-7850

1476-069x

URL: <Go to ISI>://WOS:000893868900001

Reference Type: Journal Article

Record Number: 571

Author: McGarry, H., Martin, B. and Winslow, P.

Year: 2022

Title: Delivering Low Carbon Concrete for Network Rail on the Routemap to Net Zero

Journal: Case Studies in Construction Materials

Volume: 17

Date: Dec

Short Title: Delivering Low Carbon Concrete for Network Rail on the Routemap to Net Zero

ISSN: 2214-5095

DOI: 10.1016/j.cscm.2022.e01343

Article Number: e01343

Accession Number: WOS:000843536500001

Abstract: Network Rail is tackling the problem of the GHG (primarily CO₂) emissions it produces and is committed to the Government's pledge to achieve Net Zero carbon emissions by 2050. It recently published its Environmental Sustainability Strategy 2020-2050 (Network Rail, 2020 [1]), which includes setting Science Based Targets for its Scope 1, 2 and 3 emissions. In this context, Expedition Engineering has been supporting Network Rail's Technical Authority and Decarbonisation Programme in efforts to reduce the CO₂e associated with its construction projects, primarily on those using concrete. This has included developing a Routemap to Net Zero Carbon Concrete, partnering with existing supply chains to decarbonise precast platform components used in high volume, and a feasibility piece focused on enabling significant carbon reductions in the ready-mix supply chain. The work has revealed the current difficulties and potential solutions within the UK concrete industry, as well as the value of supply chain partnering and putting research into practice. This paper summarises a combination of works completed and ongoing, and preliminary proposals under review. The route to Net Zero by 2050 must involve reduction in material quantities through design and construction efficiencies and a shift to using and developing materials with reduced CO₂e intensity. In the immediate term this will mean maximising Portland cement replacement and accelerating adoption of current state-of-the-art low carbon technology. In the medium- to longterm it is anticipated that use of calcined clay and limestone as cement replacement will form a key part in the progress to reduce CO₂e as the availability of PFA and GGBS reduces. The development of a standalone CO₂e Reduction Protocol document is proposed as being a useful mechanism to organise new guidance and requirements and tie in with existing standards and contracts.

Notes: McGarry, Helen Martin, Bruce Winslow, Pete

URL: <Go to ISI>://WOS:000843536500001

Reference Type: Journal Article

Record Number: 1029

Author: McGhee, I., Tarshis, J. and DeSousa, S.

Year: 2022

Title: Improving Ad Hoc Medical Team Performance with an Innovative "I START-END" Communication Tool

Journal: Advances in Medical Education and Practice

Volume: 13

Pages: 809-820

Short Title: Improving Ad Hoc Medical Team Performance with an Innovative "I START-END" Communication Tool

ISSN: 1179-7258

DOI: 10.2147/amep.S367973

Accession Number: WOS:000838039800001

Abstract: Purpose: To study the effect of a communication tool entitled: "I START-END" (I-Identify; S-Story; T-Task; A-Accomplish/Adjust; R-Resources; T-Timely Updates; E-Exit; N-Next; D-Document and Debrief) in simulated urgent scenarios in non-operating room settings (referred to as "Ad Hoc") with anesthesia residents. The "I START-END" tool was created by incorporating Crisis Resource Management (CRM) principles into a practical and user-friendly format. Methods: This was a mixed methods pre/post observational study with 47 anesthesia resident volunteers participating from July 2014 to June 2016. Each resident served as their own control, and participated in three simulated Ad Hoc scenarios. The first simulation served as a baseline. The second simulation occurred 1-2 weeks after I START-END training. The third simulation occurred 3-6 months later. Simulation performance was videotaped and reviewed by trained experts using technical skill checklists and Anesthesia Non-Technical Skills (ANTS) score. Residents filled out questionnaires, pre-simulation, 1-2 weeks after I START-END training and 3-6 months later. Concurrently, resident performance at actual Code Blue events was scored by trained observers using the Mayo High Performance Teamwork Scale. Results: 80-90% of residents stated the tool provided an organized approach to Ad Hoc scenarios - specifically, information helpful to care of the patient was obtained more readily and better resource planning occurred as communication with the team improved. Residents stated they would continue to use the tool and apply it to other clinical settings. Resident video performance scores of technical skills showed significant improvement at the "late" session (3-6 months post exposure to the I START-END), ANTS scores were satisfactory and remained unchanged throughout. There was no difference between residents with and without I START-END training as measured by the Mayo High Performance Teamwork Scale, however, debriefing at Code Blues occurred twice as often when residents had I START-END training. Conclusion: Non-operating room settings are fraught with unfamiliarity that create many challenges. The I START-END tool operationalizes key CRM elements. The tool was well received by residents; it enabled them to speak up more readily, obtain vital information and continually update each other by anticipating, planning, and debriefing in an organized and collaborative way.

Notes: McGhee, Irene Tarshis, Jordan DeSousa, Susan

URL: <Go to ISI>://WOS:000838039800001

Reference Type: Journal Article
Record Number: 1841
Author: McGinley, J., Danoudis, M., Bilney, B., Morris, M. and Higgins, R.
Year: 2018
Title: Physical activity in people with Parkinson's disease: A qualitative study
Journal: Movement Disorders
Volume: 33
Pages: S466-S466
Date: Oct
Short Title: Physical activity in people with Parkinson's disease: A qualitative study
ISSN: 0885-3185
Accession Number: WOS:000446176701496
Notes: McGinley, J. Danoudis, M. Bilney, B. Morris, M. Higgins, R. International Congress of Parkinson's-Disease-and-Movement-Disorders-Society
Oct 05-09, 2018
Hong Kong, HONG KONG
Parkinsons Disease & Movement Disorders Soc
1531-8257
2
URL: <Go to ISI>://WOS:000446176701496

Reference Type: Journal Article
Record Number: 2089
Author: McGoldrick, E. L., Crawford, T., Brown, J. A., Groom, K. M. and Crowther, C. A.
Year: 2016
Title: Consumers attitudes and beliefs towards the receipt of antenatal corticosteroids and use of clinical practice guidelines
Journal: BMC Pregnancy and Childbirth
Volume: 16
Date: Sep
Short Title: Consumers attitudes and beliefs towards the receipt of antenatal corticosteroids and use of clinical practice guidelines
DOI: 10.1186/s12884-016-1043-4
Article Number: 259
Accession Number: WOS:000382459800001
Abstract: Background: Active participation of consumers in health care decision making, policy and clinical research is increasingly encouraged by governments, influential bodies and funders. Identifying the best way to achieve this is difficult due to the paucity of evidence. Consumers have mixed feelings towards clinical practice guidelines (CPG) demonstrating scepticism towards their purpose and applicability to their needs. There is no information pertaining to consumers' views and attitudes on the receipt of antenatal corticosteroids (ACS). The aim of this study was to examine the barriers and enablers to receiving ACS and use of CPG amongst consumers. Methods: Consumers were recruited from neonatal units across three district health boards (DHBs) in Auckland, New Zealand. Participants completed a semi-structured interview or

questionnaire. The questions posed and analyses were informed by the Theoretical Domains Framework (TDF). Barriers and enablers were identified by the presence of conflicting beliefs within a domain; the frequency of beliefs; and the likely strength of the impact of a belief on use of CPG and receipt of ACS. Results: Twenty four consumers participated in the study. Six domains were identified as barriers to receipt of ACS and use of CPG. Key barriers to receipt of ACS included: difficulty retaining information conveyed, requiring further information in a variety of formats, and time constraints faced by consumers and health professionals in the provision and understanding of information to facilitate decision making. Barriers to use of CPG included: uncertainty about applicability of guideline use among consumers and scepticism about health professionals adhering too rigidly to guidelines. Enablers to receipt of ACS included: optimism toward ACS use, a strong knowledge of why ACS were administered, improved resilience in their pregnancy and confidence in their decision making following receipt of information about ACS. Enablers to use of CPG included: validation and standardisation of decision making among health professionals providing care and facilitating the best care for women and their babies. Conclusions: Key barriers and enablers exist among consumers regarding receipt of ACS and use of CPG. These need to be addressed or modified in any intervention strategy to facilitate implementation of the ACS CPG.

Notes: McGoldrick, E. L. Crawford, T. Brown, J. A. Groom, K. M. Crowther, C. A.

Groom, Katie/0000-0002-5495-5617
1471-2393

URL: <Go to ISI>://WOS:000382459800001

Reference Type: Journal Article

Record Number: 2079

Author: McGowan, J. E. and Murray, K.

Year: 2016

Title: Exploring resilience in nursing and midwifery students: a literature review

Journal: Journal of Advanced Nursing

Volume: 72

Issue: 10

Pages: 2272-2283

Date: Oct

Short Title: Exploring resilience in nursing and midwifery students: a literature review

ISSN: 0309-2402

DOI: 10.1111/jan.12960

Accession Number: WOS:000383626900003

Abstract: Aim. The aim of this study was to explore the concepts of ;'resilience' and 'hardiness' in nursing and midwifery students in educational settings and to identify educational interventions to promote resilience. Background. Resilience in healthcare professionals has gained increasing attention globally, yet to date resilience and resilience education in nursing and midwifery students remain largely under-researched. Design. An integrative

literature review was planned, however, only quantitative evidence was identified therefore, a review of quantitative studies was undertaken using a systematic approach. Data sources. A comprehensive search was undertaken using Medline, CINAHL, Embase, PsycINFO and Maternity and Infant Care databases January 1980–February 2015. Review methods. Data were extracted using a specifically designed form and quality assessed using an appropriate checklist. A narrative summary of findings and statistical outcomes was undertaken. Results. Eight quantitative studies were included. Research relating to resilience and resilience education in nursing and midwifery students is sparse. There is a weak evidence that resilience and hardiness is associated with slightly improved academic performance and decreased burnout. However, studies were heterogeneous in design and limited by poor methodological quality. No study specifically considered student midwives. Conclusion. A greater understanding of the theoretical underpinnings of resilience in nursing and midwifery students is essential for the development of educational resources. It is imperative that future research considers both nursing and midwifery training cohorts and should be of strong methodological quality.

Notes: McGowan, Jennifer E. Murray, Karen
1365–2648

URL: <Go to ISI>://WOS:000383626900003

Reference Type: Journal Article

Record Number: 1781

Author: McGregor, G., Hee, S. W., Eftekhari, H., Holliday, N., Pearce, G., Sandhu, H., Simmonds, J., Joshi, S., Kavi, L., Bruce, J., Panikker, S., Lim, B. and Hayat, S.

Year: 2020

Title: Protocol for a randomised controlled feasibility trial of exercise rehabilitation for people with postural tachycardia syndrome: the PULSE study

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: Protocol for a randomised controlled feasibility trial of exercise rehabilitation for people with postural tachycardia syndrome: the PULSE study

DOI: 10.1186/s40814-020-00702-1

Article Number: 157

Accession Number: WOS:000729238200163

Abstract: Background Postural orthostatic tachycardia syndrome (POTS) is an autonomic nervous system disorder causing an abnormal cardiovascular response to upright posture. It affects around 0.2% of the population, most commonly women aged 13 to 50 years. POTS can be debilitating; prolonged episodes of pre-syncope and fatigue can severely affect activities of daily living and health-related quality of life (HRQoL). Medical treatment is limited and not supported by randomised controlled trial (RCT) evidence. Lifestyle interventions are first-line treatment, including increased fluid and salt intake, compression tights and isometric counter-pressure manoeuvres to prevent fainting. Observational studies and small RCTs

suggest exercise training may improve symptoms and HRQoL in POTS, but evidence quality is low. Methods Sixty-two people (aged 18–40 years) with a confirmed diagnosis of POTS will be invited to enrol on a feasibility RCT with embedded qualitative study. The primary outcome will be feasibility; process-related measures will include the number of people eligible, recruited, randomised and withdrawn, along with indicators of exercise programme adherence and acceptability. Secondary physiological, clinical and health-related outcomes including sub-maximal recumbent bike exercise test, active stand test and HRQoL will be measured at 4 and 7 months post-randomisation by researchers blinded to treatment allocation. The Postural Tachycardia Syndrome Exercise (PULSE) intervention consists of (1) individual assessment; (2) 12-week, once to twice-weekly, supervised out-patient exercise training; (3) behavioural and motivational support; and (4) guided lifestyle physical activity. The control intervention will be best-practice usual care with a single 30-min, one-to-one practitioner appointment, and general advice on safe and effective physical activity. For the embedded qualitative study, participants (n = 10 intervention, n = 10 control) will be interviewed at baseline and 4 months post-randomisation to assess acceptability and the feasibility of progressing to a definitive trial. Discussion There is very little high-quality research investigating exercise rehabilitation for people with POTS. The PULSE study will be the first randomised trial to assess the feasibility of conducting a definitive multicentre RCT testing supervised exercise rehabilitation with behavioural and motivational support, compared to best-practice usual care, for people with POTS. Trial registration ISRCTN45323485 registered on 7 April 2020.

Notes: McGregor, Gordon Hee, Siew Wan Eftekhari, Helen Holliday, Nikki Pearce, Gemma Sandhu, Harbinder Simmonds, Jane Joshi, Shivam Kavi, Lesley Bruce, Julie Panikker, Sandeep Lim, Boon Hayat, Sajad Hee, Siew Wan/ABR-1572-2022; McGregor, Gordon/AAP-1917-2020; Bruce, Julie/G-7588-2014
Hee, Siew Wan/0000-0002-0415-263X; McGregor, Gordon/0000-0001-8963-9107; Bruce, Julie/0000-0002-8462-7999; Hayat, Sajad Ahmed/0000-0002-7802-987X
2055-5784
URL: <Go to ISI>://WOS:000729238200163

Reference Type: Journal Article

Record Number: 980

Author: McGuigan, H. E., Hassmen, P., Rosic, N., Thornton, H. R. and Stevens, C. J.

Year: 2023

Title: Does education improve adherence to a training monitoring program in recreational athletes?

Journal: International Journal of Sports Science & Coaching

Volume: 18

Issue: 1

Pages: 101-113

Date: Feb

Short Title: Does education improve adherence to a training

monitoring program in recreational athletes?

ISSN: 1747-9541

DOI: 10.1177/174795412111070789

Article Number: 174795412111070789

Accession Number: WOS:000751389200001

Abstract: Monitoring athletes' training may help prevent negative consequences such as overtraining and burnout. However, acceptance or willingness of athletes to participate is a barrier to an effective training monitoring program. Educational strategies may potentially increase adherence. Therefore, our aims are to i) assess the impact of training monitoring education on adherence to a monitoring program; ii) determine the effect of the education intervention on burnout, stress, and recovery, and; iii) qualitatively investigate athlete perspectives of the education and training monitoring experience. Recreational athletes (18 male/17 female; age = 42.6 +/- 12.0) were randomised to either a control (n = 19) or education (n = 16) group and completed daily training monitoring through a smartphone application over 10 weeks. Pre-post assessments using the Athlete Burnout Questionnaire, the Acute Recovery Stress Scale, and a perceived knowledge of training monitoring questionnaire, and semi-structured interviews were performed. Adherence was low, with no differences between the control group ([mean +/- SD]; 43.0 +/- 38.8%) and the education group (45.8 +/- 36.7%). There were also no differences (p >0.05) between the groups on the standardised inventories. There was a significant effect of time (p <0.001) on participant's perceived understanding of training monitoring tools (scored out of 42) at the end of the washout period (Control: 24.4 +/- 6.6; Education: 28.5 +/- 5.6) and post-study (Control: 32.1 +/- 7.5; Education: 35.1 +/- 6.0) compared to the pre-study (Control: 21.5 +/- 7.3; Education: 21.9 +/- 7.7). Interviews revealed participants wanted more education on modifying their training, and feedback on their data. Our findings suggest this specific educational approach was not enough to increase adherence; other aspects of education and individual feedback needs to be further explored.

Notes: McGuigan, Hannah E. Hassmen, Peter Rosic, Nedeljka Thornton, Heidi R. Stevens, Christopher J.

Rosic, Nedeljka/H-1483-2011; Compton, Heidi Rose/AFQ-6574-2022;

Hassmén, Peter/Q-8254-2017; Stevens, Christopher/R-6258-2017

Hassmén, Peter/0000-0002-4348-7862; Stevens, Christopher/

0000-0002-4641-0342; McGuigan, Hannah/0000-0002-1591-8661; Rosic,

Nedeljka/0000-0002-2598-7046; Compton, Heidi/0000-0002-5818-4450
2048-397x

URL: <Go to ISI>://WOS:000751389200001

Reference Type: Journal Article

Record Number: 445

Author: McIsaac, J. L. D., MacQuarrie, M., Barich, R., Morris, S., Turner, J. C. and Rossiter, M. D.

Year: 2022

Title: Responsive Feeding Environments in Childcare Settings: A Scoping Review of the Factors Influencing Implementation and Sustainability

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 19

Date: Oct

Short Title: Responsive Feeding Environments in Childcare Settings: A Scoping Review of the Factors Influencing Implementation and Sustainability

DOI: 10.3390/ijerph191911870

Article Number: 11870

Accession Number: WOS:000867896800001

Abstract: Children benefit from responsive feeding environments, where their internal signals of hunger and satiety are recognized and met with prompt, emotionally supportive and developmentally appropriate responses. Although there is existing research on responsive feeding environments in childcare, there is little synthesized literature on the implementation practices using a behavior change framework. This scoping review sought to explore the factors influencing the implementation and sustainability of responsive feeding interventions in the childcare environment, using the behavior change wheel (BCW). A total of 3197 articles were independently reviewed and 39 met the inclusion criteria. A thematic analysis identified the factors influencing the implementation and sustainability of responsive feeding, including the following: (1) pre-existing nutrition policies, (2) education and training, (3) provider beliefs and confidence, (4) partnership development and stakeholder engagement and (5) resource availability. The most common BCW intervention functions were education (n = 39), training (n = 38), environmental restructuring (n = 38) and enablement (n = 36). The most common policy categories included guidelines (n = 39), service provision (n = 38) and environmental/social planning (n = 38). The current literature suggests that broader policies are important for responsive feeding, along with local partnerships, training and resources, to increase confidence and efficacy among educators. Future research should consider how the use of a BCW framework may help to address the barriers to implementation and sustainability.

Notes: Mcisaac, Jessie-Lee D. MacQuarrie, Madison Barich, Rachel Morris, Sarah Turner, Joan C. Rossiter, Melissa D.

Turner, Joan/0000-0003-2046-4892

1660-4601

URL: <Go to ISI>://WOS:000867896800001

Reference Type: Journal Article

Record Number: 1558

Author: McKenzie, G., Willis, C. and Shields, N.

Year: 2021

Title: Barriers and facilitators of physical activity participation for young people and adults with childhood-onset physical disability: a mixed methods systematic review

Journal: Developmental Medicine and Child Neurology

Volume: 63

Issue: 8

Pages: 914--+

Date: Aug

Short Title: Barriers and facilitators of physical activity participation for young people and adults with childhood-onset physical disability: a mixed methods systematic review

ISSN: 0012-1622

DOI: 10.1111/dmcn.14830

Accession Number: WOS:000616179900001

Abstract: Aim To understand the attitudes, barriers, and facilitators to physical activity participation for young people and adults with childhood-onset physical disability. Method Seven electronic databases (Embase, MEDLINE, PsychINFO, AMED, CINAHL, SPORTDiscus, and ERIC) were searched to November 2019. English language studies were included if they investigated attitudes, barriers, or facilitators to physical activity for young people (\geq 15y) or adults with childhood-onset physical disabilities. Two reviewers applied eligibility criteria and assessed methodological quality. Data were synthesized in three stages: (1) thematic analysis into descriptive themes, (2) thematic synthesis via conceptual framework, and (3) an interpretive synthesis of the thematic results. Results Nineteen studies were included.

Methodological quality varied, with only four qualitative studies and one quantitative study meeting all quality items. An overarching theme of 'finding the right balance' emerged. Six subthemes relating to capability, opportunity, and motivation contributed to physical activity participation being seen as 'the right fit' or 'all too hard'. The interpretive synthesis found social connections, social environment support, and an appropriate physical environment were essential to 'finding the right balance' to be physically active. Interpretation Physical activity participation for young people and adults with childhood-onset physical disabilities is primarily influenced by the social and physical environment.

Notes: McKenzie, Georgia Willis, Claire Shields, Nora Shields, Nora/ADP-9782-2022

Shields, Nora/0000-0002-6840-2378; McKenzie, Georgia/0000-0001-9320-0711

1469-8749

URL: <Go to ISI>://WOS:000616179900001

Reference Type: Journal Article

Record Number: 2452

Author: McKenzie, J. E., French, S. D., O'Connor, D. A., Mortimer, D. S., Browning, C. J., Russell, G. M., Grimshaw, J. M., Eccles, M. P., Francis, J. J., Michie, S., Murphy, K., Kossenas, F., Green, S. E. and Grp, Iris Trial

Year: 2013

Title: Evidence-based care of older people with suspected cognitive impairment in general practice: protocol for the IRIS cluster randomised trial

Journal: Implementation Science

Volume: 8

Date: Aug

Short Title: Evidence-based care of older people with suspected

cognitive impairment in general practice: protocol for the IRIS cluster randomised trial

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-91

Article Number: 91

Accession Number: WOS:000323524000002

Abstract: Background: Dementia is a common and complex condition. Evidence-based guidelines for the management of people with dementia in general practice exist; however, detection, diagnosis and disclosure of dementia have been identified as potential evidence-practice gaps. Interventions to implement guidelines into practice have had varying success. The use of theory in designing implementation interventions has been limited, but is advocated because of its potential to yield more effective interventions and aid understanding of factors modifying the magnitude of intervention effects across trials. This protocol describes methods of a randomised trial that tests a theory-informed implementation intervention that, if effective, may provide benefits for patients with dementia and their carers. **Aims:** This trial aims to estimate the effectiveness of a theory-informed intervention to increase GPs' (in Victoria, Australia) adherence to a clinical guideline for the detection, diagnosis, and management of dementia in general practice, compared with providing GPs with a printed copy of the guideline. **Primary objectives** include testing if the intervention is effective in increasing the percentage of patients with suspected cognitive impairment who receive care consistent with two key guideline recommendations: receipt of a i) formal cognitive assessment, and ii) depression assessment using a validated scale (primary outcomes for the trial). **Methods:** The design is a parallel cluster randomised trial, with clusters being general practices. We aim to recruit 60 practices per group. Practices will be randomised to the intervention and control groups using restricted randomisation. Patients meeting the inclusion criteria, and GPs' detection and diagnosis behaviours directed toward these patients, will be identified and measured via an electronic search of the medical records nine months after the start of the intervention. Practitioners in the control group will receive a printed copy of the guideline. In addition to receipt of the printed guideline, practitioners in the intervention group will be invited to participate in an interactive, opinion leader-led, educational face-to-face workshop. The theory-informed intervention aims to address identified barriers to and enablers of implementation of recommendations. Researchers responsible for identifying the cohort of patients with suspected cognitive impairment, and their detection and diagnosis outcomes, will be blind to group allocation.

Notes: McKenzie, Joanne E. French, Simon D. O'Connor, Denise A. Mortimer, Duncan S. Browning, Colette J. Russell, Grant M. Grimshaw, Jeremy M. Eccles, Martin P. Francis, Jill J. Michie, Susan Murphy, Kerry Kossenias, Fiona Green, Sally E.

Russell, Grant/I-1874-2014; French, Simon D/B-2446-2013; O'Connor, Denise/ABC-6655-2020; McKenzie, Joanne E/I-2925-2014; Browning, Colette/AAD-3387-2020; Francis, Jill/AHE-6998-2022; Eccles, Martin P/AAD-4029-2020; Grimshaw, Jeremy/D-8726-2013; Michie, Susan/A-1745-2010

Russell, Grant/0000-0003-3773-2355; O'Connor, Denise/
0000-0002-6836-122X; McKenzie, Joanne E/0000-0003-3534-1641;
Browning, Colette/0000-0001-6739-0152; Mortimer, Duncan Stuart/
0000-0002-7211-6454; Green, Sally Elizabeth/0000-0002-9564-9050;
Michie, Susan/0000-0003-0063-6378; French, Simon/
0000-0002-7061-7706; Francis, Jill/0000-0001-5784-8895
URL: <Go to ISI>://WOS:000323524000002

Reference Type: Journal Article

Record Number: 2442

Author: McKenzie, S. H. and Harris, M. F.

Year: 2013

Title: Understanding the relationship between stress, distress and healthy lifestyle behaviour: a qualitative study of patients and general practitioners

Journal: BMC Family Practice

Volume: 14

Date: Nov

Short Title: Understanding the relationship between stress, distress and healthy lifestyle behaviour: a qualitative study of patients and general practitioners

DOI: 10.1186/1471-2296-14-166

Article Number: 166

Accession Number: WOS:000327452600002

Abstract: Background: The process of initiating and maintaining healthy lifestyle behaviours is complex, includes a number of distinct phases and is not static. Theoretical models of behaviour change consider psychological constructs such as intention and self efficacy but do not clearly consider the role of stress or psychological distress. General practice based interventions addressing lifestyle behaviours have been demonstrated to be feasible and effective however it is not clear whether general practitioners (GPs) take psychological health into consideration when discussing lifestyle behaviours. This qualitative study explores GPs' and patients' perspectives about the relationship between external stressors, psychological distress and maintaining healthy lifestyle behaviours. Methods: Semi-structured telephone interviews were conducted with 16 patients and 5 GPs. Transcripts from the interviews were thematically analysed and a conceptual model developed to explain the relationship between external stressors, psychological distress and healthy lifestyle behaviours. Results: Participants were motivated to maintain a healthy lifestyle however they described a range of external factors that impacted on behaviour in both positive and negative ways, either directly or via their impact on psychological distress. The impact of external factors was moderated by coping strategies, beliefs, habits and social support. In some cases the process of changing or maintaining healthy behaviour also caused distress. The concept of a threshold level of distress was evident in the data with patients and GPs describing a certain level of distress required before it negatively influenced behaviour. Conclusion: Maintaining healthy lifestyle behaviours is complex and constantly under challenge from external stressors. Practitioners can assist patients with maintaining

healthy behaviour by providing targeted support to moderate the impact of external stressors.

Notes: McKenzie, Suzanne H. Harris, Mark F.
Wan, Qing/IQS-3839-2023; Harris, Mark F/I-2793-2019
Harris, Mark F/0000-0002-0705-8913
1471-2296
URL: <Go to ISI>://WOS:000327452600002

Reference Type: Journal Article

Record Number: 447

Author: McKeon, G., Mastrogiovanni, C., Teychenne, M. and Rosenbaum, S.

Year: 2022

Title: Barriers and Facilitators to Participating in an Exercise Referral Scheme among Women Living in a Low Socioeconomic Area in Australia: A Qualitative Investigation Using the COM-B and Theoretical Domains Framework

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 19

Date: Oct

Short Title: Barriers and Facilitators to Participating in an Exercise Referral Scheme among Women Living in a Low Socioeconomic Area in Australia: A Qualitative Investigation Using the COM-B and Theoretical Domains Framework

DOI: 10.3390/ijerph191912312

Article Number: 12312

Accession Number: WOS:000867020500001

Abstract: Introduction: Despite the health benefits of regular physical activity, women experiencing socioeconomic disadvantage are at high risk of inactivity. Reasons are multifactorial but likely include broad structural and contextual factors, e.g., lack of access to physical activity programs, as well as individual and interpersonal factors, e.g., lack of motivation and childcaring responsibilities. Few studies among women of low socioeconomic position (SEP) have explored these factors in-depth, yet an understanding of these factors can help inform the development and improve the uptake of exercise referral schemes. The Theoretical Domains Framework (TDF) and COM-B model (capability, opportunity, motivation and behaviour) were employed to understand behaviours for intervention development. Therefore, using these behaviour change models, this study aimed to explore the barriers and facilitators influencing the use of an exercise referral scheme among women living in a socioeconomically disadvantaged area. Methods: Semi-structured interviews were conducted with women who had registered with a free exercise referral scheme (Live Life Get Active) and living in a low socioeconomic neighbourhood in Sydney, Australia. Reflexive thematic analysis and framework analysis were used to allow naturally identified themes to be determined and then allocated to theoretically driven domains. Results: Nine women were interviewed (aged 30-69 years). Eighteen themes were identified and mapped directly on to the six COM-B constructs. The most reported

barriers to using the physical activity referral scheme related to the opportunity construct of the COM-B model, specifically childcare responsibilities, work commitments and environmental barriers. Key facilitators were enjoyment (motivation), no cost (opportunity), instructor led (opportunity) and social support (opportunity).

Conclusion: Future exercise referral schemes targeting women living in low-SEP neighbourhoods should ensure programs are designed and delivered to overcome barriers aligned with the constructs of the COM-B model, particularly opportunity-related constructs.

Notes: McKeon, Grace Mastrogiovanni, Chiara Teychenne, Megan Rosenbaum, Simon

Mastrogiovanni, Chiara/HKM-5962-2023

Mastrogiovanni, Chiara/0000-0002-5197-6412; McKeon, Grace/0000-0003-4722-1639; Rosenbaum, Simon/0000-0002-8984-4941 1660-4601

URL: <Go to ISI>://WOS:000867020500001

Reference Type: Journal Article

Record Number: 721

Author: McKeough, R., Blanchard, C. and Piccinini-Vallis, H.

Year: 2022

Title: Pregnant and Postpartum Women's Perceptions of Barriers to and Enablers of Physical Activity During Pregnancy: A Qualitative Systematic Review

Journal: Journal of Midwifery & Womens Health

Volume: 67

Issue: 4

Pages: 448-462

Date: Jul

Short Title: Pregnant and Postpartum Women's Perceptions of Barriers to and Enablers of Physical Activity During Pregnancy: A Qualitative Systematic Review

ISSN: 1526-9523

DOI: 10.1111/jmwh.13375

Accession Number: WOS:000800581800001

Abstract: Introduction Physical activity throughout pregnancy has been shown to have health benefits for the pregnant person, including reductions in the risk of preeclampsia and gestational weight gain and improvements in blood pressure regulation. Despite the benefits, many pregnant women do not meet the guidelines for physical activity throughout pregnancy. Therefore, it is important to determine what influences women's activity levels during pregnancy. This systematic review of the qualitative literature aimed to determine pregnant and postpartum women's perceptions of barriers to and enablers of physical activity, specifically during pregnancy. Methods MEDLINE, PsycINFO, CINAHL, and Embase were searched systematically to identify qualitative studies investigating pregnant or postpartum women's perceptions of barriers to and enablers of physical activity during pregnancy. Included studies were limited to populations of pregnant or postpartum women, the majority of whom were aged 18 to 40 years, and studies published from 1985 onward. Data quality was assessed using the Critical Appraisal Skills Programme Qualitative Studies Checklist. Data were

extracted using NVivo software and subsequently mapped on the COM-B framework. Results Twenty-five qualitative studies were included in this systematic review. Sixteen themes were identified that mapped onto 6 components of the COM-B framework. Commonly reported barriers to physical activity during pregnancy included pregnancy symptoms, lack of knowledge of what constitutes safe activity, and the opinions of women's social circles. Commonly reported enablers of physical activity during pregnancy were social support and the experienced benefits, including physiologic, psychological, and social benefits. Discussion The results of this systematic review have clinical implications for perinatal care providers, as the overall benefits of physical activity during pregnancy have been well documented in previous studies. The authors recommend clinicians aim to explore pregnant women's perspectives on physical activity during pregnancy in order to be able to address their perceived barriers to and enablers of physical activity during pregnancy.

Notes: McKeough, Regan Blanchard, Christopher Piccinini-Vallis, Helena

McKeough, Regan/0000-0001-7962-2512
1542-2011

URL: <Go to ISI>://WOS:000800581800001

Reference Type: Journal Article

Record Number: 2020

Author: McLeod, L. J., Driver, A. B., Bengsen, A. J. and Hine, D. W.

Year: 2017

Title: Refining Online Communication Strategies for Domestic Cat Management

Journal: Anthrozoos

Volume: 30

Issue: 4

Pages: 635-649

Short Title: Refining Online Communication Strategies for Domestic Cat Management

ISSN: 0892-7936

DOI: 10.1080/08927936.2017.1370237

Accession Number: WOS:000416653000008

Abstract: Management of the domestic cat (*Felis catus*) relies on community members adopting appropriate management practices toward both companion and unowned (stray, free-living) animals. Getting people to change their behavior and sustain these changes over time can be a challenging process. To date, very few studies have evaluated the effectiveness of interventions aimed at changing people's behavior toward these cats. This study provides a quantitative and qualitative content analysis of a sample of online cat management communications from 40 different organizations sourced using a general English language web search in 2014/2015. The potential effectiveness of these interventions was assessed using identified best-practice principles of behavior change and persuasive communication. Education through the provision of factbased information to persuade individuals to change their current behaviors was the most popular behavior-change strategy

(88%). Three-quarters of the interventions only scored average or below on the scales that described the ease of use and ability to promote action. Persuasive communication techniques such as commitment, prompts, goal setting, story-telling, descriptive norms, and likable and identifiable messengers were under-used. Other techniques such as the debunking of misinformation and framing of messages were not used effectively. We make suggestions on how to improve the behavioral effectiveness of cat management intervention designs.

Notes: McLeod, Lynette J. Driver, Aaron B. Bengsen, Andrew J. Hine, Donald W.

Bengsen, Andrew J/B-1994-2012; Bengsen, Andrew/H-4844-2019

Bengsen, Andrew J/0000-0003-2205-4416; Bengsen, Andrew/
0000-0003-2205-4416; McLeod, Lynette/0000-0001-9408-3342; Driver,
Aaron/0000-0002-7145-809X; Hine, Donald/0000-0002-3905-7026
1753-0377

URL: <Go to ISI>://WOS:000416653000008

Reference Type: Journal Article

Record Number: 221

Author: McLeod, L. J. and Hine, D. W.

Year: 2023

Title: Wild dog management: understanding rural landholders' willingness to participate in coordinated control programs

Journal: Australasian Journal of Environmental Management

Volume: 30

Issue: 1

Pages: 88-106

Date: Jan

Short Title: Wild dog management: understanding rural landholders' willingness to participate in coordinated control programs

ISSN: 1448-6563

DOI: 10.1080/14486563.2023.2173319

Accession Number: WOS:000942309800001

Abstract: Wild dogs pose a major threat to agriculture, biodiversity and community health across many areas of Australia. Coordinated actions are considered one of the most effective methods to minimise this threat, yet many landholders fail to engage. We used a mixed methodology, interviewing 14 wild dog experts and surveying 198 landholders to identify and organise potential drivers and barriers to participation in coordinated actions using the Capability, Opportunity, Motivation (COM) Behavioural model. Landholders' willingness to participate in coordinated control was found to be influenced primarily by their awareness of wild dog problems and motivational factors to join a group. However, segmentation using latent profile analysis highlighted that landholders were not a homogenous group, with each of the identified segments exhibiting their own unique COM profile. The use of the COM model and associated Behaviour Change Wheel framework allowed us to recommend the most appropriate type of interventions to enable practitioners to connect and engage with targeted audiences within their own communities.

Notes: McLeod, Lynette J. Hine, Donald W.

McLeod, Lynette/0000-0001-9408-3342; Hine, Donald/
0000-0002-3905-7026
2159-5356
Si
URL: <Go to ISI>://WOS:000942309800001

Reference Type: Journal Article

Record Number: 2229

Author: McLeod, L. J., Hine, D. W. and Bengsen, A. J.

Year: 2015

Title: Born to roam? Surveying cat owners in Tasmania, Australia, to identify the drivers and barriers to cat containment

Journal: Preventive Veterinary Medicine

Volume: 122

Issue: 3

Pages: 339-344

Date: Dec

Short Title: Born to roam? Surveying cat owners in Tasmania, Australia, to identify the drivers and barriers to cat containment

ISSN: 0167-5877

DOI: 10.1016/j.prevetmed.2015.11.007

Accession Number: WOS:000366780200012

Abstract: Free-roaming domestic cats, *Felis catus*, are a major public nuisance in neighbourhoods across the world, and have been linked to biodiversity loss and a host of community health problems. Owners who let their cats roam, also place their cats at risk of serious injury. One management strategy that is gaining considerable support involves encouraging cat owners to contain their pets within their property. Contemporary behaviour change models highlight the importance of identifying drivers and barriers that encourage and discourage target behaviours such as cat containment. Results from a random dial phone survey of 356 cat owners in northern Tasmania identified four distinct cat containment profiles: owners who contained their cat all the time, owners who only contained their cat at night, owners who sporadically contained their cat with no set routine, and owners who made no attempt to contain their pet. Our results indicated that cat-owners' decisions to contain or not contain their cats were guided by a range of factors including owners' beliefs about their ability to implement an effective containment strategy and their views about the physical and psychological needs of their cats. The results are discussed in terms of improving the behavioural effectiveness of cat containment interventions by selecting appropriate behavioural change tools for the identified drivers and barriers, and developing targeted engagement strategies and messaging. (C) 2015 Elsevier B.V. All rights reserved.

Notes: McLeod, Lynette J. Hine, Donald W. Bengsen, Andrew J.

Bengsen, Andrew/H-4844-2019; Bengsen, Andrew J/B-1994-2012

Bengsen, Andrew/0000-0003-2205-4416; Bengsen, Andrew J/

0000-0003-2205-4416; Hine, Donald/0000-0002-3905-7026; McLeod,

Lynette/0000-0001-9408-3342

1873-1716

URL: <Go to ISI>://WOS:000366780200012

Reference Type: Journal Article

Record Number: 1900

Author: McLeod, L. J., Hine, D. W., Bengsen, A. J. and Driver, A. B.

Year: 2017

Title: Assessing the impact of different persuasive messages on the intentions and behaviour of cat owners: A randomised control trial

Journal: Preventive Veterinary Medicine

Volume: 146

Pages: 136-142

Date: Oct

Short Title: Assessing the impact of different persuasive messages on the intentions and behaviour of cat owners: A randomised control trial

ISSN: 0167-5877

DOI: 10.1016/j.prevetmed.2017.08.005

Accession Number: WOS:000413886400017

Abstract: Owners of free-ranging domestic cats (*Felis catus*) are under increasing pressure to keep their pet contained within their house or yard, in an effort to reduce adverse impacts on cat welfare, ecosystem biodiversity and neighbourhoods. We conducted a randomised online experiment to assess the effectiveness of two persuasive messages to encourage cat owners to contain their pets. A total of 512 Australian cat owners, who currently do not contain their cats, were randomly assigned to view one of three short video messages: one framed to highlight the negative impact of cats' on wildlife and biodiversity ('wildlife protection' frame), one framed to highlight the health and safety benefits of keeping cats contained ('cat benefit' frame), and a control message focused on general information about cats ('neutral' frame). We assessed the impact of these video messages on two post-treatment outcome variables: (1) the intention of owners to contain their cat; and (2) the adoption of containment practices, based on a 4-week follow-up survey. Mediation analysis revealed both the 'wildlife protection' and 'cat benefit' messages increased owners' motivation to contain their cat and their beliefs that they could effectively contain their cat to achieve the desired outcomes (response efficacy). In turn, higher levels of motivation and response efficacy predicted increased cat containment intentions and increased adoption of cat containment. In addition, the response efficacy effects of the 'cat benefit' message were strengthened by the cat owner's bond to their pet, suggesting audience segmentation may improve the effectiveness of interventions. Implications for future intervention development are discussed.

Notes: McLeod, Lynette J. Hine, Donald W. Bengsen, Andrew J. Driver, Aaron B.

Bengsen, Andrew/H-4844-2019; Bengsen, Andrew J/B-1994-2012

Bengsen, Andrew/0000-0003-2205-4416; Bengsen, Andrew J/0000-0003-2205-4416; Driver, Aaron/0000-0002-7145-809X; McLeod, Lynette/0000-0001-9408-3342; Hine, Donald/0000-0002-3905-7026
1873-1716

URL: <Go to ISI>://WOS:000413886400017

Reference Type: Journal Article
Record Number: 2265
Author: McLeod, L. J., Hine, D. W., Please, P. M. and Driver, A. B.
Year: 2015
Title: Applying behavioral theories to invasive animal management:
Towards an integrated framework
Journal: Journal of Environmental Management
Volume: 161
Pages: 63-71
Date: Sep
Short Title: Applying behavioral theories to invasive animal
management: Towards an integrated framework
ISSN: 0301-4797
DOI: 10.1016/j.jenvman.2015.06.048
Accession Number: WOS:000361264100008
Abstract: Invasive species wreak an estimated \$1.4 trillion in
damages globally, each year. To have any hope of reducing this
damage, best-practice control strategies must incorporate behavior
change interventions. Traditional interventions, based on the
knowledge-transfer model, assume that if land managers are properly
educated about risks and strategies, they will develop supportive
attitudes and implement appropriate control strategies. However, the
social sciences have produced a large number of behavioral models
and frameworks that demonstrate that knowledge transfer, by itself,
fails to change behavior. The challenge then lies in knowing which
behavioral model to choose, and when, from a potentially
overwhelming 'universe'. In this paper, we review nine behavior
theories relevant to invasive species management. We then introduce
the Behavior Change Wheel as a tool for integrating these theories
into a single practical framework. This framework links drivers of
and barriers to behavior change with intervention strategies and
policies, in what we consider, from an applied perspective, to be an
important advance. Crown Copyright (C) 2015 Published by Elsevier
Ltd. All rights reserved.
Notes: McLeod, Lynette J. Hine, Donald W. Please, Patricia M.
Driver, Aaron B.
McLeod, Lynette/0000-0001-9408-3342; Driver, Aaron/
0000-0002-7145-809X; Hine, Donald/0000-0002-3905-7026
1095-8630
URL: <Go to ISI>://WOS:000361264100008

Reference Type: Journal Article
Record Number: 368
Author: McMahon, J., Thompson, D. R., Brazil, K. and Ski, C. F.
Year: 2022
Title: Co-Design of an eHealth Intervention to Reduce Cardiovascular
Disease Risk in Male Taxi Drivers: ManGuard
Journal: International Journal of Environmental Research and Public
Health
Volume: 19
Issue: 22
Date: Nov

Short Title: Co-Design of an eHealth Intervention to Reduce Cardiovascular Disease Risk in Male Taxi Drivers: ManGuard

DOI: 10.3390/ijerph192215278

Article Number: 15278

Accession Number: WOS:000887285900001

Abstract: Taxi driving, a male-dominated occupation, is associated with an increased risk of cardiovascular disease (CVD). The increased risk is linked to a high prevalence of modifiable CVD risk factors including overweight/obesity, poor nutrition, smoking, excessive alcohol consumption and physical inactivity. Behaviour change interventions may prove advantageous, yet little research has been conducted to reduce CVD risk in this population. The purpose of this study was to co-design an eHealth intervention, 'ManGuard', to reduce CVD risk in male taxi drivers. The IDEAS framework was utilised to guide the development of the eHealth intervention, with the Behaviour Change Wheel (BCW) incorporated throughout to ensure the intervention was underpinned by behaviour change theory. Development and refinement of ManGuard was guided by current literature, input from a multidisciplinary team, an online survey, a systematic review and meta-analysis, and focus groups (n = 3) with male taxi drivers. Physical inactivity was identified as the prime behavior to change in order to reduce CVD risk in male taxi drivers. Male taxi drivers indicated a preference for an eHealth intervention to be delivered using smartphone technology, with a simple design, providing concise, straightforward, and relatable content, and with the ability to track and monitor progress.

Notes: McMahon, James Thompson, David R. Brazil, Kevin Ski, Chantal F.

Thompson, David R/E-2431-2018; Ski, Chantal/HNS-2574-2023; Thompson, David/C-3520-2008

Thompson, David R/0000-0001-8518-6307; Ski, Chantal/0000-0003-1324-2933; Brazil, Kevin/0000-0001-7669-4991; McMahon, James/0000-0003-1418-6611
1660-4601

URL: <Go to ISI>://WOS:000887285900001

Reference Type: Journal Article

Record Number: 474

Author: McMahon, J., Thompson, D. R., Brazil, K. and Ski, C. F.

Year: 2022

Title: An eHealth intervention (ManGuard) to reduce cardiovascular disease risk in male taxi drivers: protocol for a feasibility randomised controlled trial

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: Sep

Short Title: An eHealth intervention (ManGuard) to reduce cardiovascular disease risk in male taxi drivers: protocol for a feasibility randomised controlled trial

DOI: 10.1186/s40814-022-01163-4

Article Number: 209

Accession Number: WOS:000855521800002

Abstract: Background: Men are at higher risk than women of developing cardiovascular disease (CVD), and male taxi drivers are a particularly high-risk group because of their typically unhealthy behaviours, such as poor eating habits, smoking and sedentary lifestyle. However, only two studies of behavioural interventions targeting taxi drivers have been identified, one of which reported a high attrition rate. Therefore, an eHealth intervention co-designed by taxi drivers may prove more acceptable and effective. The aim of this study is to assess the feasibility of an eHealth intervention (ManGuard) to reduce CVD risk in male taxi drivers. Methods: A randomised wait-list controlled trial will be conducted with a sample of 30 male taxi drivers to establish feasibility, including recruitment, engagement, and retention rates. Program usability and participant satisfaction will be assessed by a survey completed by all participants at 3 months after allocation. Additionally, an in-depth qualitative process evaluation to explore acceptability of the intervention will be conducted with a subset of participants by semi-structured telephone interviews. Preliminary efficacy of ManGuard for improving key CVD-related outcomes will be assessed, including biomarkers (total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, and total/HDL cholesterol ratio), blood pressure, anthropometry (body mass index, body fat percentage, and waist circumference), physical activity (accelerometry, and self-report) and psychosocial status (health-related quality of life, self-efficacy, and social support). Outcomes will be assessed at baseline, 7 weeks, and 3 months after group allocation. The wait-list control group will be offered access to the intervention at the completion of data collection. Discussion: eHealth interventions show potential for promoting behaviour change and reducing CVD risk in men, yet there remains a paucity of robust evidence pertaining to male taxi drivers, classified as a high-risk group. This study uses a randomised controlled trial to assess the feasibility of ManGuard for reducing CVD risk in male taxi drivers. It is envisaged that this study will inform a fully powered trial that will determine the effectiveness of eHealth interventions for this high risk and underserved population.

Notes: McMahon, James Thompson, David R. Brazil, Kevin Ski, Chantal F.

Ski, Chantal/HNS-2574-2023; Thompson, David/C-3520-2008; Thompson, David R/E-2431-2018

Thompson, David R/0000-0001-8518-6307; Ski, Chantal/0000-0003-1324-2933; McMahon, James/0000-0003-1418-6611; Brazil, Kevin/0000-0001-7669-4991
2055-5784

URL: <Go to ISI>://WOS:000855521800002

Reference Type: Journal Article

Record Number: 2146

Author: McMahon, N. E., Visram, S. and Connell, L. A.

Year: 2016

Title: Mechanisms of change of a novel weight loss programme provided by a third sector organisation: a qualitative interview study

Journal: BMC Public Health

Volume: 16

Date: May

Short Title: Mechanisms of change of a novel weight loss programme provided by a third sector organisation: a qualitative interview study

DOI: 10.1186/s12889-016-3063-4

Article Number: 378

Accession Number: WOS:000375524500001

Abstract: **Background:** There is a need for theory-driven studies that explore the underlying mechanisms of change of complex weight loss programmes. Such studies will contribute to the existing evidence-base on how these programmes work and thus inform the future development and evaluation of tailored, effective interventions to tackle overweight and obesity. This study explored the mechanisms by which a novel weight loss programme triggered change amongst participants. The programme, delivered by a third sector organisation, addressed both diet and physical activity. Over a 26 week period participants engaged in three weekly sessions (education and exercise in a large group, exercise in a small group and a one-to-one education and exercise session). Novel aspects included the intensity and duration of the programme, a competitive selection process, milestone physical challenges (e.g. working up to a 5 K and 10 K walk/run during the programme), alumni support (face-to-face and online) and family attendance at exercise sessions. **Methods:** Data were collected through interviews with programme providers (n = 2) and focus groups with participants (n = 12). Discussions were audio-recorded, transcribed and analysed using NVivo10. Published behaviour change frameworks and behaviour change technique taxonomies were used to guide the coding process. **Results:** Clients' interactions with components of the weight loss programme brought about a change in their commitment, knowledge, beliefs about capabilities and social and environmental contexts. Intervention components that generated these changes included the competitive selection process, group and online support, family involvement and overcoming milestone challenges over the 26 week programme. The mechanisms by which these components triggered change differed between participants. **Conclusions:** There is an urgent need to establish robust interventions that can support people who are overweight and obese to achieve a healthy weight and maintain this change. Third sector organisations may be a feasible alternative to private and public sector weight loss programmes. We have presented findings from one example of a novel community-based weight loss programme and identified how the programme components resulted in change amongst the participants. Further research is needed to robustly test the effectiveness, and cost-effectiveness, of this programme.

Notes: McMahon, Naoimh E. Visram, Shelina Connell, Louise A. Connell, Louise/C-9133-2016

Connell, Louise/0000-0002-0629-2919; McMahon, Naoimh/0000-0001-6319-2263; Visram, Shelina/0000-0001-9576-2689 1471-2458

URL: <Go to ISI>://WOS:000375524500001

Reference Type: Journal Article

Record Number: 402

Author: McMillan, S. S., El-Den, S., O'Reilly, C. L., Roennfeldt, H., Theodorus, T., Chapman, J., Bailey, K., Crump, K., Collins, J. C., Ng, R., Stewart, V. and Wheeler, A. J.

Year: 2022

Title: A training programme for community pharmacists to support people living with severe and persistent mental illness:

Intervention mapping in the context of a pandemic

Journal: Health Education Journal

Volume: 81

Issue: 8

Pages: 964-981

Date: Dec

Short Title: A training programme for community pharmacists to support people living with severe and persistent mental illness:

Intervention mapping in the context of a pandemic

ISSN: 0017-8969

DOI: 10.1177/00178969221130461

Accession Number: WOS:000869942500001

Abstract: Objective: The Bridging the Gap Between Physical and Mental Illness in Community Pharmacy (PharMIbridge) randomised controlled trial (RCT) aims to test the effectiveness of a pharmacist-led support service in improving medication adherence, and the physical and mental health of people living with severe and persistent mental illness compared to a standard medication review service. Method: Using the six-step intervention mapping (IM) framework, this paper describes the development and content of the PharMIbridge pharmacist training programme, an integral part of the RCT implementation, and continuous adaptations made to the process to keep pace with the evolving severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic in Australia. A Training Working Group comprising health educators, practitioners, mental health consumers and researchers, refined the programme objectives and assisted with developing content and troubleshooting issues related to training delivery for pharmacists randomised to the RCT intervention arm. Results: A 2-day training programme was developed, which included Mental Health First Aid, simulated patient role-plays, and four pre-recorded modules using lectures, demonstration case vignettes, role-play activities and discussion. The programme, co-facilitated by project team members and mentors (pharmacist and consumer educators), aims to enhance pharmacists' mental health literacy, skills and confidence and empower them to engage with this vulnerable population using a strengths-based approach. Pre- and post-training questionnaires and interviews will be used to evaluate the impact of the PharMIbridge training programme. Conclusion: The systematic stepwise method provided by the IM framework highlights the solution-focused approach adopted by the project team and characteristics including adaptability and resilience which enabled training development and implementation across four Australian regions during the SARS-CoV-2 pandemic.

Notes: McMillan, Sara S. El-Den, Sarira O'Reilly, Claire L. Roennfeldt, Helena Theodorus, Theo Chapman, Justin Bailey, Kylie

Crump, Keith Collins, Jack C. Ng, Ricki Stewart, Victoria Wheeler, Amanda J.
Chapman, Justin/HLP-9248-2023; McMillan, Sara/AAD-2532-2020;
Stewart, Victoria/P-2505-2018; Chapman, Justin/C-4631-2014
McMillan, Sara/0000-0003-3427-4467; Stewart, Victoria/
0000-0003-2892-2288; Collins, Jack/0000-0002-0266-5394; Chapman,
Justin/0000-0002-2958-2783
1748-8176
URL: <Go to ISI>://WOS:000869942500001

Reference Type: Journal Article
Record Number: 2240
Author: McNaughton, S. A.
Year: 2015
Title: Advancing nutrition promotion research and practice
Journal: Nutrition & Dietetics
Volume: 72
Issue: 4
Pages: 305-308
Date: Dec
Short Title: Advancing nutrition promotion research and practice
ISSN: 1446-6368
DOI: 10.1111/1747-0080.12248
Accession Number: WOS:000368080100002
Notes: McNaughton, Sarah A.
McNaughton, Sarah A/B-2075-2012
McNaughton, Sarah A/0000-0001-5936-9820
1747-0080
URL: <Go to ISI>://WOS:000368080100002

Reference Type: Journal Article
Record Number: 173
Author: McNeil, D. W.
Year: 2023
Title: Behavioural and cognitive-behavioural theories in oral health research: Current state and future directions
Journal: Community Dentistry and Oral Epidemiology
Volume: 51
Issue: 1
Pages: 6-16
Date: Feb
Short Title: Behavioural and cognitive-behavioural theories in oral health research: Current state and future directions
ISSN: 0301-5661
DOI: 10.1111/cdoe.12840
Accession Number: WOS:000933039500002
Abstract: Objectives Behavioural and cognitive-behavioural theories, models and frameworks have been incorporated for decades in behavioural and social oral health sciences, oral health care, and education of dentists, hygienists, and other oral healthcare professionals. Methods While a myriad of these conceptualizations have been incorporated in this work, there are six of them that have

had the greatest impact in the oral health arena: (a) Health Belief Model; (b) Theory of Reasoned Action, Theory of Planned Behavior and Integrated Behavioral Model, which are considered in unison; (c) Social Learning Theory and Social Cognitive Theory which are considered together; (d) Transtheoretical Model/Stages of Change Model; (e) Salutogenesis Model/Theory and Sense of Coherence Framework; and the (f) Behavior Change Wheel, Capability–Opportunity–Motivation–Behavior Model and Theoretical Domains Framework, which are categorized together. ResultsAn analysis of nomenclature (i.e. theories, models, frameworks and conceptualizations) is provided in the context of a description of each of these theories and models, with discussion about their aspects that particularly relate to oral health. Additionally, a quantitative, longitudinal view is provided of the frequency of use of these theories and models in the oral health arena. Given the benefits of theory-based intervention development, dissemination and implementation, it is important to consider these theories and models in a collective context. ConclusionsAt a basic level, these theories and models help in identifying and acting on mechanisms, both of behaviour itself and behaviour change. Future directions are discussed in terms of need for theory evolution and development.

Notes: McNeil, Daniel W. W.

1600-0528

Si

URL: <Go to ISI>://WOS:000933039500002

Reference Type: Journal Article

Record Number: 563

Author: McNulty, C., Sides, E., Thomas, A., Kamal, A., Syeda, R. B., Kaissi, A., Lecky, D. M., Patel, M., Campos-Matos, I., Shukla, R., Brown, C. S., Pareek, M., Sollars, L., Nellums, L., Greenway, J. and Jones, L. F.

Year: 2022

Title: Public views of and reactions to the COVID-19 pandemic in England: a qualitative study with diverse ethnicities

Journal: Bmj Open

Volume: 12

Issue: 8

Date: Aug

Short Title: Public views of and reactions to the COVID-19 pandemic in England: a qualitative study with diverse ethnicities

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-061027

Article Number: e061027

Accession Number: WOS:000841801100007

Abstract: Objectives To explore public reactions to the COVID-19 pandemic across diverse ethnic groups. Design Remote qualitative interviews and focus groups in English or Punjabi. Data were transcribed and analysed through inductive thematic analysis. Setting England and Wales, June to October 2020. Participants 100 participants from 19 diverse 'self-identified' ethnic groups. Results Dismay, frustration and altruism were reported across all ethnic groups during the first 6–9 months of the COVID-19 pandemic.

Dismay was caused by participants' reported individual, family and community risks, and loss of support networks. Frustration was caused by reported lack of recognition of the efforts of ethnic minority groups (EMGs), inaction by government to address COVID-19 and inequalities, rule breaking by government advisors, changing government rules around: border controls, personal protective equipment, social distancing, eating out, and perceived poor communication around COVID-19 and the Public Health England COVID-19 disparities report (leading to reported increased racism and social isolation). Altruism was felt by all, in the resilience of National Health Service (NHS) staff and their communities and families pulling together. Data, participants' suggested actions and the behaviour change wheel informed suggested interventions and policies to help control COVID-19. Conclusion To improve trust and compliance future reports or guidance should clearly explain any stated differences in health outcomes by ethnicity or other risk group, including specific messages for these groups and concrete actions to minimise any risks. Messaging should reflect the uncertainty in data or advice and how guidance may change going forward as new evidence becomes available. A contingency plan is needed to mitigate the impact of COVID-19 across all communities including EMGs, the vulnerable and socially disadvantaged individuals, in preparation for any rise in cases and for future pandemics. Equality across ethnicities for healthcare is essential, and the NHS and local communities will need to be supported to attain this.

Notes: McNulty, Cliodna Sides, Eirwen Thomas, Amy Kamal, Atiya Syeda, Rowshonara B. Kaissi, Awatif Lecky, Donna M. Patel, Mahendra Campos-Matos, Ines Shukla, Rashmi Brown, Colin S. Pareek, Manish Sollars, Loretta Nellums, Laura Greenway, Jane Jones, Leah Ffion Lecky, Donna Marie/AAB-6849-2019
Lecky, Donna Marie/0000-0002-1223-9356; Sides, Eirwen/
0000-0002-9414-5037; McNulty, Cliodna Ann Miriam/0000-0003-4969-5360
URL: <Go to ISI>://WOS:000841801100007

Reference Type: Journal Article

Record Number: 1641

Author: McParland, J. L., Andrews, P., Kidd, L., Williams, L. and Flowers, P.

Year: 2021

Title: A scoping review to ascertain the parameters for an evidence synthesis of psychological interventions to improve work and wellbeing outcomes among employees with chronic pain

Journal: Health Psychology and Behavioral Medicine

Volume: 9

Issue: 1

Pages: 25-47

Date: Jan

Short Title: A scoping review to ascertain the parameters for an evidence synthesis of psychological interventions to improve work and wellbeing outcomes among employees with chronic pain

ISSN: 2164-2850

DOI: 10.1080/21642850.2020.1863809

Accession Number: WOS:000614408200001

Abstract: Background: Psychological interventions have mixed effects on improving employee outcomes, partly due to significant variability across studies and a lack of focus on mechanisms of action. This scoping review reports on the parameters of these interventions and examines intervention content to bring clarity to this heterogeneous topic area and direct future systematic review work. Method: Six databases were searched (Cinahl, Cochrane, Embase, Medline, PsychINFO and Web of Science) from April 2010 to August 2020, and a grey literature search was undertaken. Screening was undertaken independently by two authors. The results summarised country, participant and employment characteristics, psychological interventions and work, health and wellbeing outcomes. 10% of the papers were analysed to determine the feasibility of coding intervention descriptions for theory and behaviour change technique (BCT) components. Results: Database searches yielded 9341 titles, of which 91 studies were included. Most studies were conducted in Europe (78%) and included males and females (95%) ranging in age from 31–56.6 years although other demographic, and employment information was lacking. Musculoskeletal pain was common (87%). Psychological interventions commonly included cognitive behavioural therapy (30%) and education (28%). Most studies employed a randomised control trial design (64%). Over half contained a control group (54%). Interventions were delivered in mostly healthcare settings (72%) by health professionals. Multiple outcomes were often reported, many of which involved measuring sickness absence and return-to-work (62%) and pain and general health (53%). Within the feasibility analysis, most papers met the minimum criteria of containing one paragraph of intervention description, but none explicitly mentioned theory or BCTs. Conclusion: Psychological interventions for employees with chronic pain vary in their nature and implementation. We have shown scoping reviews can be used to assess the feasibility of applying tools from health psychology to identify the content of these interventions in future systematic review work to improve intervention development.

Notes: McParland, Joanna L. Andrews, Pamela Kidd, Lisa Williams, Lynn Flowers, Paul

Andrews, Pamela/HKW-2529-2023

McParland, Jo/0000-0003-0580-2179; Kidd, Lisa/0000-0003-2709-4011

URL: <Go to ISI>://WOS:000614408200001

Reference Type: Journal Article

Record Number: 1933

Author: McParlin, C., Bell, R., Robson, S. C., Muirhead, C. R. and Araujo-Soares, V.

Year: 2017

Title: What helps or hinders midwives to implement physical activity guidelines for obese pregnant women? A questionnaire survey using the Theoretical Domains Framework

Journal: Midwifery

Volume: 49

Pages: 110–116

Date: Jun

Short Title: What helps or hinders midwives to implement physical

activity guidelines for obese pregnant women? A questionnaire survey using the Theoretical Domains Framework

ISSN: 0266-6138

DOI: 10.1016/j.midw.2016.09.015

Accession Number: WOS:000405375900016

Abstract: Objective: to investigate barriers and facilitators to physical activity (PA) guideline implementation for midwives when advising obese pregnant women. Design: a cross-sectional, self-completion, anonymous questionnaire was designed using the Theoretical Domains Framework. this framework was developed to evaluate the implementation of guidelines by health care professionals. A total of 40 questions were included. These were informed by previous research on pregnant women's and midwives views, knowledge and attitudes to PA, and supported by national evidence based guidelines. Demographic information and free text comments were also collected. Setting: three diverse NHS Trusts in the North East of England. Participants: all midwives employed by two hospital Trusts and the community midwives from the third Trust (n= 375) were invited to participate. Measurements: mean domain scores were calculated. Factor and regression analysis were performed to describe which theoretical domains may be influencing practice. Free text comments were analysed thematically. Findings: 192 (53%) questionnaires were returned. Mean domain scores were highest for social professional role and knowledge, and lowest for skills, beliefs about capabilities and behaviour regulation. Regression analysis indicated that skills and memory/attention/decision domains had a statistically significant influence on midwives discussing PA with obese pregnant women and advising them accordingly. Midwives comments indicated that they felt it was part of their role to discuss PA with all pregnant women but felt they lacked the skills and resources to do so effectively. Key conclusions: midwives seem to have the necessary knowledge about the need/importance of PA advice for obese women and believe it is part of their role, but perceive they lack necessary skills and resources, and do not plan or prioritise the discussion regarding PA with obese pregnant woman.

Notes: McParlin, Catherine Bell, Ruth Robson, Stephen C. Muirhead, Colin R. Araujo-Soares, Vera

Araujo-Soares, Vera/ABF-8144-2021

Araujo-Soares, Vera/0000-0003-4044-2527; Muirhead, Colin/0000-0001-5394-1267

1532-3099

URL: <Go to ISI>://WOS:000405375900016

Reference Type: Journal Article

Record Number: 1646

Author: McVey, R. J.

Year: 2021

Title: An Ethnographic Account of the British Equestrian Virtue of Bravery, and Its Implications for Equine Welfare

Journal: Animals

Volume: 11

Issue: 1

Date: Jan

Short Title: An Ethnographic Account of the British Equestrian
Virtue of Bravery, and Its Implications for Equine Welfare

ISSN: 2076-2615

DOI: 10.3390/ani11010188

Article Number: 188

Accession Number: WOS:000609683700001

Abstract: Simple Summary Bravery is an important virtue for British horse riders. This article is based on 14 months of ethnographic research, in which I spent time with horse riders (n = 35), observing their day-to-day lives and recording their riding lessons, competitions and 'yard chatter' in field notes and by Dictaphone. I found that when riders were fearful, they were often ridiculed, excluded and belittled. Riders' capacity to be brave became an issue particularly when horses were thought to be defiant. Riders tried to overcome their 'confidence issues' by 'getting tough'-on both themselves and on their horses-often at the demand of their instructors. When fearful riders sought alternative explanations for problematic equine behaviour (such as a veterinary diagnoses), other riders judged them as avoiding getting to grips with the 'real issues' (their horses' defiance, and their own fear). Programs that aim to help riders to develop confidence without instilling a sense of 'battle' with the horse, and without ridiculing the rider, are likely to have positive implications on equine welfare and human safety. This article describes the virtue of bravery in British equestrian culture and suggests that riders' tactics for bolstering bravery may have negative implications on equine welfare. These observations are based on 14 months of ethnographic research among amateur riders and the professionals who support them (n = 35), utilising participant observation and Dictaphone recordings. Riders suffering from 'confidence issues' could be belittled and excluded. Instructors' approaches towards bolstering bravery involved encouraging riders to 'get tough'-on both themselves and on their horses. Narrative theory is employed in this article to show that riders could demonstrate their own bravery through describing the horse as defiant. Alternate narrative possibilities existed, including describing the horse as needy patient and the rider as care provider. Riders were critically aware that veterinary diagnoses could be sought or avoided in line with riders' own dispositions. 'Diagnoses-seeking' behaviours could be judged negatively by others and seen as evidence of unresolved fearfulness. In conclusion, the British equestrian cultural orientation towards bravery can be associated with stressful or painful training techniques, delayed or missed diagnoses of physiological pathologies, and poor training outcomes. Programs that aim to help riders to develop confidence without instilling a sense of 'battle' with the horse, and without ridiculing the rider, are likely to have positive implications on equine welfare and human safety.

Notes: Jones McVey, Rosalie

Jones McVey, Rosalie/0000-0003-2313-4258

URL: <Go to ISI>://WOS:000609683700001

Reference Type: Journal Article

Record Number: 1445

Author: Mdege, N. D., Fairhurst, C., Wang, H. I., Ferdous, T., Marshall, A. M., Hewitt, C., Huque, R., Jackson, C., Kellar, I., Parrott, S., Semple, S., Sheikh, A., Wu, Q., Al Azdi, Z., Siddiqi, K. and Team, Mclass Ii Trial

Year: 2021

Title: Efficacy and cost-effectiveness of a community-based smoke-free-home intervention with or without indoor-air-quality feedback in Bangladesh (MCLASS II): a three-arm, cluster-randomised, controlled trial

Journal: Lancet Global Health

Volume: 9

Issue: 5

Pages: E639-E650

Date: May

Short Title: Efficacy and cost-effectiveness of a community-based smoke-free-home intervention with or without indoor-air-quality feedback in Bangladesh (MCLASS II): a three-arm, cluster-randomised, controlled trial

ISSN: 2214-109X

Accession Number: WOS:000642463300029

Abstract: Background Exposure to second-hand smoke from tobacco is a major contributor to global morbidity and mortality. We aimed to evaluate the efficacy and cost-effectiveness of a community-based smoke-free-home intervention, with or without indoor-air-quality feedback, in reducing second-hand-smoke exposure in homes in Bangladesh. Methods We did a three-arm, cluster-randomised, controlled trial in Dhaka, Bangladesh, and randomly assigned (1:1:1) mosques and consenting households from their congregations to a smoke-free-home intervention plus indoor-airquality feedback, smoke-free-home intervention only, or usual services. Households were eligible if they had at least one resident attending one of the participating mosques, at least one adult resident (age 18 years or older) who smoked cigarettes or other forms of smoked tobacco (eg, bidi, waterpipe) regularly (on at least 25 days per month), and at least one non-smoking resident of any age. The smoke-free-home intervention consisted of weekly health messages delivered within an Islamic discourse by religious leaders at mosques over 12 weeks. Indoor-air-quality feedback comprised providing households with feedback on their indoor air quality measured over 24 h. Households in the usual services group received no intervention. Masking of participants and mosque leaders was not possible. The primary outcome was the 24-h mean household airborne fine particulate matter (<2.5 microns in diameter [PM 2.5]) concentration (a marker of second-hand smoke) at 12 months after randomisation. Cost-effectiveness was estimated using incremental cost-effectiveness ratios (ICERs). This trial is registered with ISRCTN, 49975452. Findings Between April 11 and Aug 2, 2018, we enrolled 1801 households from 45 mosques. 640 households (35.5%) were assigned to the smoke-free-home intervention plus indoor-air-quality feedback group, 560 (31.1%) to the smoke-free-home intervention only group, and 601 (33.4%) to the usual services group. At 12 months, the adjusted mean difference in household mean 24-h PM 2.5 concentration was $-1.0 \mu\text{g}/\text{m}^3$ (95% CI -12.8 to 10.9 , $p=0.88$) for the smoke-

free-home intervention plus indoor-air-quality feedback group versus the usual services group, 5.0 $\mu\text{g}/\text{m}^3$ (-7.9 to 18.0, $p=0.45$) for the smoke-free-home intervention only group versus the usual services group, and -6.0 $\mu\text{g}/\text{m}^3$ (-18.3 to 6.3, $p=0.34$) for the smoke-free-home intervention plus indoor-air-quality feedback group versus the smoke-free-home intervention only group. The ICER for the smoke-free-home intervention plus indoor-air-quality feedback versus usual services was US\$653 per quality-adjusted life-year (QALY) gained, which was more than the upper limit of the Bangladesh willingness-to-pay threshold of \$427 per QALY. Interpretation The smoke-free-home intervention, with or without indoor-air-quality feedback, was neither effective nor cost-effective in reducing household second-hand-smoke exposure compared with usual services. These interventions are therefore not recommended for Bangladesh. Copyright (C) 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

Notes: Mdege, Noreen Dadirai Fairhurst, Caroline Wang, Han-, I Ferdous, Tarana Marshall, Anna-Marie Hewitt, Catherine Huque, Rumana Jackson, Cath Kellar, Ian Parrott, Steve Semple, Sean Sheikh, Aziz Wu, Qi Al Azdi, Zunayed Siddiqi, Kamran Siddiqi, Kamran/AAD-8801-2021; Kellar, Ian/F-5536-2015; Mdege, Noreen/H-5800-2019; Azdi, Zunayed Al/AAN-4365-2020 Siddiqi, Kamran/0000-0003-1529-7778; Kellar, Ian/0000-0003-1608-5216; Azdi, Zunayed Al/0000-0002-3896-875X; Parrott, Steven James/0000-0002-0165-1150; Hewitt, Catherine Elizabeth/0000-0002-0415-3536
URL: <Go to ISI>://WOS:000642463300029

Reference Type: Journal Article

Record Number: 1920

Author: Meader, N., King, K., Wright, K., Graham, H. M., Petticrew, M., Power, C., White, M. and Sowden, A. J.

Year: 2017

Title: Multiple Risk Behavior Interventions: Meta-analyses of RCTs

Journal: American Journal of Preventive Medicine

Volume: 53

Issue: 1

Pages: E19-E30

Date: Jul

Short Title: Multiple Risk Behavior Interventions: Meta-analyses of RCTs

ISSN: 0749-3797

DOI: 10.1016/j.amepre.2017.01.032

Accession Number: WOS:000405285900003

Abstract: Context: Multiple risk behaviors are common and associated with developing chronic conditions such as heart disease, cancer, or Type 2 diabetes. A systematic review, meta-analysis, and metaregression of the effectiveness of multiple risk behavior interventions was conducted. Evidence acquisition: Six electronic databases including MEDLINE, EMBASE, and PsycINFO were searched to August 2016. RCTs of non-pharmacologic interventions in general adult populations were selected. Studies targeting specific at-risk groups (such as people screened for cardiovascular risk factors or

obesity) were excluded. Studies were screened independently. Study characteristics and outcomes were extracted and risk of bias assessed by one researcher and checked by another. The Behaviour Change Wheel and Oxford Implementation Index were used to code intervention content and context. Evidence synthesis: Random-effects meta-analyses were conducted. Sixty-nine trials involving 73,873 individuals were included. Interventions mainly comprised education and skills training and were associated with modest improvements in most risk behaviors: increased fruit and vegetable intake (0.31 portions, 95% CI = 0.17, 0.45) and physical activity (standardized mean difference, 0.25; 95% CI = 0.13, 0.38), and reduced fat intake (standardized mean difference, -0.24; 95% CI = -0.36, -0.12). Although reductions in smoking were found (OR = 0.78, 95% CI = 0.68, 0.90), they appeared to be negatively associated with improvement in other behaviors (such as diet and physical activity). Preliminary evidence suggests that sequentially changing smoking alongside other risk behaviors was more effective than simultaneous change. But most studies assessed simultaneous rather than sequential change in risk behaviors; therefore, comparisons are sparse. Follow-up period and intervention characteristics impacted effectiveness for some outcomes. Conclusions: Interventions comprising education (e.g., providing information about behaviors associated with health risks) and skills training (e.g., teaching skills that equip participants to engage in less risky behavior) and targeting multiple risk behaviors concurrently are associated with small changes in diet and physical activity. Although on average smoking was reduced, it appeared changes in smoking were negatively associated with changes in other behaviors, suggesting it may not be optimal to target smoking simultaneously with other risk behaviors. (C) 2017 American Journal of Preventive Medicine. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license.

Notes: Meader, Nick King, Kristelle Wright, Kath Graham, Hilary M. Petticrew, Mark Power, Chris White, Martin Sowden, Amanda J. Wright, Kath/P-1516-2019; Petticrew, Mark/AAY-6274-2021; White, Martin J. R./G-2410-2010

Meader, Nicholas/0000-0001-9332-6605; Wright, Kath/0000-0002-9020-1572; White, Martin/0000-0002-1861-6757; Graham, Hilary/0000-0001-7949-6819; Craven, Kristelle/0000-0003-4728-6213 1873-2607

URL: <Go to ISI>://WOS:000405285900003

Reference Type: Journal Article

Record Number: 1842

Author: Meder, B., Fleischhut, N. and Osman, M.

Year: 2018

Title: Beyond the confines of choice architecture: A critical analysis

Journal: Journal of Economic Psychology

Volume: 68

Pages: 36-44

Date: Oct

Short Title: Beyond the confines of choice architecture: A critical analysis

ISSN: 0167-4870

DOI: 10.1016/j.joep.2018.08.004

Accession Number: WOS:000447481700004

Abstract: Behavioral science units across the world advise policy makers on the use of 'nudge' techniques with the goal to improve health, wealth, and happiness. Nudges use psychology to steer people toward or away from making particular choices by designing choice architectures that frame or highlight options in particular ways. What has been missing from debates on nudging is a systematic consideration of the environments in which they are embedded. We argue that a detailed examination of the wider environment in which the policy issue is situated is essential for designing, implementing, and evaluating policy-making tools, nudge-like or otherwise. Successful policy making requires a good fit between intervention and the environment, otherwise we risk miscasting policy issues and designing futile interventions. Using real-world cases, we characterize the role of the environment in different policy problems and present a basic taxonomy for policy makers to identify critical factors in the environment beyond the confines of the choice architecture.

Notes: Meder, Bjoern Fleischhut, Nadine Osman, Magda

Meder, Björn/AAH-6958-2020

Meder, Björn/0000-0002-9326-400X; osman, magda/0000-0003-1480-6657
1872-7719

URL: <Go to ISI>://WOS:000447481700004

Reference Type: Journal Article

Record Number: 1799

Author: Mehta, R., Martorell, R., Chaudhuri, I., Girard, A. W., Ramakrishnan, U., Verma, P., Kekre, P., Srikantiah, S. and Young, M. F.

Year: 2019

Title: Use of monitoring data to improve implementation of a home fortification program in Bihar, India

Journal: Maternal and Child Nutrition

Volume: 15

Issue: 3

Date: Jul

Short Title: Use of monitoring data to improve implementation of a home fortification program in Bihar, India

ISSN: 1740-8695

DOI: 10.1111/mcn.12753

Article Number: e12753

Accession Number: WOS:000472978200010

Abstract: This paper describes the use of program-monitoring data to track program performance and inform activities. Monitoring data were collected as part of an effectiveness trial of multiple micronutrient powders (MNPs) for children 6-18 months in Bihar, India. Communities (n = 70; reaching over 10,000 children) were randomized to receive either counselling on infant and young child feeding or both counselling and MNPs. Government frontline health workers (FLWs) implemented and monitored program activities with support from CARE India and university partners. Monitoring data

were collected over the duration of the entire program to assess program impact pathways using various checklists, which captured information about (a) attendance and training of FLWs at health subcentre meetings, (b) distribution of MNPs, (c) receipt and use of MNPs at the household level, and (d) midline mixed methods survey. At the beginning of the program, 72% of households reported receiving and 53% reported currently consuming MNPs. These numbers fell to 40% and 43% at midline, respectively. The main barrier to use by household was a lack of MNPs, due in part to infrequent FLW distribution. However, FLWs rarely reported MNP shortages at Anganwadi centres. Side effects also emerged as a barrier and were addressed through revised recommendations for MNP use. Qualitative data indicated high community acceptance of MNPs and a good understanding of the program by FLWs. The use of real-time program data allowed for recognition of key program issues and decision-making to enhance program implementation.

Notes: Mehta, Rukshan Martorell, Reynaldo Chaudhuri, Indrajit Girard, Amy Webb Ramakrishnan, Usha Verma, Pankaj Kekre, Priya Srikantiah, Sridhar Young, Melissa F.
, Melissa/AAW-2016-2021

Kumar, G Anil/0000-0002-7986-0905; Webb Girard, Amy/
0000-0003-4414-720X; Young, Melissa/0000-0002-2768-1673; Mehta,
Rukshan/0000-0001-5890-5206; Chaudhuri, Indrajit/0000-0002-8248-4402
1740-8709

URL: <Go to ISI>://WOS:000472978200010

Reference Type: Journal Article

Record Number: 411

Author: Mehta, S. N., Shenvi, E. C., Blair, S. L., Caudle, A.,
Lowenstein, L. M. and Kelly, K. J.

Year: 2022

Title: Leveraging the Multidisciplinary Tumor Board for
Dissemination of Evidence-Based Recommendations on the Staging and
Treatment of Gastric Cancer: A Pilot Study

Journal: Annals of Surgical Oncology

Date: 2022 Oct

Short Title: Leveraging the Multidisciplinary Tumor Board for
Dissemination of Evidence-Based Recommendations on the Staging and
Treatment of Gastric Cancer: A Pilot Study

ISSN: 1068-9265

DOI: 10.1245/s10434-022-12628-4

Accession Number: WOS:000866314100001

Abstract: Background Compliance with evidence-based treatment guidelines for gastric cancer across the United States is poor. This pilot study aimed to create and evaluate a change package for disseminating information on the staging and treatment of gastric cancer during multidisciplinary tumor boards and for identifying barriers to implementation. Methods The change package included a 10-min video, a brief knowledge assessment, and a discussion guide. Commission on Cancer-accredited sites that perform gastrectomy were invited to participate. Participants completed the Organizational Readiness for Implementing Change (ORIC) scale (range, 12-60) and scales to measure the feasibility, acceptability, and

appropriateness (score range, 4–20). Semi-structured interviews were conducted to further define inner and outer setting barriers. Results Seven centers participated in the study. A total of 74 participants completed the pre-video knowledge assessment, and 55 participants completed the post-video assessment. The recommendations found to be most controversial were separate staging laparoscopy and modified D2 lymphadenectomy. Sum scores were calculated for acceptability (mean, 17.43 +/- 2.51) appropriateness (mean, 16.86 +/- 3.24), and feasibility (mean, 16.14 +/- 3.07) of the change package. The ORIC scores (mean, 46.57 +/- 8.22) correlated with responses to the open-ended questions. The key barriers identified were patient volume, skills in the procedures, and attitudes and beliefs. Conclusions The change package was moderately to highly feasible, appropriate, and acceptable. The activity identified specific recommendations for gastric cancer care that are considered controversial and local barriers to implementation. Future efforts could focus on building skills and knowledge as well as the more difficult issue of attitudes and beliefs.

Notes: Mehta, Shivani N. Shenvi, Edna C. Blair, Sarah L. Caudle, Abigail Lowenstein, Lisa M. Kelly, Kaitlyn J. Caudle, Abigail S/G-5355-2015
1534-4681
URL: <Go to ISI>://WOS:000866314100001

Reference Type: Journal Article

Record Number: 1079

Author: Meijboom, R. W., Gardarsdottir, H., Egberts, T. C. G. and Giezen, T. J.

Year: 2022

Title: Patients Retransitioning from Biosimilar TNF alpha Inhibitor to the Corresponding Originator After Initial Transitioning to the Biosimilar: A Systematic Review

Journal: Biodrugs

Volume: 36

Issue: 1

Pages: 27-39

Date: Jan

Short Title: Patients Retransitioning from Biosimilar TNF alpha Inhibitor to the Corresponding Originator After Initial Transitioning to the Biosimilar: A Systematic Review

ISSN: 1173-8804

DOI: 10.1007/s40259-021-00508-4

Accession Number: WOS:000727151000001

Abstract: Background Transitioning patients from an originator to a corresponding biosimilar has been extensively studied in both randomized controlled trials and observational studies. Although transitioning is considered well-tolerated, with no negative impacts on efficacy and/or safety, 2.6–25.8% of patients restart treatment with the originator (retransitioning). Retransitioning to the originator can be considered an indication of biosimilar treatment failure or dissatisfaction with biosimilar treatment. Increasing our knowledge of patients who retransition might help to reduce the

number of patients retransitioning. Objective Our objective was to estimate the cumulative incidence of patients who retransitioned from a tumor necrosis factor (TNF)-alpha inhibitor biosimilar to originator and to explore potential patient, disease, and treatment and implementation strategy factors associated with retransitioning. Method We conducted a systematic literature search in the PubMed, EMBASE, and Cochrane Central Register of controlled trials databases until March 2021. Studies on TNF alpha inhibitors, biosimilar transitioning, and retransitioning were included. Transitioning was defined as switching from an originator to a biosimilar, and retransitioning was defined as switching from an originator to a biosimilar and back to the originator. Characteristics of the studies were descriptively analyzed. Studies were weighted by the number of patients transitioning, and the primary outcome was the median cumulative incidence of retransitioning. For each of the factors related to patient, disease, and treatment and implementation strategy, studies were stratified according to the categories of that factor. The weighted medians and interquartile ranges (IQRs) of the cumulative incidence of retransitioning in these studies were calculated and compared to explore whether a potential association existed between these factors and the cumulative incidence of retransitioning. Results Of 994 screened publications, 37 were included. The weighted median cumulative incidence of retransitioning was 7.6% (IQR 6.8-17.2). Studies that included only patients with inflammatory bowel disease (6.6 vs. 15.1-17.7% for other indications), included only patients with stable disease (7.0 vs. 13.7% for including all patients), and did not offer retransitioning at the introduction of the biosimilar (7.0 vs. 11.1% for studies that offered retransitioning) reported less retransitioning. In addition, the incidence of retransitioning was lower when extra laboratory monitoring was part of the implementation strategy (1.6 vs. 6.1%) and when gainsharing (patients' healthcare directly benefits from financial savings from transitioning) (1.4 vs. 7.2% for studies without gainsharing) was applied. Conclusions In studies on transitioning patients from TNF alpha originator to biosimilar, 8% of patients retransitioned. Retransitioning appeared to be lower in studies that included only patients with stable disease and in studies that did not offer patients the option of retransitioning at the introduction of the biosimilar. In addition, retransitioning appeared to be lower in studies that implemented extra laboratory monitoring as part of the biosimilar implementation strategy. Clinicians should consider implementing these suggestions as they might reduce retransitioning rates and improve the introduction of biosimilars in clinical practice. PROSPERO registration ID: CRD42021226381

Notes: Meijboom, Rosanne W. Gardarsdottir, Helga Egberts, Toine C. G. Giezen, Thijs J.

Gardarsdottir, Helga/A-6174-2009; Egberts, Toine/K-4579-2019

Gardarsdottir, Helga/0000-0001-5623-9684; Egberts, Toine/
0000-0003-1758-7779

1179-190x

URL: <Go to ISI>://WOS:000727151000001

Reference Type: Journal Article

Record Number: 1078

Author: Meijers, M. H. C., Scholz, C., Torfadottir, R., Wonneberger, A. and Markov, M.

Year: 2022

Title: Learning from the COVID-19 pandemic to combat climate change: comparing drivers of individual action in global crises

Journal: Journal of Environmental Studies and Sciences

Volume: 12

Issue: 2

Pages: 272-282

Date: Jun

Short Title: Learning from the COVID-19 pandemic to combat climate change: comparing drivers of individual action in global crises

ISSN: 2190-6483

DOI: 10.1007/s13412-021-00727-9

Accession Number: WOS:000727135100001

Abstract: The COVID-19 pandemic and climate change are two global crises that require collective action. Yet, the inertia typically associated with behavior change to limit climate change stands in contrast to the speed associated with behavior change to stop the spread of COVID-19. Identifying the roots of these differences can help us stimulate climate-friendly behaviors. We assessed the extent to which a number of theory-based drivers underlie behaviors aiming to counter COVID-19 and climate change with an online survey (N = 534). We focused on the role of a number of drivers derived from prominent behavior change theories and meta-analyses in the field, namely, personal threat, threat to close others, threat to vulnerable others, fear, participative efficacy, injunctive and descriptive social norms, and governmental policy perceptions. We investigated (1) what drivers people perceived as most important to engage in behaviors that limit the spread of the COVID-19 pandemic and climate change and (2) the strength of the associations between these drivers and engaging in behaviors that limit the spread of the pandemic and climate change. Results highlight three key drivers for climate change action: changing perceptions of governmental policy and perceptions of threat to close others and priming participative efficacy beliefs.

Notes: Meijers, Marijn H. C. Scholz, Christin Torfadottir,

Ragnheiour Heather Wonneberger, Anke Markov, Marko

Scholz, Christin/W-4981-2019

Scholz, Christin/0000-0001-6567-7504

2190-6491

URL: <Go to ISI>://WOS:000727135100001

Reference Type: Journal Article

Record Number: 271

Author: Meijers, M. H. C., Wonneberger, A., Azrout, R., Torfadottir, R. and Brick, C.

Year: 2023

Title: Introducing and testing the personal-collective-governmental efficacy typology: How personal, collective, and governmental efficacy subtypes are associated with differential environmental

actions

Journal: Journal of Environmental Psychology

Volume: 85

Date: Feb

Short Title: Introducing and testing the personal-collective-governmental efficacy typology: How personal, collective, and governmental efficacy subtypes are associated with differential environmental actions

ISSN: 0272-4944

DOI: 10.1016/j.jenvp.2022.101915

Article Number: 101915

Accession Number: WOS:000920773600001

Abstract: Efficacy beliefs are pivotal for pro-environmental actions but conceptualized and labeled differently across research lines. Based on research from multiple fields in the social sciences, this paper presents a complete synthesis of how seven efficacy beliefs relate to pro-environmental action in the Personal-Collective-Governmental typology (PCG). The goal of this typology is to bridge social science disciplines, spark future research, and help explain environmentally significant behavior. A cross-sectional study (N = 556) confirms, using CFA, that seven efficacy subtypes can be discerned. Further, we used the typology to investigate how the seven efficacy subtypes are associated with a range of pro-environmental actions. OLS regressions showed that different efficacy subtypes are associated with different classes of pro-environmental action (e.g., private sphere behavioral intentions, public sphere behavioral intentions, private sphere policy support, and public sphere policy support). Supplemental Relative Importance Analyses gave an indication of which efficacy subtypes are most important for the different classes of pro-environmental action. This new PCG classification generates novel predictions and enables researchers to select fitting efficacy interventions for specific behaviors.

Notes: Meijers, Marijn H. C. Wonneberger, Anke Azrout, Rachid Torfadottir, Ragnheidur Heather Brick, Cameron

Brick, Cameron/K-7342-2019

Brick, Cameron/0000-0002-7174-8193

1522-9610

URL: <Go to ISI>://WOS:000920773600001

Reference Type: Journal Article

Record Number: 1431

Author: Meis-Harris, J., Klemm, C., Kaufman, S., Curtis, J., Borg, K. and Bragge, P.

Year: 2021

Title: What is the role of eco-labels for a circular economy? A rapid review of the literature

Journal: Journal of Cleaner Production

Volume: 306

Date: Jul

Short Title: What is the role of eco-labels for a circular economy? A rapid review of the literature

ISSN: 0959-6526

DOI: 10.1016/j.jclepro.2021.127134

Article Number: 127134

Accession Number: WOS:000660247500019

Abstract: Transitioning to a circular economy depends on transforming the behaviour of both producers and consumers. Product labelling schemes are regularly offered as a solution to support those shifts. While numerous labelling schemes and related research on the effectiveness of individual schemes exist, it remains unclear how impactful labelling is in supporting circular economy outcomes. The emergence of behavioural public policy presents new opportunities for knowledge translation in this field. This study provides a systematic, succinct overview of evidence using a rapid review methodology, identifying and summarising existing systematic reviews or reports. A comprehensive search was undertaken in three databases of publications between 2000 and 2019, yielding 4,875 citations. Following screening by two independent reviewers, 10 reviews were included. Several key drivers and barriers for adopting product labelling schemes among consumers and businesses were identified. The existing evidence provides limited support for the impact of labelling schemes on behaviour, the environment, and business. Overall, results indicate that eco-labels on their own are an information-based communication tool that is unlikely to create significant shifts in consumer choices or production. Conditions required for schemes to have optimal impact and recommendations to amplify impact drawing on behavioural science are discussed. & nbsp; (c) 2021 Elsevier Ltd. All rights reserved.

Notes: Meis-Harris, Julia Klemm, Celine Kaufman, Stefan Curtis, Jim Borg, Kim Bragge, Peter

Borg, Kimberley/0000-0001-5614-5602; Bragge, Peter/
0000-0003-0745-5131

1879-1786

URL: <Go to ISI>://WOS:000660247500019

Reference Type: Journal Article

Record Number: 1604

Author: Melchior, I., van der Heijden, A., Stoffers, E., Suntjens, F. and Moser, A.

Year: 2021

Title: Patient and public involvement cultures and the perceived impact in the vulnerable context of palliative care: A qualitative study

Journal: Health Expectations

Volume: 24

Issue: 2

Pages: 456-467

Date: Apr

Short Title: Patient and public involvement cultures and the perceived impact in the vulnerable context of palliative care: A qualitative study

ISSN: 1369-6513

DOI: 10.1111/hex.13186

Accession Number: WOS:000605012600001

Abstract: Background Cultural values are crucial to the practice and

impact of patient and public involvement (PPI) in research. Objective To understand different PPI cultures among research teams and the impacts of PPI associated with each culture type. Design A participatory action research design. Setting and participants The setting was 10 palliative care research projects. Seventeen patients and members of the public and 31 researchers participated. Intervention A programme consisting of four components: (1) training and coaching of patients and the public to prepare them for participation in research, (2) tailored coaching of the 10 research teams over 12–18 months, (3) a community of practice, and (4) a qualitative evaluation. Results We identified three cultures types: relationship cultures, task cultures, and control cultures. We identified four areas of impact: the project aim became more relevant to the target audience, methodological reliability increased, the research products were better able to reach the public, and the awareness increased, associated with behavioural changes, among researchers regarding PPI. Discussion A relationship culture appears to be long-lasting due to impacting the behaviours of the researchers during future projects. Different cultural types require different types of patients and researcher participants, assigned to different tasks. Conclusions Further research remains necessary to investigate the support required by researchers to enable relationship- and task-oriented PPI cultures. Patient or public contribution Patient advocates and representatives contributed to our research team throughout the entire research process, as well as within the 10 implementation projects. Notes: Melchior, Inge van der Heijden, Anouk Stoffers, Esther Suntjens, Frits Moser, Albine
1369-7625
URL: <Go to ISI>://WOS:000605012600001

Reference Type: Journal Article

Record Number: 2423

Author: Mendys, P., Zullig, L. L., Burkholder, R., Granger, B. B. and Bosworth, H. B.

Year: 2014

Title: Medication adherence: process for implementation

Journal: Patient Preference and Adherence

Volume: 8

Pages: 1025-1034

Short Title: Medication adherence: process for implementation

ISSN: 1177-889X

DOI: 10.2147/ppa.S65041

Accession Number: WOS:000340205100001

Abstract: Improving medication adherence is a critically important, but often enigmatic objective of patients, providers, and the overall health care system. Increasing medication adherence has the potential to reduce health care costs while improving care quality, patient satisfaction and health outcomes. While there are a number of papers that describe the benefits of medication adherence in terms of cost, safety, outcomes, or quality of life, there are limited reviews that consider how best to seamlessly integrate tools and processes directed at improving medication adherence. We will

address processes for implementing medication adherence interventions with the goal of better informing providers and health care systems regarding the safe and effective use of medications.
Notes: Mendys, Phil Zullig, Leah L. Burkholder, Rebecca Granger, Bradi B. Bosworth, Hayden B.
URL: <Go to ISI>://WOS:000340205100001

Reference Type: Journal Article

Record Number: 740

Author: Merle, J. L., Larson, M. F., Cook, C. R., Brewer, S. K., Hamlin, C., Duong, M., McGinnis, J. L., Thayer, A. J., Gaias, L. M. and Lyon, A. R.

Year: 2022

Title: A mixed-method study examining solutions to common barriers to teachers' adoption of evidence-based classroom practices

Journal: Psychology in the Schools

Volume: 59

Issue: 9

Pages: 1825-1843

Date: Sep

Short Title: A mixed-method study examining solutions to common barriers to teachers' adoption of evidence-based classroom practices

ISSN: 0033-3085

DOI: 10.1002/pits.22732

Accession Number: WOS:000793951000001

Abstract: We conducted a mixed-method focus group study to (a) assess the appropriateness and likely effectiveness of strategies that target individual behavior change mechanisms associated with perceived barriers of lack of time and unsupportive leadership and (b) identify recommendations regarding strategies for overcoming the barriers. Sample included 39 school-based staff (80% female, 77% White) across two districts in the Midwest. Mixed methods included a simultaneous approach. Lack of time and unsupportive leadership continue to pervade school-based implementation efforts.

Recommendations centered around the need for school leaders to give teachers the power to re-prioritize how they spend their time as well as providing protected, facilitated time for teachers to collaborate and learn practical skills targeting self-advocacy. Our findings provide compelling evidence for the use of implementation methodology to strategically target mechanisms of individual behavior change during the process of incorporating new and innovative practices in schools.

Notes: Merle, James L. Larson, Madeline F. Cook, Clayton R. Brewer, Stephanie K. Hamlin, Corinne Duong, Mylien McGinnis, Jenna L.

Thayer, Andrew J. Gaias, Larissa M. Lyon, Aaron R.

1520-6807

URL: <Go to ISI>://WOS:000793951000001

Reference Type: Journal Article

Record Number: 2130

Author: Mesner, S. A., Foster, N. E. and French, S. D.

Year: 2016

Title: Implementation interventions to improve the management of non-specific low back pain: a systematic review
Journal: BMC Musculoskeletal Disorders
Volume: 17
Date: Jun
Short Title: Implementation interventions to improve the management of non-specific low back pain: a systematic review
DOI: 10.1186/s12891-016-1110-z
Article Number: 258
Accession Number: WOS:000378202700001
Abstract: Background: Recommendations in clinical practice guidelines for non-specific low back pain (NSLBP) are not necessarily translated into practice. Multiple studies have investigated different interventions to implement best evidence into clinical practice yet no synthesis of these studies has been carried out to date. The aim of this study was to systematically review available studies to determine whether implementation interventions in this field have been effective and to identify which strategies have been most successful in changing healthcare practitioner behaviours and improving patient outcomes. Methods: A systematic review was undertaken, searching electronic databases until end of December 2012 plus hand searching, writing to key authors and using prior knowledge of the field to identify papers. Included studies evaluated an implementation intervention to improve the management of NSLBP in clinical practice, measured key outcomes regarding change in practitioner behaviour and/or patient outcomes and subjected their data to statistical analysis. The Cochrane Effective Practice and Organisation of Care (EPoC) recommendations about systematic review conduct were followed. Study inclusion, data extraction and study risk of bias assessments were conducted independently by two review authors. Results: Of 7654 potentially eligible citations, 17 papers reporting on 14 studies were included. Risk of bias of included studies was highly variable with 7 of 17 papers rated at high risk. Single intervention or one-off implementation efforts were consistently ineffective in changing clinical practice. Increasing the frequency and duration of implementation interventions led to greater success with those continuously ongoing over time the most successful in improving clinical practice in line with best evidence recommendations. Conclusions: Single intervention or one-off implementation interventions may seem attractive but are largely unsuccessful in effecting meaningful change in clinical practice for NSLBP. Increasing frequency and duration of implementation interventions seems to lead to greater success and the most successful implementation interventions used consistently sustained strategies. Notes: Mesner, Simon Alexander Foster, Nadine E. French, Simon David French, Simon D/B-2446-2013 Foster, Nadine/0000-0003-4429-9756; French, Simon/0000-0002-7061-7706 1471-2474
URL: <Go to ISI>://WOS:000378202700001

Reference Type: Journal Article

Record Number: 1874

Author: Mevissen, F. E. F., van Empelen, P., Watzeels, A., van Duin, G., Meijer, S., van Lieshout, S. and Kok, G.

Year: 2018

Title: Development of Long Live Love plus , a school-based online sexual health programme for young adults. An intervention mapping approach

Journal: Sex Education–Sexuality Society and Learning

Volume: 18

Issue: 1

Pages: 47–73

Short Title: Development of Long Live Love plus , a school-based online sexual health programme for young adults. An intervention mapping approach

ISSN: 1468–1811

DOI: 10.1080/14681811.2017.1389717

Accession Number: WOS:000419897700004

Abstract: This paper describes the development of a Dutch online programme called Long Live Love+ focusing on positive, coercion-free relationships, contraception use, and the prevention of STIs, using the Intervention Mapping (IM) approach. All six steps of the approach were followed. Step 1 confirmed the need for a sexual health programme targeting young people aged 15 and over enrolled in higher level secondary education. Step 2 resulted in the production of a series of matrices-of-changes, including detailed programme objectives at the behavioural and the psycho-social level. Step 3 involved the selection of relevant methods and applications. Step 4 consisted of programme development, resulting in a sexual health programme with online and offline components, and including interactive exercises. Step 5 focused on adoption and implementation and included the production of a detailed teacher manual. Step 6 involved detailed planning for the process and effect evaluation and included interviews with teachers and focus group discussions with students to evaluate their experiences of the programme. The inclusion of a linkage group – and especially the inclusion of teachers in the development of the programme – turned out to be essential in terms of developing a programme in line with their context and needs.

Notes: Mevissen, Fraukje E. F. van Empelen, Pepijn Watzeels, Anita van Duin, Gee Meijer, Suzanne van Lieshout, Sanne Kok, Gerjo

1472–0825

URL: <Go to ISI>://WOS:000419897700004

Reference Type: Journal Article

Record Number: 945

Author: Meyer, C., Ogrin, R., Golenko, X., Cyarto, E., Paine, K., Walsh, W., Hutchinson, A. and Lowthian, J.

Year: 2022

Title: A codesigned fit-for-purpose implementation framework for aged care

Journal: Journal of Evaluation in Clinical Practice

Volume: 28

Issue: 3

Pages: 421–435

Date: Jun

Short Title: A codesigned fit-for-purpose implementation framework for aged care

ISSN: 1356–1294

DOI: 10.1111/jep.13660

Accession Number: WOS:000751689800001

Abstract: Rationale, Aims and Objectives The field of implementation science is critical for embedding research evidence into healthcare practice, benefiting individuals, organizations, governments, and the broader community. Implementation science is messy and complex, underpinned by many theories and frameworks. Efficacious interventions for older people with multiple comorbidities exist, yet many lack effectiveness evaluation relevant to pragmatic implementation within aged care practice. This article outlines the conceptualization and development of an Implementation Framework for Aged Care (IFAC), fit-for-purpose for an aged care organization, Bolton Clarke, intent on embedding evidence into practice. **Method** A four-stage process was adopted to (1) explore context and relevant literature to conceptualize the IFAC; (2) identify key elements for a draft IFAC; (3) expand elements and refine the draft in consultation with experts and (4) apply the IFAC to three existing projects, identifying key learnings. A checklist to operationalize the IFAC was then developed. **Results** The IFAC is grounded in codesign principles and encapsulated by the implementation context, from a social, cultural and political perspective. The IFAC addresses the questions of (1) why do we need to change?; (2) what do we know?; (3) who will benefit?; (4) who will make the change?; (5) what strategies will be used?; and (6) what difference are we making? **Three pilot projects:** early adoption of a Wellness and Reablement approach; a care worker and virtual physiotherapist-led program to prevent falls; and a therapeutic horticulture program for residential communities, highlight learnings of applying the IFAC in practice. **Conclusion** This fit-for-purpose IFAC was developed for a proactive and responsive aged care provider. The simplicity of the six-question IFAC is underpinned by substantial theoretical perspectives for its elements and their connections. This complexity is then consolidated into an 18-question checklist to operationalize the IFAC, necessary to advance the translation of evidence into clinical practice.

Notes: Meyer, Claudia Ogrin, Rajna Golenko, Xanthe Cyarto, Elizabeth Paine, Kath Walsh, Willeke Hutchinson, Alison Lowthian, Judy ; Lowthian, Judy/I-4772-2014

Ogrin, Rajna/0000-0002-4192-7254; Lowthian, Judy/0000-0002-9780-5256 1365-2753

URL: <Go to ISI>://WOS:000751689800001

Reference Type: Journal Article

Record Number: 79

Author: Meyer, J. K. V., de Rozas, A. B. O., Munoz, I., Burmeister, C., Macchiavello, C., Lenzion, L. and Garcia-Huidobro, D.

Year: 2023

Title: Development of the (sic)Vamos por Mas! parenting program to

prevent substance use among Chilean adolescents

Journal: Health Promotion International

Volume: 38

Issue: 2

Date: Apr

Short Title: Development of the (sic)Vamos por Mas! parenting program to prevent substance use among Chilean adolescents

ISSN: 0957-4824

DOI: 10.1093/heapro/daad004

Article Number: daad004

Accession Number: WOS:000942370600002

Abstract: In Chile, the prevalence of tobacco, alcohol and drug use among adolescents is very high. Decades of research indicate that parenting interventions reduce these risky behaviors. However, there are no parenting interventions validated in Chile to prevent adolescent substance use. This article reports the development of the (sic)Vamos por Mas! ((sic)VxM!) program following the recommendations of the Medical Research Council's framework for designing and evaluating complex interventions. After identifying key intervention components, a preliminary version of a substance-use prevention program was designed. The preliminary intervention targeted families with adolescents in fifth and sixth grade and had four components: personalized feedback, in-person workshops, virtual engagement, and family support, to deliver positive-youth development and family-strengthening content. Then, students, guardians, school staff and community experts from different school systems (N = 111) evaluated the preliminary version of the program through a convergent parallel mixed methods study, including focus groups (N = 14) and surveys (N = 101). In general, all participants had positive perceptions of the program and valued its purpose, strategies, objectives and contents. Suggestions included expanding the purpose to promote healthy relationships, focusing on schools with low and intermediate socioeconomic vulnerability, including self-control content, removing the personalized feedback component and adding two additional components: school partnership and external supervision, among other improvements. With this information, the final version of the (sic)VxM! program was developed. After a rigorous intervention development process, the (sic)VxM! program is ready to be piloted and evaluated in a randomized trial.

Notes: Meyer, Jessica K., V de Rozas, Amaia Bernard Ortiz Munoz, Ivan Burmeister, Catalina Macchiavello, Carlo Lenzion, Lauren Garcia-Huidobro, Diego

1460-2245

URL: <Go to ISI>://WOS:000942370600002

Reference Type: Journal Article

Record Number: 1535

Author: Mezaache, S., Briand-Madrid, L., Rahni, L., Poireau, J., Branchu, F., Moudachirou, K., Wendzinski, Y., Carrieri, P. and Roux, P.

Year: 2021

Title: A two-component intervention to improve hand hygiene

practices and promote alcohol-based hand rub use among people who inject drugs: a mixed-methods evaluation

Journal: BMC Infectious Diseases

Volume: 21

Issue: 1

Date: Feb

Short Title: A two-component intervention to improve hand hygiene practices and promote alcohol-based hand rub use among people who inject drugs: a mixed-methods evaluation

DOI: 10.1186/s12879-021-05895-1

Article Number: 211

Accession Number: WOS:000624570900004

Abstract: Background Inconsistent hand hygiene puts people who inject drugs (PWID) at high risk of infectious diseases, in particular skin and soft tissue infections. In healthcare settings, handwashing with alcohol-based hand rubs (ABRH) is recommended before aseptic procedures including intravenous injections. We aimed to evaluate the acceptability, safety and preliminary efficacy of an intervention combining ABHR provision and educational training for PWID. **Methods** A mixed-methods design was used including a pre-post quantitative study and a qualitative study. Participants were active PWID recruited in 4 harm reduction programmes of France and followed up for 6 weeks. After baseline assessment, participants received a face-to-face educational intervention. ABHR was then provided throughout the study period. Quantitative data were collected through questionnaires at baseline, and weeks 2 (W2) and 6 (W6) post-intervention. Qualitative data were collected through focus groups with participants who completed the 6-week study. **Results** Among the 59 participants included, 48 (81%) and 43 (73%) attended W2 and W6 visits, respectively. ABHR acceptability was high and adoption rates were 50% (W2) and 61% (W6). Only a minority of participants reported adverse skin reactions (ranging from 2 to 6%). Preliminary efficacy of the intervention was shown through increased hand hygiene frequency (multivariable linear mixed model: coef. W2=0.58, $p=0.002$; coef. W6=0.61, $p=0.002$) and fewer self-reported injecting-related infections (multivariable logistic mixed model: AOR W6=0.23, $p=0.021$). Two focus groups were conducted with 10 participants and showed that young PWID and those living in unstable housing benefited most from the intervention. **Conclusions** ABHR for hand hygiene prior to injection are acceptable to and safe for PWID, particularly those living in unstable housing. The intervention's educational component was crucial to ensure adoption of safe practices. We also provide preliminary evidence of the intervention's efficacy through increased hand hygiene frequency and a reduced risk of infection.

Notes: Mezaache, Salim Briand-Madrid, Laelia Rahni, Linda Poireau, Julien Branchu, Fiona Moudachirou, Khafil Wendzinski, Yourine Carrieri, Patrizia Roux, Perrine Moudachirou, Khafil/0000-0001-8212-1436; Carrieri, Patrizia/0000-0002-6794-4837

1471-2334

URL: <Go to ISI>://WOS:000624570900004

Reference Type: Journal Article

Record Number: 258

Author: Micallef, C., Enoch, D. A., Kamranpour, P., Santos, R., Tyler, N. and Scott, S.

Year: 2022

Title: The role of hospital antimicrobial and infectious diseases pharmacists in the UK: a theoretically underpinned exploration

Journal: Jac-Antimicrobial Resistance

Volume: 5

Issue: 1

Date: Dec

Short Title: The role of hospital antimicrobial and infectious diseases pharmacists in the UK: a theoretically underpinned exploration

DOI: 10.1093/jacamr/dlac136

Article Number: dlac136

Accession Number: WOS:000914640100001

Abstract: Objectives We sought to characterise the role of hospital infection pharmacists in the UK and to understand the core challenges being faced, future role development desires and the required support to address these. Methods We developed a questionnaire underpinned by the theoretical domains framework exploring the barriers and enablers to pharmacists fulfilling their perceived roles and responsibilities. Any pharmacist whose role included 'specialist antimicrobial' or 'infectious diseases' was invited to complete a questionnaire sent via national infection and pharmacy groups/networks. Descriptive statistics were used to report responses to each item, and a content analysis was undertaken to summarize the key messages from an extended response option. Results Of the 102 respondents, 91 (89.2%) were from English hospitals. Fifty-three (52%) were from district general hospitals and 45 (45.1%) from teaching hospitals. Most (97, 95%) respondents were of a senior grade. The need for a comprehensive educational programme, recognition of research as core to the role and integration with infection/microbiology departments were key requirements along with protected time to engage with the activities. Highlights of the role were opportunities to teach, making a significant contribution to patient care and scope to contribute to strategy and vision. The COVID-19 pandemic negatively impacted on respondents' capacity to undertake their perceived roles and responsibilities. Conclusions Our study delineates the need for UK infection and pharmacy policy makers to review hospital infection pharmacist developmental pathways and roles. Joint learning, and closer working, with infection/microbiology departments may be an efficient strategy to address the issues raised.

Notes: Micallef, C. Enoch, D. A. Kamranpour, P. Santos, R. Tyler, N. Scott, S.

Micallef, Christianne/0000-0002-4513-8199; Scott, Sion/0000-0001-7669-0632

2632-1823

URL: <Go to ISI>://WOS:000914640100001

Reference Type: Journal Article

Record Number: 502

Author: Michalopoulou, M., Jebb, S. A., MacKillop, L. H., Dyson, P., Hirst, J. E., Wire, A. and Astbury, N. M.

Year: 2022

Title: Development and testing of a reduced carbohydrate intervention for the management of obesity and reduction of gestational diabetes (RECORD): protocol for a feasibility randomised controlled trial

Journal: Bmj Open

Volume: 12

Issue: 9

Date: Sep

Short Title: Development and testing of a reduced carbohydrate intervention for the management of obesity and reduction of gestational diabetes (RECORD): protocol for a feasibility randomised controlled trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-060951

Article Number: e060951

Accession Number: WOS:000853434200026

Abstract: Introduction Previous trials of dietary interventions to prevent gestational diabetes mellitus (GDM) have yielded only limited success. Low-carbohydrate diets have shown promise for the treatment of type 2 diabetes, but there is no evidence to support their use in pregnancy. The aim of this study is to explore the feasibility of a moderately reduced-carbohydrate dietary intervention delivered from mid-pregnancy alongside routine antenatal care. Methods and analysis This is a feasibility randomised controlled trial (RCT) with embedded qualitative study. Sixty women who are pregnant <20 weeks' gestation, with body mass index ≥ 30 kg/m² at their antenatal booking appointment, will be randomised 2:1 intervention or control (usual care) and followed up until delivery. The intervention is a moderately reduced-carbohydrate diet (similar to 130-150 g total carbohydrate/day), designed to be delivered alongside routine antenatal appointments. Primary outcomes are measures of adoption of the diet and retention of participants. Secondary outcomes include incidence of GDM, change in markers of glycaemic control, gestational weight gain, total carbohydrate and energy intake. Process outcomes will examine resources and management issues. Exploratory outcomes include further dietary changes, quality of life, maternal and neonatal outcomes, and qualitative measures. Ethics and dissemination This trial was reviewed and approved by the South-Central Oxford B Research Ethics Committee NHS National Research Ethics Committee and the Health Research Authority (Reference: 20/SC/0442). The study results will inform whether to progress to a full-scale RCT to test the clinical effectiveness of the RECORD programme to prevent GDM in women at high risk. The findings will be published in peer-reviewed journals and presented at conferences.

Notes: Michalopoulou, Moscho Jebb, Susan A. MacKillop, Lucy H. Dyson, Pamela Hirst, Jane E. Wire, Amy Astbury, Nerys M.

; ASTBURY, Nerys/0-6561-2018

Mackillop, Lucy/0000-0002-1927-1594; ASTBURY, Nerys/0000-0001-9301-7458; Hirst, Jane/0000-0002-0176-2651

URL: <Go to ISI>://WOS:000853434200026

Reference Type: Journal Article
Record Number: 577
Author: Michie, S.
Year: 2022
Title: Encouraging vaccine uptake: lessons from behavioural science
Journal: Nature Reviews Immunology
Volume: 22
Issue: 9
Pages: 527-528
Date: Sep
Short Title: Encouraging vaccine uptake: lessons from behavioural science
ISSN: 1474-1733
DOI: 10.1038/s41577-022-00769-2
Accession Number: WOS:000831002300001
Abstract: Understanding the behaviour surrounding vaccine uptake involves issues of capability, opportunity and motivation. Despite the advice of social scientists with a long history of research in understanding behaviour, many policy makers have so far paid too little attention to the role of opportunity issues such as accessibility and cost, instead focusing on capability and motivation issues, such as knowledge and desire to get vaccinated, respectively.
Notes: Michie, Susan
Michie, Susan/A-1745-2010
Michie, Susan/0000-0003-0063-6378
1474-1741
URL: <Go to ISI>://WOS:000831002300001

Reference Type: Journal Article
Record Number: 2497
Author: Michie, S. and Johnston, M.
Year: 2012
Title: Theories and techniques of behaviour change: Developing a cumulative science of behaviour change
Journal: Health Psychology Review
Volume: 6
Issue: 1
Pages: 1-6
Short Title: Theories and techniques of behaviour change: Developing a cumulative science of behaviour change
ISSN: 1743-7199
DOI: 10.1080/17437199.2012.654964
Accession Number: WOS:000301874900001
Notes: Michie, Susan Johnston, Marie
Michie, Susan/A-1745-2010
Michie, Susan/0000-0003-0063-6378
1743-7202
Si
URL: <Go to ISI>://WOS:000301874900001

Reference Type: Journal Article

Record Number: 2453

Author: Michie, S., Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W., Eccles, M. P., Cane, J. and Wood, C. E.
Year: 2013

Title: The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions
Journal: Annals of Behavioral Medicine

Volume: 46

Issue: 1

Pages: 81-95

Date: Aug

Short Title: The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions

ISSN: 0883-6612

DOI: 10.1007/s12160-013-9486-6

Accession Number: WOS:000321580800012

Abstract: CONSORT guidelines call for precise reporting of behavior change interventions: we need rigorous methods of characterizing active content of interventions with precision and specificity. The objective of this study is to develop an extensive, consensually agreed hierarchically structured taxonomy of techniques [behavior change techniques (BCTs)] used in behavior change interventions. In a Delphi-type exercise, 14 experts rated labels and definitions of 124 BCTs from six published classification systems. Another 18 experts grouped BCTs according to similarity of active ingredients in an open-sort task. Inter-rater agreement amongst six researchers coding 85 intervention descriptions by BCTs was assessed. This resulted in 93 BCTs clustered into 16 groups. Of the 26 BCTs occurring at least five times, 23 had adjusted kappas of 0.60 or above. "BCT taxonomy v1," an extensive taxonomy of 93 consensually agreed, distinct BCTs, offers a step change as a method for specifying interventions, but we anticipate further development and evaluation based on international, interdisciplinary consensus.

Notes: Michie, Susan Richardson, Michelle Johnston, Marie Abraham, Charles Francis, Jill Hardeman, Wendy Eccles, Martin P. Cane, James Wood, Caroline E.

Hardeman, Wendy/H-1497-2012; Francis, Jill/AHE-6998-2022; Naughton, Felix/B-4177-2011; Abraham, Charles/C-7130-2012; Eccles, Martin P/AAD-4029-2020; Cane, James E/B-4706-2013; Michie, Susan/A-1745-2010 Naughton, Felix/0000-0001-9790-2796; Cane, James E/0000-0003-3849-562X; Hardeman, Wendy/0000-0002-6498-9407; Michie, Susan/0000-0003-0063-6378; Abraham, Charles/0000-0002-0901-1975; Francis, Jill/0000-0001-5784-8895
1532-4796

URL: <Go to ISI>://WOS:000321580800012

Reference Type: Journal Article

Record Number: 1420

Author: Michie, S. and West, R.
Year: 2021
Title: Sustained behavior change is key to preventing and tackling future pandemics
Journal: Nature Medicine
Volume: 27
Issue: 5
Pages: 749-752
Date: May
Short Title: Sustained behavior change is key to preventing and tackling future pandemics
ISSN: 1078-8956
DOI: 10.1038/s41591-021-01345-2
Accession Number: WOS:000648805100004
Abstract: Investment in research and programs to discover and apply the principles that underpin sustained behavior change is needed to address the continuing threat from COVID-19 and future pandemics and will require collaboration among behavioral, social, biomedical, public-health and clinical scientists.
Notes: Michie, Susan West, Robert
West, Robert/B-5414-2009; West, Robert/B-5414-2009; Michie, Susan/A-1745-2010
West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921; Michie, Susan/0000-0003-0063-6378
1546-170x
URL: <Go to ISI>://WOS:000648805100004

Reference Type: Journal Article
Record Number: 2250
Author: Michie, S., Wood, C. E., Johnston, M., Abraham, C., Francis, J. J. and Hardeman, W.
Year: 2015
Title: Behaviour change techniques: the development and evaluation of a taxonomic method for reporting and describing behaviour change interventions (a suite of five studies involving consensus methods, randomised controlled trials and analysis of qualitative data)
Journal: Health Technology Assessment
Volume: 19
Issue: 99
Pages: 1-+
Date: Nov
Short Title: Behaviour change techniques: the development and evaluation of a taxonomic method for reporting and describing behaviour change interventions (a suite of five studies involving consensus methods, randomised controlled trials and analysis of qualitative data)
ISSN: 1366-5278
DOI: 10.3310/hta19990
Accession Number: WOS:000365971500001
Abstract: Background: Meeting global health challenges requires effective behaviour change interventions (BCIs). This depends on advancing the science of behaviour change which, in turn, depends on accurate intervention reporting. Current reporting often lacks

detail, preventing accurate replication and implementation. Recent developments have specified intervention content into behaviour change techniques (BCTs) –the 'active ingredients', for example goal-setting, self-monitoring of behaviour. BCTs are 'the smallest components compatible with retaining the postulated active ingredients, i.e. the proposed mechanisms of change. They can be used alone or in combination with other BCTs' (Michie S, Johnston M. Theories and techniques of behaviour change: developing a cumulative science of behaviour change. *Health Psychol Rev* 2012; 6: 1–6). Domain-specific taxonomies of BCTs have been developed, for example healthy eating and physical activity, smoking cessation and alcohol consumption. We need to build on these to develop an internationally shared language for specifying and developing interventions. This technology can be used for synthesising evidence, implementing effective interventions and testing theory. It has enormous potential added value for science and global health. Objective: (1) To develop a method of specifying content of BCIs in terms of component BCTs; (2) to lay a foundation for a comprehensive methodology applicable to different types of complex interventions; (3) to develop resources to support application of the taxonomy; and (4) to achieve multidisciplinary and international acceptance for future development. Design and participants: Four hundred participants (systematic reviewers, researchers, practitioners, policy-makers) from 12 countries engaged in investigating, designing and/or delivering BCIs. Development of the taxonomy involved a Delphi procedure, an iterative process of revisions and consultation with 41 international experts; hierarchical structure of the list was developed using inductive 'bottom-up' and theory-driven 'top-down' open-sort procedures (n = 36); training in use of the taxonomy (1-day workshops and distance group tutorials) (n = 161) was evaluated by changes in intercoder reliability and validity (agreement with expert consensus); evaluating the taxonomy for coding interventions was assessed by reliability (intercoder; test-retest) and validity (n = 40 trained coders); and evaluating the taxonomy for writing descriptions was assessed by reliability (intercoder; test-retest) and by experimentally testing its value (n = 190). Results: Ninety-three distinct, non-overlapping BCTs with clear labels and definitions formed Behaviour Change Technique Taxonomy version 1 (BCTTv1). BCTs clustered into 16 groupings using a 'bottom-up' open-sort procedure; there was overlap between these and groupings produced by a theory-driven, 'top-down' procedure. Both training methods improved validity (both $p < 0.05$), doubled the proportion of coders achieving competence and improved confidence in identifying BCTs in workshops (both $p < 0.001$) but did not improve intercoder reliability. Good intercoder reliability was observed for 80 of the 93 BCTs. Good within-coder agreement was observed after 1 month ($p < 0.001$). Validity was good for 14 of 15 BCTs in the descriptions. The usefulness of BCTTv1 to report descriptions of observed interventions had mixed results. Conclusions: The developed taxonomy (BCTTv1) provides a methodology for identifying content of complex BCIs and a foundation for international cross-disciplinary collaboration for developing more effective interventions to improve health. Further work is needed to examine its usefulness for reporting interventions.

Notes: Michie, Susan Wood, Caroline E. Johnston, Marie Abraham, Charles Francis, Jill J. Hardeman, Wendy Francis, Jill/AHE-6998-2022; Abraham, Charles/C-7130-2012; Hardeman, Wendy/H-1497-2012
Abraham, Charles/0000-0002-0901-1975; Francis, Jill/0000-0001-5784-8895; Hardeman, Wendy/0000-0002-6498-9407
2046-4924
URL: <Go to ISI>://WOS:000365971500001

Reference Type: Journal Article

Record Number: 2064

Author: Middleton, S., Levi, C., Dale, S., Cheung, N. W., McInnes, E., Considine, J., D'Este, C., Cadilhac, D. A., Grimshaw, J., Gerraty, R., Craig, L., Schadewaldt, V., McElduff, P., Fitzgerald, M., Quinn, C., Cadigan, G., Denisenko, S., Longworth, M., Ward, J. and Collaborators, T. Trialist

Year: 2016

Title: Triage, treatment and transfer of patients with stroke in emergency department trial (the T-3 Trial): a cluster randomised trial protocol

Journal: Implementation Science

Volume: 11

Date: Oct

Short Title: Triage, treatment and transfer of patients with stroke in emergency department trial (the T-3 Trial): a cluster randomised trial protocol

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0503-6

Article Number: 139

Accession Number: WOS:000385594200001

Abstract: Background: Internationally recognised evidence-based guidelines recommend appropriate triage of patients with stroke in emergency departments (EDs), administration of tissue plasminogen activator (tPA), and proactive management of fever, hyperglycaemia and swallowing before prompt transfer to a stroke unit to maximise outcomes. We aim to evaluate the effectiveness in EDs of a theory-informed, nurse-initiated, intervention to improve multidisciplinary triage, treatment and transfer (T-3) of patients with acute stroke to improve 90-day death and dependency. Organisational and contextual factors associated with intervention uptake also will be evaluated. Methods: This prospective, multicentre, parallel group, cluster randomised trial with blinded outcome assessment will be conducted in EDs of hospitals with stroke units in three Australian states and one territory. EDs will be randomised 1: 1 within strata defined by state and tPA volume to receive either the T-3 intervention or no additional support (control EDs). Our T-3 intervention comprises an evidence-based care bundle targeting: (1) triage: routine assignment of patients with suspected stroke to Australian Triage Scale category 1 or 2; (2) treatment: screening for tPA eligibility and administration of tPA where applicable; instigation of protocols for management of fever, hyperglycaemia and swallowing; and (3) transfer: prompt admission to the stroke unit. We will use implementation science behaviour change methods informed

by the Theoretical Domains Framework [1, 2] consisting of (i) workshops to determine barriers and local solutions; (ii) mixed interactive and didactic education; (iii) local clinical opinion leaders; and (iv) reminders in the form of email, telephone and site visits. Our primary outcome measure is 90 days post-admission death or dependency (modified Rankin Scale >2). Secondary outcomes are health status (SF-36), functional dependency (Barthel Index), quality of life (EQ-5D); and quality of care outcomes, namely, monitoring and management practices for thrombolysis, fever, hyperglycaemia, swallowing and prompt transfer. Outcomes will be assessed at the patient level. A separate process evaluation will examine contextual factors to successful intervention uptake. At the time of publication, EDs have been randomised and the intervention is being implemented. Discussion: This theoretically informed intervention is aimed at addressing important gaps in care to maximise 90-day health outcomes for patients with stroke.

Notes: Middleton, Sandy Levi, Chris Dale, Simeon Cheung, N. Wah McInnes, Elizabeth Considine, Julie D'Este, Catherine Cadilhac, Dominique A. Grimshaw, Jeremy Gerraty, Richard Craig, Louise Schadewaldt, Verena McElduff, Patrick Fitzgerald, Mark Quinn, Clare Cadigan, Greg Denisenko, Sonia Longworth, Mark Ward, Jeanette Schadewaldt, Verena/HJP-2594-2023; Middleton, Sandy/J-5526-2015; McInnes, Liz/R-6374-2019; Cadilhac, D A/I-1912-2014; Grimshaw, Jeremy/D-8726-2013

Middleton, Sandy/0000-0002-7201-4394; McInnes, Liz/0000-0002-0567-9679; Cadilhac, D A/0000-0001-8162-682X; Levi, Christopher/0000-0002-9474-796X; Considine, Julie/0000-0003-3801-2456; Cheung, Ngai Wah/0000-0001-6323-8006; Craig, Louise/0000-0003-0057-1949; Dale, Simeon/0000-0003-3611-8740; Schadewaldt, Verena/0000-0003-3256-6458; Fitzgerald, Mark/0000-0003-0183-7761

URL: <Go to ISI>://WOS:000385594200001

Reference Type: Journal Article

Record Number: 40

Author: Mikolajczak, K. M., Barlow, J., Lees, A. C., Ives, C. D., Strack, M., de Almeida, O. T., Souza, A. C., Sinclair, F. and Parry, L.

Year: 2023

Title: Evaluating the influence of nature connection and values on conservation attitudes at a tropical deforestation frontier

Journal: Conservation Biology

Date: 2023 Apr

Short Title: Evaluating the influence of nature connection and values on conservation attitudes at a tropical deforestation frontier

ISSN: 0888-8892

DOI: 10.1111/cobi.14067

Accession Number: WOS:000975585600001

Abstract: Inner phenomena, such as personal motivations for pursuing sustainability, may be critical levers for improving conservation outcomes. Most conservation research and policies, however, focus on external phenomena (e.g., ecological change or economic processes).

We explored the factors shaping 9 conservation attitudes toward forest and wildlife protection among colonist farmers around an Amazonian deforestation frontier. Our data comprised 241 face-to-face quantitative surveys, complemented with qualitative insights from open-ended questionnaire responses and opportunistic semistructured interviews. To account for the full spectrum of possible inner motivations, we employed measures of nature connection (indicating biospheric motivation) and personal values organized around the traditionalism (traditionalist through to high openness to change) and universalism dimensions (egoistic through to altruistic motivations). We used averaged beta-binomial generalized linear models to assess the role of external factors (socioeconomic, sociodemographic, and environmental) and personal (inner) motivations on the variation in attitudes. Each attitude was modeled separately. The relative importance of each predictor was judged by the proportion of models where it appeared as significant. Proconservation views were expressed by the majority (at least 65%) of the respondents in 7 out of the 9 attitude models. The most consistent predictors were emotional nature connection and personal values (significant in 4–6 out of 9 models), rather than external phenomena (significant in 0–5 models). However, the poorest farmers had lower scores on the agreement with prioritizing nature over development ($\beta = -0.52$, 95% CI: -0.96 to -0.07). Qualitative data also indicated that economic barriers hinder forest conservation on farms. These results suggest that biospheric, traditionalistic, and altruistic motivations promote people's proconservation attitudes, but nurturing these latent motivations is unlikely to improve conservation outcomes if material poverty remains unaddressed. Integrating the inner-outer perspective into conservation thinking and practical interventions could foster environmental stewardship and increase human well-being.

Notes: Mikolajczak, Katarzyna M. Barlow, Jos Lees, Alexander C. Ives, Christopher D. Strack, Micha de Almeida, Oriana Trindade Souza, Agnis C. Sinclair, Frazer Parry, Luke Barlow, Jos/0000-0003-4992-2594; Sinclair, Frazer/0000-0001-5017-3215; Mikolajczak, Katarzyna/0000-0002-1026-3053; Lees, Alexander/0000-0001-7603-9081 1523-1739
URL: <Go to ISI>://WOS:000975585600001

Reference Type: Journal Article

Record Number: 997

Author: Mill, D., Page, A., Johnson, J., Lee, K., Salter, S. M., Seubert, L., Clifford, R. and D'Lima, D.

Year: 2022

Title: Do pharmacy practice standards effectively describe behaviour? Reviewing practice standards using a behavioural specificity framework

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Jan

Short Title: Do pharmacy practice standards effectively describe

behaviour? Reviewing practice standards using a behavioural specificity framework

DOI: 10.1186/s12913-021-07358-4

Article Number: 71

Accession Number: WOS:000742659400004

Abstract: Background Guidelines and practice standards exist to communicate the conduct and behaviour expected of health care professionals and ensure consistent quality practice. It is important that they describe behaviours explicitly so they can be interpreted, enacted and measured with ease. The AACTT framework specifies behaviour in terms of the: Action to be performed, Actor who performs the action, Context where the action occurs, Target who the action is performed with/for and Time when the action is performed (AACTT). It provides the most up to date framework for specifying behaviours and is particularly relevant to complex behavioural problems that involve sequences of behaviours performed by different people. Behavioural specificity within pharmacy practice standards has not been explored. Aim To determine if behaviours described in the Professional Practice Standards for Australian Pharmacists specify Action, Actor, Context, Target and Time. Methods Two researchers independently reviewed the scope and structure of the practice standards and one extracted action statements (behaviours) verbatim. Through an iterative process, the researchers modified and developed the existing AACTT definitions to operationalise them for application to review of the action statements in the practice standards. The operational definitions, decision criteria and curated examples were combined in a codebook. The definitions were consistently applied through a directed content analysis approach to evaluate all extracted action statements by one researcher. For consistency 20% was independently checked for agreement by a second researcher. Results A novel codebook to apply AACTT criteria to evaluate practice standards was developed. Application of this codebook identified 768 independent behaviours. Of these, 300 (39%) described at least one discrete observable action, none specified an actor, 25 (3%) specified context, 131 (17%) specified target and 88 (11%) specified time. Conclusion(s) The behaviours detailed in practice standards for Australian pharmacists do not consistently specify behaviours in terms of Action, Actor, Context, Target and Time. Developers in the pharmacy profession, and beyond, should consider the behavioural specificity of their documents to improve interpretability, usability and adherence to the behaviours detailed. This also has implications for the development and evaluation of interventions to change such behaviours and improve quality of care.

Notes: Mill, Deanna Page, Amy Johnson, Jacinta Lee, Kenneth Salter, Sandra M. Seubert, Liza Clifford, Rhonda D'Lima, Danielle Lee, Kenneth/A-3406-2016; Johnson, Jacinta L/N-5909-2015; Page, Amy Theresa/F-9424-2013; Clifford, Rhonda/C-3791-2013; Salter, Sandra/C-8831-2013

Lee, Kenneth/0000-0003-3022-4868; Johnson, Jacinta L/0000-0003-4786-022X; Page, Amy Theresa/0000-0002-2084-8469; Mill, Deanna/0000-0002-4151-8864; Clifford, Rhonda/0000-0002-7789-5717; Salter, Sandra/0000-0002-5840-6797; Seubert, Liza/0000-0002-7302-6303

1472-6963

URL: <Go to ISI>://WOS:000742659400004

Reference Type: Journal Article

Record Number: 1177

Author: Miller, L., Richard, M., Krmpotic, K., Kennedy, A., Seabrook, J., Slumkoski, C., Walls, M. and Foster, J.

Year: 2022

Title: Parental presence at the bedside of critically ill children in the pediatric intensive care unit: A scoping review

Journal: European Journal of Pediatrics

Volume: 181

Issue: 2

Pages: 823-831

Date: Feb

Short Title: Parental presence at the bedside of critically ill children in the pediatric intensive care unit: A scoping review

ISSN: 0340-6199

DOI: 10.1007/s00431-021-04279-6

Accession Number: WOS:000705765500001

Abstract: Parental presence at the bedside (PPB) of critically ill children in the pediatric intensive care unit (PICU) is necessary for operationalizing family-centred care. Previous evidence syntheses emphasize parent-healthcare provider interactions at rounds and resuscitation; our focus is the parent-child dyad. Prior to embarking on further study, we performed a scoping review to determine the breadth and scope of the literature addressing PPB of critically ill children in the PICU. We searched five online databases (MEDLINE, EMBASE, CINAHL, Cochrane Library, and PSYCHINFO) and the grey literature to identify English and French reports from January 1960 to June 2020 addressing physical parental presence with children (birth to 18 years) in intensive care units, without limitation by methodology. Screening, reference selection, and data extraction were performed by two independent reviewers. Data were extracted into a researcher-designed tool. We identified 204 publications (81 quantitative, 68 qualitative, 22 mixed methods, and 9 descriptive case or practice change studies, and a further 24 non-study reports). PPB was directly assessed in 78 (38%) reports, and was the primary objective in 64 (31%). Amount or quality of presence was addressed by 114 reports, barriers and enablers by 152 sources, and impacts and outcomes by 134 sources. While only 6 reports were published in the first two decades of our search (1960-1980), 17 reports were published in 2019 alone. Conclusions: A relatively large body of literature exists addressing PPB of critically ill children. Separate systematic evidence syntheses to assess each element of PPB are warranted. Scoping review protocol registration: Open science framework, protocol nx6v3, registered 9-September-2019. What is Known: center dot Parental presence at the bedside of critically ill children must be enabled to facilitate family centeredness in care. center dot Systematic evidence syntheses have focused on parental presence at rounds or resuscitation, rather than with the child throughout the intensive care journey. What is New: center dot Many reports (n=204) address parental presence at the

bedside in the pediatric intensive care unit, though most do as incidental findings center dot Identifies studies addressing key elements of parental presence in the PICU including barriers and enablers to, amount and quality of, and impact and outcomes of parental presence, and demonstrates trends over time and geography. Notes: Miller, Lauren Richard, Monique Krmpotic, Kristina Kennedy, Anne Seabrook, Jamie Slumkoski, Corey Walls, Martha Foster, Jennifer Foster, Jennifer/0000-0001-8919-9383; Seabrook, Jamie/0000-0003-4297-6450 1432-1076 URL: <Go to ISI>://WOS:000705765500001

Reference Type: Journal Article

Record Number: 346

Author: Miller, M. J., Pak, S. S., Keller, D. R., Gustavson, A. M. and Barnes, D. E.

Year: 2022

Title: Physical Therapist Telehealth Delivery at 1 Year Into COVID-19

Journal: Physical Therapy

Volume: 102

Issue: 11

Date: Nov

Short Title: Physical Therapist Telehealth Delivery at 1 Year Into COVID-19

ISSN: 0031-9023

DOI: 10.1093/ptj/pzac121

Article Number: pzac121

Accession Number: WOS:000914629400002

Abstract: Objective The purpose of this study was to examine telehealth physical therapy utilization 1 year into the COVID-19 pandemic and identify factors that influence physical therapists' delivery of telehealth in an urban academic medical center. Methods Electronic medical record data were extracted within the dates of interest (March 22, 2021 to May 15, 2021), the proportion of physical therapy sessions delivered via telehealth were identified, and patient characteristics were compared by telehealth volume (0 vs >= 1 session, 1 vs >1 session). Qualitative data also were collected from physical therapists via semi-structured interviews, and a directed content analysis was conducted, informed by the Capability, Opportunity, Motivation, and Behavior model, to identify factors influencing telehealth delivery. Results Telehealth was used for 3793 of 8038 (47.2%) physical therapist sessions, and 1028 unique patients had at least 2 physical therapist sessions (without telehealth: 6.6% [n = 68], telehealth once: 39.1% [n = 402], telehealth more than once: 54.3% [n = 558]). Patients without telehealth were older, non-English speaking, had non-commercial insurance, and had at least 1 chronic health condition. Patients with telehealth more than once had a neurologic diagnosis and lived farther from the treating clinic. Capabilities that influenced telehealth delivery were physical therapist clinical skills and knowledge, technical proficiency, telehealth-specific interpersonal skills, and cognitive flexibility. Factors external to physical

therapists—including the environment, patient equipment and technology proficiency, physical therapist equipment, clinic factors, and patient and referring provider perspectives—also influenced telehealth delivery. Finally, patient needs and telehealth as a beneficial tool guided physical therapist intention to use telehealth. Conclusion Sustained telehealth utilization outcomes 1 year into the COVID-19 pandemic and an interaction among physical therapist, patient, and environmental factors support the long-term potential of telehealth physical therapy in an urban academic medical center. Impact These findings support the long-term potential of telehealth approaches and can be used to inform telehealth physical therapist training programs and clinical implementation, future research, and health policy.

Notes: Miller, Matthew J. Pak, Sang S. Keller, Daniel R. Gustavson, Allison M. Barnes, Deborah E.

Miller, Matthew J./0000-0002-1301-7149; Gustavson, Allison/
0000-0002-6401-1230
1538-6724

URL: <Go to ISI>://WOS:000914629400002

Reference Type: Journal Article

Record Number: 366

Author: Mills, D. S.

Year: 2022

Title: Clinical Animal Behaviour: Paradigms, Problems and Practice

Journal: Animals

Volume: 12

Issue: 22

Date: Nov

Short Title: Clinical Animal Behaviour: Paradigms, Problems and Practice

ISSN: 2076-2615

DOI: 10.3390/ani12223103

Article Number: 3103

Accession Number: WOS:000887013100001

Abstract: Simple Summary Effective and ethical management of problem animal behaviour requires the translation of scientific research into practice. However, to do this we must appreciate different scientific perspectives and their limitations. There are serious limitations to the application of population level effects to the care of the individual. Factors such as p-values relating to difference, or lack thereof, appear to be frequently misunderstood and may be of less value than widely appreciated. Clinical significance can be very different to statistical significance. There is also a growing concern over the way in which an approach supposedly based on evidence medicine is being applied to treatment recommendations. This is in danger of creating unhelpful biases that can undermine the delivery of personalized care which is at the heart of clinical animal behaviour practice. In order to address this, increased open access and data-sharing is to be encouraged. Evidence from scientific studies needs to be combined with critical reflection of its relevance on a case by case basis by clinicians. Accordingly it is imperative that they have a high level of

scientific literacy. Both the public and clinicians are interested in the application of scientific knowledge concerning problem animal behaviour and its treatment. However, in order to do this effectively it is essential that individuals have not only scientific literacy but also an appreciation of philosophical concepts underpinning a particular approach and their practical implications on the knowledge generated as a result. This paper highlights several common misunderstandings and biases associated with different scientific perspectives relevant to clinical animal behaviour and their consequences for how we determine what may be a useful treatment for a given patient. In addition to more reflective evaluation of results, there is a need for researchers to report more information of value to clinicians; such as relevant treatment outcomes, effect sizes, population characteristics. Clinicians must also appreciate the limitations of population level study results to a given case. These challenges can however be overcome with the careful critical reflection using the scientific principles and caveats described.

Notes: Mills, Daniel S.

Mills, Daniel/0000-0002-4765-9625

URL: <Go to ISI>://WOS:000887013100001

Reference Type: Journal Article

Record Number: 1054

Author: Mills, F., Symons, C. and Carter, H.

Year: 2022

Title: Exploring the Role of Enforcement in Promoting Adherence with Protective Behaviours during COVID-19

Journal: Policing—a Journal of Policy and Practice

Volume: 16

Issue: 4

Pages: 580-590

Date: Dec

Short Title: Exploring the Role of Enforcement in Promoting Adherence with Protective Behaviours during COVID-19

ISSN: 1752-4512

DOI: 10.1093/police/paab079

Accession Number: WOS:000764668800001

Abstract: The aim of this narrative review was to explore the conditions under which enforcement likely is, or is not, an effective strategy to increase adherence to recommended protective behaviours during COVID-19. Relevant search terms were entered into four key databases (Google, Google Scholar, medXriv, and psyArXiv) to identify both academic and non-academic papers relating to the use of enforcement. Primary research, reviews, blogs, newspaper reports, and theoretical descriptions were included. This review suggests that enforcement is less effective when: it is applied inconsistently; rules are ambiguous; and behaviours are unobservable. Providing food and financial support, creating social norms, and increasing trust are more effective in addressing specific barriers and fostering voluntary adherence. Where enforcement forms part of the strategy for policing COVID-19 regulations, rules must be clear and local responders must be given

time and opportunity to plan their response as new rules are implemented. Due to the narrative nature of the review, and the rapidly changing nature of the COVID-19 pandemic, some evidence may have been inadvertently excluded. Findings inform an understanding of the impact of the public narrative of enforcement on adherence and facilitate the development of recommendations for increasing adherence to protective behaviours during COVID-19. Given the importance of public adherence, these recommendations are not only useful in the context of COVID-19 but also for future public health emergencies. This narrative review is the first to explore the circumstances under which enforcement can increase or reduce adherence with COVID-19 guidelines, generating recommendations for improved public adherence.

Notes: Mills, Freya Symons, Charles Carter, Holly Mills, Freya/0000-0003-1174-6361; Symons, Charles/0000-0003-4734-7610
1752-4520
URL: <Go to ISI>://WOS:000764668800001

Reference Type: Journal Article

Record Number: 1176

Author: Milne, R., Altomare, D., Ribaldi, F., Molinuevo, J. L., Frisoni, G. B., Brayne, C. and European Task Force Brain, Health
Year: 2021

Title: Societal and equity challenges for Brain Health Services. A user manual for Brain Health Services-part 6 of 6

Journal: Alzheimers Research & Therapy

Volume: 13

Issue: 1

Date: Oct

Short Title: Societal and equity challenges for Brain Health Services. A user manual for Brain Health Services-part 6 of 6

DOI: 10.1186/s13195-021-00885-6

Article Number: 173

Accession Number: WOS:000706150900005

Abstract: Brain Health Services are a novel approach to the personalized prevention of dementia. In this paper, we consider how such services can best reflect their social, cultural, and economic context and, in doing so, deliver fair and equitable access to risk reduction. We present specific areas of challenge associated with the social context for dementia prevention. The first concentrates on how Brain Health Services engage with the "at-risk" individual, recognizing the range of factors that shape an individual's risk of dementia and the efficacy of risk reduction measures. The second emphasizes the social context of Brain Health Services themselves and their ability to provide equitable access to risk reduction. We then elaborate proposals for meeting or mitigating these challenges. We suggest that considering these challenges will enable Brain Health Services to address two fundamental questions: the balance between an individualized "high-risk" and population focus for public health prevention and the ability of services to meet ethical standards of justice and health equity.

Notes: Milne, Richard Altomare, Daniele Ribaldi, Federica Molinuevo,

Jose Luis Frisoni, Giovanni B. Brayne, Carol
Molinuevo, Jose Luis/HCH-3881-2022; Altomare, Daniele/D-6416-2017;
Frisoni, Giovanni B./K-1360-2016; Ribaldi, Federica/HOF-3570-2023;
Frisoni, Giovanni/K-1360-2016
Altomare, Daniele/0000-0003-1905-8993; Frisoni, Giovanni B./
0000-0002-6419-1753; Ribaldi, Federica/0000-0001-9208-4472; Frisoni,
Giovanni/0000-0001-7075-7082; Milne, Richard/0000-0002-8770-2384;
Brayne, Carol/0000-0001-5307-663X
1758-9193
URL: <Go to ISI>://WOS:000706150900005

Reference Type: Journal Article

Record Number: 884

Author: Milne-Ives, M., Homer, S., Andrade, J., Meinert, E. and
Milne-Ives, M.

Year: 2022

Title: Associations Between Behavior Change Techniques and
Engagement With Mobile Health Apps: Protocol for a Systematic Review

Journal: Jmir Research Protocols

Volume: 11

Issue: 3

Date: Mar

Short Title: Associations Between Behavior Change Techniques and
Engagement With Mobile Health Apps: Protocol for a Systematic Review

ISSN: 1929-0748

DOI: 10.2196/35172

Article Number: e35172

Accession Number: WOS:000779992200022

Abstract: Background: Digitally enabled care along with an emphasis on self-management of health is steadily growing. Mobile health apps provide a promising means of supporting health behavior change; however, engagement with them is often poor and evidence of their impact on health outcomes is lacking. As engagement is a key prerequisite to health behavior change, it is essential to understand how engagement with mobile health apps and their target health behaviors can be better supported. Although the importance of engagement is emphasized strongly in the literature, the understanding of how different components of engagement are associated with specific techniques that aim to change behaviors is lacking. Objective: The purpose of this systematic review protocol is to provide a synthesis of the associations between various behavior change techniques (BCTs) and the different components and measures of engagement with mobile health apps. Methods: The review protocol was structured using the PRISMA-P (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols) and the PICOS (Population, Intervention, Comparator, Outcome, and Study type) frameworks. The following seven databases will be systematically searched: PubMed, Embase, Cumulative Index to Nursing and Allied Health Literature, APA PsycInfo, ScienceDirect, Cochrane Library, and Web of Science. Title and abstract screening, full-text review, and data extraction will be conducted by 2 independent reviewers. Data will be extracted into a predetermined form, any disagreements in screening or data extraction will be discussed, and

a third reviewer will be consulted if consensus cannot be reached. Risk of bias will be assessed using the Cochrane Collaboration Risk of Bias 2 and the Risk Of Bias In Non-Randomized Studies – of Interventions (ROBINS-I) tools; descriptive and thematic analyses will be conducted to summarize the relationships between BCTs and the different components of engagement. Results: The systematic review has not yet started. It is expected to be completed and submitted for publication by May 2022. Conclusions: This systematic review will summarize the associations between different BCTs and various components and measures of engagement with mobile health apps. This will help identify areas where further research is needed to examine BCTs that could potentially support effective engagement and help inform the design and evaluation of future mobile health apps.

Notes: Milne-Ives, Madison Homer, Sophie Andrade, Jackie Meinert, Edward Milne-Ives, Madison ; Andrade, Jackie/H-1215-2013 Milne-Ives, Madison/0000-0001-7628-882X; Homer, Sophie/0000-0002-1825-5533; Andrade, Jackie/0000-0002-6626-7192; Meinert, Edward/0000-0003-2484-3347 URL: <Go to ISI>://WOS:000779992200022

Reference Type: Journal Article

Record Number: 2153

Author: Minard, L. V., Deal, H., Harrison, M. E., Toombs, K., Neville, H. and Meade, A.

Year: 2016

Title: Pharmacists' Perceptions of the Barriers and Facilitators to the Implementation of Clinical Pharmacy Key Performance Indicators

Journal: Plos One

Volume: 11

Issue: 4

Date: Apr

Short Title: Pharmacists' Perceptions of the Barriers and Facilitators to the Implementation of Clinical Pharmacy Key Performance Indicators

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0152903

Article Number: e0152903

Accession Number: WOS:000373592100041

Abstract: Background In hospitals around the world, there has been no consensus regarding which clinical activities a pharmacist should focus on until recently. In 2011, a Canadian clinical pharmacy key performance indicator (cpKPI) collaborative was formed. The goal of the collaborative was to advance pharmacy practice in order to improve patient outcomes and enhance the quality of care provided to patients by hospital pharmacists. Following a literature review, which indicated that pharmacists can improve patient outcomes by carrying out specific activities, and an evidence-informed consensus process, a final set of eight cpKPIs were established. Canadian hospitals leading the cpKPI initiative are currently in the early stages of implementing these indicators. Objective To explore pharmacists' perceptions of the barriers and facilitators to the

implementation of cpKPIs. Methods Clinical pharmacists employed by the Nova Scotia Health Authority were invited to participate in focus groups. Focus group discussions were audio-recorded and transcribed, and data was analyzed using thematic analysis. Findings Three focus groups, including 26 pharmacists, were conducted in February 2015. Three major themes were identified. Resisting the change was comprised of documentation challenges, increased workload, practice environment constraints, and competing priorities. Embracing cpKPIs was composed of seeing the benefit, demonstrating value, and existing supports. Navigating the unknown was made up of quality versus quantity battle, and insights into the future. Conclusions Although pharmacists were challenged by documentation and other changes associated with the implementation of cpKPIs, they demonstrated significant support for cpKPIs and were able to see benefits of the implementation. Pharmacists came up with suggestions for overcoming resistance associated with the implementation of cpKPIs and provided insights into the future of pharmacy practice. The identification of barriers and facilitators to cpKPI implementation will be used to inform the implementation process on a local and national level.

Notes: Minard, Laura V. Deal, Heidi Harrison, Megan E. Toombs, Kent Neville, Heather Meade, Andrea Neville, Heather/AAX-7258-2020
Neville, Heather/0000-0002-1566-6206
URL: <Go to ISI>://WOS:000373592100041

Reference Type: Conference Proceedings

Record Number: 2189

Author: Moatamed, B., Arjun, Shahmohammadi, F., Ramezani, R., Naeim, A., Sarrafzadeh, M. and Ieee

Year of Conference: 2016

Title: Low-cost Indoor Health Monitoring System

Conference Name: 13th IEEE International Conference on Wearable and Implantable Body Sensor Networks (BSN)

Conference Location: San Francisco, CA

Pages: 159-164

Series Title: International Conference on Wearable and Implantable Body Sensor Networks

Date: Jun 14-17

Sponsor: Ieee, E. M. B.

Short Title: Low-cost Indoor Health Monitoring System

ISBN: 978-1-5090-3087-3

Source: 2016 ieee 13th international conference on wearable and implantable body sensor networks (bsn)

Year Published:2016

Accession Number: WOS:000391251700030

Abstract: The advent of smart infrastructure or Internet of Things (IoT) has enabled scenarios in which objects with unique identifiers can communicate and transfer data over a network without human to human/computer interactions. Incorporating hardware in such networks is so cheap that it has opened the possibility of connecting just about anything from simple nodes to complex, remotely-monitored sensor networks. In the paper, we describe a low-cost scalable and

potentially ubiquitous system for indoor remote health monitoring using low energy bluetooth beacons and a smartwatch. Our system was implemented in a rehabilitation facility in Los Angeles and the overall assessments revealed promising results.

Notes: Moatamed, Babak Arjun Shahmohammadi, Farhad Ramezani, Ramin Naeim, Arash Sarrafzadeh, Majid
2376-8886

URL: <Go to ISI>://WOS:000391251700030

Reference Type: Journal Article

Record Number: 397

Author: Moffat, A., Cook, E. J. and Chater, A. M.

Year: 2022

Title: Examining the influences on the use of behavioural science within UK local authority public health: Qualitative thematic analysis and deductive mapping to the COM-B model and Theoretical Domains Framework

Journal: Frontiers in Public Health

Volume: 10

Date: Oct

Short Title: Examining the influences on the use of behavioural science within UK local authority public health: Qualitative thematic analysis and deductive mapping to the COM-B model and Theoretical Domains Framework

DOI: 10.3389/fpubh.2022.1016076

Article Number: 1016076

Accession Number: WOS:000879423600001

Abstract: Background Behavioural science and its contribution towards improving public health is receiving increased recognition. Yet, the translation of these insights into public health practice is under-researched. This study explored the factors influencing the use of behavioural science within public health at a local authority level. Methods Fourteen local authority staff (n = 13 female) in the south of England participated in semi-structured interviews, which were analysed inductively to identify key themes. These were later mapped deductively to the COM-B model and Theoretical Domains Framework.

Findings Nine themes were identified as factors that influence the use of behavioural science in local authority public health: (1) "Limited past experience," (2) "Narrow understanding," (3) "Perceived value of behavioural science," (4) "Translational gap from theory-to-practice," (5) "No protected time," (6) "Old ways of working," (7) "Political influence and organisational culture," (8) "Relationships with key stakeholders," (9) "Access to behavioural science resources". Deductive mapping of these themes revealed that five of the COM constructs (excluding Physical Capability) and eleven of the TDF domains influenced behavioural science use, with "Social influences" and "Knowledge" being the most prominent.

Discussion Use of behavioural science within local authority public health practice is limited and inconsistent. For it to be successfully implemented, there must be an understanding of its role and value, alongside strategies to overcome a translational gap from theory to practice. Public health teams would benefit from protected time to enable application and strategies to break old habits of

using a common-sense approach. System-wide buy-in, particularly related to senior leadership and system partners is needed, which would benefit from organisational and political culture change. Training opportunities, practical resources and expert in-house support should be considered a priority across public health teams. Notes: Moffat, Abby Cook, Erica Jane Chater, Angel Marie Cook, Erica/0000-0003-4369-8202 2296-2565 URL: <Go to ISI>://WOS:000879423600001

Reference Type: Journal Article

Record Number: 1635

Author: Mohan, D., O'Malley, A. J., Chelen, J., MacMartin, M., Murphy, M., Rudolph, M. and Barnato, A.

Year: 2021

Title: Videogame intervention to increase advance care planning conversations by hospitalists with older adults: study protocol for a stepped-wedge clinical trial

Journal: Bmj Open

Volume: 11

Issue: 3

Short Title: Videogame intervention to increase advance care planning conversations by hospitalists with older adults: study protocol for a stepped-wedge clinical trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-045084

Article Number: e045084

Accession Number: WOS:000632921900025

Abstract: Introduction Fewer than half of all people in the USA have a documented advance care plan (ACP). Hospitalisation offers an opportunity for physicians to initiate ACP conversations. Despite expert recommendations, hospital-based physicians (hospitalists) do not routinely engage in these conversations, reserving them for the critically ill. The objective of this study is to test the effect of a novel behavioural intervention on the incidence of ACP conversations by hospitalists practicing at a stratified random sample of hospitals drawn from 220 US acute care hospitals staffed by a large, nationwide acute care physician practice with an ongoing ACP quality improvement initiative. Methods and analysis We developed Hopewell Hospitalist, a theory-based adventure video game, to modify physicians' attitudes towards ACP conversations and to increase their motivation for engaging in them. The planned study is a pragmatic stepped-wedge crossover phase III trial, testing the efficacy of Hopewell Hospitalist for increasing ACP conversations. We will randomise 40 hospitals to the month (step) in which they receive the intervention. We aim to recruit 30 hospitalists from up to eight hospitals each step to complete the intervention, playing Hopewell Hospitalist for at least 2 hours. The primary outcome is ACP billing for patients aged 65 and older managed by participating hospitalists. We hypothesise that the intervention will increase ACP billing in the quarter after dissemination, and have 80% power to detect a 1% absolute increase and 99% power to detect a 3.5% absolute increase. Ethics and dissemination Dartmouth's Committee

for the Protection of Human Subjects has approved the study protocol, which is registered on clinicaltrials.gov. We will disseminate the results through manuscripts and the trials website. Hopewell Hospitalist will be made available on the iOS Application Store for download, free of cost, at the conclusion of the trial.
Notes: Mohan, D. O'Malley, A. James Chelen, Julia MacMartin, Meredith Murphy, Megan Rudolph, Mark Barnato, Amber Chelen, Julia/0009-0009-3979-637X
URL: <Go to ISI>://WOS:000632921900025

Reference Type: Journal Article
Record Number: 1674
Author: Mohseni, M., Isfahani, H. M., Fardid, M., Asadi, H., Hasoumi, M. and Azami-Aghdash, S.
Year: 2021
Title: Role of nation's culture on COVID-19 prevention
Journal: International Journal of Social Psychiatry
Volume: 67
Issue: 7
Pages: 961-962
Date: Nov
Short Title: Role of nation's culture on COVID-19 prevention
ISSN: 0020-7640
DOI: 10.1177/0020764020973706
Article Number: 0020764020973706
Accession Number: WOS:000626694700001
Notes: Mohseni, Mohammad Mousavi Isfahani, Haleh Fardid, Mozghan Asadi, Heshmatollah Hasoumi, Mojtaba Azami-Aghdash, Saber 1741-2854
URL: <Go to ISI>://WOS:000626694700001

Reference Type: Journal Article
Record Number: 1727
Author: Moise, N., Phillips, E., Carter, E., Alcantara, C., Julian, J., Thanataveerat, A., Schwartz, J. E., Ye, S. Q., Duran, A., Shimbo, D. and Kronish, I. M.
Year: 2020
Title: Design and study protocol for a cluster randomized trial of a multi-faceted implementation strategy to increase the uptake of the USPSTF hypertension screening recommendations: the EMBRACE study
Journal: Implementation Science
Volume: 15
Issue: 1
Date: Aug
Short Title: Design and study protocol for a cluster randomized trial of a multi-faceted implementation strategy to increase the uptake of the USPSTF hypertension screening recommendations: the EMBRACE study
ISSN: 1748-5908
DOI: 10.1186/s13012-020-01017-8
Article Number: 63
Accession Number: WOS:000561261500001

Abstract: **Background:** The US Preventive Services Task Force (USPSTF) recommends out-of-office blood pressure (BP) testing to exclude white coat hypertension prior to hypertension diagnosis. Despite improved availability and coverage of home and 24-h ambulatory BP monitoring (HBPM, ABPM), both are infrequently used to confirm diagnoses. We used the Behavior Change Wheel (BCW) framework, a multi-step process for mapping barriers to theory-informed behavior change techniques, to develop a multi-component implementation strategy for increasing out-of-office BP testing for hypertension diagnosis. Informed by geographically diverse provider focus groups (n = 63) exploring barriers to out-of-office testing and key informant interviews (n = 12), a multi-disciplinary team (medicine, psychology, nursing) used rigorous mixed methods to develop, refine, locally adapt, and finalize intervention components. The purpose of this report is to describe the protocol of the Effects of a Multi-faceted intervention on Blood Pressure Actions in the primary Care Environment (EMBRACE) trial, a cluster randomized control trial evaluating whether a theory-informed multi-component strategy increased out-of-office testing for hypertension diagnosis. **Methods/design:** The EMBRACE Trial patient sample will include all adults ≥ 18 years of age with a newly elevated office BP ($\geq 140/90$ mmHg) at a scheduled visit with a primary care provider from a study clinic. All providers with scheduled visits with adult primary care patients at enrolled ACN primary care clinics were included. We determined that the most feasible, effective implementation strategy would include delivering education about out-of-office testing, demonstration/instruction on how to perform out-of-office HBPM and ABPM testing, feedback on completion rates of out-of-office testing, environmental prompts/cues via computerized clinical decision support (CDS) tool, and a culturally tailored, locally accessible ABPM testing service. We are currently comparing the effect of this locally adapted multi-component strategy with usual care on the change in the proportion of eligible patients who complete out-of-office BP testing in a 1:1 cluster randomized trial across 8 socioeconomically diverse clinics. **Conclusions:** The EMBRACE trial is the first trial to test an implementation strategy for improving out-of-office testing for hypertension diagnosis. It will elucidate the degree to which targeting provider behavior via education, reminders, and decision support in addition to providing an ABPM testing service will improve referral to and completion of ABPM and HBPMs.

Notes: Moise, Nathalie Phillips, Erica Carter, Eileen Alcantara, Carmela Julian, Jacob Thanataveerat, Anusorn Schwartz, Joseph E. Ye, Siqin Duran, Andrea Shimbo, Daichi Kronish, Ian M. Carter, Eileen/0000-0002-5629-8892; Moise, Nathalie/0000-0002-5660-5573; Duran, Andrea/0000-0002-1214-1914
URL: <Go to ISI>://WOS:000561261500001

Reference Type: Journal Article

Record Number: 1019

Author: Moliterno, P., Donangelo, C. M., Borgarello, L., Oviedo, L., Nogara, R., Olascoaga, A. and Boggia, J.

Year: 2022

Title: Salt-related practices and its association with 24-hour urinary sodium excretion in an Uruguayan population cohort
Journal: Revista Panamericana De Salud Publica-Pan American Journal of Public Health

Volume: 46

Short Title: Salt-related practices and its association with 24-hour urinary sodium excretion in an Uruguayan population cohort

ISSN: 1020-4989

DOI: 10.26633/rpsp.2022.180

Accession Number: WOS:000877823500001

Abstract: Objectives. To evaluate the association between knowledge, attitudes, and behavior (KAB) towards sodium use and sodium intake measured by 24-hour urinary collection in an adult cohort from Uruguay (Genotype Phenotype and Environment of Hypertension Study, GEFA-HT-UY). Methods. In a cross-sectional study (n = 159), a single 24-hour urinary sample, participants' physical, bio-chemical and blood pressure measurements and questionnaire data were collected. The association between KAB and 24-hour urinary sodium excretion was assessed using general linear models. Results. Mean age of participants was 49.8 +/- 15.5 years, 67.9% were women, and mean 24-hour urinary sodium excretion was 3.6 +/- 1.7 g/day. Although 90.6% of participants exceeded the maximum recommended intake as indicated by urinary sodium excretion, more than half misperceived their actual intake, reporting consuming "the right amount." Almost three-quarters of the participants reported being concerned about the amount of sodium in their diet, but only 52.8% reported taking action to control it. Lack of procedural knowledge was observed. There was no association between KAB and sodium use and intake assessed by 24-hour urinary sodium excretion. Conclusions. The lack of association between KAB towards the use of sodium and intake measured by 24-hour urinary excretion reflects the need to support people with opportunities and motivations to reduce sodium consumption. Structural actions to promote an adequate food environment, such as the effective implementation of the front-of-package nutrition labeling in Uruguay, are positive steps.

Notes: Moliterno, Paula Donangelo, Carmen Marino Borgarello, Luciana Oviedo, Leticia Nogara, Romina Olascoaga, Alicia Boggia, Jose Marino Donangelo, Carmen/0000-0002-4243-4179; Boggia de Izaguirre, Jose Gabriel/0000-0002-1564-8534

1680-5348

URL: <Go to ISI>://WOS:000877823500001

Reference Type: Journal Article

Record Number: 2462

Author: Molloy, G. J.

Year: 2013

Title: Behavioral Science and Reasons for Nonadherence to Medication

Journal: Medical Care

Volume: 51

Issue: 5

Pages: 468-468

Date: May

Short Title: Behavioral Science and Reasons for Nonadherence to

Medication

ISSN: 0025-7079

DOI: 10.1097/MLR.0b013e318286e3e9

Accession Number: WOS:000317653900015

Notes: Molloy, Gerard J.

Molloy, Gerard J/AAV-2634-2021; Molloy, Gerard J/C-5721-2008

Molloy, Gerard J/0000-0002-7718-9898; Molloy, Gerard J/

0000-0002-7718-9898

1537-1948

URL: <Go to ISI>://WOS:000317653900015

Reference Type: Journal Article

Record Number: 2345

Author: Molloy, G. J., Sweeney, L. A., Byrne, M., Hughes, C. M.,
Ingham, R., Morgan, K. and Murphy, A. W.

Year: 2015

Title: Prescription contraception use: a cross-sectional population
study of psychosocial determinants

Journal: Bmj Open

Volume: 5

Issue: 8

Short Title: Prescription contraception use: a cross-sectional
population study of psychosocial determinants

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2015-007794

Article Number: e007794

Accession Number: WOS:000363479100020

Abstract: Objective: Many forms of contraception are available on
prescription only for example, the oral contraceptive pill (OCP) and
long-acting reversible contraceptives (LARCs). In this analysis we
aim to identify key determinants of prescription contraceptive use.
Design: Cross-sectional population survey. Data on sociodemographic
indices, concerns about the OCP and perceived barriers to access
were collected. Setting: Data set constructed from a representative
population-based telephone survey of community dwelling adults in
the Republic of Ireland (RoI) Participants: 1515 women aged between
18 and 45 years Main outcome measure: Self-reported user of the OCP
or LARCs (intrauterine contraception, contraceptive injections or
subdermal contraceptive implants) in the previous 12 months.

Results: For at least some of the previous year, 35% had used the
OCP and 14% had used LARCs, while 3% had used two or more of these
methods. OCP users were significantly younger, more likely to be
unmarried and had higher income than non-users. Overall, 68% agreed
with the statement 'that taking a break from long-term use of the
contraceptive pill is a good idea' and 37% agreed with the statement
that 'the OCP has dangerous side effects' and this was the strongest
predictor variable of non-use of the OCP. Intrauterine contraception
users were significantly older, more likely to be married and had
lower income than non-users. Injections or subdermal contraceptive
implant users were significantly younger, less likely to be married,
had lower income and were less likely to agree that taking a break
from long-term use of the pill is a good idea than non-users.

Conclusions: Prescription contraceptive use is sociodemographically

patterned, with LARCs in particular being associated with lower incomes in the RoI. Concerns about the safety of the OCP remain prevalent and are important and modifiable determinants of contraceptive-related behaviour.

Notes: Molloy, Gerard J. Sweeney, Leigh-Ann Byrne, Molly Hughes, Carmel M. Ingham, Roger Morgan, Karen Murphy, Andrew W. morgan, karen/C-3846-2012; Molloy, Gerard J/C-5721-2008; Molloy, Gerard J/AAV-2634-2021 morgan, karen/0000-0001-6193-1747; Molloy, Gerard J/0000-0002-7718-9898; Molloy, Gerard J/0000-0002-7718-9898; Byrne, Molly/0000-0001-8900-4320; Murphy, Andrew/0000-0001-5549-8246
URL: <Go to ISI>://WOS:000363479100020

Reference Type: Journal Article

Record Number: 206

Author: Monica, T., Catherine, M. and Iona, N.

Year: 2023

Title: New Screening Tool for Term-Born Infants Enables Update to the Clinical Practice Guideline for Early Diagnosis of Cerebral Palsy

Journal: Jama Pediatrics

Volume: 177

Issue: 2

Pages: 115-117

Date: Feb

Short Title: New Screening Tool for Term-Born Infants Enables Update to the Clinical Practice Guideline for Early Diagnosis of Cerebral Palsy

ISSN: 2168-6203

DOI: 10.1001/jamapediatrics.2022.5189

Accession Number: WOS:000919585800002

Notes: Monica, Toohey Catherine, Morgan Iona, Novak 2168-6211

URL: <Go to ISI>://WOS:000919585800002

Reference Type: Journal Article

Record Number: 1213

Author: Montague, J. and Haith-Cooper, M.

Year: 2022

Title: A study to assess the feasibility of using a novel digital animation to increase physical activity levels in asylum seeking communities

Journal: Health & Social Care in the Community

Volume: 30

Issue: 5

Pages: 1960-1968

Date: Sep

Short Title: A study to assess the feasibility of using a novel digital animation to increase physical activity levels in asylum seeking communities

ISSN: 0966-0410

DOI: 10.1111/hsc.13575

Accession Number: WOS:000697624100001

Abstract: The mental health benefits of physical activity and exercise are well-documented and asylum seekers who may have poor mental health could benefit from undertaking recommended levels of physical activity or exercise. Digital mobile applications are increasingly seen as feasible to precipitate behaviour change and could be a means to encourage asylum seekers to increase their levels of physical activity and exercise. This paper reports on a study that aimed to assess the feasibility of asylum seekers using the digital animation as a tool to change behaviour and increase their physical activity and exercise levels. A feasibility study underpinned by the principles of the COM-B behaviour change model was undertaken in West Yorkshire, UK, in 2019. Thirty participants were purposively recruited and interviewed. Peer interpreters were used as necessary. Deductive thematic analysis was undertaken to analyse the data. Overall, participants were positive about the feasibility of asylum seekers using the application as a behaviour change intervention. All expressed the view that it was easy to follow and would motivate them to increase their physical activity levels. Participants identified facilitators to this as the simplicity of the key messages, the cultural neutrality of the graphics and the availability of the mobile application in different languages. Identified barriers related to the dialect and accents in the translations and the over-simplicity of the application. This study has identified that a targeted digital animation intervention could help asylum seekers change their behaviour and hence improve their health and well-being. In designing such interventions, however, researchers must strongly consider co-design from an early stage as this is an important way to ensure that the development of an intervention is fit for purpose for different groups.

Notes: Montague, Jane Haith-Cooper, Melanie

Montague, Jane/0000-0002-6823-7886

1365-2524

URL: <Go to ISI>://WOS:000697624100001

Reference Type: Journal Article

Record Number: 2499

Author: Moodie, S. T., Kothari, A., Bagatto, M. P., Seewald, R., Miller, L. T. and Scollie, S. D.

Year: 2011

Title: Knowledge Translation in Audiology: Promoting the Clinical Application of Best Evidence

Journal: Trends in Amplification

Volume: 15

Issue: 1-2

Pages: 5-22

Date: Mar-Jun

Short Title: Knowledge Translation in Audiology: Promoting the Clinical Application of Best Evidence

ISSN: 1084-7138

DOI: 10.1177/1084713811420740

Accession Number: WOS:000310681300002

Abstract: The impetus for evidence-based practice (EBP) has grown

out of widespread concern with the quality, effectiveness (including cost-effectiveness), and efficiency of medical care received by the public. Although initially focused on medicine, EBP principles have been adopted by many of the health care professions and are often represented in practice through the development and use of clinical practice guidelines (CPGs). Audiology has been working on incorporating EBP principles into its mandate for professional practice since the mid-1990s. Despite widespread efforts to implement EBP and guidelines into audiology practice, gaps still exist between the best evidence based on research and what is being done in clinical practice. A collaborative dynamic and iterative integrated knowledge translation (KT) framework rather than a researcher-driven hierarchical approach to EBP and the development of CPGs has been shown to reduce the knowledge-to-clinical action gaps. This article provides a brief overview of EBP and CPGs, including a discussion of the barriers to implementing CPGs into clinical practice. It then offers a discussion of how an integrated KT process combined with a community of practice (CoP) might facilitate the development and dissemination of evidence for clinical audiology practice. Finally, a project that uses the knowledge-to-action (KTA) framework for the development of outcome measures in pediatric audiology is introduced.

Notes: Moodie, Sheila T. Kothari, Anita Bagatto, Marlene P. Seewald, Richard Miller, Linda T. Scollie, Susan D.

Kothari, Anita/AAG-7532-2020

Kothari, Anita/0000-0003-1533-6976

1940-5588

URL: <Go to ISI>://WOS:000310681300002

Reference Type: Journal Article

Record Number: 1542

Author: Moore, A. P., Flynn, A. C., Adegboye, A. R. A., Goff, L. M. and Rivas, C. A.

Year: 2021

Title: Factors Influencing Pregnancy and Postpartum Weight Management in Women of African and Caribbean Ancestry Living in High Income Countries: Systematic Review and Evidence Synthesis Using a Behavioral Change Theoretical Model

Journal: Frontiers in Public Health

Volume: 9

Date: Feb

Short Title: Factors Influencing Pregnancy and Postpartum Weight Management in Women of African and Caribbean Ancestry Living in High Income Countries: Systematic Review and Evidence Synthesis Using a Behavioral Change Theoretical Model

DOI: 10.3389/fpubh.2021.637800

Article Number: 637800

Accession Number: WOS:000624485800001

Abstract: Background: Women of black African heritage living in high income countries (HIC) are at risk of obesity and weight-related complications in pregnancy. This review aimed to synthesize evidence concerning attitudes to weight management-related health behaviors in pregnancy and postpartum, in women of black African ancestry,

living in high-income countries. Methods: A systematic review of the literature and thematic evidence synthesis using the Capability-Opportunity-Motivation Behavioral change theoretical model (COM-B). Databases searched included MEDLINE, EMBASE, Web of Science, and Scopus. The CASP tool was used to assess quality. Results: Twenty-four papers met the selection criteria, most of which were from the US. Motivational factors were most commonly described as influencers on behavior. Normative beliefs about "eating for two," weight gain being good for the baby, the baby itself driving food choice, as well as safety concerns about exercising in pregnancy, were evident and were perpetuated by significant others. These and other social norms, including a cultural acceptance of larger body shapes, and daily fast food, created a challenge for healthy behavior change. Women also had low confidence in their ability to lose weight in the postpartum period. Behavior change techniques, such as provision of social support, use of credible sources, and demonstration may be useful to support change. Conclusions: The women face a range of barriers to engagement in weight-related health behaviors at this life-stage. Using a theoretical behavior change framework can help identify contextual factors that may limit or support behavior change.

Notes: Moore, Amanda P. Flynn, Angela C. Adegboye, Amanda Rodrigues Amorim Goff, Louise M. Rivas, Carol A.

; Rivas, Carol/Q-1196-2015

Goff, Louise/0000-0001-9633-8759; Rivas, Carol/0000-0002-0316-8090;

Rodrigues Amorim Adegboye, Amanda/0000-0003-2780-0350; Moore,

Amanda/0000-0003-2679-1907; Flynn, Angela/0000-0001-8438-1506

2296-2565

URL: <Go to ISI>://WOS:000624485800001

Reference Type: Journal Article

Record Number: 2018

Author: Moore, A. P., Stanton-Fay, S. H., Rivas, C. A., Harding, S. and Goff, L. M.

Year: 2017

Title: Co-design of a culturally-tailored diet & lifestyle intervention for diabetes management in the UK African-Caribbean community

Journal: Proceedings of the Nutrition Society

Volume: 76

Issue: OCE4

Pages: E163-E163

Short Title: Co-design of a culturally-tailored diet & lifestyle intervention for diabetes management in the UK African-Caribbean community

ISSN: 0029-6651

DOI: 10.1017/s0029665117003251

Accession Number: WOS:000426459800044

Notes: Moore, A. P. Stanton-Fay, S. H. Rivas, C. A. Harding, S. Goff, L. M.

rivas, carol/Q-1196-2015

rivas, carol/0000-0002-0316-8090; Goff, Louise/0000-0001-9633-8759;

Stanton-Fay, Stephanie/0000-0001-5003-8072; Harding, Seeromanie/

0000-0003-1964-6656; Moore, Amanda/0000-0003-2679-1907
1475-2719
URL: <Go to ISI>://WOS:000426459800044

Reference Type: Journal Article

Record Number: 1666

Author: Moore, E., Kelly, S. G., Alexander, L., Luther, P., Cooper, R., Rebeiro, P. F., Zuckerman, A. D., Hargreaves, M., Bourgi, K., Schlundt, D., Bonnet, K. and Pettit, A. C.

Year: 2020

Title: Tennessee Healthcare Provider Practices, Attitudes, and Knowledge Around HIV Pre-Exposure Prophylaxis

Journal: Journal of Primary Care and Community Health

Volume: 11

Date: Dec

Short Title: Tennessee Healthcare Provider Practices, Attitudes, and Knowledge Around HIV Pre-Exposure Prophylaxis

ISSN: 2150-1319

DOI: 10.1177/2150132720984416

Article Number: 2150132720984416

Accession Number: WOS:000603553100001

Abstract: Introduction/Objectives: Pre-exposure prophylaxis (PrEP) use in the southern United States is low despite its effectiveness in preventing HIV acquisition and high regional HIV prevalence. Our objectives were to assess PrEP knowledge, attitudes, and prescribing practices among Tennessee primary care providers. Methods: We developed an anonymous cross-sectional electronic survey from March to November 2019. Survey development was guided by the Capability, Opportunity, Motivation, and Behavior framework and refined through piloting and interviews. Participants included members of professional society and health center listservs licensed to practice in Tennessee. Respondents were excluded if they did not complete the question regarding PrEP prescription in the previous year or were not in a position to prescribe PrEP (e.g., hospital medicine). Metrics included PrEP prescription in the preceding year, PrEP knowledge scores (range 0-8), provider attitudes about PrEP, and provider and practice characteristics. Knowledge scores and categorical variables were compared across PrEP prescriber status with Wilcoxon rank-sum and Fisher's exact tests, respectively. Results: Of 147 survey responses, 99 were included and 43 (43%) reported PrEP prescription in the preceding year. Compared with non-prescribers: prescribers had higher median PrEP knowledge scores (7.3 vs 5.6, $P < .01$), a higher proportion had self-reported patient PrEP inquiries (95% vs 21%, $P < .01$), and a higher proportion had self-reported good or excellent ability to take a sexual history (83% vs 58%, $P = .01$) and comfort taking a sexual history (92% vs 63%, $P < .01$) from men who have sex with men, a subgroup with high HIV risk. Most respondents felt obligated to provide PrEP (65%), and felt all primary care providers should provide PrEP (63%). Conclusion: PrEP provision is significantly associated with PrEP knowledge, patient PrEP inquiries, and provider sexual history taking ability and comfort. Future research should evaluate temporal relationships between these associations and PrEP prescription as

potential routes to increase PrEP provision.

Notes: Moore, Emily Kelly, Sean G. Alexander, Leah Luther, Patrick Cooper, Robert Rebeiro, Peter F. Zuckerman, Autumn D. Hargreaves, Margaret Bourgi, Kassem Schlundt, David Bonnet, Kemberlee Pettit, April C.

; Bourgi, Kassem/I-8590-2017

Rebeiro, Peter/0000-0003-1951-9104; Moore, Emily/
0000-0002-4099-157X; Bourgi, Kassem/0000-0001-9734-7489
2150-1327

URL: <Go to ISI>://WOS:000603553100001

Reference Type: Journal Article

Record Number: 1849

Author: Moore, J. E., Marquez, C., Dufresne, K., Harris, C., Park, J., Sayal, R., Kastner, M., Kelloway, L., Munce, S. E. P., Bayley, M., Meyer, M. and Straus, S. E.

Year: 2018

Title: Supporting the implementation of stroke quality-based procedures (QBPs): a mixed methods evaluation to identify knowledge translation activities, knowledge translation interventions, and determinants of implementation across Ontario

Journal: BMC Health Services Research

Volume: 18

Date: Jun

Short Title: Supporting the implementation of stroke quality-based procedures (QBPs): a mixed methods evaluation to identify knowledge translation activities, knowledge translation interventions, and determinants of implementation across Ontario

DOI: 10.1186/s12913-018-3220-9

Article Number: 466

Accession Number: WOS:000435487400008

Abstract: Background: In 2013, Health Quality Ontario introduced stroke quality-based procedures (QBPs) to promote use of evidence-based practices for patients with stroke in Ontario hospitals. The study purpose was to: (a) describe the knowledge translation (KT) interventions used to support stroke QBP implementation, (b) assess differences in the planned and reported KT interventions by region, and (c) explore determinants perceived to have affected outcomes.

Methods: A mixed methods approach was used to evaluate: activities, KT interventions, and determinants of stroke QBP implementation. In Phase 1, a document review of regional stroke network work plans was conducted to capture the types of KT activities planned at a regional level; these were mapped to the knowledge to action framework. In Phase 2, we surveyed Ontario hospital staff to identify the KT interventions used to support QBP implementation at an organizational level. Phase 3 involved qualitative interviews with staff to elucidate deeper understanding of survey findings.

Results: Of the 446 activities identified in the document review, the most common were 'dissemination' (24.2%; n = 108), 'implementation' (22.6%; n = 101), 'implementation planning' (15.0%; n = 67), and 'knowledge tools' (10.5%; n = 47). Based on survey data (n = 489), commonly reported KT interventions included: staff educational meetings (43.1%; n = 154), champions (41.5%; n = 148),

and staff educational materials (40.6%; n = 145). Survey participants perceived stroke QBP implementation to be successful (median = 5/7; interquartile range = 4-6; range = 1-7; n = 335). Forty-four people (e.g., managers, senior leaders, regional stroke network representatives, and frontline staff) participated in interviews/focus groups. Perceived facilitators to QBP implementation included networks and collaborations with external organizations, leadership engagement, and hospital prioritization of stroke QBP. Perceived barriers included lack of funding, size of the hospital (i.e., too small), lack of resources (i.e., staff and time), and simultaneous implementation of other QBPs. Conclusions: Information on the types of activities and KT interventions used to support stroke QBP implementation and the key determinants influencing uptake of stroke QBPs can be used to inform future activities including the development and evaluation of interventions to address barriers and leverage facilitators.

Notes: Moore, Julia E. Marquez, Christine Dufresne, Kristen Harris, Charmalee Park, Jamie Sayal, Radha Kastner, Monika Kelloway, Linda Munce, Sarah E. P. Bayley, Mark Meyer, Matthew Straus, Sharon E. Munce, Sarah/0000-0002-0595-8395; Sayal, Radha/0000-0002-2475-8831; Bayley, Mark/0000-0001-7860-9463
1472-6963

URL: <Go to ISI>://WOS:000435487400008

Reference Type: Journal Article

Record Number: 2380

Author: Moore, J. E., Mascarenhas, A., Marquez, C., Almaawiy, U., Chan, W. H., D'Souza, J., Liu, B., Straus, S. E. and Team, Move On
Year: 2014

Title: Mapping barriers and intervention activities to behaviour change theory for Mobilization of Vulnerable Elders in Ontario (MOVE ON), a multi-site implementation intervention in acute care hospitals

Journal: Implementation Science

Volume: 9

Date: Oct

Short Title: Mapping barriers and intervention activities to behaviour change theory for Mobilization of Vulnerable Elders in Ontario (MOVE ON), a multi-site implementation intervention in acute care hospitals

ISSN: 1748-5908

DOI: 10.1186/s13012-014-0160-6

Article Number: 160

Accession Number: WOS:000209607800001

Abstract: Background: As evidence-informed implementation interventions spread, they need to be tailored to address the unique needs of each setting, and this process should be well documented to facilitate replication. To facilitate the spread of the Mobilization of Vulnerable Elders in Ontario (MOVE ON) intervention, the aim of the current study is to develop a mapping guide that links identified barriers and intervention activities to behaviour change theory. Methods: Focus groups were conducted with front line health-care professionals to identify perceived barriers to implementation

of an early mobilization intervention targeted to hospitalized older adults. Participating units then used or adapted intervention activities from an existing menu or developed new activities to facilitate early mobilization. A thematic analysis was performed on the focus group data, emphasizing concepts related to barriers to behaviour change. A behaviour change theory, the 'capability, opportunity, motivation-behaviour (COM-B) system', was used as a taxonomy to map the identified barriers to their root causes. We also mapped the behaviour constructs and intervention activities to overcome these. Results: A total of 46 focus groups were conducted across 26 hospital inpatient units in Ontario, Canada, with 261 participants. The barriers were conceptualized at three levels: health-care provider (HCP), patient, and unit. Commonly mentioned barriers were time constraints and workload (HCP), patient clinical acuity and their perceived 'sick role' (patient), and lack of proper equipment and human resources (unit level). Thirty intervention activities to facilitate early mobilization of older adults were implemented across hospitals; examples of unit-developed intervention activities include the 'mobility clock' communication tool and the use of staff champions. A mapping guide was created with barriers and intervention activities matched through the lens of the COM-B system. Conclusions: We used a systematic approach to develop a guide, which maps barriers, intervention activities, and behaviour change constructs in order to tailor an implementation intervention to the local context. This approach allows implementers to identify potential strategies to overcome local-level barriers and to document adaptations.

Notes: Moore, Julia E. Mascarenhas, Alekhya Marquez, Christine Almaawiy, Ummukulthum Chan, Wai-Hin D'Souza, Jennifer Liu, Barbara Straus, Sharon E.

DePaul, Vincent/K-3053-2015

DePaul, Vincent/0000-0003-4645-6399

URL: <Go to ISI>://WOS:000209607800001

Reference Type: Journal Article

Record Number: 2086

Author: Moore, J. E., Uka, S., Vogel, J. P., Timmings, C., Rashid, S., Gulmezoglu, A. M. and Straus, S. E.

Year: 2016

Title: Navigating barriers: two-year follow up on recommendations to improve the use of maternal health guidelines in Kosovo

Journal: BMC Public Health

Volume: 16

Date: Sep

Short Title: Navigating barriers: two-year follow up on recommendations to improve the use of maternal health guidelines in Kosovo

DOI: 10.1186/s12889-016-3641-5

Article Number: 987

Accession Number: WOS:000383228600012

Abstract: Background: Although there are a growing number of initiatives aimed at supporting guideline implementation in resource-constrained settings, few studies assess progress on

achieving next steps and goals after the initial activities are completed and the initial funding period has ended. The aim of the current study was to conduct a qualitative process evaluation of progress, barriers, facilitators, and proposed solutions to operationalize nine recommendations to prepare Kosovo to implement the 2012 World Health Organization (WHO) prevention and treatment of postpartum haemorrhage guideline. Methods/Design: In 2012, we co-created nine recommendations designed to support implementing the WHO's guideline on the prevention and treatment of postpartum haemorrhage in Kosovo. The current study uses a realist evaluation approach to assess activities and progress two years after the recommendations were developed. The study involved conducting qualitative focus groups and one-on-one interviews with participants from the first meeting to evaluate the activities and progress on the nine recommendations. Results: Forty-three participants provided insights into the barriers and opportunities experienced to date and proposed future directions. Although progress has been made towards implementation of a number of the recommendations, scaling up has been limited by barriers, such as lack of awareness, limited resources, and evaluation challenges. Participants proposed addressing these barriers by building within-and between-country partnerships to facilitate guideline implementation. In addition, participants reported less progress on implementing recommendations related to broader cultural changes, which indicates a need for specific and actionable recommendations to operationalize implementation efforts. Conclusions: In the two years since the initial meeting, there has been mixed progress on the recommendations. Based on participant feedback, we refined the recommendations so that they can be operationalized by health care system stakeholders in Kosovo to further support implementation efforts. It is beneficial to share these lessons learned throughout the implementation process to inform next steps in Kosovo and offer ideas for use in other settings.

Notes: Moore, Julia E. Uka, Sami Vogel, Joshua P. Timmings, Caitlyn Rashid, Shusmita Gulmezoglu, A. Metin Straus, Sharon E.

Vogel, Joshua/K-7649-2019

Vogel, Joshua/0000-0002-3214-7096

1471-2458

URL: <Go to ISI>://WOS:000383228600012

Reference Type: Journal Article

Record Number: 1411

Author: Moore, J. L., Bjorkli, C., Havdahl, R. T., Lomo, L. L., Midthaug, M., Skjuve, M., Klokke, M. and Nordvik, J. E.

Year: 2021

Title: A qualitative study exploring contributors to the success of a community of practice in rehabilitation

Journal: BMC Medical Education

Volume: 21

Issue: 1

Date: May

Short Title: A qualitative study exploring contributors to the success of a community of practice in rehabilitation

DOI: 10.1186/s12909-021-02711-x

Article Number: 282

Accession Number: WOS:000656195300005

Abstract: Background Communities of Practice (CoPs) focus on learning, knowledge sharing, and creation, and research indicates they can improve healthcare performance. This article describes the development of a CoP that focused on synthesizing and adapting evidence in Physical Medicine and Rehabilitation (PM&R). This study aimed to investigate the CoP members' experiences and perceived barriers and enablers of CoP success in the early phase of a CoP. **Methods** Physical therapists and a physician (n=10) volunteered for a CoP that synthesized literature of PM&R evidence. CoP members participated in education and training on critical appraisal and knowledge synthesis, practiced critical appraisal skills, and summarized literature. Three months after CoP initiation, semi-structured interviews were conducted to understand the CoP members' experiences and reflections. Members also completed an online survey that included the Evidence-Based Practice Confidence scale (EPIC), questions related to CoP activities, and demographics before CoP initiation. We utilized the Capability, Opportunity, and Motivation Model of Behaviour (COM-B) to explore how these experiences related to the behavioral adaptation and participation. **Results** Ten themes related to the potential contributors to CoP success and failure were identified. These included project management, technological solutions, efficacy, organizational support, interaction, the bigger picture, self-development, time, and motivation. **Conclusions** Contributors to CoP success may include clearly articulated project goals and participant expectations, education and training, reliable technology solutions, organizational support, face-to-face communication, and good project management. Importantly, CoP members need time to participate in activities.

Notes: Moore, Jennifer L. Bjorkli, Cato Havdahl, Richard Tidemann Lomo, Linn Lien Midthaug, Mari Skjuve, Marita Klokkerud, Mari Nordvik, Jan E.

Moore, Jenni/AAY-7344-2021

Moore, Jennifer L/0000-0002-6968-0679
1472-6920

URL: <Go to ISI>://WOS:000656195300005

Reference Type: Journal Article

Record Number: 1381

Author: Moores, C. J., Bell, L. K., Buckingham, M. J. and Dickinson, K. M.

Year: 2021

Title: Are meal kits health promoting? Nutritional analysis of meals from an Australian meal kit service

Journal: Health Promotion International

Volume: 36

Issue: 3

Pages: 660-668

Date: Jun

Short Title: Are meal kits health promoting? Nutritional analysis of

meals from an Australian meal kit service

ISSN: 0957-4824

DOI: 10.1093/heapro/daaa095

Accession Number: WOS:000693258500007

Abstract: Meal kits are popular for consumers seeking greater convenience in preparing meals at home. The market share for meal kit subscription services (MKSSs) is growing in developed nations including Australia, however, literature about their health promoting qualities, e.g. nutritional composition, is scarce. This study aimed to assess the characteristics and nutritional composition of meals offered from an MKSS over 12 months.

Nutritional data were extracted from recipes available to order from HelloFresh in Australia from 1 July 2017 to 30 June 2018. In total, 346 (251 unique) recipes were retrieved. Per serve (median size 580 g), meals contained a median of 2840 kJ (678 kcal) of energy, 58 g carbohydrate (14 g sugar), 44 g protein, 28 g total fat (8 g saturated fat) and 839 mg sodium. Median energy from macronutrients was total fat (38%), carbohydrates (34%), protein (25%) and saturated fat (11%). This paper is the first to describe characteristics of recipes available from an MKSS over a 12month period of time. With their growing popularity, meal kit delivery services have the capacity to influence consumer food behaviours, diets and subsequently population health. MKSSs may function to promote health through education, training, and enabling home cooking behaviours, and may be a powerful commitment device for home cooking behaviour change. However, it is important for health professionals, including dietitians and nutritionists, to understand the nutritional risks, benefits and suitability of this contemporary mealtime option before recommending them to clients and members of the public as part of health promotion. Lay summary Meal kit delivery services are growing in popularity in developed countries, complementing busy lifestyles with pre-measured ingredients and recipe instructions delivered to the home. These meal kits have the ability to influence consumer diets and population health, and may support health promoting diet behaviours, e.g. eating vegetables, and enable home cooking. In this study, we reviewed a years' worth of recipes from a popular meal kit service. We report that a typical recipe contained approximately nine different ingredients, comprising three vegetables and required three ingredients from the home pantry. Meals took similar to 35 min to prepare and were found to be relatively high in energy from fat and protein, and relatively low in energy from carbohydrates. The level of sodium varied widely and some meals exceeded the Australian Suggested Dietary Target for sodium (<2000 mg). Meal kit recipes were found to have health promoting qualities, frequently including vegetable ingredients, however, improvements to recipes would make these meal kits more health promoting. Current diet intakes and the nutritional composition of meal kits recipes should be reviewed before being recommended by health professionals.

Notes: Moores, Carly J. Bell, Lucinda K. Buckingham, Michael J. Dickinson, Kacie M.

Dickinson, Kacie M/G-7855-2011

1460-2245

URL: <Go to ISI>://WOS:000693258500007

Reference Type: Journal Article

Record Number: 1072

Author: Moran, C., Campbell, D. J. T., Campbell, T. S., Roach, P., Bourassa, L., Collins, Z., Stasiewicz, M. and McLane, P.

Year: 2021

Title: Predictors of attitudes and adherence to COVID-19 public health guidelines in Western countries: a rapid review of the emerging literature

Journal: Journal of Public Health

Volume: 43

Issue: 4

Pages: 739-753

Date: Dec

Short Title: Predictors of attitudes and adherence to COVID-19 public health guidelines in Western countries: a rapid review of the emerging literature

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdab070

Accession Number: WOS:000754035300031

Abstract: Background Physical distancing, wearing face masks and hand hygiene are evidence-based methods to protect the public from coronavirus disease 2019 (COVID-19) infection. There has been a proliferation of research examining characteristics that can be targeted by public health interventions. This rapid review sought to identify predictors of attitudes toward and adherence to COVID-19 public health guidelines, and identify interventions aiming to improve adherence. Methods Articles were retrieved from multiple databases (e.g. MEDLINE, CINAHL and medRxiv) on 6 August 2020. Studies were limited to samples collected from Western countries. Studies were classified according to the types of factor (s) examined as independent variables. The consistency of evidence for each factor was scored by two reviewers. Results In total, 1323 unique articles were identified in the initial search, resulting in 29 studies in the final synthesis. The available evidence suggests individuals who are older, identify as women, trust governments, perceive COVID-19 as threatening and access information through traditional news media are more likely to adhere with COVID-19 public health guidelines. Interventions for improving adherence have not yet been investigated thoroughly, and this review identified only three experimental studies. Conclusions This review has identified several characteristics that impact attitudes and adherence to COVID-19 public health guidelines.

Notes: Moran, Chelsea Campbell, David J. T. Campbell, Tavis S. Roach, Pamela Bourassa, Lyne Collins, Zoe Stasiewicz, Marysia McLane, Patrick

1741-3850

URL: <Go to ISI>://WOS:000754035300031

Reference Type: Journal Article

Record Number: 350

Author: Moran, C., Thomson, G., Moran, V. and Fallon, V.

Year: 2023

Title: The content, experiences and outcomes of interventions designed to increase early skin-to-skin contact in high-income settings: A mixed-methods systematic review

Journal: Acta Paediatrica

Volume: 112

Issue: 2

Pages: 200-221

Date: Feb

Short Title: The content, experiences and outcomes of interventions designed to increase early skin-to-skin contact in high-income settings: A mixed-methods systematic review

ISSN: 0803-5253

DOI: 10.1111/apa.16575

Accession Number: WOS:000878237700001

Abstract: Aim To explore the content, experiences and outcomes of interventions designed to increase early skin-to-skin contact (SSC) in high-income settings. Methods A mixed-methods systematic review was undertaken across six bibliographic databases. References of all included studies were hand-searched. All papers were quality appraised using a mixed-method appraisal tool. A narrative synthesis was used to synthesise both quantitative and qualitative findings. Results Database searches generated 1221 hits, and two studies were identified via hand-searching. Ten studies were included; most (n = 7) were designed to improve SSC following a caesarean section, and half were of low/poor quality. Outcomes related to SSC prevalence and/or duration (n = 7), breastfeeding prevalence, (n = 4) and six explored mothers' and/or health professionals' experiences of the intervention. While the interventions had 'some' impact on the prevalence of SSC, the duration was often limited and not in line with WHO recommendations. Breastfeeding rates (exclusive/any) were found to improve but generally not to a significant extent. Mother and healthcare professionals were positive about the interventions, with barriers to implementation noted. Most interventions targeted healthcare professionals, rather than mothers. Conclusion High-quality interventions that increase SSC in line with WHO recommendations, and that target both health professionals and parents are needed.

Notes: Moran, Chloe Thomson, Gill Moran, Victoria Fallon, Victoria Thomson, Gill/0000-0003-3392-8182; Moran, Chloe/0000-0002-6561-0788 1651-2227

URL: <Go to ISI>://WOS:000878237700001

Reference Type: Journal Article

Record Number: 2317

Author: Morgan, H., Hoddinott, P., Thomson, G., Crossland, N., Farrar, S., Yi, D., Hislop, J., Moran, V. H., MacLennan, G., Dombrowski, S. U., Rothnie, K., Stewart, F., Bauld, L., Ludbrook, A., Dykes, F., Sniehotta, F. F., Tappin, D. and Campbell, M.

Year: 2015

Title: Benefits of Incentives for Breastfeeding and Smoking cessation in pregnancy (BIBS): a mixed-methods study to inform trial design

Journal: Health Technology Assessment

Volume: 19

Issue: 30

Pages: 1--

Date: Apr

Short Title: Benefits of Incentives for Breastfeeding and Smoking cessation in pregnancy (BIBS): a mixed-methods study to inform trial design

ISSN: 1366-5278

DOI: 10.3310/hta19300

Accession Number: WOS:000353573000001

Abstract: Background: Smoking in pregnancy and/or not breastfeeding have considerable negative health outcomes for mother and baby. Aim: To understand incentive mechanisms of action for smoking cessation in pregnancy and breastfeeding, develop a taxonomy and identify promising, acceptable and feasible interventions to inform trial design. Design: Evidence syntheses, primary qualitative survey, and discrete choice experiment (DCE) research using multidisciplinary, mixed methods. Two mother-and-baby groups in disadvantaged areas collaborated throughout. Setting: UK. Participants: The qualitative study included 88 pregnant women/recent mothers/partners, 53 service providers, 24 experts/decision-makers and 63 conference attendees. The surveys included 1144 members of the general public and 497 health professionals. The DCE study included 320 women with a history of smoking. Methods: (1) Evidence syntheses: incentive effectiveness (including meta-analysis and effect size estimates), delivery processes, barriers to and facilitators of smoking cessation in pregnancy and/or breastfeeding, scoping review of incentives for lifestyle behaviours; (2) qualitative research: grounded theory to understand incentive mechanisms of action and a framework approach for trial design; (3) survey: multivariable ordered logit models; (4) DCE: conditional logit regression and the log-likelihood ratio test. Results: Out of 1469 smoking cessation and 5408 breastfeeding multicomponent studies identified, 23 smoking cessation and 19 breastfeeding studies were included in the review. Vouchers contingent on biochemically proven smoking cessation in pregnancy were effective, with a relative risk of 2.58 (95% confidence interval 1.63 to 4.07) compared with non-contingent incentives for participation (four studies, 344 participants). Effects continued until 3 months post partum. Inconclusive effects were found for breastfeeding incentives compared with no/smaller incentives (13 studies) but provider commitment contracts for breastfeeding show promise. Intervention intensity is a possible confounder. The acceptability of seven promising incentives was mixed. Women (for vouchers) and those with a lower level of education (except for breastfeeding incentives) were more likely to disagree. Those aged \leq 44 years and ethnic minority groups were more likely to agree. Agreement was greatest for a free breast pump and least for vouchers for breastfeeding. Universal incentives were preferred to those targeting low-income women. Initial daily text/telephone support, a quitting pal, vouchers for >20.00 pound per month and values up to 80.00 pound increase the likelihood of smoking cessation. Doctors disagreed with provider incentives. A 'ladder' logic model emerged through data synthesis and had face

validity with service users. It combined an incentive typology and behaviour change taxonomy. Autonomy and well-being matter. Personal difficulties, emotions, socialising and attitudes of others are challenges to climbing a metaphorical 'ladder' towards smoking cessation and breastfeeding. Incentive interventions provide opportunity 'rungs' to help, including regular skilled flexible support, a pal, setting goals, monitoring and outcome verification. Individually tailored and non-judgemental continuity of care can bolster women's capabilities to succeed. Rigid, prescriptive interventions placing the onus on women to behave 'healthily' risk them feeling pressurised and failing. To avoid 'losing face', women may disengage.' Limitations: Included studies were heterogeneous and of variable quality, limiting the assessment of incentive effectiveness. No cost-effectiveness data were reported. In surveys, selection bias and confounding are possible. The validity and utility of the ladder logic model requires evaluation with more diverse samples of the target population. Conclusions: Incentives provided with other tailored components show promise but reach is a concern. Formal evaluation is recommended. Collaborative service-user involvement is important.

Notes: Morgan, Heather Hoddinott, Pat Thomson, Gill Crossland, Nicola Farrar, Shelley Yi, Deokhee Hislop, Jenni Moran, Victoria Hall MacLennan, Graeme Dombrowski, Stephan U. Rothnie, Kieran Stewart, Fiona Bauld, Linda Ludbrook, Anne Dykes, Fiona Sniehotta, Falko F. Tappin, David Campbell, Marion Sniehotta, Falko F/C-5481-2008; Campbell, Marion/ABB-7063-2020; Fazli, Ghazal/AAE-8320-2022; Sniehotta, Falko/ABF-7131-2021; Dombrowski, Stephan U/I-2350-2013; Yi, Deokhee/F-5913-2015 Sniehotta, Falko F/0000-0003-1738-4269; Sniehotta, Falko/0000-0003-1738-4269; Yi, Deokhee/0000-0003-4894-1689; Rothnie, Kieran/0000-0003-4279-1624; Morgan, Heather/0000-0002-6118-8911; Moran, Victoria Hall/0000-0003-3165-4448; MacLennan, Graeme/0000-0002-1039-5646; Campbell, Marion/0000-0001-5386-4097; Thomson, Gill/0000-0003-3392-8182; Dombrowski, Stephan U/0000-0001-9832-2777; Dykes, Fiona/0000-0002-2728-7967
2046-4924
URL: <Go to ISI>://WOS:000353573000001

Reference Type: Journal Article

Record Number: 28

Author: Morris, J. R., Harrison, S. L., Robinson, J., Martin, D. and Avery, L.

Year: 2023

Title: Non-pharmacological and non-invasive interventions for chronic pain in people with chronic obstructive pulmonary disease: A systematic review without meta-analysis

Journal: Respiratory Medicine

Volume: 211

Date: May

Short Title: Non-pharmacological and non-invasive interventions for chronic pain in people with chronic obstructive pulmonary disease: A systematic review without meta-analysis

ISSN: 0954-6111

DOI: 10.1016/j.rmed.2023.107191

Article Number: 107191

Accession Number: WOS:000961912200001

Abstract: Objectives: Chronic Obstructive Pulmonary Disease (COPD) is complicated by chronic pain. People with COPD report higher pain prevalence than the general population. Despite this, chronic pain management is not reflected in current COPD clinical guidelines and pharmacological treatments are often ineffective. We conducted a systematic review that aimed to establish the efficacy of existing non-pharmacological and non-invasive interventions on pain and identify behaviour change techniques (BCTs) associated with effective pain management. Methods: A systematic review was conducted with reference to Preferred Reporting Items for Systematic Review (PRISMA) [1], Systematic review without Meta analysis (SWIM) standards [2] and Grading of Recommendations Assessment, Development and Evaluation (GRADE) guidelines [3]. We searched 14 electronic databases for controlled trials of non-pharmacological and non-invasive interventions where the outcome measure assessed pain or contained a pain subscale. Results: Twenty-nine studies were identified involving 3,228 participants. Seven interventions reported a minimally important clinical difference in pain outcomes, although only two of these reached statistical significance ($p < 0.05$). A third study reported statistically significant outcomes, but this was not clinically significant ($p = 0.0273$). Issues with intervention reporting prevented identification of active intervention ingredients (i.e., BCTs). Conclusions: Pain appears to be a meaningful issue for many individuals with COPD. However, intervention heterogeneity and issues with methodological quality limit certainty about the effectiveness of currently available non-pharmacological interventions. An improvement in reporting is required to enable identification of active intervention ingredients associated with effective pain management.

Notes: Morris, Jeanette R. Harrison, Samantha L. Robinson, Jonathan Martin, Denis Avery, Leah

Morris, Jeanette/0000-0001-9424-1355; Robinson, Jonathan/
0000-0001-8631-5465

1532-3064

URL: <Go to ISI>://WOS:000961912200001

Reference Type: Journal Article

Record Number: 1426

Author: Morrison, J., Akter, K., Jennings, H., Ahmed, N., Shaha, S. K., Kuddus, A., Nahar, T., King, C., Haghparast-Bidgoli, H., Khan, A. K. A., Costello, A., Azad, K. and Fottrell, E.

Year: 2022

Title: Learning from a diabetes mHealth intervention in rural Bangladesh: what worked, what did not and what next?

Journal: Global Public Health

Volume: 17

Issue: 7

Pages: 1299-1313

Date: Jul

Short Title: Learning from a diabetes mHealth intervention in rural

Bangladesh: what worked, what did not and what next?

ISSN: 1744-1692

DOI: 10.1080/17441692.2021.1923776

Accession Number: WOS:000648452200001

Abstract: There is an urgent need for population-based interventions to slow the growth of the diabetes epidemic in low-and middle-income countries. We tested the effectiveness of a population-based mHealth voice messaging intervention for T2DM prevention and control in rural Bangladesh through a cluster randomised controlled trial. mHealth improved knowledge and awareness about T2DM but there was no detectable effect on T2DM occurrence. We conducted mixed-methods research to understand this result. Exposure to messages was limited by technological faults, high frequency of mobile phone number changes, message fatigue and (mis)perceptions that messages were only for those who had T2DM. Persistent social norms, habits and desires made behaviour change challenging, and participants felt they would be more motivated by group discussions than mHealth messaging alone. Engagement with mHealth messages for T2DM prevention and control can be increased by (1) sending identifiable messages from a trusted source (2) using participatory design of mHealth messages to inform modelling of behaviours and increase relevance to the general population (3) enabling interactive messaging. mHealth messaging is likely to be most successful if implemented as part of a multi-sectoral, multi-component approach to address T2DM and non-communicable disease risk factors.

Notes: Morrison, Joanna Akter, Kohenour Jennings, Hannah Ahmed, Naveed Kumer Shaha, Sanjit Kuddus, Abdul Nahar, Tasmin King, Carina Haghparast-Bidgoli, Hassan Khan, A. K. Azad Costello, Anthony Azad, Kishwar Fottrell, Edward

Akter, Kohenour/GWN-1463-2022

Akter, Kohenour/0000-0002-0409-1099; Kuddus, Abdul/

0009-0006-9393-0216

1744-1706

URL: <Go to ISI>://WOS:000648452200001

Reference Type: Journal Article

Record Number: 1200

Author: Morrissey, D., Cotchett, M., J'Bari, A. S., Prior, T., Griffiths, I. B., Rathleff, M. S., Gulle, H., Vicenzino, B. and Barton, C. J.

Year: 2021

Title: Management of plantar heel pain: a best practice guide informed by a systematic review, expert clinical reasoning and patient values

Journal: British Journal of Sports Medicine

Volume: 55

Issue: 19

Pages: 1106-+

Date: Oct

Short Title: Management of plantar heel pain: a best practice guide informed by a systematic review, expert clinical reasoning and patient values

ISSN: 0306-3674

DOI: 10.1136/bjsports-2019-101970

Accession Number: WOS:000698431300011

Abstract: Objective To develop a best practice guide for managing people with plantar heel pain (PHP). Methods Mixed-methods design including systematic review, expert interviews and patient survey. Data sources Medline, Embase, CINAHL, SPORTDiscus, Cochrane Central Register of Controlled Trials, trial registries, reference lists and citation tracking. Semi-structured interviews with world experts and a patient survey. Eligibility criteria Randomised controlled trials (RCTs) evaluating any intervention for people with PHP in any language were included subject to strict quality criteria. Trials with a sample size greater than $n=38$ were considered for proof of efficacy. International experts were interviewed using a semi-structured approach and people with PHP were surveyed online. Results Fifty-one eligible trials enrolled 4351 participants, with 9 RCTs suitable to determine proof of efficacy for 10 interventions. Forty people with PHP completed the online survey and 14 experts were interviewed resulting in 7 themes and 38 subthemes. There was good agreement between the systematic review findings and interview data about taping (SMD: 0.47, 95% CI 0.05 to 0.88) and plantar fascia stretching (SMD: 1.21, 95% CI 0.78 to 1.63) for first step pain in the short term. Clinical reasoning advocated combining these interventions with education and footwear advice as the core self-management approach. There was good expert agreement with systematic review findings recommending stepped care management with focused shockwave for first step pain in the short-term (OR: 1.89, 95% CI 1.18 to 3.04), medium-term (SMD 1.31, 95% CI 0.61 to 2.01) and long-term (SMD 1.67, 95% CI 0.88 to 2.45) and radial shockwave for first step pain in the short term (OR: 1.66, 95% CI 1.00 to 2.76) and long term (OR: 1.78, 95% CI 1.07 to 2.96). We found good agreement to 'step care' using custom foot orthoses for general pain in the short term (SMD: 0.41, 95% CI 0.07 to 0.74) and medium term (SMD: 0.55, 95% CI 0.09 to 1.02). Conclusion Best practice from a mixed-methods study synthesising systematic review with expert opinion and patient feedback suggests core treatment for people with PHP should include taping, stretching and individualised education. Patients who do not optimally improve may be offered shockwave therapy, followed by custom orthoses.

Notes: Morrissey, Dylan Cotchett, Matthew J'Bari, Ahmed Said Prior, Trevor Griffiths, Ian B. Rathleff, Michael Skovdal Gulle, Halime Vicenzino, Bill Barton, Christian J.

Barton, Christian J/0-1647-2015; Vicenzino, Bill/A-8492-2011

Barton, Christian J/0000-0002-3545-5094; Rathleff, Michael Skovdal/0000-0003-1173-0335; Morrissey, Dylan/0000-0001-7045-3644; Prior, Trevor/0000-0003-2740-3515; Cotchett, Matthew/0000-0001-6966-5324; Vicenzino, Bill/0000-0003-0253-5933; Griffiths, Ian/0000-0002-3251-8969

1473-0480

URL: <Go to ISI>://WOS:000698431300011

Reference Type: Journal Article

Record Number: 1175

Author: Morrissey, E. C., Casey, B., Hynes, L., Dinneen, S. F.,

Byrne, M. and Panel, D. Now Young Adult

Year: 2021

Title: Supporting self-management and clinic attendance in young adults with type 1 diabetes: development of the D1 Now intervention

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Oct

Short Title: Supporting self-management and clinic attendance in young adults with type 1 diabetes: development of the D1 Now intervention

DOI: 10.1186/s40814-021-00922-z

Article Number: 186

Accession Number: WOS:000707827900001

Abstract: Background Self-management of type 1 diabetes (T1D) is complex and can be particularly challenging for young adults. This is reflected in the high blood glucose values and rates of clinic non-attendance in this group. There is a gap for a theory-based intervention informed by key stakeholder opinions to support and improve self-management in young adults with T1D. Purpose The aim of the work was to systematically co-develop an evidence-based and stakeholder-led intervention to support self-management and clinic engagement in young adults living with T1D in Ireland. Co-development was led by the Young Adult Panel. Methods The Behaviour Change Wheel was used to guide the development. Five evidence sources were used to inform the process. An iterative co-design process was used with the Young Adult Panel. Initial intervention components were refined and feasibility tested using qualitative methods. Results Environmental restructuring, education and training were selected as appropriate intervention functions. The co-design process, along with qualitative refinement and feasibility work, led to the final intervention content which consisted of 17 behaviour change techniques. The final D1 Now intervention consists of three components: a support worker, an agenda setting tool and an interactive messaging service. Conclusions The D1 Now intervention is now at pilot evaluation stage. Its transparent and systematic development will facilitate evaluation and future replications.

Notes: Morrissey, Eimear C. Casey, Blathin Hynes, Lisa Dinneen, Sean F. Byrne, Molly

Dinneen, Sean/0000-0002-6636-0493; Byrne, Molly/0000-0001-8900-4320;

Morrissey, Eimear/0000-0003-1452-6145

2055-5784

URL: <Go to ISI>://WOS:000707827900001

Reference Type: Journal Article

Record Number: 2382

Author: Morton, R. W., Everard, M. L. and Elphick, H. E.

Year: 2014

Title: Adherence in childhood asthma: the elephant in the room

Journal: Archives of Disease in Childhood

Volume: 99

Issue: 10

Pages: 949-953

Date: Oct

Short Title: Adherence in childhood asthma: the elephant in the room

ISSN: 0003-9888

DOI: 10.1136/archdischild-2014-306243

Accession Number: WOS:000342954100017

Abstract: Adherence to inhaled steroids is suboptimal in many children with asthma and can lead to poor disease control. Many previous studies in paediatric populations have used subjective and inaccurate adherence measurements, reducing their validity.

Adherence studies now often use objective electronic monitoring, which can give us an accurate indication of the extent of non-adherence in children with asthma. A review of the studies using electronic adherence monitoring shows that half of them report mean adherence rates of 50% or below, and the majority report rates below 75%. Reasons for non-adherence are both intentional and non-intentional, incorporating illness perceptions, medication beliefs and practical adherence barriers. Interventions to improve adherence in the paediatric population have had limited success, with the most effective containing both educational and behavioural aspects.

Notes: Morton, Robert W. Everard, Mark L. Elphick, Heather E.

Everard, Mark/0000-0003-1571-261X

1468-2044

URL: <Go to ISI>://WOS:000342954100017

Reference Type: Journal Article

Record Number: 573

Author: Morton, S., Fitzsimons, C., Jepson, R., Saunders, D. H., Sivaramakrishnan, D. and Niven, A.

Year: 2022

Title: What works to reduce sedentary behavior in the office, and could these intervention components transfer to the home working environment?: A rapid review and transferability appraisal

Journal: Frontiers in Sports and Active Living

Volume: 4

Date: Jul

Short Title: What works to reduce sedentary behavior in the office, and could these intervention components transfer to the home working environment?: A rapid review and transferability appraisal

DOI: 10.3389/fspor.2022.954639

Article Number: 954639

Accession Number: WOS:000840737700001

Abstract: Background: Working patterns have changed dramatically due to COVID-19, with many workers now spending at least a portion of their working week at home. The office environment was already associated with high levels of sedentary behavior, and there is emerging evidence that working at home further elevates these levels. The aim of this rapid review (PROSPERO CRD42021278539) was to build on existing evidence to identify what works to reduce sedentary behavior in an office environment, and consider whether these could be transferable to support those working at home.

Methods: The results of a systematic search of databases CENTRAL, MEDLINE, Embase, PsycInfo, CINHALL, and SportDiscus from 10 August 2017 to 6 September 2021 were added to the references included in a

2018 Cochrane review of office based sedentary interventions. These references were screened and controlled peer-reviewed English language studies demonstrating a beneficial direction of effect for office-based interventions on sedentary behavior outcomes in healthy adults were included. For each study, two of five authors screened the title and abstract, the full-texts, undertook data extraction, and assessed risk of bias on the included studies. Informed by the Behavior Change Wheel, the most commonly used intervention functions and behavior change techniques were identified from the extracted data. Finally, a sample of common intervention strategies were evaluated by the researchers and stakeholders for potential transferability to the working at home environment. Results: Twenty-two studies including 29 interventions showing a beneficial direction of effect on sedentary outcomes were included. The most commonly used intervention functions were training (n = 21), environmental restructuring (n = 21), education (n = 15), and enablement (n = 15). Within these the commonly used behavior change techniques were instructions on how to perform the behavior (n = 21), adding objects to the environment (n = 20), and restructuring the physical environment (n = 19). Those strategies with the most promise for transferring to the home environment included education materials, use of role models, incentives, and prompts. Conclusions: This review has characterized interventions that show a beneficial direction of effect to reduce office sedentary behavior, and identified promising strategies to support workers in the home environment as the world adapts to a new working landscape. Notes: Morton, Sarah Fitzsimons, Claire Jepson, Ruth Saunders, David H. Sivaramakrishnan, Divya Niven, Ailsa S, Divya/HTS-8759-2023 2624-9367 URL: <Go to ISI>://WOS:000840737700001

Reference Type: Journal Article

Record Number: 1302

Author: Morton, S., Hall, J., Fitzsimons, C., Hall, J., English, C., Forster, A., Lawton, R., Patel, A., Mead, G. and Clarke, D. J.

Year: 2022

Title: A qualitative study of sedentary behaviours in stroke survivors: non-participant observations and interviews with stroke service staff in stroke units and community services

Journal: Disability and Rehabilitation

Volume: 44

Issue: 20

Pages: 5964-5973

Date: Sep

Short Title: A qualitative study of sedentary behaviours in stroke survivors: non-participant observations and interviews with stroke service staff in stroke units and community services

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1955307

Accession Number: WOS:000678299300001

Abstract: Purpose Sedentary behaviour (SB) is associated with negative health outcomes and is prevalent post-stroke. This study

explored SB after stroke from the perspective of stroke service staff. Methods Qualitative mixed-methods study. Non-participant observations in two stroke services (England/Scotland) and semi-structured interviews with staff underpinned by the COM-B model of behaviour change. Observations were analysed thematically; interviews were analysed using the Framework approach. Results One hundred and thirty-two observation hours (October – December 2017), and 31 staff interviewed (January –June 2018). Four themes were identified: (1) Opportunities for staff to support stroke survivors to reduce SB; (2) Physical and psychological capability of staff to support stroke survivors to reduce SB; (3) Motivating factors influencing staff behaviour to support stroke survivors to reduce SB; (4) Staff suggestions for a future intervention to support stroke survivors to reduce SB. Conclusions Staff are aware of the consequences of prolonged sitting but did not relate to SB. Explicit knowledge of SB was limited. Staff need training to support stroke survivors to reduce SB. Sedentary behaviour in the community was not reported to change markedly, highlighting the need to engage stroke survivors in movement from when capable in hospital, following through to home.

Notes: Morton, Sarah Hall, Jennifer Fitzsimons, Claire Hall, Jessica English, Coralie Forster, Anne Lawton, Rebecca Patel, Anita Mead, Gillian Clarke, David J.

English, Coralie/D-4591-2009; Patel, Anita/F-9832-2010

English, Coralie/0000-0001-5910-7927; Lawton, Rebecca/

0000-0002-5832-402X; Patel, Anita/0000-0003-0769-1732; Johansson

(nee Hall), Jessica/0000-0003-3622-9598

1464-5165

URL: <Go to ISI>://WOS:000678299300001

Reference Type: Journal Article

Record Number: 128

Author: Mosimann, S., Ouk, K., Bello, N. M., Chhoeun, M., Vipham, J., Hok, L. and Ebner, P.

Year: 2023

Title: Describing capability, opportunity, and motivation for food safety practices among actors in the Cambodian informal vegetable market

Journal: Frontiers in Sustainable Food Systems

Volume: 7

Date: Mar

Short Title: Describing capability, opportunity, and motivation for food safety practices among actors in the Cambodian informal vegetable market

DOI: 10.3389/fsufs.2023.1060876

Article Number: 1060876

Accession Number: WOS:000950171500001

Abstract: Introduction: Several Cambodian initiatives seek to improve nutritional outcomes via increased production and consumption of nutrient-dense foods, including vegetables. However, food safety gaps in informal markets, where most vegetables are purchased, allow for the transmission of foodborne pathogens and threaten the positive nutritional outcomes associated with vegetable

consumption. Methods: This study describes a tool used to measure perceptions of Cambodians involved with informal vegetable markets regarding their capabilities, opportunities, and motivations to implement food safety practices. The quantitative tool could also be used to assess capability, opportunity, and motivation to adopt a behavior in a wide range of development contexts. To these ends, a questionnaire assessing these perceptions was developed using the Capability, Opportunity, Motivation-Behavior (COM-B) model of behavior and the Theoretical Domains Framework (TDF). Results: The questionnaire was piloted with vegetable vendors in Phnom Penh (N = 55), revised, and subsequently implemented in the provinces of Battambang and Siem Reap with vegetable producers, distributors, and vendors (N = 181). Confirmatory factor analysis resulted in a nine-factor model corresponding to TDF constructs with a comparative fit index of 0.91, a Tucker-Lewis index of 0.89, and a root mean square error of similar to 0.05. Further analysis indicated that vegetable vendors and distributors typically had significantly higher ($p < 0.05$) levels of perceived motivation and capability to implement the target food safety practice (washing surfaces that come in contact with vegetables with soap and water every day) compared to their perceived opportunity to do so. Among farmers, however, levels of perceived motivation were significantly higher ($p < 0.05$) than levels of perceived opportunity and capability. In addition, vendors in Battambang had significantly higher ($p < 0.05$) levels of perceived capability, opportunity, and motivation to implement the target food safety practice in comparison to farmers in either province. Vendors in Battambang had significantly higher ($p < 0.05$) levels of perceived opportunity and motivation than vendors in Siem Reap. Conclusions: These data suggest that efforts to bolster vegetable vendors' and distributors' perceived opportunity and vegetable farmers' perceived opportunity and capability to implement food safety practices could increase the likelihood of adoption of the target food safety practice.

Notes: Mosimann, Sabrina Ouk, Keorimy Bello, Nora M. Chhoeun, Malyheng Vipham, Jessie Hok, Lyda Ebner, Paul
2571-581x

URL: <Go to ISI>://WOS:000950171500001

Reference Type: Journal Article

Record Number: 1782

Author: Mosler, G., Harris, K., Grigg, J. and Steed, L.

Year: 2020

Title: Developing a theory-based multimedia intervention for schools to improve young people's asthma: my asthma in school (MAIS)

Journal: Pilot and Feasibility Studies

Volume: 6

Issue: 1

Short Title: Developing a theory-based multimedia intervention for schools to improve young people's asthma: my asthma in school (MAIS)

DOI: 10.1186/s40814-020-00670-6

Article Number: 122

Accession Number: WOS:000729238200131

Abstract: BackgroundAsthma control in adolescents is low with half

of the young people in a London study identified as having suboptimal control when measured using the Asthma Control Test. Control of asthma symptoms can be improved by addressing barriers to good self-management, such as poor understanding of asthma and adherence to medication. The aim of this study was therefore to develop the My Asthma in School (MAIS) intervention for the improvement of asthma control and self-management in adolescents and to test its initial feasibility. The intervention intended to combine a strong focus on theory with a design specifically aimed to engage adolescents. Methods The intervention development was based on previous qualitative and quantitative findings, and on guidelines from the Medical Research Council for the development of complex interventions. The COM-B (Capability, Opportunity, Motivation-Behaviour) model was applied to inform the design of intervention elements. Behavioural targets were identified from existing barriers to good asthma self-management and were then used to guide the development of engaging intervention elements, which were described using the Behavioural Change Technique (BCT) Taxonomy version 1. Adolescents were involved throughout this process. The MAIS intervention was tested in a feasibility phase in London secondary schools with adolescents aged between 11 and 13. Results The complex school-based MAIS intervention comprised a first school visit from a theatre group, who conducted a workshop with all year 7-8 students and addressed peer understanding and attitudes to asthma. The second visit included four self-management workshops for adolescents with asthma, including games, short-films and role play activities. Forty different types of techniques to change behaviour were applied, totalling 163 instances of BCT use across intervention elements, addressing all areas of capability, opportunity and motivation. In this initial feasibility study, 1814 adolescents with and without asthma from nine schools received the theatre intervention visit; 23 adolescents with asthma from one of the schools attended the workshop visit. The intervention was found acceptable and engaging, and 91.4% of participants agreed that the workshops changed how they think or feel about asthma. Conclusion This study demonstrates development and initial feasibility of a complex theory-based intervention, and how it can combine engaging media and interactive elements, to achieve a multi-directional approach to behavioural change. However more work is needed to assess the feasibility of trial processes, including recruitment and delivery format of the workshops.

Notes: Mosler, Gioia Harris, Katherine Grigg, Jonathan Steed, Liz Grigg, Jonathan/0000-0003-3109-6028; Mosler, Gioia/0000-0002-6900-4080
2055-5784

URL: <Go to ISI>://WOS:000729238200131

Reference Type: Journal Article

Record Number: 2142

Author: Moss, J. L., Reiter, P. L., Rimer, B. K. and Brewer, N. T.

Year: 2016

Title: Collaborative patient-provider communication and uptake of adolescent vaccines

Journal: Social Science & Medicine

Volume: 159

Pages: 100-107

Date: Jun

Short Title: Collaborative patient-provider communication and uptake of adolescent vaccines

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2016.04.030

Accession Number: WOS:000377838000012

Abstract: Rationale: Recommendations from healthcare providers are one of the most consistent correlates of adolescent vaccination, but few studies have investigated other elements of patient-provider communication and their relevance to uptake. Objective: We examined competing hypotheses about the relationship of patient-driven versus provider driven communication styles with vaccination. Methods: We gathered information about vaccine uptake from healthcare provider-verified data in the 2010 National Immunization Survey-Teen for tetanus, diphtheria, and pertussis (Tdap) booster, meningococcal vaccine, and human papillomavirus (HPV) vaccine (initiation among females) for adolescents ages 13-17. We categorized communication style in parents' conversations with healthcare providers about vaccines, based on parents' reports (of whether a provider recommended a vaccine and, if so, if conversations were informed, shared, or efficient) (N = 9021). Results: Most parents reported either no provider recommendation (Tdap booster: 35%; meningococcal vaccine: 46%; and HPV vaccine: 31%) or reported a provider recommendation and shared patient provider communication (43%, 38%, and 49%, respectively). Provider recommendations were associated with increased odds of vaccination (all ps < 0.001). In addition, more provider-driven communication styles were associated with higher rates of uptake for meningococcal vaccine (efficient style: 82% vs. shared style: 77% vs. informed style: 68%; p < 0.001 for shared vs.. informed) and HPV vaccine (efficient style: 90% vs. shared style: 70% vs. informed style: 33%; p < 0.05 for all comparisons). Conclusion: Efficient communication styles were used rarely (<= 2% across vaccines) but were highly effective for encouraging meningococcal and HPV vaccination. Intervention studies are needed to confirm that efficient communication approaches increase HPV vaccination among adolescents. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: Moss, Jennifer L. Reiter, Paul L. Rimer, Barbara K. Brewer, Noel T.

Brewer, Noel T/C-4375-2008

Brewer, Noel T/0000-0003-2241-7002; Moss, Jennifer/
0000-0002-3794-1344

1873-5347

URL: <Go to ISI>://WOS:000377838000012

Reference Type: Journal Article

Record Number: 96

Author: Mossenson, S., Pulker, C. E., Giglia, R. and Pollard, C. M.

Year: 2023

Title: Policy approaches to nutrition-focused food banking in

industrialized countries: a scoping review

Journal: Nutrition Reviews

Date: 2023 Mar

Short Title: Policy approaches to nutrition-focused food banking in industrialized countries: a scoping review

ISSN: 0029-6643

DOI: 10.1093/nutrit/nuad004

Accession Number: WOS:000968121600001

Abstract: Objective: This review aims to synthesize the literature describing policy approaches to nutrition-focused food banking in industrialized countries, spanning the period 2000 to October 2021. Background: The charitable food system provides food assistance to increasing numbers of people experiencing food insecurity in industrialized countries. Calls to improve the nutrition quality of foods provided by food banks, pantries, and shelves have increased, yet little is known about the challenges faced when initiating policy in this setting. Methods: A protocol based on the Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Reviews Guidelines was developed and registered with Open Science Framework. Four electronic databases (MEDLINE [Ovid], Global Health, ProQuest, and Scopus) were searched for peer-reviewed articles published in English. A gray literature search was conducted using Google Advanced Search. Results: Of 642 peer-reviewed articles screened, 15 were eligible for inclusion. In addition, 24 gray literature documents were included. These 39 papers were assessed against the Iron Triangle of Hunger Relief and the Campbell et al framework of organizational factors. Six themes were identified: (1) there is a moral imperative to take action to ensure the provision of appropriate and nutritious food for vulnerable clients; (2) nutrition policies are unlikely to be formalized; (3) the unpredictability of donated food is a barrier to providing healthy foods; (4) reliance on donations affects the sector's willingness to reduce the unhealthy inventory for fear of losing donors, and the challenges of managing donor relationships were emphasized; (5) organizational capacity (volunteer workforce, executive leadership support) must be considered; (6) the existing measure of success is a weight-based metric that does not support food banks' prioritizing of healthy foods. These, and other characteristics, were incorporated into an adapted framework. Conclusion: There is a need and opportunity for nutrition-focused food banking. A priority action area is the adoption of an outcome metric that is based on nutritional quality, to reorient the charitable food system.

Notes: Mossenson, Sharonna Pulker, Claire E. Giglia, Roslyn Pollard, Christina M.

Pulker, Claire Elizabeth/AAB-7733-2020

Pulker, Claire Elizabeth/0000-0003-0262-4135; Pollard, Christina/0000-0003-4261-4601

1753-4887

URL: <Go to ISI>://WOS:000968121600001

Reference Type: Journal Article

Record Number: 889

Author: Motl, R. W., Lein, D. H., Morris, D. M., Lowman, J. D.,
Perez, P. and Bullard, C.

Year: 2022

Title: Behavior Change Interventions for Health Promotion in
Physical Therapist Research and Practice: An Integrative Approach

Journal: Physical Therapy

Volume: 102

Issue: 3

Date: Mar

Short Title: Behavior Change Interventions for Health Promotion in
Physical Therapist Research and Practice: An Integrative Approach

ISSN: 0031-9023

DOI: 10.1093/ptj/pzab266

Article Number: pzab266

Accession Number: WOS:000776759900012

Abstract: There is an increasing focus on health promotion in physical therapist research and practice. A clinical model (Health-Focused Physical Therapy Model) was developed for identifying major steps in the delivery of health promotion focusing on adoption of healthy lifestyle behaviors. One of the primary steps within this model is the design and delivery of behavior change interventions. Such interventions involve coordinated sets of activities that target change in a specific pattern of unhealthy behavior (eg, physical inactivity, smoking). This Perspective contends that the science and practice of behavior change interventions can be significantly advanced in the field of physical therapy (implementation science) through the integration of behavior change frameworks and techniques within the context of an experimental medicine approach for health behavior change. This perspective presents the integration of the Theoretical Domains Framework, the Behavior Change Wheel, including the Capability Opportunity Motivation-Behavior core system, and the Behavior Change Technique Taxonomy as a comprehensive approach for designing and delivering behavior change interventions in physical therapy. An experimental medicine approach is described, outlining a 4-step process in the design, delivery, and evaluation of behavior change interventions that can be applied to health promotion in physical therapist research and practice. The proposed integrative approach can advance public health and health promotion through healthy lifestyle behavior change in the field of physical therapy.

Notes: Motl, Robert W. Lein, Donald H., Jr. Morris, David M. Lowman,
John D. Perez, Patricia Bullard, Cara
1538-6724

URL: <Go to ISI>://WOS:000776759900012

Reference Type: Journal Article

Record Number: 1733

Author: Motl, R. W. and Sandroff, B. M.

Year: 2020

Title: Current perspectives on exercise training in the management
of multiple sclerosis

Journal: Expert Review of Neurotherapeutics

Volume: 20

Issue: 8

Pages: 855-865

Date: Aug

Short Title: Current perspectives on exercise training in the management of multiple sclerosis

ISSN: 1473-7175

DOI: 10.1080/14737175.2020.1796640

Accession Number: WOS:000555147600001

Abstract: Introduction The science supporting the application of exercise training and physical activity in persons with multiple sclerosis (MS) has expanded considerably in strength and scope over the past 25+ years. Exercise training is now a strategy that is commonly recommended for management of MS in clinical practice. Yet, there are still many opportunities for expanding the breadth and strength of research on exercise training in MS. Areas covered This paper provides the authors' perspective on eight emerging areas of research involving exercise and physical activity behavior in persons living with MS. Those areas include behavior change interventions, research across the activity continuum, telerehabilitation, neuroplasticity, heterogeneity of outcomes, inclusion of targeted samples, combined interventions involving exercise training, and multi-site trials. Expert opinion Additional research addressing those areas will greatly expand the opportunity for translation of exercise and physical activity into the clinical care of persons with MS.

Notes: Motl, Robert W. Sandroff, Brian M.

Sandroff, Brian/0000-0002-2013-7632

1744-8360

Si

URL: <Go to ISI>://WOS:000555147600001

Reference Type: Journal Article

Record Number: 2099

Author: Moullin, J. C., Sabater-Hernandez, D. and Benrimoj, S. I.

Year: 2016

Title: Qualitative study on the implementation of professional pharmacy services in Australian community pharmacies using framework analysis

Journal: BMC Health Services Research

Volume: 16

Date: Aug

Short Title: Qualitative study on the implementation of professional pharmacy services in Australian community pharmacies using framework analysis

DOI: 10.1186/s12913-016-1689-7

Article Number: 439

Accession Number: WOS:000382446400001

Abstract: Background: Multiple studies have explored the implementation process and influences, however it appears there is no study investigating these influences across the stages of implementation. Community pharmacy is attempting to implement professional services (pharmaceutical care and other health services). The use of implementation theory may assist the

achievement of widespread provision, support and integration. The objective was to investigate professional service implementation in community pharmacy to contextualise and advance the concepts of a generic implementation framework previously published. Methods: Purposeful sampling was used to investigate implementation across a range of levels of implementation in community pharmacies in Australia. Twenty-five semi-structured interviews were conducted and analysed using a framework methodology. Data was charted using implementation stages as overarching themes and each stage was thematically analysed, to investigate the implementation process, the influences and their relationships. Secondary analyses were performed of the factors (barriers and facilitators) using an adapted version of the Consolidated Framework for Implementation Research (CFIR), and implementation strategies and interventions, using the Expert Recommendations for Implementing Change (ERIC) discrete implementation strategy compilation. Results: Six stages emerged, labelled as development or discovery, exploration, preparation, testing, operation and sustainability. Within the stages, a range of implementation activities/steps and five overarching influences (pharmacies' direction and impetus, internal communication, staffing, community fit and support) were identified. The stages and activities were not applied strictly in a linear fashion. There was a trend towards the greater the number of activities considered, the greater the apparent integration into the pharmacy organization. Implementation factors varied over the implementation stages, and additional factors were added to the CFIR list and definitions modified/contextualised for pharmacy. Implementation strategies employed by pharmacies varied widely. Evaluations were lacking. Conclusions: The process of implementation and five overarching influences of professional services implementation in community pharmacy have been outlined. Framework analysis revealed, outside of the five overarching influences, factors influencing implementation varied across the implementation stages. It is proposed at each stage, for each domain, the factors, strategies and evaluations should be considered. The Framework for the Implementation of Services in Pharmacy incorporates the contextualisation of implementation science for pharmacy. Notes: Moullin, Joanna C. Sabater-Hernandez, Daniel Benrimoj, Shalom I.

Moullin, Joanna/AAT-3369-2020

Moullin, Joanna/0000-0002-4103-7569; Benrimoj, Shalom (charlie)/0000-0001-9768-7838; Sabater-Hernandez, Daniel/0000-0001-7419-8740 1472-6963

URL: <Go to ISI>://WOS:000382446400001

Reference Type: Journal Article

Record Number: 769

Author: Mountain, G., Wright, J., Cooper, C. L., Lee, E., Sprange, K., Beresford-Dent, J., Young, T., Walters, S., Berry, K., Denning, T., Loban, A., Turton, E., Thomas, B. D., Young, E. L., Thompson, B. J., Crawford, B., Craig, C., Bowie, P., Moniz-Cook, E. and Foster, A.

Year: 2022

Title: An intervention to promote self-management, independence and self-efficacy in people with early-stage dementia: the Journeying through Dementia RCT

Journal: Health Technology Assessment

Volume: 26

Issue: 24

Pages: 1-151

Date: May

Short Title: An intervention to promote self-management, independence and self-efficacy in people with early-stage dementia: the Journeying through Dementia RCT

ISSN: 1366-5278

DOI: 10.3310/khha0861

Accession Number: WOS:000798522000001

Abstract: Background: There are few effective interventions for dementia. Aim: To determine the clinical effectiveness and cost-effectiveness of an intervention to promote self-management, independence and self-efficacy in people with early-stage dementia. Objectives: To undertake a randomised controlled trial of the Journeying through Dementia intervention compared with usual care, conduct an internal pilot testing feasibility, assess intervention delivery fidelity and undertake a qualitative exploration of participants' experiences. Design: A pragmatic two-arm individually randomised trial analysed by intention to treat. Participants: A total of 480 people diagnosed with mild dementia, with capacity to make informed decisions, living in the community and not participating in other studies, and 350 supporters whom they identified, from 13 locations in England, took part. Intervention: Those randomised to the Journeying through Dementia intervention (n = 241) were invited to take part in 12 weekly facilitated groups and four one-to-one sessions delivered in the community by secondary care staff, in addition to their usual care. The control group (n = 239) received usual care. Usual care included drug treatment, needs assessment and referral to appropriate services. Usual care at each site was recorded. Main outcome measures: The primary outcome was Dementia-Related Quality of Life score at 8 months post randomisation, with higher scores representing higher quality of life. Secondary outcomes included resource use, psychological well-being, self-management, instrumental activities of daily living and health-related quality of life. Randomisation and blinding: Participants were randomised in a 1: 1 ratio. Staff conducting outcome assessments were blinded. Data sources: Outcome measures were administered in participants' homes at baseline and at 8 and 12 months post randomisation. Interviews were conducted with participants, participating carers and interventionalists. Results: The mean Dementia-Related Quality of Life score at 8 months was 93.3 (standard deviation 13.0) in the intervention arm (n = 191) and 91.9 (standard deviation 14.6) in the control arm (n = 197), with a difference in means of 0.9 (95% confidence interval -1.2 to 3.0; p = 0.380) after adjustment for covariates. This effect size (0.9) was less than the 4 points defined as clinically meaningful. For other outcomes, a difference was found only for Diener's Flourishing Scale (adjusted mean difference 1.2, 95% confidence interval 0.1 to 2.3), in favour of the intervention (i.e. in a positive direction). The

Journeying through Dementia intervention cost 608 pound more than usual care (95% confidence interval 105 pound to 1179) pound and had negligible difference in quality-adjusted life-years (-0.003, 95% confidence interval -0.044 to 0.038). Therefore, the Journeying through Dementia intervention had a mean incremental cost per quality-adjusted life-year of -202,857 pound (95% confidence interval -534,733 pound to 483,739); pound however, there is considerable uncertainty around this. Assessed fidelity was good. Interviewed participants described receiving some benefit and a minority benefited greatly. However, negative aspects were also raised by a minority. Seventeen per cent of participants in the intervention arm and 15% of participants in the control arm experienced at least one serious adverse event. None of the serious adverse events were classified as related to the intervention. Limitations: Study limitations include recruitment of an active population, delivery challenges and limitations of existing outcome measures. Conclusions: The Journeying through Dementia programme is not clinically effective, is unlikely to be cost-effective and cannot be recommended in its existing format. Future work: Research should focus on the creation of new outcome measures to assess well-being in dementia and on using elements of the intervention, such as enabling enactment in the community. Trial registration: This trial is registered as ISRCTN17993825. Funding: This project was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 26, No. 24. See the NIHR Journals Library website for further project information.

Notes: Mountain, Gail Wright, Jessica Cooper, Cindy L. Lee, Ellen Sprange, Kirsty Beresford-Dent, Jules Young, Tracey Walters, Stephen Berry, Katherine Dening, Tom Loban, Amanda Turton, Emily Thomas, Benjamin D. Young, Emma L. Thompson, Benjamin J. Crawford, Bethany Craig, Claire Bowie, Peter Moniz-Cook, Esme Foster, Alexis Young, Tracey A/A-4543-2010; Thomas, Benjamin/HPI-2516-2023; Cooper, Cindy L/A-2670-2010; Dening, Tom/E-1335-2013 Lee, Ellen/0000-0003-4529-7410; Cooper, Cindy/0000-0002-2995-5447; Wright, Jessica/0000-0002-1814-3697; Walters, Stephen/0000-0001-9000-8126; Mountain, Gail/0000-0002-5417-7691; Young, Tracey/0000-0001-8467-0471; Beresford-Dent, Jules/0000-0002-3316-2191; Dening, Tom/0000-0003-3387-4241 2046-4924

URL: <Go to ISI>://WOS:000798522000001

Reference Type: Journal Article

Record Number: 370

Author: Mowle, S., Eyre, E., Noon, M., Tallis, J. and Duncan, M. J.

Year: 2022

Title: "Football- It's in Your Blood"-Lived Experiences of Undertaking Recreational Football for Health in Older Adults

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 22

Date: Nov

Short Title: "Football- It's in Your Blood"-Lived Experiences of Undertaking Recreational Football for Health in Older Adults

DOI: 10.3390/ijerph192214816

Article Number: 14816

Accession Number: WOS:000887185100001

Abstract: Physical inactivity is prevalent in older adults and contributes to age-related decline in function, health, well-being, and quality of life. Recreational football for older adults has shown promise for promoting health benefits. This study explores the lived experiences of older adults engaging in a walking and recreational football intervention and identifies factors that affect behaviours and can encourage change in this population. A purposive sample (n = 14; aged 67 +/- 5 years) of the lived experiences of those participating in a recreational football intervention took part in two focus groups. The participants' responses were grouped into three-time reflecting specific points in their lives: what stopped them from playing football, what got them playing, and what is needed for them to continue playing in the future. Within each of these time points in their lives, themes were identified. The key findings and practical recommendations were that football needs to be adapted and local, that the priority to play football changes over time, and that football itself is a fundamentally intrinsic motivator; 'it's in your blood'. The findings can be used to inform future interventions, encourage participation, and advise on the best practices for key stakeholders in the physical activity domain.

Notes: Mowle, Sophie Eyre, Emma Noon, Mark Tallis, Jason Duncan, Michael J.

Tallis, Jason/0000-0001-8904-2693; Duncan, Michael/0000-0002-2016-6580; Eyre, Emma/0000-0002-4040-5921; Mowle, Sophie/0000-0003-3759-8870

1660-4601

URL: <Go to ISI>://WOS:000887185100001

Reference Type: Journal Article

Record Number: 725

Author: Muddu, M., Semitala, F. C., Kimera, I., Mbuliro, M., Ssenyonjo, R., Kigozi, S. P., Katwesigye, R., Ayebare, F., Namugenyi, C., Mugabe, F., Mutungi, G., Longenecker, C. T., Katahoire, A. R., Ssinabulya, I. and Schwartz, J. I.

Year: 2022

Title: Improved hypertension control at six months using an adapted WHO HEARTS-based implementation strategy at a large urban HIV clinic in Uganda

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: May

Short Title: Improved hypertension control at six months using an adapted WHO HEARTS-based implementation strategy at a large urban HIV clinic in Uganda

DOI: 10.1186/s12913-022-08045-8

Article Number: 699

Accession Number: WOS:000801135500001

Abstract: Objectives To adapt a World Health Organization HEARTS-based implementation strategy for hypertension (HTN) control at a large urban HIV clinic in Uganda and determine six-month HTN and HIV outcomes among a cohort of adult persons living with HIV (PLHIV). **Methods** Our implementation strategy included six elements: health education, medication adherence, and lifestyle counseling; routine HTN screening; task shifting of HTN treatment; evidence-based HTN treatment protocol; consistent supply of HTN medicines free to patients; and inclusion of HTN-specific monitoring and evaluation tools. We conducted a pre-post study from October 2019 to March 2020 to determine the effect of this strategy on HTN and HIV outcomes at baseline and six months. Our cohort comprised adult PLHIV diagnosed with HTN who made at least one clinic visit within two months prior to study onset. **Findings** We enrolled 1,015 hypertensive PLHIV. The mean age was 50.1 +/- 9.5 years and 62.6% were female. HTN outcomes improved between baseline and six months: mean systolic BP (154.3 +/- 20.0 to 132.3 +/- 13.8 mmHg, $p < 0.001$); mean diastolic BP (97.7 +/- 13.1 to 85.3 +/- 9.5 mmHg, $p < 0.001$) and proportion of patients with controlled HTN (9.3% to 74.1%, $p < 0.001$). The HTN care cascade also improved: treatment initiation (13.4% to 100%), retention in care (16.2% to 98.5%), monitoring (16.2% to 98.5%), and BP control among those initiated on HTN treatment (2.2% to 75.2%). HIV cascade steps remained high (> 95% at baseline and six months) and viral suppression was unchanged (98.7% to 99.2%, $p = 0.712$). Taking ART for more than two years and HIV viral suppression were independent predictors of HTN control at six months. **Conclusions** A HEARTS-based implementation strategy at a large, urban HIV center facilitates integration of HTN and HIV care and improves HTN outcomes while sustaining HIV control. Further implementation research is needed to study HTN/HIV integration in varied clinical settings among diverse populations.

Notes: Muddu, Martin Semitala, Fred C. Kimera, Isaac Mbuliro, Mary Ssenyonjo, Rebecca Kigozi, Simon P. Katwesigye, Rodgers Ayebare, Florence Namugenyi, Christabellah Mugabe, Frank Mutungi, Gerald Longenecker, Chris T. Katahoire, Anne R. Ssinabulya, Isaac Schwartz, Jeremy, I

Namugenyi, Christabellah/0000-0003-2534-5526; Kimera, Isaac/0000-0003-4024-1872
1472-6963

URL: <Go to ISI>://WOS:000801135500001

Reference Type: Journal Article

Record Number: 505

Author: Mugambe, R. K., Nuwematsiko, R., Ssekamatte, T., Nkurunziza, A. G., Wagaba, B., Isunju, J. B., Wafula, S. T., Nabaasa, H., Katongole, C. B., Atuyambe, L. M. and Buregyeya, E.

Year: 2022

Title: Drivers of Solid Waste Segregation and Recycling in Kampala Slums, Uganda: A Qualitative Exploration Using the Behavior Centered Design Model

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 17

Date: Sep

Short Title: Drivers of Solid Waste Segregation and Recycling in Kampala Slums, Uganda: A Qualitative Exploration Using the Behavior Centered Design Model

DOI: 10.3390/ijerph191710947

Article Number: 10947

Accession Number: WOS:000851124700001

Abstract: Solid-waste management is a challenge in many cities, especially in low-income countries, including Uganda. Simple and inexpensive strategies such as solid-waste segregation and recycling have the potential to reduce risks associated with indiscriminate waste management. Unfortunately, these strategies have not been studied and adopted in slums in low-income countries. This cross-sectional qualitative study, therefore, used the behavioral-centered design model to understand the drivers of recycling in Kampala slums. Data were coded using ATLAS ti version 7.0, and content analysis was used for interpreting the findings. Our findings revealed that the study practices were not yet habitual and were driven by the presence of physical space for segregation containers, and functional social networks in the communities. Additionally, financial rewards and awareness related to the recycling benefits, and available community support were found to be critical drivers. The availability of infrastructure and objects for segregation and recycling and the influence of politics and policies were identified. There is, therefore, need for both the public and private sector to engage in developing and implementing the relevant laws and policies on solid waste recycling, increase community awareness of the critical behavior, and create sustainable markets for waste segregated and recycled products.

Notes: Mugambe, Richard K. Nuwematsiko, Rebecca Ssekamate, Tonny Nkurunziza, Allan G. Wagaba, Brenda Isunju, John Bosco Wafula, Solomon T. Nabaasa, Herbert Katongole, Constantine B. Atuyambe, Lynn M. Buregyeya, Esther

; Wafula, Solomon Tsebeni/T-6985-2018

Bakyusa Katongole, Constantine/0000-0002-2430-3247; Wafula, Solomon Tsebeni/0000-0002-6405-015X; Mugambe, Richard K./

0000-0003-2311-5436; Nkurunziza, Allan/0000-0002-7930-8758; Isunju, John Bosco/0000-0001-7396-7851

1660-4601

URL: <Go to ISI>://WOS:000851124700001

Reference Type: Journal Article

Record Number: 1094

Author: Mugambi, M. L., Baeten, J. M., Kinuthia, J., Hauber, B., Weiner, B. J., John-Stewart, G. and Barnabas, R. V.

Year: 2021

Title: Design and evaluation of strategies to implement HIV prevention interventions for pregnant women in community pharmacy settings in western Kenya: a mixed-methods study protocol

Journal: Bmj Open

Volume: 11

Issue: 12

Date: Dec

Short Title: Design and evaluation of strategies to implement HIV prevention interventions for pregnant women in community pharmacy settings in western Kenya: a mixed-methods study protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-052311

Article Number: e052311

Accession Number: WOS:000731101300013

Abstract: Introduction Community pharmacies play an important role in the healthcare system: they are frequently accessed and have increasing capacity to deliver HIV prevention services. In communities where the prevalence of HIV is high and access to antenatal care clinics is delayed or irregular, there is a unique opportunity to leverage pharmacies to enhance early and sustained access to HIV prevention among pregnant women. This study will identify women's preferences for delivery of HIV prevention services and provider-level and system-level strategies to design a new pharmacy-based model of care for pregnant women. The overall objective of this study is to design and evaluate strategies to implement HIV prevention interventions for pregnant women in community pharmacy settings in western Kenya. Methods and analysis We propose to conduct a discrete choice experiment to quantify preferences for delivery of HIV prevention interventions (including pre-exposure prophylaxis, partner testing and sexually transmitted infection screening and treatment) for pregnant women in community pharmacy settings. Latent class analysis will be used to quantify women's stated preferences and identify packages of intervention components that will optimise uptake among different subgroups of women. We will apply the Theoretical Domains Framework to identify provider-level and system-level factors that might influence the implementation of the optimal intervention packages. We will then use the Behaviour Change Wheel and survey a panel of experts to select and gain consensus on strategies to improve implementation. Finally, we will evaluate the potential costs of extending the implementation of HIV prevention interventions from the clinic to community pharmacy settings. Ethics and dissemination The protocol was approved by the Kenyatta National Hospital-University of Nairobi Ethics Research Committee and the University of Washington Institutional Review Board. The results of this research will be published in peer-reviewed journals and shared with various stakeholders, including community members, policymakers and researchers, through local and international conferences.

Notes: Mugambi, Melissa Latigo Baeten, Jared M. Kinuthia, John Hauber, Brett Weiner, Bryan J. John-Stewart, Grace Barnabas, Ruanne Vanessa

URL: <Go to ISI>://WOS:000731101300013

Reference Type: Journal Article

Record Number: 832

Author: Mughal, R., Thomson, L. J. M., Daykin, N. and Chatterjee, H. J.

Year: 2022

Title: Rapid Evidence Review of Community Engagement and Resources in the UK during the COVID-19 Pandemic: How Can Community Assets Redress Health Inequities?
Journal: International Journal of Environmental Research and Public Health
Volume: 19
Issue: 7
Date: Apr
Short Title: Rapid Evidence Review of Community Engagement and Resources in the UK during the COVID-19 Pandemic: How Can Community Assets Redress Health Inequities?
DOI: 10.3390/ijerph19074086
Article Number: 4086
Accession Number: WOS:000780632900001
Abstract: Community engagement, such as participating in arts, nature or leisurely activities, is positively associated with psychological and physiological wellbeing. Community-based engagement during the COVID-19 pandemic facilitated informal and local mutual aid between individuals. This rapid evidence review assesses the emergence of community-based arts, nature, music, theatre and other types of cultural engagement amongst UK communities in response to the COVID-19 pandemic. Here, we focus on all community engagement with a sub-focus on provisions accessed by and targeted towards vulnerable groups. Two hundred and fifty-six resources were included that had been created between February 2020 and January 2021. Resources were identified through Google Scholar, PubMed, Web of Science, MedRxiv, PsycharXiv and searches for grey literature and items in the public domain. The majority reported services that had been adapted to become online, telephone-based or delivered at a distance from doorsteps. Several quality assessment frameworks were used to evaluate the quality of data. Whilst a number of peer-reviewed, grey literature and public domain articles were identified, less than half of the identified literature met quality thresholds. The pace of the response to the pandemic may have meant that robust evaluation procedures were not always in place.
Notes: Mughal, Rabya Thomson, Linda J. M. Daykin, Norma Chatterjee, Helen J.
Chatterjee, Helen/0000-0001-7943-1580
1660-4601
URL: <Go to ISI>://WOS:000780632900001

Reference Type: Journal Article
Record Number: 357
Author: Mullan, B., Liddelow, C., Haywood, D. and Breare, H.
Year: 2022
Title: Behavior Change Training for Health Professionals: Evaluation of a 2-Hour Workshop
Journal: Jmir Formative Research
Volume: 6
Issue: 11
Date: Nov
Short Title: Behavior Change Training for Health Professionals:

Evaluation of a 2-Hour Workshop

DOI: 10.2196/42010

Article Number: e42010

Accession Number: WOS:000904521800054

Abstract: Background: Rates of noncommunicable diseases continue to rise worldwide. Many of these diseases are a result of engaging in risk behaviors. Without lifestyle and behavioral intervention, noncommunicable diseases can worsen and develop into more debilitating diseases. Behavioral interventions are an effective strategy to reduce the burden of disease. Behavior change techniques can be described as the "active ingredients" in behavior change and address the components that need to be altered in order for the target behavior to change. Health professionals, such as pharmacists and nurses, can engage in opportunistic behavior change with their patients, to encourage positive health behaviors. Objective: We aimed to develop, implement, and evaluate a behavior change workshop targeted at health professionals in Australia, with the goal of increasing knowledge of behavior change techniques and psychological variables. Methods: A prospective study design was used to develop and evaluate a 2-hour behavior change workshop targeted at health professionals. The workshop was developed based on the Capability, Opportunity, Motivation, and Behavior Model and had five core objectives: (1) to detail the role of health professionals in delivering optimal care, (2) to demonstrate opportunities to change behavior, (3) to describe principles of behavior change, (4) to explain behavior change techniques, and (5) to determine the most appropriate behavior change techniques to use and when to use them. A total of 10 workshops were conducted. To evaluate the workshops and identify any potential long-term changes in behavior, we collected pre- and postworkshop data on knowledge and psychological constructs from the attendees. Results: A final sample of 41 health professionals comprising general practitioners, nurses, and pharmacists completed the pre- and postworkshop surveys. Following the workshops, there were significant improvements in knowledge of behavior change techniques ($t(40)=-5.27$, $P<.001$), subjective norms ($t(40)=-3.49$, $P=.001$), descriptive norms ($t(40)=-3.65$, $P<.001$), perceived behavioral control ($t(40)=-3.30$, $P=.002$), and intention ($t(36)=-3.32$, $P=.002$); each had a large effect size. There was no significant difference in postworkshop attitude ($t(40)=0.78$, $P=.44$). The participants also found the workshops to be highly acceptable. Conclusions: A 2-hour, theoretically informed workshop designed to facilitate the use of behavior change techniques by health professionals was shown to be largely effective. The workshops resulted in increases in knowledge, descriptive and subjective norms, perceived behavioral control, and intention, but not in attitude. The intervention was also shown to be highly acceptable, with the large majority of participants deeming the intervention to be needed, useful, appropriate, and applicable, as well as interesting and worth their time. Future research should examine the lasting impacts of the workshop on health professionals' practices. Notes: Mullan, Barbara Liddelow, Caitlin Haywood, Darren Breare, Hayley

Mullan, Barbara A/E-2474-2019; Liddelow, Caitlin/ABB-9645-2020

Mullan, Barbara A/0000-0002-0177-8899; Liddelow, Caitlin/

0000-0003-1083-5979; Haywood, Darren/0000-0002-9317-4135; Breare,
Hayley/0000-0001-9523-8588
2561-326x
URL: <Go to ISI>://WOS:000904521800054

Reference Type: Journal Article

Record Number: 1395

Author: Muller, A., Melzow, F. S., Gostemeyer, G., Paris, S. and
Schwendicke, F.

Year: 2021

Title: Implementation of COVID-19 Infection Control Measures by
German Dentists: A Qualitative Study to Identify Enablers and
Barriers

Journal: International Journal of Environmental Research and Public
Health

Volume: 18

Issue: 11

Date: Jun

Short Title: Implementation of COVID-19 Infection Control Measures
by German Dentists: A Qualitative Study to Identify Enablers and
Barriers

DOI: 10.3390/ijerph18115710

Article Number: 5710

Accession Number: WOS:000659941500001

Abstract: Objectives: COVID-19 infection control measures have been
recommended for dental practices worldwide. This qualitative study
explored barriers and enablers for the implementation of these
measures in German dental practices. Methods: Semi-structured phone
interviews were conducted in November/December 2020 (purposive/
snowball sampling). The Theoretical Domains Framework (TDF) and the
Capabilities, Opportunities and Motivations influencing Behaviors
model (COM-B) were used to guide interviews. Mayring's content
analysis was employed to analyze interviews. Results: All dentists
(28-71 years, 4/8 female/male) had implemented infection control
measures. Measures most frequently not adopted were FFP2 masks, face
shields (impractical), the rotation of teams (insufficient staffing)
and the avoidance of aerosol-generating treatments. Dentists with
personal COVID-19 experience or those seeing themselves as a role
model were more eager to adopt measures. We identified 34 enablers
and 20 barriers. Major barriers were the lack of knowledge,
guidelines and recommendations as well as limited availability and
high costs of equipment. Pressure by staff and patients to ensure
infection control was an enabler. Conclusions: Dentists are
motivated to implement infection control measures, but lacking
opportunities limited the adoption of certain measures. Policy
makers and equipment manufacturers should address these points to
increase the implementation of infection control measures against
COVID-19 and potential future pandemics.

Notes: Mueller, Anne Melzow, Florentina Sophie Goestemeyer, Gerd
Paris, Sebastian Schwendicke, Falk

Schwendicke, Falk/0000-0003-1223-1669; Melzow, Florentina/
0000-0002-1563-0967; Muller, Anne/0000-0002-6256-8860; Paris,
Sebastian/0000-0002-1302-8761; Gostemeyer, Gerd/0000-0003-3128-3616

1660-4601

URL: <Go to ISI>://WOS:000659941500001

Reference Type: Journal Article

Record Number: 1487

Author: Muller, A., Mertens, S. M., Gostemeyer, G., Krois, J. and Schwendicke, F.

Year: 2021

Title: Barriers and Enablers for Artificial Intelligence in Dental Diagnostics: A Qualitative Study

Journal: Journal of Clinical Medicine

Volume: 10

Issue: 8

Date: Apr

Short Title: Barriers and Enablers for Artificial Intelligence in Dental Diagnostics: A Qualitative Study

DOI: 10.3390/jcm10081612

Article Number: 1612

Accession Number: WOS:000644461700001

Abstract: The present study aimed to identify barriers and enablers for the implementation of artificial intelligence (AI) in dental, specifically radiographic, diagnostics. Semi-structured phone interviews with dentists and patients were conducted between the end of May and the end of June 2020 (convenience/snowball sampling). A questionnaire developed along the Theoretical Domains Framework (TDF) and the Capabilities, Opportunities and Motivations influencing Behaviors model (COM-B) was used to guide interviews. Mayring's content analysis was employed to point out barriers and enablers. We identified 36 barriers, conflicting themes or enablers, covering nine of the fourteen domains of the TDF and all three determinants of behavior (COM). Both stakeholders emphasized chances and hopes for AI. A range of enablers for implementing AI in dental diagnostics were identified (e.g., the chance for higher diagnostic accuracy, a reduced workload, more comprehensive reporting and better patient-provider communication). Barriers related to reliance on AI and responsibility for medical decisions, as well as the explainability of AI and the related option to de-bug AI applications, emerged. Decision-makers and industry may want to consider these aspects to foster implementation of AI in dentistry.

Notes: Mueller, Anne Mertens, Sarah Marie Goestemeyer, Gerd Krois, Joachim Schwendicke, Falk

Gostemeyer, Gerd/0000-0003-3128-3616; Krois, Joachim/

0000-0002-6010-8940; Schwendicke, Falk/0000-0003-1223-1669; Muller, Anne/0000-0002-6256-8860

2077-0383

URL: <Go to ISI>://WOS:000644461700001

Reference Type: Journal Article

Record Number: 1578

Author: Muller, I., Stuart, B., Sach, T., Hooper, J., Wilczynska, S., Steele, M., Greenwell, K., Sivyer, K., Yardley, L., Williams, H. C., Chalmers, J. R., Leighton, P., Howells, L. M., Ridd, M. J.,

Lawton, S., Griffiths, G., Nuttall, J., Langan, S. M., Roberts, A., Ahmed, A., Kirk, H., Becque, T., Little, P., Thomas, K. S. and Santer, M.

Year: 2021

Title: Supporting self-care for eczema: protocol for two randomised controlled trials of ECO (Eczema Care Online) interventions for young people and parents/carers

Journal: Bmj Open

Volume: 11

Issue: 2

Date: Feb

Short Title: Supporting self-care for eczema: protocol for two randomised controlled trials of ECO (Eczema Care Online) interventions for young people and parents/carers

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-045583

Article Number: e045583

Accession Number: WOS:000625358900021

Abstract: Introduction Eczema care requires management of triggers and various treatments. We developed two online behavioural interventions to support eczema care called ECO (Eczema Care Online) for young people and ECO for families. This protocol describes two randomised controlled trials (RCTs) aimed to evaluate clinical and cost-effectiveness of the two interventions. Methods and analysis Design: Two independent, pragmatic, unmasked, parallel group RCTs with internal pilots and nested health economic and process evaluation studies. Setting: Participants will be recruited from general practitioner practices in England. Participants: Young people aged 13-25 years with eczema and parents and carers of children aged 0-12 years with eczema, excluding inactive or very mild eczema (five or less on Patient-Oriented Eczema Measure (POEM)). Interventions: Participants will be randomised to online intervention plus usual care or to usual eczema care alone. Outcome measures: Primary outcome is eczema severity over 24 weeks measured by POEM. Secondary outcomes include POEM 4-weekly for 52 weeks, quality of life, eczema control, itch intensity (young people only), patient enablement, health service and treatment use. Process measures include treatment adherence, barriers to adherence and intervention usage. Our sample sizes of 303 participants per trial are powered to detect a group difference of 2.5 (SD 6.5) in monthly POEM scores over 24 weeks (significance 0.05, power 0.9), allowing for 20% loss to follow-up. Cost-effectiveness analysis will be from a National Health Service and personal social service perspective. Qualitative and quantitative process evaluation will help understand the mechanisms of action and participant experiences and inform implementation. Ethics and dissemination The study has been approved by South Central Oxford A Research Ethics Committee (19/SC/0351). Recruitment is ongoing, and follow-up will be completed by mid-2022. Findings will be disseminated to participants, the public, dermatology and primary care journals, and policy makers.

Notes: Muller, Ingrid Stuart, Beth Sach, Tracey Hooper, Julie Wilczynska, Sylvia Steele, Mary Greenwell, Kate Sivyer, Katy Yardley, Lucy Williams, Hywel C. Chalmers, Joanne R. Leighton, Paul Howells, Laura M. Ridd, Matthew J. Lawton, Sandra Griffiths, Gareth

Nuttall, Jacqui Langan, Sinead M. Roberts, Amanda Ahmed, Amina Kirk, Hayden Becque, Taeko Little, Paul Thomas, Kim S. Santer, Miriam ; Ridd, Matthew/E-5656-2016
Sivyer, Katy/0000-0003-4349-0102; Howells, Laura/0000-0003-4157-7394; Thomas, Kim/0000-0001-7785-7465; Yardley, Lucy/0000-0002-3853-883X; Becque, Taeko/0000-0002-0362-3794; Ridd, Matthew/0000-0002-7954-8823; Sach, Tracey/0000-0002-8098-9220; Leighton, Paul/0000-0001-5208-0274; Stuart, Beth/0000-0001-5432-7437; Greenwell, Kate/0000-0002-3662-1488; Griffiths, Gareth/0000-0002-9579-8021; Santer, Miriam/0000-0001-7264-5260; Muller, Ingrid/0000-0001-9341-6133; williams, hywel/0000-0002-5646-3093; Steele, Mary/0000-0003-2595-3855; Langan, Sinead/0000-0002-7022-7441
URL: <Go to ISI>://WOS:000625358900021

Reference Type: Journal Article

Record Number: 515

Author: Munot, S., Bray, J., Bauman, A., Rugel, E. J., Giordan, L. B., Marschner, S., Chow, C. K. and Redfern, J.

Year: 2022

Title: Development of an intervention to facilitate dissemination of community-based training to respond to out-of-hospital cardiac arrest: FirstCPR

Journal: Plos One

Volume: 17

Issue: 8

Date: Aug

Short Title: Development of an intervention to facilitate dissemination of community-based training to respond to out-of-hospital cardiac arrest: FirstCPR

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0273028

Article Number: e0273028

Accession Number: WOS:000860991100002

Abstract: Background and aim Out-of-hospital cardiac arrest (OHCA) is a significant public health issue with low survival rates. Prompt bystander action can more than double survival odds. OHCA response training is primarily pursued due to work-related mandates, with few programs targeting communities with lower training levels. The aim of this research was to describe the development process of a targeted multicomponent intervention package designed to enhance confidence and training among laypeople in responding to an OHCA. Methods An iterative, three-phase program development process was employed using a mixed methods approach. The initial phase involved establishment of a multidisciplinary panel that informed decisions on key messages, program content, format, and delivery modes. These decisions were based on scientific evidence and guided by behavioural theories. The second phase comprised the development of the intervention package, identifying existing information and developing new material to fill identified gaps. The third phase involved refining and finalising the material via feedback from panel members, stakeholders, and community members. Results Through this approach, we collaboratively developed a comprehensive

evidence-based education and training package consisting of a digital intervention supplemented with free access to in-person education and training. The package was designed to teach community members the specific steps in recognising and responding to a cardiac arrest, while addressing commonly known barriers and fears related to bystander response. The tailored program and delivery format addressed the needs of individuals of diverse ages, cultural backgrounds, and varied training needs and preferences.

Conclusion The study highlights the importance of community engagement in intervention development and demonstrates the need of evidence-based and collaborative approaches in creating a comprehensive, localised, relatively low-cost intervention package to improve bystander response to OHCA.

Notes: Munot, Sonali J. Bray, Janet Bauman, Adrian Rugel, Emily K. Giordan, Leticia Bezerra Marschner, Simone Chow, Clara Redfern, Julie

Redfern, Julie/AAM-8617-2020

Redfern, Julie/0000-0001-8707-5563; Munot, Sonali/0000-0001-5439-2802

URL: <Go to ISI>://WOS:000860991100002

Reference Type: Journal Article

Record Number: 711

Author: Munot, S., Redfern, J., Bray, J. E., Angell, B., Bauman, A., Coggins, A., Denniss, A. R., Ferry, C., Jennings, G., Kovoov, P., Kumar, S., Lai, K., Khanlari, S., Marschner, S., Middleton, P. M., Nelson, M., Opperman, I., Semsarian, C., Taylor, L., Vukasovic, M., Ware, S. and Chow, C.

Year: 2022

Title: Improving community-based first response to out of hospital cardiac arrest (FirstCPR): protocol for a cluster randomised controlled trial

Journal: Bmj Open

Volume: 12

Issue: 6

Date: Jun

Short Title: Improving community-based first response to out of hospital cardiac arrest (FirstCPR): protocol for a cluster randomised controlled trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-057175

Article Number: e057175

Accession Number: WOS:000810010000019

Abstract: Introduction Out-of-hospital cardiac arrest (OHCA) is associated with poor survival outcomes, but prompt bystander action can more than double survival rates. Being trained, confident and willing-to-perform cardiopulmonary resuscitation (CPR) are known predictors of bystander action. This study aims to assess the effectiveness of a community organisation targeted multicomponent education and training initiative on being willing to respond to OHCA's. The study employs a novel approach to reaching community members via social and cultural groups, and the intervention aims to address commonly cited barriers to training including lack of

availability, time and costs. Methods and analysis FirstCPR is a cluster randomised trial that will be conducted across 200 community groups in urban and regional Australia. It will target community groups where CPR training is not usual. Community groups (clusters) will be stratified by region, size and organisation type, and then randomly assigned to either immediately receive the intervention programme, comprising digital and in-person education and training opportunities about CPR and OHCA over 12 months, or a delayed programme implementation. The primary outcome is self-reported 'training and willingness-to-perform CPR' at 12 months. It will be assessed through surveys of group members that consent in intervention versus control groups and administered prior to control groups receiving the intervention. The primary analysis will follow intention-to-treat principles, use log binomial regression accounting for baseline covariates and be conducted at the individual level, while accounting for clustering within communities. Focus groups and interviews will be conducted to examine barriers and enablers to implementation and costs will also be examined. Ethics and dissemination Ethical approval was obtained from The University of Sydney. Findings from this study will be disseminated via presentations at scientific conferences, publications in peer-reviewed journals, scientific and lay reports. Notes: Munot, Sonali Redfern, Julie Bray, Janet E. Angell, Blake Bauman, Adrian Coggins, Andrew Denniss, Alan Robert Ferry, Cate Jennings, Garry Kovoov, Pramesh Kumar, Saurabh Lai, Kevin Khanlari, Sarah Marschner, Simone Middleton, Paul M. Nelson, Michael Opperman, Ian Semsarian, Christopher Taylor, Lee Vukasovic, Matthew Ware, Sandra Chow, Clara Redfern, Julie/AAM-8617-2020; Middleton, Paul/A-9084-2012 Redfern, Julie/0000-0001-8707-5563; Angell, Blake/0000-0002-7188-7740; Coggins, Andrew/0000-0002-5652-6920; Munot, Sonali/0000-0001-5439-2802; Middleton, Paul/0000-0003-0760-1098 URL: <Go to ISI>://WOS:000810010000019

Reference Type: Journal Article

Record Number: 2337

Author: Munoz, K., Nelson, L., Blaiser, K., Price, T. and Twohig, M.
Year: 2015

Title: Improving Support for Parents of Children with Hearing Loss: Provider Training on Use of Targeted Communication Strategies

Journal: Journal of the American Academy of Audiology

Volume: 26

Issue: 2

Pages: 116-127

Date: Feb

Short Title: Improving Support for Parents of Children with Hearing Loss: Provider Training on Use of Targeted Communication Strategies

ISSN: 1050-0545

DOI: 10.3766/jaaa.26.2.2

Accession Number: WOS:000349269100002

Abstract: Background: When proper protocols are followed, children who are identified with a permanent hearing loss early in life have opportunities to develop language on par with their typical hearing

peers. Young children with hearing loss are dependent on their parents to manage intervention during early years critical to their development, and parents' ability to effectively integrate recommendations in daily life is foundational for intervention success. Audiologists and early intervention professionals not only need to provide current evidence-based services, but also must address parents' emotional and learning needs related to their child's hearing loss. Purpose: This study explored practice patterns related to education and support provided to parents of children with hearing loss and the influence of an in-service training on provider attitudes. Research Design: This study used a prepost design with a self-report questionnaire to identify practice patterns related to communication skills and support used by providers when working with parents of children with hearing loss. Study Sample: A total of 45 participants (21 professionals and 24 graduate students) currently working with children completed the pretraining questionnaire, and 29 participants (13 professionals and 16 graduate students) completed the postquestionnaire. Data Collection and Analysis: Data were collected using an online questionnaire before the training and 1 mo after training. Descriptive analyses were done to identify trends, and paired-samples t-tests were used to determine changes pretraining to posttraining. Results: Findings revealed that professionals most frequently teach skills to mothers (91%) and infrequently teach skills to fathers (19%) and other caregivers (10%). Professionals reported frequently collaborating with other intervention providers (76%) and infrequently collaborating with primary care physicians (19%). One-third of the professionals reported addressing symptoms of depression and anxiety as an interfering factor with the ability to implement management recommendations. For providers who completed both the prequestionnaires and postquestionnaires, an increase in confidence was reported for several areas of communication; however, as expected, practices remained similar, and all of the practicing professionals and 94% of the graduate students indicated a desire for more training on how to be effective in supporting parents with implementing intervention recommendations. Conclusions: Providers do not necessarily use effective methods of communication, needed to adequately help parents, requiring additional focused training to change how providers interact with parents and how support is provided.

Notes: Munoz, Karen Nelson, Lauri Blaiser, Kristina Price, Tanner Twohig, Michael
Twohig, Michael P/F-7481-2010
2157-3107
URL: <Go to ISI>://WOS:000349269100002

Reference Type: Journal Article

Record Number: 1879

Author: Munroe, B., Curtis, K., Buckley, T., Lewis, M. and Atkins, L.

Year: 2018

Title: Optimising implementation of a patient-assessment framework for emergency nurses: A mixed-method study

Journal: Journal of Clinical Nursing

Volume: 27

Issue: 1-2

Pages: E269-E286

Date: Jan

Short Title: Optimising implementation of a patient-assessment framework for emergency nurses: A mixed-method study

ISSN: 0962-1067

DOI: 10.1111/jocn.13932

Accession Number: WOS:000418871000054

Abstract: Aims and objectives To determine potential facilitators and barriers and tailor interventions to optimise future implementation of a patient-assessment framework into emergency nursing practice.

Background An evidence-informed patient-assessment framework HIRAID (History, Identify Red flags, Assessment, Interventions,

Diagnosics, communication and reassessment) improves the quality of patient assessments performed by emergency nurses. Facilitators and barriers must be understood and tailored interventions selected to optimise implementation.

Design A mixed-method convergent study design was used.

Methods Thirty eight early career emergency nurses from five Australian hospitals participated in an education workshop on the HIRAID assessment framework. Simulated clinical scenarios enabled participants to experience conducting a patient assessment with and without using the framework. All participants completed surveys, interviews and focus groups to identify potential facilitators and barriers. Twenty three participants completed follow-up telephone surveys 4-6 months later. Quantitative and qualitative data were analysed separately using descriptive statistics and inductive content analysis, prior to integration.

Implementation interventions were selected using the Behaviour Change Wheel. Results Nine facilitators and nine barriers were identified to potentially effect implementation of the HIRAID assessment framework. Twelve of the 23 participants (52.2%) who completed follow-up surveys reported using the framework in the clinical setting. To optimise future implementation, the education workshop needs refinement, and environmental restructuring, modelling and social support are required.

Conclusion A multimodal strategy is needed to promote future successful implementation of the HIRAID assessment framework into emergency nursing practice.

Relevance for clinical practice The successful implementation of the HIRAID assessment framework has the potential to improve nursing assessments of patients in emergency and other acute care settings. This study demonstrates how to systematically identify facilitators and barriers to behaviour change and select interventions to optimise implementation of evidence-informed nursing practices.

Notes: Munroe, Belinda Curtis, Kate Buckley, Thomas Lewis, Melinda Atkins, Lou

Atkins, Louise/C-7740-2011; Buckley, Thomas/HGD-4732-2022

Atkins, Louise/0000-0001-9322-7869; Lewis, Melinda J/0000-0003-2415-148X

1365-2702

URL: <Go to ISI>://WOS:000418871000054

Reference Type: Journal Article

Record Number: 1119

Author: Munroe, B., Curtis, K., Fry, M., Shaban, R. Z., Moules, P., Elphick, T. L., Ruperto, K., Couttie, T. and Considine, J.

Year: 2022

Title: Increasing accuracy in documentation through the application of a structured emergency nursing framework: A multisite quasi-experimental study

Journal: Journal of Clinical Nursing

Volume: 31

Issue: 19-20

Pages: 2874-2885

Date: Oct

Short Title: Increasing accuracy in documentation through the application of a structured emergency nursing framework: A multisite quasi-experimental study

ISSN: 0962-1067

DOI: 10.1111/jocn.16115

Accession Number: WOS:000719659700001

Abstract: Aims and Objectives To determine if the use of an emergency nursing framework improves the accuracy of clinical documentation. Background Accurate clinical documentation is a nursing professional responsibility essential for high-quality and safe patient care. The use of the emergency nursing framework "HIRAID" (History, Identify Red flags, Assessment, Interventions, Diagnostics, reassessment and communication) improves emergency nursing care by reducing treatment delays and improving escalation of clinical deterioration. The effect of HIRAID on the accuracy of nursing documentation is unknown. Design A quasi-experimental pre-post study was conducted and the report was guided by the strengthening the reporting of observational studies in epidemiology (STROBE) checklist. Methods HIRAID was implemented in four regional/rural Australian emergency departments (ED) using a range of behaviour change strategies. The blinded electronic healthcare records of 120 patients with a presenting problem of shortness of breath, abdominal pain or fever were reviewed. Quantity measures of completeness and qualitative measures of completeness and linguistic correctness of documentation adapted from the D-Catch tool were used to assess accuracy. Differences between pre-post groups were analysed using Wilcoxon rank-sum and two-sample t-tests for continuous variables. Pearson's Chi-square and Fisher exact tests were used for the categorical data. Results The number of records containing the essential assessment components of emergency care increased significantly from pre- to post-implementation of HIRAID. This overall improvement was demonstrated in both paediatric and adult populations and for all presentation types. Both the quantitative and qualitative measures of documentation on patient history and physical assessment findings improved significantly. Conclusion Use of HIRAID improves the accuracy of clinical documentation of the patient history and physical assessment in both adult and paediatric populations. Relevance to Clinical Practice The emergency nursing framework "HIRAID" is recommended for use in clinical practice to increase the documentation accuracy performed by emergency nurses.

Notes: Munroe, Belinda Curtis, Kate Fry, Margaret Shaban, Ramon Z. Moules, Peter Elphick, Tiana-Lee Ruperto, Kate Couttie, Tracey Considine, Julie
; Fry, Margaret/F-8082-2017
Considine, Julie/0000-0003-3801-2456; Shaban, Ramon/
0000-0002-5203-0557; Curtis, Kate/0000-0002-3746-0348; Fry,
Margaret/0000-0003-1265-7096
1365-2702
URL: <Go to ISI>://WOS:000719659700001

Reference Type: Journal Article
Record Number: 2048
Author: Munscher, R., Vetter, M. and Scheuerle, T.
Year: 2016
Title: A Review and Taxonomy of Choice Architecture Techniques
Journal: Journal of Behavioral Decision Making
Volume: 29
Issue: 5
Pages: 511-524
Date: Dec
Short Title: A Review and Taxonomy of Choice Architecture Techniques
ISSN: 0894-3257
DOI: 10.1002/bdm.1897
Accession Number: WOS:000388865500006
Abstract: We present a taxonomy of choice architecture techniques that focus on intervention design, as opposed to the underlying cognitive processes that make an intervention work. We argue that this distinction will facilitate further empirical testing and will assist practitioners in designing interventions. The framework is inductively derived from empirically tested examples of choice architecture and consists of nine techniques targeting decision information, decision structure, and decision assistance. An inter-rater reliability test demonstrates that these techniques can be used in an intersubjectively replicable way to describe sample choice architectures. We conclude by discussing limitations of the framework and key issues concerning the use of the techniques in the development of new choice architectures. Copyright (C) 2015 John Wiley & Sons, Ltd.
Notes: Muenscher, Robert Vetter, Max Scheuerle, Thomas
1099-0771
URL: <Go to ISI>://WOS:000388865500006

Reference Type: Journal Article
Record Number: 2237
Author: Murphy, A., Martin-Misener, R., Kutcher, S. and Gardner, D.
Year: 2015
Title: Pharmacists' performance in a telephone-based simulated patient study after a mental health capacity-building program
Journal: International Journal of Clinical Pharmacy
Volume: 37
Issue: 6
Pages: 1009-1013

Date: Dec

Short Title: Pharmacists' performance in a telephone-based simulated patient study after a mental health capacity-building program

ISSN: 2210-7703

DOI: 10.1007/s11096-015-0171-7

Accession Number: WOS:000363490100011

Abstract: Background The More Than Meds program was developed to enhance community pharmacy based services for people with mental illness. Objective To evaluate the care of pharmacists who participated in this specific program using a telephone-based simulated patient with insomnia. Methods A trained actor used a simulated patient case scenario and telephoned pharmacists (i.e., intervention group pharmacists) and a control group of pharmacists approximately 6 months following training. Pharmacists were scored on their assessment of the patient and problem, guidance provided on both pharmacological and nonpharmacological care, communications, and overall quality. Results Sixty-three pharmacists (n = 29 intervention, n = 34 controls) were reached. Call duration was longer with intervention versus control group pharmacists [4.93 min (SD 2.3) vs. 4.00 min (SD 1.8)]. Medication recommendations were made by 76 and 100 % of intervention versus control pharmacists (p = 0.002), respectively. Intervention group pharmacists scored significantly higher on most components within communication and overall quality scores. Scores for assessing the patient, the problem, sleep, and medication supply were lower than expected for both groups. Conclusion Intervention group pharmacists performed better than controls on several components of a telephone-based simulated patient scenario for insomnia following More Than Meds training. More research is needed regarding telephone consultations in pharmacy practice.

Notes: Murphy, Andrea L. Martin-Misener, Ruth Kutcher, Stan P. Gardner, David M.

; Martin-Misener, Ruth/B-9383-2019

Gardner, David/0000-0002-0980-6399; Martin-Misener, Ruth/0000-0003-4554-7635; Kutcher, Stan/0000-0002-9646-3063; Murphy, Andrea/0000-0001-5093-6681

2210-7711

URL: <Go to ISI>://WOS:000363490100011

Reference Type: Journal Article

Record Number: 2289

Author: Murphy, A. L., Gardner, D. M., Chen, T. F., O'Reilly, C. and Kutcher, S. P.

Year: 2015

Title: Community pharmacists and the assessment and management of suicide risk

Journal: Canadian Pharmacists Journal

Volume: 148

Issue: 4

Pages: 171-175

Date: Jul-Aug

Short Title: Community pharmacists and the assessment and management of suicide risk

ISSN: 1715-1635
DOI: 10.1177/1715163515587554
Accession Number: WOS:000358443500003
Notes: Murphy, Andrea L. Gardner, David M. Chen, Timothy F.
O'Reilly, Claire Kutcher, Stan P.
Chen, Timothy/X-3684-2019
Murphy, Andrea/0000-0001-5093-6681; Kutcher, Stan/
0000-0002-9646-3063; Chen, Timothy/0000-0003-4189-8403; Gardner,
David/0000-0002-0980-6399
1913-701x
URL: <Go to ISI>://WOS:000358443500003

Reference Type: Journal Article
Record Number: 2373
Author: Murphy, A. L., Gardner, D. M., Kutcher, S. P. and Martin-
Misener, R.
Year: 2014
Title: A theory-informed approach to mental health care capacity
building for pharmacists
Journal: International Journal of Mental Health Systems
Volume: 8
Date: Nov
Short Title: A theory-informed approach to mental health care
capacity building for pharmacists
ISSN: 1752-4458
DOI: 10.1186/1752-4458-8-46
Article Number: 46
Accession Number: WOS:000347199000001
Abstract: Background: Pharmacists are knowledgeable, accessible
health care professionals who can provide services that improve
outcomes in mental health care. Various challenges and opportunities
can exist in pharmacy practice to hinder or support pharmacists'
efforts. We used a theory-informed approach to development and
implementation of a capacity-building program to enhance
pharmacists' roles in mental health care. Methods: Theories and
frameworks including the Consolidated Framework for Implementation
Research, the Theoretical Domains Framework, and the Behaviour
Change Wheel were used to inform the conceptualization, development,
and implementation of a capacity-building program to enhance
pharmacists' roles in mental health care. Results: The More Than
Meds program was developed and implemented through an iterative
process. The main program components included: an education and
training day; use of a train-the-trainer approach from partnerships
with pharmacists and people with lived experience of mental illness;
development of a community of practice through email communications,
a website, and a newsletter; and use of educational outreach
delivered by pharmacists. Theories and frameworks used throughout
the program's development and implementation facilitated a means to
conceptualize the component parts of the program as well as its
overall presence as a whole from inception through evolution in
implementation. Using theoretical foundations for the program
enabled critical consideration and understanding of issues related
to trialability and adaptability of the program. Conclusions: Theory

was essential to the underlying development and implementation of a capacity-building program for enhancing services by pharmacists for people with lived experience of mental illness. Lessons learned from the development and implementation of this program are informing current research and evolution of the program.

Notes: Murphy, Andrea L. Gardner, David M. Kutcher, Stan P. Martin-Misener, Ruth

Martin-Misener, Ruth/B-9383-2019

Martin-Misener, Ruth/0000-0003-4554-7635; Kutcher, Stan/0000-0002-9646-3063; Gardner, David/0000-0002-0980-6399; Murphy, Andrea/0000-0001-5093-6681

URL: <Go to ISI>://WOS:000347199000001

Reference Type: Journal Article

Record Number: 2248

Author: Murphy, A. L., Gardner, D. M., Martin-Misener, R., Naylor, T. and Kutcher, S. P.

Year: 2015

Title: Partnering to enhance mental health care capacity in communities: A qualitative study of the More Than Meds program

Journal: Canadian Pharmacists Journal

Volume: 148

Issue: 6

Pages: 314-324

Date: Nov-Dec

Short Title: Partnering to enhance mental health care capacity in communities: A qualitative study of the More Than Meds program

ISSN: 1715-1635

DOI: 10.1177/1715163515607310

Accession Number: WOS:000364202300005

Abstract: Background: Community pharmacists care for and support people with lived experience of mental illness in their communities. We developed a program called More Than Meds to facilitate enhancing capacity of community pharmacists' roles in mental health care.

Methods: We conducted a qualitative study and used a directed content analysis with application of the Theoretical Domains Framework as part of our underlying theory of behaviour change and our analytic framework. Results: Ten interviews (n = 6 pharmacists, n = 4 community members) were conducted with participants from the More Than Meds program. Three key themes were identified from the experiences of More Than Meds participants: networking and bridging, stigma, and expectations and permissions. The most frequently coded domains in the data from the Theoretical Domains Framework were social/professional role, skills, beliefs about capabilities, knowledge and environmental context and resources. Conclusions: The More than Meds Program enabled community pharmacists to increase their capabilities, opportunities and motivation in providing mental health care and support. Involving community pharmacists together with people with lived experience of mental illness was identified as an innovative component of the program.

Notes: Murphy, Andrea L. Gardner, David M. Martin-Misener, Ruth Naylor, Ted Kutcher, Stan P.

; Martin-Misener, Ruth/B-9383-2019

Murphy, Andrea/0000-0001-5093-6681; Gardner, David/
0000-0002-0980-6399; Martin-Misener, Ruth/0000-0003-4554-7635;
Kutcher, Stan/0000-0002-9646-3063
1913-701x
URL: <Go to ISI>://WOS:000364202300005

Reference Type: Journal Article

Record Number: 2069

Author: Murphy, A. L., Martin-Misener, R., Kutcher, S. P., O'Reilly,
C. L., Chen, T. F. and Gardner, D. M.

Year: 2016

Title: From personal crisis care to convenience shopping: an
interpretive description of the experiences of people with mental
illness and addictions in community pharmacies

Journal: BMC Health Services Research

Volume: 16

Date: Oct

Short Title: From personal crisis care to convenience shopping: an
interpretive description of the experiences of people with mental
illness and addictions in community pharmacies

DOI: 10.1186/s12913-016-1817-4

Article Number: 569

Accession Number: WOS:000384937900004

Abstract: Background: The role of community pharmacists is changing globally with pharmacists engaging in more clinically-oriented roles, including in mental health care. Pharmacists' interventions have been shown to improve mental health related outcomes but various barriers can limit pharmacists in their care of patients. We aimed to explore the experiences of people with lived experience of mental illness and addictions in community pharmacies to generate findings to inform practice improvements. Methods: We used interpretive description methodology with analytic procedures of thematic analysis to explore the experiences of people with lived experience of mental illness and addictions with community pharmacy services. Participants were recruited through multiple mechanisms (e.g., paper and online advertisements), offered honorarium for their time, and given the option of a focus group or interview for participation in our study. Data were gathered during July to September of 2012. Interviews and focus groups were audio-recorded, transcribed verbatim, and analyzed by two researchers. Results: We collected approximately nine hours of audio data from 18 individuals in two focus groups (n = 12) and six individual interviews. Fourteen participants were female and the average age was 41 years (range 24 to 57 years). Expectations, decision-making, and supports were identified as central themes underlying the community pharmacy experiences of people with lived experience of mental illness and addictions. Eight subthemes were identified including: relationships with pharmacy staff; patient's role in the pharmacist-patient relationship; crisis and triage; privacy and confidentiality; time; stigma and judgment; medication-related and other services; and transparency. Conclusions: People with lived experience of mental illness and addictions demonstrate a high regard and respect for pharmacist's knowledge and abilities but hold conservative

expectations of pharmacy health services shaped by experience, observations, and assumptions. To some extent, expectation management occurs with the recognition of the demands on pharmacists and constraints inherent to community pharmacy practice. Relationships with pharmacy staff are critical to people with lived experience and influence their decision-making. Research in the area of pharmacists' roles in crises and triage, especially in the area of suicide assessment and mitigation, is needed urgently.

Notes: Murphy, Andrea L. Martin-Misener, Ruth Kutcher, Stan P. O'Reilly, Claire L. Chen, Timothy F. Gardner, David M. Chen, Timothy/X-3684-2019; Martin-Misener, Ruth/B-9383-2019 Chen, Timothy/0000-0003-4189-8403; Martin-Misener, Ruth/0000-0003-4554-7635; Kutcher, Stan/0000-0002-9646-3063; Gardner, David/0000-0002-0980-6399; Murphy, Andrea/0000-0001-5093-6681 1472-6963
URL: <Go to ISI>://WOS:000384937900004

Reference Type: Journal Article

Record Number: 2180

Author: Murphy, A. L., Phelan, H., Haslam, S., Martin-Misener, R., Kutcher, S. P. and Gardner, D. M.

Year: 2016

Title: Community pharmacists' experiences in mental illness and addictions care: a qualitative study

Journal: Substance Abuse Treatment Prevention and Policy

Volume: 11

Date: Jan

Short Title: Community pharmacists' experiences in mental illness and addictions care: a qualitative study

DOI: 10.1186/s13011-016-0050-9

Article Number: 6

Accession Number: WOS:000368888200001

Abstract: Background: Community pharmacists are accessible health care professionals who encounter people with lived experience of mental illness and addictions in daily practice. Although some existing research supports that community pharmacists' interventions result in improved patient mental health outcomes, gaps in knowledge regarding the pharmacists' experiences with service provision to this population remain. Improving knowledge regarding the pharmacists' experiences with mental illness and addictions service provision can facilitate a better understanding of their perspectives and be used to inform the development and implementation of interventions delivered by community pharmacists for people with lived experience of mental illness and addictions in communities. Methods: We conducted a qualitative study using a directed content analysis and the Theoretical Domains Framework as part of our underlying theory of behaviour change and our analytic framework for theme development. The Theoretical Domains Framework facilitates understanding of behaviours of health care professionals and implementation challenges and opportunities for interventions in health care. Thematic analysis co-occurred throughout the process of the directed content analysis. We recruited community pharmacists, with experience dispensing psychotropics, at a minimum, through

multiple mechanisms (e.g., professional associations) in a convenience sampling approach. Potential participants were offered the option of focus groups or interviews. Results: Data were collected from one focus group and two interviews involving six pharmacists. Theoretical Domains Framework coding was primarily weighted in two domains: social/professional role and identity and environmental context and resources. We identified five main themes in the experiences of pharmacists in mental illness and addictions care: competing interests, demands, and time; relationships, rapport, and trust; stigma; collaboration and triage; and role expectations and clarity. Conclusions: Pharmacists are not practicing to their full scope of practice in mental illness and addictions care for several reasons including limitations within the work environment and lack of structures and processes in place to be fully engaged as health care professionals. More research and policy work are needed to examine better integration of pharmacists as members of the mental health care team in communities.

Notes: Murphy, Andrea L. Phelan, Heather Haslam, Scott Martin-Misener, Ruth Kutcher, Stan P. Gardner, David M.

; Martin-Misener, Ruth/B-9383-2019

Murphy, Andrea/0000-0001-5093-6681; Kutcher, Stan/

0000-0002-9646-3063; Martin-Misener, Ruth/0000-0003-4554-7635;

Gardner, David/0000-0002-0980-6399

1747-597x

URL: <Go to ISI>://WOS:000368888200001

Reference Type: Journal Article

Record Number: 2286

Author: Murphy, E., Vellinga, A., Byrne, M., Cupples, M. E., Murphy, A. W., Buckley, B. and Smith, S. M.

Year: 2015

Title: Primary care organisational interventions for secondary prevention of ischaemic heart disease: a systematic review and meta-analysis

Journal: British Journal of General Practice

Volume: 65

Issue: 636

Pages: E460-E468

Date: Jul

Short Title: Primary care organisational interventions for secondary prevention of ischaemic heart disease: a systematic review and meta-analysis

ISSN: 0960-1643

DOI: 10.3399/bjgp15X685681

Accession Number: WOS:000356968500006

Abstract: Background Ischaemic heart disease (IHD) is the most common cause of death worldwide. Aim To determine the long-term impact of organisational interventions for secondary prevention of IHD. Design and setting Systematic review and meta-analysis of studies from CENTRAL, MEDLINE (R), Embase, and CINAHL published January 2007 to January 2013. Method Searches were conducted for randomised controlled trials of patients with established IHD, with long-term follow-up, of cardiac secondary prevention programmes

targeting organisational change in primary care or community settings. A random effects model was used and risk ratios were calculated. Results Five studies were included with 4005 participants. Meta-analysis of four studies with mortality data at 4.7-6 years showed that organisational interventions were associated with approximately 20% reduced mortality, with a risk ratio (RR) for all-cause mortality of 0.79 (95% confidence interval (CI) = 0.66 to 0.93), and a RR for cardiac-related mortality of 0.74 (95% CI = 0.58 to 0.94). Two studies reported mortality data at 10 years. Analysis of these data showed no significant differences between groups. There were insufficient data to conduct a meta-analysis on the effect of interventions on hospital admissions. Additional analyses showed no significant association between organisational interventions and risk factor management or appropriate prescribing at 4.7-6 years. Conclusion Cardiac secondary prevention programmes targeting organisational change are associated with a reduced risk of death for at least 4-6 years. There is insufficient evidence to conclude whether this beneficial effect is maintained indefinitely. Notes: Murphy, Edel Vellinga, Akke Byrne, Molly Cupples, Margaret E. Murphy, Andrew W. Buckley, Brian Smith, Susan M. Vellinga, Akke/H-2130-2011; Buckley, Brian S/B-4080-2010 Vellinga, Akke/0000-0002-6583-4300; Byrne, Molly/0000-0001-8900-4320; Smith, Susan/0000-0001-6027-2727; Buckley, Brian/0000-0002-6007-9238; Cupples, Margaret/0000-0002-4248-9700; Murphy, Andrew/0000-0001-5549-8246 1478-5242 URL: <Go to ISI>://WOS:000356968500006

Reference Type: Journal Article

Record Number: 1549

Author: Murtagh, N., Owen, A. M. and Simpson, K.

Year: 2021

Title: What motivates building repair-maintenance practitioners to include or avoid energy efficiency measures? Evidence from three studies in the United Kingdom

Journal: Energy Research & Social Science

Volume: 73

Date: Mar

Short Title: What motivates building repair-maintenance practitioners to include or avoid energy efficiency measures? Evidence from three studies in the United Kingdom

ISSN: 2214-6296

DOI: 10.1016/j.erss.2021.101943

Article Number: 101943

Accession Number: WOS:000632550700004

Abstract: Domestic energy-efficiency retrofit is an essential component of achievement of UK decarbonisation policy targets. UK policy strategy however has tended to focus on technology and new-build, with the implication of inadequate engagement with issues relating to the practitioners in the repair-maintenance-improvement (RMI) sector who work on energy-efficiency retrofit of the existing building stock. Addressing a gap in the literature on deep understanding of what is important to these practitioners, the study

offers a novel application of a theoretical framework of behaviour change. Three datasets were aggregated, of semi-structured interviews with RMI practitioners around the UK. Template analysis was applied to the 31 transcripts. Focusing on motivation, evidence was found for motivations including pride in work, variety and challenge, working independently, maintaining a viable business, positive working relationships and customer satisfaction. Personal commitment to energy efficiency and co-benefits such as reduced condensation were additional motivating factors. Demotivations, which encouraged behaviour away from greater energy efficiency, included perceptions of increased cost, lack of confidence in technical standards, habit, and perceived burden of compliance. Implications for policy are proposed, including a reminder that profit is not necessarily a primary motivator for micro-enterprises, that changing attitudes is as important as providing information, and that all aspects of the context in which RMI practitioners operate must be considered in order to formulate effective policy.

Notes: Murtagh, Niamh Owen, Alice M. Simpson, Kate

Owen, Alice/0000-0002-1240-9319; Simpson, Kate/0000-0002-9105-8181
2214-6326

URL: <Go to ISI>://WOS:000632550700004

Reference Type: Journal Article

Record Number: 1187

Author: Murtagh, N., Owen, A. M. and Simpson, K.

Year: 2023

Title: Engaging UK repair-maintain-improve practitioners in improved building performance

Journal: International Journal of Building Pathology and Adaptation

Volume: 41

Issue: 1

Pages: 11-24

Date: Mar

Short Title: Engaging UK repair-maintain-improve practitioners in improved building performance

ISSN: 2398-4708

DOI: 10.1108/ijbpa-03-2021-0042

Accession Number: WOS:000705388900001

Abstract: Purpose To improve building performance and meet statutory carbon reduction targets, a radical transformation of existing UK building stock is needed. Much previous research on building performance has focussed on large-scale construction. However, retrofit of existing housing stock - which will contribute the majority of the requisite efficiency improvement - is carried out by practitioners in the repair-maintain-improve (RMI) subsector. These practitioners are the sole traders and micro-firms who constitute two-fifths of employment in the construction sector. The study aims to examine the factors influencing these practitioners in RMI work to understand how better to engage them with improved building performance. Design/methodology/approach A total of 31 semi-structured interviews were conducted with RMI professionals from around the UK and analysed using template analysis. Findings The analysis identified capabilities of the practitioners who influence

building performance, including knowledge and co-ordination of people and resources; opportunities including state action and customer demand; and motivations including pride in work, customer care and satisfaction, maintaining a viable business and working relationships. Research limitations/implications The participants were a small, mixed group in terms of firm size and specialisation. The qualitative approach adopted provided detailed insights but does not make claims for statistical generalisability or representativeness of the findings. Future work could look to extend the findings with a statistically representative survey. Practical implications For a successful transition to high standards of building performance, modelling is not enough. Initiatives are needed to address the multiple factors which determine engagement in energy-efficient retrofit: capacities, opportunities and motivations. The desire of RMI practitioners to meet customer expectations could be used to develop pragmatic building performance evaluation, guided by householder satisfaction criteria. Originality/value The study examined the attitudes and experiences of an under-researched sector who are essential to the delivery of improved building performance. This study makes a novel contribution by applying an established psychological model of behaviour change, the capability, opportunity, motivation - behaviour model, for the first time in this domain.

Notes: Murtagh, Niamh Owen, Alice M. Simpson, Kate Owen, Alice/0000-0002-1240-9319

Si

URL: <Go to ISI>://WOS:000705388900001

Reference Type: Journal Article

Record Number: 35

Author: Musselman, K. E., Provad, E., Djuric, A., Bercovitch, D., Yuen, I. and Kane, K. J.

Year: 2023

Title: Exploring the Experiences and Perceptions of Pediatric Therapists who use Functional Electrical Stimulation in their Clinical Practice

Journal: Physical & Occupational Therapy in Pediatrics

Date: 2023 Apr

Short Title: Exploring the Experiences and Perceptions of Pediatric Therapists who use Functional Electrical Stimulation in their Clinical Practice

ISSN: 0194-2638

DOI: 10.1080/01942638.2023.2197053

Accession Number: WOS:000975610300001

Abstract: Aim: This study aimed to 1) explore the experiences and perceptions of pediatric physical therapists (PTs) and occupational therapists (OTs) who use FES in their practice, and 2) provide recommendations for overcoming common barriers to FES implementation.

Methods: Eight Canadian PTs (n = 6) and OTs (n = 2), who use FES in their pediatric practice, participated in semi-structured interviews. Open-ended questions queried the motivation, goals, perceived benefits and challenges, and facilitators and barriers of FES use. Interviews were audio recorded and transcribed

verbatim. Interpretive description was used to analyze the transcripts. Results: One overarching theme emerged: FES is a useful adjunct to therapy for certain pediatric clients. Four sub-themes were identified: Participants described 1) motivation for incorporating FES into clinical practice, which led to 2) experiences with the implementation of FES in clinical practice, including strategies for overcoming implementation barriers. These experiences influenced 3) how FES is used in practice (e.g. for which populations and therapeutic goals), and informed 4) recommendations for pediatric FES practice (e.g. more educational opportunities, research, and access for families). Conclusions: Pediatric PTs and OTs who use FES in clinical practice view FES as a valuable adjunct, especially for motor training to improve functional skills.

Notes: Musselman, Kristin E. Provad, Elina Djuric, Alexander Bercovitch, Dayna Yuen, Ingrid Kane, Kyra J.

1541-3144

URL: <Go to ISI>://WOS:000975610300001

Reference Type: Journal Article

Record Number: 630

Author: Mutabazi, J. C., Bonong, P. R. E., Trottier, H., Ware, L. J., Norris, S., Murphy, K., Levitt, N. and Zarowsky, C.

Year: 2022

Title: Integrating Gestational Diabetes Screening and Care and Type 2 Diabetes Mellitus Prevention After GDM Into Community Based Primary Health Care in South Africa-Mixed Method Study

Journal: International Journal of Integrated Care

Volume: 22

Issue: 3

Date: Jul-Sep

Short Title: Integrating Gestational Diabetes Screening and Care and Type 2 Diabetes Mellitus Prevention After GDM Into Community Based Primary Health Care in South Africa-Mixed Method Study

ISSN: 1568-4156

DOI: 10.5334/ijic.5600

Article Number: 20

Accession Number: WOS:000857290600002

Abstract: Background: Despite high gestational diabetes mellitus (GDM) prevalence in South Africa (9.1% in 2018), its screening and management are not well integrated into routine primary health care and poorly linked to post-GDM prevention of type 2 diabetes mellitus (T2DM) in South Africa's fragmented health system. This study explored women's, health care providers' and experts' experiences and perspectives on current and potential integration of GDM screening and prevention of T2DM post-GDM within routine, community-based primary health care (PHC) services in South Africa. Methods: This study drew on the Behaviour Change Wheel (BCW) framework and used a mixed method, sequential exploratory design for data collection, analysis and interpretation. Individual semi-structured interviews were conducted with key informants (n = 5) from both national and provincial levels and health care providers (n = 18) in the public health system of the Western Cape Province. Additionally,

focus group discussions (FGDs) with Community Health Workers (CHWs n = 15) working with clinics in the Western Cape province. A further four FGDs and brief individual exit interviews were conducted with women with GDM (n = 35) followed-up at a tertiary hospital: Groote Schuur Hospital (GSH). Data collection with women diagnosed and treated for GDM happened between March and August 2018. Thematic analysis was the primary analytical method with some content analysis as appropriate. Statistical analysis of quantitative data from the 35 exit interview questionnaires was conducted, and correlation with qualitative variables assessed using Cramer's V coefficient. Results: Shortage of trained staff, ill-equipped clinics, socio-economic barriers and lack of knowledge were the major reported barriers to successful integration of GDM screening and postnatal T2DM prevention. Only 43% of women reported receiving advice about all four recommendations to improve GDM and decrease T2DM risk (improve diet, reduce sugar intake, physical exercise and regularly take medication). All participants supported integrating services within routine, community-based PHC to universally screen for GDM and to prevent or delay development of T2DM after GDM. Conclusion: GDM screening and post-GDM prevention of T2DM are poorly integrated into PHC services in South Africa. Integration is desired by stakeholders (patients and providers) and may be feasible if PHC resource, training constraints and women's socio-economic barriers are addressed.

Notes: Mutabazi, Jean Claude Bonong, Pascal Roland Enok Trottier, Helen Ware, Lisa Jayne Norris, Shane Murphy, Katherine Levitt, Naomi Zarowsky, Christina

Ware, Lisa Jayne/J-7182-2016; Norris, Shane/C-4664-2014

Ware, Lisa Jayne/0000-0002-9762-4017; Norris, Shane/

0000-0001-7124-3788; Zarowsky, Christina/0000-0002-0850-6212;

Levitt, Naomi/0000-0001-6480-8066

URL: <Go to ISI>://WOS:000857290600002

Reference Type: Journal Article

Record Number: 1567

Author: Mwije, S. and Holvoet, N.

Year: 2021

Title: Interventions for improving male involvement in maternal and child healthcare in Uganda: A realist synthesis

Journal: African Journal of Reproductive Health

Volume: 25

Issue: 1

Pages: 138-160

Date: Feb

Short Title: Interventions for improving male involvement in maternal and child healthcare in Uganda: A realist synthesis

ISSN: 1118-4841

DOI: 10.29063/ajrh2021/v25i1.16

Accession Number: WOS:000644661700018

Abstract: This study aimed at understanding how, when, and under what circumstances interventions succeed (or fail) to improve male involvement in maternal and child healthcare in Uganda. A realist synthesis approach was used to unpack the complexity of these health

interventions to explain their theories and applications in specific circumstances. Our review of 19 studies revealed that men were specifically approached as clients, partners or agents for behavioural change. Broadly, mechanisms of education, training, restriction, environmental restructuring, modeling, enablement, persuasion, incentivization and coercion were used to involve men in maternal and child healthcare. Education, training, modeling, enablement and environmental restructuring mechanisms were more effective in 'cultivating' a sustained will of men to get involved as couples. However, unintended outcomes were inevitable in circumstances where mechanisms did not match specific contexts. Using coercion, restriction or incentivization is more likely to result in short-term and negative outcomes because of context heterogeneities.

Notes: Mwije, Solomon Holvoet, Nathalie
Mwije, Solomon/0000-0002-5403-7074
2141-3606
URL: <Go to ISI>://WOS:000644661700018

Reference Type: Journal Article

Record Number: 1053

Author: Myers, L., Goodwin, B. C., Ireland, M., March, S. and Aitken, J.

Year: 2022

Title: Mail-out bowel cancer screening: Identifying the behavioural stumbling blocks

Journal: Psycho-Oncology

Volume: 31

Issue: 5

Pages: 816-823

Date: May

Short Title: Mail-out bowel cancer screening: Identifying the behavioural stumbling blocks

ISSN: 1057-9249

DOI: 10.1002/pon.5866

Accession Number: WOS:000735910300001

Abstract: Objective To describe the actions taken by recipients of mail-out faecal occult blood test (FOBT) kits and to identify the points at which progress towards kit completion typically stops. Differences according to gender, age, and screening intention were also examined. Methods 1599 people completed an online survey identifying the actions they took upon receiving an FOBT kit. Latent class analysis was conducted to identify latent subgroups of participants that reported similar actions. Differences between gender, age, and intention status were assessed using non-invariance testing. Results Four latent subgroups of FOBT invitees were identified: those who complete and return their FOBT kit ('completers'); those who bring the kit into their house but go no further ('ignorers'); those who open the package and read the bowel cancer information materials but go no further ('readers'); and those who read the instructions but do not place the kit near the toilet and do not complete their FOBT kit ('leavers'). Non-completers who intended to use the kit were most likely to be in the

'leavers' class, while those who had no intention were most likely to be in the 'readers' class. Conclusions Distinct subgroups of non-responders exist among bowel cancer screening invitees, suggesting different behaviour change interventions are needed to facilitate participation. Some invitees, especially those with high participatory intention, are likely to benefit from prompts to take the kit into the toilet, while others, with little participatory intention, often read the invitation materials presenting an opportunity to intervene with health messages.

Notes: Myers, Larry Goodwin, Belinda C. Ireland, Michael March, Sonja Aitken, Joanne

March, Sonja/F-6256-2010; Aitken, Joanne F/C-5289-2009

Myers, Larry/0000-0002-2956-3224; Ireland, Michael/

0000-0001-6064-3575

1099-1611

URL: <Go to ISI>://WOS:000735910300001

Reference Type: Journal Article

Record Number: 392

Author: Myren, B. J., de Hullu, J. A., Koksma, J. J., Gelderblom, M. E., Hermens, Rpmg and Zusterzeel, P. L. M.

Year: 2022

Title: Cyclic workflow to improve implementation of learning points from morbidity and mortality meetings

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Oct

Short Title: Cyclic workflow to improve implementation of learning points from morbidity and mortality meetings

DOI: 10.1186/s12913-022-08639-2

Article Number: 1282

Accession Number: WOS:000871966400002

Abstract: Background Morbidity and mortality meetings (M&MMs) are organized in most hospital departments with an educational purpose to learn from adverse events (AEs) to improve patient care. M&MMs often lack effectiveness due to unsuccessful systematic follow-up of areas of improvement. This can have an effect on improving patient safety and care. Therefore, a new strategy that focuses on implementing areas of improvement into daily practice is necessary. The study aim is to see if we could improve the implementation of meeting outcomes from the M&MM by using a cyclic workflow, and which factors are important to achieve its implementation. Methods This prospective study took place at the department of gynecologic oncology of a university hospital. Research was conducted with a participatory action research (PAR) approach using 10 consecutive M&MMs in 2019 and 2020. The cyclical workflow consisted of an action list based on the PDCA-cycle, a check of the implementation of areas for improvement at the next M&MM and regular monitoring of tasks. Each M&MM was observed and each professional with an assigned task was interviewed and gave their informed consent. Thematic content analysis was performed with the program Atlas.ti 8.4.20. Results Out of the 39 tasks that resulted from 10 M&MMs, 37 (94.8%) followed all

the steps in the PDCA-cycle and were implemented. In total, 16 interviews were conducted with consultants, nurses, registrars and residents. Five main factors were important to achieve follow-up of areas for improvement: organizational culture, motivation, commitment, communication to mobilize employees and skills. Repetition of the cyclic workflow at the M&MM and an external person who reminded professionals of their assigned task(s) was important to change habits and motivate professionals. Conclusion Cyclical tools can support the implementation of areas for improvement to optimize the M&MM. A M&MM with an organizational culture where attendees can discuss openly and freely may motivate attendees to take on tasks successfully. A positive stimulant to reach commitment of professionals is team participation. Integrating new habits of reflection may lead to a deeper level of learning from the PDCA-cycle and of the M&MM. Creating a learning environment outside of the M&MM may support professionals to take on actions and engage in improvement practices. Future research may focus on including a comparative analysis to show a success rate of the implementation of learning points from the M&MM more clearly.

Notes: Myren, B. J. de Hullu, J. A. Koksma, J. J. Gelderblom, M. E. Hermens, R. P. M. G. Zusterzeel, P. L. M.

Hermens, Rosella P.M.G./N-3581-2014

Hermens, Rosella P.M.G./0000-0001-7624-7120
1472-6963

URL: <Go to ISI>://WOS:000871966400002

Reference Type: Journal Article

Record Number: 1073

Author: Mytton, J., Bedford, H., Condon, L., Jackson, C. and Team, Uniting

Year: 2021

Title: Improving immunization uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers

Journal: Journal of Public Health

Volume: 43

Issue: 4

Pages: E675-E683

Date: Dec

Short Title: Improving immunization uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdaa100

Accession Number: WOS:000754035300015

Abstract: Background Gypsies, Roma and Travellers are at risk of low uptake of routine immunizations. Interventions to improve uptake in these communities are seldom evaluated. As part of a qualitative study exploring barriers and facilitators to immunization uptake in Travellers, we report service provider (SP) perspectives. Methods We interviewed immunization SPs working with six Traveller communities across four UK cities. Participants included frontline staff and those with strategic or commissioning roles. Semi-structured interviews explored perceived attitudes of Travellers to

vaccinations, local service delivery, and opportunities and challenges to improving uptake. Audio-recordings were transcribed, analyzed thematically and mapped to a socio-ecological model of health. Results 39 SPs participated. Four overarching themes were identified: building trusting relationships between SPs and Travellers; facilitating attendance at appointments; improving record keeping and monitoring and responding to local and national policy change. Travellers were perceived as largely supportive of immunizations, though system and organizational processes were recognized barriers to accessing services. Conclusions Findings were broadly consistent across Traveller groups and settings. The barriers identified could often be addressed within existing infrastructure, though require system or policy change. Development of a culturally competent system appears important to enable equity in access to immunizations for Travellers.

Notes: Mytton, Julie Bedford, Helen Condon, Louise Jackson, Cath
1741-3850

URL: <Go to ISI>://WOS:000754035300015

Reference Type: Journal Article

Record Number: 180

Author: Naaman, K., Grant, S., Kianersi, S., Supplee, L., Henschel, B. and Mayo-Wilson, E.

Year: 2023

Title: Exploring enablers and barriers to implementing the Transparency and Openness Promotion Guidelines: a theory-based survey of journal editors

Journal: Royal Society Open Science

Volume: 10

Issue: 2

Date: Feb

Short Title: Exploring enablers and barriers to implementing the Transparency and Openness Promotion Guidelines: a theory-based survey of journal editors

ISSN: 2054-5703

DOI: 10.1098/rsos.221093

Article Number: 221093

Accession Number: WOS:000924337400003

Abstract: The Transparency and Openness Promotion (TOP) Guidelines provide a framework to help journals develop open science policies. Theories of behaviour change can guide understanding of why journals do (not) implement open science policies and the development of interventions to improve these policies. In this study, we used the Theoretical Domains Framework to survey 88 journal editors on their capability, opportunity and motivation to implement TOP. Likert-scale questions assessed editor support for TOP, and enablers and barriers to implementing TOP. A qualitative question asked editors to provide reflections on their ratings. Most participating editors supported adopting TOP at their journal (71%) and perceived other editors in their discipline to support adopting TOP (57%). Most editors (93%) agreed their roles include maintaining policies that reflect current best practices. However, most editors (74%) did not see implementing TOP as a high priority compared with other

editorial responsibilities. Qualitative responses expressed structural barriers to implementing TOP (e.g. lack of time, resources and authority to implement changes) and varying support for TOP depending on study type, open science standard, and level of implementation. We discuss how these findings could inform the development of theoretically guided interventions to increase open science policies, procedures and practices.

Notes: Naaman, Kevin Grant, Sean Kianersi, Sina Supplee, Lauren Henschel, Beate Mayo-Wilson, Evan

Mayo-Wilson, Evan/J-6289-2019

Mayo-Wilson, Evan/0000-0001-6126-2459; Henschel, Beate/0000-0003-0708-5660; Naaman, Kevin/0000-0003-0683-3639

URL: <Go to ISI>://WOS:000924337400003

Reference Type: Journal Article

Record Number: 819

Author: Naber, I., Klamroth, S., Weissenfels, A., Geidl, W., Streber, R., Mino, E., Gelius, P., Abu-Omar, K. and Pfeifer, K.

Year: 2022

Title: Promoting physical activity-related health competencies in physical activity referral schemes - Development of the Intervention Concept in the BewegtVersorgt project

Journal: Bewegungstherapie Und Gesundheitssport

Volume: 38

Issue: 02

Pages: 44-54

Date: Apr

Short Title: Promoting physical activity-related health competencies in physical activity referral schemes - Development of the Intervention Concept in the BewegtVersorgt project

ISSN: 1613-0863

DOI: 10.1055/a-1745-2705

Accession Number: WOS:000789624700002

Abstract: Physician-initiated physical activity referral schemes (PARS) effectively promote physical activity among people with non-communicable diseases (NCD). Furthermore, promoting physical activity-related health competence (PAHCO) in the context of PARS exerts a positive influence on health outcomes, the copying process, and physical activity behavior. Accordingly, this article presents a physical activity promotion concept for a PARS developed within the BewegtVersorgt project. The research project BewegtVersorgt aims to develop, implement, and evaluate a PARS for people with NCD in Germany. Using a co-production approach, twelve organizations from different areas of the health care system (physicians, health insurance providers, physical activity providers, patient representatives) participated in developing the PARS. The starting point of the PARS is physicians, who refer their clients to trained exercise professionals for individualized physical activity promotion (IBF). This intervention is the core component of the PARS and was developed based on the PAHCO model. The PARS will be tested with the help of medical professionals, exercise professionals, and physical activity providers in routine care for one year. The legal basis for the model project is formed by the German Social Code V.

The concept has a modular structure, integrates specific methods and work materials and includes 1:1 support over a period of 24 weeks (6 units of 60 minutes and three assessments). After the trial phase, we will evaluate the success of implementing PARS in routine care and its effectiveness in increasing physical activity levels and PAHCO. If the new care concept proves to be effective, the development of a transfer and scaling concept for sustainable anchoring in the health care system is planned for the last phase of the project.

Notes: Naber, Inga Klamroth, Sarah Weissenfels, Anja Geidl, Wolfgang Streber, Rene Mino, Eriselda Gelius, Peter Abu-Omar, Karim Pfeifer, Klaus

1613-3269

URL: <Go to ISI>://WOS:000789624700002

Reference Type: Journal Article

Record Number: 193

Author: Nagtegaal, R., de Boer, N., van Berkel, R., Derks, B. and Tummers, L.

Year: 2023

Title: Why Do Employers (Fail to) Hire People with Disabilities? A Systematic Review of Capabilities, Opportunities and Motivations

Journal: Journal of Occupational Rehabilitation

Volume: 33

Issue: 2

Pages: 329-340

Date: Jun

Short Title: Why Do Employers (Fail to) Hire People with Disabilities? A Systematic Review of Capabilities, Opportunities and Motivations

ISSN: 1053-0487

DOI: 10.1007/s10926-022-10076-1

Accession Number: WOS:000921665400002

Abstract: Purpose To increase the number of people with disabilities in employment, we need to understand what influences employers' hiring decisions. In this systematic review, we map out factors affecting employers' hiring decisions about people with disabilities. Methods This study is a systematic review that applies the COM-B model to identify factors that contribute to employers (not) hiring people with disabilities. The COM-B model proposes that employers will perform hiring behavior (B) if they have the capability (C), opportunity (O) and motivation (M) to do so. We also investigate if factors have a negative, positive or no effect. We report in accordance with the PRISMA guidelines. Results In a review of 47 studies, we find 32 factors. Most of these factors are barriers. The most frequently mentioned barriers are employers' (1) expectations that people with disabilities are unproductive, (2) expectations that people with disabilities cost a lot of money, and employers' (3) lack of knowledge about disabilities. The most researched facilitators for employers to hire people with disabilities include (1) the motivation to help others, (2) working in a large organization, and (3) expecting a competitive advantage. The effect of factors can differ depending on contextual

circumstances, including the type of organization, the type of disability and different policies. Conclusions We conclude that hiring decisions are influenced by an array of different barriers and facilitators. The effect of these factors can differ across organizations and disability types. Our study of factors affecting hiring can be used by scholars, policy makers, and organizations to create interventions to increase the hiring of people with disabilities.

Notes: Nagtegaal, Rosanna de Boer, Noortje van Berkel, Rik Derks, Belle Tummers, Lars

de Boer, Noortje/0000-0002-9963-6820
1573-3688

URL: <Go to ISI>://WOS:000921665400002

Reference Type: Journal Article

Record Number: 866

Author: Nagy-Penzes, G., Vincze, F. and Biro, E.

Year: 2022

Title: A School Intervention's Impact on Adolescents' Health-Related Knowledge and Behavior

Journal: Frontiers in Public Health

Volume: 10

Date: Mar

Short Title: A School Intervention's Impact on Adolescents' Health-Related Knowledge and Behavior

DOI: 10.3389/fpubh.2022.822155

Article Number: 822155

Accession Number: WOS:000778515600001

Abstract: Background Many factors can influence health behavior during adolescence, and the lifestyle of adolescents is associated with health behavior during adulthood. Therefore, their behavior can determine not only present, but also later health status.

Objective We aimed to develop an intervention program to improve high school students' health behavior and to evaluate its effectiveness.

Methods We performed our study at a secondary school in a rural town in East Hungary between 2016 and 2020. Sessions about healthy lifestyles were organized regularly for the intervention group to improve students' knowledge, to help them acquire the right skills and attitudes, and to shape their behavior accordingly. Data collection was carried out via self-administered, anonymous questionnaires (n = 192; boys = 49.5%; girls = 50.5%; age range: 14-16). To determine the intervention-specific effect, we took into account the differences between baseline and post-intervention status, and between the intervention and control groups using individual follow-up data. We used generalized estimating equations to assess the effectiveness of our health promotion program.

Results Our health promotion program had a positive effect on the students' health-related knowledge and health behavior in the case of unhealthy eating, moderate to vigorous physical activity, and alcohol consumption. Conclusion Our findings suggest that school health promotion can be effective in knowledge transfer and lifestyle modification. To achieve a more positive impact on health behavior, preventive actions must use a complex approach during

implementation.

Notes: Nagy-Penzes, Gabriella Vincze, Ferenc Biro, Eva

Bíró, Éva/HPH-0895-2023

Nagy-Penzes, Gabriella/0000-0003-2740-8404; Vincze, Ferenc/

0000-0003-3595-7737

2296-2565

URL: <Go to ISI>://WOS:000778515600001

Reference Type: Journal Article

Record Number: 1752

Author: Nahar, P., van Marwijk, H., Gibson, L., Musinguzi, G., Anthierens, S., Ford, E., Bremner, S. A., Bowyer, M., Le Reste, J. Y., Sodi, T. and Bastiaens, H.

Year: 2020

Title: A protocol paper: community engagement interventions for cardiovascular disease prevention in socially disadvantaged populations in the UK: an implementation research study

Journal: Global Health Research and Policy

Volume: 5

Issue: 1

Date: Mar

Short Title: A protocol paper: community engagement interventions for cardiovascular disease prevention in socially disadvantaged populations in the UK: an implementation research study

DOI: 10.1186/s41256-020-0131-1

Accession Number: WOS:000529187700001

Abstract: BackgroundCardiovascular disorders (CVD) are the single greatest cause of mortality worldwide. In the UK, the National Health Service (NHS) has launched an initiative of health checks over and above current care to tackle CVD. However, the uptake of Health Checks is poor in disadvantaged communities. This protocol paper sets out a UK-based study (Sussex and Nottingham) aiming to co-produce a community delivered CVD risk assessment and coaching intervention to support community members to reduce their risk of CVD.The overall aim of the project is to implement a tailored-to-context community engagement (CE) intervention on awareness of CVD risks in vulnerable populations in high, middle and low-income countries. The specific objectives of the study are to enhance stakeholder' engagement; to implement lifestyle interventions for cardiovascular primary prevention, in disadvantaged populations and motivate uptake of NHS health checks.MethodsThis study uses both qualitative and quantitative methods in three phases of evaluation, including pre-, per- and post-implementation. To ensure contextual appropriateness the 'Scaling-up Packages of Interventions for Cardiovascular disease prevention in selected sites in Europe and Sub-Saharan Africa: An implementation research' (SPICES) project will organize a multi-component community-engagement intervention. For the qualitative component, the pre-implementation phase will involve a contextual assessment and stakeholder mapping, exploring potentials for CVD risk profiling strategies and led by trained Community Health Volunteers (CHV) to identify accessibility and acceptability. The per-implementation phase will involve healthy lifestyle counselling provided by CHVs and evaluation of the outcome

to identify fidelity and scalability. The post-implementation phase will involve developing sustainable community-based strategies for CVD risk reduction. All three components will include a process evaluation. A stepped wedge cluster randomised trial of the roll out will focus on implementation outcomes including uptake and engagement and changes in risk profiles. The quantitative component includes pre and post-intervention surveys. The theory of the socio-ecological framework will be applied to analyse the community engagement approach. Discussion Based on the results ultimately a sustainable community engagement-based strategy for the primary prevention of CVD risk will be developed to enhance the performance of NHS health care in the UK. The Trial Registration number is ISRCTN68334579.

Notes: Nahar, Papreen van Marwijk, Harm Gibson, Linda Musinguzi, Geoffrey Anthierens, Sibyl Ford, Elizabeth Bremner, Stephen A. Bowyer, Mark Le Reste, Jean Yves Sodi, Tholene Bastiaens, Hilde Ford, Elizabeth/AEW-3636-2022; Bremner, Stephen/C-4366-2012 Ford, Elizabeth/0000-0001-5613-8509; Anthierens, Sibyl/0000-0003-4762-1907; Bremner, Stephen/0000-0003-0790-7070; Bastiaens, Hilde/0000-0002-5509-3406; van Marwijk, Harm/0000-0001-6206-485X; Nahar, Papreen/0000-0002-5817-8093; le reste, jean yves/0000-0003-0883-3595 2397-0642

URL: <Go to ISI>://WOS:000529187700001

Reference Type: Journal Article

Record Number: 990

Author: Nahidi, S., Sotomayor-Castillo, C., Li, C., Currey, J., Elliott, R. and Shaban, R. Z.

Year: 2022

Title: Australian critical care nurses' knowledge, preparedness, and experiences of managing SARS-COV-2 and COVID-19 pandemic

Journal: Australian Critical Care

Volume: 35

Issue: 1

Pages: 22-27

Date: Jan

Short Title: Australian critical care nurses' knowledge, preparedness, and experiences of managing SARS-COV-2 and COVID-19 pandemic

ISSN: 1036-7314

DOI: 10.1016/j.aucc.2021.04.008

Accession Number: WOS:000746020200005

Abstract: Background: Coronavirus disease 2019 (COVID-19) has again highlighted the crucial role of healthcare workers in case management, disease surveillance, policy development, and healthcare education and training. The ongoing pandemic demonstrates the importance of having an emergency response plan that accounts for the safety of frontline healthcare workers, including those working in critical care settings. Objectives: The aim of the study was to explore Australian critical care nurses' knowledge, preparedness, and experiences of managing patients diagnosed with severe acute respiratory syndrome coronavirus 2 infection (SARS-CoV-2) and

COVID-19. Methods: An exploratory cross-sectional study of Australian critical care nurses was conducted between June and September 2020. An anonymised online survey was sent to Australian College of Critical Care Nurses' members to collect information about their knowledge, preparedness, and experiences during the COVID-19 pandemic. Descriptive statistics were used to summarise and report data. Results: A total of 157 critical care nurses participated, with 138 fully complete surveys analysed. Most respondents reported 'good' to 'very good' level of knowledge about COVID-19 and obtained up-to-date COVID-19 information from international and local sources. Regarding managing patients with COVID-19, 82.3% felt sufficiently prepared at the time of data collection, and 93.4% had received specific education, training, or instruction. Most participants were involved in assessing (89.3%) and treating (92.4%) patients with COVID-19. Varying levels of concerns about SARS-CoV-2 infection were expressed by respondents, and 55.7% thought the pandemic had increased their workload. The most frequent concerns expressed by participants were a lack of appropriate personal protective equipment (PPE) and fear of PPE shortage. Conclusions: While most nurses expressed sufficient preparedness for managing COVID-19 patients, specific education had been undertaken and experiential learning was evident. Fears of insufficient or lack of appropriate PPE made the response more difficult for nurses and the community. Preparedness and responsiveness are critical to successful management of the COVID-19 pandemic and future outbreaks of emerging infectious diseases. (C) 2021 Australian College of Critical Care Nurses Ltd. Published by Elsevier Ltd. All rights reserved.

Notes: Nahidi, Shizar Sotomayor-Castillo, Cristina Li, Cecilia Currey, Judy Elliott, Rosalind Shaban, Ramon Z. Elliott, Rosalind/B-7315-2012; Li, Cecilia/AAL-7437-2021 Li, Cecilia/0000-0002-4100-4580; Shaban, Ramon/0000-0002-5203-0557; Elliott, Rosalind/0000-0002-9239-7126; Nahidi, Shizar/0000-0003-0443-4626; Sotomayor Castillo, Cristina Fabiola/0000-0002-9844-7905 1878-1721
URL: <Go to ISI>://WOS:000746020200005

Reference Type: Journal Article

Record Number: 1134

Author: Nahum-Shani, I., Rabbi, M., Yap, J., Philyaw-Kotov, M. L., Klasnja, P., Bonar, E. E., Cunningham, R. M., Murphy, S. A. and Walton, M. A.

Year: 2021

Title: Translating Strategies for Promoting Engagement in Mobile Health: A Proof-of-Concept Microrandomized Trial

Journal: Health Psychology

Volume: 40

Issue: 12

Pages: 974-987

Date: Dec

Short Title: Translating Strategies for Promoting Engagement in Mobile Health: A Proof-of-Concept Microrandomized Trial

ISSN: 0278-6133

DOI: 10.1037/hea0001101

Accession Number: WOS:000735239300001

Abstract: Objective: Mobile technologies allow for accessible and cost-effective health monitoring and intervention delivery. Despite these advantages, mobile health (mHealth) engagement is often insufficient. While monetary incentives may increase engagement, they can backfire, dampening intrinsic motivations and undermining intervention scalability. Theories from psychology and behavioral economics suggest useful nonmonetary strategies for promoting engagement; however, examinations of the applicability of these strategies to mHealth engagement are lacking. This proof-of-concept study evaluates the translation of theoretically-grounded engagement strategies into mHealth, by testing their potential utility in promoting daily self-reporting. Method: A microrandomized trial (MRT) was conducted with adolescents and emerging adults with past-month substance use. Participants were randomized multiple times daily to receive theoretically-grounded strategies, namely reciprocity (the delivery of inspirational quote prior to self-reporting window) and nonmonetary reinforcers (e.g., the delivery of meme/gif following self-reporting completion) to improve proximal engagement in daily mHealth self-reporting. Results: Daily self-reporting rates (62.3%; n = 68) were slightly lower than prior literature, albeit with much lower financial incentives. The utility of specific strategies was found to depend on contextual factors pertaining to the individual's receptivity and risk for disengagement. For example, the effect of reciprocity significantly varied depending on whether this strategy was employed (vs. not employed) during the weekend. The nonmonetary reinforcement strategy resulted in different outcomes when operationalized in various ways. Conclusions: While the results support the translation of the reciprocity strategy into this mHealth setting, the translation of nonmonetary reinforcement requires further consideration prior to inclusion in a full scale MRT.

Notes: Nahum-Shani, Inbal Rabbi, Mashfiqui Yap, Jamie Philyaw-Kotov, Meredith L. Klasnja, Predrag Bonar, Erin E. Cunningham, Rebecca M. Murphy, Susan A. Walton, Maureen A.

1930-7810

Si

URL: <Go to ISI>://WOS:000735239300001

Reference Type: Journal Article

Record Number: 89

Author: Nakaye, C., Mukiza, N., Mawanda, D., Kataike, H., Kaganzi, H., Ahimbisibwe, G. M., Businge, G. B., Kyambadde, R. C. and Nakalega, R.

Year: 2023

Title: Viral load suppression after intensive adherence counselling among adult people living with HIV at Kiswa health centre, Kampala: a retrospective cohort study. Secondary data analysis

Journal: Aids Research and Therapy

Volume: 20

Issue: 1

Date: Mar

Short Title: Viral load suppression after intensive adherence counselling among adult people living with HIV at Kiswa health centre, Kampala: a retrospective cohort study. Secondary data analysis

ISSN: 1742-6405

DOI: 10.1186/s12981-023-00513-3

Article Number: 18

Accession Number: WOS:000960226100001

Abstract: BackgroundThe Joint United Nations Programme on HIV/AIDS through the 95-95-95 target requires 95% of people living with HIV (PLHIV) on antiretroviral treatment (ART) to be virally suppressed. Viral Load (VL) non-suppression has been found to be associated with suboptimal ART adherence, and Intensive Adherence Counselling (IAC) has been shown to lead to VL re-suppression by over 70% in PLHIV on ART. Currently, there is data paucity on VL suppression after IAC in adult PLHIV in Uganda. This study aimed to evaluate the proportion of VL suppression after IAC and associated factors among adult PLHIV on ART at Kiswa Health Centre in Kampala, Uganda. **Methods** Study was a retrospective cohort design and employed secondary data analysis to review routine program data. Medical records of adult PLHIV on ART for at least six months with VL non-suppression from January 2018 to June 2020 at Kiswa HIV clinic were examined in May 2021. Descriptive statistics were applied to determine sample characteristics and study outcome proportions. Multivariable modified Poisson regression analysis was employed to assess predictors of VL suppression after IAC. **Results** Analysis included 323 study participants of whom 204 (63.2%) were female, 137 (42.4%) were between the age of 30 and 39 years; and median age was 35 years (interquartile range [IQR] 29-42). Participant linkage to IAC was 100%. Participants who received the first IAC session within 30 days or less after unsuppressed VL result were 48.6% (157/323). Participants who received recommended three or more IAC sessions and achieved VL suppression were 66.4% (202/304). The percentage of participants who completed three IAC sessions in recommended 12 weeks was 34%. Receipt of three IAC sessions (ARR = 1.33, 95%CI: 1.15-1.53, $p < 0.001$), having baseline VL of 1,000-4,999 copies/ml (ARR = 1.47, 95%CI: 1.25-1.73, $p < 0.001$) and taking Dolutegravir containing ART regimen were factors significantly associated with VL suppression after IAC. **Conclusion** VL suppression proportion of 66.4% after IAC in this population was comparable to 70%, the percentage over which adherence interventions have been shown to cause VL re-suppression. However, timely IAC intervention is needed from receipt of unsuppressed VL results to IAC process completion.

Notes: Nakaye, Catherine Mukiza, Nelson Mawanda, Denis Kataike, Hajira Kaganzi, Hellen Ahimbisibwe, Grace Miriam Businge, Gerald Bright Kyambadde, Raymonds Crespo Nakalega, Rita

URL: <Go to ISI>://WOS:000960226100001

Reference Type: Journal Article

Record Number: 2379

Author: Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., Guesnet, F., Horne, R., Jacyna, S.,

Jadhav, S., Macdonald, A., Neuendorf, U., Parkhurst, A., Reynolds, R., Scambler, G., Shamdasani, S., Smith, S. Z., Stougaard-Nielsen, J., Thomson, L., Tyler, N., Volkmann, A. M., Walker, T., Watson, J., Williams, A. C. D., Willott, C., Wilson, J. and Woolf, K.

Year: 2014

Title: Culture and health

Journal: Lancet

Volume: 384

Issue: 9954

Pages: 1607-1639

Date: Nov

Short Title: Culture and health

ISSN: 0140-6736

DOI: 10.1016/s0140-6736(14)61603-2

Accession Number: WOS:000343901700030

Notes: Napier, A. David Ancarno, Clyde Butler, Beverley Calabrese, Joseph Chater, Angel Chatterjee, Helen Guesnet, Francois Horne, Robert Jacyna, Stephen Jadhav, Sushrut Macdonald, Alison Neuendorf, Ulrike Parkhurst, Aaron Reynolds, Rodney Scambler, Graham Shamdasani, Sonu Smith, Sonia Zafer Stougaard-Nielsen, Jakob Thomson, Linda Tyler, Nick Volkmann, Anna-Maria Walker, Trinley Watson, Jessica Williams, Amanda C. de C. Willott, Chris Wilson, James Woolf, Katherine

Calabrese, Joseph/AFU-2467-2022; Horne, Rob/C-6000-2009; Li, Shuangyu/R-8334-2019; de C Williams, Amanda C/C-7816-2009; Woolf, Katherine/AAD-8043-2021

Calabrese, Joseph/0000-0002-7966-3493; Li, Shuangyu/0000-0002-8651-1148; Woolf, Katherine/0000-0003-4915-0715; Willott, Chris/0000-0003-0940-4215; Ancarno, Clyde/0000-0002-8611-2868; Chatterjee, Helen/0000-0001-7943-1580; Chater, Angel Marie/0000-0002-9043-2565; Tyler, Nick/0000-0001-7079-1301; Butler, Beverley/0000-0002-6512-2362; Horne, Robert/0000-0002-3068-8438 1474-547x

URL: <Go to ISI>://WOS:000343901700030

Reference Type: Journal Article

Record Number: 1282

Author: Naseri, C., McPhail, S. M., Morris, M. E., Haines, T. P., Etherton-Ber, C., Shorr, R., Flicker, L., Bulsara, M., Lee, D. C. A., Francis-Coad, J., Waldron, N. and Hill, A. M.

Year: 2021

Title: Tailored Education Increased Capability and Motivation for Fall Prevention in Older People After Hospitalization

Journal: Frontiers in Public Health

Volume: 9

Date: Aug

Short Title: Tailored Education Increased Capability and Motivation for Fall Prevention in Older People After Hospitalization

DOI: 10.3389/fpubh.2021.683723

Article Number: 683723

Accession Number: WOS:000685475800001

Abstract: Recently hospitalized older people are at risk of falls and face barriers to undertaking fall prevention strategies after

they return home from hospital. The authors examined the effects of tailored education delivered by physiotherapists on the knowledge (capability) and the motivation of older people to engage in fall prevention after hospital discharge. Utilizing data gathered from a recent trial, data was analyzed from 390 people who were 60 years and over without impaired cognition ($>7/10$ abbreviated mental test score) and discharged from three Australian hospitals. Motivation and capability were measured at baseline in the hospital and at 6-months after hospital discharge by blinded assistants using structured surveys. Bivariate analysis using generalized linear modeling explored the impact of education on the capability and motivation. Engagement in fall prevention strategies was entered as an independent variable during analysis to determine associations with capability and motivation. The education significantly improved capability [-0.4, 95% CI (-0.7, -0.2), $p < 0.01$] and motivation [-0.8, 95% CI (-1.1, -0.5), $p < 0.01$] compared with social-control at the time of hospital discharge. In contrast, social-control participants gained capability and motivation over the 6-months, and no significant differences were found between groups in capability [0.001, 95% CI (-0.2, 0.2), $p = 0.9$] and motivation [-0.01, 95% CI (-0.3, 0.3), $p = 0.9$] at follow-up. Tailored fall prevention education is recommended around hospital discharge. Participants still needed to overcome barriers to falls prevention engagement post hospitalization. Thus, tailored education along with direct clinical services such as physiotherapy and social supports is warranted for older people to avoid falls and regain function following hospitalization.

Notes: Naseri, Chiara McPhail, Steven M. Morris, Meg E. Haines, Terry P. Etherton-Beer, Christopher Shorr, Ronald Flicker, Leon Bulsara, Max Lee, Den-Ching A. Francis-Coad, Jacqueline Waldron, Nicholas Hill, Anne-Marie Flicker, Leon/AAE-1530-2022; Hill, Anne-Marie/C-2252-2011; Etherton-Beer, Christopher/B-2714-2014 Flicker, Leon/0000-0002-3650-0475; Francis-Coad, Jacqueline/0000-0002-9892-103X; Hill, Anne-Marie/0000-0003-1411-6752; McPhail, Steven/0000-0002-1463-662X; Morris, Meg/0000-0002-0114-4175; Etherton-Beer, Christopher/0000-0001-5148-0188; Lee, Den-Ching Angel/0000-0003-2693-8606; Naseri, Chiara/0000-0001-8041-1835 2296-2565
URL: <Go to ISI>://WOS:000685475800001

Reference Type: Journal Article

Record Number: 1798

Author: Nasstrom, A., Fallgren, J., Wanman, A. and Lovgren, A.

Year: 2019

Title: The implementation of a decision-tree did not increase decision-making in patients with temporomandibular disorders in the public dental health service

Journal: Acta Odontologica Scandinavica

Volume: 77

Issue: 5

Pages: 394-399

Date: Jul

Short Title: The implementation of a decision-tree did not increase decision-making in patients with temporomandibular disorders in the public dental health service

ISSN: 0001-6357

DOI: 10.1080/00016357.2019.1577989

Accession Number: WOS:000467387400010

Abstract: Objective: Many patients with temporomandibular disorders (TMD) seem to go undetected within primary dental health care. Primarily we evaluated if the implemented intervention increased the clinical decision-making for TMD patients; secondarily we evaluated if other factors could be identified that predicted performed or recommended TMD treatment. Material and Methods: This case-control study was carried out within the Public Dental Health service in Vasterbotten County, Sweden. An intervention based on a decision-tree with three screening questions for TMD (3Q/TMD) was implemented during 2015 in four clinics and compared with the remaining county. A total of 400 individuals were selected-200 3Q-positives and 200 3Q-negatives. The 3Q/TMD consists of Q1-frequent jaw pain, Q2-frequent pain on function, and Q3-frequent catching and/or locking of jaw. The 3Q/TMD answers were analyzed in relation to TMD treatment and any TMD related decision that was collected from the digital dental records. Results: The intervention did not increase the frequencies of traceable clinical decisions among patients with TMD. Conclusions: Despite the implemented intervention aimed, the indicated undertreatment of patients with TMD remains. Future studies are still needed to gain a deeper understanding of the clinical decision-making process for TMD patients in general practice dentistry.

Notes: Nasstrom, Anna Fallgren, Jakob Wanman, Anders Lovgren, Anna Lovgren, A./ABF-1524-2020

Lovgren, A./0000-0003-2920-6654; Wanman, Anders/0000-0002-8346-5289 1502-3850

URL: <Go to ISI>://WOS:000467387400010

Reference Type: Journal Article

Record Number: 1596

Author: Nayak, P., Kumaran, D. S., Mahmood, A., Manikandan, N., Unnikrishnan, B. and Solomon, J. M.

Year: 2022

Title: Feasibility of context-specific activities for improving physical activity levels among Indian adults with stroke

Journal: European Journal of Physiotherapy

Volume: 24

Issue: 5

Pages: 280-286

Date: Sep

Short Title: Feasibility of context-specific activities for improving physical activity levels among Indian adults with stroke

ISSN: 2167-9169

DOI: 10.1080/21679169.2020.1866663

Accession Number: WOS:000607918500001

Abstract: Purpose To design and test the feasibility of context-specific activities for improving physical activity (PA) levels

among Indian adults with stroke. Methods Context-specific activities were developed after a thorough literature search and inputs from five adults with stroke and five experts. Following which 17 adults with stroke were recruited. Participants were asked to choose at least three activities from the list of context-specific activities and to perform them every day for one month. Participants' pre and post-intervention PA levels and quality of life (QoL) were assessed using the physical activity scale for individuals with physical disabilities (PASIPD) and stroke specific quality of life (SSQoL). At the end of the program, participants were also interviewed to explore their experiences with the program. Results The list of context-specific activities included 45 activities under aerobic, strengthening, and balance domains. Fifteen participants [mean (SD) age 56.94 (9.87)] completed the one-month intervention. Intervention adherence rate was 86.6%. No adverse events were noted, and participants were satisfied with the program. PASIPD and SSQoL (MD - 6.52) scores showed significant improvement post-intervention. Conclusions Context-specific activities are designed for Indian adults with stroke. Context-specific activities are feasible, safe and help to improve PA and QoL.

Notes: Nayak, Pradeepa Kumaran, Senthil D. Mahmood, Amreen Manikandan, Natarajan Unnikrishnan, Bhaskaran Solomon, John M. D, Senthil Kumaran/AAJ-5399-2021; Kumaran D, Senthil/HNP-3856-2023; Unnikrishnan, Bhaskaran/0-1025-2015 D, Senthil Kumaran/0000-0001-6491-2584; Unnikrishnan, Bhaskaran/0000-0003-0892-8551; Natarajan, Manikandan/0000-0002-4329-5748; Mahmood, Dr. Amreen/0000-0002-2803-3598; Nayak, Pradeepa/0000-0001-8872-6858; Solomon, John/0000-0001-9342-1581 2167-9177
URL: <Go to ISI>://WOS:000607918500001

Reference Type: Journal Article

Record Number: 214

Author: Ndupu, L. B., Faghy, M., Staples, V., Lipka, S. and Bussell, C.

Year: 2023

Title: Exploring the predictors of physical inactivity in a university setting

Journal: BMC Public Health

Volume: 23

Issue: 1

Date: Jan

Short Title: Exploring the predictors of physical inactivity in a university setting

DOI: 10.1186/s12889-022-14953-5

Article Number: 59

Accession Number: WOS:000913897300007

Abstract: Background Changes in lifestyle patterns and the dependence on technology have contributed to an increase in prevalence of inactivity. To address this there is a need to identify the predictors of physical inactivity using the Theoretical Domains Framework (TDF). Methods One hundred and twenty-one university administrative staff and 114 PhD students completed a

survey. Physical activity (PA) levels were assessed using the Global Physical Activity Questionnaire (GPAQ), with participants scoring below 600 MET-minutes/week of total PA regarded as inactive. The predictors of physical inactivity were assessed using the Determinants of Physical Activity Questionnaire (DPAQ). Multiple regression analyses were used to identify which domains of the TDF predicted physical inactivity in the study samples. Results The results indicated that 64% of administrative staff (Mean = 411.3 +/- 118.3 MET-minutes/week of total PA) and 62% of PhD students (Mean = 405.8 +/- 111.0 MET-minutes/week of total PA) did not achieve the recommended PA levels. The physical skills domain ($t(106) = 2.198, p = 0.030$) was the significant predictor of physical inactivity amongst the administrative staff. Knowledge ($t(99) = 2.018, p = .046$) and intentions ($t(99) = 4.240, p = 0.001$) domains were the significant predictors of physical inactivity amongst PhD students. Conclusions The results of this study should be used as a theoretical starting point in carrying out behavioural diagnosis, which could inform the design of effective interventions to increase PA levels in universities and other settings.

Notes: Ndupu, Lawrence Bismarck Faghy, Mark Staples, Vicki Lipka, Sigrid Bussell, Chris Faghy, Mark/0000-0002-8163-7032 1471-2458
URL: <Go to ISI>://WOS:000913897300007

Reference Type: Journal Article

Record Number: 1303

Author: Neale, J., Werthern, H., Alhusein, N., Chater, A., Scott, J. and Family, H.

Year: 2022

Title: Contraceptive choice and power amongst women receiving opioid replacement therapy: qualitative study

Journal: Drugs-Education Prevention and Policy

Volume: 29

Issue: 6

Pages: 655-666

Date: Nov

Short Title: Contraceptive choice and power amongst women receiving opioid replacement therapy: qualitative study

ISSN: 0968-7637

DOI: 10.1080/09687637.2021.1954599

Accession Number: WOS:000678905300001

Abstract: Background Women receiving treatment for opioid use disorder have low levels of contraception use and high rates of unintended pregnancies, abortion and children being adopted or fostered. This paper aims to understand the relationship between contraceptive choice and power amongst women receiving Opioid Replacement Therapy (ORT). Methods During 2016/17, semi-structured interviews were undertaken with 40 women (aged 22-49 years) receiving ORT in the South of England. Data relating to the latent concept of power were inductively coded and analysed via Iterative Categorisation. Findings Power manifested itself through six interconnected 'fields': i. 'information about fertility and

contraception'; ii. 'access to contraception'; iii. 'relationships with professionals and services'; iv. 'relationships with male partners'; v. 'relationships with sex work clients'; and vi. 'life priorities and preferences'. Each field comprised examples of women's powerlessness and empowerment. Even when women appeared to have limited power or control, they sometimes managed to assert themselves. Conclusions Power in relation to contraceptive choice is multi-faceted and multi-directional, operating at both individual and structural levels. Informed decision-making depends on the provision of clear, non-judgemental information and advice alongside easy access to contraceptive options. Additional strategies to empower women to make contraceptive choices and prevent unplanned pregnancies are recommended.

Notes: Neale, Joanne Werthern, Helena Alhusein, Nour Chater, Angel Scott, Jenny Family, Hannah

Scott, Jennifer/0000-0002-4920-0914; Family, Hannah/
0000-0003-1243-778X; Chater, Angel Marie/0000-0002-9043-2565
1465-3370

URL: <Go to ISI>://WOS:000678905300001

Reference Type: Journal Article

Record Number: 2214

Author: Neil, S., Ferguson, M. A., Henshaw, H. and Heffernan, E.

Year: 2016

Title: Applying theories of health behaviour and change to hearing health research: Time for a new approach

Journal: International Journal of Audiology

Volume: 55

Pages: S99-S104

Short Title: Applying theories of health behaviour and change to hearing health research: Time for a new approach

ISSN: 1499-2027

DOI: 10.3109/14992027.2016.1161851

Accession Number: WOS:000381035200012

Abstract: Objective: In recent years, there has been an increase in the application of behavioural models, such as social cognition models, to the promotion of hearing health. Despite this, there exists a well-developed body of literature that suggests such models may fail to consistently explain reliable amounts of variability in human behaviours. Design: This paper provides a summary of this research across selected models of health-related behaviour, outlining the current state of the evidence. Results: Recent work in the field of behaviour change is presented together with commentary on the design and reporting of behaviour change interventions. Conclusions: We propose that attempts to use unreliable models to explain and predict hearing health behaviours should now be replaced by work which integrates the latest in behaviour change science, such as the Behaviour Change Wheel and Theoretical Domains Framework.

Notes: Coulson, Neil S. Ferguson, Melanie A. Henshaw, Helen Heffernan, Eithne

Henshaw, Helen/C-2375-2018; Ferguson, Melanie/AAY-3525-2021

Henshaw, Helen/0000-0002-0547-4403;

1708-8186

3

Si

URL: <Go to ISI>://WOS:000381035200012

Reference Type: Journal Article

Record Number: 2302

Author: Neubeck, L., Lowres, N., Benjamin, E. J., Ben Freedman, S., Coorey, G. and Redfern, J.

Year: 2015

Title: The mobile revolution—using smartphone apps to prevent cardiovascular disease

Journal: Nature Reviews Cardiology

Volume: 12

Issue: 6

Pages: 350–360

Date: Jun

Short Title: The mobile revolution—using smartphone apps to prevent cardiovascular disease

ISSN: 1759-5002

DOI: 10.1038/nrcardio.2015.34

Accession Number: WOS:000354961900006

Abstract: Cardiovascular disease (CVD) is the leading cause of morbidity and mortality globally. Mobile technology might enable increased access to effective prevention of CVDs. Given the high penetration of smartphones into groups with low socioeconomic status, health-related mobile applications might provide an opportunity to overcome traditional barriers to cardiac rehabilitation access. The huge increase in low-cost health-related apps that are not regulated by health-care policy makers raises three important areas of interest. Are apps developed according to evidenced-based guidelines or on any evidence at all? Is there any evidence that apps are of benefit to people with CVD? What are the components of apps that are likely to facilitate changes in behaviour and enable individuals to adhere to medical advice? In this Review, we assess the current literature and content of existing apps that target patients with CVD risk factors and that can facilitate behaviour change. We present an overview of the current literature on mobile technology as it relates to prevention and management of CVD. We also evaluate how apps can be used throughout all age groups with different CVD prevention needs.

Notes: Neubeck, Lis Lowres, Nicole Benjamin, Emelia J. Ben Freedman, S. Coorey, Genevieve Redfern, Julie

Benjamin, Emelia/E-7103-2011; Freedman, Saul B/C-1625-2013; Coorey/AAM-1503-2021; Neubeck, Lis/AAL-2192-2020; Redfern, Julie/AAM-8617-2020

Benjamin, Emelia/0000-0003-4076-2336; Freedman, Saul B/0000-0002-3809-2911; Neubeck, Lis/0000-0001-5852-1034; Redfern, Julie/0000-0001-8707-5563; Lowres, Nicole/0000-0001-9061-3406
1759-5010

URL: <Go to ISI>://WOS:000354961900006

Reference Type: Journal Article
Record Number: 1828
Author: Neupert, E. C., Cotterill, S. T. and Jobson, S. A.
Year: 2019
Title: Training-Monitoring Engagement: An Evidence-Based Approach in Elite Sport
Journal: International Journal of Sports Physiology and Performance
Volume: 14
Issue: 1
Pages: 99-104
Date: Jan
Short Title: Training-Monitoring Engagement: An Evidence-Based Approach in Elite Sport
ISSN: 1555-0265
DOI: 10.1123/ijsp.2018-0098
Accession Number: WOS:000454337800015
Abstract: Purpose: Poor athlete buy-in and adherence to training-monitoring systems (TMS) can be problematic in elite sport. This is a significant issue, as failure to record, interpret, and respond appropriately to negative changes in athlete well-being and training status may result in undesirable consequences such as maladaptation and/or underperformance. This study examined the perceptions of elite athletes to their TMS and their primary reasons for noncompletion. Methods: Nine national-team sprint athletes participated in semistructured interviews on their perceptions of their TMS. Interview data were analyzed qualitatively, based on grounded theory, and TMS adherence information was collected. Results: Thematic analysis showed that athletes reported their main reason for poor buy-in to TMS was a lack of feedback on their monitoring data from key staff. Furthermore, training modifications made in response to meaningful changes in monitoring data were sometimes perceived to be disproportionate, resulting in dishonest reporting practices. Conclusions: Perceptions of opaque or unfair decision making on training-program modifications and insufficient feedback were the primary causes for poor athlete TMS adherence. Supporting TMS implementation with a behavioral-change model that targets problem areas could improve buy-in and enable limited resources to be appropriately directed.
Notes: Neupert, Emma C. Cotterill, Stewart T. Jobson, Simon A. Cotterill, Stewart/AA0-5345-2021; Neupert, Emma/ADB-5597-2022; Jobson, Simon A/B-4890-2008 Cotterill, Stewart/0000-0002-9620-2277; Neupert, Emma/0000-0001-8177-5665; 1555-0273
URL: <Go to ISI>://WOS:000454337800015

Reference Type: Journal Article
Record Number: 482
Author: Neven, A. C. H., Lake, A. J., Williams, A., O'Reilly, S. L., Hendrieckx, C., Morrison, M., Dunbar, J. A., Speight, J., Teede, H., Boyle, J. A. and Grp, Me Magda Study
Year: 2022
Title: Barriers to and enablers of postpartum health behaviours

among women from diverse cultural backgrounds with prior gestational diabetes: A systematic review and qualitative synthesis applying the theoretical domains framework

Journal: Diabetic Medicine

Volume: 39

Issue: 11

Date: Nov

Short Title: Barriers to and enablers of postpartum health behaviours among women from diverse cultural backgrounds with prior gestational diabetes: A systematic review and qualitative synthesis applying the theoretical domains framework

ISSN: 0742-3071

DOI: 10.1111/dme.14945

Article Number: e14945

Accession Number: WOS:000851435100001

Abstract: Aims Racial and ethnic disparities exist in gestational diabetes prevalence and risk of subsequent type 2 diabetes mellitus (T2DM). Postpartum engagement in healthy behaviours is recommended for prevention and early detection of T2DM, yet uptake is low among women from diverse cultural backgrounds. Greater understanding of factors impacting postpartum health behaviours is needed. Applying the Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation-Behaviour (COM-B) model, our aim was to synthesise barriers to and enablers of postpartum health behaviours among women from diverse cultural backgrounds with prior GDM and identify relevant intervention components. Methods Databases, reference lists and grey literature were searched from September 2017 to April 2021. Two reviewers screened articles independently against inclusion criteria and extracted data. Using an inductive-deductive model, themes were mapped to the TDF and COM-B model. Results After screening 5148 citations and 139 full texts, we included 35 studies (N = 787 participants). The main ethnicities included Asian (43%), Indigenous (15%) and African (11%). Barriers and enablers focused on Capability (e.g. knowledge), Opportunity (e.g. competing demands, social support from family, friends and healthcare professionals, culturally appropriate education and resources) and Motivation (e.g. negative emotions, perceived consequences and necessity of health behaviours, social/cultural identity). Five relevant intervention functions are identified to link the barriers and enablers to evidence-based recommendations for communications to support behaviour change. Conclusions We provide a conceptual model to inform recommendations regarding the development of messaging and interventions to support women from diverse cultural backgrounds in engaging in healthy behaviours to reduce risk of T2DM.

Notes: Neven, Adriana C. H. Lake, Amelia J. Williams, Amelia O'Reilly, Sharleen L. Hendrieckx, Christel Morrison, Melinda Dunbar, James A. Speight, Jane Teede, Helena Boyle, Jacqueline A. Lake, Amelia J/H-3361-2017; Dunbar, James A/G-3034-2012; Speight, Jane/AES-0292-2022; O'Reilly, Sharleen/N-3412-2015 Lake, Amelia J/0000-0003-1068-2722; Speight, Jane/0000-0002-1204-6896; Williams, Amelia/0000-0001-6019-4925; Teede, Helena/0000-0001-7609-577X; Boyle, Jacqueline/0000-0002-3616-1637; O'Reilly, Sharleen/0000-0003-3547-6634 1464-5491

URL: <Go to ISI>://WOS:000851435100001

Reference Type: Journal Article

Record Number: 1945

Author: Newby, K. V., Brown, K. E., Bayley, J., Kehal, I., Caley, M., Danahay, A., Hunt, J. and Critchley, G.

Year: 2017

Title: Development of an Intervention to Increase Sexual Health Service Uptake by Young People

Journal: Health Promotion Practice

Volume: 18

Issue: 3

Pages: 391-399

Date: May

Short Title: Development of an Intervention to Increase Sexual Health Service Uptake by Young People

ISSN: 1524-8399

DOI: 10.1177/1524839916688645

Accession Number: WOS:000399751100010

Abstract: This study aimed to develop and implement an intervention, delivered via a website and Web app, to increase the uptake of sexual health services by young people. The intervention was co-designed with a group of 10 young people. Intervention mapping was used to guide development. To identify barriers and facilitators of access to sexual health services, three focus groups with 24 young people aged 13 to 19 years, and interviews with 12 professionals recruited from across a range of health and social services, were conducted. Data were analyzed using content analysis. Evidence was supplemented through a literature review. Barriers and facilitators were categorized as theoretical determinants and then suitable behavior change techniques (BCTs) for targeting them were selected. Targeted determinants were attitude, subjective norm, perceived behavioral control, and knowledge. Selected BCTs included information about others' approval, framing/reframing, and credible source. The website/app enable users to search for services, access key information about them, watch videos about what to expect, and have key concerns removed/addressed. This is the first known digital evidence-based intervention to target this behavior described in the literature. A clear and full description of intervention development and content, including of theorized causal pathways, is provided to aid interpretation of future outcome evaluations.

Notes: Newby, Katie V. Brown, Katherine E. Bayley, Julie Kehal, Isher Caley, Mike Danahay, Amy Hunt, Jonny Critchley, George Brown, Katherine/0000-0003-2472-5754; Bayley, Julie/0000-0002-2448-4383; Newby, Katie/0000-0002-9348-0116 1552-6372

URL: <Go to ISI>://WOS:000399751100010

Reference Type: Journal Article

Record Number: 2457

Author: Newby, K. V., French, D. P., Brown, K. E. and Lecky, D. M.

Year: 2013

Title: Increasing young adults' condom use intentions and behaviour through changing chlamydia risk and coping appraisals: study protocol for a cluster randomised controlled trial of efficacy

Journal: BMC Public Health

Volume: 13

Date: May

Short Title: Increasing young adults' condom use intentions and behaviour through changing chlamydia risk and coping appraisals: study protocol for a cluster randomised controlled trial of efficacy

DOI: 10.1186/1471-2458-13-528

Article Number: 528

Accession Number: WOS:000320127700001

Abstract: Background: Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in England and has serious public health consequences. Young people carry a disproportionate burden of infection. A number of social cognition models identify risk appraisal as a primary motivator of behaviour suggesting that changing risk appraisals for STIs may be an effective strategy in motivating protective behaviour. Meta-analytic evidence indicates that the relationship between risk appraisal and health behaviour is small, but studies examining this relationship have been criticised for their many conceptual and methodological weaknesses. The effect of risk appraisal on health behaviour may therefore be of larger size. The proposed study aims to examine the efficacy of an intervention to increase condom use intentions and behaviour amongst young people through changing chlamydia risk and coping appraisals. Coping appraisal is targeted to avoid the intervention being counterproductive amongst recipients who do not feel able to perform the behaviour required to reduce the threat. An experimental design with follow-up, a conditional measure of risk appraisal, and analysis which controls for past behaviour, enable the relationship between risk appraisal and protective behaviour to be accurately assessed. Methods/Design: The proposed study is a two-arm cluster randomised controlled trial using a waiting-list control design to test the efficacy of the intervention compared to a control group. Participants will be school pupils aged 13-16 years old recruited from approximately ten secondary schools. Schools will be randomised into each arm. Participants will receive their usual teaching on STIs but those in the intervention condition will additionally receive a single-session sex education lesson on chlamydia. Measures will be taken at baseline, post-intervention and at follow-up three months later. The primary outcome measure is intention to use condoms with casual sexual partners. Discussion: As far as the authors are aware, this is the first controlled trial testing the efficacy of an intervention to increase condom use intentions and behaviour through changing chlamydia risk appraisals. It is one of few experimental studies to accurately test the relationship between risk appraisal and precautionary sexual behaviour using a conditional measure of risk appraisal and controlling for past behaviour.

Notes: Newby, Katie V. French, David P. Brown, Katherine E. Lecky, Donna M.

Lecky, Donna Marie/AAB-6849-2019; French, David P/K-7283-2012

Lecky, Donna Marie/0000-0002-1223-9356; French, David P/

0000-0002-7663-7804; Brown, Katherine/0000-0003-2472-5754; Newby, Katie/0000-0002-9348-0116
1471-2458
URL: <Go to ISI>://WOS:000320127700001

Reference Type: Journal Article

Record Number: 2351

Author: Newham, R., Thomson, A. H., Semple, Y., Dewar, S., Steedman, T. and Bennie, M.

Year: 2015

Title: Barriers to the safe and effective use of intravenous gentamicin and vancomycin in Scottish hospitals, and strategies for quality improvement

Journal: European Journal of Hospital Pharmacy

Volume: 22

Issue: 1

Pages: 32-37

Date: Jan

Short Title: Barriers to the safe and effective use of intravenous gentamicin and vancomycin in Scottish hospitals, and strategies for quality improvement

ISSN: 2047-9956

DOI: 10.1136/ejhpharm-2014-000483

Accession Number: WOS:000346923200008

Abstract: Objectives Avoiding harm when patients interact with healthcare services is a global issue. Guidelines are often produced to improve the prescribing and monitoring of medication with a narrow therapeutic index. Adherence to guidelines may not occur in clinical practice. This paper aims to explore the barriers faced by clinical pharmacists and junior doctors when using complex guidelines to support the prescribing and therapeutic drug monitoring of gentamicin and vancomycin. Methods Twenty-three junior doctors and 27 clinical pharmacists took part in focus groups at four hospital sites in four Scottish health boards between March and July 2011. Focus groups were run separately at each hospital site for the two clinical groups. The data were organised using the framework approach, validated, and a thematic analysis was conducted. Results Five themes emerged to explain barriers to effective initial prescribing and therapeutic drug monitoring, which were divided into two types. Barriers could be a direct result of the content of the guidelines specifically that clinicians required experience to use the guidelines effectively. Barriers also resulted from a failure in the context in which the guidelines function which was related to insufficient dissemination, communication issues within the hospital site, unmet educational needs and staffing issues. Conclusions Improved patient safety cannot be assumed due to the existence of gentamicin and vancomycin guidelines. The findings of this study highlight the complexities associated with their appropriate use. Future quality improvement strategies must consider where the guidelines will be implemented, and the context in which they will function.

Notes: Newham, R. Thomson, A. H. Semple, Y. Dewar, S. Steedman, T. Bennie, M.

Thomson, Alison H H/H-9743-2016
Thomson, Alison H H/0000-0002-2354-6116
2047-9964
URL: <Go to ISI>://WOS:000346923200008

Reference Type: Journal Article

Record Number: 2179

Author: Newlands, R., Duncan, E. M., Prior, M., Elouafkaoui, P., Elders, A., Young, L., Clarkson, J. E., Ramsay, C. R. and Translation Res Dent, Setting

Year: 2016

Title: Barriers and facilitators of evidence-based management of patients with bacterial infections among general dental practitioners: a theory-informed interview study

Journal: Implementation Science

Volume: 11

Date: Jan

Short Title: Barriers and facilitators of evidence-based management of patients with bacterial infections among general dental practitioners: a theory-informed interview study

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0372-z

Article Number: 11

Accession Number: WOS:000369030800001

Abstract: Background: General dental practitioners (GDPs) regularly prescribe antibiotics to manage dental infections although most infections can be treated successfully by local measures. Published guidance to support GDPs to make appropriate prescribing decisions exists but there continues to be wide variation in dental antibiotic prescribing. An interview study was conducted as part of the Reducing Antibiotic Prescribing in Dentistry (RAPiD) trial to understand the barriers and facilitators of using local measures instead of prescribing antibiotics to manage bacterial infections. Methods: Thirty semi-structured one-to-one telephone interviews were conducted using the Theoretical Domains Framework (TDF). Responses were coded into domains of the TDF and sub-themes. Priority domains (high frequency: $\geq 50\%$ interviewees discussed) relevant to behaviour change were identified as targets for future intervention efforts and mapped onto 'intervention functions' of the Behaviour Change Wheel system. Results: Five domains (behavioural regulation, social influences, reinforcement, environmental context and resources, and beliefs about consequences) with seven sub-themes were identified as targets for future intervention. All participants had knowledge about the evidence-based management of bacterial infections, but they reported difficulties in following this due to patient factors and time management. Lack of time was found to significantly influence their decision processes with regard to performing local measures. Beliefs about their capabilities to overcome patient influence, beliefs that performing local measures would impact on subsequent appointment times as well as there being no incentives for performing local measures were also featured. Though no knowledge or basic skills issues were identified, the participants suggested some continuous professional development

programmes (e.g. time management, an overview of published guidance) to address some of the barriers. The domain results suggest a number of intervention functions through which future interventions could change GPs' antibiotic prescribing for bacterial infections: imparting skills through training, providing an example for GPs to imitate (i.e. modelling) or creating the expectation of a reward (i.e. incentivisation). Conclusions: This is the first theoretically informed study to identify barriers and facilitators of evidence-based management of patients with bacterial infections among GPs. A pragmatic approach is needed to address the modifiable barriers in future interventions intended to change dentists' inappropriate prescribing behaviour.

Notes: Newlands, Rumana Duncan, Eilidh M. Prior, Maria Elouafkaoui, Paula Elders, Andrew Young, Linda Clarkson, Jan E. Ramsay, Craig R. Ramsay, Craig/AAD-8249-2021; Duncan, Eilidh/HOC-6391-2023; Elders, Andrew/N-4195-2015

Ramsay, Craig/0000-0003-4043-7349; Elders, Andrew/0000-0003-4172-4702; Clarkson, Jan/0000-0001-5940-2926; Francis, Jill/0000-0001-5784-8895; Newlands, Rumana/0000-0003-4563-152X; Treweek, Shaun/0000-0002-7239-7241; Vale, Luke/0000-0001-8574-8429; Duncan, Eilidh/0000-0002-1009-9732

URL: <Go to ISI>://WOS:000369030800001

Reference Type: Journal Article

Record Number: 1867

Author: Newlands, R. S., Power, A., Young, L. and Watson, M.

Year: 2018

Title: Quality improvement of community pharmacy services: a prioritisation exercise

Journal: International Journal of Pharmacy Practice

Volume: 26

Issue: 1

Pages: 39-48

Date: Feb

Short Title: Quality improvement of community pharmacy services: a prioritisation exercise

ISSN: 0961-7671

DOI: 10.1111/ijpp.12354

Accession Number: WOS:000423111100006

Abstract: Objectives Effective strategies are needed to translate knowledge (evidence) into practice to improve the quality of community pharmacy services. We report the first step of a novel knowledge translation process which involved the systematic identification and prioritisation of community pharmacy services in Scotland which were perceived to require improvement and/or guideline development. Methods This process involved three stages and a stakeholder group comprising community pharmacists, policy makers, lay and pharmacy organisation representatives. A modified nominal group technique (NGT) was used for topic generation (August 2013) followed by an electronic Delphi survey (eDelphi), October-December 2013) and topic rationalisation (December 2013) based on feasibility, acceptability, and potential impact for practice improvement. Key findings In total, 63 items were identified during

the modified NGT which were categorised into 20 topics to form the starting point of the eDelphi. In total, 74 individuals (mostly community pharmacists) indicated an interest in the eDelphi, which achieved response rates of 63.5%, 67.6%, and 70.3%, respectively in Rounds 1, 2, and 3. Consensus was achieved with six topics: promoting the appropriate sale and supply of over-the-counter medicines; patient counselling for prescribed medication; pharmaceutical care to promote medication adherence; promotion and delivery of a Minor Ailment Scheme; pharmaceutical care of vulnerable patients; and effective use of community pharmacy workforce. Of these, the priority topic selected for the next stage of the programme was promoting the appropriate sale and supply of over-the-counter medicines. Conclusions This study adopted a systematic, inclusive, and rapid approach to identify priorities for community pharmacy practice improvement in Scotland.

Notes: Newlands, Rumana S. Power, Ailsa Young, Linda Watson, Margaret

, Margaret/0000-0002-8198-9273; Newlands, Rumana/0000-0003-4563-152X 2042-7174

URL: <Go to ISI>://WOS:000423111100006

Reference Type: Journal Article

Record Number: 2314

Author: Newton, J. T. and Asimakopoulou, K.

Year: 2015

Title: Managing oral hygiene as a risk factor for periodontal disease: a systematic review of psychological approaches to behaviour change for improved plaque control in periodontal management

Journal: Journal of Clinical Periodontology

Volume: 42

Pages: S36-S46

Date: Apr

Short Title: Managing oral hygiene as a risk factor for periodontal disease: a systematic review of psychological approaches to behaviour change for improved plaque control in periodontal management

ISSN: 0303-6979

DOI: 10.1111/jcpe.12356

Accession Number: WOS:000352225600004

Abstract: Background Plaque control in patients with periodontal disease is critically dependent upon self-care through specific oral hygiene-related behaviours. Objectives To determine the relationship between adherence to oral hygiene instructions in adult periodontal patients and psychological constructs. To determine the effect of interventions based on psychological constructs on oral health-related behaviour in adult periodontal patients. Data Sources The Cochrane Oral Health Group's Trials Register, MEDLINE, EMBASE and PsycINFO. Study Appraisal and Synthesis Methods Studies were grouped according to the study design, and appraised using an appropriate methodology, either the Newcastle-Ottawa assessment for observational studies, or the Cochrane criteria for trials.

Results Fifteen reports of studies were identified. Limitations There

was a low risk of bias identified for the observational studies. Older trials suffered from high risk of bias, but more recent trials had low risk of bias. However, the specification of the psychological intervention was generally poor. Conclusions and Implications of Key FindingsThe use of goal setting, self-monitoring and planning are effective interventions for improving oral hygiene-related behaviour in patients with periodontal disease. Understanding the benefits of behaviour change and the seriousness of periodontal disease are important predictors of the likelihood of behaviour change.

Notes: Newton, J. Timothy Asimakopoulou, Koula
11th European Workshop of Periodontology
Nov 17-17, 2014

Spain

Procter Gamble, Johnson Johnson

Newton, Jonathon T/B-7015-2009

Asimakopoulou, Koula/0000-0003-3420-8523; Newton, Jonathon Timothy/
0000-0003-4082-6942

1600-051x

16

Si

URL: <Go to ISI>://WOS:000352225600004

Reference Type: Journal Article

Record Number: 1909

Author: Newton, J. T. and Asimakopoulou, K.

Year: 2017

Title: Minimally invasive dentistry: Enhancing oral health related behaviour through behaviour change techniques

Journal: British Dental Journal

Volume: 223

Issue: 3

Pages: 147-150

Date: Aug

Short Title: Minimally invasive dentistry: Enhancing oral health related behaviour through behaviour change techniques

ISSN: 0007-0610

DOI: 10.1038/sj.bdj.2017.659

Accession Number: WOS:000407831900011

Abstract: Enhancing patients' oral health related behaviour is a critical component of the preventive approach which is central to the practice of minimally invasive dentistry. The first step in the process of behaviour change is creating capability to change behaviour through the provision of information and guidance. The second step involves enhancing the motivation to change through emphasising the benefits of behaviour change and emphasising the individual patients' susceptibility or risk of oral disease. The third step seeks to put motivation into action through creating opportunities to practice oral health behaviour. Planning interventions are one approach to achieving this. This article outlines the techniques for carrying out these steps in practice.

Notes: Newton, J. T. Asimakopoulou, K.

Newton, Jonathon T/B-7015-2009

Asimakopoulou, Koula/0000-0003-3420-8523; Newton, Jonathon Timothy/
0000-0003-4082-6942
1476-5373
URL: <Go to ISI>://WOS:000407831900011

Reference Type: Journal Article

Record Number: 1233

Author: Ng, C. M., Satvinder, K., Koo, H. C., Yap, R. W. K. and Mukhtar, F.

Year: 2021

Title: Children's psychosocial factors of healthy meal preparation as predictors for nutritional status measures

Journal: International Journal for Vitamin and Nutrition Research

Volume: 91

Issue: 5-6

Pages: 522-530

Date: Sep

Short Title: Children's psychosocial factors of healthy meal preparation as predictors for nutritional status measures

ISSN: 0300-9831

DOI: 10.1024/0300-9831/a000655

Accession Number: WOS:000701997400016

Abstract: Involving school-age children in the preparation of healthy meals is shown to be associated with positive eating behavior. Yet, it remains unclear whether this can extend to their nutritional status. The present study aimed to determine the association of school-age children's psychosocial factors (knowledge, attitude, practice, self-efficacy) towards healthy meal preparation with their nutritional status (BMI-for-age, waist circumference, body fat percentage). Stratified random sampling was used to select primary schools ($n = 8$) in Kuala Lumpur, Malaysia. Two hundred school children aged between 9-11 years old were involved. Psychosocial factors towards healthy meal preparation were assessed using validated questionnaire. Anthropometry measures were determined using standard protocol. Almost half (46 %) of the school-age children were obese/overweight, 39 % were abdominally obese and 40 % were overfat. Approximately half had poor knowledge (49 %), poor practice (45 %), good attitude (56 %) and good self-efficacy (47 %) towards healthy meal preparation. Significant positive correlations were observed between knowledge with attitude ($r = 0.23$, $p < 0.001$); knowledge with self-efficacy ($r = 0.30$, $p < 0.001$); attitude with practice ($r = 0.34$, $p < 0.001$); attitude with self-efficacy ($r = 0.59$, $p < 0.001$) and practice with self-efficacy ($r = 0.50$, $p < 0.001$). Adjusted logistic regression revealed that school-age children with good attitude were less likely to be abdominally obese (OR = 0.87, 95 % CI = 0.78 to 0.96) and overfat (OR = 0.84, 95 % CI = 0.76 to 0.94). Children with good knowledge had lower risk of being abdominally obese (OR = 0.84, 95 % CI = 0.72 to 0.97). Findings revealed that children's psychosocial factors were interrelated, and improvements may have the potential in affecting nutritional status. Hands-on healthy meal preparation should be explored further as an innovative approach to address the obesity epidemic.

Notes: Ng, Choon Ming Satvinder, Kaur Koo, Hui Chin Yap, Roseline Wai Kuan Mukhtar, Firdaus Koo, Hui Chin/AGF-3798-2022 K00, HUI CHIN/0000-0001-5452-6241; , Satvinder Kaur/0000-0003-0808-9612; Ng, Choon Ming/0000-0002-1754-1909 1664-2821
URL: <Go to ISI>://WOS:000701997400016

Reference Type: Journal Article

Record Number: 1090

Author: Ng, V., Ashiru-Oredope, D., Rosado, H. and Ward, B.

Year: 2021

Title: Outcomes of a National, Cross-Sector Antimicrobial Stewardship Training Initiative for Pharmacists in England

Journal: Pharmacy

Volume: 9

Issue: 4

Date: Dec

Short Title: Outcomes of a National, Cross-Sector Antimicrobial Stewardship Training Initiative for Pharmacists in England

DOI: 10.3390/pharmacy9040165

Article Number: 165

Accession Number: WOS:000735857800001

Abstract: (1) Background: Pharmacists play a pivotal role in tackling Antimicrobial resistance through antimicrobial stewardship (AMS) and are well placed to lead behaviour change interventions across the healthcare system; (2) Methods: A cross-sector AMS training initiative for pharmacists was implemented across England, with three cohorts between 2019-2021. Each cohort took part in an introductory workshop, followed by a workplace-based quality improvement project supported by peer-assisted learning sessions. Completion of training was determined by an end of training assessment after three to four months. Outcome data and learner survey results were collated, anonymised, and analysed by the training provider. (3) Results: In total, 118 pharmacists participated in the introductory workshop, 70% of these subsequently undertook an improvement project, and 48% engaged workplace stakeholders in the process. Interventions were designed by 57% of learners and 18% completed a at least one Plan-Do-Study-Act cycle. Approximately a quarter of learners met the requirements for a Certificate of Completion. Knowledge quiz scores were obtained from 115 learners pre-training and 28 learners post-training. Paired t-tests conducted for 28 learners showed a statistically significant improvement in mean score from 67.7% to 81.1% ($p < 0.0001$). Sixty-two learner survey responses were received during the training and 21 follow-up survey responses 6 to 12 months post training. Of the 21 responses to the follow-up survey, ongoing quality improvement work and improvement outcomes were reported by nine and six learners, respectively. (4) Conclusions: The delivery of workplace-based training at scale can be challenging, however this study demonstrates that coupling learning with workplace implementation and peer support can promote behaviour change in learners. Further study into the impact of providing pharmacists across sectors and

geographies with access to this type of training will help inform ongoing workforce development interventions.

Notes: Ng, Vincent Ashiru-Oredope, Diane Rosado, Helena Ward, Beth Ng, Vincent/0000-0002-9284-0327; Ashiru-Oredope, Diane/0000-0001-9579-2028
2226-4787

URL: <Go to ISI>://WOS:000735857800001

Reference Type: Journal Article

Record Number: 872

Author: Nguyen, J., Ferraro, C., Sands, S. and Luxton, S.

Year: 2022

Title: Alternative protein consumption: A systematic review and future research directions

Journal: International Journal of Consumer Studies

Volume: 46

Issue: 5

Pages: 1691-1717

Date: Sep

Short Title: Alternative protein consumption: A systematic review and future research directions

ISSN: 1470-6423

DOI: 10.1111/ijcs.12797

Accession Number: WOS:000767120200001

Abstract: Marketing plays a critical role in addressing macro-level societal problems, one of which relates to the reduction of meat consumption and increased consumption of alternative proteins. Such consumption practices are gaining attention given the rising concerns about food sustainability, safety, security, nutrition, and animal welfare. This paper provides a framework-based systematic review of alternative protein consumption research, identifying relevant articles published between 2000 and 2020. Our framework combines the socio-ecological model and capability, opportunity, and motivation model of behavior (COM-B) to identify the various factors influencing alternative protein consumption. Antecedents - facilitators and barriers - of alternative protein consumption are organized, synthesized, and discussed using this combined model of behavioral influence. Our review outlines methodological approaches, identifies main variables of interest, highlights the opportunity for further theoretical development, and identifies gaps in research related to individual-level opportunities and system-level motivations. We conclude with theoretical, contextual, and methodological directions for marketing and consumer research to better understand and shape decisions and practices regarding the consumption of alternative proteins.

Notes: Nguyen, July Ferraro, Carla Sands, Sean Luxton, Sandra Ferraro, Carla/0000-0002-3134-6712; Luxton, Sandra/0000-0003-0784-8509; Nguyen, July/0000-0002-1963-9846; Sands, Sean/0000-0001-9192-3676
1470-6431

Si

URL: <Go to ISI>://WOS:000767120200001

Reference Type: Journal Article

Record Number: 227

Author: Nguyen, U. T. T., Suwanbamrung, C., Le, C. N., Janhom, W., Ratjaran, Y. and Khwansri, A.

Year: 2023

Title: Public Health Officers? Capability, Opportunity, Motivation, and Behavior after the COVID-19 Vaccination in Thailand

Journal: Journal of Health Research

Volume: 37

Issue: 5

Pages: 280-288

Short Title: Public Health Officers? Capability, Opportunity, Motivation, and Behavior after the COVID-19 Vaccination in Thailand

ISSN: 0857-4421

DOI: 10.56808/2586-940x.1021

Accession Number: WOS:000953871800001

Abstract: Background: Public health officers (PHOs) are the frontline health workforce against the Coronavirus disease 2019 (COVID-19) and therefore need high immunity for protection. The application of the capability, opportunity, motivation, and behavior (COM-B) model aimed to 1) explore the level of COM-B for prevention and control of COVID-19, and 2) analyze the association between factors and behaviors for prevention and control of COVID-19 among PHOs at primary care units (PCUs) of seven provinces in southern Thailand. Methods: The study design performed an analytical cross-sectional study using information from primary care units from July to September 2021. Data collection used multi-stage sampling techniques to construct the online questionnaire based on the relationship of the COM-B model. Data analysis used descriptive statistics, and Chi-squared and Fisher's exact tests to find out the association among factors. Results: The overall COM-B scores of the 203 PHOs were high, but the motivation was low. Almost all characteristics were associated with behavior. Work experience was significantly associated with capability, opportunity, and behavior ($P < 0.05$). The relationships between capability and behavior, and opportunity and motivation were statistically significant ($P < 0.05$ and $P < 0.001$ respectively). Conclusions: This is the first report applying the COM-B model to explore behavior changes relating to the COVID-19 vaccination among PHOs at PCUs. The association between factors and individual behavior of health providers can be applied to design interventions for promoting effective preventive and controlling behavior after the COVID-19 vaccination.

Notes: Nguyen, Uyen Thi To Suwanbamrung, Charuai Le, Cua Ngoc Janhom, Wichaya Ratjaran, Yanika Khwansri, Alisara

Le, Cua Ngoc/IRZ-5264-2023

2586-940x

URL: <Go to ISI>://WOS:000953871800001

Reference Type: Journal Article

Record Number: 1684

Author: Nibali, L., Ide, M., Ng, D., Buontempo, Z., Clayton, Y. and Asimakopoulou, K.

Year: 2020

Title: The perceived impact of Covid-19 on periodontal practice in the United Kingdom: A questionnaire study

Journal: Journal of Dentistry

Volume: 102

Date: Nov

Short Title: The perceived impact of Covid-19 on periodontal practice in the United Kingdom: A questionnaire study

ISSN: 0300-5712

DOI: 10.1016/j.jdent.2020.103481

Article Number: 103481

Accession Number: WOS:000591836800008

Abstract: Introduction: COVID-19 has impacted dentistry in unprecedented ways. Objective: The following research aimed to investigate the impact of the COVID-19 pandemic on periodontal practice in the United Kingdom using the COM-B (Capability Opportunity Motivation-Behaviour) model as the basis for a questionnaire. Basic research design: An online survey link was sent to all members of the British Society of Periodontology and Implant Dentistry. A total of 358 responses were received and analysed.

Results: The great majority of participants thought that the pandemic had an impact on their profession, while only 4.7 % had no concerns. The main worries related to financial concerns and ability to provide appropriate levels of care. More than 80 % of respondents agreed that their establishment was compliant with infection control procedures. Some participants felt benefits mainly in terms of more time for CPD activities. It was felt that some of the changes needed will need to be sustained long-term. Conclusions: Respondents were generally worried. However, they perceived they had the physical and psychological ability to effect changes to their practice, higher than the physical and social opportunities that they were afforded. Although the COVID-19 pandemic is causing profound changes and worries for the profession of Periodontology, clinicians are clear about their capability to control the situation and feel they have the motivation to make the required changes. Clinical significance: COVID-19 has presented clinicians with novel challenges.

Investigating the professional response to change and expected impact is of interest in the current climate as we navigate the 'new normal'. Assessing the results could be useful in informing support strategies moving forward.

Notes: Nibali, L. Ide, M. Ng, D. Buontempo, Z. Clayton, Y. Asimakopoulou, K.

Asimakopoulou, Koula/0000-0003-3420-8523; Ide, Mark/0000-0002-6511-7803

1879-176x

URL: <Go to ISI>://WOS:000591836800008

Reference Type: Journal Article

Record Number: 815

Author: Nickbakht, M., Meyer, C., Beswick, R. and Scarinci, N.

Year: 2022

Title: Minimum Data Set for Families of Children With Hearing Loss: An eDelphi Study

Journal: Journal of Speech Language and Hearing Research
Volume: 65
Issue: 4
Pages: 1615-1629
Date: Apr
Short Title: Minimum Data Set for Families of Children With Hearing Loss: An eDelphi Study
ISSN: 1092-4388
DOI: 10.1044/2021_jslhr-21-00356
Accession Number: WOS:000830953900029
Abstract: Purpose: Assessing the unique needs of each family following the diagnosis of a hearing loss is central to the delivery of family-centered hearing health care. Therefore, the aim of this study was to develop a Minimum Data Set (MDS) that could be used in the design of a needs assessment tool for families of children with hearing loss transitioning to early intervention. Method: A list of potential items for the MDS was prepared. In a two-round electronic Delphi study in Australia, hearing researchers (N = 15 in Round 1; N = 9 in Round 2), clinicians, and professionals working in early intervention for children with hearing loss (N = 85) were asked to review the potential items and to rate the importance of items using a Likert scale. Results: Consensus was reached on 32 main items to be included in the MDS across six categories, including informational support (13 items), professional support (five items), peer support (one item), skills and knowledge (seven items), financial support (three items), and methods of information provision (three items). Eight optional items that could be considered for inclusion in the MDS were also identified. Conclusions: The proposed MDS could support hearing professionals in identifying families' needs in order to provide individualized information and support. Future research is needed to conduct a pilot study to evaluate the needs assessment tool in terms of usability, feasibility, and therapeutic effects.
Notes: Nickbakht, Mansoureh Meyer, Carly Beswick, Rachael Scarinci, Nerina
; Nickbakht, Mansoureh/I-4419-2017; Scarinci, Nerina/D-2578-2010; Meyer, Carly/E-4519-2010
Beswick, Rachael/0000-0002-8784-0816; Nickbakht, Mansoureh/0000-0003-2936-4310; Scarinci, Nerina/0000-0002-1457-6663; Meyer, Carly/0000-0002-2268-3055
1558-9102
URL: <Go to ISI>://WOS:000830953900029

Reference Type: Journal Article
Record Number: 72
Author: Nicol, B., Adhikari, S. P., Shwed, A., Ashton, S., Mriduraj, A., Mason, K., Gainforth, H. L., Babul, S. and van Donkelaar, P.
Year: 2023
Title: The Concussion Awareness Training Tool for Women's Support Workers Improves Knowledge of Intimate Partner Violence-Caused Brain Injury
Journal: Inquiry-the Journal of Health Care Organization Provision and Financing

Volume: 60

Date: Apr

Short Title: The Concussion Awareness Training Tool for Women's Support Workers Improves Knowledge of Intimate Partner Violence-Caused Brain Injury

ISSN: 0046-9580

DOI: 10.1177/00469580231169335

Article Number: 00469580231169335

Accession Number: WOS:000974835800001

Abstract: Women who experience physical intimate partner violence (IPV) are at high risk of suffering a brain injury (BI) due to head impacts and/or strangulation. Currently, most staff at women's shelters tend not to be aware of IPV-caused BIs. The objective of this study was to address this by developing a new online module within the Concussion Awareness Training Tool (cattonline.com) specifically focused on IPV-caused BI, and measuring its effectiveness in increasing BI awareness and knowledge among staff members at women's shelters. A mixed-methods approach was used which included (i) a survey to measure participant knowledge before and after completing the module; (ii) a 1-on-1 interview 6 months post-training to better understand participants' perceptions of what effect the training had on how they worked with women in their job; and (iii) an evaluation of the content of the module using behavior change techniques. About 81 participants recruited from staff at women's shelters completed the pre/post survey. The average BI knowledge score increased significantly from the pre-survey ($M = 8.12/12$, $SD = 1.05$) to the post-survey ($M = 9.72/12$, $SD = 1.62$), $t(80) = 9.12$, $P < .001$, $d = 1.01$). Analysis of the interviews with 9 participants highlighted 3 main themes arising from the module: knowledge, mindfulness, and advocacy. All participants felt their knowledge of IPV-caused BIs had increased and said they would recommend the training to their co-workers. Analysis of the module content revealed the most frequent behavior change techniques were related to instructions on how to perform screening and accommodation for IPV-caused BI. The results showed the module was effective in increasing knowledge of IPV-caused BIs amongst women's shelter staff as well as improving how they advocate for, and are mindful of, their clients with BIs. This online training may help improve the care women with IPV-caused BIs receive, and ultimately improve their quality of life.

Notes: Nicol, Blake Adhikari, Shambhu Prasad Shwed, Alanna Ashton, Stephanie Mriduraj, Angitha Mason, Karen Gainforth, Heather L. Babul, Shelina van Donkelaar, Paul

Adhikari, Shambhu Prasad/0000-0002-2635-6844
1945-7243

URL: <Go to ISI>://WOS:000974835800001

Reference Type: Journal Article

Record Number: 1654

Author: Nicol, B., van Donkelaar, P., Mason, K. and Gainforth, H.

Year: 2021

Title: Using Behavior Change Theory to Understand How to Support Screening for Traumatic Brain Injuries Among Women Who Have

Experienced Intimate Partner Violence

Journal: Womens Health Reports

Volume: 2

Issue: 1

Pages: 305-315

Short Title: Using Behavior Change Theory to Understand How to Support Screening for Traumatic Brain Injuries Among Women Who Have Experienced Intimate Partner Violence

DOI: 10.1089/whr.2020.0097

Accession Number: WOS:000904639800038

Abstract: Background: Women who experience intimate partner violence (IPV) are at a high risk for traumatic brain injuries (TBIs).

Women's shelters may be an ideal location for TBI screening.

Behavior change theory can help understand factors that influence screening at women's shelters and develop interventions to promote screening. Objective: To use behavior change theory to understand the local context of women's shelters, factors influencing screening for TBIs among staff who work at women's shelters, and co-develop intervention recommendations to promote screening of TBIs at women's shelters. Methods: The research was conducted in three phases in partnership with the Kelowna Women's Shelter. In phase 1, participants (staff at women's shelters across Canada) completed an online survey that assessed their current TBI screening behaviors, knowledge of TBIs, and factors influencing screening. In phase 2, participants (staff at women's shelters in the Okanagan) completed an interview regarding the factors that influence screening for TBIs. In both phases, factors were analyzed using the Theoretical Domains Framework. In phase 3, intervention recommendations were co-developed using the Behavior Change Wheel. Results: In phase 1, findings indicate that participants (n=150) lack skills (mean=2.1, standard deviation [SD]=1.9) and knowledge (mean=2.9, SD=2.2) with regard to screening and are nervous to screen (mean=3.0, SD=2.4) for TBIs. In phase 2, 194 barriers to screening for TBI were extracted from 10 interviews with staff members. Prominent domains included knowledge (37%), beliefs about capabilities (16%), and environmental context and resources (15%). Finally, in phase 3, five intervention recommendations were co-developed for interventions aiming to promote TBI screening in women's shelters. Conclusions: This thesis was the first theory-based study to develop intervention recommendations for promoting screening of TBIs at women's shelters. The recommendations have the potential to increase TBI screening at women's shelters ultimately improving the quality of life of women who have experienced a TBI from IPV.

Notes: Nicol, Blake van Donkelaar, Paul Mason, Karen Gainforth, Heather

2688-4844

URL: <Go to ISI>://WOS:000904639800038

Reference Type: Journal Article

Record Number: 1582

Author: Nielsen, K. S. and Hofmann, W.

Year: 2021

Title: Motivating sustainability through morality: A daily diary

study on the link between moral self-control and clothing consumption

Journal: Journal of Environmental Psychology

Volume: 73

Date: Feb

Short Title: Motivating sustainability through morality: A daily diary study on the link between moral self-control and clothing consumption

ISSN: 0272-4944

DOI: 10.1016/j.jenvp.2021.101551

Article Number: 101551

Accession Number: WOS:000620928500004

Abstract: Extensive research has documented the frequent gap between people's intentions to perform environmentally significant behavior and their actual behavior. Despite this, limited research has empirically unpacked the processes and conditions under which people's environmental considerations influence behavior and when they do not. The present research sought to meet this research need by investigating the influence of moral and environmental considerations on purchasing decisions related to clothing consumption. In doing so, we embedded environmental considerations within the broader concept of morality and drew upon self-control research to develop a conceptual model of moral self-control comprising moral considerations, conflict, resistance, and purchase. The conceptual model was assessed using data from a large two-week diary study (N = 594; n(obs) = 7,880) conducted in the United Kingdom. A multilevel path model at the within-person level revealed that moral considerations were associated with stronger conflict experiences, more frequent attempts to resist clothing desires, and less frequent clothing purchasing. These findings highlight the processes through which moral (and environmental) considerations exert their influence on clothing purchasing decisions, as well as help pinpoint when and why people sometimes fail to act in accordance with their moral and biospheric values.

Notes: Nielsen, Kristian S. Hofmann, Wilhelm
1522-9610

URL: <Go to ISI>://WOS:000620928500004

Reference Type: Journal Article

Record Number: 1709

Author: Nielsen, K. S., Stern, P. C., Dietz, T., Gilligan, J. M., van Vuuren, D. P., Figueroa, M. J., Folke, C., Gwozdz, W., Ivanova, D., Reisch, L. A., Vandenbergh, M. P., Wolske, K. S. and Wood, R.

Year: 2020

Title: Improving Climate Change Mitigation Analysis: A Framework for Examining Feasibility

Journal: One Earth

Volume: 3

Issue: 3

Pages: 325-336

Date: Sep

Short Title: Improving Climate Change Mitigation Analysis: A Framework for Examining Feasibility

ISSN: 2590-3330

DOI: 10.1016/j.oneear.2020.08.007

Accession Number: WOS:000646400100012

Abstract: Limiting global warming to 2 degrees C or less compared with pre-industrial temperatures will require unprecedented rates of decarbonization globally. The scale and scope of transformational change required across sectors and actors in society raises critical questions of feasibility. Much of the literature on mitigation pathways addresses technological and economic aspects of feasibility, but overlooks the behavioral, cultural, and social factors that affect theoretical and practical mitigation pathways. We present a tripartite framework that "unpacks" the concept of mitigation pathways by distinguishing three factors that together determine actual mitigation: technical potential, initiative feasibility, and behavioral plasticity. The framework aims to integrate and streamline heterogeneous disciplinary research traditions toward a more comprehensive and transparent approach that will facilitate learning across disciplines and enable mitigation pathways to more fully reflect available knowledge. We offer three suggestions for integrating the tripartite framework into current research on climate change mitigation.

Notes: Nielsen, Kristian S. Stern, Paul C. Dietz, Thomas Gilligan, Jonathan M. van Vuuren, Detlef P. Figueroa, Maria J. Folke, Carl Gwozdz, Wencke Ivanova, Diana Reisch, Lucia A. Vandenberg, Michael P. Wolske, Kimberly S. Wood, Richard

Gilligan, Jonathan/AZ-5377-2021; Reisch, Lucia A./AAB-7589-2022; Reisch, Lucia A./N-9737-2019; van Vuuren, Detlef/A-4764-2009; Wood, Richard/E-4111-2015

Gilligan, Jonathan/0000-0003-1375-6686; Reisch, Lucia A./0000-0002-5731-4209; van Vuuren, Detlef/0000-0003-0398-2831; Folke, Carl/0000-0002-4050-3281; Wood, Richard/0000-0002-7906-3324; Gwozdz, Wencke/0000-0001-7176-708X

2590-3322

URL: <Go to ISI>://WOS:000646400100012

Reference Type: Journal Article

Record Number: 568

Author: Nielsen, S., Cheetham, A., Jackson, J., Lord, S., Petrie, D., Jacka, D., Picco, L. and Morgan, K.

Year: 2022

Title: A prospective, multisite implementation-efficacy trial of a collaborative prescriber-pharmacist model of care for Medication Assisted Treatment for Opioid Dependence: Protocol for the EPIC-MATOD study

Journal: Research in Social & Administrative Pharmacy

Volume: 18

Issue: 8

Pages: 3394-3401

Date: Aug

Short Title: A prospective, multisite implementation-efficacy trial of a collaborative prescriber-pharmacist model of care for Medication Assisted Treatment for Opioid Dependence: Protocol for the EPIC-MATOD study

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2021.11.007

Accession Number: WOS:000831754300021

Abstract: Background: Medication Assisted Treatment for Opioid Dependence (MATOD) is clinically effective and cost effective, yet a lack of MATOD prescribers in the community limits access to this treatment in Australia. These shortages are often greatest in regional and rural areas. Objective(s): The Enhancing Pharmacist Involvement in Care (EPIC)-MATOD study will evaluate clinical and implementation outcomes among people with opioid dependence receiving MATOD through a collaborative pharmacist-prescriber model of care across multiple sites in a regional location (encompassing a mix of metropolitan and non-metropolitan areas) of Victoria, Australia. Methods and analysis: The EPIC-MATOD study is a prospective, multisite, implementation trial of collaborative MATOD care. Pharmacists and prescribers will be recruited through the local network of opioid pharmacotherapy providers. Patients will be recruited through participating healthcare providers. After induction into the collaborative care model, patients and healthcare professionals will be followed up over 6-(patients) and 12 months (pharmacists and prescribers) in a hybrid implementation-efficacy study, with outcomes mapped to the RE-AIM framework. The primary clinical efficacy endpoint is patient retention in treatment at 26 weeks. The primary implementation outcome is treatment capacity, based on prescriber time required to provide treatment through collaborative care compared with traditional care. Secondary clinical endpoints include attendance for dosing and clinical reviews, substance use, mental and physical health and overall well-being. Implementation costs, acceptability, and provider engagement in collaborative care will be used as secondary implementation outcome indicators. Time and costs associated with collaborative care, and health service utilisation, will also be estimated. Project impact: The study will provide important information on outcomes and acceptability of collaborative care for MATOD, as well as the cost and key considerations in delivering a collaborative model of care in Australia and other countries where similar treatment barriers exist.

Notes: Nielsen, Suzanne Cheetham, Ali Jackson, John Lord, Sarah Petrie, Dennis Jacka, David Picco, Louisa Morgan, Kirsty

; Petrie, Dennis/K-6111-2013

Cheetham, Ali/0000-0002-6549-6778; Jackson, John/

0000-0003-3514-8702; Petrie, Dennis/0000-0002-3882-2531; Morgan, Kirsty/0000-0002-0255-3691

1934-8150

URL: <Go to ISI>://WOS:000831754300021

Reference Type: Journal Article

Record Number: 1477

Author: Nielsen, S. and Olsen, A.

Year: 2021

Title: Using the behaviour change wheel to understand and address barriers to pharmacy naloxone supply in Australia

Journal: International Journal of Drug Policy

Volume: 90

Date: Apr

Short Title: Using the behaviour change wheel to understand and address barriers to pharmacy naloxone supply in Australia

ISSN: 0955-3959

DOI: 10.1016/j.drugpo.2020.103061

Article Number: 103061

Accession Number: WOS:000695284400014

Abstract: Background: There has been low community pharmacy-based naloxone supply in Australia despite its over-the-counter status. The Behaviour Change Wheel (BCW) is a method used to understand individual and system-level barriers and facilitators to a particular behaviour to inform program implementation. The BCW is focused on three essential conditions of behaviour change (capability, opportunity, and motivation (termed the COM-B)) which we use to assess pharmacists' perceptions and experiences of naloxone provision with the aim of using informing targets for interventions to improve naloxone distribution. **Method:** Qualitative interviews with community pharmacists (n = 37) from four Australian jurisdictions explored naloxone knowledge, expectations and experiences dispensing the medicine. Audio-recorded interviews were transcribed verbatim and coded against the a priori domains in the COM-B (capability, opportunity, and motivation). Results were analysed to identify key barriers and facilitators to naloxone provision within each domain. Finally, we mapped our analysis against the intervention functions and policy-level strategies provided in the BCW to identify example intervention strategies. **Results:** Underlying all pharmacists' descriptions of naloxone were structural impediments to dispensing including poor communication regarding pharmacists' role and disrupted supply chains. Mapped across the three COM-B domains, we find two divergent groups of pharmacists. Pharmacists' capability and motivation to supply naloxone was higher amongst those who did not problematize people who inject drugs and who worked in pharmacies already supplying harm reduction services. Pharmacists were less likely to discuss capabilities and opportunities for naloxone dispensing when harm reduction was not normalised in their workplace and/or they described people who inject drugs using negative and stigmatising language. **Conclusions:** Analysis using the COM-B framework reveals key areas where implementation and policy strategies are needed to increase naloxone supply. Individual- and structural-level supports are needed to improve pharmacists' knowledge of naloxone and address other logistical and cultural barriers that limit naloxone provision in pharmacy settings.

Notes: Nielsen, Suzanne Olsen, Anna
1873-4758

URL: <Go to ISI>://WOS:000695284400014

Reference Type: Journal Article

Record Number: 1668

Author: Nielsen, S., Picco, L., Kowalski, M., Sanfilippo, P., Wood, P., Larney, S., Bruno, R. and Ritter, A.

Year: 2020

Title: Routine opioid outcome monitoring in community pharmacy: Outcomes from an open-label single-arm implementation-effectiveness pilot study

Journal: Research in Social & Administrative Pharmacy

Volume: 16

Issue: 12

Pages: 1694-1701

Date: Dec

Short Title: Routine opioid outcome monitoring in community pharmacy: Outcomes from an open-label single-arm implementation-effectiveness pilot study

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2020.02.009

Accession Number: WOS:000594634100009

Abstract: Background: In response to rising harms with prescription opioids, recent attention has focused on how to better utilise community pharmacists to monitor outcomes with opioid medicines. Objective: This pilot aimed to test the implementation of software-facilitated Routine Opioid Outcome Monitoring (ROOM). Methods: Community pharmacies in Victoria and New South Wales, Australia, were recruited to an open-label single-arm observational implementation-effectiveness pilot study. Pharmacists completed baseline and follow up interviews to measure change in knowledge and confidence following training on, and implementation of ROOM. Paired t-tests compared pre-post scores. Patients that participated were invited to complete a brief evaluation survey. Measures of feasibility and acceptability were collected. Results: Sixty-four pharmacists from 23 pharmacies were recruited and trained to conduct ROOM. Twenty pharmacies (87%) were able to implement ROOM, with four pharmacies completing the target of 20 screens. Pharmacists completed ROOM with 152 patients in total. Forty-four pharmacists provided baseline and followup data which demonstrated significant improvements in confidence identifying and responding to unmanaged pain, depression and opioid dependence. Despite increases, low to moderate confidence for these domains was reported at follow-up. Responses from pharmacists and patients indicated that implementation of ROOM was feasible and acceptable. Conclusions: Pharmacists' confidence in identifying and responding to opioid-related problems significantly increased from baseline to follow up across several domains, however scores indicated that there is still significant scope to further increase confidence in responding to opioid-related problems. ROOM is feasible and acceptable, though more extensive pharmacist training with opportunity to practice skills may assist in developing confidence and skills in this challenging clinical area.

Notes: Nielsen, Suzanne Picco, Louisa Kowalski, Michala Sanfilippo, Paul Wood, Pene Larney, Sarah Bruno, Raimondo Ritter, Alison Bruno, Raimondo/A-2381-2009; Picco, Louisa/AAD-6236-2022 Bruno, Raimondo/0000-0001-6673-833X; Sanfilippo, Paul/0000-0002-1778-9154; Picco, Louisa/0000-0001-7593-3209; Wood, Penelope/0000-0002-0374-3366 1934-8150

URL: <Go to ISI>://WOS:000594634100009

Reference Type: Journal Article

Record Number: 1742

Author: Nielsen, S., Sanfilippo, P., Picco, L., Bruno, R., Kowalski, M., Wood, P. and Larney, S.

Year: 2021

Title: What predicts pharmacists' engagement with opioid-outcome screening? Secondary analysis from an implementation study in community pharmacy

Journal: International Journal of Clinical Pharmacy

Volume: 43

Issue: 2

Pages: 420-429

Date: Apr

Short Title: What predicts pharmacists' engagement with opioid-outcome screening? Secondary analysis from an implementation study in community pharmacy

ISSN: 2210-7703

DOI: 10.1007/s11096-020-01074-5

Accession Number: WOS:000551428300001

Abstract: Background Pharmacists have a key role to play in identifying and responding to emerging clinical problems with prescribed opioids. A pilot study in Australia examined the implementation of screening and brief intervention (Routine Opioid Outcome Monitoring [ROOM]) to identify and respond to opioid-related problems in community pharmacies. In this implementation study, the rate of screening varied considerably between pharmacies. **Objective** The aim of this study was to examine pharmacist characteristics associated with implementation of ROOM. **Setting** Community pharmacies in Victoria and New South Wales, Australia. **Methods** We implemented a validated computer-facilitated screening (ROOM), combined with brief intervention for opioid-related problems based on a widely accepted framework for monitoring outcomes. In this analysis, we examined the correlates of ROOM completion for individual pharmacists. Negative binomial regression was used to identify baseline predictors of greater screening, with the number of ROOM screens as the dependent (outcome) variable and pharmacist demographics, knowledge, confidence and comfort responding to prescription opioids problems, and attitudes towards evidence based practice examined as independent (predictor) variables. **Main outcome measure** Number of screens completed by an individual pharmacist as reported in follow-up surveys by pharmacist. **Results** Fewer years of practice was associated with a greater number of screenings conducted. On average, each additional decade of practice was associated with a 31% (95% CI 0%, 53%) reduction in the number of screenings undertaken by pharmacists. A multivariable analysis revealed that each additional decade practicing, lower knowledge of naloxone and lower confidence in identifying unmanaged pain were all independently associated with reduced engagement in screening after controlling for other variables. **Conclusion** Findings from this pilot study identified potential barriers to implementing opioid outcome monitoring. Further studies could test different groups of community pharmacists' experience of different barriers when implementing

monitoring outcomes with prescribed opioids, to inform future implementation and clinical practice.

Notes: Nielsen, Suzanne Sanfilippo, Paul Picco, Louisa Bruno, Raimondo Kowalski, Michala Wood, Pene Larney, Sarah Bruno, Raimondo/A-2381-2009; Picco, Louisa/AAD-6236-2022 Bruno, Raimondo/0000-0001-6673-833X; Picco, Louisa/0000-0001-7593-3209 2210-7711

Si

URL: <Go to ISI>://WOS:000551428300001

Reference Type: Journal Article

Record Number: 437

Author: Nieminen, L., Vuori, J. and Kankaanpaa, M.

Year: 2022

Title: AN EARLY BIOPSYCHOSOCIAL INTERVENTION DESIGN FOR THE PREVENTION OF LOW BACK PAIN CHRONICITY: A MULTIDISCIPLINARY EMPIRICAL APPROACH

Journal: Journal of Rehabilitation Medicine

Volume: 54

Issue: 10

Date: Oct

Short Title: AN EARLY BIOPSYCHOSOCIAL INTERVENTION DESIGN FOR THE PREVENTION OF LOW BACK PAIN CHRONICITY: A MULTIDISCIPLINARY EMPIRICAL APPROACH

ISSN: 1650-1977

DOI: 10.2340/jrm.v54.2723

Article Number: jrm00338

Accession Number: WOS:000877164400001

Abstract: Objective: Comprehensive intervention models for prevention of chronification of low back pain, in which the early identification of holistic risk factors is considered are needed. The aim of this study is to design a tailored biopsychosocial intervention for patients with low back pain to prevent pain chronicity. Design: A multidisciplinary empirical approach. Methods: A multidisciplinary team designed a biopsychosocial intervention following an application from the Medical Research Council's complex intervention framework. The methods used included problem identification, identification of the evidence, theory, and needs, examination of the current context and modelling of the theory. Biomechanical, psychological, social and environmental, and lifestyle and personal risk factors were taken into account. Results: The intervention process was introduced in a logic model. The model presents all the required resources, their activities and outputs, as well as the outcomes and impacts of the intervention. The intervention was tailored according to the underlying risk factors for pain chronification in patients with low back pain. Conclusion: A comprehensive tailored intervention may decrease the risk of pain chronicity. Further studies are needed to obtain information on the feasibility, effectiveness and cost-effectiveness of such interventions.

Notes: Nieminen, Linda Vuori, Jari Kankaanpaa, Markku

Nieminen, Linda/0000-0001-9204-7225

1651-2081

URL: <Go to ISI>://WOS:000877164400001

Reference Type: Journal Article

Record Number: 1407

Author: Nikolovski, J., Koldijk, M., Weverling, G. J., Spertus, J., Turakhia, M., Saxon, L., Gibson, M., Whang, J., Sarich, T., Zambon, R., Ezeanochie, N., Turgiss, J., Jones, R., Stoddard, J., Burton, P. and Navar, A. M.

Year: 2021

Title: Factors indicating intention to vaccinate with a COVID-19 vaccine among older US adults

Journal: Plos One

Volume: 16

Issue: 5

Date: May

Short Title: Factors indicating intention to vaccinate with a COVID-19 vaccine among older US adults

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0251963

Article Number: e0251963

Accession Number: WOS:000664632800018

Abstract: Background The success of vaccination efforts to curb the COVID-19 pandemic will require broad public uptake of immunization and highlights the importance of understanding factors associated with willingness to receive a vaccine. Methods U.S. adults aged 65 and older enrolled in the Heartline(TM) clinical study were invited to complete a COVID-19 vaccine assessment through the Heartline(TM) mobile application between November 6-20, 2020. Factors associated with willingness to receive a COVID-19 vaccine were evaluated using an ordered logistic regression as well as a Random Forest classification algorithm. Results Among 9,106 study participants, 81.3% (n = 7402) responded and had available demographic data. The majority (91.3%) reported a willingness to be vaccinated. Factors most strongly associated with vaccine willingness were beliefs about the safety and efficacy of COVID-19 vaccines and vaccines in general. Women and Black or African American respondents reported lower willingness to vaccinate. Among those less willing to get vaccinated, 66.2% said that they would talk with their health provider before making a decision. During the study, positive results from the first COVID-19 vaccine outcome study were released; vaccine willingness increased after this report. Conclusions Even among older adults at high-risk for COVID-19 complications who are participating in a longitudinal clinical study, 1 in 11 reported lack of willingness to receive COVID-19 vaccine in November 2020. Variability in vaccine willingness by gender, race, education, and income suggests the potential for uneven vaccine uptake. Education by health providers directed toward assuaging concerns about vaccine safety and efficacy can help improve vaccine acceptance among those less willing. Trial registration Clinicaltrials.gov NCT04276441.

Notes: Nikolovski, Janeta Koldijk, Martin Weverling, Gerrit Jan Spertus, John Turakhia, Mintu Saxon, Leslie Gibson, Mike Whang, John Sarich, Troy Zambon, Robert Ezeanochie, Nnamdi Turgiss, Jennifer

Jones, Robyn Stoddard, Jeff Burton, Paul Navar, Ann Marie Spertus, John/ABD-3075-2021
, Janeta/0000-0001-7271-9637; Spertus, John/0000-0002-2839-2611; Turakhia, Minang/0000-0001-8025-0904; Gibson, C. Michael/0000-0002-4857-9125
URL: <Go to ISI>://WOS:000664632800018

Reference Type: Journal Article

Record Number: 2311

Author: Nilsen, P.

Year: 2015

Title: Making sense of implementation theories, models and frameworks

Journal: Implementation Science

Volume: 10

Date: Apr

Short Title: Making sense of implementation theories, models and frameworks

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0242-0

Article Number: 53

Accession Number: WOS:000353380100001

Abstract: Background: Implementation science has progressed towards increased use of theoretical approaches to provide better understanding and explanation of how and why implementation succeeds or fails. The aim of this article is to propose a taxonomy that distinguishes between different categories of theories, models and frameworks in implementation science, to facilitate appropriate selection and application of relevant approaches in implementation research and practice and to foster cross-disciplinary dialogue among implementation researchers. Discussion: Theoretical approaches used in implementation science have three overarching aims: describing and/or guiding the process of translating research into practice (process models); understanding and/or explaining what influences implementation outcomes (determinant frameworks, classic theories, implementation theories); and evaluating implementation (evaluation frameworks). Summary: This article proposes five categories of theoretical approaches to achieve three overarching aims. These categories are not always recognized as separate types of approaches in the literature. While there is overlap between some of the theories, models and frameworks, awareness of the differences is important to facilitate the selection of relevant approaches. Most determinant frameworks provide limited "how-to" support for carrying out implementation endeavours since the determinants usually are too generic to provide sufficient detail for guiding an implementation process. And while the relevance of addressing barriers and enablers to translating research into practice is mentioned in many process models, these models do not identify or systematically structure specific determinants associated with implementation success. Furthermore, process models recognize a temporal sequence of implementation endeavours, whereas determinant frameworks do not explicitly take a process perspective of implementation.

Notes: Nilsen, Per
URL: <Go to ISI>://WOS:000353380100001

Reference Type: Conference Proceedings
Record Number: 1887
Author: Ning, B.
Year of Conference: 2018
Title: A UX-Driven Design Method for Building Gamification System
Conference Name: 7th International Conference on Design, User Experience, and Usability (DUXU) Held as Part of 20th International Conference on Human-Computer Interaction (HCI International)
Conference Location: Las Vegas, NV
Volume: 10918
Pages: 112-124
Series Title: Lecture Notes in Computer Science
Date: Jul 15-20
Short Title: A UX-Driven Design Method for Building Gamification System
ISBN: 978-3-319-91797-9; 978-3-319-91796-2
DOI: 10.1007/978-3-319-91797-9_9
Source: Design, user experience, and usability: Theory and practice, duxu 2018, pt i
Year Published:2018
Accession Number: WOS:000552677100009
Abstract: Gamification is an efficient design strategy to enhance user experiences. 'Design' is based on the actual needs, 'Game' creates virtual experiences, 'Gamification' is a program that takes the real needs as the goal and the game system as the framework. The program builds a real and virtual mixed product service system. This paper presents a user experience driven three-level design method on gamification system, which corresponds user experiences in three levels of nature, process, and interface. In this paper, some examples are presented to verify the applicability of the design method on gamification system. It is foreseeable that gamification will be an important means of creating the full user experience combined the virtual and real world.
Notes: Ning, Bing
0302-9743
URL: <Go to ISI>://WOS:000552677100009

Reference Type: Journal Article
Record Number: 289
Author: Ning, H. T., Jiang, D., Du, Y., Li, X. Y., Zhang, H. Y., Wu, L. A., Chen, X., Wang, W. H., Huang, J. D. and Feng, H.
Year: 2022
Title: Older adults' experiences of implementing exergaming programs: a systematic review and qualitative meta-synthesis
Journal: Age and Ageing
Volume: 51
Issue: 12
Date: Dec
Short Title: Older adults' experiences of implementing exergaming

programs: a systematic review and qualitative meta-synthesis

ISSN: 0002-0729

DOI: 10.1093/ageing/afac251

Article Number: afac251

Accession Number: WOS:000903919600008

Abstract: Objective this study sought to systematically review and synthesize qualitative data to explore older adult exergame experiences and perceptions. Methods a comprehensive search was conducted in seven databases from the earliest available date to May 2022. All qualitative and mixed-method studies available in English and explored exergame experiences in older adults were included. Tools from the Joanna Briggs Institute were used for data extraction and synthesis. Data were extracted using the Capability, Opportunity and Motivation Model of Behaviour (COM-B model) as a guide, and a pragmatic meta-aggregative approach was applied to synthesize the findings. Results this systematic review identified 128 findings and aggregated 9 categories from the 10 qualitative research articles included, and three synthesized findings were: older adult capability, opportunities in the exergaming program and motivation in the exergaming program. Capability consisted of attitude toward exergames, age- or health-related impairments and exergame knowledge and skills. Opportunities included older adult-friendly exergame design and social influence. Motivation included self-efficacy, support, instruction and feedback, health benefits, as well as unpleasant exergaming experiences. Conclusions it is crucial to tailor the exergaming program to suit the older population. We identified barriers and facilitators of implementing exergaming in older adults and found most barriers are surmountable. The results of the current systematic review could provide evidence for the design and implementation of exergaming programs among older adults. The ConQual score of the synthesized findings was assessed as low. Dependability and credibility should be accounted for in future studies to increase confidence.

Notes: Ning, Hongting Jiang, Dian Du, Yan Li, Xiaoyang Zhang, Hongyu Wu, Linan Chen, Xi Wang, Weihong Huang, Jundan Feng, Hui

Zhang, Hongyu/GQB-3142-2022

1468-2834

URL: <Go to ISI>://WOS:000903919600008

Reference Type: Journal Article

Record Number: 996

Author: Ning, Y., Wang, Q., Ding, Y. X., Zhao, W. T., Jia, Z. H. and Wang, B. Q.

Year: 2022

Title: Barriers and facilitators to physical activity participation in patients with head and neck cancer: a scoping review

Journal: Supportive Care in Cancer

Volume: 30

Issue: 6

Pages: 4591-4601

Date: Jun

Short Title: Barriers and facilitators to physical activity participation in patients with head and neck cancer: a scoping

review

ISSN: 0941-4355

DOI: 10.1007/s00520-022-06812-1

Accession Number: WOS:000742788100002

Abstract: Background Patients with head and neck cancer (HNC) usually experienced disfigurement, dysfunction, and psychosocial distress, leading to a decline in their quality of life. Physical activity (PA) is recommended for such patients. Despite the proven benefits of participating in PA, the compliance of patients with HNC is still poor. Hence, the factors influencing PA participation and adherence in patients with HNC need to be explored. Objectives This study aimed to (1) identify barriers and enablers of PA in adult patients living with HNC and (2) map barriers and facilitators to the Capability-Opportunity-Motivation-Behavior (COM-B) model. Eligibility criteria Types of studies: Studies with qualitative, quantitative, and mixed designs were included in this review. Types of participants: The current review takes into account patients with HNC aged 18 years or above. Types of interventions: This review considered all studies focusing on full-body PA. Types of outcomes: This scoping review focused on studies examining health behavior, patients' compliance, and facilitators and/or barriers to PA engagement. Five databases (Ovid Medline, Ovid Embase, CINAHL, Cochrane Library, and PsycINFO) were searched following the methodology for scoping reviews from inception to July 2021. Data extraction The extracted data included author(s)/year of publication, country, main purpose of the study, sample size/disease site and stage, methodology and methods, type of treatment, and main findings/barriers, or facilitators. Results A total of 22 studies were finally selected. The top three barriers were physical-related issues, time pressures, and low motivation or interest. Most facilitators included perceived psychological, health, and social benefits and preference for the model of PA. The most frequent COM-B model components were physical capability, automatic motivation, and physical opportunity. Conclusions Patients with HNC have unique facilitators and barriers to participating in PA. Interventions must leverage facilitators and limit barriers to exercise so as to increase compliance with exercise. Future studies should test the effectiveness of behavioral change measures based on the factors influencing the COM-B model.

Notes: Ning, Yan Wang, Qian Ding, Yongxia Zhao, Wenting Jia, Zehuan Wang, Binqun

1433-7339

URL: <Go to ISI>://WOS:000742788100002

Reference Type: Journal Article

Record Number: 1869

Author: Niven, A. and Hu, D.

Year: 2018

Title: Office workers' beliefs about reducing sitting time at work: a belief elicitation study

Journal: Health Psychology and Behavioral Medicine

Volume: 6

Issue: 1

Pages: 15–29

Short Title: Office workers' beliefs about reducing sitting time at work: a belief elicitation study

ISSN: 2164–2850

DOI: 10.1080/21642850.2018.1428103

Accession Number: WOS:000472538400002

Abstract: Objectives: Prolonged sitting has adverse health consequences, yet office workers can spend over 10 hours sitting each day. The Theory of Planned Behaviour may offer a useful perspective for understanding and enhancing psychological determinants of sitting at work. The aim of this belief elicitation study was to identify office workers' most salient beliefs relating to achieving the recently published Public Health England recommendation of accumulating at least two hours per day of standing and light activity at work. Methods: Full-time office-based workers (n = 105) responded to our invitation on Twitter to complete an on-line questionnaire. Participants responded to six open-ended questions about their behavioural (i.e. advantages/disadvantages), normative (i.e. who would approve/disapprove), and control (i.e. easy/difficult) beliefs relating to the target behaviour, and the data were content analysed to identify the most salient themes. Results: The most salient advantage of the behaviour was better health (n = 243), and most salient disadvantage was decreased work productivity (n = 64). Participants believed that people in work with a remit for health (n = 34) were likely to approve of the behaviour, but that managers (n = 68) would be likely to disapprove. It was believed that a better physical environment (n = 75) would make it easier, and work demands (n = 102) would make it difficult to execute the behaviour. Conclusions: Although participants recognised many benefits of engaging in the behaviour, there was consistent evidence that participants believed the behaviour may have implications for working effectively, and would be influenced by the physical environment and work culture. Interventions should target these salient beliefs.

Notes: Niven, Ailsa Hu, Dan

Niven, Professor Ailsa/0000–0002–4118–7460

URL: <Go to ISI>://WOS:000472538400002

Reference Type: Journal Article

Record Number: 576

Author: Niznik, J. D., Ferreri, S. P., Armistead, L. T., Kelley, C. J., Schlusser, C., Hughes, T., Henage, C. B., Busby-Whitehead, J. and Roberts, E.

Year: 2022

Title: Primary-Care Prescribers' Perspectives on Deprescribing Opioids and Benzodiazepines in Older Adults

Journal: Drugs & Aging

Volume: 39

Issue: 9

Pages: 739–748

Date: Sep

Short Title: Primary-Care Prescribers' Perspectives on Deprescribing Opioids and Benzodiazepines in Older Adults

ISSN: 1170-229X

DOI: 10.1007/s40266-022-00967-6

Accession Number: WOS:000831002400001

Abstract: Purpose Opioids and benzodiazepines (BZDs) are frequently implicated as contributing to falls in older adults. Deprescribing of these medications continues to be challenging. This study evaluated primary-care prescribers' confidence in and perceptions of deprescribing opioids and BZDs for older adults. **Methods** For this study, we conducted a quantitative analysis of survey data combined with an analysis of qualitative data from a focus group. A survey evaluating prescriber confidence in deprescribing opioids and BZDs was distributed to providers at 15 primary-care clinics in North Carolina between March-December 2020. Average confidence (scale 0-100) for deprescribing opioids, deprescribing BZDs, and deprescribing under impeding circumstances were reported. A virtual focus group was conducted in March 2020 to identify specific barriers and facilitators to deprescribing opioids and BZDs. Audio recordings and transcripts were analyzed using inductive coding. **Results** We evaluated 61 survey responses (69.3% response rate). Respondents were predominantly physicians (54.8%), but also included nurse practitioners (24.6%) and physician assistants (19.4%). Average overall confidence in deprescribing was comparable for opioids (64.5) and BZDs (65.9), but was lower for deprescribing under impeding circumstances (53.7). In the focus group, prescribers noted they met more resistance when deprescribing BZDs and that issues such as lack of time, availability of mental health resources, and patients seeing multiple prescribers were barriers to deprescribing. **Conclusion** Findings from quantitative and qualitative analyses identified that prescribers were moderately confident in their ability to deprescribe both opioids and BZDs in older adults, but less confident under potentially impeding circumstances. Future studies are needed to evaluate policies and interventions to overcome barriers to deprescribing opioids and BZDs in primary care. **Notes:** Niznik, Joshua D. Ferreri, Stefanie P. Armistead, Lori T. Kelley, Casey J. Schlusser, Courtney Hughes, Tamera Henage, Cristine B. Busby-Whitehead, Jan Roberts, Ellen Niznik, Joshua/0000-0003-1466-5751 1179-1969
URL: <Go to ISI>://WOS:000831002400001

Reference Type: Journal Article

Record Number: 216

Author: Nnaji, C. A., Wiysonge, C. S., Cooper, S., Mayeye, A., Lumphondo, L., Mabuya, T., Kalui, N., Lesosky, M. and Ndwandwe, D.
Year: 2023

Title: Contextualising missed opportunities for children's vaccination: A theory-informed qualitative study in primary care settings in Cape Town, South Africa

Journal: Human Vaccines & Immunotherapeutics

Volume: 19

Issue: 1

Date: Dec

Short Title: Contextualising missed opportunities for children's

vaccination: A theory-informed qualitative study in primary care settings in Cape Town, South Africa

ISSN: 2164-5515

DOI: 10.1080/21645515.2022.2162771

Accession Number: WOS:000907843000001

Abstract: This study aimed to explore the contextual factors that may be associated with missed opportunities for vaccination (MOV) from the perspectives of healthcare providers and caregivers attending primary healthcare facilities in the Cape Town Metro Health District, South Africa. The ultimate goal of the assessment was to help inform the design and implementation of a contextually appropriate quality improvement programme targeted at reducing MOV in primary healthcare settings. We used a theory-informed exploratory qualitative research design involving focus group discussions with caregivers of children aged 0-23 months; and in-depth interviews of facility staff. A thematic template analysis approach, integrating the theoretical domains framework (TDF) and the capability, opportunity and motivation model of behavior (COM-B) was used to code and analyze the data. Three focus group sessions were conducted, each consisting of 5-8 caregivers and five in-depth interviews involving facility staff. Capability factors comprised caregivers' knowledge, attitude and behavior toward children's immunization. Opportunity factors included the organization of immunization services, long waiting time, vaccine stock out, staff shortage and health workers' attitude, knowledge and capability to assess children's immunization status and needs. Motivation factors included optimism and beliefs about immunization, fear of vaccine-preventable diseases and immunization safety concerns. This study identified important caregiver-, provider- and health system-related factors, which influence immunization outcomes; offering useful contextual insights for informing quality improvement strategies for reducing MOV at primary healthcare level.

Notes: Nnaji, Chukwudi A. A. Wiysonge, Charles S. S. Cooper, Sara Mayeye, Asanda Lumphondo, Lucy Mabuya, Thobile Kalui, Ntomboxolo Lesosky, Maia Ndwandwe, Duduzile

Nnaji, Chukwudi/0000-0002-4132-1922

2164-554x

URL: <Go to ISI>://WOS:000907843000001

Reference Type: Journal Article

Record Number: 564

Author: Nobles, J., Fox, C., Inman-Ward, A., Beasley, T., Redwood, S., Jago, R. and Foster, C.

Year: 2022

Title: Navigating the river(s) of systems change: a multi-methods, qualitative evaluation exploring the implementation of a systems approach to physical activity in Gloucestershire, England

Journal: Bmj Open

Volume: 12

Issue: 8

Date: Aug

Short Title: Navigating the river(s) of systems change: a multi-methods, qualitative evaluation exploring the implementation of a

systems approach to physical activity in Gloucestershire, England
ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-063638

Article Number: e063638

Accession Number: WOS:000839086200013

Abstract: Objectives Systems approaches aim to change the environments in which people live, through cross-sectoral working, by harnessing the complexity of the problem. This paper sought to identify: (1) the strategies which support the implementation of We Can Move (WCM), (2) the barriers to implementation, (3) key contextual factors that influence implementation and (4) impacts associated with WCM. Design A multi-methods evaluation of WCM was completed between April 2019 and April 2021. Ripple Effects Mapping (REM) and semi-structured interviews were used. Framework and content analysis were systematically applied to the dataset. Setting WCM—a physical activity orientated systems approach being implemented in Gloucestershire, England. Participants 31 stakeholder interviews and 25 stakeholders involved in 15 REM workshops. Results A white-water rafting analogy was developed to present the main findings. The successful implementation of WCM required a facilitative, well-connected and knowledgeable guide (ie, the lead organisation), a crew (ie, wider stakeholders) who's vision and agenda aligned with WCM's purpose, and a flexible delivery approach that could respond to ever-changing nature of the river (ie, local and national circumstances). The context surrounding WCM further strengthened and hampered its implementation. Barriers included evaluative difficulties, a difference in stakeholder and organisational perspectives, misaligned expectations and understandings of WCM, and COVID-19 implications (COVID-19 also presented as a facilitative factor). WCM was said to strengthen cohesion and collaboration between partners, benefit other agendas and policies (eg, mental health, town planning, inequality), and improve physical activity opportunities and environments.

Conclusions This paper is one of the first to evaluate a systems approach to increasing physical activity. We highlight key strategies and contextual factors that influenced the implementation of WCM and demonstrate some of the wider benefits from such approaches. Further research and methodologies are required to build the evidence base surrounding systems approaches in Public Health.

Notes: Nobles, James Fox, Charlotte Inman-Ward, Alan Beasley, Tom Redwood, Sabi Jago, Russ Foster, Charlie

Jago, Russell/ABD-6271-2021

Jago, Russell/0000-0002-3394-0176; Sabi, Redwood/

0000-0002-2159-1482; Nobles, James/0000-0001-8574-4153; Foster, Charlie/0000-0002-5041-0601

URL: <Go to ISI>://WOS:000839086200013

Reference Type: Journal Article

Record Number: 182

Author: Noehammer, E., Amler, N. and Fischmann, W.

Year: 2023

Title: Barrier profiles in workplace health promotion in Germany

Journal: Health Promotion International

Volume: 38

Issue: 1

Date: Feb

Short Title: Barrier profiles in workplace health promotion in Germany

ISSN: 0957-4824

DOI: 10.1093/heapro/daac125

Article Number: daac125

Accession Number: WOS:000910890600003

Abstract: Lay Summary Workplace health promotion (WHP) is often faced with low-participation rates despite high relevance. This limits the potential for creating positive effects for the organization and its staff. Therefore, we investigated the barriers perceived by employees themselves using a representative sample (regarding age, gender and education) in Germany. Data were collected using a quantitative online questionnaire and then analyzed regarding underlying patterns. We found that there are different barrier types, and their importance differs depending on demographic criteria of the participants and the organizations they work for. These results can help organizations to reduce participation barriers to WHP for their staff. Workplace health promotion (WHP) is often faced with low-participation rates despite high relevance. This limits the potential for creating positive effects for the organization and its staff. Barriers to participation are analyzed based on the employee's perspective regarding underlying patterns to develop suggestions for improving offer design. A quantitative online questionnaire study was done in Germany (N= 690). The sample is representative regarding age, gender and education. Data were analyzed using factor analysis and non-parametric tests (e.g. Mann-Whitney-U, Kruskal-Wallis). Offer design, information and social aspects are the major barrier dimensions. Offer design barriers are more relevant for females, employees in larger organizations and those in lower occupational roles, plus individuals planning to take up WHP participation. Social aspects are less important for employees with higher age. Regular participants have lower barriers scores, indicating the importance of reducing WHP participation barriers. Depending on the specific target group, hindrance perception intensity varies. This study offers specific suggestions on how to better design WHP programs.

Notes: Noehammer, Elisabeth Amler, Nadja Fischmann, Wolfgang Nöhammer, Elisabeth/AAA-6385-2021

Nöhammer, Elisabeth/0000-0003-0284-527X
1460-2245

URL: <Go to ISI>://WOS:000910890600003

Reference Type: Journal Article

Record Number: 650

Author: Noehammer, E., Ponweiser, M., Romeyke, T. and Eibinger, F.
Year: 2023

Title: Benefits, Barriers and Determinants of Clinical Pathway Use in Germany, Austria and Switzerland. A pilot study

Journal: Health Services Management Research

Volume: 36

Issue: 2

Pages: 119–126

Date: May

Short Title: Benefits, Barriers and Determinants of Clinical Pathway Use in Germany, Austria and Switzerland. A pilot study

ISSN: 0951–4848

DOI: 10.1177/09514848221107485

Accession Number: WOS:000821126100001

Abstract: Background: Performance-oriented financing of healthcare aims at demand-based and efficient resource allocation. Often, clinical pathways (CPs) are introduced in this context. Purpose: For CP success (a) the degree of utilization of and divergence, (b) cost effects and (c) health professionals' acceptance rate of and satisfaction are relevant. There are gaps in research regarding these issues in general, and more specifically in the German speaking part of Europe. Methodology/Approach: Employing a two-stage mixed-methods pilot study, we studied (a) and (b) quantitatively in Germany, Austria, and Switzerland, and (c) qualitatively in Germany and Austria. Results: Many hospitals already implemented CPs, but the utilization varies. They are expected to yield middle-range savings, but intangible benefits are more important. In general, employees are in favor of CPs, but several conditions need to be met, e.g. adaptability to local requirements. Conclusion: Linking the results to the Consolidated Framework for Implementation Research showed many criteria are covered, which might lead to the positive evaluations, but also highlights the complexity of the intervention. Practice Implication: As enhanced acceptance rates are expected to lead to higher benefits and vice versa, management team should safeguard employee participation and perceived benefits in all phases of the CP cycle.

Notes: Noehammer, Elisabeth Ponweiser, Matthias Romeyke, Tobias Eibinger, Florian

Nöhammer, Elisabeth/AAA-6385-2021

Nöhammer, Elisabeth/0000-0003-0284-527X
1758-1044

URL: <Go to ISI>://WOS:000821126100001

Reference Type: Journal Article

Record Number: 998

Author: Nomikos, P. A., Hall, M. C., Fuller, A., Ogollah, R., Valdes, A. M., Doherty, M., Walsh, D. A., das Nair, R. and Abhishek, A.

Year: 2022

Title: Acceptability of a nurse-led non-pharmacological complex intervention for knee pain: Nurse and patient views and experiences

Journal: Plos One

Volume: 17

Issue: 1

Date: Jan

Short Title: Acceptability of a nurse-led non-pharmacological complex intervention for knee pain: Nurse and patient views and experiences

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0262422

Article Number: e0262422

Accession Number: WOS:000796264200067

Abstract: Objectives The overall purpose of this research programme is to develop and test the feasibility of a complex intervention for knee pain delivered by a nurse, and comprising both non-pharmacological and pharmacological interventions. In this first phase, we examined the acceptability of the non-pharmacological component of the intervention; issues faced in delivery, and resolved possible challenges to delivery. Methods Eighteen adults with chronic knee pain were recruited from the community. The intervention comprised holistic assessment, education, exercise, weight-loss advice (where appropriate) and advice on adjunctive treatments such as hot/cold treatments, footwear modification and walking aids. After nurse training, the intervention was delivered in four sessions spread over five weeks. Participants had one to one semi-structured interview at the end of the intervention. The nurse was interviewed after the last visit of the last participant. These were audio recorded and transcribed verbatim. Themes were identified by one author through framework analysis of the transcripts, and cross-checked by another. Results Most participants found the advice from the nurse easy to follow and were satisfied with the package, though some felt that too much information was provided too soon. The intervention changed their perception of managing knee pain, learning that it can be improved with self-management. However, participants thought that the most challenging part of the intervention was fitting the exercise regime into their daily routine. The nurse found discussion of goal setting to be challenging. Conclusion The nurse-led package of care is acceptable within a research setting. The results are promising and will be applied in a feasibility randomised-controlled trial.

Notes: Nomikos, Polykarpos Angelos Hall, Michelle C. Fuller, Amy Ogollah, Reuben Valdes, Ana M. Doherty, Michael Walsh, David Andrew das Nair, Roshan Abhishek, Abhishek Fuller, Amy/0000-0002-9669-1816; Hall, Michelle/0000-0003-2231-1507; Ogollah, Reuben/0000-0002-5777-4117; Doherty, Michael/0000-0002-5763-8326; Nomikos, Polykarpos/0000-0001-6827-4938
URL: <Go to ISI>://WOS:000796264200067

Reference Type: Journal Article

Record Number: 302

Author: Noonan, R. J.

Year: 2022

Title: The Influence of Adolescent Sport Participation on Body Mass Index Tracking and the Association between Body Mass Index and Self-Esteem over a Three-Year Period

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 23

Date: Dec

Short Title: The Influence of Adolescent Sport Participation on Body

Mass Index Tracking and the Association between Body Mass Index and Self-Esteem over a Three-Year Period

DOI: 10.3390/ijerph192315579

Article Number: 15579

Accession Number: WOS:000897278700001

Abstract: This study aimed to (1) investigate gender-specific characteristics associated with low sport participation among UK adolescents, and (2) assess gender-specific BMI tracking, and gender-specific associations between BMI and self-esteem based on different levels of adolescent sport participation. Participants were 9046 (4523 female) UK adolescents. At 11- and 14 years self-esteem was self-reported and BMI was calculated from objectively measured height and weight. At 11- years sport participation was parent-reported. Gender-specific sport participation quartile cut-off values categorised boys and girls separately into four graded groups. Gender-specific chi(2) and independent samples t tests assessed differences in measured variables between the lowest (Q1) and highest (Q4) sport participation quartiles. Adjusted linear regression analyses examined BMI tracking and associations between BMI and self-esteem scores. Gender-specific analyses were conducted separately for sport participation quartiles. Compared to Q4 boys and girls, Q1 boys and girls were more likely to be non-White, low family income, have overweight/obesity at 11 years and report lower self-esteem at 11 years and 14 years. BMI at 11 years was positively associated with BMI at 14 years for boys and girls across sport participation quartiles. BMI at 11 years was inversely associated with self-esteem scores at 11 years for Q1 and Q2 boys, and Q1 and Q4 girls. BMI at 11 years was inversely associated with self-esteem scores at 14 years for Q1, Q3 and Q4 boys, and Q1, Q2, Q3 and Q4 girls. Gender and sport participation influence BMI tracking and the BMI and self-esteem association among adolescents.

Notes: Noonan, Robert J.

Noonan, Rob/0000-0001-9575-5729

1660-4601

URL: <Go to ISI>://WOS:000897278700001

Reference Type: Journal Article

Record Number: 595

Author: Nordhausen, T., Lampe, K., Vordermark, D., Holzner, B., Al-Ali, H. K., Meyer, G. and Schmidt, H.

Year: 2022

Title: An implementation study of electronic assessment of patient-reported outcomes in inpatient radiation oncology

Journal: Journal of Patient-Reported Outcomes

Volume: 6

Issue: 1

Date: Jul

Short Title: An implementation study of electronic assessment of patient-reported outcomes in inpatient radiation oncology

DOI: 10.1186/s41687-022-00478-3

Article Number: 77

Accession Number: WOS:000827741300001

Abstract: Purpose Despite evidence for clinical benefits,

recommendations in guidelines, and options for electronic data collection, routine assessment of patient-reported outcomes (PROs) is mostly not implemented in clinical practice. This study aimed to plan, conduct and evaluate the implementation of electronic PRO (e-PRO) assessment in the clinical routine of an inpatient radiation oncology clinic. Methods The guideline- and evidence-based, stepwise approach of this single-center implementation study comprised preparatory analyses of current practice, selection of assessment instruments and times, development of staff training, and evidence-based recommendations regarding the use of the e-PRO assessment, as well as on-site support of the implementation. Process evaluation focused on potential clinical benefit (number of documented symptoms and supportive measures), feasibility and acceptance (patient contacts resulting in completion/non-completion of the e-PRO assessment, reasons for non-completion, preconditions, facilitators and barriers of implementation), and required resources (duration of patient contacts to explain/support the completion). Results Selection of instruments and assessment times resulted in initial assessment at admission (EORTC QLQ-C30, QSR 10), daily symptom monitoring (EORTC single items), and assessment at discharge (EORTC QLQ-C30). Recommendations for PRO-based clinical action and self-management advice for patients concerning nine core symptoms were developed. Staff training comprised group and face-to-face meetings and an additional e-learning course was developed. Analyses of clinical records showed that e-PRO assessment identified more symptoms followed by a higher number of supportive measures compared to records of patients without e-PRO assessment. Analysis of n = 1597 patient contacts resulted in n = 1355 (84.9%) completed e-PROs (initial assessment: n = 355, monitoring: n = 967, final assessment: n = 44) and n = 242 (15.2%) non-completions. Instructions or support to complete e-PROs took on average 5.5 +/- 5.3 min per patient contact. The most challenging issue was the integration of the results in clinical practice. Conclusion E-PRO assessment in oncologic inpatient settings is acceptable for patients and can support symptom identification and the initiation of supportive measures. The challenge of making the "data actionable" within the clinical workflow and motivating clinical staff to use the results became evident. Plain English summary Cancer patients' perceptions regarding their symptoms and functioning are important as they can differ from a professional assessment. Patients' perceptions and self-assessment can be collected via electronic devices. Thus, the clinical staff can see a graphic overview of individual disease-related burden. Despite studies indicating the benefit of this assessment for care and symptom management, it is not integrated into routine care so far. The aim of our study was, to plan, conduct and evaluate the implementation of electronic patient-reported assessment in a radio-oncology inpatient clinic under "real-life" clinical conditions instead of study conditions. Patients could complete an electronic assessment at the beginning/end and during their treatment. Results indicate that electronic self-assessment can identify more symptoms than the assessment of physicians and nurses. Patients completing a self-assessment are more likely to receive supportive measures. The majority of 80-90% of patients were willing to complete a self-assessment. On average 5-6 min were

needed to explain or support the completion. While the intervention was feasible and acceptable for patients, motivating clinical staff using its results was most challenging. The importance of technical support became evident.

Notes: Nordhausen, Thomas Lampe, Katharina Vordermark, Dirk Holzner, Bernhard Al-Ali, Haifa-Kathrin Meyer, Gabriele Schmidt, Heike 2509-8020

URL: <Go to ISI>://WOS:000827741300001

Reference Type: Journal Article

Record Number: 1421

Author: Norman, D. A., Carlson, S. J., Tuckerman, J., Kaufman, J., Moore, H. C., Seale, H., Leask, J., Marshall, H., Hughes, C., Blyth, C. C., Danchin, M. and Increasing, Ciivic Collaboration

Year: 2021

Title: The Collaboration for Increasing Influenza Vaccination in Children (CIIVIC): a meeting report

Journal: Australian and New Zealand Journal of Public Health

Volume: 45

Issue: 3

Pages: 193-196

Date: Jun

Short Title: The Collaboration for Increasing Influenza Vaccination in Children (CIIVIC): a meeting report

ISSN: 1326-0200

DOI: 10.1111/1753-6405.13088

Accession Number: WOS:000648642000001

Notes: Norman, Daniel A. Carlson, Samantha J. Tuckerman, Jane Kaufman, Jessica Moore, Hannah C. Seale, Holly Leask, Julie Marshall, Helen Hughes, Catherine Blyth, Christopher C. Danchin, Margie

Seale, Holly/D-4200-2011; Danchin, Margie/ABE-3391-2020; Marshall, Helen S/G-3603-2013; Leask, Julie/ABE-2077-2020; Blyth, Christopher/ABG-8231-2020; Moore, Hannah/W-4727-2018

Seale, Holly/0000-0002-1877-5395; Leask, Julie/0000-0001-5095-1443;

Blyth, Christopher/0000-0003-2017-0683; Danchin, Margie/

0000-0002-7624-5691; Carlson, Samantha/0000-0002-4362-7730; Moore, Hannah/0000-0001-6434-8290

1753-6405

URL: <Go to ISI>://WOS:000648642000001

Reference Type: Journal Article

Record Number: 2210

Author: Norris, E., Dunsmuir, S., Duke-Williams, O., Stamatakis, E. and Shelton, N.

Year: 2016

Title: Protocol for the 'Virtual Traveller' cluster-randomised controlled trial: a behaviour change intervention to increase physical activity in primary-school Maths and English lessons

Journal: Bmj Open

Volume: 6

Issue: 6

Short Title: Protocol for the "Virtual Traveller" cluster-randomised controlled trial: a behaviour change intervention to increase physical activity in primary-school Maths and English lessons
ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-011982

Article Number: e011982

Accession Number: WOS:000380237100167

Abstract: Introduction Physical activity (PA) has been shown to be an important factor for health and educational outcomes in children. However, a large proportion of children's school day is spent in sedentary lesson-time. There is emerging evidence about the effectiveness of physically active lessons: integrating physical movements and educational content in the classroom. Virtual Traveller' is a novel 6-week intervention of 10-min sessions performed 3 days per week, using classroom interactive whiteboards to integrate movement into primary-school Maths and English teaching. The primary aim of this project is to evaluate the effect of the Virtual Traveller intervention on children's PA, on-task behaviour and student engagement. **Methods and analysis** This study will be a cluster-randomised controlled trial with a waiting-list control group. Ten year 4 (aged 8-9 years) classes across 10 primary schools will be randomised by class to either the 6-week Virtual Traveller intervention or the waiting-list control group. Data will be collected 5 times: at baseline, at weeks 2 and 4 of the intervention, and 1 week and 3 months post-intervention. At baseline, anthropometric measures, 4-day objective PA monitoring (including 2 weekend days; Actigraph accelerometer), PA and on-task behaviour observations and student engagement questionnaires will be performed. All but anthropometric measures will be repeated at all other data collection points. Changes in overall PA levels and levels during different time-periods (eg, lesson-time) will be examined. Changes in on-task behaviour and student engagement between intervention groups will also be examined. Multilevel regression modelling will be used to analyse the data. Process evaluation will be carried out during the intervention period. **Ethics and dissemination** The results of this study will be disseminated through peer-review publications and conference presentations. Ethical approval was obtained through the University College London Research Ethics Committee (reference number: 3500-004).

Notes: Norris, E. Dunsmuir, S. Duke-Williams, O. Stamatakis, E. Shelton, N.

Norris, Emma/B-1627-2014; Stamatakis, Emmanuel/C-4958-2009

Stamatakis, Emmanuel/0000-0001-7323-3225; Norris, Emma/
0000-0002-9957-4025; Dunsmuir, Sandra/0000-0001-8315-7190; SHELTON,
NICOLA/0000-0002-4939-1036

URL: <Go to ISI>://WOS:000380237100167

Reference Type: Journal Article

Record Number: 1588

Author: Norris, E., He, Y. W., Loh, R., West, R. and Michie, S.

Year: 2021

Title: Assessing Markers of Reproducibility and Transparency in

Smoking Behaviour Change Intervention Evaluations

Journal: Journal of Smoking Cessation

Volume: 2021

Date: Jan

Short Title: Assessing Markers of Reproducibility and Transparency in Smoking Behaviour Change Intervention Evaluations

DOI: 10.1155/2021/6694386

Article Number: 6694386

Accession Number: WOS:000636209200002

Abstract: Introduction. Activities promoting research reproducibility and transparency are crucial for generating trustworthy evidence. Evaluation of smoking interventions is one area where vested interests may motivate reduced reproducibility and transparency. Aims. Assess markers of transparency and reproducibility in smoking behaviour change intervention evaluation reports. Methods. One hundred evaluation reports of smoking behaviour change intervention randomised controlled trials published in 2018–2019 were identified. Reproducibility markers of pre-registration; protocol sharing; data, material, and analysis script sharing; replication of a previous study; and open access publication were coded in identified reports. Transparency markers of funding and conflict of interest declarations were also coded. Coding was performed by two researchers, with inter-rater reliability calculated using Krippendorff's alpha. Results. Seventy-one percent of reports were open access, and 73% were pre-registered. However, there are only 13% provided accessible materials, 7% accessible data, and 1% accessible analysis scripts. No reports were replication studies. Ninety-four percent of reports provided a funding source statement, and eighty-eight percent of reports provided a conflict of interest statement. Conclusions. Open data, materials, analysis, and replications are rare in smoking behaviour change interventions, whereas funding source and conflict of interest declarations are common. Future smoking research should be more reproducible to enable knowledge accumulation. This study was pre-registered: .

Notes: Norris, Emma He, Yiwei Loh, Rachel West, Robert Michie, Susan West, Robert/B-5414-2009; Norris, Emma/B-1627-2014; Michie, Susan/A-1745-2010; West, Robert/B-5414-2009

West, Robert/0000-0002-0291-5760; Michie, Susan/0000-0003-0063-6378;

West, Robert/0000-0001-6398-0921; Norris, Emma/0000-0002-9957-4025
1834-2612

URL: <Go to ISI>://WOS:000636209200002

Reference Type: Journal Article

Record Number: 768

Author: Norris, E., Sulevani, I., Finnerty, A. N. and Castro, O.

Year: 2022

Title: Assessing Open Science practices in physical activity behaviour change intervention evaluations

Journal: Bmj Open Sport & Exercise Medicine

Volume: 8

Issue: 2

Date: May

Short Title: Assessing Open Science practices in physical activity behaviour change intervention evaluations

DOI: 10.1136/bmjsem-2021-001282

Article Number: e001282

Accession Number: WOS:000799923300001

Abstract: Objectives Concerns on the lack of reproducibility and transparency in science have led to a range of research practice reforms, broadly referred to as 'Open Science'. The extent that physical activity interventions are embedding Open Science practices is currently unknown. In this study, we randomly sampled 100 reports of recent physical activity randomised controlled trial behaviour change interventions to estimate the prevalence of Open Science practices. **Methods** One hundred reports of randomised controlled trial physical activity behaviour change interventions published between 2018 and 2021 were identified, as used within the Human Behaviour-Change Project. Open Science practices were coded in identified reports, including: study pre-registration, protocol sharing, data, materials and analysis scripts sharing, replication of a previous study, open access publication, funding sources and conflict of interest statements. Coding was performed by two independent researchers, with inter-rater reliability calculated using Krippendorff's alpha. **Results** 78 of the 100 reports provided details of study pre-registration and 41% provided evidence of a published protocol. 4% provided accessible open data, 8% provided open materials and 1% provided open analysis scripts. 73% of reports were published as open access and no studies were described as replication attempts. 93% of reports declared their sources of funding and 88% provided conflicts of interest statements. A Krippendorff's alpha of 0.73 was obtained across all coding. **Conclusion** Open data, materials, analysis and replication attempts are currently rare in physical activity behaviour change intervention reports, whereas funding source and conflict of interest declarations are common. Future physical activity research should increase the reproducibility of their methods and results by incorporating more Open Science practices.

Notes: Norris, Emma Sulevani, Isra Finnerty, Ailbhe N. Castro, Oscar Norris, Emma/B-1627-2014

Norris, Emma/0000-0002-9957-4025
2055-7647

URL: <Go to ISI>://WOS:000799923300001

Reference Type: Journal Article

Record Number: 1912

Author: Norris, J. M., White, D. E., Nowell, L., Mrklas, K. and Stelfox, H. T.

Year: 2017

Title: How do stakeholders from multiple hierarchical levels of a large provincial health system define engagement? A qualitative study

Journal: Implementation Science

Volume: 12

Date: Aug

Short Title: How do stakeholders from multiple hierarchical levels

of a large provincial health system define engagement? A qualitative study

ISSN: 1748-5908

DOI: 10.1186/s13012-017-0625-5

Article Number: 98

Accession Number: WOS:000406862800001

Abstract: Background: Engaging stakeholders from varied organizational levels is essential to successful healthcare quality improvement. However, engagement has been hard to achieve and to measure across diverse stakeholders. Further, current implementation science models provide little clarity about what engagement means, despite its importance. The aim of this study was to understand how stakeholders of healthcare improvement initiatives defined engagement. Methods: Participants (n = 86) in this qualitative thematic study were purposively sampled for individual interviews. Participants included leaders, core members, frontline clinicians, support personnel, and other stakeholders of Strategic Clinical Networks in Alberta Health Services, a Canadian provincial health system with over 108,000 employees. We used an iterative thematic approach to analyze participants' responses to the question, "How do you define engagement?" Results: Regardless of their organizational role, participants defined engagement through three interrelated themes. First, engagement was active participation from willing and committed stakeholders, with levels that ranged from information sharing to full decision-making. Second, engagement centered on a shared decision-making process about meaningful change for everyone "around the table," those who are most impacted. Third, engagement was two-way interactions that began early in the change process, where exchanges were respectful and all stakeholders felt heard and understood. Conclusions: This study highlights the commonalities of how stakeholders in a large healthcare system defined engagement—a shared understanding and terminology—to guide and improve stakeholder engagement. Overall, engagement was an active and committed decision-making about a meaningful problem through respectful interactions and dialog where everyone's voice is considered. Our results may be used in conjunction with current implementation models to provide clarity about what engagement means and how to engage various stakeholders.

Notes: Norris, Jill M. White, Deborah E. Nowell, Lorelli Mrklas, Kelly Stelfox, Henry T.

Norris, Jill/I-4029-2014; Nowell, Lorelli/AAM-7583-2021

Norris, Jill/0000-0002-3502-7671; Nowell, Lorelli/

0000-0002-5401-4462; Stelfox, Henry/0000-0003-1231-1490

URL: <Go to ISI>://WOS:000406862800001

Reference Type: Journal Article

Record Number: 894

Author: Notley, C., Brown, T. J., Bauld, L., Boyle, E. M., Clarke, P., Hardeman, W., Holland, R., Hubbard, M., Naughton, F., Nichols, A., Orton, S., Ussher, M. and Ward, E.

Year: 2022

Title: Development of a Smoke-Free Home Intervention for Families of Babies Admitted to Neonatal Intensive Care

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 6

Date: Mar

Short Title: Development of a Smoke-Free Home Intervention for Families of Babies Admitted to Neonatal Intensive Care

DOI: 10.3390/ijerph19063670

Article Number: 3670

Accession Number: WOS:000775285000001

Abstract: Neonatal intensive care units (NICUs) have a disproportionately higher number of parents who smoke tobacco compared to the general population. A baby's NICU admission offers a unique time to prompt behaviour change, and to emphasise the dangerous health risks of environmental tobacco smoke exposure to vulnerable infants. We sought to explore the views of mothers, fathers, wider family members, and healthcare professionals to develop an intervention to promote smoke-free homes, delivered on NICU. This article reports findings of a qualitative interview and focus group study with parents whose infants were in NICU (n = 42) and NICU healthcare professionals (n = 23). Thematic analysis was conducted to deductively explore aspects of intervention development including initiation, timing, components and delivery. Analysis of inductively occurring themes was also undertaken. Findings demonstrated that both parents and healthcare professionals supported the need for intervention. They felt it should be positioned around the promotion of smoke-free homes, but to achieve that end goal might incorporate direct cessation support during the NICU stay, support to stay smoke free (relapse prevention), and support and guidance for discussing smoking with family and household visitors. Qualitative analysis mapped well to an intervention based around the '3As' approach (ask, advise, act). This informed a logic model and intervention pathway.

Notes: Notley, Caitlin Brown, Tracey J. Bauld, Linda Boyle, Elaine M. Clarke, Paul Hardeman, Wendy Holland, Richard Hubbard, Marie Naughton, Felix Nichols, Amy Orton, Sophie Ussher, Michael Ward, Emma

Hardeman, Wendy/H-1497-2012; Clarke, Paul/A-8528-2011; Naughton, Felix/B-4177-2011; Boyle, Elaine/I-6298-2018

Clarke, Paul/0000-0001-6203-7632; Naughton, Felix/0000-0001-9790-2796; Boyle, Elaine/0000-0002-5038-3148; Hardeman, Wendy/0000-0002-6498-9407; Notley, Caitlin/0000-0003-0876-3304; Brown, Tracey/0000-0003-4381-5974; Orton, Sophie/0000-0002-8577-216X; Ward, Emma/0000-0002-7579-3215
1660-4601

URL: <Go to ISI>://WOS:000775285000001

Reference Type: Journal Article

Record Number: 236

Author: Notley, C., Clark, L., Belderson, P., Ward, E., Clark, A. B., Parrott, S., Agrawal, S., Bloom, B., Boyle, A. A., Morris, G., Gray, A., Coats, T., Man, M. S., Bauld, L., Holland, R. and Pope, I.
Year: 2023

Title: Cessation of smoking trial in the emergency department (CoSTED): protocol for a multicentre randomised controlled trial
Journal: Bmj Open
Volume: 13
Issue: 1
Date: Jan
Short Title: Cessation of smoking trial in the emergency department (CoSTED): protocol for a multicentre randomised controlled trial
ISSN: 2044-6055
DOI: 10.1136/bmjopen-2022-064585
Article Number: e064585
Accession Number: WOS:000918750500002
Abstract: Introduction Attendees of emergency departments (EDs) have a higher than expected prevalence of smoking. ED attendance may be a good opportunity to prompt positive behaviour change, even for smokers not currently motivated to quit. This study aims to determine whether an opportunist smoking cessation intervention delivered in the ED can help daily smokers attending the ED quit smoking and is cost-effective. Methods and analysis A two-arm pragmatic, multicentred, parallel-group, individually randomised, controlled superiority trial with an internal pilot, economic evaluation and mixed methods process evaluation. The trial will compare ED-based brief smoking cessation advice, including provision of an e-cigarette and referral to local stop smoking services (intervention) with the provision of contact details for local stop smoking services (control). Target sample size is 972, recruiting across 6 National Health Service EDs in England and Scotland. Outcomes will be collected at 1, 3 and 6 months. The primary outcome at 6 months is carbon monoxide verified continuous smoking abstinence. Ethics and dissemination The trial was approved by the South Central-Oxford B Research Committee (21/SC/0288). Dissemination will include the publication of outcomes, and the process and economic evaluations in peer-reviewed journals. The findings will also be appropriately disseminated to relevant practice, policy and patient representative groups.
Notes: Notley, Caitlin Clark, Lucy Belderson, Pippa Ward, Emma Clark, Allan B. Parrott, Steve Agrawal, Sanjay Bloom, Ben M. Boyle, Adrian A. Morris, Geraint Gray, Alasdair Coats, Tim Man, Mei-See Bauld, Linda Holland, Richard Pope, Ian Clark, Lucy/0000-0001-7162-0512; Pope, Ian/0000-0002-5623-4178; Ward, Emma/0000-0002-7579-3215; Notley, Caitlin/0000-0003-0876-3304; Boyle, Adrian/0000-0002-9009-5423; Man, Mei-See/0000-0003-4948-5670
URL: <Go to ISI>://WOS:000918750500002

Reference Type: Journal Article
Record Number: 1885
Author: Nour, M. M., Rouf, A. S. and Allman-Farinelli, M.
Year: 2018
Title: Exploring young adult perspectives on the use of gamification and social media in a smartphone platform for improving vegetable intake
Journal: Appetite
Volume: 120

Pages: 547–556

Date: Jan

Short Title: Exploring young adult perspectives on the use of gamification and social media in a smartphone platform for improving vegetable intake

ISSN: 0195–6663

DOI: 10.1016/j.appet.2017.10.016

Accession Number: WOS:000416616400066

Abstract: Young adults are the poorest consumers of vegetables. Social media and smartphones are frequently used by this demographic and could serve as an engaging medium for nutrition promotion. Five focus groups were conducted to capture participants' perceptions of a theory-based gamified self-monitoring app for improving vegetable intake of young adults. Ranking activities were used to gather feedback on preferences for social media posts. Data arising from group discussion were analysed using NVivo software using a deductive approach to group common ideas into themes. Thirty two participants (14 males) attended (mean age 23.1 (SD 2.7) years). Qualitative analyses of open discussion revealed two major themes regarding preferred features for a smartphone app; (1) the use of visual guides for estimating quantities of vegetables and tracking progress, and (2) a simple interface. Gamification strategies such as earning badges were viewed more positively than the use of a self-reward framework. Social media posts which presented food pictures and recipes were ranked most motivating, while awareness raising posts received lower scores. Participants indicated a preference for viewing but reluctance to post information onto social media. "Just in time" situational cues were ranked highly and the use of an "authoritative" tone was preferred and associated with credibility. Young adults also ranked messages containing "Gen Y" language highly, with a preference for those which were personally relevant. The proposed use of social media and mobile-gaming was seen as an acceptable approach for improving vegetable intake. Materials should be visually appealing, simply designed, credible, and personally relevant to appeal to this population. This feedback may inform future mobile-phone based interventions targeting improved nutrition in young adults. (C) 2017 Elsevier Ltd. All rights reserved.

Notes: Nour, Monica Marina Rouf, Anika Saiyara Allman-Farinelli, Margaret

Rouf, Anika/0000–0002–8523–402X

1095–8304

URL: <Go to ISI>://WOS:000416616400066

Reference Type: Conference Proceedings

Record Number: 1627

Author: Nuijten, R. and Van Gorp, P.

Year of Conference: 2021

Title: SciModeler: A Metamodel and Graph Database for Consolidating Scientific Knowledge by Linking Empirical Data with Theoretical Constructs

Conference Name: 9th International Conference on Model-Driven Engineering and Software Development (MODELSWARD)

Conference Location: Electr Network

Pages: 314-321

Date: Feb 08-10

Short Title: SciModeler: A Metamodel and Graph Database for Consolidating Scientific Knowledge by Linking Empirical Data with Theoretical Constructs

ISBN: 978-989-758-487-9

DOI: 10.5220/0010315503140321

Source: Proceedings of the 9th international conference on model-driven engineering and software development (modelsward)

Year Published:2021

Accession Number: WOS:000662840600032

Abstract: An important purpose of science is building and advancing general theories from empirical data. This process is complicated by the immense volume of empirical data and scientific theories in some fields. Particularly, the systematic linking of empirical data with theoretical constructs is currently lacking. Within this article, we propose a prototypical solution (i.e., a metamodel and graph database) for consolidating scientific knowledge by linking theoretical constructs with empirical data. We conducted a case study within the field of health behavior change where the system is used to record three scientific theories and three empirical studies as well as their mutual links. Finally, we demonstrate how the system can be queried to accumulate knowledge.

Notes: Nuijten, Raoul Van Gorp, Pieter

Van Gorp, Pieter/L-9144-2013

Van Gorp, Pieter/0000-0001-5197-3986; Nuijten, Raoul/0000-0003-0125-7708

URL: <Go to ISI>://WOS:000662840600032

Reference Type: Journal Article

Record Number: 1368

Author: Nyagabona, S. K., Luhar, R., Ndumbalo, J., Mvungi, N., Ngoma, M., Meena, S., Siu, S., Said, M., Mwaiselage, J., Tarimo, E., Buckle, G., Sele kwa, M., Mushi, B., Mmbaga, E. J., Van Loon, K. and DeBoer, R. J.

Year: 2021

Title: Views from Multidisciplinary Oncology Clinicians on Strengthening Cancer Care Delivery Systems in Tanzania

Journal: Oncologist

Volume: 26

Issue: 7

Pages: E1197-E1204

Date: Jul

Short Title: Views from Multidisciplinary Oncology Clinicians on Strengthening Cancer Care Delivery Systems in Tanzania

ISSN: 1083-7159

DOI: 10.1002/onco.13834

Accession Number: WOS:000661566300001

Abstract: Background In response to the increasing burden of cancer in Tanzania, the Ministry of Health, Community Development, Gender, Elderly and Children launched National Cancer Treatment Guidelines (TNCTG) in February 2020. The guidelines aimed to improve and

standardize oncology care in the country. At Ocean Road Cancer Institute (ORCI), we developed a theory-informed implementation strategy to promote guideline-concordant care. As part of the situation analysis for implementation strategy development, we conducted focus group discussions to evaluate clinical systems and contextual factors that influence guideline-based practice prior to the launch of the TNCTG. Materials and Methods In June 2019, three focus group discussions were conducted with a total of 21 oncology clinicians at ORCI, stratified by profession. A discussion guide was used to stimulate dialogue about facilitators and barriers to delivery of guideline-concordant care. Discussions were audio recorded, transcribed, translated, and analyzed using thematic framework analysis. Results Participants identified factors both within the inner context of ORCI clinical systems and outside of ORCI. Themes within the clinical systems included capacity and infrastructure, information technology, communication, efficiency, and quality of services provided. Contextual factors external to ORCI included interinstitutional coordination, oncology capacity in peripheral hospitals, public awareness and beliefs, and financial barriers. Participants provided pragmatic suggestions for strengthening cancer care delivery in Tanzania. Conclusion Our results highlight several barriers and facilitators within and outside of the clinical systems at ORCI that may affect uptake of the TNCTG. Our findings were used to inform a broader guideline implementation strategy, in an effort to improve uptake of the TNCTGs at ORCI. Implications for Practice This study provides an assessment of cancer care delivery systems in a low resource setting from the unique perspectives of local multidisciplinary oncology clinicians. Situational analysis of contextual factors that are likely to influence guideline implementation outcomes is the first step of developing an implementation strategy for cancer treatment guidelines. Many of the barriers identified in this study represent actionable targets that will inform the next phases of our implementation strategy for guideline-concordant cancer care in Tanzania and comparable settings.

Notes: Nyagabona, Sarah Kutika Luhar, Rohan Ndumbalo, Jerry Mvungi, Nanzoke Ngoma, Mamsau Meena, Stephen Siu, Sadiq Said, Mwamvita Mwaiselage, Julius Tarimo, Edith Buckle, Geoffrey Selekwa, Msiba Mushi, Beatrice Mmbaga, Elia John Van Loon, Katherine DeBoer, Rebecca J.

Nyagabona, Sarah Kutika/GRS-5904-2022

Nyagabona, Sarah Kutika/0000-0002-1295-3197; Ndumbalo, Jerry/
0000-0002-4853-5499

1549-490x

URL: <Go to ISI>://WOS:000661566300001

Reference Type: Journal Article

Record Number: 1546

Author: Nylen, K., Karlberg, M., Klang, N. and Ogden, T.

Year: 2021

Title: Knowledge and Will: An Explorative Study on the
Implementation of School-Wide Positive Behavior Support in Sweden

Journal: Frontiers in Psychology

Volume: 12

Date: Feb

Short Title: Knowledge and Will: An Explorative Study on the Implementation of School-Wide Positive Behavior Support in Sweden

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2021.618099

Article Number: 618099

Accession Number: WOS:000627504900001

Abstract: School-wide positive behavior support (SWPBIS) is a well-evaluated school approach to promoting a positive school climate and decreasing problem behaviors. Initial implementation is one of the most critical stages of program implementation. In this qualitative study, the initial implementation of SWPBIS in Swedish schools was studied using an implementation model of behavior change as guidance for interviews and analyses. The study makes significant contributions to previous research as little is known of the implementation of SWPBIS in Swedish context. Focus-group interviews were conducted with 59 professionals on implementation teams from nine schools. Themes were extracted according to implementation team members' perceptions and descriptions of how the initial implementation was carried out. The results of this study revealed relevant themes within the three domains of Capability, Opportunity, and Motivation. Core features were found under the themes of knowledge and experience of similar evidence-based programs, process or result orientation, time, manual content, organizational prerequisites, team functioning, implementation leadership, program as a unifying factor, program aligning with staff beliefs, plausible expectations, and emotional reinforcement. Results are discussed in terms of how they can be used in continuing to develop the Swedish model of SWPBIS. Implications regarding implementation in Swedish schools are discussed, as is the applicability of the model of behavior change for studying implementation in schools.

Notes: Nysten, Kata Karlberg, Martin Klang, Nina Ogden, Terje

URL: <Go to ISI>://WOS:000627504900001

Reference Type: Journal Article

Record Number: 460

Author: O'Brien, K., Burke, R. and Karlawish, J.

Year: 2023

Title: A Roadmap for Modifying Clinician Behavior to Improve the Detection of Cognitive Impairment

Journal: Journal of General Internal Medicine

Volume: 38

Issue: 2

Pages: 508-512

Date: Feb

Short Title: A Roadmap for Modifying Clinician Behavior to Improve the Detection of Cognitive Impairment

ISSN: 0884-8734

DOI: 10.1007/s11606-022-07824-7

Accession Number: WOS:000859942200003

Abstract: A staggering number of individuals live with cognitive decline. Primary care providers are ideally situated to detect the

first signs of cognitive decline, but many persons remain undiagnosed. This limits their access to appropriate care. Unfortunately, the timely diagnosis of mild cognitive impairment or dementia in primary care is difficult to achieve. There is a great need for interventions to address this problem. This article applies an implementation science framework, the Behavioral Change Wheel, to evaluate the factors that influence detection of cognitive impairment in primary care and proposes candidate interventions for future study.

Notes: O'Brien, Kyra Burke, Robert Karlawish, Jason
O'Brien, Kyra/0000-0002-8461-0492
1525-1497
URL: <Go to ISI>://WOS:000859942200003

Reference Type: Journal Article

Record Number: 2319

Author: O'Brien, M. C., McConnon, A., Hollywood, L. E., Cuskelly, G. J., Barnett, J., Raats, M. and Dean, M.

Year: 2015

Title: Let's talk about health: shoppers' discourse regarding health while food shopping

Journal: Public Health Nutrition

Volume: 18

Issue: 6

Pages: 1001-1010

Date: Apr

Short Title: Let's talk about health: shoppers' discourse regarding health while food shopping

ISSN: 1368-9800

DOI: 10.1017/s1368980014001116

Accession Number: WOS:000351243900007

Abstract: Objective: The present study aimed to examine the role of health in consumers' food purchasing decisions through investigating the nature of people's discourse regarding health while conducting their food shopping. Design: The study employed the think-aloud technique as part of an accompanied shop. All mentions of health and terms relating to health were identified from the data set.

Inductive thematic analysis was conducted to examine how health was talked about in relation to people's food choice decisions. Setting: Supermarkets in Dublin, Republic of Ireland and Belfast, Northern Ireland. Subjects: Participants (n 50) were aged over 18 years and represented the main household shopper. Results: Responsibility for others and the perceived need to illicit strict control to avoid 'unhealthy' food selections played a dominant role in how health was talked about during the accompanied shop. Consequently healthy shopping was viewed as difficult and effort was required to make the healthy choice, with shoppers relating to product-based inferences to support their decisions. Conclusions: This qualitative exploration has provided evidence of a number of factors influencing the consideration of health during consumers' food shopping. These results highlight opportunities for stakeholders such as public health bodies and the food industry to explore further ways to help enable consumers make healthy food choices.

Notes: O'Brien, Michelle C. McConnon, Aine Hollywood, Lynsey E. Cuskelly, Geraldine J. Barnett, Julie Raats, Monique Dean, Moira Raats, Monique/G-5348-2012; Dean, Moira/E-3273-2010 Raats, Monique/0000-0002-8057-2783; Cuskelly, Geraldine/0000-0003-1645-7243; Hollywood, Lynsey/0000-0003-3918-6255; Barnett, Julie/0000-0001-5740-0863; Dean, Moira/0000-0002-9014-1266 1475-2727
URL: <Go to ISI>://WOS:000351243900007

Reference Type: Journal Article

Record Number: 2222

Author: O'Connell, S. E., Jackson, B. R., Edwardson, C. L., Yates, T., Biddle, S. J. H., Davies, M. J., Dunstan, D., Esliger, D., Gray, L., Miller, P. and Munir, F.

Year: 2015

Title: Providing NHS staff with height-adjustable workstations and behaviour change strategies to reduce workplace sitting time: protocol for the Stand More AT (SMaRT) Work cluster randomised controlled trial

Journal: BMC Public Health

Volume: 15

Date: Dec

Short Title: Providing NHS staff with height-adjustable workstations and behaviour change strategies to reduce workplace sitting time: protocol for the Stand More AT (SMaRT) Work cluster randomised controlled trial

DOI: 10.1186/s12889-015-2532-5

Article Number: 1219

Accession Number: WOS:000366550100002

Abstract: Background: High levels of sedentary behaviour (i.e., sitting) are a risk factor for poor health. With high levels of sitting widespread in desk-based office workers, office workplaces are an appropriate setting for interventions aimed at reducing sedentary behaviour. This paper describes the development processes and proposed intervention procedures of Stand More AT (SMaRT) Work, a multi-component randomised control (RCT) trial which aims to reduce occupational sitting time in desk-based office workers within the National Health Service (NHS). Methods/Design: SMaRT Work consists of 2 phases: 1) intervention development: The development of the SMaRT Work intervention takes a community-based participatory research approach using the Behaviour Change Wheel. Focus groups will collect detailed information to gain a better understanding of the most appropriate strategies, to sit alongside the provision of height-adjustable workstations, at the environmental, organisational and individual level that support less occupational sitting. 2) intervention delivery and evaluation: The 12 month cluster RCT aims to reduce workplace sitting in the University Hospitals of Leicester NHS Trust. Desk-based office workers (n = 238) will be randomised to control or intervention clusters, with the intervention group receiving height-adjustable workstations and supporting techniques based on the feedback received from the development phase. Data will be collected at four time points; baseline, 3, 6 and 12 months. The primary outcome is a reduction in sitting time, measured by the

activPAL (TM) micro at 12 months. Secondary outcomes include objectively measured physical activity and a variety of work-related health and psycho-social measures. A process evaluation will also take place. Discussion: This study will be the first long-term, evidence-based, multi-component cluster RCT aimed at reducing occupational sitting within the NHS. This study will help form a better understanding and knowledge base of facilitators and barriers to creating a healthier work environment and contribute to health and wellbeing policy.

Notes: O'Connell, S. E. Jackson, B. R. Edwardson, C. L. Yates, T. Biddle, S. J. H. Davies, M. J. Dunstan, D. Esliger, D. Gray, L. Miller, P. Munir, F.

Dunstan, David Wayne/E-8473-2010; Biddle, Stuart/AAE-9395-2019; Edwardson, Charlotte/C-9335-2012

Dunstan, David Wayne/0000-0003-2629-9568; Biddle, Stuart/0000-0002-7663-6895; Yates, Thomas/0000-0002-5724-5178; Munir, Fehmidah/0000-0002-5585-0243; Jackson, Ben/0000-0001-8888-4725; Edwardson, Charlotte/0000-0001-6485-9330; O'Connell, Sophie/0000-0003-0993-5585; Davies, Melanie/0000-0002-9987-9371; Gray, Laura/0000-0002-9284-9321

1471-2458

URL: <Go to ISI>://WOS:000366550100002

Reference Type: Journal Article

Record Number: 951

Author: O'Connor, C., Leyritana, K., Doyle, A. M., Lewis, J. J., Gill, R. and Salvana, E. M.

Year: 2022

Title: Interactive Mobile Phone HIV Adherence Support for Men Who Have Sex With Men in the Philippines Connect for Life Study: Mixed Methods Approach to Intervention Development and Pilot Testing

Journal: Jmir Formative Research

Volume: 6

Issue: 2

Date: Feb

Short Title: Interactive Mobile Phone HIV Adherence Support for Men Who Have Sex With Men in the Philippines Connect for Life Study: Mixed Methods Approach to Intervention Development and Pilot Testing

DOI: 10.2196/30811

Article Number: e30811

Accession Number: WOS:000854070800011

Abstract: Background: The HIV epidemic in the Philippines is one of the fastest growing epidemics globally, and infections among men who have sex with men are rising at an alarming rate. The World Health Organization recommends the use of mobile health (mHealth) technologies to engage patients in care and ensure high levels of adherence to antiretroviral therapy (ART). Existing mHealth interventions can be adapted and tailored to the context and population served. Objective: This study aims to create a locally tailored intervention using a mobile phone platform to support treatment adherence for HIV patients on ART in the Philippines. Methods: A mixed methods approach guided by the Behavior Change Wheel framework was used to adapt an existing mHealth adherence

support platform for the local setting and target population. A literature review, retrospective clinical record review, and focus group discussions with patients were conducted to understand the drivers of ART adherence and tailor the intervention accordingly. The resulting intervention was pilot-tested for 8 weeks, followed by focus group discussions with patients who received the intervention to assess the acceptability of the design. Results: Key issues contributing to nonadherence included side effects, lack of behavioral skills for pill taking, social support, mental health, and substance use. Patients identified mHealth as an acceptable mode of intervention delivery and wanted mHealth services to be highly personalizable. The study team, clinicians, and software developers integrated these findings into the intervention, which included a menu of services as follows: pill reminders, health tips, adherence feedback, appointment reminders, and symptom reporting. During the pilot phase, technical issues in the interactive voice response system (IVRS) were identified and addressed. Patients who participated in the pilot phase expressed a preference for SMS text messaging over the IVRS. Patients responded positively to the appointment reminders and health tips, whereas patient feedback on daily and weekly pill reminders and adherence feedback was mixed. Conclusions: The mobile phone-based SMS text messaging and IVRS intervention was acceptable to men who have sex with men in Manila, the Philippines, and qualitative analysis suggested that the intervention helped promote ART adherence and appointment attendance.

Notes: O'Connor, Cara Leyritana, Katerina Doyle, Aoife M. Lewis, James J. Gill, Randeep Salvana, Edsel Maurice Doyle, Aoife/0000-0002-3305-7738; leyritana, katerina/0000-0003-0338-1825; Lewis, James/0000-0002-8603-2761; gill, randeep/0000-0002-3703-631X; O'Connor, Cara/0000-0002-3372-8319 2561-326x
URL: <Go to ISI>://WOS:000854070800011

Reference Type: Journal Article

Record Number: 2132

Author: O'Connor, P., O'Dea, A., Lydon, S., Offiah, G., Scott, J., Flannery, A., Lang, B., Hoban, A., Armstrong, C. and Byrne, D.

Year: 2016

Title: A mixed-methods study of the causes and impact of poor teamwork between junior doctors and nurses

Journal: International Journal for Quality in Health Care

Volume: 28

Issue: 3

Pages: 339-345

Date: Jun

Short Title: A mixed-methods study of the causes and impact of poor teamwork between junior doctors and nurses

ISSN: 1353-4505

DOI: 10.1093/intqhc/mzw036

Accession Number: WOS:000380250300013

Abstract: Objectives: This study aimed to collect and analyse examples of poor teamwork between junior doctors and nurses;

identify the teamwork failures contributing to poor team function; and ascertain if particular teamwork failures are associated with higher levels of risk to patients. Design: Critical Incident Technique interviews were carried out with junior doctors and nurses. Setting: Two teaching hospitals in the Republic of Ireland. Participants: Junior doctors (n = 28) and nurses (n = 8) provided descriptions of scenarios of poor teamwork. The interviews were coded against a theoretical framework of healthcare team function by three psychologists and were also rated for risk to patients by four doctors and three nurses. Results: A total of 33 of the scenarios met the inclusion criteria for analysis. A total of 63.6% (21/33) of the scenarios were attributed to 'poor quality of collaboration', 42.4% (14/33) to 'poor leadership' and 48.5% (16/33) to a 'lack of coordination'. A total of 16 scenarios were classified as high risk and 17 scenarios were classified as medium risk. Significantly more of the high-risk scenarios were associated with a 'lack of a shared mental model' (62.5%, 10/16) and 'poor communication' (50.0%, 8/16) than the medium-risk scenarios (17.6%, 3/17 and 11.8%, 2/17, respectively). Conclusion: Poor teamwork between junior doctors and nurses is common and places patients at considerable risk. Addressing this problem requires a well-designed complex intervention to develop the team skills of doctors and nurses and foster a clinical environment in which teamwork is supported. Notes: O'Connor, Paul O'Dea, Angela Lydon, Sinead Offiah, Gozie Scott, Jennifer Flannery, Antoinette Lang, Bronagh Hoban, Anthony Armstrong, Catherine Byrne, Dara O'Connor, Paul E/H-1221-2011; O'Dea, Aaron/D-4114-2011 O'Connor, Paul E/0000-0001-9036-098X; Scott, Jennifer/0000-0001-8837-5250; O'Dea, Angela/0000-0003-3975-4822; Lydon, Sinead/0000-0001-5700-4350; Offiah, Gozie/0000-0003-2439-6057 1464-3677 URL: <Go to ISI>://WOS:000380250300013

Reference Type: Journal Article

Record Number: 1948

Author: O'Donnell, E., Atkinson, J. A., Freebairn, L. and Rychetnik, L.

Year: 2017

Title: Participatory simulation modelling to inform public health policy and practice: Rethinking the evidence hierarchies

Journal: Journal of Public Health Policy

Volume: 38

Issue: 2

Pages: 203-215

Date: May

Short Title: Participatory simulation modelling to inform public health policy and practice: Rethinking the evidence hierarchies

ISSN: 0197-5897

DOI: 10.1057/s41271-016-0061-9

Accession Number: WOS:000402299700004

Abstract: Drawing on the long tradition of evidence-based medicine that aims to improve the efficiency and effectiveness of clinical practice, the field of public health has sought to apply

'hierarchies of evidence' to appraise and synthesise public health research. Various critiques of this approach led to the development of synthesis methods that include broader evidence typologies and more 'fit for purpose' privileging of methodological designs. While such adaptations offer great utility for evidence-informed public health policy and practice, this paper offers an alternative perspective on the synthesis of evidence that necessitates a yet more egalitarian approach. Dynamic simulation modelling is increasingly recognised as a valuable evidence synthesis tool to inform public health policy and programme planning for complex problems. The development of simulation models draws on and privileges a wide range of evidence typologies, thus challenging the traditional use of 'hierarchies of evidence' to support decisions on complex dynamic problems.

Notes: O'Donnell, Eloise Atkinson, Jo-An Freebairn, Louise Rychetnik, Lucie

Occhipinti, Jo-An/AAA-3870-2021

Occhipinti, Jo-An/0000-0002-2380-1092; Freebairn, Louise/0000-0002-7434-870X; Rychetnik, Lucie/0000-0001-6855-2897 1745-655x

URL: <Go to ISI>://WOS:000402299700004

Reference Type: Journal Article

Record Number: 1241

Author: O'Donnell, R., Amos, A., Turner, S. W., Adams, L., Henderson, T., Lyttle, S., Mitchell, S. and Semple, S.

Year: 2021

Title: 'They only smoke in the house when I'm not in': understanding the limited effectiveness of a smoke-free homes intervention

Journal: Journal of Public Health

Volume: 43

Issue: 3

Pages: 647-654

Date: Sep

Short Title: 'They only smoke in the house when I'm not in': understanding the limited effectiveness of a smoke-free homes intervention

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdaa042

Accession Number: WOS:000728251900085

Abstract: Background Children's second-hand smoke (SHS) exposure in the home is highest in socio-economically disadvantaged areas. Personalized household air-quality measurements can promote changes in smoking that reduce SHS exposure. The 'First Steps 2 Smoke-free' (FS2SF) intervention is the first to trial this approach delivered as part of health professionals' routine work. This paper reports the findings of qualitative interviews with participants that explored their experiences of the intervention and why outcomes varied. Methods 120 women were recruited from the NHS First Steps Programme, which supports disadvantaged mothers. They received either personalized feedback on their home air quality and advice on reducing SHS or standard SHS advice. Qualitative interviews with 15 mothers were analyzed thematically using the Capability,

Opportunity, Motivation, Behaviour (COM-B) model. Results The intervention increased women's capability to change home-smoking behaviour, through increasing awareness and salience of SHS risks to their children, and motivation to act. However, taking effective action was constrained by their limited social and environmental opportunities, including others' smoking in the home. Conclusions The FS2SF intervention was ineffective as it was unable to fully address the precarious, complex life circumstances that make creating a smoke-free home particularly difficult for women experiencing intersecting dimensions of disadvantage.

Notes: O'Donnell, R. Amos, A. Turner, S. W. Adams, L. Henderson, T. Lyttle, S. Mitchell, S. Semple, S.

O'Donnell, Rachel/0000-0003-2713-1847
1741-3850

URL: <Go to ISI>://WOS:000728251900085

Reference Type: Journal Article

Record Number: 1062

Author: O'Donnell, R., McCulloch, P., Greaves, L., Semple, S. and Amos, A.

Year: 2022

Title: What Helps and What Hinders the Creation of a Smoke-free Home: A Qualitative Study of Fathers in Scotland

Journal: Nicotine & Tobacco Research

Volume: 24

Issue: 4

Pages: 511-518

Date: Mar

Short Title: What Helps and What Hinders the Creation of a Smoke-free Home: A Qualitative Study of Fathers in Scotland

ISSN: 1462-2203

DOI: 10.1093/ntr/ntab228

Accession Number: WOS:000762440400011

Abstract: Introduction Few studies have explored fathers' views and experiences of creating a smoke-free home, with interventions largely targeting mothers. This study aimed to identify barriers and facilitators to fathers creating a smoke-free home, to inform future intervention development. Methods Eighteen fathers who were smokers and lived in Scotland were recruited from Dads' community groups, Early Years Centres and through social media advertising. Semi-structured interviews explored their views and experiences of creating a smoke-free home. A theory-informed thematic analysis using the COM-B model highlighted ways in which capability, opportunity, and motivations shaped fathers' home smoking behaviors. Results Several fathers understood the health risks of second-hand smoke exposure through public health messaging associated with recent smoke-free legislation prohibiting smoking in cars carrying children. Limited understanding of effective exposure reduction strategies and personal mental health challenges reduced some fathers' ability to create a smoke-free home. Fathers were keen to maintain their smoke-free home rules, and their motivations for this largely centered on their perceived role as protector of their children, and their desire to be a good role model. Conclusions

Fathers' abilities to create a smoke-free home are shaped by a range of capabilities, opportunities, and motivations, some of which relate to their role as a father. Establishing a fuller understanding of the contextual and gender-specific factors that shape fathers' views on smoking in the home will facilitate the development of interventions and initiatives that fathers can identify and engage with, for the broader benefit of families and to improve gender equity and health. Implications Our findings can inform future development of father-centered and household-level smoke-free home interventions. They identify fathers' views and experiences and help reframe smoking in the home as a gendered family-wide issue, which is important in building consensus on how best to support parents to create a smoke-free home. Our findings highlight the need for additional research to develop understanding of the ways in which gender-related aspects of family structures, heterosexual relationships, and child living arrangements influence home smoking rules and how to tailor interventions accordingly.

Notes: O'Donnell, Rachel McCulloch, Peter Greaves, Lorraine Semple, Sean Amos, Amanda

O'Donnell, Rachel/0000-0003-2713-1847
1469-994x

URL: <Go to ISI>://WOS:000762440400011

Reference Type: Journal Article

Record Number: 640

Author: O'Donovan, B., Kirke, C., Pate, M., Mc Hugh, S. M., Bennett, K. E. and Cahir, C.

Year: 2022

Title: 'Everyone should know what they're on': a qualitative study of attitudes towards and use of patient held lists of medicines among patients, carers and healthcare professionals in primary and secondary care settings in Ireland

Journal: Bmj Open

Volume: 12

Issue: 7

Date: Jul

Short Title: 'Everyone should know what they're on': a qualitative study of attitudes towards and use of patient held lists of medicines among patients, carers and healthcare professionals in primary and secondary care settings in Ireland

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-064484

Article Number: e064484

Accession Number: WOS:000828326000013

Abstract: Objectives Managing multiple medicines can be challenging for patients with multimorbidity, who are at high risk of adverse outcomes, for example, hospitalisation. Patient-held medication lists (PHMLs) can contribute to patient safety and potentially reduce medication errors. The aims of this study are to investigate attitudes towards and use of PHMLs among healthcare professionals (HCPs), patients and carers. Design Qualitative study based on 39 semistructured telephone interviews. Setting Primary and secondary care settings in Ireland. Participants Twenty-one HCPs and 18 people

taking medicines and caregivers. Methods Telephone interviews were conducted with HCPs, people taking multiple medicines (5+ medicines) and carers of people taking medicines who were purposively sampled via social media, patient groups and research collaborators. Interviews were transcribed and thematically analysed based on the Framework approach, with the Consolidated Framework for Implementation Research and Theoretical Domains Framework. Results Three core themes emerged: (1) attitudes to PHML, (2) function and preferred features of PHML and (3) barriers and facilitators to future use of PHML. All participating (patients/carers and HCP) groups considered PHML beneficial for patients and HCPs (eg, empowering for patients and improved adherence). While PHML were used in a variety of situations such as emergencies, concerns about their accuracy were shared across all groups. HCPs and patients differed on the level of detail that should be included in PHML. HCPs' time constraints, patients' multiple medicines and cognitive impairments were reported barriers. Key facilitators included access to digital/compact lists and promotion of lists by appropriate HCPs. Conclusions Our findings provide insight into the factors that influence use of PHML. Lists were used in a variety of settings, but there were concerns about their accuracy. A range of list formats and encouragement from key HCPs could increase the use of PHML. Notes: O'Donovan, Bernadine Kirke, Ciara Pate, Muriel Mc Hugh, Sheena M. Bennett, Kathleen E. Cahir, Caitriona Bennett, Kathleen/0000-0002-2861-7665 URL: <Go to ISI>://WOS:000828326000013

Reference Type: Journal Article

Record Number: 1231

Author: O'Donovan, B., Mooney, T., Rimmer, B., Fitzpatrick, P., Flannelly, G., Doherty, L., Martin, C., O'Leary, J., O'Connor, M. and Sharp, L.

Year: 2021

Title: Advancing understanding of influences on cervical screening (non)-participation among younger and older women: A qualitative study using the theoretical domains framework and the COM-B model

Journal: Health Expectations

Volume: 24

Issue: 6

Pages: 2023-2035

Date: Dec

Short Title: Advancing understanding of influences on cervical screening (non)-participation among younger and older women: A qualitative study using the theoretical domains framework and the COM-B model

ISSN: 1369-6513

DOI: 10.1111/hex.13346

Accession Number: WOS:000692019800001

Abstract: Background Effective screening can prevent cervical cancer, but many women choose not to attend their screening tests. Objective This study aimed to investigate behavioural influences on cervical screening participation using the Theoretical Domains Framework (TDF) and COM-B models of behaviour change. Design A

qualitative study and semistructured phone interviews were conducted with women invited for routine screening tests within the national cervical screening programme in Ireland. Setting and Participants Forty-eight women aged 25–65 years were recruited from the national screening register. Results Seven core themes were identified that mapped to three COM–B components and 11 TDF domains: (1) knowledge of cervical cancer and screening, (2) coping with smear tests, (3) competing motivational processes—automatic and reflective, (4) cognitive resources, (5) role of social support, (6) environmental influences and (7) perceptual and practical influences. A range of knowledge about screening, perceived risk of cervical cancer and human papillomavirus infection was evident. Factors that influenced screening behaviours may be hierarchical—some were assigned greater importance than others. Positive screening behaviours were linked to autonomous motivation. Deficits in physical and psychological capability (inadequate coping skills) were barriers to screening, while physical and social opportunity (e.g. healthcare professional 'champions') could facilitate participation. Older women raised age-related issues (e.g. screening no longer necessary) and had more negative attitudes to screening, while younger women identified practical barriers. Conclusions This study provides insight into screening participation and will aid development of theoretically informed interventions to increase uptake. Patient or Public Contribution Women invited for screening tests through the national screening programme were interviewed. A Public & Patient Involvement (PPI) Panel, established to provide input into all CERVIVA research projects, advised the research team on recruitment materials and were given the opportunity to review and comment on the interview topic guide. This panel is made up of six women with various cervical screening histories and experiences.

Notes: O'Donovan, Bernadine Mooney, Therese Rimmer, Ben Fitzpatrick, Patricia Flannelly, Grainne Doherty, Lorraine Martin, Cara O'Leary, John O'Connor, Mairead Sharp, Linda

Rimmer, Ben/0000-0003-4110-0588; Russell, Noirin/
0000-0002-2759-3294; Fitzpatrick, Patricia/0000-0003-2524-3677
1369-7625

URL: <Go to ISI>://WOS:000692019800001

Reference Type: Journal Article

Record Number: 843

Author: O'Grady, H. K., Farley, C., Takaoka, A., Mayens, E., Bosch, J., Turkstra, L. and Kho, M. E.

Year: 2022

Title: Retention in RCTs of physical rehabilitation for adults with frailty: a systematic review and meta-analysis

Journal: Trials

Volume: 23

Issue: 1

Date: Mar

Short Title: Retention in RCTs of physical rehabilitation for adults with frailty: a systematic review and meta-analysis

DOI: 10.1186/s13063-022-06172-5

Article Number: 235

Accession Number: WOS:000773953100007

Abstract: Background Physical rehabilitation (PR) interventions can improve physical function for adults with frailty; however, participant retention rates in randomized controlled trials (RCTs) are unknown. Objective is to summarize participant retention rates in RCTs of PR for adults with frailty. Design is a systematic review and meta-analysis (DOI:10.17605/OSF.IO/G6XR2). Participants are adults ≥ 18 years with frailty. Setting consists of inpatient, outpatient and community-based interventions. Intervention includes any PR intervention. Methods We searched 7 electronic databases from inception to April 15, 2020 for published RCTs. Our primary outcome was participant retention rate to primary outcome measurement. Secondary outcomes included retention by study group, participant retention to intervention completion, reported reasons for attrition and reported strategies for maximizing retention. We completed screening, data extraction and risk of bias (ROB) assessments independently and in duplicate. We conducted a meta-analysis, calculating retention rates and 95% confidence intervals (CIs) using fixed or random-effects models, as appropriate. Results We included 21 RCTs, enrolling 1685 adults with frailty (median age 82.5 years (79.0, 82.2), 59.8% female (57.5, 69.8)). Twenty RCTs reported retention data, of which 90.0% (n = 18) had high ROB. The pooled participant retention rate to primary outcome measurement was 85.0% [95%CI (80.0, 90.0), I² = 83.9%, p < 0.05]. There were no differences by group for retention to the primary outcome [intervention 87.0% (83.0, 91.0), p < 0.05, comparator 85.0% (79.0, 90.0), p < 0.05] or in retention to intervention completion [83.0% (95.0% CI (78.0-87.0), p < 0.05]. Of the 18 studies reporting 24 reasons for attrition, 51.3% were categorized as potentially modifiable by the research team (e.g. low motivation). Only 20.0% (n = 4) of studies reported strategies for maximizing retention. Conclusions In this review of 21 RCTs of PR, we identified acceptable rates of retention for adults with frailty. High retention in PR interventions appears to be feasible in this population; however, our results are limited by a high ROB and heterogeneity.

Notes: O'Grady, Heather K. Farley, Christopher Takaoka, Alyson Mayens, Elisa Bosch, Jackie Turkstra, Lyn Kho, Michelle E. Bosch, Jackie/N-2816-2013

Bosch, Jackie/0000-0001-6292-4207; Kho, Michelle/0000-0003-3170-031X; O'Grady, Heather/0000-0002-1771-1824 1745-6215

URL: <Go to ISI>://WOS:000773953100007

Reference Type: Journal Article

Record Number: 1939

Author: O'Hara, M. C., Hynes, L., O'Donnell, M., Nery, N., Byrne, M., Heller, S. R., Dinneen, S. F. and Type 1 Diabet Young Adult, Study

Year: 2017

Title: A systematic review of interventions to improve outcomes for young adults with Type 1 diabetes

Journal: Diabetic Medicine

Volume: 34

Issue: 6

Pages: 753-769

Date: Jun

Short Title: A systematic review of interventions to improve outcomes for young adults with Type 1 diabetes

ISSN: 0742-3071

DOI: 10.1111/dme.13276

Accession Number: WOS:000401334700004

Abstract: Background Many young adults with Type 1 diabetes experience poor outcomes. The aim of this systematic review was to synthesize the evidence regarding the effectiveness of interventions aimed at improving clinical, behavioural or psychosocial outcomes for young adults with Type 1 diabetes. Methods Electronic databases were searched. Any intervention studies related to education, support, behaviour change or health service organizational change for young adults aged between 15-30 years with Type 1 diabetes were included. A narrative synthesis of all studies was undertaken due to the large degree of heterogeneity between studies. Results Eighteen studies (of a possible 1700) were selected and categorized: Health Services Delivery (n = 4), Group Education and Peer Support (n = 6), Digital Platforms (n = 4) and Diabetes Devices (n = 4). Study designs included one randomized controlled trial, three retrospective studies, seven feasibility/acceptability studies and eight studies with a pre/post design. Continuity, support, education and tailoring of interventions to young adults were the most common themes across studies. HbA(1c) was the most frequently measured outcome, but only 5 of 12 studies that measured it showed a significant improvement. Conclusion Based on the heterogeneity among the studies, the effectiveness of interventions on clinical, behavioural and psychosocial outcomes among young adults is inconclusive. This review has highlighted a lack of high-quality, well-designed interventions, aimed at improving health outcomes for young adults with Type 1 diabetes.

Notes: O'Hara, M. C. Hynes, L. O'Donnell, M. Nery, N. Byrne, M. Heller, S. R. Dinneen, S. F.

O'Hara, Mary Clare/P-2894-2019

O'Hara, Mary Clare/0000-0002-3187-0127; Heller, Simon/0000-0002-2425-9565; Goggin, Noreen/0000-0003-0030-0399; Byrne, Molly/0000-0001-8900-4320; Dinneen, Sean/0000-0002-6636-0493;

O'Donnell, Martin/0000-0002-7347-7761

1464-5491

URL: <Go to ISI>://WOS:000401334700004

Reference Type: Journal Article

Record Number: 2410

Author: O'Malley, G., Dowdall, G., Burls, A., Perry, I. J. and Curran, N.

Year: 2014

Title: Exploring the Usability of a Mobile App for Adolescent Obesity Management

Journal: Jmir Mhealth and Uhealth

Volume: 2

Issue: 2

Date: Apr-Jun

Short Title: Exploring the Usability of a Mobile App for Adolescent Obesity Management

ISSN: 2291-5222

DOI: 10.2196/mhealth.3262

Article Number: e29

Accession Number: WOS:000209895000006

Abstract: Background: Obesity is a global epidemic. Behavioral change approaches towards improving nutrition, increasing physical activity level, improving sleep, and reducing sitting time are recommended as best practices in adolescent obesity management. However, access to evidence-based treatment is limited and portable technologies such as mobile apps may provide a useful platform to deliver such lifestyle interventions. No evidence-based validated app exists for obesity intervention; therefore, a novel mobile app (Reactivate) was developed for use in the Temple Street W82G0 Healthy Lifestyles Program (W82G0). **Objective:** This study aimed to test the usability (technical effectiveness, efficiency, and user satisfaction) of the Reactivate mobile app in obese adolescents. **Methods:** Ten adolescents (7 males and 3 females, aged 12-17 years) who had been treated for obesity (> 98th percentile for body mass index) at the Temple Street Children's University Hospital were recruited. Participants were given 8 tasks to complete in order to test the technical effectiveness of the app. A research assistant timed the user while completing each task in order to test the relative user efficiency of the app (time-on-task). The tasks fell into 5 categories and required the user to enter personal settings, find and answer surveys, create a message, use the goal setting feature, and enter details regarding their weight and height. In exploration of user satisfaction, each participant completed the standardized software usability measurement inventory (SUMI), which measures 5 aspects of user satisfaction: efficiency, effect, helpfulness, controllability, and learnability. Descriptive statistics were used to explore the mean relative user efficiency and SUMI scores. **Results:** Mean age was 14.26 (SD 1.58) years. All adolescents completed each of the tasks successfully. The mean relative user efficiency scores were two to three times that of an expert user. Users responded that they would use Reactivate to monitor their growth over time, for motivation, and for goal setting. All users described Reactivate as an important mobile app. **Conclusions:** Our study describes the usability of a mobile app used in adolescent obesity management. Adolescents found Reactivate easy to use and their SUMI results indicated that the app scored high on user satisfaction. Usability testing is an important step towards refining the development of the Reactivate app, which can be used in the treatment of obesity. The study on the clinical efficacy of the Reactivate app is currently underway.

Notes: O'Malley, Grace Dowdall, Grainne Burls, Amanda Perry, Ivan J. Curran, Noirin

O'Malley, Grace/W-8601-2019; O'Malley, Grace/A-1345-2013

Perry, Ivan/0000-0002-4965-9792; O'Malley, Grace/0000-0002-2421-3866

URL: <Go to ISI>://WOS:000209895000006

Reference Type: Journal Article

Record Number: 672

Author: O'Reilly, S. L., Conway, M. C., O'Brien, E. C., Molloy, E., Walker, H., O'Carroll, E. and McAuliffe, F. M.

Year: 2023

Title: Exploring Successful Breastfeeding Behaviors Among Women Who Have High Body Mass Indices

Journal: Journal of Human Lactation

Volume: 39

Issue: 1

Pages: 82-92

Date: Feb

Short Title: Exploring Successful Breastfeeding Behaviors Among Women Who Have High Body Mass Indices

ISSN: 0890-3344

DOI: 10.1177/08903344221102839

Article Number: 08903344221102839

Accession Number: WOS:000813558300001

Abstract: Background: Women with high body mass indices are at risk of lower breastfeeding rates but the drivers of successful breastfeeding in this population are unclear. Research Aim: We aimed to (a) explore the barriers and enablers to breastfeeding among women with high body mass indices and (b) map specific behaviors suitable for intervention across the antenatal to postpartum periods. Methods: This was a prospective, cross-sectional qualitative study. We conducted semi-structured interviews with women with high body mass indices who successfully breastfed for 6 months or more (n =20), partners (n = 22), and healthcare professionals (n =19) in Ireland during 2018. Interviews were audio recorded, and transcribed verbatim. Data were inductively coded using reflexive thematic analysis and deductively mapped within the Capability, Opportunity, Motivation-Behavior model. Results: The three themes developed were knowledge, support, and self-efficacy. Knowledge supported a participant's psychological and physical capability to engage in breastfeeding. Support was related to the social and physical opportunity to enable performance of breastfeeding behaviors. Self-efficacy influenced reflective and automatic motivation to perform breastfeeding behaviors. A multifactorial intervention design is needed to support successful breastfeeding. Conclusion: The barriers and enablers identified for participants with high body mass indices were similar to those for the broader population; however, the physicality and associated social bias of high body mass indices mean that additional support is warranted. Antenatal and postpartum breastfeeding services need a multifaceted, inclusive, and high-quality program to provide the necessary support to women with higher body mass indices.

Notes: O'Reilly, Sharleen L. Conway, Marie C. O'Brien, Eileen C. Molloy, Eva Walker, Hannah O'Carroll, Eimear McAuliffe, Fionnuala M. ; O'Reilly, Sharleen/N-3412-2015

O'Brien, Eileen/0000-0001-6187-4017; O'Reilly, Sharleen/0000-0003-3547-6634; mcauliffe, fionnuala/0000-0002-3477-6494 1552-5732

URL: <Go to ISI>://WOS:000813558300001

Reference Type: Journal Article

Record Number: 1437

Author: O'Reilly, S. L., Versace, V. I., Skinner, T. C. and Dunbar, J. A.

Year: 2021

Title: Women's engagement with diabetes prevention activities and the influence of contact by the Australian national gestational diabetes register

Journal: Practical Diabetes

Volume: 38

Issue: 3

Pages: 14-19B

Date: May

Short Title: Women's engagement with diabetes prevention activities and the influence of contact by the Australian national gestational diabetes register

ISSN: 2047-2897

Accession Number: WOS:000657090200003

Abstract: Gestational diabetes increases a woman's risk of developing type 2 diabetes. In 2011, Australia started the first National Gestational Diabetes Register (NGDR). The register aims to improve risk awareness, promote diabetes prevention, and encourage regular diabetes screening. This study aimed to identify postnatal diabetes prevention activity and the association of NGDR awareness with that activity in a nationally representative sample of Australian women after a pregnancy with gestational diabetes. An anonymous, cross-sectional, online survey of women previously diagnosed with gestational diabetes and aged 18 years or over was run from June to November 2014. Of 8860 women invited from a stratified NGDR sample, 966 participated (response rate 13%). Postnatal screening rate was 73%. Only 47% of respondents reported receiving NGDR information postnatally. Log-binomial regression demonstrated an association with women reporting receiving NGDR information and being at intermediate risk of developing type 2 diabetes (relative ratio [RR] 1.307, 95% CI 1.030, 1.660) and at higher disadvantage (RR 1.501, 95% CI 1.080, 2.080). Postnatal screening rates, total diabetes risk perception and lifestyle risk factors were not significantly different between those recalling or not recalling receiving NGDR information. The reach and impact of NGDR information alone are limited. Women's engagement with the NGDR was not associated with better lifestyle, greater postnatal screening or higher risk perception. System-level integration is needed for improved NGDR functioning and further improvements should yield enhanced diabetes prevention efforts when primary care ties are strengthened. Copyright (C) 2021 John Wiley & Sons.

Notes: O'Reilly, Sharleen L. Versace, Vincent, I Skinner, Timothy C. Dunbar, James A.

Dunbar, James A/G-3034-2012; Skinner, Timothy C/N-2221-2013;

O'Reilly, Sharleen/N-3412-2015

Skinner, Timothy C/0000-0002-0018-6963; O'Reilly, Sharleen/0000-0003-3547-6634

2047-2900

URL: <Go to ISI>://WOS:000657090200003

Reference Type: Journal Article

Record Number: 2212

Author: O'Sullivan, J. W., Harvey, R. T., Glasziou, P. P. and McCullough, A.

Year: 2016

Title: Written information for patients (or parents of child patients) to reduce the use of antibiotics for acute upper respiratory tract infections in primary care

Journal: Cochrane Database of Systematic Reviews

Issue: 11

Short Title: Written information for patients (or parents of child patients) to reduce the use of antibiotics for acute upper respiratory tract infections in primary care

ISSN: 1469-493X

DOI: 10.1002/14651858.CD011360.pub2

Article Number: Cd011360

Accession Number: WOS:000389600300026

Abstract: Background Acute upper respiratory tract infections (URTIs) are frequently managed in primary care settings. Although many are viral, and there is an increasing problem with antibiotic resistance, antibiotics continue to be prescribed for URTIs. Written patient information may be a simple way to reduce antibiotic use for acute URTIs. Objectives To assess if written information for patients (or parents of child patients) reduces the use of antibiotics for acute URTIs in primary care. Search methods We searched CENTRAL, MEDLINE, Embase, CINAHL, LILACS, Web of Science, clinical trials.gov, and the World Health Organization (WHO) trials registry up to July 2016 without language or publication restrictions. Selection criteria We included randomised controlled trials (RCTs) involving patients (or parents of child patients) with acute URTIs, that compared written patient information delivered immediately before or during prescribing, with no information. RCTs needed to have measured our primary outcome (antibiotic use) to be included. Data collection and analysis Two review authors screened studies, extracted data, and assessed study quality. We could not meta-analyse included studies due to significant methodological and statistical heterogeneity; we summarised the data narratively. Main results Two RCTs met our inclusion criteria, involving a total of 827 participants. Both studies only recruited children with acute URTIs (adults were not involved in either study): 558 children from 61 general practices in England and Wales; and 269 primary care doctors who provided data on 33,792 patient-doctor consultations in Kentucky, USA. The UK study had a high risk of bias due to lack of blinding and the US cluster-randomised study had a high risk of bias because the methods to allocate participants to treatment groups was not clear, and there was evidence of baseline imbalance. In both studies, clinicians provided written information to parents of child patients during primary care consultations: one trained general practitioners (GPs) to discuss an eight-page booklet with parents; the other conducted a factorial trial with two comparison groups (written information compared to usual care and written information

plus prescribing feedback to clinicians compared to prescribing feedback alone). Doctors in the written information arms received 25 copies of two-page government-sponsored pamphlets to distribute to parents. Compared to usual care, we found moderate quality evidence (one study) that written information significantly reduced the number of antibiotics used by patients (RR 0.53, 95% CI 0.35 to 0.80; absolute risk reduction (ARR) 20% (22% versus 42%)) and had no significant effect on reconsultation rates (RR 0.79, 95% CI 0.47 to 1.32), or parent satisfaction with consultation (RR 0.95, 95% CI 0.87 to 1.03). Low quality evidence (two studies) demonstrated that written information also reduced antibiotics prescribed by clinicians (RR 0.47, 95% CI 0.28 to 0.78; ARR 21% (20% versus 41%); and RR 0.84, 95% CI 0.81 to 0.86; 9% ARR (45% versus 54%)). Neither study measured resolution of symptoms, patient knowledge about antibiotics for acute URTIs, or complications for this comparison. Compared to prescribing feedback, we found low quality evidence that written information plus prescribing feedback significantly increased the number of antibiotics prescribed by clinicians (RR 1.13, 95% CI 1.09 to 1.17; absolute risk increase 6% (50% versus 44%)). Neither study measured reconsultation rate, resolution of symptoms, patient knowledge about antibiotics for acute URTIs, patient satisfaction with consultation or complications for this comparison. Authors' conclusions Compared to usual care, moderate quality evidence from one study showed that trained GPs providing written information to parents of children with acute URTIs in primary care can reduce the number of antibiotics used by patients without any negative impact on reconsultation rates or parental satisfaction with consultation. Low quality evidence from two studies shows that, compared to usual care, GPs prescribe fewer antibiotics for acute URTIs but prescribe more antibiotics when written information is provided alongside prescribing feedback (compared to prescribing feedback alone). There was no evidence addressing resolution of patients' symptoms, patient knowledge about antibiotics for acute URTIs, or frequency of complications. To fill evidence gaps, future studies should consider testing written information on antibiotic use for adults with acute URTIs in high and low-income settings provided without clinician training and presented in different formats (such as electronic). Future study designs should endeavour to ensure blinded outcome assessors. Study aims should include measurement of the effect of written information on the number of antibiotics used by patients and prescribed by clinicians, patient satisfaction, reconsultation, patients' knowledge about antibiotics, resolution of symptoms, and complications.

Notes: O'Sullivan, Jack W. Harvey, Robert T. Glasziou, Paul P. McCullough, Amanda

Glasziou, Paul/A-7832-2008; O'Sullivan, Jack W/D-2953-2014

Glasziou, Paul/0000-0001-7564-073X; O'Sullivan, Jack W/
0000-0003-3629-2546

1361-6137

URL: <Go to ISI>://WOS:000389600300026

Reference Type: Journal Article

Record Number: 1591

Author: Oberai, T., Laver, K., Woodman, R., Crotty, M., Kerkhoffs, G. and Jaarsma, R.

Year: 2021

Title: Does implementation of a tailored intervention increase adherence to a National Safety and Quality Standard? A study to improve delirium care

Journal: International Journal for Quality in Health Care

Volume: 33

Issue: 1

Date: Jan

Short Title: Does implementation of a tailored intervention increase adherence to a National Safety and Quality Standard? A study to improve delirium care

ISSN: 1353-4505

DOI: 10.1093/intqhc/mzab006

Article Number: mzab006

Accession Number: WOS:000648943600064

Abstract: Background: Delirium is commonly detected in older people after hip fracture. Delirium is considered to be a multifactorial disorder that is often seen post-operatively (incidence ranging from 35% to 65%). Hospitals in Australia are required to meet eight standards including the comprehensive care standard to be able to maintain their accreditation. The standard includes actions related to falls, pressure injuries, nutrition, mental health, cognitive impairment and end-of-life care. Delirium prevention was identified as an area for improvement in our Orthopaedic unit in a Level 1 University Trauma Centre in Australia. This implementation research project aimed to understand the efficacy of a delirium prevention intervention within an existing orthopaedic speciality care system. Objective: Implementation of the tailored intervention will increase adherence to National Safety and Quality Health Service Standards, thereby reducing rate of delirium. Methods: In this study, we used an interrupted time series design to examine changes in practice over time in people admitted to hospital with a hip fracture. Clinical staff caring for patients with hip fracture in an acute care setting in Adelaide, South Australia, participated in the project. In brief, intervention included education, environmental restructuring, change champions, infographics and audit feedback reports. The primary outcome of interest was rate of delirium. The secondary outcome was compliance with the use of delirium 4AT screening tool, duration of delirium and hospital length of stay. Results: The rate of change per month in patients with delirium decreased significantly by 19.2%. There was no significant change observed in trend for duration of delirium and length of hospital stay between pre-intervention and post-intervention phases. A significant increase in the use of screening tool was observed from 4.7% in the pre-intervention phase to 33.6% in the post-intervention phase. Conclusion: Translation of evidence-based intervention model incorporating well-considered implementation strategies had a mixed impact on decreasing the rate of delirium. The scheduled hospital accreditation enhanced the use of validated screening tool to recognize delirium. This project highlights the importance of aligning implementation goals with the wider goals of the

organization as well as making clinicians accountable by consistent auditing.

Notes: Oberai, Tarandeep Laver, Kate Woodman, Richard Crotty, Maria Kerkhoffs, Gino Jaarsma, Ruurd

Woodman, Richard/D-4004-2012; Laver, Kate/AFM-0623-2022

Laver, Kate/0000-0003-0259-2209; Oberai, Tarandeep/
0000-0002-3309-9217; Woodman, Richard/0000-0002-4094-1222

1464-3677

URL: <Go to ISI>://WOS:000648943600064

Reference Type: Journal Article

Record Number: 420

Author: Odawara, M., Saito, J., Yaguchi-Saito, A., Fujimori, M.,
Uchitomi, Y. and Shimazu, T.

Year: 2022

Title: Using implementation mapping to develop strategies for
preventing non-communicable diseases in Japanese small- and medium-
sized enterprises

Journal: Frontiers in Public Health

Volume: 10

Date: Oct

Short Title: Using implementation mapping to develop strategies for
preventing non-communicable diseases in Japanese small- and medium-
sized enterprises

DOI: 10.3389/fpubh.2022.873769

Article Number: 873769

Accession Number: WOS:000872959200001

Abstract: Introduction Workplace programs to prevent non-communicable
diseases (NCDs) in the workplace can help prevent the incidence of
chronic diseases among employees, provide health benefits, and
reduce the risk of financial loss. Nevertheless, these programs are
not fully implemented, particularly in small- and medium-sized
enterprises (SMEs). The purpose of this study was to develop
implementation strategies for health promotion activities to prevent
NCDs in Japanese SMEs using Implementation Mapping (IM) to present
the process in a systematic, transparent, and replicable manner.

Methods Qualitative methods using interviews and focus group
discussions with 15 SMEs and 20 public health nurses were conducted
in a previous study. This study applied the Consolidated Framework
for Implementation Research and IM to analyze this dataset to
develop implementation strategies suitable for SMEs in Japan.

Results In task 2 of the IM, we identified performance objectives,
determinants, and change objectives for each implementation stage:
adoption, implementation, and maintenance; to identify the required
actors and actions necessary to enhance implementation
effectiveness. Twenty-two performance objectives were identified in
each implementation stage. In task 3 of the IM, the planning group
matched behavioral change methods (e.g., modeling and setting of
graded tasks, framing, self-re-evaluation, and environmental re-
evaluation) with determinants to address the performance objectives.
We used a consolidated framework for implementation research to
select the optimal behavioral change technique for performance
objectives and determinants and designed a practical application.

The planning team agreed on the inclusion of sixteen strategies from the final strategies list compiled and presented to it for consensus, for the overall implementation plan design.

This paper provides the implementation strategies for NCDs prevention for SMEs in Japan following an IM protocol. Although the identified implementation strategies might not be generalizable to all SMEs planning implementation of health promotion activities, because they were tailored to contextual factors identified in a formative research. However, identified performance objectives and implementation strategies can help direct the next steps in launching preventive programs against NCDs in SMEs.

Notes: Odawara, Miyuki Saito, Junko Yaguchi-Saito, Akiko Fujimori, Maiko Uchitomi, Yosuke Shimazu, Taichi

Fujimori, Maiko/N-2883-2019

Fujimori, Maiko/0000-0003-1639-3390

2296-2565

URL: <Go to ISI>://WOS:000872959200001

Reference Type: Journal Article

Record Number: 331

Author: Odes, R., Alway, J., Kushel, M., Max, W. and Vijayaraghavan, M.

Year: 2022

Title: The smoke-free home study: study protocol for a cluster randomized controlled trial of a smoke-free home intervention in permanent supportive housing

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Nov

Short Title: The smoke-free home study: study protocol for a cluster randomized controlled trial of a smoke-free home intervention in permanent supportive housing

DOI: 10.1186/s12889-022-14423-y

Article Number: 2076

Accession Number: WOS:000883402200005

Abstract: Background Formerly chronically homeless adults who live in permanent supportive housing (PSH) have high prevalence of smoking. It is uncommon to find smoke-free policies in PSH because of the concern that such policies contradict PSH's harm reduction framework and could increase homelessness should residents lose their housing because of the policy. However, in the absence of such policies, non-smoking PSH residents face the harmful effects of secondhand smoke exposure while residents who smoke see increased risks from high rates of smoking throughout their residence. Our pilot work highlighted the feasibility and acceptability of an intervention designed to promote voluntary adoption of a smoke-free home. Here we report a protocol for a cluster randomized controlled trial of the smoke-free home intervention for formerly chronically homeless residents in PSH. Methods The smoke-free home intervention provides face-to-face counseling and instruction to PSH residents on how to adopt a smoke-free home and offers training for PSH staff on how to refer residents to tobacco cessation services. We will

randomize 20 PSH sites in the San Francisco Bay Area to either the intervention or wait-list control arms. We will enroll 400 PSH residents who smoke cigarettes in their housing unit and 120 PSH staff who work at the sites. At baseline, three- and six-months follow-up, we will ask residents to report their tobacco use and cessation behaviors and adoption of smoke-free homes. We will ask staff to answer questions on their knowledge, attitudes, practices, and barriers related to supporting residents' smoking cessation. The primary outcome for PSH residents is adoption of smoke-free homes for 90 days or more at six-months follow-up, and the secondary outcome is point prevalence tobacco abstinence. The primary outcome for PSH staff is change in Smoking Knowledge Attitudes Practices survey score. Discussion Voluntary adoption of smoke-free homes is a promising approach for reducing exposure to secondhand smoke and reducing tobacco use among a population facing high rates of tobacco-related disease, and is aligned with PSH's harm reduction framework. Findings from this study have the potential to inform adoption of tobacco control policies among vulnerable populations most at risk for smoking-related harms.

Notes: Odes, Rachel Alway, Jessica Kushel, Margot Max, Wendy Vijayaraghavan, Maya
1471-2458

URL: <Go to ISI>://WOS:000883402200005

Reference Type: Journal Article

Record Number: 1820

Author: Ogez, D., Bourque, C. J., Peloquin, K., Ribeiro, R., Bertout, L., Curnier, D., Drouin, S., Laverdiere, C., Marcil, V., Rondeau, E., Sinnett, D. and Sultan, S.

Year: 2019

Title: Definition and improvement of the concept and tools of a psychosocial intervention program for parents in pediatric oncology: a mixed-methods feasibility study conducted with parents and healthcare professionals

Journal: Pilot and Feasibility Studies

Volume: 5

Issue: 1

Date: Feb

Short Title: Definition and improvement of the concept and tools of a psychosocial intervention program for parents in pediatric oncology: a mixed-methods feasibility study conducted with parents and healthcare professionals

DOI: 10.1186/s40814-019-0407-8

Article Number: 20

Accession Number: WOS:000704684500001

Abstract: Background Studies have shown that supporting parents in pediatric oncology reduces family distress following a cancer diagnosis. Manualized programs for parents have therefore been developed to reduce family distress. However, these programs have limitations that need to be improved, such as better defining programs' procedures, developing interventions focusing on parents' conjugal relationship, conducting rigorous evaluations of implementation, and proposing adaptations to various cultural

dimensions. According to the Obesity-Related Behavioral Intervention Trials (ORBIT) model for the development of behavioral intervention, we improved these limitations and developed TAKING BACK CONTROL TOGETHER, a six in-person intervention sessions to support parents of children with cancer by taking the active components of two programs: Bright IDEAS and SCCIP. Referring to the redesign phase of the ORBIT model, this study aims to refine the definition of this program's design by interviewing parents and healthcare professionals. Methods In order to refine the program, we used a sequential mixed-methods study. Parents and healthcare professionals first completed questionnaires assessing the program, and then discussed its limitations, benefits, and areas for improvement in group and/or individual interviews. We performed a descriptive thematic content analysis of the qualitative data from the open-ended questions (questionnaires and interviews) with NVivo 11 to categorize recommendations for the program refinement. Results The results showed that components seemed pertinent to final users. The main areas needing improvement were the level of complexity and understandability of the parent manual, the possibility to choose the place and time of the intervention, and the lack of ethnic/cultural diversity. Changes to the program were made accordingly. Conclusions It is necessary to include end-users when developing complex intervention programs designed for vulnerable populations and sensitive clinical contexts. Following the present refinement, we now have a treatment package, which is safe and acceptable for the target population and has a better chance of yielding a clinically significant benefit for users in a future pilot study. Notes: Ogez, David Bourque, Claude-Julie Peloquin, Katherine Ribeiro, Rebeca Bertout, Laurence Curnier, Daniel Drouin, Simon Laverdiere, Caroline Marcil, Valerie Rondeau, Emelie Sinnett, Daniel Sultan, Serge
2055-5784
URL: <Go to ISI>://WOS:000704684500001

Reference Type: Journal Article
Record Number: 2040
Author: Ogretme, M. S., AbualSaoud, D. and Hosey, M. T.
Year: 2016
Title: What preventive care do sedated children with caries referred to specialist services need?
Journal: British Dental Journal
Volume: 221
Issue: 12
Pages: 777-784
Date: Dec
Short Title: What preventive care do sedated children with caries referred to specialist services need?
ISSN: 0007-0610
DOI: 10.1038/sj.bdj.2016.951
Accession Number: WOS:000394356200019
Abstract: Introduction Few studies have assessed the preventive needs of children treated under conscious sedation or their parents'/guardians' views regarding oral health education. Aim To

report on the profile of children who required treatment under conscious sedation. Also to obtain the views of the parents or guardians of these children on their experiences of oral health preventive services and the support they would like in order to improve their child's oral health. Method A researcher-administered questionnaire was used to collect quantitative and qualitative responses from a consecutive sample of 123 parents/guardians during their child's sedation appointment at King's College Hospital. Results Caries was the main reason for the child's sedation treatment and 77.2% of them were high caries risk. Parents reported that their general dentist had given advice about sugar (80%) and tooth-brushing (74%), but few had prescribed fluoride varnish (15%), fissure sealants (12%) or a fluoride rinse (36%). Parents felt challenged by the ready availability of sugar, and others suggested difficulty in maintaining healthy oral habits in complex families. Overall, the majority of parents thought leaflets, health professionals' advice, and Internet websites could be informative, and they requested school- and hospital-based prevention programmes. Discussion The majority of children had high caries risk. They had received advice but not professional preventive treatment such as fluoride varnish and fissure sealants. Their parents requested preventive education using new technologies and media and better access through school-based and hospital prevention programmes. Notes: Ogretme, M. Sipahi AbualSaoud, D. Hosey, M. T. Hosey, Marie Therese/0000-0003-1178-4106 1476-5373 URL: <Go to ISI>://WOS:000394356200019

Reference Type: Journal Article

Record Number: 421

Author: Ogutu, E. A., Ellis, A., Rodriguez, K. C., Caruso, B. A., McClintic, E. E., Ventura, S. G., Arriola, K. R. J., Kowalski, A. J., Linabarger, M., Wodnik, B. K., Webb-Girard, A., Muga, R. and Freeman, M. C.

Year: 2022

Title: Determinants of food preparation and hygiene practices among caregivers of children under two in Western Kenya: a formative research study

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Oct

Short Title: Determinants of food preparation and hygiene practices among caregivers of children under two in Western Kenya: a formative research study

DOI: 10.1186/s12889-022-14259-6

Article Number: 1865

Accession Number: WOS:000864632000002

Abstract: Introduction Diarrhea is a leading cause of child morbidity and mortality worldwide and is linked to early childhood stunting. Food contamination from improper preparation and hygiene practices is an important transmission pathway for exposure to enteric pathogens. Understanding the barriers and facilitators to

hygienic food preparation can inform interventions to improve food hygiene. We explored food preparation and hygiene determinants including food-related handwashing habits, meal preparation, cooking practices, and food storage among caregivers of children under age two in Western Kenya. Methods We used the Capabilities, Opportunities, and Motivations model for Behavior Change (COM-B) framework in tool development and analysis. We conducted 24 focus group discussions with mothers (N = 12), fathers (N = 6), and grandmothers (N = 6); 29 key informant interviews with community stakeholders including implementing partners and religious and community leaders; and 24 household observations. We mapped the qualitative and observational data onto the COM-B framework to understand caregivers' facilitators and barriers to food preparation and hygiene practices. Results Facilitators and barriers to food hygiene and preparation practices were found across the COM-B domains. Caregivers had the capability to wash their hands at critical times; wash, cook, and cover food; and clean and dry utensils. Barriers to food hygiene and preparation practices included lack of psychological capability, for instance, caregivers' lack of knowledge of critical times for handwashing, lack of perceived importance of washing some foods before eating, and not knowing the risks of storing food for more than four hours without refrigerating and reheating. Other barriers were opportunity-related, including lack of resources (soap, water, firewood) and an enabling environment (monetary decision-making power, social support). Competing priorities, socio-cultural norms, religion, and time constraints due to work hindered the practice of optimal food hygiene and preparation behaviors. Conclusion Food hygiene is an underexplored, but potentially critical, behavior to mitigate fecal pathogen exposure for young children. Our study revealed several knowledge and opportunity barriers that could be integrated into interventions to enhance food hygiene.

Notes: Ogutu, Emily A. Ellis, Anna Rodriguez, Katie C. Caruso, Bethany A. McClintic, Emilie E. Ventura, Sandra Gomez Arriola, Kimberly R. J. Kowalski, Alysse J. Linabarger, Molly Wodnik, Breanna K. Webb-Girard, Amy Muga, Richard Freeman, Matthew C. Rodriguez, Katie/0000-0001-8239-9243
1471-2458
URL: <Go to ISI>://WOS:000864632000002

Reference Type: Journal Article

Record Number: 632

Author: Oh, A., Allison, T. A., Mahoney, K., Thompson, N., Ritchie, C. S., Sudore, R. L. and Harrison, K. L.

Year: 2022

Title: Front-Line Hospice Staff Perceptions of Barriers and Opportunities to Discussing Advance Care Planning With Hospice Patients and Their Families

Journal: Journal of the American Medical Directors Association

Volume: 23

Issue: 7

Pages: 1205-+

Date: Jul

Short Title: Front-Line Hospice Staff Perceptions of Barriers and Opportunities to Discussing Advance Care Planning With Hospice Patients and Their Families

ISSN: 1525-8610

DOI: 10.1016/j.jamda.2021.07.014

Accession Number: WOS:000840266400022

Abstract: Objectives: To understand the facilitators and barriers to hospice staff engagement of patients and surrogates in advance care planning (ACP) conversations. Design: Qualitative study conducted with purposive sampling and semistructured interviews using ATLAS.ti software to assist with template analysis. Settings and

Participants: Participants included 51 hospice professionals (31 clinicians, 13 leaders, and 7 quality improvement administrators) from 4 geographically distinct nonprofit US hospices serving more than 2700 people. Measures: Interview domains were derived from the implementation science framework of Capability, Opportunity, Motivation, and Behavior (COM-B), with additional questions soliciting recommendations for behavior change. Differences in themes were reconciled by consensus. The facilitator, barrier, and recommendation themes were organized within the COM-B framework.

Results: Capability was facilitated by interdisciplinary teamwork and specified clinical staff roles and inhibited by lack of self-perceived skill in engaging in ACP conversations. Opportunities for ACP occurred during admission to hospice, acute changes, or deterioration in patient condition. Opportunity-related environmental barriers included time constraints such as short patient stay in hospice and workload expectations that prevented clinicians from spending more time with patients and families. Motivation to discuss ACP was facilitated by the employee's goal of providing personalized, patient-centered care. Implicit assumptions about patient's and familie's preferences reduced staff's motivation to engage in ACP. Hospice staff made recommendations to improve ACP discussions, including training and modeling practice sessions, earlier introduction of ACP concepts by clinicians in prehospice settings, and increasing workforce diversity to reflect the patient populations the organizations want to reach and cultural competency.

Conclusions and Implications: Even hospice staff can be uncomfortable discussing death and dying. Yet staff were able to identify what worked well. Solutions to increase behavior of ACP engagement included staff training and modeling practice sessions, introducing ACP prior to hospice, and increasing workforce diversity to improve cultural competency. Published by Elsevier Inc. on behalf of AMDA -The Society for Post-Acute and Long-Term Care Medicine.

Notes: Oh, Anna Allison, Theresa A. Mahoney, Katherine Thompson, Nicole Ritchie, Christine S. Sudore, Rebecca L. Harrison, Krista L. Harrison, Krista Lyn/AEP-8142-2022

Harrison, Krista Lyn/0000-0001-5373-3011; Mahoney, Katherine/0000-0002-5857-386X
1538-9375

URL: <Go to ISI>://WOS:000840266400022

Reference Type: Journal Article

Record Number: 2360

Author: Ohakim, A., Mellon, L., Jafar, B., O'Byrne, C., McElvaney, N. G., Cormican, L., McDonnell, R. and Doyle, F.

Year: 2015

Title: Smoking, attitudes to smoking and provision of smoking cessation advice in two teaching hospitals in Ireland: do smoke-free policies matter?

Journal: Health Psychology and Behavioral Medicine

Volume: 3

Issue: 1

Pages: 142-153

Short Title: Smoking, attitudes to smoking and provision of smoking cessation advice in two teaching hospitals in Ireland: do smoke-free policies matter?

ISSN: 2164-2850

DOI: 10.1080/21642850.2015.1026347

Accession Number: WOS:000409568800014

Abstract: Brief cessation advice from health-care professionals in the hospital setting significantly increases the likelihood of patients quitting smoking, yet patients are not routinely provided with this advice. Smoke-free hospital policies aim to protect individuals from the adverse effects of smoking; however, it is unclear if such policies encourage systematic delivery of cessation advice by health-care professionals. The study's aim was to determine the prevalence of smoking and cessation advice received by in-patients in two teaching hospitals in Ireland which have implemented smoke-free hospital policies, and to examine patient attitudes towards smoking cessation. Change in smoking prevalence and delivery of smoking cessation advice prior to and post-policy implementation was also examined in one hospital. This study surveyed 466 in-patients across 2 hospital sites, over a 3-week and 5week period, respectively. Data were also compared to a survey completed prior to the implementation of the smoke-free policy in one of the hospital sites. Smoking prevalence was 17% in Beaumont Hospital and 28% in Connolly Hospital. Overall, nicotine dependence was low (Mean Fagerstrm Test for Nicotine Dependence = 4.21, +/- 2.9). Overall, 62% of smokers did not receive smoking cessation advice from a health professional, although 55% indicated a willingness to engage with this type of service. The before-and-after analysis of Beaumont Hospital showed a reduction in smoking prevalence (17% vs 21%) amongst hospital in-patients, and a 6% increase in reported cessation advice provided following the introduction of the hospital smoke-free policy. Smoke-free hospital policies play a role in decreasing the prevalence of in-patient smokers, but further intervention is needed to increase rates of cessation advice provided. Positive attitudes to smoking cessation, coupled with low average nicotine dependence, suggest that lowintensity interventions would be beneficial for most smokers. A systematic focus on provision of brief smoking cessation advice is needed in hospitals.

Notes: Ohakim, Adanna Mellon, Lisa Jafar, Bedour O'Byrne, Caroline McElvaney, Noel G. Cormican, Liam McDonnell, Ronan Doyle, Frank Doyle, Frank/C-2750-2012; McElvaney, Noel/A-6809-2010 Doyle, Frank/0000-0002-3785-7433;

URL: <Go to ISI>://WOS:000409568800014

Reference Type: Journal Article

Record Number: 794

Author: Ojo, S. O., Bailey, D. P., Chater, A. M. and Hewson, D. J.

Year: 2022

Title: Workplace Intervention for Reducing Sitting Time in Sedentary Workers: Protocol for a Pilot Study Using the Behavior Change Wheel

Journal: Frontiers in Public Health

Volume: 10

Date: Apr

Short Title: Workplace Intervention for Reducing Sitting Time in Sedentary Workers: Protocol for a Pilot Study Using the Behavior Change Wheel

DOI: 10.3389/fpubh.2022.832374

Article Number: 832374

Accession Number: WOS:000787739100001

Abstract: The workplace is a major contributor to excessive sitting in office workers. There are a wide array of adverse effects of high volumes of sitting time, including an increased risk of type 2 diabetes and depression. Active workstations can be used in effective interventions to decrease workplace sitting. However, there are a lack of interventions that have been developed using a systematic process that is informed by participant needs and a framework for identifying the most appropriate content for the intervention. Applying these methods could increase adherence and potential effectiveness of the intervention. Therefore, the purpose of this pilot study is to examine the feasibility, acceptability, and efficacy of a tailored workplace intervention to reduce and break up sitting in office workers that has been developed using the Behavior Change Wheel and the APEASE (Acceptability, Practicability, Effectiveness/cost-effectiveness, Affordability, Safety/side-effects, Equity) criteria. This article reports the protocol for this study that is currently ongoing. Participants will be cluster-randomized (by offices) to control and intervention groups. The evaluation of the intervention includes determining feasibility by assessing participant recruitment, retention and data completion rates. Adherence to the intervention will be assessed based on daily sitting and standing time relative to guidelines provided to participants as part of the intervention. Outcome measures also include productivity measured using Ecological Momentary Assessment, absenteeism, presenteeism, cardiometabolic risk markers, and wellbeing. The findings of this study will inform the effective design and implementation of interventions for reducing and breaking up sitting in office workers.

Notes: Ojo, Samson O. Bailey, Daniel P. Chater, Angel M. Hewson, David J.

Bailey, Daniel/HDL-7697-2022

Bailey, Daniel/0000-0003-3772-630X

2296-2565

URL: <Go to ISI>://WOS:000787739100001

Reference Type: Journal Article

Record Number: 1651

Author: Okeah, B. O., Morrison, V. and Huws, J. C.

Year: 2021

Title: Antimicrobial stewardship and infection prevention interventions targeting healthcare-associated *Clostridioides difficile* and carbapenem-resistant *Klebsiella pneumoniae* infections: a scoping review

Journal: Bmj Open

Volume: 11

Issue: 8

Short Title: Antimicrobial stewardship and infection prevention interventions targeting healthcare-associated *Clostridioides difficile* and carbapenem-resistant *Klebsiella pneumoniae* infections: a scoping review

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-051983

Article Number: e051983

Accession Number: WOS:000692198100012

Abstract: Objectives This study assessed antimicrobial stewardship (AMS) and infection prevention (IP) interventions targeting healthcare-associated *Clostridioides difficile* and carbapenem-resistant *Klebsiella pneumoniae* (CRKP) infections, their key outcomes and the application of behaviour change principles in these interventions. Design This scoping review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews (PRISMA-ScR) guidelines while focusing on acute healthcare settings in both low-to-middle income and high-income countries. Data sources The databases searched were MEDLINE, PubMed, Web of Science and CINAHL between 22 April 2020 and 30 September 2020. Eligibility The review included peer-reviewed articles published in English language between 2010 and 2019. Studies that focussed on IP and/or AMS interventions primarily targeting *C. difficile* or CRKP were included. Studies that assessed effectiveness of diagnostic devices or treatment options were excluded from this review. Data extraction and synthesis An abstraction sheet calibrated for this study was used to extract data on the main study characteristics including the population, intervention and outcomes of interest (antimicrobial use, compliance with IP interventions and risk for *C. difficile* and CRKP). A narrative synthesis of the results is provided. Results The review included 34 studies. Analysis indicates that interventions targeting *C. difficile* and CRKP include Education, Surveillance/Screening, Consultations, Audits, Policies and Protocols, Environmental measures, Bundles, Isolation as well as Notifications or alerts (represented using the ESCAPE-BIN acronym). The identified outcomes include antimicrobial use, resistance rates, risk reduction, adherence to contact precautions, hospital stay and time savings. AMS and IP interventions tend to be more adhoc with limited application of behaviour change principles. Conclusion This scoping review identified the AMS and IP interventions targeting *C. difficile* and CRKP in healthcare settings and described their key outcomes. The application of behaviour change principles in AMS and IP interventions appears to be limited.

Notes: Okeah, Bernard Ojiambo Morrison, Valerie Huws, Jaci C.

Okeah, Bernard/0000-0002-2797-3377
URL: <Go to ISI>://WOS:000692198100012

Reference Type: Journal Article

Record Number: 140

Author: Okeowo, D. A., Zaidi, S. T. R., Fylan, B. and Alldred, D. P.

Year: 2023

Title: Barriers and facilitators of implementing proactive
deprescribing within primary care: a systematic review

Journal: International Journal of Pharmacy Practice

Volume: 31

Issue: 2

Pages: 126-152

Date: Apr

Short Title: Barriers and facilitators of implementing proactive
deprescribing within primary care: a systematic review

ISSN: 0961-7671

DOI: 10.1093/ijpp/riad001

Accession Number: WOS:000941921700001

Abstract: Objective Proactive deprescribing – identifying and discontinuing medicines where harms outweigh benefits – can minimise problematic polypharmacy, but has yet to be implemented into routine practice. Normalisation process theory (NPT) can provide a theory-informed understanding of the evidence base on what impedes or facilitates the normalisation of routine and safe deprescribing in primary care. This study systematically reviews the literature to identify barriers and facilitators to implementing routine safe deprescribing in primary care and their effect on normalisation potential using NPT. PubMed, MEDLINE, Embase, Web of Science, International Pharmaceutical Abstracts, CINAHL, PsycINFO and The Cochrane Library were searched (1996-2022). Studies of any design investigating the implementation of deprescribing in primary care were included. The Mixed Methods Appraisal Tool and the Quality Improvement Minimum Quality Criteria Set were used to appraise quality. Barriers and facilitators from included studies were extracted and mapped to the constructs of NPT. Key findings A total of 12,027 articles were identified, 56 articles included. In total, 178 barriers and 178 facilitators were extracted and condensed into 14 barriers and 16 facilitators. Common barriers were negative deprescribing perceptions and suboptimal deprescribing environments, while common facilitators were structured education and training on proactive deprescribing and utilising patient-centred approaches. Very few barriers and facilitators were associated with reflexive monitoring, highlighting a paucity of evidence on how deprescribing interventions are appraised. Through NPT, multiple barriers and facilitators were identified that impede or facilitate the implementation and normalisation of deprescribing in primary care. However, more research is needed into the appraisal of deprescribing post-implementation.

Notes: Okeowo, Daniel A. Zaidi, Syed Tabish R. Fylan, Beth Alldred, David P.

Alldred, David/0000-0002-2525-4854; Okeowo, Daniel/
0000-0003-3219-4439

2042-7174

URL: <Go to ISI>://WOS:000941921700001

Reference Type: Journal Article

Record Number: 1617

Author: Okpalauwaekwe, U. and Tzeng, H. M.

Year: 2021

Title: Adverse Events and Their Contributors Among Older Adults During Skilled Nursing Stays for Rehabilitation: A Scoping Review

Journal: Patient-Related Outcome Measures

Volume: 12

Pages: 323-337

Short Title: Adverse Events and Their Contributors Among Older Adults During Skilled Nursing Stays for Rehabilitation: A Scoping Review

ISSN: 1179-271X

DOI: 10.2147/prom.S336784

Accession Number: WOS:000719456400001

Abstract: Purpose: To identify factors that contribute to adverse events among older adults during short stays at skilled nursing facilities (SNFs) for rehabilitation (ie, up to 100 resident days). Adults aged 65 years and older are at serious risk for adverse events throughout their continuum of care. Over 33% of older adults admitted to SNFs experienced an adverse event (eg, falls) within the first 35 days of their stay. Design: A scoping review. Setting and Participants: Older adults admitted for short stays in SNFs. Methods: Eligibility criteria were peer-reviewed original articles published between 1 January 2015 and 30 May 2021, written in English, and containing any of the following key terms and synonyms: "skilled nursing facilities", "adverse events", and "older adults". These terms were searched in PubMed, MEDLINE, CINAHL, EBSCOHost, and the ProQuest Nursing and Allied Health Database. We summarized the findings using the Joanna Briggs Institute and PRISMA-ScR reporting guidelines. We also used the Capability-Opportunity-Motivation-Behavior (COM-B) model of health behavioral change as a framework to guide the content, thematic, and descriptive analyses of the results. Results: Eleven articles were included in this scoping review. Intrinsic and extrinsic contributors to adverse events (ie, falls, medication errors, pressure ulcers, and acute infections) varied for each COM-B domain. The most frequently mentioned capacity-related intrinsic contributors to adverse events were frailty and reduced muscle strength due to advancing age. Inappropriate medication usage and polypharmacy were the most common capacity-related extrinsic factors. Opportunity-related extrinsic factors contributing to adverse events included environmental hazards, poor communication among SNF staff, lack of individualized resident safety plans, and overall poor care quality owing to racial bias and organizational and administrative issues. Conclusion: These findings shed light on areas that warrant further research and may aid in developing interventional strategies for adverse events during short SNF stays.

Notes: Okpalauwaekwe, Udoka Tzeng, Huey-Ming

Okpalauwaekwe, Udoka/W-5326-2019

Okpalauwaekwe, Udoka/0000-0002-0973-1163; Tzeng, Huey-Ming/
0000-0002-1626-0806
URL: <Go to ISI>://WOS:000719456400001

Reference Type: Journal Article

Record Number: 1265

Author: Oksman, V., Reda, F., Karjalainen, S., Rehman, H. U. and Fatima, Z.

Year: 2021

Title: Towards sustainable energy culture in the industrial sector: introducing an interdisciplinary method for understanding energy culture in business industries

Journal: Energy Sustainability and Society

Volume: 11

Issue: 1

Date: Aug

Short Title: Towards sustainable energy culture in the industrial sector: introducing an interdisciplinary method for understanding energy culture in business industries

ISSN: 2192-0567

DOI: 10.1186/s13705-021-00303-7

Article Number: 28

Accession Number: WOS:000686678300001

Abstract: Background There have been numerous research papers focusing on improving energy consumption and energy behaviour in domestic and residential contexts. However, workplaces and especially industry settings have gained less attention in scientific literature, even though the industry sector is one of the largest energy consumers in the world. This article introduces a methodological framework that utilizes the energy culture concept, to support understanding the factors that influence energy culture at business industry companies. Methods Building on the concept of energy culture, we introduce an interdisciplinary method, which assesses organizations' energy culture from different perspectives and recognizes the possibilities for sustainability transitions. To validate this method, the developed energy culture survey has been verified by 27 expert participants from different industry-related companies located in Finland, Italy, Switzerland, Germany France, and Austria. Results Our analysis highlights the need to consider diverse, interdisciplinary aspects to create a successful method for enhancing energy culture in the industrial sector. This will take into consideration human aspects, related to cognitive norms, beliefs, and aspirations, as well as to human interaction with the material world. Conclusions Industrial energy cultures context differs from domestic and residential contexts, and the knowledge from one context cannot be transferred to another context as such. Based on investigated studies undertaken for residential, office, and other sectors and the lessons learned, we developed a systematic method for energy culture understanding in industries. Energy managers may use it, as well as other individuals involved in energy culture issues in the industrial business sector, to evaluate the state of energy culture and engage employees towards new energy-related practices.

Notes: Oksman, Virpi Reda, Francesco Karjalainen, Sami Rehman, Hassam Ur Fatima, Zarrin
Oksman, Virpi/0000-0003-0315-1130; Rehman, Hassam ur/
0000-0002-3769-9295; Fatima, Zarrin/0000-0002-1499-6457
URL: <Go to ISI>://WOS:000686678300001

Reference Type: Journal Article

Record Number: 1601

Author: Okuyan, B., Balta, E., Ozcan, V., Albayrak, O. D., Turker, M. and Sancar, M.

Year: 2021

Title: Turkish community pharmacists' behavioral determinants in provision of pharmaceutical care to elderly patients

Journal: International Journal of Clinical Pharmacy

Volume: 43

Issue: 4

Pages: 1024-1035

Date: Aug

Short Title: Turkish community pharmacists' behavioral determinants in provision of pharmaceutical care to elderly patients

ISSN: 2210-7703

DOI: 10.1007/s11096-020-01211-0

Accession Number: WOS:000605876400004

Abstract: Background It is crucial to develop and implement community pharmacist-led pharmaceutical care services in primary care that could prevent and detect potentially inappropriate prescribing and promote medication adherence in older patients. Objective The aim of this study was to determine community pharmacists' perceived barriers and facilitators face during the provision of pharmaceutical care to older patients by using a theoretical domains framework. Method A cross-sectional online survey was conducted among community pharmacists in Turkey. A Turkish version of the 50-item Determinants of Implementation Behavior Questionnaire was developed to evaluate behavioral determinants of community pharmacists on delivering pharmaceutical care to older patients. Main outcome measures The behavioral determinants of community pharmacists. Results A total of 354 community pharmacists answered the questionnaire. The mean age was 43.2 (standard deviation = 11.1), and 227 (64%) of the pharmacists were female. Community pharmacists' positive opinions on pharmaceutical care service outcomes in older patients and feedback were regarded as facilitators. Community pharmacists' motivational level and emotions were additional determinant facilitators in delivering pharmaceutical care to older patients. Their negative opinions on the impact and action of pharmaceutical care in older patients were regarded as barriers. Conclusion In primary health care, a theory-based e-distant training program for community pharmacists and the guidelines for standard pharmaceutical care services led by community pharmacists could be designed by addressing barriers related to the impact and action of pharmaceutical care in older patients.

Notes: Okuyan, Betul Balta, Ecehan Ozcan, Vildan Durak Albayrak, Ozge Turker, Meltem Sancar, Mesut

2210-7711

URL: <Go to ISI>://WOS:000605876400004

Reference Type: Journal Article

Record Number: 1131

Author: Okuyan, B., Ozcan, V., Balta, E., Durak-Albayrak, O.,
Turker, M., Sancar, M., Yavuz, B. B., Uner, S. and Ozcebe, H.

Year: 2021

Title: The impact of community pharmacists on older adults in Turkey

Journal: Journal of the American Pharmacists Association

Volume: 61

Issue: 6

Pages: E83-E92

Date: Nov-Dec

Short Title: The impact of community pharmacists on older adults in
Turkey

ISSN: 1544-3191

DOI: 10.1016/j.japh.2021.06.009

Accession Number: WOS:000717904400015

Abstract: Objective: This study aimed to evaluate the impact of theory-based, structured, standardized pharmaceutical care services led by community pharmacists (CPs) on patient-related outcomes in older Turkish adults. Practice description: This prospective, quasi-experimental pilot study was conducted at the national level at community pharmacies in Turkey. After virtual training of CPs, pharmaceutical care services including medicine bag check-up, medication review, patient medicine card, patient education, and counseling services (including motivational interviewing) were delivered to promote medication adherence in older adults. Practice innovation: Theory-based, structured, standardized pharmaceutical care services addressing medication adherence problems in older Turkish adults with noncommunicable diseases. Evaluation Methods: Descriptive data (including demographic and clinical data, medication-related problems by using the DOCUMENT classification, potential inappropriate prescribing by using the Ghent Older People's Prescriptions Community Pharmacy Screening- (GheOP(3)S) tool, and pharmacy service satisfaction) were presented. Pre- and post-evaluation were compared by using the Wilcoxon test (for continuous variables) and McNemar's or McNemar-Bowker chi-square test (for categorical variables). Results: One hundred and thirty-eight medication-related problems were identified among 52 older adults. The medication adherence rate was significantly increased from 51.9% to 75%, and the mean of total quality of life (QoL) score rose significantly from 51.7 to 53.4 ($P < 0.05$). There was a statistically significant change in the median of necessity-concern differential (baseline: 7 [2.2-10.0] vs. final: 8.0 [5-11]; $P < 0.05$). At baseline, all patients had at least 1 potential inappropriate prescribing according to the GheOP(3)S tool, and the rate was 73.1% at the final assessment. Conclusion: Community pharmacist-led pharmaceutical care services significantly improved patient-related outcomes (such as medication adherence, beliefs about medication, and QoL) in older adults with noncommunicable diseases. No statistically significant change was detected in their

lifestyle behaviors (such as physical activity and diet program) or health awareness. (C) 2021 American Pharmacists Association (R). Published by Elsevier Inc. All rights reserved.

Notes: Okuyan, Betül Özcan, Vildan Balta, Ecehan Durak-Albayrak, Özge Türker, Meltem Sancar, Mesut Yavuz, Burcu Balam Uner, Sarp Özcebe, Hilal

özcan, Vildan/0000-0003-3555-5674; UNER, SARP/0000-0002-9880-8811 1544-3450

URL: <Go to ISI>://WOS:000717904400015

Reference Type: Journal Article

Record Number: 2137

Author: Olander, E. K., Darwin, Z. J., Atkinson, L., Smith, D. M. and Gardner, B.

Year: 2016

Title: Beyond the 'teachable moment' - A conceptual analysis of women's perinatal behaviour change

Journal: Women and Birth

Volume: 29

Issue: 3

Pages: E67-E71

Date: Jun

Short Title: Beyond the 'teachable moment' - A conceptual analysis of women's perinatal behaviour change

ISSN: 1871-5192

DOI: 10.1016/j.wombi.2015.11.005

Accession Number: WOS:000377990700006

Abstract: Background: Midwives are increasingly expected to promote healthy behaviour to women and pregnancy is often regarded as a 'teachable moment' for health behaviour change. This view focuses on motivational aspects, when a richer analysis of behaviour change may be achieved by viewing the perinatal period through the lens of the Capability-Opportunity-Motivation Behaviour framework. This framework proposes that behaviour has three necessary determinants: capability, opportunity, and motivation. Aim: To outline a broader analysis of perinatal behaviour change than is afforded by the existing conceptualisation of the 'teachable moment' by using the Capability-Opportunity-Motivation Behaviour framework. Findings: Research suggests that the perinatal period can be viewed as a time in which capability, opportunity or motivation naturally change such that unhealthy behaviours are disrupted, and healthy behaviours may be adopted. Moving away from a sole focus on motivation, an analysis utilising the Capability-Opportunity-Motivation Behaviour framework suggests that changes in capability and opportunity may also offer opportune points for intervention, and that lack of capability or opportunity may act as barriers to behaviour change that might be expected based solely on changes in motivation. Moreover, the period spanning pregnancy and the postpartum could be seen as a series of opportune intervention moments, that is, personally meaningful episodes initiated by changes in capability, opportunity or motivation. Discussion: This analysis offers new avenues for research and practice, including identifying discrete events that may trigger shifts in capability, opportunity or motivation, and

whether and how interventions might promote initiation and maintenance of perinatal health behaviours. (C) 2015 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.
Notes: Olander, Ellinor K. Darwin, Zoe J. Atkinson, Lou Smith, Debbie M. Gardner, Benjamin Gardner, Benjamin/C-1565-2008; Darwin, Zoe/ABF-7060-2020 Gardner, Benjamin/0000-0003-1223-5934; Darwin, Zoe/0000-0001-8147-0669; Atkinson, Lou/0000-0003-1613-3791; Smith, Debbie/0000-0001-7875-1582 1878-1799
URL: <Go to ISI>://WOS:000377990700006

Reference Type: Journal Article
Record Number: 1889
Author: Olander, E. K., Smith, D. M. and Darwin, Z.
Year: 2018
Title: Health behaviour and pregnancy: a time for change
Journal: Journal of Reproductive and Infant Psychology
Volume: 36
Issue: 1
Pages: 1-3
Short Title: Health behaviour and pregnancy: a time for change
ISSN: 0264-6838
DOI: 10.1080/02646838.2018.1408965
Accession Number: WOS:000423411100001
Notes: Olander, Ellinor K. Smith, Debbie M. Darwin, Zoe Darwin, Zoe/ABF-7060-2020 Darwin, Zoe/0000-0001-8147-0669; Smith, Debbie/0000-0001-7875-1582 1469-672x
URL: <Go to ISI>://WOS:000423411100001

Reference Type: Journal Article
Record Number: 800
Author: Olavarria, V. V., Hoffmeister, L., Vidal, C., Brunser, A. M., Hoppe, A. and Lavados, P. M.
Year: 2022
Title: Temporal Trends of Intravenous Thrombolysis Utilization in Acute Ischemic Stroke in a Prospective Cohort From 1998 to 2019: Modeling Based on Joinpoint Regression
Journal: Frontiers in Neurology
Volume: 13
Date: Apr
Short Title: Temporal Trends of Intravenous Thrombolysis Utilization in Acute Ischemic Stroke in a Prospective Cohort From 1998 to 2019: Modeling Based on Joinpoint Regression
ISSN: 1664-2295
DOI: 10.3389/fneur.2022.851498
Article Number: 851498
Accession Number: WOS:000792001500001
Abstract: IntroductionThe frequency of intravenous thrombolysis (IVT) in acute ischemic stroke (AIS) is lower than it should be in several regions of the world. It is unclear what interventions can

produce significant improvements in IVT utilization. We aimed to investigate the temporal trends in IVT in AIS and identify changes in time that could be associated with specific interventions. Methods We included patients with AIS who were admitted from January 1998 to December 2019 in our institution. To analyze trends in utilization and time points in which they changed, we performed a Joinpoint regression analysis. Interventions were assigned to a specific category according to the Behavior Change Wheel framework intervention function criteria. Results A total of 3,361 patients with AIS were admitted, among which 538 (16%) received IVT. There were 245 (45.5%) women, and the mean age and median National Institutes of Health Stroke Scale (NIHSS) scores were 68.5 (17.2) years and 8 (interquartile range, 4–15), respectively. Thrombolysis use significantly increased by an average annual 7.6% (95% CI, 5.1–10.2), with one Joinpoint in 2007. The annual percent changes were .45% from 1998 to 2007 and 9.57% from 2007 to 2019, concurring with the stroke code organization, the definition of door-to-needle times as an institutional performance measure quality indicator, and the extension of the therapeutic window. Conclusions The IVT rates consistently increased due to a continuous process of protocol changes and multiple interventions. The implementation of a complex multidisciplinary intervention such as the stroke code, as well as the definition of a hospital quality control metric, were associated with a significant change in this trend.

Notes: Olavarria, Veronica V. Hoffmeister, Lorena Vidal, Carolina Brunser, Alejandro M. Hoppe, Arnold Lavados, Pablo M.

Hoffmeister, Lorena/0000-0002-5963-2876

URL: <Go to ISI>://WOS:000792001500001

Reference Type: Journal Article

Record Number: 1847

Author: Olejniczak, K., Wolanski, M. and Widawski, I.

Year: 2018

Title: Regulation crash-test: applying serious games to policy design

Journal: Policy Design and Practice

Volume: 1

Issue: 3

Pages: 194–214

Date: Jul

Short Title: Regulation crash-test: applying serious games to policy design

DOI: 10.1080/25741292.2018.1504372

Accession Number: WOS:000667238000004

Abstract: Successful policy solutions rely on policy addressees responding in certain ways. Policy designers need an analytical method that allows them to anticipate impact of a new intervention, while taking into account bounded rationality of policy actors and sociopolitical complexity. The article proposes using serious games at the stage of policy formulation to test the architecture of a new regulation in a safe environment. It provides a blueprint for using games in policy design, consisting of conceptual framework, design procedure, and techniques for strengthening game validity. The

application is illustrated with an example of a draft regulation on rural transport in Poland. The case study points out three advantages of game method: (1) revealing mechanisms triggered by the architecture of regulation, meaning actors' initial assumptions, decisions, and feedback loops created by actors' responses, (2) demonstrating the consequences of mechanisms over time, that in real life would occur with a long delay, and (3) creating a risk-free environment where policy actors can verify their assumptions and experiment with ways of interpreting and responding to new regulation. The article concludes that serious games are a promising method for anticipating impact of complex policy regulation.

Notes: Olejniczak, Karol Wolanski, Michal Widawski, Igor Wolański, Michał/HT0-8343-2023; Olejniczak, Karol/ADM-3049-2022 Wolański, Michał/0000-0002-0396-277X; Olejniczak, Karol/0000-0002-7079-2440 2574-1292

URL: <Go to ISI>://WOS:000667238000004

Reference Type: Journal Article

Record Number: 1214

Author: Oliveira, D., Knight, H., Jones, K. A., Ogollah, R. and Orrell, M.

Year: 2022

Title: Motivation and willingness to increase physical activity for dementia risk reduction: Cross-Sectional UK survey with people aged 50 and over

Journal: Aging & Mental Health

Volume: 26

Issue: 9

Pages: 1899-1908

Date: Aug

Short Title: Motivation and willingness to increase physical activity for dementia risk reduction: Cross-Sectional UK survey with people aged 50 and over

ISSN: 1360-7863

DOI: 10.1080/13607863.2021.1984393

Accession Number: WOS:000703825500001

Abstract: Objective:Tackling modifiable risk factors such as physical inactivity currently represents the only way to reduce the increasing prevalence of dementia worldwide. This study aimed to investigate attitudes to increasing physical activity to reduce risk of dementia in people over 50. Methods Attitudes to increasing physical activity to reduce risk of dementia were assessed in a national online survey promoted via online forums and public adverts. The Motivation to Change Behaviour for Dementia Risk Reduction (MOCHAD-10) scale examined motivation for lifestyle change. Multivariable logistic regression was used to identify the predictors of willingness and motivation to increase physical activity. Results Data from 3,948 individuals showed most people were moderately/very physically active (80%). People more likely to be physically active had better health and education, were older, male, and had a partner. People willing to increase physical activity (73%) were more likely to be younger, non-White,

underweight, had better health and lifestyles, and had experience caring for someone with dementia. People with higher levels of motivation to change lifestyle (MOCHAD-10 subscales) were more likely to be female, younger, in poorer physical/mental health, had lower perceived mental activity, and were a carer for someone with dementia. Conclusion Men and those with better health status were more physically active. Those who exercised less and those who were more motivated to increase physical activity were not necessarily able to be physically active. Multisectoral public health strategies should seek to use the high motivation levels among this group to mitigate the barriers related to physical activity for dementia risk reduction.

Notes: Oliveira, Deborah Knight, Holly Jones, Katy A. Ogollah, Reuben Orrell, Martin

Evans, Sara/HNJ-3360-2023; Oliveira, Déborah/E-8240-2013

Evans, Sara/0000-0003-4691-2630; Oliveira, Déborah/0000-0002-6616-533X; Orrell, Martin/0000-0002-1169-3530; Jones, Katy/0000-0003-4650-7053; Knight, Holly/0000-0002-4602-3238; Ogollah, Reuben/0000-0002-5777-4117
1364-6915

URL: <Go to ISI>://WOS:000703825500001

Reference Type: Journal Article

Record Number: 359

Author: Oliver, K., Hopkins, A., Boaz, A., Guillot-Wright, S. and Cairney, P.

Year: 2022

Title: What works to promote research-policy engagement?

Journal: Evidence & Policy

Volume: 18

Issue: 4

Pages: 691-713

Date: Nov

Short Title: What works to promote research-policy engagement?

ISSN: 1744-2648

DOI: 10.1332/174426421x16420918447616

Accession Number: WOS:000893378400001

Abstract: Background: To improve the use of evidence in policy and practice, many organisations and individuals seek to promote research-policy engagement activities, but little is known about what works. Aims and objectives: We sought (a) to identify existing research-policy engagement activities, and (b) evidence on impacts of these activities on research and decision making. Methods: We conducted systematic desk-based searches for organisations active in this area (such as funders, practice organisations, and universities) and reviewed websites, strategy documents, published evaluations and relevant research. We used a stakeholder roundtable, and follow-up survey and interviews, with a subset of the sample to check the quality and robustness of our approach. Findings: We identified 1923 initiatives in 513 organisations world-wide. However, we found only 57 organisations had publicly-available evaluations, and only 6% (141/2321) of initiatives were evaluated. Most activities aim to improve research dissemination or create

relationships. Existing evaluations offer an often rich and nuanced picture of evidence use in particular settings (such as local government), sectors (such as policing), or by particular providers (such as learned societies), but are extremely scarce. Discussion and conclusions: Funders, research-and decision-making organisations have contributed to a huge expansion in research-policy engagement initiatives. Unfortunately, these initiatives tend not to draw on existing evidence and theory, and are mostly unevaluated. The rudderless mass of activity therefore fails to provide useful lessons for those wishing to improve evidence use, leading to wasted time and resources. Future initiatives should draw on existing evidence about what works, seek to contribute to this evidence base, and respond to a more realistic picture of the decision-making context.

Notes: Oliver, Kathryn Hopkins, Anna Boaz, Annette Guillot-Wright, Shannon Cairney, Paul

Oliver, Kathryn/I-9905-2019; Cairney, Paul/AAU-1648-2020

Oliver, Kathryn/0000-0002-4326-5258; Cairney, Paul/

0000-0002-9956-832X

1744-2656

URL: <Go to ISI>://WOS:000893378400001

Reference Type: Journal Article

Record Number: 1162

Author: Ollier, J., Neff, S., Dworschak, C., Sejdiji, A., Santhanam, P., Keller, R., Xiao, G., Asisof, A., Ruegger, D., Berube, C., Tomas, L. H., Neff, J., Yao, J. L., Alattas, A., Varela-Mato, V., Pitkethly, A., Vara, M. D., Herrero, R., Banos, R. M., Parada, C., Agatheswaran, R. S., Villalobos, V., Keller, O. C., Chan, W. S., Mishra, V., Jacobson, N., Stanger, C., He, X. M., von Wyl, V., Weidt, S., Haug, S., Schaub, M., Kleim, B., Barth, J., Witt, C., Scholz, U., Fleisch, E., von Wangenheim, F., Car, L. T., Muller-Riemenschneider, F., Hauser-Ulrich, S., Asomoza, A. N., Salamanca-Sanabria, A., Mair, J. L. and Kowatsch, T.

Year: 2021

Title: Elena plus Care for COVID-19, a Pandemic Lifestyle Care

Intervention: Intervention Design and Study Protocol

Journal: Frontiers in Public Health

Volume: 9

Date: Oct

Short Title: Elena plus Care for COVID-19, a Pandemic Lifestyle Care

Intervention: Intervention Design and Study Protocol

DOI: 10.3389/fpubh.2021.625640

Article Number: 625640

Accession Number: WOS:000717951000001

Abstract: Background: The current COVID-19 coronavirus pandemic is an emergency on a global scale, with huge swathes of the population required to remain indoors for prolonged periods to tackle the virus. In this new context, individuals' health-promoting routines are under greater strain, contributing to poorer mental and physical health. Additionally, individuals are required to keep up to date with latest health guidelines about the virus, which may be confusing in an age of social-media disinformation and shifting

guidelines. To tackle these factors, we developed Elena+, a smartphone-based and conversational agent (CA) delivered pandemic lifestyle care intervention. Methods: Elena+ utilizes varied intervention components to deliver a psychoeducation-focused coaching program on the topics of: COVID-19 information, physical activity, mental health (anxiety, loneliness, mental resources), sleep and diet and nutrition. Over 43 subtopics, a CA guides individuals through content and tracks progress over time, such as changes in health outcome assessments per topic, alongside user-set behavioral intentions and user-reported actual behaviors. Ratings of the usage experience, social demographics and the user profile are also captured. Elena+ is available for public download on iOS and Android devices in English, European Spanish and Latin American Spanish with future languages and launch countries planned, and no limits on planned recruitment. Panel data methods will be used to track user progress over time in subsequent analyses. The Elena+ intervention is open-source under the Apache 2 license (MobileCoach software) and the Creative Commons 4.0 license CC BY-NC-SA (intervention logic and content), allowing future collaborations; such as cultural adaptations, integration of new sensor-related features or the development of new topics. Discussion: Digital health applications offer a low-cost and scalable route to meet challenges to public health. As Elena+ was developed by an international and interdisciplinary team in a short time frame to meet the COVID-19 pandemic, empirical data are required to discern how effective such solutions can be in meeting real world, emergent health crises. Additionally, clustering Elena+ users based on characteristics and usage behaviors could help public health practitioners understand how population-level digital health interventions can reach at-risk and sub-populations.

Notes: Ollier, Joseph Neff, Simon Dworschak, Christine Sejdiji, Arber Santhanam, Prabhakaran Keller, Roman Xiao, Grace Asisof, Alina Ruegger, Dominik Berube, Caterina Tomas, Lena Hilfiger Neff, Joel Yao, Jiali Alattas, Aishah Varela-Mato, Veronica Pitkethly, Amanda Vara, Ma Dolores Herrero, Rocio Banos, Rosa Ma Parada, Carolina Agatheswaran, Rajashree Sundaram Villalobos, Victor Keller, Olivia Clare Chan, Wai Sze Mishra, Varun Jacobson, Nicholas Stanger, Catherine He, Xinming von Wyl, Viktor Weidt, Steffi Haug, Severin Schaub, Michael Kleim, Birgit Barth, Jurgen Witt, Claudia Scholz, Urte Fleisch, Elgar von Wangenheim, Florian Car, Lorainne Tudor Mueller-Riemenschneider, Falk Hauser-Ulrich, Sandra Nunez Asomoza, Alejandra Salamanca-Sanabria, Alicia Mair, Jacqueline Louise Kowatsch, Tobias

Salamanca Sanabria, Alicia/IQW-8548-2023; Witt, Claudia M./AAX-2370-2021; Jacobson, Nicholas C./J-4543-2019; Bérubé, Caterina/HCG-9552-2022; Herrero, Rocío/M-2363-2014; Mair, Jacqueline Louise/D-3829-2013; BAÑOS, ROSA MARIA/C-6077-2011; Vara, M Dolores/B-6842-2019; Schaub, Michael P./ABF-9468-2021
Salamanca Sanabria, Alicia/0000-0002-2756-5592; Witt, Claudia M./0000-0002-5440-7805; Jacobson, Nicholas C./0000-0002-8832-4741; Herrero, Rocío/0000-0001-6987-6607; Mair, Jacqueline Louise/0000-0002-1466-8680; BAÑOS, ROSA MARIA/0000-0003-0626-7665; Vara, M Dolores/0000-0002-5378-2304; Schaub, Michael P./0000-0002-8375-4005; Villalobos-Daniel, Victor Eduardo/0000-0003-1112-8643; Asisof,

Alina/0000-0001-8431-6800; Scholz, Urte/0000-0003-0184-5921; von Wyl, Viktor/0000-0002-8754-9797; Varela-Mato, veronica/0000-0003-4070-6609; Mishra, Varun/0000-0003-3891-5460 2296-2565
URL: <Go to ISI>://WOS:000717951000001

Reference Type: Journal Article

Record Number: 1459

Author: Olmedo, A., Verissimo, D., Challender, D. W. S., Dao, H. T. T. and Milner-Gulland, E. J.

Year: 2021

Title: Who eats wild meat? Profiling consumers in Ho Chi Minh City, Vietnam

Journal: People and Nature

Volume: 3

Issue: 3

Pages: 700-710

Date: Jun

Short Title: Who eats wild meat? Profiling consumers in Ho Chi Minh City, Vietnam

DOI: 10.1002/pan3.10208

Accession Number: WOS:000641639600001

Abstract: 1. Overexploitation for consumption of meat from wild animals in urban centres currently threatens numerous species across the globe. Indiscriminate offtake to satisfy demand for wild meat affects a range of wildlife of conservation concern in Vietnam. It is essential to understand the consumption of wild meat in Vietnam in order to ensure it is not detrimental to wild species. 2. We apply the principles of target audience segmentation to a sample of 384 respondents who had consumed wild meat in the previous year in Ho Chi Minh City, Vietnam. We carried out a cluster analysis to divide wild meat consumers into subgroups considering demographic, behavioural and psychographic variables. 3. We found three consumer groups: Classic Consumers (older, less educated), Up-and-coming Professionals (younger, wealthier, more educated) and Students. Compared to Students, Classic Consumers and Up-and-coming Professionals were significantly more likely to have paid for their meal at wild meat restaurants and to have ordered a combination of wild meat and other types of food rather than other types of food only. 4. Classic Consumers match previous characterisations of wild meat consumers, but the other two groups should also be considered in demand reduction campaigns. As Students appear to have limited influence on restaurant/food choices in certain social contexts and less propensity to eat wild meat, Up-and-coming Professionals may be an important target group. 5. A wide variety of species are consumed in wild meat restaurants. Some, such as pangolins, are of conservation concern and were consumed by 5% of our respondents. This is potentially an unsustainable level of consumption. 6. Our study showcases an audience segmentation approach to understanding wildlife consumers and provides insights for behavioural interventions and further research to curtail demand for wild meat in Ho Chi Minh City, Vietnam where it is of conservation concern.

Notes: Olmedo, Alegria Verissimo, Diogo Challender, Daniel W. S.

Huong Thi Thu Dao Milner-Gulland, E. J.
Milner-Gulland, E.J./0000-0003-0324-2710; Challender, Dan/
0000-0002-0606-1715; Olmedo, Alegria/0000-0001-7256-8875
2575-8314
URL: <Go to ISI>://WOS:000641639600001

Reference Type: Journal Article
Record Number: 321
Author: Olsen, A., Wong, G. and McDonald, D.
Year: 2022
Title: Music festival drug checking: evaluation of an Australian pilot program
Journal: Harm Reduction Journal
Volume: 19
Issue: 1
Date: Nov
Short Title: Music festival drug checking: evaluation of an Australian pilot program
DOI: 10.1186/s12954-022-00708-3
Article Number: 127
Accession Number: WOS:000886129400002
Abstract: Background This paper explores the feasibility of delivering a music festival-based drug checking service in Australia, evaluating service design and stakeholder acceptability. Methods Questionnaire and interview data were collected from adult service users and key stakeholders. A mixed methods approach was used to analyse the data on implementation, impact and acceptability. Results The trial service tested 170 substances with more than 230 patrons (including individuals who attended in groups). Adult service users had an average age of 21 years. Voluntary participation in the evaluation resulted in 158 participants completing the pre-service questionnaire, most of whom also completed the post-service (147 participants). Eleven in-depth qualitative interviews were conducted with patrons in the weeks following the drug checking. Concordance between what the patron expected the drug to be and drug checking results occurred in 88 per cent (n = 139) of the sample. Evaluation results show that the experience of testing and the accompanying harm reduction brief interventions positively impacted on patrons' self-reported drug harm reduction knowledge, trust of health providers and stated drug use intentions. The service was received positively by service users. Conclusion This is the first independent evaluation of a pilot drug checking service in Australia. Consideration of operational feasibility and self-reported behavioural change suggests that the program was successful, although communication about the interpretation of drug checking results could be improved. Future studies should develop strategies for follow-up and consider the applicability of behavioural change theory.
Notes: Olsen, Anna Wong, Gabriel McDonald, David
1477-7517
URL: <Go to ISI>://WOS:000886129400002

Reference Type: Journal Article

Record Number: 1516

Author: Olstad, D. L. and Kirkpatrick, S. I.

Year: 2021

Title: Planting seeds of change: reconceptualizing what people eat as eating practices and patterns

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 18

Issue: 1

Date: Mar

Short Title: Planting seeds of change: reconceptualizing what people eat as eating practices and patterns

DOI: 10.1186/s12966-021-01102-1

Article Number: 32

Accession Number: WOS:000625537700001

Abstract: Language focused on individual dietary behaviors, or alternatively, lifestyle choices or decisions, suggests that what people eat and drink is primarily a choice that comes down to free will. Referring to and intervening upon food consumption as though it were a freely chosen behavior has an inherently logical appeal due to its simplicity and easily defined targets of intervention. However, despite decades of behavioral interventions, population-level patterns of food consumption remain suboptimal. This debate paper interrogates the manner in which language frames how problems related to poor diet quality are understood and addressed within society. We argue that referring to food consumption as a behavior conveys the idea that it is primarily a freely chosen act that can be ameliorated through imploring and educating individuals to make better selections. Leveraging practice theory, we subsequently propose that using the alternative language of eating practices and patterns better conveys the socially situated nature of food consumption. This language may therefore point to novel avenues for intervention beyond educating and motivating individuals to eat more healthfully, to instead focus on creating supportive contexts that enable sustained positive dietary change. Clearly, shifting discourse will not on its own transform the science and practice of nutrition. Nevertheless, the seeds of change may lie in aligning our terminology, and thus, our framing, with desired solutions.

Notes: Olstad, Dana Lee Kirkpatrick, Sharon I.

Olstad, Dana Lee/R-2767-2016

Olstad, Dana Lee/0000-0001-9787-9952; Kirkpatrick, Sharon/0000-0001-9896-5975

1479-5868

URL: <Go to ISI>://WOS:000625537700001

Reference Type: Journal Article

Record Number: 2412

Author: Ong, B. N., Morden, A., Brooks, L., Porcheret, M., Edwards, J. J., Sanders, T., Jinks, C. and Dziedzic, K.

Year: 2014

Title: Changing policy and practice: Making sense of national guidelines for osteoarthritis

Journal: Social Science & Medicine

Volume: 106

Pages: 101-109

Date: Apr

Short Title: Changing policy and practice: Making sense of national guidelines for osteoarthritis

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2014.01.036

Accession Number: WOS:000334482100013

Abstract: Understanding uptake of complex interventions is an increasingly prominent area of research. The interplay of macro (such as changing health policy), meso (re-organisation of professional work) and micro (rationalisation of clinical care) factors upon uptake of complex interventions has rarely been explored. This study focuses on how English General Practitioners and practice nurses make sense of a complex intervention for the management of osteoarthritis, using the macro meso micro contextual approach and Normalisation Process Theory (NPT), specifically the construct of coherence. It is embedded in a cluster RCT comprising four control practices and four intervention practices. In order to study sense-making by professionals introduction and planning meetings (N = 14) between researchers and the practices were observed. Three group interviews were carried out with 10 GPs and 5 practice nurses after they had received training in the intervention. Transcripts were thematically analysed before comparison with NPT constructs. We found that: first, most GPs and all nurses distinguished the intervention from current ways of working. Second, from the introduction meeting to the completion of the training the purpose of the intervention increased in clarity. Third, GPs varied in their understanding of their remit, while the practice nurses felt that the intervention builds on their holistic care approach. Fourth, the intervention was valued by practice nurses as it strengthened their expert status. GPs saw its value as work substitution, but felt that a positive conceptualisation of OA enhanced the consultation. When introducing new interventions in healthcare settings the interaction between macro, meso and micro factors, as well as the means of engaging new clinical practices and their sense-making by clinicians needs to be considered. (C) 2014 The Authors. Published by Elsevier Ltd. All rights reserved.

Notes: Bie Nio Ong Morden, Andrew Brooks, Lauren Porcheret, Mark Edwards, John J. Sanders, Tom Jinks, Clare Dziedzic, Krysia Edwards, John/M-5100-2013

Edwards, John/0000-0003-0432-7783; Sanders, Tom/0000-0002-9163-2964; Porcheret, Mark/0000-0003-3850-9171; Morden, Andrew/0000-0003-2482-7179

1873-5347

URL: <Go to ISI>://WOS:000334482100013

Reference Type: Book

Record Number: 2429

Author: Ong, B. N., Rogers, A., Kennedy, A., Bower, P., Sanders, T., Morden, A., Cheraghi-Sohi, S., Richardson, J. C. and Stevenson, F.

Year: 2014

Title: Behaviour change and social blinkers? The role of sociology in trials of self-management behaviour in chronic conditions

Series Editor: Cohn, S.

Series Title: From Health Behaviours to Health Practices: Critical Perspectives

Number of Pages: 69-81

Short Title: Behaviour change and social blinkers? The role of sociology in trials of self-management behaviour in chronic conditions

ISBN: 978-1-118-89839-0; 978-1-118-89838-3

Accession Number: WOS:000354811900007

Notes: Ong, Bie Nio Rogers, Anne Kennedy, Anne Bower, Peter Sanders, Tom Morden, Andrew Cheraghi-Sohi, Sudeh Richardson, Jane C.

Stevenson, Fiona

Bower, Peter/A-1508-2011

Bower, Peter/0000-0001-9558-3349; Sanders, Tom/0000-0002-9163-2964;

Morden, Andrew/0000-0003-2482-7179

URL: <Go to ISI>://WOS:000354811900007

Reference Type: Journal Article

Record Number: 696

Author: Ong, N., Gee, B. L., Long, J. C., Zieba, J., Tomsic, G., Garg, P., Lapointe, C., Silove, N. and Eapen, V.

Year: 2022

Title: Patient safety and quality care for children with intellectual disability: An action research study

Journal: Journal of Intellectual Disabilities

Date: 2022 Jun

Short Title: Patient safety and quality care for children with intellectual disability: An action research study

ISSN: 1744-6295

DOI: 10.1177/17446295221104619

Article Number: 17446295221104619

Accession Number: WOS:000808688200001

Abstract: Children with intellectual disability experience significant challenges in accessing and receiving high-quality healthcare leading to poorer health outcomes and negative patient experiences. Families of these children often report a need for healthcare staff to better understand, communicate, and collaborate for better care while staff acknowledge a lack of training. To address this, we utilised an action research framework with a pre- and post- survey to evaluate an integrated continuing professional development and quality improvement program combining strategies from education, behavioural psychology and quality improvement that was delivered in two departments within a tertiary children's Hospital in Metropolitan Sydney in 2019-2020. Parents reported noticeable changes in the clinical practice of staff, and staff acknowledged and attributed their shift in behaviour to raising awareness and discussions around necessary adaptations. The program demonstrates a novel method for knowledge translation to practice and systems improvements.

Notes: Ong, Natalie Gee, Brendan Loo Long, Janet C. Zieba, Jerzy Tomsic, Gail Garg, Pankaj Lapointe, Caleb Silove, Natalie Eapen,

Valsamma

Long, Janet/0000-0002-0553-682X; Ong, Natalie/0000-0002-0962-443X
1744-6309

URL: <Go to ISI>://WOS:000808688200001

Reference Type: Journal Article

Record Number: 376

Author: Onwezen, M. C., Verain, M. C. D. and Dagevos, H.

Year: 2022

Title: Social Norms Support the Protein Transition: The Relevance of Social Norms to Explain Increased Acceptance of Alternative Protein Burgers over 5 Years

Journal: Foods

Volume: 11

Issue: 21

Date: Nov

Short Title: Social Norms Support the Protein Transition: The Relevance of Social Norms to Explain Increased Acceptance of Alternative Protein Burgers over 5 Years

DOI: 10.3390/foods11213413

Article Number: 3413

Accession Number: WOS:000881101500001

Abstract: Developing alternative protein products—based on protein sources other than regular meat—is a possible pathway to counter environmental and health burdens. However, alternative proteins are not always accepted by consumers, and more research is needed to support a shift to more alternative proteins. Prior studies have mainly focused on individual drivers and perceptions; although we expect that social norms—the perceptions of the opinions of relevant others—are highly relevant in accepting alternative proteins. Online surveys were conducted among 2461 respondents in 2015 and 2000 respondents in 2019 (cross-sectional datasets); a subsample (n = 500) responded to both surveys (longitudinal dataset). We add to the literature by (1) demonstrating the added explanatory value of social norms beyond a range of individual drivers; (2) showing that this finding holds over time, and (3) comparing the impact of social norms across different dietary consumer groups. Meat lovers and flexitarians are more prone to follow social norms whereas meat abstainers are more prone to follow their individual attitudes and values. This study highlights the relevance of investigations beyond personal variables such as personal norms and attitudes and underscores the relevance of considering the social aspects of accepting alternative proteins.

Notes: Onwezen, Marleen C. Verain, Muriel C. D. Dagevos, Hans

Dagevos, Hans/0000-0002-5885-1305; Verain, Muriel/

0009-0001-4526-3766; Onwezen, Marleen/0000-0001-8643-0711

2304-8158

URL: <Go to ISI>://WOS:000881101500001

Reference Type: Journal Article

Record Number: 1155

Author: Onwezen, M. C., Verain, M. C. D. and Dagevos, H.

Year: 2022

Title: Positive emotions explain increased intention to consume five types of alternative proteins

Journal: Food Quality and Preference

Volume: 96

Date: Mar

Short Title: Positive emotions explain increased intention to consume five types of alternative proteins

ISSN: 0950-3293

DOI: 10.1016/j.foodqual.2021.104446

Article Number: 104446

Accession Number: WOS:000715118000015

Abstract: Transitions in consumer diets towards a more 'meat-less' diet are stated to result in various health and environmental benefits. Consumption of alternative proteins provides one of the alternatives towards more meat-less diets. Alternative proteins receive a lot of attention, however it is unclear whether consumer acceptance is changing over time. Moreover, changing consumers' dietary habits is harsh. The current study explores with a longitudinally study whether trends are visible in consumer acceptance of alternative proteins, and which drivers are relevant to understand acceptance of alternative proteins over time. An online survey was conducted in the Netherlands resulting in two types of samples: a longitudinal sample (500 respondents) that answered the same survey in 2015 and 2019, and cross-sectional samples that answered the survey in 2015 (2,461 respondents) or in 2019 (2,000 respondents). The survey addressed a range of possible drivers, including personal norms, food innovation traits (i.e. food neophobia and domain-specific innovativeness), food-choice motives and positive and negative emotions. Respondents were randomly divided into five groups and presented with specific questions on: fish, seaweed, insects, legumes and cultured meat. The results reveal an increase in the intention to consume seaweed, legumes, and cultured meat over time, though self-reported consumption remains stable indicating an intention-behaviour gap. Positive emotions appear to be the most relevant driver for intention (beyond all other included variables), and intentions in turn are the most relevant driver of consumption. Thus indicating the relevance of positive emotions as joy, content and pride. Implicating that interventions, promotions and communications should not only focus on cognitive added values as environmental impact though also include affective communication messages, e.g., consumption of alternative proteins feels good.

Notes: Onwezen, Marleen C. Verain, Muriel C. D. Dagevos, Hans Dagevos, Hans/0000-0002-5885-1305; Verain, Muriel/0009-0001-4526-3766
1873-6343

URL: <Go to ISI>://WOS:000715118000015

Reference Type: Journal Article

Record Number: 1124

Author: Ooi, J. Y., Wolfenden, L., Yoong, S. L., Janssen, L. M., Reilly, K., Nathan, N. and Sutherland, R.

Year: 2021

Title: A trial of a six-month sugar-sweetened beverage intervention in secondary schools from a socio-economically disadvantaged region in Australia

Journal: Australian and New Zealand Journal of Public Health

Volume: 45

Issue: 6

Pages: 599-607

Date: Dec

Short Title: A trial of a six-month sugar-sweetened beverage intervention in secondary schools from a socio-economically disadvantaged region in Australia

ISSN: 1326-0200

DOI: 10.1111/1753-6405.13159

Accession Number: WOS:000717035800001

Abstract: Objective: This study assessed the effectiveness of a school-based intervention in reducing adolescents' sugar-sweetened beverage (SSB) consumption and percentage of energy from SSBs. Secondary outcomes were SSB consumption within school, average daily energy intake, and body mass index z-scores. Methods: Six secondary schools located in New South Wales, Australia were recruited to participate in a six-month pilot randomised controlled trial (1:1). The intervention included components targeting the school nutrition environment, curricula and community. Outcomes were collected via online surveys, observations, anthropometric measurements and project records. Between-group differences were assessed via linear mixed models. Results: At the six-month intervention endpoint (n=862) there were no statistically significant differences between students in intervention or control schools for mean daily intake of SSBs (8.55mL; CI -26.77, 43.87; p=0.63), percentage daily energy from SSBs (0.12% kJ; CI -0.55, 0.80; p=0.72), or for secondary outcomes. Acceptability of the school-based strategies were high, however intervention fidelity varied across schools. Conclusion: While acceptable, improving fidelity of implementation and increasing the duration or intensity of the intervention may be required to reduce SSB intake. Implications for public health: Engaging parents and education stakeholders in the development phase to co-design interventions may prove beneficial in improving intervention fidelity and enhance behavioural outcomes.

Notes: Ooi, Jia Ying Wolfenden, Luke Yoong, Sze Lin Janssen, Lisa M. Reilly, Kathryn Nathan, Nicole Sutherland, Rachel

Sutherland, Rachel/AEH-9206-2022

Nathan, Nicole/0000-0002-7726-1714

1753-6405

URL: <Go to ISI>://WOS:000717035800001

Reference Type: Journal Article

Record Number: 435

Author: Oosthuizen, I., Manchaiah, V., Launer, S. and Swanepoel, D.

Year: 2022

Title: Hearing aid Experiences of Adult Hearing aid Owners During and After Fitting: A Systematic Review of Qualitative Studies

Journal: Trends in Hearing

Volume: 26

Date: Oct

Short Title: Hearing aid Experiences of Adult Hearing aid Owners
During and After Fitting: A Systematic Review of Qualitative Studies

ISSN: 2331-2165

DOI: 10.1177/23312165221130584

Article Number: 23312165221130584

Accession Number: WOS:000878304800001

Abstract: There has been an increasing number of qualitative studies exploring the experiences and perceptions of adult hearing aid owners throughout their hearing aid journey. As these studies and reported experiences vary greatly, a systematic review was conducted to identify and synthesize the key concepts in adult hearing aid owners' experiences during and after fitting. A systematic search of three electronic databases was conducted, yielding 443 results. Articles were evaluated for inclusion based on pre-determined eligibility criteria, including conventional, smartphone-connected, and direct-to-consumer hearing devices. Twenty-five studies met the inclusion criteria. The quality of the included articles was evaluated using the Rating of Qualitative Research scale. Guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and the Synthesis Without Meta-Analysis (SWiM) were followed. A narrative synthesis was conducted, and studies were grouped into three main domains, namely experiences of owners related to a) hearing aid adoption and fitting (n = 3), b) hearing aid use (n = 20), and c) hearing aid sub-optimal use (n = 25). Hearing aid owners mainly reported on how their attitude towards hearing aids affected experiences during the fitting stage. Improved psychosocial functioning was the most prevalent perceived benefit of hearing aid use. Owners described sub-optimal use in terms of hearing device-related and non-device-related concepts. The COM-B (capability, opportunity, motivation-behavior) model is used to discuss specific service-delivery, hearing-device, and hearing-aid-owner related concepts and clinical implications, including behavior change techniques to enhance understanding of the concepts that hearing aid owners perceive as essential to improve hearing aid experiences.

Notes: Oosthuizen, Ilze Manchaiah, Vinaya Launer, Stefan Swanepoel, De Wet

Oosthuizen, Ilze/0000-0002-4731-0669

URL: <Go to ISI>://WOS:000878304800001

Reference Type: Journal Article

Record Number: 1821

Author: Oosthuizen, S. J., Bergh, A. M., Grimbeek, J. and Pattinson, R. C.

Year: 2019

Title: Midwife-led obstetric units working 'CLEVER': Improving perinatal outcome indicators in a South African health district

Journal: Samj South African Medical Journal

Volume: 109

Issue: 2

Pages: 95-101

Date: Feb

Short Title: Midwife-led obstetric units working 'CLEVER': Improving perinatal outcome indicators in a South African health district

ISSN: 0256-9574

DOI: 10.7196/SAMJ.2019.v109i2.13429

Accession Number: WOS:000457578200013

Abstract: Background. South Africa did not meet its Millennium Development Goals with regard to the reduction in maternal and under-5 mortality. Furthermore, many birthing women do not receive intrapartum care with empathy and endure disrespectful and abusive care. Objectives. To implement a multicomponent, context-specific intervention package to change the complex interplay between preventable maternal and perinatal mortality and morbidity and poor clinical governance and supervision in midwife-led labour units. Methods. A mixed-methods intervention study was conducted in Tshwane District, South Africa, in 10 midwife-led obstetric units (MOUs), from which a purposive sample consisting of five units was selected for the intervention. The intervention took place in three phases: (i) baseline measurement; (ii) implementation of the so-called 'CLEVER' intervention package in the five intervention units, based on the results of the first phase; and (iii) a review of health systems improvements and perinatal outcomes. The intervention had three pillars: (i) feedback of the baseline measurement to the intervention units to raise awareness and solicit participation; (ii) health systems strengthening; and (iii) intensive weekly engagement for 3 months, with further monthly support afterwards. Observation of barriers during baseline activities contributed to the health systems strengthening and improvement strategies during implementation. Results. Perinatal outcome indicators for the year before the intervention were compared with data for the year in which the intervention took place and the year after the intervention. Significant declines were observed in in-facility fresh stillbirths, meconium aspiration and birth asphyxia in the intervention MOUs from 2015 to 2017. The control group showed some decline during the period owing to support from district clinical specialist team members. Conclusions. CLEVER as a context-specific, multicomponent, clinically focused intervention package may have contributed to improved perinatal morbidity and mortality rates in MOUs.

Notes: Oosthuizen, S. J. Bergh, A-M Grimbeek, J. Pattinson, R. C. Oosthuizen, Sarie/0000-0002-6093-9883
2078-5135

URL: <Go to ISI>://WOS:000457578200013

Reference Type: Journal Article

Record Number: 323

Author: Opgenorth, D., Bagshaw, S. M., Lau, V., Graham, M. M., Fraser, N., Klarenbach, S., Morrin, L., Norris, C., Pannu, N., Sinnadurai, S., Valaire, S., Wang, X. M. and Rewa, O. G.

Year: 2022

Title: A study protocol for improving the delivery of acute kidney replacement therapy (KRT) to critically ill patients in Alberta - DIALYZING WISELY

Journal: BMC Nephrology

Volume: 23

Issue: 1

Date: Nov

Short Title: A study protocol for improving the delivery of acute kidney replacement therapy (KRT) to critically ill patients in Alberta – DIALYZING WISELY

DOI: 10.1186/s12882-022-02990-6

Article Number: 369

Accession Number: WOS:000884738400004

Abstract: Background: Acute kidney replacement therapy (KRT) is delivered to acutely ill patients to support organ function and life in the Intensive Care Unit (ICU). Implementing standardized acute KRT pathways can ensure its safe and effective management. At present, there is no standardized approach to the management of acute KRT in Alberta ICUs. Methods: Dialyzing Wisely is a registry embedded, stepped-wedge, interrupted time-series evaluation of the implementation of a standardized, stakeholder-informed, and evidence-based acute KRT pathway into Alberta ICUs. The acute KRT pathway will consist of two distinct phases. First, we will implement routine monitoring of evidence-informed key performance indicators (KPIs) of acute KRT. Second, we will provide prescriber and program reports for acute KRT initiation patterns. After the implementation of both phases of the pathway, we will evaluate acute KRT performance quarterly and implement a customized suite of interventions aimed at improving performance. We will compare this with baseline and evaluate iterative post implementation effects of the care pathway. Discussion: Dialyzing Wisely will implement, monitor, and report a suite of KPIs of acute KRT, coupled with a care pathway that will transform the quality of acute KRT across ICUs in Alberta. This program will provide a framework for scaling evidence-informed approaches to monitoring and management of acute KRT in other jurisdictions. We anticipate improvements in acute KRT performance, decreased healthcare system costs and improved patient quality of life by decreasing patient dependence on maintenance dialysis.

Notes: Opgenorth, Dawn Bagshaw, Sean M. Lau, Vincent Graham, Michelle M. Fraser, Nancy Klarenbach, Scott Morrin, Louise Norris, Colleen Pannu, Neesh Sinnadurai, Selvi Valaire, Shelley Wang, Xiaoming Rewa, Oleksa G.

Opgenorth, Dawn/0000-0003-3571-3871

1471-2369

URL: <Go to ISI>://WOS:000884738400004

Reference Type: Journal Article

Record Number: 1413

Author: Opie, J., Bellio, M., Williams, R., Sussman, M., Voegelé, P., Welch, J. and Blandford, A.

Year: 2021

Title: Requirements for a Dashboard to Support Quality Improvement Teams in Pain Management

Journal: Frontiers in Big Data

Volume: 4

Date: May

Short Title: Requirements for a Dashboard to Support Quality Improvement Teams in Pain Management

DOI: 10.3389/fdata.2021.654914

Article Number: 654914

Accession Number: WOS:000659107700001

Abstract: Pain management is often considered lower priority than many other aspects of health management in hospitals. However, there is potential for Quality Improvement (QI) teams to improve pain management by visualising and exploring pain data sets. Although dashboards are already used by QI teams in hospitals, there is limited evidence of teams accessing visualisations to support their decision making. This study aims to identify the needs of the QI team in a UK Critical Care Unit (CCU) and develop dashboards that visualise longitudinal data on the efficacy of patient pain management to assist the team in making informed decisions to improve pain management within the CCU. This research is based on an analysis of transcripts of interviews with healthcare professionals with a variety of roles in the CCU and their evaluation of probes. We identified two key uses of pain data: direct patient care (focusing on individual patient data) and QI (aggregating data across the CCU and over time); in this paper, we focus on the QI role. We have identified how CCU staff currently interpret information and determine what supplementary information can better inform their decision making and support sensemaking. From these, a set of data visualisations has been proposed, for integration with the hospital electronic health record. These visualisations are being iteratively refined in collaboration with CCU staff and technical staff responsible for maintaining the electronic health record. The paper presents user requirements for QI in pain management and a set of visualisations, including the design rationale behind the various methods proposed for visualising and exploring pain data using dashboards.

Notes: Opie, Jeremy Bellio, Maura Williams, Rachel Sussman, Maya Voegelé, Petra Welch, John Blandford, Ann

Opie, Jeremy/AAD-6841-2022

Opie, Jeremy/0000-0002-1529-5847; Welch, John/0000-0001-9172-3869 2624-909x

URL: <Go to ISI>://WOS:000659107700001

Reference Type: Journal Article

Record Number: 982

Author: Oporia, F., Kibira, S. P. S., Jagnoor, J., Nuwaha, F., Makumbi, F. E., Muwonge, T., Ninsiima, L. R., Toren, K., Isunju, J. B. and Kobusingye, O.

Year: 2022

Title: Determinants of lifejacket use among boaters on Lake Albert, Uganda: a qualitative study

Journal: Injury Prevention

Volume: 28

Issue: 4

Pages: 335-339

Date: Aug

Short Title: Determinants of lifejacket use among boaters on Lake Albert, Uganda: a qualitative study

ISSN: 1353-8047

DOI: 10.1136/injuryprev-2021-044483

Accession Number: WOS:000747343100001

Abstract: Background Drowning is a major cause of unintentional injury death worldwide. The toll is greatest in low and middle-income countries. Over 95% of people who drowned while boating in Uganda were not wearing a lifejacket. We explored the determinants of lifejacket use among boaters on Lake Albert, Uganda. Methods We conducted a qualitative enquiry with a hermeneutic phenomenological undertone leaning on relativism ontology and emic subjectivism epistemology. Focus group discussions (FGDs) and in-depth interviews (IDIs) were held with boaters in 10 landing sites. We explored experiences and perspectives on lifejacket use. We used thematic analysis technique to analyse data and report results according to the Consolidated Criteria for Reporting Qualitative Research. Results We recruited 88 boaters in 10 FGDs and 11 to take part in the IDIs. We identified three themes: motivators and opportunities for lifejacket use, barriers and threats to lifejacket use, and strategies to improve lifejacket use. Many boaters attributed their lifejacket use to prior experience or witness of a drowning. Perceived high costs of lifejackets, limited knowledge, reluctance to use lifejackets because of distrust in their effectiveness, and the belief that it is women who should wear lifejackets were among the barriers and threats. Participants mentioned the need for mandatory enforcement together with community sensitisations as strategies to improve lifejacket use. Conclusion Determinants of lifejacket use among boaters include experience or witness of drowning, limited knowledge about lifejackets and distrust in the effectiveness of the available lifejackets. Mandatory lifejacket wearing alongside educational interventions might improve lifejacket use.

Notes: Oporia, Frederick Kibira, Simon P. S. Jagnoor, Jagnoor Nuwaha, Fred Makumbi, Fredrick Edward Muwonge, Tonny Ninsiima, Lesley Rose Toren, Kjell Isunju, John Bosco Kobusingye, Olive Muwonge, Tonny/HJI-7647-2023

Oporia, Frederick/0000-0001-6280-8919; Kobusingye, Olive/0000-0003-2413-599X; Isunju, John Bosco/0000-0001-7396-7851 1475-5785

URL: <Go to ISI>://WOS:000747343100001

Reference Type: Journal Article

Record Number: 719

Author: Oporia, F., Nuwaha, F., Kibira, S. P. S., Kobusingye, O., Makumbi, F. E., Nakafeero, M., Ssenyonga, R., Isunju, J. B. and Jagnoor, J.

Year: 2022

Title: Lifejacket wear and the associated factors among boaters involved in occupational boating activities on Lake Albert, Uganda: a cross-sectional survey

Journal: Injury Prevention

Volume: 28

Issue: 6

Pages: 513-520

Date: Dec

Short Title: Lifejacket wear and the associated factors among boaters involved in occupational boating activities on Lake Albert, Uganda: a cross-sectional survey

ISSN: 1353-8047

DOI: 10.1136/injuryprev-2022-044608

Accession Number: WOS:000804155000001

Abstract: Background Drowning death rates in lakeside fishing communities in Uganda are the highest recorded globally. Over 95% of people who drowned from a boating activity in Uganda were not wearing a lifejacket. This study describes the prevalence of lifejacket wear and associated factors among boaters involved in occupational boating activities on Lake Albert, Uganda. Methods We conducted a cross-sectional survey, grounded on etic epistemology and a positivist ontological paradigm. We interviewed 1343 boaters across 18 landing sites on Lake Albert, Uganda. Lifejacket wear was assessed through observation as boaters disembarked from their boats and self-reported wear for those who 'always wore a life jacket while on the lake'. We used a mixed-effects multilevel Poisson regression, with landing site-specific random intercepts to elicit associations with lifejacket wear. We report adjusted prevalence ratios (PRs) at 95% confidence intervals. Results The majority of respondents were male, 99.6% (1338/1343), and the largest proportion, 38.4% (516/1343) was aged 20-29 years. Observed lifejacket wear was 0.7% (10/1343). However, self-reported wear was 31.9% (428/1343). Tertiary-level education (adjusted PR 1.57, 95% CI 1.29- 1.91), boat occupancy of at least four people (adjusted PR 2.12, 95% CI 1.28 - 3.52), big boat size (adjusted PR 1.55, 95% CI 1.13 - 2.12) and attending a lifejacket-use training session (adjusted PR 1.25, 95% CI 1.01 - 1.56) were associated with higher prevalence of self-reported lifejacket wear. Self-reported wear was lower among the 30-39 year-olds compared to those who were aged less than 20 years (adjusted PR 0.66, 95% CI 0.45 - 0.99). Conclusion Lifejacket wear was low. Training on lifejacket use may improve wear among boaters involved in occupational boating activities on Lake Albert.

Notes: Oporia, Frederick Nuwaha, Fred Kibira, Simon P. S. Kobusingye, Olive Makumbi, Fredrick Edward Nakafeero, Mary Ssenyonga, Ronald Isunju, John Bosco Jagnoor, Jagnoor Oporia, Frederick/0000-0001-6280-8919; Isunju, John Bosco/0000-0001-7396-7851; Wandigali, Ayesiga/0000-0003-4535-9343 1475-5785

URL: <Go to ISI>://WOS:000804155000001

Reference Type: Journal Article

Record Number: 720

Author: Orange, S. T., Hallsworth, K., Brown, M. C. and Reeves, H. L.

Year: 2022

Title: The feasibility and acceptability of a home-based, virtual exercise intervention for older patients with hepatocellular

carcinoma: protocol for a non-randomised feasibility study (TELEX-Liver Cancer)

Journal: Pilot and Feasibility Studies

Volume: 8

Issue: 1

Date: May

Short Title: The feasibility and acceptability of a home-based, virtual exercise intervention for older patients with hepatocellular carcinoma: protocol for a non-randomised feasibility study (TELEX-Liver Cancer)

DOI: 10.1186/s40814-022-01069-1

Article Number: 113

Accession Number: WOS:000800759400003

Abstract: Background: The number of incident cases and deaths from primary liver cancer, predominantly hepatocellular carcinoma (HCC), has increased markedly in the last two decades. HCC is generally diagnosed at an advanced stage, and most new cases are in people aged over 70 years with age-related comorbidities. Treatment options are often limited, with most patients receiving palliative treatment or supportive care only. As a consequence, maintaining quality of life (QoL) through symptom management is critically important and is a core objective of clinical care. Strong evidence supports the efficacy of supervised exercise training for addressing certain cancer-related symptoms, including QoL, physical function, and fatigue. However, there are many barriers to implementing supervised exercise programmes within cancer care pathways, including economic pressures on healthcare systems and personal barriers for patients. Recent advances in technology allow patients to exercise at home under the 'virtual' supervision of an exercise professional through videoconferencing software (termed 'telehealth exercise'). Despite its potential, there are uncertainties relating to the feasibility, acceptability, and safety of telehealth exercise in people living with HCC. Methods: This is a protocol for a prospective, single-centre, single-arm, pretest-posttest feasibility trial. We aim to recruit 20 patients aged 60 years or older who have received treatment for HCC and are undergoing routine clinical monitoring. Patients will be invited to take part in two online, home-based, group exercise sessions per week for 10 consecutive weeks. The 'virtual' exercise sessions will be delivered in real time by an exercise professional through videoconferencing software. Each session will comprise 30 min of aerobic and resistance exercise performed at a moderate intensity, as guided by the 10-point Borg rating of perceived exertion scale. Feasibility outcomes include recruitment, retention, adherence, intervention fidelity, and safety. Acceptability of the intervention will be assessed using a mixed-methods approach via monthly online surveys and an exit telephone interview. Physical function, accelerometry-measured physical activity, mid-upper arm circumference, and patient-reported outcome measures (PROMS) will be assessed before and after the intervention to determine the feasibility of assessing outcome measures. Physical function outcomes include the short physical performance battery and Liver Frailty Index. PROMS include the Functional Assessment of Cancer Therapy-Hepatobiliary questionnaire, Functional Assessment of Chronic Illness Therapy-Fatigue

questionnaire, Activities-specific Balance Confidence scale, Hospital Anxiety and Depression Scale, and the Godin Leisure-Time Exercise Questionnaire. Discussion: This mixed-methods study will address uncertainties relating to the feasibility and acceptability of delivering live, online, home-based, group exercise sessions to patients with HCC. The findings will inform whether any modifications are required to refine and optimise the intervention, and the assessment of outcome measures will provide information on the likely size and variability of intervention effects.

Collectively, the data generated will inform the design of a subsequent, adequately powered, randomised controlled trial to evaluate the efficacy of the telehealth exercise intervention.

Notes: Orange, Samuel T. Hallsworth, Kate Brown, Morven C. Reeves, Helen L.

Reeves, Helen/0000-0003-0359-9795; Brown, Morven/0000-0003-2501-0670 2055-5784

URL: <Go to ISI>://WOS:000800759400003

Reference Type: Journal Article

Record Number: 2407

Author: Orchard, J., Freedman, S. B., Lowres, N., Peiris, D. and Neubeck, L.

Year: 2014

Title: iPhone ECG screening by practice nurses and receptionists for atrial fibrillation in general practice: the GP-SEARCH qualitative pilot study

Journal: Australian Family Physician

Volume: 43

Issue: 5

Pages: 315-319

Date: May

Short Title: iPhone ECG screening by practice nurses and receptionists for atrial fibrillation in general practice: the GP-SEARCH qualitative pilot study

ISSN: 0300-8495

Accession Number: WOS:000343947900021

Abstract: Background Atrial fibrillation (AF) is often asymptomatic and substantially increases stroke risk. A single-lead iPhone electrocardiograph (iECG) with a validated AF algorithm could make systematic AF screening feasible in general practice. Methods A qualitative screening pilot study was conducted in three practices. Receptionists and practice nurses screened patients aged ≥ 65 years using an iECG (transmitted to a secure website) and general practitioner (GP) review was then provided during the patient's consultation. Fourteen semi-structured interviews with GPs, nurses, receptionists and patients were audio-recorded, transcribed and analysed thematically. Results Eighty-eight patients (51% male; mean age 74.8 \pm 8.8 years) were screened: 17 patients (19%) were in AF (all previously diagnosed). The iECG was well accepted by GPs, nurses and patients. Receptionists were reluctant, whereas nurses were confident in using the device, explaining and providing screening. Discussion AF screening in general practice is feasible. A promising model is likely to be one delivered by a practice nurse,

but depends on relevant contextual factors for each practice.
Notes: Orchard, Jessica Freedman, Saul Benedict Lowres, Nicole Peiris, David Neubeck, Lis
Orchard, Jessica/0-4350-2019; Neubeck, Lis/AAL-2192-2020; Ekanayake, Kanchana/P-8817-2016; Freedman, Saul B/C-1625-2013; Research Institute, ANZAC/CAE-9030-2022
Orchard, Jessica/0000-0002-5702-7277; Neubeck, Lis/0000-0001-5852-1034; Freedman, Saul B/0000-0002-3809-2911; Lowres, Nicole/0000-0001-9061-3406; Peiris, David/0000-0002-6898-3870
URL: <Go to ISI>://WOS:000343947900021

Reference Type: Journal Article

Record Number: 2172

Author: Osborn, D., Burton, A., Walters, K., Nazareth, I., Heinkel, S., Atkins, L., Blackburn, R., Holt, R., Hunter, R., King, M., Marston, L., Michie, S., Morris, R., Morris, S., Omar, R., Peveler, R., Pinfold, V., Zomer, E., Barnes, T., Craig, T., Gilbert, H., Grey, B., Johnston, C., Leibowitz, J., Petersen, I., Stevenson, F., Hardy, S. and Robinson, V.

Year: 2016

Title: Evaluating the clinical and cost effectiveness of a behaviour change intervention for lowering cardiovascular disease risk for people with severe mental illnesses in primary care (PRIMROSE study): study protocol for a cluster randomised controlled trial

Journal: Trials

Volume: 17

Date: Feb

Short Title: Evaluating the clinical and cost effectiveness of a behaviour change intervention for lowering cardiovascular disease risk for people with severe mental illnesses in primary care (PRIMROSE study): study protocol for a cluster randomised controlled trial

DOI: 10.1186/s13063-016-1176-9

Article Number: 80

Accession Number: WOS:000369941300001

Abstract: Background: People with severe mental illnesses die up to 20 years earlier than the general population, with cardiovascular disease being the leading cause of death. National guidelines recommend that the physical care of people with severe mental illnesses should be the responsibility of primary care; however, little is known about effective interventions to lower cardiovascular disease risk in this population and setting. Following extensive peer review, funding was secured from the United Kingdom National Institute for Health Research (NIHR) to deliver the proposed study. The aim of the trial is to test the effectiveness of a behavioural intervention to lower cardiovascular disease risk in people with severe mental illnesses in United Kingdom General Practices. Methods/Design: The study is a cluster randomised controlled trial in 70 GP practices for people with severe mental illnesses, aged 30 to 75 years old, with elevated cardiovascular disease risk factors. The trial will compare the effectiveness of a behavioural intervention designed to lower cardiovascular disease risk and delivered by a practice nurse or healthcare assistant, with

standard care offered in General Practice. A total of 350 people will be recruited and followed up at 6 and 12 months. The primary outcome is total cholesterol level at the 12-month follow-up and secondary outcomes include blood pressure, body mass index, waist circumference, smoking status, quality of life, adherence to treatments and services and behavioural measures for diet, physical activity and alcohol use. An economic evaluation will be carried out to determine the cost effectiveness of the intervention compared with standard care. Discussion: The results of this pragmatic trial will provide evidence on the clinical and cost effectiveness of the intervention on lowering total cholesterol and addressing multiple cardiovascular disease risk factors in people with severe mental illnesses in GP Practices.

Notes: Osborn, David Burton, Alexandra Walters, Kate Nazareth, Irwin Heinkel, Samira Atkins, Lou Blackburn, Ruth Holt, Richard Hunter, Racheal King, Michael Marston, Louise Michie, Susan Morris, Richard Morris, Steve Omar, Rumana Peveler, Robert Pinfold, Vanessa Zomer, Ella Barnes, Thomas Craig, Tom Gilbert, Hazel Grey, Ben Johnston, Claire Leibowitz, Judy Petersen, Irene Stevenson, Fiona Hardy, Sheila Robinson, Vanessa

Hunter, Rachael Maree/H-7846-2019; Petersen, Irene/C-5702-2009; Marston, Louise/A-8535-2012; Osborn, David P/B-8165-2009; Atkins, Louise/C-7740-2011; Zomer, Ella/AAE-2462-2019

Hunter, Rachael Maree/0000-0002-7447-8934; Petersen, Irene/0000-0002-0037-7524; Marston, Louise/0000-0002-9973-1131; Osborn, David P/0000-0003-2519-1539; Atkins, Louise/0000-0001-9322-7869; Morris, Richard/0000-0001-7240-4563; Walters, Kate/0000-0003-2173-2430; Blackburn, Ruth/0000-0002-3491-7381; Zomer, Ella/0000-0002-9993-4297; Nazareth, Irwin/0000-0003-2146-9628; Omar, Rumana/0000-0003-1483-1932; Gilbert, Hazel/0000-0002-1254-6874 1745-6215

URL: <Go to ISI>://WOS:000369941300001

Reference Type: Journal Article

Record Number: 1670

Author: Osman, M., McLachlan, S., Fenton, N., Neil, M., Lofstedt, R. and Meder, B.

Year: 2020

Title: Learning from Behavioural Changes That Fail

Journal: Trends in Cognitive Sciences

Volume: 24

Issue: 12

Pages: 969-980

Date: Dec

Short Title: Learning from Behavioural Changes That Fail

ISSN: 1364-6613

DOI: 10.1016/j.tics.2020.09.009

Accession Number: WOS:000590748300004

Abstract: Behavioural change techniques are currently used by many global organisations and public institutions. The amassing evidence base is used to answer practical and scientific questions regarding what cognitive, affective, and environment factors lead to successful behavioural change in the laboratory and in the field. In

this piece we show that there is also value to examining interventions that inadvertently fail in achieving their desired behavioural change (e.g., backfiring effects). We identify the underlying causal pathways that characterise different types of failure, and show how a taxonomy of causal interactions that result in failure exposes new insights that can advance theory and practice.

Notes: Osman, Magda McLachlan, Scott Fenton, Norman Neil, Martin Lofstedt, Ragnar Meder, Bjoern

1879-307x

URL: <Go to ISI>://WOS:000590748300004

Reference Type: Journal Article

Record Number: 1540

Author: Osman, M., Schwartz, P. and Wodak, S.

Year: 2021

Title: Sustainable Consumption: What Works Best, Carbon Taxes, Subsidies and/or Nudges?

Journal: Basic and Applied Social Psychology

Volume: 43

Issue: 3

Pages: 169-194

Date: May

Short Title: Sustainable Consumption: What Works Best, Carbon Taxes, Subsidies and/or Nudges?

ISSN: 0197-3533

DOI: 10.1080/01973533.2021.1889553

Accession Number: WOS:000629831400001

Abstract: Behavioral change techniques may show positive changes to sustainable consumption, but as with many other domains, how they interact with other typical regulatory measures is unknown. To address the empirical lacuna, the present study uses a discrete-choice set-up to simulate a lunchtime canteen in order to investigate the effects of choice preserving and choice incentivizing interventions on meal choices. Carbon tax (Experiment 1, Experiment 2) alone, behavioral interventions (Experiment 1) alone, as well in combination (Experiment 1, Experiment 2) shifted choices to a less degree than in combination. The most compelling positive behavioral change was found when introducing a redistributive pricing system that combines carbon tax and subsidies (Experiment 2), in combination with choice preserving instruments (Experiment 2, Experiment 3).

Notes: Osman, Magda Schwartz, Pauline Wodak, Saul

osman, magda/0000-0003-1480-6657

1532-4834

URL: <Go to ISI>://WOS:000629831400001

Reference Type: Journal Article

Record Number: 1329

Author: Osterman, A. L., Shearer, J. C. and Salisbury, N. A.

Year: 2021

Title: A realist systematic review of evidence from low- and middle-

income countries of interventions to improve immunization data use

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Jul

Short Title: A realist systematic review of evidence from low- and middle-income countries of interventions to improve immunization data use

DOI: 10.1186/s12913-021-06633-8

Article Number: 672

Accession Number: WOS:000674482600006

Abstract: Background The use of routine immunization data by health care professionals in low- and middle-income countries remains an underutilized resource in decision-making. Despite the significant resources invested in developing national health information systems, systematic reviews of the effectiveness of data use interventions are lacking. Applying a realist review methodology, this study synthesized evidence of effective interventions for improving data use in decision-making. **Methods** We searched PubMed, POPLINE, Centre for Agriculture and Biosciences International Global Health, and African Journals Online for published literature. Grey literature was obtained from conference, implementer, and technical agency websites and requested from implementing organizations. Articles were included if they reported on an intervention designed to improve routine data use or reported outcomes related to data use, and targeted health care professionals as the principal data users. We developed a theory of change a priori for how we expect data use interventions to influence data use. Evidence was then synthesized according to data use intervention type and level of the health system targeted by the intervention. **Results** The searches yielded 549 articles, of which 102 met our inclusion criteria, including 49 from peer-reviewed journals and 53 from grey literature. A total of 66 articles reported on immunization data use interventions and 36 articles reported on data use interventions for other health sectors. We categorized 68 articles as research evidence and 34 articles as promising strategies. We identified ten primary intervention categories, including electronic immunization registries, which were the most reported intervention type (n = 14). Among the research evidence from the immunization sector, 32 articles reported intermediate outcomes related to data quality and availability, data analysis, synthesis, interpretation, and review. Seventeen articles reported data-informed decision-making as an intervention outcome, which could be explained by the lack of consensus around how to define and measure data use. **Conclusions** Few immunization data use interventions have been rigorously studied or evaluated. The review highlights gaps in the evidence base, which future research and better measures for assessing data use should attempt to address.

Notes: Osterman, Allison L. Shearer, Jessica C. Salisbury, Nicole A. 1472-6963

URL: <Go to ISI>://WOS:000674482600006

Reference Type: Journal Article

Record Number: 949

Author: Otter, C. E. M., Keers, J. C., Smit, J., Schoonhoven, L. and de Man-van Ginkel, J. M.

Year: 2023

Title: 'Nurses' self-management support to hospitalised patients: A scoping review

Journal: Journal of Clinical Nursing

Volume: 32

Issue: 9-10

Pages: 2270-2281

Date: May

Short Title: 'Nurses' self-management support to hospitalised patients: A scoping review

ISSN: 0962-1067

DOI: 10.1111/jocn.16242

Accession Number: WOS:000750675600001

Abstract: Aims and Objectives: To review the current literature to map and explore the interventions that have been considered or used by nurses to support adult patients' self-management during hospitalisation. Background: Nurses can play an important role in supporting patients' self-management. Currently, however, it is unclear how nurses perform this task during a patient's stay in hospital. Traditionally, nurses take the primary role in managing patients' care during hospitalisation. Ideally, patients should have the opportunity to continue applying strategies to manage their health conditions as much as possible while in the hospital. This can increase patients' self-efficacy and decrease unnecessary readmissions. Design: Scoping review informed by the Joanna Briggs Institute methodology. Methods: A database search was undertaken using Pubmed, CINAHL, Psycinfo, Cochrane, Embase and grey literature sources. Data from the included studies were mapped and summarised in a narrative summary. To synthesise the information that was given about each intervention, we conducted a qualitative inductive content analysis. Results are reported in accordance with the guidelines for reporting Items for systematic review and meta-analyses extension for scoping review (PRISMA-ScR) (Supplementary File 1). Results: 83 documents were included in this review. Based on the information about the interventions, three themes were identified: 'self-management support activities', 'focus of self-management support' and the 'intervention procedure'. Five self-management support activities can be distinguished: 'giving education', 'counselling and coaching', 'enhancing responsibility', 'engaging family-caregivers' and 'supporting transition from hospital to home'. The interventions focused on improving disease-related knowledge and on strengthening several self-management skills. Information about the procedure, development and the theoretical underpinning of the intervention was often limited. Conclusions: Most activities within the nursing interventions to support adult patients' self-management during hospitalisation are the part of regular nursing care. However, the transfer of responsibility for care task to the patient is relatively new. Further research could focus on developing interventions addressing all aspects of self-management and that are embedded in the patient's care pathway across settings.

Notes: Otter, Caroline E. M. Keers, Joost C. Smit, Jakobus Schoonhoven, Lisette de Man-van Ginkel, Janneke M. Schoonhoven, Lisette/0-3330-2013
Otter, Caroline/0000-0002-8616-0077; de Man-van Ginkel, Janneke M./0000-0002-3702-3711; Schoonhoven, Lisette/0000-0002-7129-3766
1365-2702
Si
URL: <Go to ISI>://WOS:000750675600001

Reference Type: Journal Article
Record Number: 1532
Author: Otter, C. E. M., Smit, J., Hagedoorn, E. I., Keers, J. C., de Man-van Ginkel, J. M. and Schoonhoven, L.
Year: 2021
Title: Nurses ' perceptions of self-management and self-management support of older patients during hospitalization
Journal: Geriatric Nursing
Volume: 42
Issue: 1
Pages: 159-166
Date: Jan-Feb
Short Title: Nurses ' perceptions of self-management and self-management support of older patients during hospitalization
ISSN: 0197-4572
DOI: 10.1016/j.gerinurse.2020.06.013
Accession Number: WOS:000623519200025
Abstract: Four focus group interviews were held with nurses, recruited from eight wards of two general hospitals, to explore nurses' perceptions of self-management and self-management support of older patients during hospitalization. A thematic analyze of the interview transcripts was conducted. Regarding nurses understanding of self-management two perceptions emerged namely 'being self-reliant' and 'being in control'. In terms of their understanding self-management support three perceptions emerged: encouraging patients to perform activities of daily living (ADL); stimulating patient participation; and increasing patients' awareness. We also found seven themes relating to nurses' beliefs regarding older patients' self-management and self-management support during hospitalization. Results indicate that nurses have a limited understanding of self-management and do not fully understand what is expected from them with regards to inpatients' self management. It is feasible to argue that addressing nurses' beliefs can influence nurses intention and behavior regarding supporting older inpatients' self-management. (c) 2020 Elsevier Inc. All rights reserved.
Notes: Otter, Caroline E. M. Smit, Jakobus Hagedoorn, Ellen, I Keers, Joost C. de Man-van Ginkel, Janneke M. Schoonhoven, Lisette Hagedoorn, dr. Ellen I./0000-0002-1887-7447; de Man-van Ginkel, Janneke M./0000-0002-3702-3711; Otter, Caroline/0000-0002-8616-0077
1528-3984
URL: <Go to ISI>://WOS:000623519200025

Reference Type: Journal Article

Record Number: 342

Author: Overmars, I., Kaufman, J., Holland, P., Danchin, M. and Tuckerman, J.

Year: 2022

Title: Catch-up immunisation for migrant children in Melbourne: A qualitative study with providers to determine key challenges

Journal: Vaccine

Volume: 40

Issue: 47

Pages: 6776-6784

Date: Nov

Short Title: Catch-up immunisation for migrant children in Melbourne: A qualitative study with providers to determine key challenges

ISSN: 0264-410X

DOI: 10.1016/j.vaccine.2022.08.063

Accession Number: WOS:000920915000001

Abstract: Background: Current models of immunisation service delivery in Australia are not meeting the needs of migrant children, who experience a higher burden of vaccine preventable disease and lower immunisation rates compared to non-migrant children.

Understanding the experiences of immunisation providers is critical for designing effective and tailored interventions to improve this service. This study aimed to identify the facilitators and barriers to providers delivering a comprehensive catch-up immunisation service to migrant children in Melbourne, Australia. Methods: Semi-structured interviews with council and general practice immunisation providers were conducted. Recorded interviews were transcribed and coded inductively using thematic analysis. Identified themes were then deductively categorised according to the Capability, Opportunity and Motivation of Behaviour (COM-B) model. Results:

Twenty-four providers (five practice nurses, six general practitioners, six council nurses and seven council administration officers) were interviewed between March and June 2021. Fourteen themes were identified that contributed to the delivery of an effective catch-up immunisation service. Capability themes included training, experience and skills to perform the service and communicate with families. Opportunity themes incorporated time, workplace norms, traits of migrant families, costs, systems and resources. Themes related to motivation were provider responsibility, beliefs about migrant health, and immunisation prioritisation. Conclusions: Key barriers for providers to deliver a comprehensive catch-up immunisation service were related to opportunity. Developing an online tool to support catch-up schedule development and reporting, and funding provider time to calculate the schedule are primary actions that could overcome opportunity barriers. Capability and motivation barriers for general practitioners included limited time, skills, and motivation compared to nurses. These barriers may be overcome with improvements to training that focus on upskilling nurses to deliver the catch-up service. Service delivery challenges are multifactorial, requiring a range of strategies to optimise this service and increase immunisation coverage in migrant children. (c) 2022 Published by

Elsevier Ltd.

Notes: Overmars, Isabella Kaufman, Jessica Holland, Philippa Danchin, Margie Tuckerman, Jane

Danchin, Margie/ABE-3391-2020

Overmars, Isabella/0000-0002-9710-6113; Danchin, Margie/
0000-0002-7624-5691

1873-2518

URL: <Go to ISI>://WOS:000920915000001

Reference Type: Journal Article

Record Number: 1352

Author: Overwijk, A., Hilgenkamp, T. I. M., van der Schans, C. P.,
van der Putten, A. A. J. and Waninge, A.

Year: 2021

Title: Needs of Direct Support Professionals to Support People With
Intellectual Disabilities in Leading a Healthy Lifestyle

Journal: Journal of Policy and Practice in Intellectual Disabilities

Volume: 18

Issue: 4

Pages: 263-272

Date: Dec

Short Title: Needs of Direct Support Professionals to Support People
With Intellectual Disabilities in Leading a Healthy Lifestyle

ISSN: 1741-1122

DOI: 10.1111/jppi.12383

Accession Number: WOS:000668062600001

Abstract: Background For a healthy lifestyle, people with moderate, severe, and profound intellectual disabilities living in residential facilities and/or participating in day activity centers are dependent on their direct support professionals. However, it is unclear what knowledge and skills these direct support professionals require to support these individuals in living a healthy lifestyle. Therefore, the aim of this study was to identify the needs of direct support professionals for supporting these people with moderate to profound intellectual disabilities to achieve and maintain a healthy lifestyle. Method Direct support professionals (n = 28) were interviewed with the use of a semi-structured protocol based on the theoretical domains framework. The interviews were analyzed with a theory-driven content analysis. Results The most frequently mentioned needs referred to the following domains of the theoretical domains framework: environmental context and resources (n = 27), social/professional role and identity (n = 25), social influence (n = 25), skills (n = 24), and knowledge (n = 23). Conclusion To support people with moderate to profound intellectual disabilities in leading a healthy lifestyle, direct support professionals (DSPs) primarily needed support related to the domain environmental context and resources. Within this domain available time, dealing with different seasons, and a healthy lifestyle policy in the organization need attention. Development of interventions targeting these DSPs needs is required.

Notes: Overwijk, Annelies Hilgenkamp, Thessa I. M. van der Schans,
Cees P. van der Putten, Annette A. J. Waninge, Aly

Waninge, Aly/0000-0002-2316-2577; Hilgenkamp, Thessa/

0000-0001-9882-163X; Overwijk, Annelies/0000-0002-3996-8516
1741-1130
URL: <Go to ISI>://WOS:000668062600001

Reference Type: Journal Article

Record Number: 818

Author: Overwijk, A., Hilgenkamp, T. I. M., van der Schans, C. P.,
van der Putten, A. A. J. and Waninge, A.

Year: 2022

Title: Development of a Dutch Training/Education Program for a
Healthy Lifestyle of People With Intellectual Disability

Journal: Intellectual and Developmental Disabilities

Volume: 60

Issue: 2

Pages: 163-177

Date: Apr

Short Title: Development of a Dutch Training/Education Program for a
Healthy Lifestyle of People With Intellectual Disability

ISSN: 1934-9491

DOI: 10.1352/1934-9556-60.2.163

Accession Number: WOS:000805287100005

Abstract: Individuals with intellectual disability (ID) need support
from direct support professionals (DSPs) to engage in a healthy
lifestyle. However, literature shows DSPs feel insufficiently
equipped to support a healthy lifestyle. Therefore, the aim of this
study is to develop a theory-based program for DSPs to support
physical activity and healthy nutrition for people with moderate to
profound levels of ID, and to design its evaluation. The
Intervention Mapping Protocol (IM) was followed to develop a theory-
based program for DSPs. The program evaluation consists of process
and feasibility 8 evaluations. This study provided a theory-based
program consisting of a training and education section with online
and face-to-face components to support DSPs in promoting health for
people with ID.

Notes: Overwijk, Annelies Hilgenkamp, Thessa I. M. van der Schans,
Cees P. van der Putten, Annette A. J. Waninge, Aly

Waninge, Aly/0000-0002-2316-2577; Overwijk, Annelies/
0000-0002-3996-8516

1934-9556

URL: <Go to ISI>://WOS:000805287100005

Reference Type: Journal Article

Record Number: 752

Author: Owczarczak-Garstecka, S. C., Holland, K. E., Anderson, K.
L., Casey, R. A., Christley, R. M., Harris, L., McMillan, K. M.,
Mead, R., Murray, J. K., Samet, L. and Upjohn, M. M.

Year: 2022

Title: Accessing veterinary healthcare during the COVID-19 pandemic:
A mixed-methods analysis of UK and Republic of Ireland dog owners'
concerns and experiences

Journal: Veterinary Record

Volume: 191

Issue: 3

Date: Aug

Short Title: Accessing veterinary healthcare during the COVID-19 pandemic: A mixed-methods analysis of UK and Republic of Ireland dog owners' concerns and experiences

ISSN: 0042-4900

DOI: 10.1002/vetr.1681

Article Number: e1681

Accession Number: WOS:000791026300001

Abstract: Background: This study explored dog owners' concerns and experiences related to accessing veterinary healthcare during the COVID-19 pandemic. Methods: Data were obtained through two cross-sectional owner-completed surveys conducted in May (first nationwide lockdown) and October 2020 and owner-completed diaries (April–November 2020). Diaries and relevant open-ended survey questions were analysed qualitatively to identify themes. Survey responses concerning veterinary healthcare access were summarised and compared using chi-square tests. Results: During the initial months of the pandemic, veterinary healthcare availability worried 32.4% (n = 1431/4922) of respondents. However, between 23 March and 4 November 2020, 99.5% (n = 1794/1843) of those needing to contact a veterinarian managed to do so. Delays/cancellations of procedures affected 28.0% (n = 82/293) of dogs that owners planned to neuter and 34.2% (n = 460/1346) of dogs that owners intended to vaccinate. Qualitative themes included COVID-19 safety precautions, availability of veterinary healthcare and the veterinarian–client relationship. Conclusion: Veterinary healthcare availability concerned many owners during the COVID-19 pandemic. Access to veterinary healthcare for emergencies remained largely available, but prophylactic treatments were delayed for some dogs.

Notes: Owczarczak–Garstecka, Sara C. Holland, Katrina E. Anderson, Katharine L. Casey, Rachel A. Christley, Robert M. Harris, Lauren McMillan, Kirsten M. Mead, Rebecca Murray, Jane K. Samet, Lauren Upjohn, Melissa M.

2042-7670

URL: <Go to ISI>://WOS:000791026300001

Reference Type: Journal Article

Record Number: 461

Author: Owen, J., Gray–Burrows, K. A., Eskyte, L., Wray, F., Bhatti, A., Zoltie, T., Staples, A., Giles, E., Lintin, E., West, R., Pavitt, S., McEachan, R. R. C., Marshman, Z. and Day, P. F.

Year: 2022

Title: Co-design of an oral health intervention (HABIT) delivered by health visitors for parents of children aged 9–12 months

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Sep

Short Title: Co-design of an oral health intervention (HABIT) delivered by health visitors for parents of children aged 9–12 months

DOI: 10.1186/s12889-022-14174-w

Article Number: 1818

Accession Number: WOS:000857835500003

Abstract: Background Dental caries (tooth decay) in children is a national public health problem with impacts on the child, their family and wider society. Toothbrushing should commence from the eruption of the first primary tooth. Health visitors are a key provider of advice for parents in infancy and are ideally placed to support families to adopt optimal oral health habits. HABILIT is a co-designed complex behaviour change intervention to support health visitors' oral health conversations with parents during the 9-12-month universal developmental home visit. Methods A seven stage co-design process was undertaken: (1) Preparatory meetings with healthcare professionals and collation of examples of good practice, (2) Co-design workshops with parents and health visitors, (3) Resource development and expert/peer review, (4) Development of an intervention protocol for health visitors, (5) Early-phase testing of the resources to explore acceptability, feasibility, impact and mechanism of action, (6) Engagement with wider stakeholders and refinement of the HABILIT intervention for wider use, (7) Verification, Review and Reflection of Resources. Results Following preparatory meetings with stakeholders, interviews and co-design workshops with parents and health visitors, topic areas and messages were developed covering six key themes. The topic areas provided a structure for the oral health conversation and supportive resources in paper-based and digital formats. A five-step protocol was developed with health visitors to guide the oral health conversation during the 9-12 month visit. Following training of health visitors, an early-phase feasibility study was undertaken with preliminary results presented at a dissemination event where feedback for further refinement of the resources and training was gathered. The findings, feedback and verification have led to further refinements to optimise quality, accessibility, fidelity and behaviour change theory. Conclusion The co-design methods ensured the oral health conversation and supporting resources used during the 9-12 month visit incorporated the opinions of families and Health Visitors as well as other key stakeholders throughout the development process. This paper provides key learning and a framework that can be applied to other healthcare settings. The structured pragmatic approach ensured that the intervention was evidence-based, acceptable and feasible for the required context.

Notes: Owen, Jenny Gray-Burrows, Kara A. Eskyte, Leva Wray, Faye Bhatti, Amrit Zoltie, Timothy Staples, Annalea Giles, Erin Lintin, Edwina West, Robert Pavitt, Sue McEachan, Rosemary R. C. Marshman, Zoe Day, Peter F.

Wray, Faye/0000-0001-9351-5019; Gray-Burrows, Kara/0000-0002-1550-5066; , Amrit/0000-0002-8919-4934; Marshman, Zoe/0000-0003-0943-9637; McEachan, Rosemary/0000-0003-1302-6675; Staples, Annalea/0000-0002-3987-2784; Day, Peter Francis/0000-0001-9711-9638
1471-2458

URL: <Go to ISI>://WOS:000857835500003

Reference Type: Journal Article

Record Number: 2445
Author: Oxford, J., Kozlov, R. and Global Resp Infection,
Partnership
Year: 2013
Title: Antibiotic resistance – a call to arms for primary healthcare
providers
Journal: International Journal of Clinical Practice
Volume: 67
Pages: 1–3
Date: Nov
Short Title: Antibiotic resistance – a call to arms for primary
healthcare providers
ISSN: 1368–5031
DOI: 10.1111/ijcp.12334
Accession Number: WOS:000326935300001
Notes: Oxford, J. Kozlov, R.
Kozlov, Roman/AAF–2366–2021
1742–1241
180
Si
URL: <Go to ISI>://WOS:000326935300001

Reference Type: Journal Article
Record Number: 2262
Author: Paap, J. V. R., Vissers, K., Iliffe, S., Radbruch, L.,
Hjermstad, M. J., Chattat, R., Vernooij–Dassen, M., Engels, Y. and
Team, Impact Res
Year: 2015
Title: Strategies to implement evidence into practice to improve
palliative care: recommendations of a nominal group approach with
expert opinion leaders
Journal: BMC Palliative Care
Volume: 14
Date: Sep
Short Title: Strategies to implement evidence into practice to
improve palliative care: recommendations of a nominal group approach
with expert opinion leaders
ISSN: 1472–684X
DOI: 10.1186/s12904–015–0044–9
Article Number: 47
Accession Number: WOS:000361936000001
Abstract: Background: In the past decades, many new insights and
best practices in palliative care, a relatively new field in health
care, have been published. However, this knowledge is often not
implemented. The aim of this study therefore was to identify
strategies to implement improvement activities identified in a
research project within daily palliative care practice. Methods: A
nominal group technique was used with members of the IMPACT
consortium, being international researchers and clinicians in cancer
care, dementia care and palliative care. Participants identified and
prioritized implementation strategies. Data was analyzed
qualitatively using inductive coding. Results: Twenty international
clinicians and researchers participated in one of two parallel

nominal group sessions. The recommended strategies to implement results from a research project were grouped in five common themes: 1. Dissemination of results e.g. by publishing results tailored to relevant audiences, 2. Identification and dissemination of unique selling points, 3. education e.g. by developing e-learning tools and integrating scientific evidence into core curricula, 4. Stimulation of participation of stakeholders, and 5. consideration of consequences e.g. rewarding services for their implementation successes but not services that fail to implement quality improvement activities. Discussion: The added value of this nominal group study lies in the prioritisation by the experts of strategies to influence the implementation of quality improvement activities in palliative care. Efforts to ensure future use of scientific findings should be built into research projects in order to prevent waste of resources.

Notes: Paap, Jasper van Riet Vissers, Kris Iliffe, Steve Radbruch, Lukas Hjerme stad, Marianne J. Chattat, Rabih Vernooij-Dassen, Myrra Engels, Yvonne

Vissers, Kris/H-8110-2014; Vernooij-Dassen, M.J.F.J./H-8107-2014; Vissers, Kris C.P./D-3569-2009; Iliffe, Steve/L-8379-2019; Radbruch, Lukas/IQS-7555-2023; van Riet Paap, Jasper/D-7211-2016; Engels, Yvonne/I-1814-2015

Vissers, Kris/0000-0002-2919-6356; Vissers, Kris C.P./0000-0002-2919-6356; Radbruch, Lukas/0000-0001-9526-396X; Engels, Yvonne/0000-0002-7669-1018; Chattat, Rabih/0000-0002-3889-2839
URL: <Go to ISI>://WOS:000361936000001

Reference Type: Journal Article

Record Number: 213

Author: Paisi, M., Allen, Z. and Shawe, J.

Year: 2023

Title: New Home, New You: A retrospective mixed-methods evaluation of a health-related behavioural intervention programme supporting social housing tenants

Journal: Health Expectations

Volume: 26

Issue: 2

Pages: 752-764

Date: Apr

Short Title: New Home, New You: A retrospective mixed-methods evaluation of a health-related behavioural intervention programme supporting social housing tenants

ISSN: 1369-6513

DOI: 10.1111/hex.13700

Accession Number: WOS:000911504400001

Abstract: Background Social housing tenants are at greater risk of engaging in unhealthy behaviours than the general population. Housing association employees are in an ideal position to contribute positively to their tenants' health. 'New Home, New You' (NHNY) is a joint venture between a social housing association, a city council and a community healthcare provider in the South West of England. It was designed with the aim of improving the health and well-being of social housing tenants. Objectives The aim of this retrospective

evaluation was to establish whether social housing tenants were benefiting from this health-related behavioural intervention in terms of their mental well-being and health-related behaviours.

MethodsThis was a mixed-methods evaluation. The outcome evaluation was a secondary analysis of quantitative data collected during the NHNY project. The process of delivering and receiving the intervention was evaluated using qualitative, semi-structured interviews with housing officers and tenants who had participated in the programme. The development of the intervention was evaluated through a focus group and additional semistructured interviews with key stakeholders. Quantitative data were analysed using the Statistical Package for the Social Sciences. Qualitative interviews were analysed using thematic analysis.

ResultsSix key stakeholders and a total of seven housing officers from several teams and seven tenants were interviewed. Of the 1016 tenants who were invited to participate in NHNY, 226 enrolled in the programme. For participating tenants, the scope for health-related behaviour change was greatest in relation to eating and smoking. Small positive statistically significant changes in mental health were found between the 6- and 12-month mean score and between the baseline and the 12-month score.

ConclusionsThe findings indicate that NHNY may have been beneficial for some participating tenants. Housing officers can have a significant role in promoting health messages and embedding behaviour change among their tenants. Although the programme was implemented as a service improvement rather than a controlled trial and focused on a particular intervention and geographical area, other housing associations may find this evaluation useful for considering whether to adopt some of the principles applied in NHNY in other settings.

Patient or Public ContributionA social housing tenant representative provided input on the methodology and methods used to evaluate NHNY, as well as the information sheet.

Notes: Paisi, Martha Allen, Zoe Shawe, Jill Paisi, Martha/0000-0001-5718-008X
1369-7625
URL: <Go to ISI>://WOS:000911504400001

Reference Type: Journal Article
Record Number: 1587
Author: Panagiotopoulou, E., Peiris, C. and Hayes, D.
Year: 2021
Title: Behavior change techniques in mobile apps targeting self-harm in young people: a systematic review
Journal: Translational Behavioral Medicine
Volume: 11
Issue: 3
Pages: 832-841
Date: Mar
Short Title: Behavior change techniques in mobile apps targeting self-harm in young people: a systematic review
ISSN: 1869-6716
DOI: 10.1093/tbm/ibaa131
Accession Number: WOS:000649397400018
Abstract: Despite the high prevalence of self-harm among young

people, as well as their extensive use of mobile apps for seeking support with their mental healthcare, it is unclear whether the design of mobile apps aimed at targeting self-harm is underpinned by behavior change techniques (BCTs). To systematically analyze and identify (a) what BCTs and (b) what theories are present in self-harm apps for young people in an attempt to understand their active components. Systematic searches in Apple store, followed by thorough screening, were conducted to identify free mobile apps targeting self-harm in young people. Five apps met the inclusion criteria and were used by trained researchers, who coded identified features against the BCT Taxonomy V1. Despite the majority of apps being underpinned by principles of Dialectical Behavior Therapy (DBT), no other information is available about specific theories underpinning these apps. Nineteen of the 93 BCTs were identified across the five apps. The most frequently used BCT was "Distraction" (54.2%), offering ideas for activities to distract users from self-harming. Other techniques that were used often were "Social Support (unspecified)" (27.0%) and "Behavior Substitution" (10.6%). This study provides the first analysis of BCTs present in mental health apps which are designed to target the reduction of self-harm in young people. Future research is needed to evaluate the effectiveness of the apps, as well as assess the effectiveness of the BCTs present.

Notes: Panagiotopoulou, Elena Peiris, Celeste Hayes, Daniel Hayes, Dan/0000-0003-4948-3333; Panagiotopoulou, Elena/0000-0001-8410-4920
1613-9860

URL: <Go to ISI>://WOS:000649397400018

Reference Type: Journal Article

Record Number: 540

Author: Papadopoulos, E., Leach, H. J., Tomlinson, G., Durbano, S., Danyluk, J. M., Sabiston, C. M., Santa Mina, D., Alibhai, S. M. H. and Culos-Reed, S. N.

Year: 2022

Title: Factors predicting gains in moderate-to-vigorous physical activity in prostate cancer survivors on androgen deprivation therapy

Journal: Supportive Care in Cancer

Volume: 30

Issue: 11

Pages: 9011-9018

Date: Nov

Short Title: Factors predicting gains in moderate-to-vigorous physical activity in prostate cancer survivors on androgen deprivation therapy

ISSN: 0941-4355

DOI: 10.1007/s00520-022-07300-2

Accession Number: WOS:000838489900001

Abstract: Background Whether individual, environmental, and psychosocial factors predict changes in moderate-to-vigorous physical activity (MVPA) is poorly addressed in prostate cancer (PC) survivors undergoing androgen deprivation therapy (ADT). Purpose

This secondary analysis of a randomized controlled trial examined changes in MVPA following a supervised personal training (PT), supervised group-based (GROUP) program, or a home-based, smartphone-assisted exercise (HOME) intervention in PC survivors on ADT and explored individual, environmental, and psychosocial predictors of MVPA. Methods PC survivors on ADT underwent aerobic and resistance training for 6 months via PT, GROUP, or HOME. MVPA was captured via accelerometers and the Godin Leisure-Time Exercise Questionnaire. Changes in MVPA between groups were assessed using linear regression. The following predictors of MVPA were examined using Spearman correlations: the Neighborhood Environment Walkability Scale (NEWS); the Planning, Attitudes, and Behaviours (PAB) scale; the Relatedness to Others in Physical Activity Scale (ROPAS); and individual factors at baseline. Results Participants (n = 37) were 69.4 +/- 6.5 years old and 78.4% were on ADT for >= 3 months. Changes in accelerometry-based bouts and MVPA as well as self-reported MVPA did not differ between groups at 6 months. The Aesthetics domain of the NEWS questionnaire at baseline was the strongest predictor of positive MVPA changes (r = .66). Attitude (r = .64), planning (r = .57), and motivation (r = .50) at baseline were also predictive of engaging in higher MVPA throughout the intervention. Conclusion Changes in objective MVPA were modest. Additional emphasis on specific psychosocial and individual factors is important to inform theory-based interventions that can foster PA behavior change in PC survivors on ADT.

Notes: Papadopoulos, Efthymios Leach, Heather J. Tomlinson, George Durbano, Sara Danyluk, Jessica M. Sabiston, Catherine M. Santa Mina, Daniel Alibhai, Shabbir M. H. Culos-Reed, S. Nicole Papadopoulos, Efthymios/0000-0002-4050-8701; Santa Mina, Daniel/0000-0003-4361-1656
1433-7339
URL: <Go to ISI>://WOS:000838489900001

Reference Type: Conference Proceedings

Record Number: 1831

Author: Papageorgiou, D., Casado-Mansilla, D., Tsolakis, A. C., Borges, C. E., Lopez-de-Ipina, D., Kamara-Esteban, O., Sanchez-Corcuera, R., Moschos, I., Irizar-Arrieta, A., Krinidis, S., Zacharaki, A., Avila, J. M., Tzovaras, D. and Soc, Ieee Comp
Year of Conference: 2019

Title: A Socio-economic Survey for Understanding Self-perceived Effectiveness of Persuasive Strategies Towards Energy Efficiency in Tertiary Buildings

Conference Name: IEEE Conference on SmartWorld, Ubiquitous Intelligence and Computing, Advanced and Trusted Computing, Scalable Computing and Communications, Cloud and Big Data Computing, Internet of People and Smart City Innovation

Conference Location: Leicester, ENGLAND

Pages: 1817-1824

Date: Aug 19-23

Sponsor: Ieee, Ieee Computat Intelligence Soc Ieee Comp Soc Ieee Tcsc C. C. F. Transact Pervas Comp and Interact, Acrossing

Short Title: A Socio-economic Survey for Understanding Self-

perceived Effectiveness of Persuasive Strategies Towards Energy Efficiency in Tertiary Buildings

ISBN: 978-1-7281-4034-6

DOI: 10.1109/SmartWorld-UIC-ATC-SCALCOM-IOP-SCI.2019.00321

Source: 2019 IEEE SmartWorld, Ubiquitous Intelligence & Computing, Advanced & Trusted Computing, Scalable Computing & Communications, Cloud & Big Data Computing, Internet of People and Smart City Innovation (SmartWorld/ScalCom/UIC/ATC/CBDCom/IOP/SCI 2019)

Year Published: 2019

Accession Number: WOS:000936421900270

Abstract: Human energy behavior in buildings has been identified as one of the main opportunities with high energy saving potential for both residential and tertiary buildings. Even though a lot of research has been invested in the last decade on this domain, there are still certain aspects that remain controversial and unidentified, especially in terms of socio-economic characteristics. To address this challenge, a new survey is proposed, publicly available through Zenodo, that covers a variety of different aspects that include both technical and socio-cultural traits aiming to fully depict the factors/drivers that affect occupant energy-related behavior at tertiary buildings and correlate them with 15 known strategies of persuasion to motivate people to behave pro-environmentally. The survey was deployed in four EU countries, six different cities and seven buildings, resulting in a total of 330 responses. Among different results, the descriptive analyses show that even though 40% of the total sample was still hesitating to behave pro-environmentally at their workplace, over 90% of all respondents had a positive attitude towards it. Finally, the prescriptive analysis revealed that only five socio-economic factors actually show dependencies on persuasive principles, with the most promising one being the willingness of employees to join a pro-environmental campaign in the work center. Besides, it was found that Praising people for behaving energy efficiently showed correlation with more than one factor which is in line with the literature.

Notes: Papageorgiou, Dimitris Casado-Mansilla, Diego Tsolakis, Apostolos C. Borges, Cruz E. Lopez-de-Ipina, Diego Kamara-Esteban, Oihane Sanchez-Corcuera, Ruben Moschos, Ioannis Irizar-Arrieta, Ane Krinidis, Stelios Zacharaki, Angeliki Manuel Avila, Jose Tzovaras, Dimitrios

Borges, Cruz E./E-9602-2012; López-de-Ipiña, Diego/A-9651-2012; Avila, Jose Manuel/P-5981-2014; Tsolakis, Apostolos/AAW-7105-2020 Borges, Cruz E./0000-0002-4956-809X; López-de-Ipiña, Diego/0000-0001-8055-6823; Avila, Jose Manuel/0000-0002-7075-7450; Tsolakis, Apostolos/0000-0003-2606-1402; Tzovaras, Dimitrios/0000-0001-6915-6722; Sanchez-Corcuera, Ruben/0000-0002-6361-0901; Irizar-Arrieta, Ane/0000-0001-7342-1568

URL: <Go to ISI>://WOS:000936421900270

Reference Type: Journal Article

Record Number: 1170

Author: Parchment, A., Lawrence, W., Perry, R., Rahman, E., Townsend, N., Wainwright, E. and Wainwright, D.

Year: 2021

Title: Making Every Contact Count and Healthy Conversation Skills as very brief or brief behaviour change interventions: a scoping review

Journal: Journal of Public Health-Heidelberg

Date: 2021 Oct

Short Title: Making Every Contact Count and Healthy Conversation Skills as very brief or brief behaviour change interventions: a scoping review

ISSN: 2198-1833

DOI: 10.1007/s10389-021-01653-4

Accession Number: WOS:000707523200001

Abstract: Aim To identify and map the available evidence regarding the implementation of Making Every Contact Count and/or Healthy Conversation Skills for both staff delivering and service users receiving the brief or very brief intervention/s. Methods A scoping review approach was used to rapidly map and provide an overview of the relevant literature, identify gaps in knowledge, and inform further, related research. Articles investigating experiences, perceptions and impact of Making Every Contact Count and/or Healthy Conversation Skills were included. Quantitative, qualitative, and mixed methods studies were eligible for inclusion, as were reviews and reports. Results Twenty-two articles were included in total. Healthy Conversation Skills training was found to be acceptable, and had a positive impact on staff confidence and competence in supporting behaviour change, across studies. Some positive effects of intervention exposure on the sedentary behaviour and dietary quality of service users were evidenced. Changes in confidence following Making Every Contact Count training were varied, as was perceived acceptability of the intervention for staff. Two studies highlighted positive impacts of the intervention on service user health; however, statistical significance was not reported. The perceived barriers and facilitators of implementation for both interventions mapped mostly to 'Environmental Context and Resources' on the Theoretical Domains Framework. Conclusion Healthy Conversation Skills is an acceptable and effective behaviour change intervention that could provide a consistent approach to Making Every Contact Count training and evaluation. Further research is warranted to evaluate this approach for more staff and service user groups.

Notes: Parchment, Amelia Lawrence, Wendy Perry, Rachel Rahman, Em Townsend, Nick Wainwright, Elaine Wainwright, David Townsend, Nick/0000-0001-9890-0901; Lawrence, Wendy/0000-0003-1264-0438; Parchment, Amelia/0000-0002-6743-6912 1613-2238

URL: <Go to ISI>://WOS:000707523200001

Reference Type: Journal Article

Record Number: 988

Author: Parker, G., Shahid, N., Rappon, T., Kastner, M., Born, K. and Berta, W.

Year: 2022

Title: Using theories and frameworks to understand how to reduce low-value healthcare: a scoping review

Journal: Implementation Science

Volume: 17

Issue: 1

Date: Jan

Short Title: Using theories and frameworks to understand how to reduce low-value healthcare: a scoping review

ISSN: 1748-5908

DOI: 10.1186/s13012-021-01177-1

Article Number: 6

Accession Number: WOS:000744978700001

Abstract: Background There is recognition that the overuse of procedures, testing, and medications constitutes low-value care which strains the healthcare system and, in some circumstances, can cause unnecessary stress and harm for patients. Initiatives across dozens of countries have raised awareness about the harms of low-value care but have had mixed success and the levels of reductions realized have been modest. Similar to the complex drivers of implementation processes, there is a limited understanding of the individual and social behavioral aspects of de-implementation. While researchers have begun to use theory to elucidate the dynamics of de-implementation, the research remains largely atheoretical. The use of theory supports the understanding of how and why interventions succeed or fail and what key factors predict success. The purpose of this scoping review was to identify and characterize the use of theoretical approaches used to understand and/or explain what influences efforts to reduce low-value care. **Methods** We conducted a review of MEDLINE, EMBASE, CINAHL, and Scopus databases from inception to June 2021. Building on previous research, 43 key terms were used to search the literature. The database searches identified 1998 unique articles for which titles and abstracts were screened for inclusion; 232 items were selected for full-text review. **Results** Forty-eight studies met the inclusion criteria. Over half of the included articles were published in the last 2 years. The Theoretical Domains Framework (TDF) was the most commonly used determinant framework (n = 22). Of studies that used classic theories, the majority used the Theory of Planned Behavior (n = 6). For implementation theories, Normalization Process Theory and COM-B were used (n = 7). Theories or frameworks were used primarily to identify determinants (n = 37) and inform data analysis (n = 31). Eleven types of low-value care were examined in the included studies, with prescribing practices (e.g., overuse, polypharmacy, and appropriate prescribing) targeted most frequently. **Conclusions** This scoping review provides a rigorous, comprehensive, and extensive synthesis of theoretical approaches used to understand and/or explain what factors influence efforts to reduce low-value care. The results of this review can provide direction and insight for future primary research to support de-implementation and the reduction of low-value care.

Notes: Parker, Gillian Shahid, Nida Rappon, Tim Kastner, Monika Born, Karen Berta, Whitney

Parker, Gillian/0000-0001-9884-9181

URL: <Go to ISI>://WOS:000744978700001

Reference Type: Journal Article

Record Number: 588

Author: Parker, H., Frost, J., Day, J., Bethune, R., Kajamaa, A., Hand, K., Robinson, S. and Mattick, K.

Year: 2022

Title: Tipping the balance: A systematic review and meta-ethnography to unfold the complexity of surgical antimicrobial prescribing behavior in hospital settings

Journal: Plos One

Volume: 17

Issue: 7

Date: Jul

Short Title: Tipping the balance: A systematic review and meta-ethnography to unfold the complexity of surgical antimicrobial prescribing behavior in hospital settings

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0271454

Article Number: e0271454

Accession Number: WOS:000911392100160

Abstract: Surgical specialties account for a high proportion of antimicrobial use in hospitals, and misuse has been widely reported resulting in unnecessary patient harm and antimicrobial resistance. We aimed to synthesize qualitative studies on surgical antimicrobial prescribing behavior, in hospital settings, to explain how and why contextual factors act and interact to influence practice. Stakeholder engagement was integrated throughout to ensure consideration of varying interpretive repertoires and that the findings were clinically meaningful. The meta-ethnography followed the seven phases outlined by Noblit and Hare. Eight databases were systematically searched without date restrictions. Supplementary searches were performed including forwards and backwards citation chasing and contacting first authors of included papers to highlight further work. Following screening, 14 papers were included in the meta-ethnography. Repeated reading of this work enabled identification of 48 concepts and subsequently eight overarching concepts: hierarchy; fear drives action; deprioritized; convention trumps evidence; complex judgments; discontinuity of care; team dynamics; and practice environment. The overarching concepts interacted to varying degrees but there was no consensus among stakeholders regarding an order of importance. Further abstraction of the overarching concepts led to the development of a conceptual model and a line-of-argument synthesis, which posits that social and structural mediators influence individual complex antimicrobial judgements and currently skew practice towards increased and unnecessary antimicrobial use. Crucially, our model provides insights into how we might 'tip the balance' towards more evidence-based antimicrobial use. Currently, healthcare workers deploy antimicrobials across the surgical pathway as a safety net to allay fears, reduce uncertainty and risk, and to mitigate against personal blame. Our synthesis indicates that prescribing is unlikely to change until the social and structural mediators driving practice are addressed. Furthermore, it suggests that research specifically exploring the context for effective and sustainable quality improvement stewardship initiatives in surgery is now urgent.

Notes: Parker, Hazel Frost, Julia Day, Jo Bethune, Rob Kajamaa, Anu Hand, Kieran Robinson, Sophie Mattick, Karen Parker, Hazel/0000-0001-8569-5718; Hand, Kieran S/0000-0002-3834-2415; Mattick, Karen/0000-0003-1800-773X; Robinson, Sophie/0000-0003-0463-875X
URL: <Go to ISI>://WOS:000911392100160

Reference Type: Journal Article

Record Number: 2108

Author: Parker, H. M. and Mattick, K.

Year: 2016

Title: The determinants of antimicrobial prescribing among hospital doctors in England: a framework to inform tailored stewardship interventions

Journal: British Journal of Clinical Pharmacology

Volume: 82

Issue: 2

Pages: 431-440

Date: Aug

Short Title: The determinants of antimicrobial prescribing among hospital doctors in England: a framework to inform tailored stewardship interventions

ISSN: 0306-5251

DOI: 10.1111/bcp.12953

Accession Number: WOS:000382509500011

Abstract: AIM Little is known about the determinants of antimicrobial prescribing behaviour (APB), how they vary between hospital prescribers or the mechanism by which interventions are effective. Yet, interventions based on a sound theoretical understanding of APB are more likely to be successful in changing outcomes. This study sought to quantify the potential determinants of APB among hospital doctors in south-west England. METHODS This multicentre, quantitative study employed a closed answer questionnaire to garner hospital doctors' views on factors influencing their APB. Underlying constructs within the data were identified using exploratory factor analysis and subsequent pairwise comparisons assessed for variance between groups of prescribers. RESULTS The questionnaire was completed by 301 doctors across four centres (response rate \geq 74%) and three key factors were identified: autonomy, guidelines adherence and antibiotic awareness. The internal consistency for the questionnaire scale and for each factor subscale was good ($\alpha \geq 0.7$). Subgroup analysis identified significant differences between groups of prescribers: autonomy scores increased with grade until at the specialist trainee level ($P \leq 0.009$), foundation doctors scored higher for guidelines adherence than consultants ($P = 0.004$) and specialist trainees ($P = 0.003$) and United Kingdom trained doctors scored higher than those trained abroad for antibiotic awareness ($P < 0.0005$). Scores did not vary significantly between doctors from different centres. CONCLUSION Autonomy, guidelines adherence and antibiotic awareness were identified as important factors relevant to APB, which vary with experience and training. A theoretical framework is offered to facilitate development of more effective, tailored interventions to

change APBs.

Notes: Parker, Hazel M. Mattick, Karen
Mattick, Karen/0000-0003-1800-773X; Parker, Hazel/
0000-0001-8569-5718
1365-2125
URL: <Go to ISI>://WOS:000382509500011

Reference Type: Journal Article

Record Number: 98

Author: Parmet, T., Yusufov, M., Braun, I. M., Pirl, W. F., Matlock, D. D. and Sannes, T. S.

Year: 2023

Title: Willingness toward psychosocial support during cancer treatment: a critical yet challenging construct in psychosocial care
Journal: Translational Behavioral Medicine

Date: 2023 Mar

Short Title: Willingness toward psychosocial support during cancer treatment: a critical yet challenging construct in psychosocial care

ISSN: 1869-6716

DOI: 10.1093/tbm/ibac121

Accession Number: WOS:000968629700001

Abstract: Psychosocial distress screening, mandated by the American College Surgeons' Commission on Cancer, continues to be implemented across cancer centers nationwide. Although measuring distress is critical to identifying patients who may benefit from additional support, several studies suggest that distress screening may not actually increase patients' utilization of psychosocial services. While various investigators have identified barriers that may impede effective implementation of distress screening, we posit that patients' intrinsic motivation, which we term patients' willingness, may be the biggest predictor for whether cancer patients choose to engage with psychosocial services. In this commentary, we define patient willingness towards psychosocial services as a novel construct, distinct from the intention toward a certain behavior described across pre-existing models of health behavior change. Further, we offer a critical perspective of models of intervention design that focus on acceptability and feasibility as preliminary outcomes thought to encompass the willingness construct described herein. Finally, we summarize several health service models that successfully integrate psychosocial services alongside routine oncology care. Overall, we present an innovative model that acknowledges barriers and facilitators and underscores the critical role of willingness in health behavior change. Consideration of patients' willingness toward psychosocial care will move the field of psychosocial oncology forward in clinical practice, policy initiatives, and study design.

Notes: Parmet, Tamar Yusufov, Miryam Braun, Ilana M. Pirl, William F. Matlock, Daniel D. Sannes, Timothy S.
1613-9860

URL: <Go to ISI>://WOS:000968629700001

Reference Type: Journal Article

Record Number: 579

Author: Parretti, H. M., Belderson, P., Eborall, H., Naughton, F., Loke, Y., Steel, N., Bachmann, M. and Hardeman, W.

Year: 2023

Title: "I have travelled along on my own"-Experiences of seeking help for serious non-COVID health problems during the COVID-19 pandemic: A qualitative study

Journal: British Journal of Health Psychology

Volume: 28

Issue: 1

Pages: 116-135

Date: Feb

Short Title: "I have travelled along on my own"-Experiences of seeking help for serious non-COVID health problems during the COVID-19 pandemic: A qualitative study

ISSN: 1359-107X

DOI: 10.1111/bjhp.12615

Accession Number: WOS:000830871200001

Abstract: Objectives During COVID-19 the UK general population has been given strong messages to stay at home. Concurrently unprecedented changes occurred in healthcare access with moves to remote/triage systems. Data have shown that the number of people accessing healthcare services decreased and there are significant concerns that the pandemic has negatively affected help-seeking for serious conditions, with potentially increased morbidity and mortality. An understanding of help-seeking is urgently needed to inform public campaigns. We aimed to develop an in-depth, theory-based understanding of how, when and why people sought help for potentially serious symptoms (e.g., related to major cardiovascular events or cancer diagnoses) during the pandemic, and what influenced their decisions. Design Qualitative semi-structured interviews. Methods We interviewed 25 adults recruited through a targeted social media campaign. Interviews were conducted via telephone or online platform. Our topic guide was informed by the Model of Pathways to Treatment and the Capability-Opportunity-Motivation-Behaviour model. Results The analysis identified four main themes: Delay in recognition, Holding on to concerns, Weighing it up and Long-term impacts. Multiple societal and environmental factors influenced participants' help-seeking and motivation, capability and opportunity to seek help, with long-term impacts on well-being and future help-seeking. Conclusions There is a need for clear guidance about pathways to raise concerns about symptoms and gain advice while usual healthcare contacts are paused or stopped.

Recommendations for future interventions to support help-seeking during pandemics include clearer messaging, co-produced with end-users, on when, where and how to seek help.

Notes: Parretti, Helen M. Belderson, Pippa Eborall, Helen Naughton, Felix Loke, Yoon Steel, Nick Bachmann, Max Hardeman, Wendy Naughton, Felix/B-4177-2011; Hardeman, Wendy/H-1497-2012; Steel, Nicholas/K-1592-2014

Naughton, Felix/0000-0001-9790-2796; Steel, Nicholas/0000-0003-1528-140X; Hardeman, Wendy/0000-0002-6498-9407; Parretti, Helen/0000-0002-7184-269X; Belderson, Pippa/0000-0003-2065-6878; Loke, Yoon Kong/0000-0001-9109-2307; Bachmann, Max Oscar/

0000-0003-1770-3506
2044-8287
URL: <Go to ISI>://WOS:000830871200001

Reference Type: Journal Article
Record Number: 1818
Author: Parry, D. A. and le Roux, D. B.
Year: 2019
Title: Media multitasking and cognitive control: A systematic review of interventions
Journal: Computers in Human Behavior
Volume: 92
Pages: 316-327
Date: Mar
Short Title: Media multitasking and cognitive control: A systematic review of interventions
ISSN: 0747-5632
DOI: 10.1016/j.chb.2018.11.031
Accession Number: WOS:000457504100032
Abstract: Extending from the increasing prevalence of media in personal, social, and work environments, research has indicated that media multitasking (i.e., engaging in more than one media or non-media activity simultaneously) is associated with changes in cognitive control and failures of everyday executive functioning. While more research is required to elucidate these associations, the emergent trend, while small, suggests a negative relationship between high levels of media multitasking and aspects of cognitive control. In response, researchers have called for studies investigating the remedial efficacy of interventions targeting the effects of media multitasking on executive functioning. To provide a foundation for such research this systematic review integrates current findings concerning such interventions. Four databases (Web of Science, Scopus, Academic Search Premier, and PsycINFO) were searched to identify relevant studies, producing 2792 results. 15 studies met the eligibility criteria. At the time of review current interventions fall into three categories: awareness, restriction, and mindfulness. While some interventions have been effective at changing behaviour or cognitive outcomes, no single category contains interventions which, categorically, produced improvements in attention-related performance. Extending from this synthesis key research gaps are identified, with suggestions for future research proposed.
Notes: Parry, Douglas A. le Roux, Daniel B.
Parry, Douglas/AAH-7029-2019
Parry, Douglas/0000-0002-6443-3425; le Roux, Daniel/
0000-0001-9682-0377
1873-7692
URL: <Go to ISI>://WOS:000457504100032

Reference Type: Journal Article
Record Number: 1959
Author: Parry, S. M., Knight, L. D., Connolly, B., Baldwin, C.,

Puthuchear, Z., Morris, P., Mortimore, J., Hart, N., Denehy, L. and Granger, C. L.

Year: 2017

Title: Factors influencing physical activity and rehabilitation in survivors of critical illness: a systematic review of quantitative and qualitative studies

Journal: Intensive Care Medicine

Volume: 43

Issue: 4

Pages: 531-542

Date: Apr

Short Title: Factors influencing physical activity and rehabilitation in survivors of critical illness: a systematic review of quantitative and qualitative studies

ISSN: 0342-4642

DOI: 10.1007/s00134-017-4685-4

Accession Number: WOS:000397314800006

Abstract: Purpose: To identify, evaluate and synthesise studies examining the barriers and enablers for survivors of critical illness to participate in physical activity in the ICU and post-ICU settings from the perspective of patients, caregivers and healthcare providers. Methods: Systematic review of articles using five electronic databases: MEDLINE, CINAHL, EMBASE, Cochrane Library, Scopus. Quantitative and qualitative studies that were published in English in a peer-reviewed journal and assessed barriers or enablers for survivors of critical illness to perform physical activity were included. Prospero ID: CRD42016035454. Results: Eighty-nine papers were included. Five major themes and 28 sub-themes were identified, encompassing: (1) patient physical and psychological capability to perform physical activity, including delirium, sedation, illness severity, comorbidities, weakness, anxiety, confidence and motivation; (2) safety influences, including physiological stability and concern for lines, e.g. risk of dislodgement; (3) culture and team influences, including leadership, interprofessional communication, administrative buy-in, clinician expertise and knowledge; (4) motivation and beliefs regarding the benefits/risks; and (5) environmental influences, including funding, access to rehabilitation programs, staffing and equipment. Conclusions: The main barriers identified were patient physical and psychological capability to perform physical activity, safety concerns, lack of leadership and ICU culture of mobility, lack of interprofessional communication, expertise and knowledge, and lack of staffing/equipment and funding to provide rehabilitation programs. Barriers and enablers are multidimensional and span diverse factors. The majority of these barriers are modifiable and can be targeted in future clinical practice.

Notes: Parry, Selina M. Knight, Laura D. Connolly, Bronwen Baldwin, Claire Puthuchear, Zudin Morris, Peter Mortimore, Jessica Hart, Nicholas Denehy, Linda Granger, Catherine L.

Hart, Nicholas/0-7076-2015; Baldwin, Claire E/F-4478-2013

Hart, Nicholas/0000-0002-6863-585X; Baldwin, Claire E/

0000-0002-5022-8498; Denehy, Linda/0000-0002-2926-8436; Puthuchear, Zudin/0000-0003-4267-1892; Parry, Selina/0000-0003-2204-3143;

Connolly, Bronwen/0000-0002-5676-5497; Granger, Catherine/

0000-0001-6169-370X
1432-1238
URL: <Go to ISI>://WOS:000397314800006

Reference Type: Journal Article

Record Number: 1964

Author: Parry, S. M., Remedios, L., Denehy, L., Knight, L. D., Beach, L., Rollinson, T. C., Berney, S., Puthuchear, Z. A., Morris, P. and Granger, C. L.

Year: 2017

Title: What factors affect implementation of early rehabilitation into intensive care unit practice? A qualitative study with clinicians

Journal: Journal of Critical Care

Volume: 38

Pages: 137-143

Date: Apr

Short Title: What factors affect implementation of early rehabilitation into intensive care unit practice? A qualitative study with clinicians

ISSN: 0883-9441

DOI: 10.1016/j.jcsrc.2016.11.005

Accession Number: WOS:000401100300025

Abstract: Purpose: To identify the barriers and enablers that influence clinicians' implementation of early rehabilitation in critical care. Materials and methods: Qualitative study involving 26 multidisciplinary participants who were recruited using purposive sampling. Four focus groups were conducted using semistructured questions to explore attitudes, beliefs, and experiences. Data were transcribed verbatim and thematic analysis was performed. Results: Six themes emerged, as follows: (1) the clinicians' expectations and knowledge (including rationale for rehabilitation, perceived benefits, and experience), (2) the evidence for and application of rehabilitation (including beliefs regarding when to intervene), (3) patient factors (including prognosis, sedation, delirium, cooperation, motivation, goals, and family), (4) safety considerations (including physiological stability and presence of devices or lines), (5) environmental influences (staffing, resources, equipment, time, and competing priorities), and (6) culture and teamwork. Key strategies identified to facilitate rehabilitation included addressing educational needs for all multidisciplinary team members, supporting junior nursing staff, and potential expansion of physiotherapy staffing hours to closer align with the 24-hour patient care model. Conclusions: Key barriers to implementation of early rehabilitation in critical care are diverse and include both clinician- and health care system-related factors. Research targeted at bridging this evidence-practice gap is required to improve provision of rehabilitation. (C) 2016 Elsevier Inc. All rights reserved.

Notes: Parry, Selina M. Remedios, Louisa Denehy, Linda Knight, Laura D. Beach, Lisa Rollinson, Thomas C. Berney, Sue Puthuchear, Zudin A. Morris, Peter Granger, Catherine L.

Rollinson, Thomas/AAH-7738-2021

Rollinson, Thomas/0000-0001-8973-661X; Parry, Selina/
0000-0003-2204-3143; Remedios, Louisa/0000-0002-8021-7327; Granger,
Catherine/0000-0001-6169-370X; Denehy, Linda/0000-0002-2926-8436;
Puthuchery, Zudin/0000-0003-4267-1892
1557-8615
URL: <Go to ISI>://WOS:000401100300025

Reference Type: Journal Article

Record Number: 2030

Author: Partridge, S. R., McGeechan, K., Bauman, A., Phongsavan, P.
and Allman-Farinelli, M.

Year: 2017

Title: Improved confidence in performing nutrition and physical
activity behaviours mediates behavioural change in young adults:
Mediation results of a randomised controlled mHealth intervention

Journal: Appetite

Volume: 108

Pages: 425-433

Date: Jan

Short Title: Improved confidence in performing nutrition and
physical activity behaviours mediates behavioural change in young
adults: Mediation results of a randomised controlled mHealth
intervention

ISSN: 0195-6663

DOI: 10.1016/j.appet.2016.11.005

Accession Number: WOS:000390622000050

Abstract: Background: The burden of weight gain disproportionately
affects young adults. Understanding the underlying behavioural
mechanisms of change in mHealth nutrition and physical activity
interventions designed for young adults is important for enhancing
and translating effective interventions. Purpose: First, we
hypothesised that knowledge, self-efficacy and stage-of-change for
nutrition and physical activity behaviours would improve, and
second, that self-efficacy changes in nutrition and physical
activity behaviours mediate the behaviour changes observed in an
mHealth RCT for prevention of weight gain. Methods: Young adults,
aged 18-35 years at risk of weight gain (n = 250) were randomly
assigned to an mHealth-program, TXT2BFiT, consisting of a three-
month intensive phase and six-month maintenance phase or to a
control group. Self-reported online surveys at baseline, three- and
nine-months assessed nutrition and physical activity behaviours,
knowledge, self-efficacy and stage-of-change. The mediating effect
of self-efficacy was assessed in multiple PROCESS macro-models for
three- and nine-month nutrition and physical activity behaviour
change. Results: Young adults randomised to the intervention
increased and maintained knowledge of fruit requirements (P = 0.029)
compared to controls. Intervention participants' fruit and takeaway
behaviours improved to meet recommendations at nine months, with a
greater proportion progressing to action or maintenance stage-of-
change (P < 0.001 and P = 0.012 respectively) compared to controls.
Intervention participants' vegetable and physical activity
behaviours did not meet recommendations, thereby halting progress to
action or maintenance stage-of-change. Indirect effects of improved

nutrition and physical activity behaviours at three- and nine-months in the intervention group were explained by changes in self-efficacy, accounting for 8%–37% of the total effect. Conclusions: This provides insights into how the mHealth intervention achieved part of its effects and the importance of improving self-efficacy to facilitate improved eating and physical activity behaviours in young adults. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: Partridge, Stephanie R. McGeechan, Kevin Bauman, Adrian Phongsavan, Philayrath Allman-Farinelli, Margaret Partridge, Stephanie/B-7327-2018

Partridge, Stephanie/0000-0001-5390-3922; Phongsavan, Philayrath/0000-0003-2460-5031; McGeechan, Kevin/0000-0002-9679-9827
1095-8304

URL: <Go to ISI>://WOS:000390622000050

Reference Type: Journal Article

Record Number: 827

Author: Pasquereau, A., Guignard, R., Andler, R., Gallopel-Morvan, K. and Nguyen-Thanh, V.

Year: 2022

Title: Plain packaging on tobacco products in France: Effectiveness on smokers' attitudes one year after implementation

Journal: Tobacco Induced Diseases

Volume: 20

Date: Apr

Short Title: Plain packaging on tobacco products in France: Effectiveness on smokers' attitudes one year after implementation

ISSN: 1617-9625

DOI: 10.18332/tid/146600

Article Number: 146600

Accession Number: WOS:000784466000001

Abstract: INTRODUCTION New packaging of tobacco products, with plain packaging and new enlarged health warnings, was made compulsory in France in 2017. This study aims to measure the impact of new packaging on smokers' embarrassment and their motivation to quit smoking. METHODS Data from Sante publique France 2016, 2017 and 2018 Health Barometer surveys were used. These randomized surveys were conducted by telephone with samples of 15216 (2016), 25319 (2017), and 9074 (2018) people aged 18–75 years. The association between smokers' embarrassment and the influence of new packaging on motivation to quit smoking was studied using multivariate logistic regressions. RESULTS After the introduction of new plain packaging, the proportion of smokers who felt embarrassed taking out their pack of cigarettes in plain sight because of its appearance doubled in 2017 (11.9%, 95% CI: 10.2–13.9 vs 5.9%, 95% CI: 4.4–7.8 in 2016, $p < 0.001$) and continued to increase in 2018 (15.5%, 95% CI: 13.7–17.5, $p < 0.01$). In 2018, women were more embarrassed than men (OR=2.0; 95% CI: 1.5–2.6, $p < 0.001$). In 2018, 26.8% (95% CI: 24.6–29.1) of smokers said the appearance of a pack of cigarettes motivated them to quit, and 22.5% (95% CI: 18.3–27.2) ex-smokers cited it as having motivated them to quit. Smokers who were embarrassed by displaying their pack were more likely to be motivated to quit because of the pack's appearance. People with

higher incomes were less likely to report motivation to quit due to the pack than people with the lowest income (OR=0.5; 95% CI: 0.3–0.7, $p<0.001$). CONCLUSIONS In the French context, the new plain packaging of tobacco products probably had an impact on smokers' perception of tobacco by increasing the embarrassment they felt when they took out their pack of cigarettes in plain sight. It also influenced the motivation to quit smoking, and more generally, it could contribute to the denormalization of tobacco.

Notes: Pasquereau, Anne Guignard, Romain Andler, Raphael Gallopel-Morvan, Karine Viet Nguyen-Thanh

URL: <Go to ISI>://WOS:000784466000001

Reference Type: Journal Article

Record Number: 352

Author: Patel, J., Leach-Kernot, K., Curry, G., Naghavi, M. and Sridhar, O.

Year: 2022

Title: Firearm injury—a preventable public health issue

Journal: Lancet Public Health

Volume: 7

Issue: 11

Pages: E976–E982

Date: Nov

Short Title: Firearm injury—a preventable public health issue

ISSN: 2468–2667

Accession Number: WOS:000928270600014

Abstract: Firearm-related injury is a leading cause of death disproportionately affecting adolescents and young adults across the world, especially in the Americas. Little progress has been made over the past four decades, as inaction and the adoption of ineffective or unevidenced interventions have become commonplace. The COVID-19 pandemic reconfigured health systems towards prevention and harm reduction, sharpened public attention to the burden of preventable deaths, and inspired a fresh ambition of eliminating avertable deaths. In this Viewpoint, we argue that preventing firearm injury should garner bolder action in post-pandemic public health and we present a case for reducing the global burden of firearm injury supported by evidence and international examples. Crucially, we aim to guide policy making in directions that end the cycle of grief, anger, activism, deflection, and inaction and create more peaceful and fairer societies.

Notes: Patel, Jay Leach-Kernot, Katherine Curry, Gwenetta Naghavi, Mohsen Sridhar, Oevi

URL: <Go to ISI>://WOS:000928270600014

Reference Type: Journal Article

Record Number: 546

Author: Patel, R., Loraine, E. and Greaux, M.

Year: 2022

Title: Impact of COVID-19 on digital practice in UK paediatric speech and language therapy and implications for the future: A national survey

Journal: International Journal of Language & Communication Disorders

Volume: 57

Issue: 5

Pages: 1112–1129

Date: Sep

Short Title: Impact of COVID-19 on digital practice in UK paediatric speech and language therapy and implications for the future: A national survey

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12750

Accession Number: WOS:000835828100001

Abstract: Background The COVID-19 pandemic and subsequent measures to reduce transmission risk has led to unprecedented digital transformation across health, education and social care services. This includes UK paediatric speech and language therapy (SLT), which sits at the crossroads of these services. Given the rapid onset of this pandemic-induced digital transition, there is now a need to capture, reflect and learn from the SLT profession so that benefits can be sustained, and barriers addressed. Aims To survey the impact of COVID-19 remote working on UK paediatric SLTs' digital views and experiences using the Capability, Opportunity, Motivation and Behaviour (COM-B) model. Methods & Procedures An online survey was conducted from May to October 2020. Respondents were asked to rate their use of technology in service delivery before and during the pandemic, to select factors facilitating digital practice, and to provide open-response aspirations for the future role of technology in paediatric SLT which were analysed thematically using the COM-B behaviour change model. Outcomes & Results A total of 424 UK paediatric SLTs responded to the survey. Findings indicate a marked increase in clinicians' perception of their frequency, convenience and confidence with digital practice during COVID-19 compared with before the pandemic. Respondents identified that specialist training (27%), funding for workplace devices (22%) and supportive leadership (19%) were most likely to facilitate sustained digital practice. Clinicians hoped for a blended approach going forward with technology enhancing existing best practice. Further prominent themes included digital accessibility for all and maintaining the increased opportunity for multidisciplinary working that videoconferencing has afforded. More service-specific aspirations were bespoke technological solutions as well as parents/carers being able to engage remotely with school-based provisions. Conclusions & Implications During COVID-19, paediatric SLTs' recognition and acceptance of how technology can augment practice has accelerated, with particular value being placed on inclusivity, choice, training, resources, leadership and indication of effectiveness. These are important considerations to help guide the profession towards the long-term digital enhancement of SLT services. WHAT THIS PAPER ADDS What is already known on the subject The COVID-19 pandemic led to an unprecedented interest in the use of technology across SLT practice. Studies are emerging nationally and internationally to identify the digital priorities of the SLT workforce, the areas of digital SLT provision that are thriving or lacking, and the evidence to guide clinical practice and service development. What this study adds to existing knowledge This is the first UK-wide COVID-19 survey solely

focusing on the digital practice of paediatric SLTs. The findings provide critical insights into SLT perception of how practice has been impacted in the early stages of the COVID-19 pandemic, including digital trends that are service, condition and demographic specific. Tools and channels required to support sustained beneficial change are also discussed. What are the potential or actual clinical implications of this work? This paper demonstrates the potential for digital solutions to enhance SLT practice, as long as implementation is guided by clinicians' experiences and perspectives. The findings lay groundwork for service development work, such as the creation of training packages, updating of clinical guidelines and care pathways, and development of processes to ensure equitable allocation of evidence-based resources.

Notes: Patel, Rafiah Loraine, Elena Greaux, Melanie Greaux, Melanie/0000-0001-7010-6407; Patel, Rafiah/0000-0003-4163-1100
1460-6984
URL: <Go to ISI>://WOS:000835828100001

Reference Type: Journal Article

Record Number: 912

Author: Patel, S., Pierce, L., Jones, M., Lai, A., Cai, M., Sharpe, B. A. and Harrison, J. D.

Year: 2022

Title: Using Participatory Design to Engage Physicians in the Development of a Provider-Level Performance Dashboard and Feedback System

Journal: Joint Commission Journal on Quality and Patient Safety

Volume: 48

Issue: 3

Pages: 165-172

Date: Mar

Short Title: Using Participatory Design to Engage Physicians in the Development of a Provider-Level Performance Dashboard and Feedback System

ISSN: 1553-7250

DOI: 10.1016/j.jcjq.2021.10.003

Accession Number: WOS:000763291600006

Abstract: Problem Definition: Performance feedback, in which clinicians are given data on select metrics, is widely used in the context of quality improvement. However, there is a lack of practical guidance describing the process of developing performance feedback systems. Initial Approach: This study took place at the University of California, San Francisco (UCSF) with hospitalist physicians. Participatory design methodology was used to develop a performance dashboard and feedback system. Twenty hospitalist physicians participated in a series of six design sessions and two surveys. Each design session and survey systematically addressed key components of the feedback system, including design, metric selection, data delivery, and incentives. The Capability Opportunity Motivation and Behavior (COM-B) model was then used to identify behavior change interventions to facilitate engagement with the dashboard during a pilot implementation. Key Insights, Lessons

Learned: In regard to performance improvement, physicians preferred collaboration over competition and internal motivation over external incentives. Physicians preferred that the dashboard be used as a tool to aid in clinical practice improvement and not punitively by leadership. Metrics that were clinical or patient-centered were perceived as more meaningful and more likely to motivate behavior change. Next Steps: The performance dashboard has been introduced to the entire hospitalist group, and evaluation of implementation continues by monitoring engagement and physician attitudes. This will be followed by targeted feedback interventions to attempt to improve performance.

Notes: Patel, Sajan Pierce, Logan Jones, Maggie Lai, Andrew Cai, Michelle Sharpe, Bradley A. Harrison, James D.

Pierce, Logan/HNI-4113-2023

, Sajan/0000-0003-3678-6079; Jones, Maggie/0000-0003-1555-8501
1938-131x

URL: <Go to ISI>://WOS:000763291600006

Reference Type: Journal Article

Record Number: 609

Author: Patey, A. M., Fontaine, G., Francis, J. J., McCleary, N., Presseau, J. and Grimshaw, J. M.

Year: 2023

Title: Healthcare professional behaviour: health impact, prevalence of evidence-based behaviours, correlates and interventions

Journal: Psychology & Health

Volume: 38

Issue: 6

Pages: 766-794

Date: Jun

Short Title: Healthcare professional behaviour: health impact, prevalence of evidence-based behaviours, correlates and interventions

ISSN: 0887-0446

DOI: 10.1080/08870446.2022.2100887

Accession Number: WOS:000826026400001

Abstract: Healthcare professional (HCP) behaviours are actions performed by individuals and teams for varying and often complex patient needs. However, gaps exist between evidence-informed care behaviours and the care provided. Implementation science seeks to develop generalizable principles and approaches to investigate and address care gaps, supporting HCP behaviour change while building a cumulative science. We highlight theory-informed approaches for defining HCP behaviour and investigating the prevalence of evidence-based care and known correlates and interventions to change professional practice. Behavioural sciences can be applied to develop implementation strategies to support HCP behaviour change and provide valid, reliable tools to evaluate these strategies. There are thousands of different behaviours performed by different HCPs across many contexts, requiring different implementation approaches. HCP behaviours can include activities related to promoting health and preventing illness, assessing and diagnosing illnesses, providing treatments, managing health conditions,

managing the healthcare system and building therapeutic alliances. The key challenge is optimising behaviour change interventions that address barriers to and enablers of recommended practice. HCP behaviours may be determined by, but not limited to, Knowledge, Social influences, Intention, Emotions and Goals. Understanding HCP behaviour change is a critical to ensuring advances in health psychology are applied to maximize population health.

Notes: Patey, Andrea M. Fontaine, Guillaume Francis, Jillian J. McCleary, Nicola Presseau, Justin Grimshaw, Jeremy M. Grimshaw, Jeremy/D-8726-2013 Francis, Jill/0000-0001-5784-8895; Patey, Andrea/0000-0002-8770-4494; Grimshaw, Jeremy/0000-0001-8015-8243; McCleary, Nicola/0000-0002-4394-703X; Fontaine, Guillaume/0000-0002-7806-814X 1476-8321

Si

URL: <Go to ISI>://WOS:000826026400001

Reference Type: Journal Article

Record Number: 500

Author: Patterson, B. E., Donaldson, A., Cowan, S. M., King, M. G., Barton, C. G., McPhail, S. M., Hagglund, M., White, N. M., Lannin, N. A., Ackerman, I. N., Dowsey, M. M., Hemming, K., Makdissi, M., Culvenor, A. G., Mosler, A. B., Bruder, A. M., Choong, J., Livingstone, N., Elliott, R. K., Nikolic, A., Fitzpatrick, J., Crain, J., Haberfield, M. J., Roughead, E. A., Birch, E., Lampard, S. J., Bonello, C., Chilman, K. L. and Crossley, K. M.

Year: 2022

Title: Evaluation of an injury prevention programme (Prep-to-Play) in women and girls playing Australian Football: design of a pragmatic, type III, hybrid implementation-effectiveness, stepped-wedge, cluster randomised controlled trial

Journal: Bmj Open

Volume: 12

Issue: 9

Date: Sep

Short Title: Evaluation of an injury prevention programme (Prep-to-Play) in women and girls playing Australian Football: design of a pragmatic, type III, hybrid implementation-effectiveness, stepped-wedge, cluster randomised controlled trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-062483

Article Number: e062483

Accession Number: WOS:000854148700001

Abstract: Introduction Due to the increase in participation and risk of anterior cruciate ligament (ACL) injuries and concussion in women's Australian Football, an injury prevention programme (Prep-to-Play) was codesigned with consumers (eg, coaches, players) and stakeholders (eg, the Australian Football League). The impact of supported and unsupported interventions on the use of Prep-to-Play (primary aim) and injury rates (secondary aim) will be evaluated in women and girls playing community Australian Football. Methods and analysis This stepped-wedge, cluster randomised controlled trial will include >= 140 teams from U16, U18 or senior women's

competitions. All 10 geographically separated clusters (each containing ≥ 14 teams) will start in the control (unsupported) phase and be randomised to one of five dates (or 'wedges') during the 2021 or 2022 season to sequentially transition to the intervention (supported Prep-to-Play), until all teams receive the intervention. Prep-to-Play includes four elements: a neuromuscular training warm-up, contact-focussed football skills (eg, tackling), strength exercises and education (eg, technique cues). When transitioning to supported interventions, study physiotherapists will deliver a workshop to coaches and player leaders on how to use Prep-to-Play, attend team training at least two times and provide ongoing support. In the unsupported phase, team will continue usual routines and may freely access available Prep-to-Play resources online (eg, posters and videos about the four elements), but without additional face-to-face support. Outcomes will be evaluated throughout the 2021 and 2022 seasons (similar to 14 weeks per season). Primary outcome: use of Prep-to-Play will be reported via a team designate (weekly) and an independent observer (five visits over the two seasons) and defined as the team completing 75% of the programme, two-thirds (67%) of the time. Secondary outcomes: injuries will be reported by the team sports trainer and/or players. Injury definition: any injury occurring during a football match or training that results in: (1) being unable to return to the field of play for that match or (2) missing \geq one match. Outcomes in the supported and unsupported phases will be compared using a generalised linear mixed model adjusting for clustering and time. Due to the type III hybrid implementation-effectiveness design, the study is powered to detect a improvement in use of Prep-to-Play and a reduction in ACL injuries. Ethics and dissemination La Trobe University Ethics Committee (HREC 20488) approved. Coaches provided informed consent to receive the supported intervention and players provided consent to be contacted if they sustained a head or knee injury. Results will be disseminated through partner organisations, peer-reviewed publications and scientific conferences.

Notes: Patterson, Brooke E. Donaldson, Alex Cowan, Sallie M. King, Matthew G. Barton, Christian G. McPhail, Steven M. Hagglund, Martin White, Nicole M. Lannin, Natasha A. Ackerman, Ilana N. Dowsey, Michelle M. Hemming, Karla Makdissi, Michael Culvenor, Adam G. Mosler, Andrea B. Bruder, Andrea M. Choong, Jessica Livingstone, Nicole Elliott, Rachel K. Nikolic, Anja Fitzpatrick, Jane Crain, Jamie Haberfield, Melissa J. Roughead, Eliza A. Birch, Elizabeth Lampard, Sarah J. Bonello, Christian Chilman, Karina L. Crossley, Kay M.

White, Nicole/AG0-2409-2022; Crossley, Kay M/G-4436-2010; Birch, Elizabeth/GXW-2925-2022; Fitzpatrick, Jane/F-5161-2013; Barton, Christian/O-1647-2015

Lannin, Natasha/0000-0002-2066-8345; Cowan, Sallie/0000-0002-8900-5873; Mosler, Andrea/0000-0001-7353-2583; Ackerman, Ilana/0000-0002-6028-1612; King, Matthew/0000-0003-0470-5924; , Christian/0000-0002-1863-3557; Fitzpatrick, Jane/0000-0002-9578-026X; Patterson, Brooke/0000-0002-6570-5429; Hagglund, Martin/0000-0002-6883-1471; Donaldson, Alex/0000-0003-4764-2361; White, Nicole/0000-0002-9292-0773; Barton, Christian/0000-0002-3545-5094

URL: <Go to ISI>://WOS:000854148700001

Reference Type: Journal Article

Record Number: 959

Author: Patterson, J. G., Glasser, A. M., Macisco, J. M., Hinton, A., Wermert, A. and Nemeth, J. M.

Year: 2022

Title: "I Smoked That Cigarette, and It Calmed Me Down": A Qualitative Analysis of Intrapersonal, Social, and Environmental Factors Influencing Decisions to Smoke Among Youth Experiencing Homelessness

Journal: Nicotine & Tobacco Research

Volume: 24

Issue: 2

Pages: 250-256

Date: Feb

Short Title: "I Smoked That Cigarette, and It Calmed Me Down": A Qualitative Analysis of Intrapersonal, Social, and Environmental Factors Influencing Decisions to Smoke Among Youth Experiencing Homelessness

ISSN: 1462-2203

DOI: 10.1093/ntr/ntab196

Accession Number: WOS:000753113600014

Abstract: Introduction Approximately 70% of youth experiencing homelessness smoke cigarettes; many try to quit and are interested in formal smoking cessation programs. The purpose of this study was to describe the intrapersonal, social, and environmental contexts associated with the most recent smoking experience among youth experiencing homelessness and (2) identify differences in contextual factors by age and willingness to quit. Methods Thirty-six youth experiencing homelessness aged 14-24 years and who reported current smoking were recruited from a drop-in center in a Midwestern city. Semi-structured in-person interviews were analyzed to understand smoking behaviors. Results Two-thirds of participants reported stress and nicotine dependence as primary reasons for smoking, and older youth (aged 18-24 years) reported smoking to de-escalate negative emotions associated with stressful events. For 25% of participants, and especially older youth, smoking was described as part of a routine. Over 80% of participants smoked outside at the homeless drop-in center or the places they lived. Social prompts from drop-in center peers regularly preempted smoking. Younger youth (aged 14-17 years) reported smoking socially while older youth were more likely to smoke alone. Conclusions For youth experiencing homelessness, smoking is integrated into daily life and is often used to manage stress associated with homelessness and engage socially with homeless peers. Multicomponent interventions to reduce structural stressors specific to homelessness, change social smoking norms (environmental and social context), and address stress management and nicotine dependence (intrapersonal context) are needed to support smoking cessation among youth experiencing homelessness. Implications Youth experiencing homelessness overwhelmingly described how daily stressors associated with homelessness and nicotine dependence preceded recent smoking. Older

youth (aged 18–24 years) also reported smoking as "routine", which likely underscores nicotine dependence in this group. Younger youth (aged 14–17 years) described social smoking. Researchers must develop optimized multilevel interventions to support youth experiencing homelessness who want to quit smoking. Interventions directly targeting social determinants of stress (e.g., poverty, housing instability, food insecurity) and linkages to supportive services are needed. Complementary strategies to address stress coping and nicotine dependence (intrapersonal context) and social smoking norms (social and environmental context) are also necessitated.

Notes: Patterson, Joanne G. Glasser, Allison M. Macisco, Joseph M. Hinton, Alice Wermert, Amy Nemeth, Julianna M.

Patterson, Joanne G/L-1372-2019; Patterson, Joanne/ACV-5306-2022

Patterson, Joanne G/0000-0002-3125-2839; Patterson, Joanne/
0000-0002-3125-2839; Nemeth, Julianna/0000-0002-1247-3337; Glasser,
Allison/0000-0002-6582-2684

1469-994x

URL: <Go to ISI>://WOS:000753113600014

Reference Type: Journal Article

Record Number: 580

Author: Patterson, J. G., Macisco, J. M., Glasser, A. M., Wermert, A. and Nemeth, J. M.

Year: 2022

Title: Psychosocial factors influencing smoking relapse among youth experiencing homelessness: A qualitative study

Journal: Plos One

Volume: 17

Issue: 7

Date: Jul

Short Title: Psychosocial factors influencing smoking relapse among youth experiencing homelessness: A qualitative study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0270665

Accession Number: WOS:000860587700004

Abstract: ObjectivesIn the United States, up to 70% of youth experiencing homelessness smoke cigarettes. Many are interested in quitting; however, little is known about psychosocial factors influencing smoking relapse in this population. This study, part of a larger project to develop an optimized smoking cessation intervention for youth experiencing homelessness, aimed to describe how psychosocial factors influence smoking relapse in this group. MethodsThis study describes the smoking relapse experiences of 26 youth tobacco users, aged 14–24 years, who were recruited from a homeless drop-in center in Ohio. We conducted semi-structured interviews to understand how stress, opportunity, and coping contribute to smoking relapse. ResultsFive themes emerged from the data: (1) smoking as a lapse in emotional self-regulation in response to stress; (2) smoking as active emotional self-regulation in response to stress; (3) social opportunities facilitate smoking in the context of emotion-focused stress coping; (4) problem-focused stress coping; and (5) opportunity facilitates smoking relapse.

Conclusions Stress was a primary driver of smoking relapse among youth experiencing homelessness, yet social and environmental opportunities to smoke also precipitated relapse. Interventions to improve abstinence among this population should target foundational stressors, coping skills, social supports, and nicotine dependence.

Notes: Patterson, Joanne G. Macisco, Joseph M. Glasser, Allison M. Wermert, Amy Nemeth, Julianna M.

Patterson, Joanne/ACV-5306-2022

Patterson, Joanne/0000-0002-3125-2839; Macisco, Joseph/0000-0003-0688-4460

URL: <Go to ISI>://WOS:000860587700004

Reference Type: Journal Article

Record Number: 679

Author: Patterson, L. B., Backhouse, S. H. and Jones, B.

Year: 2023

Title: The role of athlete support personnel in preventing doping: a qualitative study of a rugby union academy

Journal: Qualitative Research in Sport Exercise and Health

Volume: 15

Issue: 1

Pages: 70-88

Date: Jan

Short Title: The role of athlete support personnel in preventing doping: a qualitative study of a rugby union academy

ISSN: 2159-676X

DOI: 10.1080/2159676x.2022.2086166

Accession Number: WOS:000814123900001

Abstract: Global anti-doping policy indicates that athlete support personnel (ASP, e.g. doctors, nutritionists) can play an important role in fostering supportive environments that protect against intentional and inadvertent doping. Yet, research into ASP anti-doping roles is limited and no study has examined how (if at all) different members of ASP work together. Therefore, this study investigated anti-doping roles of ASP in a single sports club environment via semi-structured interviews. Through inductive reflexive thematic analysis, three overarching themes were constructed: 1) Everyone has responsibility for anti-doping, but most of the work rests unevenly on a few shoulders, 2) Education is fundamental to doping prevention, and 3) (Preventing doping) It's all about the way we work with players and each other. As the first study of its kind, the findings indicated that actions taken to prevent doping varied across ASP working together in the same environment. The nutritionist and medical staff were most active in anti-doping efforts and least active were strength and conditioning coaches. Factors underpinning anti-doping roles were individuals' relevant expertise/training and overall job responsibilities (e.g. supplements, medications) related to risk of doping. Staff also connected their doping prevention efforts to the club's person-centred philosophy, which prioritised 'individualisation' and supportive relationships. While the data indicates potential for anti-doping responsibilities to be shared amongst ASP who work well together and trust one another, it revealed that reliance on one or

two ASP in any environment might allow other ASP to neglect their opportunity to have a positive influence on players' doping-related decisions.

Notes: Patterson, Laurie B. Backhouse, Susan H. Jones, Ben Backhouse, Susan/A-1113-2010; Backhouse, Susan/IAN-8892-2023 Backhouse, Susan/0000-0002-4810-5173; Jones, Ben/0000-0002-4274-6236 2159-6778

URL: <Go to ISI>://WOS:000814123900001

Reference Type: Journal Article

Record Number: 361

Author: Patterson, T., Turner, J., Gnjjidic, D., Mintzes, B., Bennett, C., Bywaters, L., Clavisi, O., Baysari, M., Ferreira, M., Beckenkamp, P. and Ferreira, P.

Year: 2022

Title: (C)onsumer focused (E)ducation on p(A)racetamol (S)ide (E)ffects, i(N)adequate (O)utcomes and (W)eaning (CEASE NOW) for individuals with low back pain: results of a feasibility study

Journal: Bmj Open

Volume: 12

Issue: 11

Date: Nov

Short Title: (C)onsumer focused (E)ducation on p(A)racetamol (S)ide (E)ffects, i(N)adequate (O)utcomes and (W)eaning (CEASE NOW) for individuals with low back pain: results of a feasibility study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-068164

Article Number: e068164

Accession Number: WOS:000891257700003

Abstract: ObjectivesTo determine the feasibility of a patient-education booklet to support patients with low back pain (LBP) to reduce paracetamol intake. DesignSingle group, repeated measures feasibility study. SettingCommunity. ParticipantsAdults experiencing LBP of any kind and self-reporting consumption of paracetamol for LBP weekly for at least 1 month were invited to participate.

InterventionParticipants received a patient-education booklet 1 week after the baseline measures were collected. The intervention was designed to change beliefs, increase knowledge and self-efficacy to deprescribe paracetamol for their LBP and create discussion with a health professional through the mechanisms of motivation, capacity and opportunity. Primary outcome measuresFeasibility of recruitment procedures, data collection and acceptability of the intervention.

Secondary outcome measuresChanges in motivation, self-efficacy, opportunity to deprescribe paracetamol for their LBP, paracetamol usage and LBP clinical outcomes at baseline, 1-week and 1-month follow-up. ResultsA total of 24 participants were recruited into the study within the timeframe of 3 months from study advertisement and all completed the study follow-up. There were no missing data for any outcome measure across all follow-up points, 22 (91.6%) participants were willing to participate in a future randomised control trial (RCT) and over 60% of participants responded positively to questions regarding acceptability of the patient-educational booklet. Overall, at the 1-month follow-up,

approximately two thirds (15/24) of participants had an increase in motivation and self-efficacy scores and had discussed or intended to discuss their paracetamol use for LBP with a health professional. Conclusions The results of this study demonstrate that the patient-education booklet is feasible to implement, and both the intervention and study design were well-received by participants. This study supports the undertaking an RCT to assess the effects of the patient-education booklet on deprescribing paracetamol in people with LBP.

Notes: Patterson, Thomas Turner, Justin Gnjidic, Danijela Mintzes, Barbara Bennett, Carol Bywaters, Lisa Clavisi, Ornella Baysari, Melissa Ferreira, Manuela Beckenkamp, Paula Ferreira, Paulo Turner, Justin P/J-6607-2015

Turner, Justin P/0000-0003-0613-108X; Baysari, Melissa/0000-0003-1645-9126

URL: <Go to ISI>://WOS:000891257700003

Reference Type: Journal Article

Record Number: 2414

Author: Paul, C. L., Levi, C. R., D'Este, C. A., Parsons, M. W., Bladin, C. F., Lindley, R. I., Attia, J. R., Henskens, F., Lalor, E., Longworth, M., Middleton, S., Ryan, A., Kerr, E., Sanson-Fisher, R. W. and Thrombolysis ImPlementation, Stroke

Year: 2014

Title: Thrombolysis ImPlementation in Stroke (TIPS): evaluating the effectiveness of a strategy to increase the adoption of best evidence practice - protocol for a cluster randomised controlled trial in acute stroke care

Journal: Implementation Science

Volume: 9

Date: Mar

Short Title: Thrombolysis ImPlementation in Stroke (TIPS): evaluating the effectiveness of a strategy to increase the adoption of best evidence practice - protocol for a cluster randomised controlled trial in acute stroke care

ISSN: 1748-5908

DOI: 10.1186/1748-5908-9-38

Article Number: 38

Accession Number: WOS:000335605500001

Abstract: Background: Stroke is a leading cause of death and disability internationally. One of the three effective interventions in the acute phase of stroke care is thrombolytic therapy with tissue plasminogen activator (tPA), if given within 4.5 hours of onset to appropriate cases of ischaemic stroke. Objectives: To test the effectiveness of a multi-component multidisciplinary collaborative approach compared to usual care as a strategy for increasing thrombolysis rates for all stroke patients at intervention hospitals, while maintaining accepted benchmarks for low rates of intracranial haemorrhage and high rates of functional outcomes for both groups at three months. Methods and design: A cluster randomised controlled trial of 20 hospitals across 3 Australian states with 2 groups: multi-component multidisciplinary collaborative intervention as the experimental group and usual care

as the control group. The intervention is based on behavioural theory and analysis of the steps, roles and barriers relating to rapid assessment for thrombolysis eligibility; it involves a comprehensive range of strategies addressing individual-level and system-level change at each site. The primary outcome is the difference in tPA rates between the two groups post-intervention. The secondary outcome is the proportion of tPA treated patients in both groups with good functional outcomes (modified Rankin Score (mRS <2) and the proportion with intracranial haemorrhage (mRS >= 2), compared to international benchmarks. Discussion: TIPS will trial a comprehensive, multi-component and multidisciplinary collaborative approach to improving thrombolysis rates at multiple sites. The trial has the potential to identify methods for optimal care which can be implemented for stroke patients during the acute phase. Study findings will include barriers and solutions to effective thrombolysis implementation and trial outcomes will be published whether significant or not.

Notes: Paul, Christine L. Levi, Christopher R. D'Este, Catherine A. Parsons, Mark W. Bladin, Christopher F. Lindley, Richard I. Attia, John R. Henskens, Frans Lalor, Erin Longworth, Mark Middleton, Sandy Ryan, Annika Kerr, Erin Sanson-Fisher, Robert W.

Hankey, Graeme/H-4968-2014; Middleton, Sandy/J-5526-2015; FRACP, Tissa Wijeratne MD PhD/I-2086-2019; Lindley, Richard/B-8148-2013; Attia, John R/F-5376-2013; Parsons, Mark W./G-3750-2014
Hankey, Graeme/0000-0002-6044-7328; Middleton, Sandy/
0000-0002-7201-4394; FRACP, Tissa Wijeratne MD PhD/
0000-0002-1701-7111; Lindley, Richard/0000-0002-0104-5679; Attia,
John R/0000-0001-9800-1308; Levi, Christopher/0000-0002-9474-796X;
Sanson-Fisher, Rob/0000-0001-6022-2949; Watson, Rochelle/
0000-0003-3084-0417; Pollack, Michael/0000-0001-8587-0934; Price,
Christopher/0000-0003-3566-3157; Watson, John D. G./
0000-0003-0988-2583; Donnan, Geoffrey/0000-0001-6324-3403; Henskens,
Frans/0000-0003-2358-5630; Searles, Andrew/0000-0002-9452-9735;
Anderson, Craig/0000-0002-7248-4863
URL: <Go to ISI>://WOS:000335605500001

Reference Type: Journal Article

Record Number: 2152

Author: Paul, C. L., Ryan, A., Rose, S., Attia, J. R., Kerr, E., Koller, C. and Levi, C. R.

Year: 2016

Title: How can we improve stroke thrombolysis rates? A review of health system factors and approaches associated with thrombolysis administration rates in acute stroke care

Journal: Implementation Science

Volume: 11

Date: Apr

Short Title: How can we improve stroke thrombolysis rates? A review of health system factors and approaches associated with thrombolysis administration rates in acute stroke care

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0414-6

Article Number: 51

Accession Number: WOS:000374524200001

Abstract: Background: Thrombolysis using intravenous (IV) tissue plasminogen activator (tPA) is one of few evidence-based acute stroke treatments, yet achieving high rates of IV tPA delivery has been problematic. The 4.5-h treatment window, the complexity of determining eligibility criteria and the availability of expertise and required resources may impact on treatment rates, with barriers encountered at the levels of the individual clinician, the social context and the health system itself. The review aimed to describe health system factors associated with higher rates of IV tPA administration for ischemic stroke and to identify whether system-focussed interventions increased tPA rates for ischemic stroke. Methods: Published original English-language research from four electronic databases spanning 1997–2014 was examined. Observational studies of the association between health system factors and tPA rates were described separately from studies of system-focussed intervention strategies aiming to increase tPA rates. Where study outcomes were sufficiently similar, a pooled meta-analysis of outcomes was conducted. Results: Forty-one articles met the inclusion criteria: 7 were methodologically rigorous interventions that met the Cochrane Collaboration Evidence for Practice and Organization of Care (EPOC) study design guidelines and 34 described observed associations between health system factors and rates of IV tPA. System-related factors generally associated with higher IV tPA rates were as follows: urban location, centralised or hub and spoke models, treatment by a neurologist/ stroke nurse, in a neurology department/stroke unit or teaching hospital, being admitted by ambulance or mobile team and stroke-specific protocols. Results of the intervention studies suggest that telemedicine approaches did not consistently increase IV tPA rates. Quality improvement strategies appear able to provide modest increases in stroke thrombolysis (pooled odds ratio = 2.1, p = 0.05). Conclusions: In order to improve IV tPA rates in acute stroke care, specific health system factors need to be targeted. Multi-component quality improvement approaches can improve IV tPA rates for stroke, although more thoughtfully designed and well-reported trials are required to safely increase rates of IV tPA to eligible stroke patients. Notes: Paul, Christine L. Ryan, Annika Rose, Shiho Attia, John R. Kerr, Erin Koller, Claudia Levi, Christopher R. Attia, John R/F-5376-2013 Attia, John R/0000-0001-9800-1308; Levi, Christopher/0000-0002-9474-796X URL: <Go to ISI>://WOS:000374524200001

Reference Type: Journal Article

Record Number: 807

Author: Pearce, A., Terrill, B., Alffenaar, J. W., Patanwala, A. E., Kummerfeld, S., Day, R., Young, M. A. and Stocker, S. L.

Year: 2022

Title: Pharmacogenomic testing: perception of clinical utility, enablers and barriers to adoption in Australian hospitals

Journal: Internal Medicine Journal

Volume: 52

Issue: 7

Pages: 1135-1143

Date: Jul

Short Title: Pharmacogenomic testing: perception of clinical utility, enablers and barriers to adoption in Australian hospitals

ISSN: 1444-0903

DOI: 10.1111/imj.15719

Accession Number: WOS:000778060300001

Abstract: Background Despite healthcare professionals (HCP) endorsing the clinical utility of pharmacogenomics testing, use in clinical practice is limited. Aims To assess HCP' perceptions of pharmacogenomic testing and identify barriers to implementation. Methods HCP involved in prescribing decisions at three hospitals in Sydney, Australia, were invited to participate. The online survey assessed perceptions of pharmacogenomic testing, including: (i) demographic and practice variables; (ii) use, knowledge and confidence; (iii) perceived benefits; (iv) barriers to implementation; and (v) operational and/or system changes and personnel required to implement on site. Results HCP were predominantly medical practitioners (75/107) and pharmacists (25/107). HCP perceived pharmacogenomic testing was beneficial to identify reasons for drug intolerance (85/95) and risk of side-effects (86/95). Although testing was considered relevant to their practice (79/100), few HCP (23/100) reported past or intended future use (26/100). Few HCP reported confidence in their ability to identify indications for pharmacogenomic testing (14/107), order tests (19/106) and communicate results with patients (16/107). Lack of clinical practice guidelines (62/79) and knowledge (54/77) were identified as major barriers to implementation of pharmacogenomics. Comprehensive reimbursement for testing and clinical practice guidelines, alongside models-of-care involving multidisciplinary teams and local clinical champions were suggested as strategies to facilitate implementation of pharmacogenomic testing into practice. Conclusions Pharmacogenomic testing was considered important to guide drug selection and dosing decisions. However, limited knowledge, low confidence and an absence of guidelines impede the use of pharmacogenomic testing. Establishment of local resources including multidisciplinary models-of-care was suggested to facilitate implementation of pharmacogenomics.

Notes: Pearce, Angela Terrill, Bronwyn Alffenaar, Jan-Willem Patanwala, Asad E. Kummerfeld, Sarah Day, Richard Young, Mary-Anne Stocker, Sophie L.

Terrill, Bronwyn/AAN-3163-2020; Stocker, Sophie/AAJ-5250-2020; Day, Richard/D-8699-2011

Terrill, Bronwyn/0000-0003-0263-363X; Stocker, Sophie/0000-0002-2114-587X; Day, Richard/0000-0002-6045-6937; Kummerfeld, Sarah/0000-0002-0089-2358; Alffenaar, Jan-Willem/0000-0001-6703-0288; Young, Mary-Anne/0000-0002-2493-6394
1445-5994

URL: <Go to ISI>://WOS:000778060300001

Reference Type: Journal Article

Record Number: 301

Author: Pearce, K., Borkoles, E. and Rundle-Thiele, S.
Year: 2022
Title: Leveraging Faith Communities to Prevent Violence against Women: Lessons from the Implementation and Delivery of the Motivating Action through Empowerment (MATE) Program
Journal: International Journal of Environmental Research and Public Health
Volume: 19
Issue: 23
Date: Dec
Short Title: Leveraging Faith Communities to Prevent Violence against Women: Lessons from the Implementation and Delivery of the Motivating Action through Empowerment (MATE) Program
DOI: 10.3390/ijerph192315833
Article Number: 15833
Accession Number: WOS:000897380900001
Abstract: Gender-based violence is a human rights and public health issue, disproportionately affecting women. The Motivating Action Through Empowerment (MATE) bystander program aims to address violence against women by shifting focus from perpetrators and victims of violence to community responsibility for not accepting attitudes and behaviors that support or allow the violence to occur. Traditionally bystander programs have been delivered through institutions, most notably college campuses in the United States. The translation of bystander programs to community settings is not widely reported. This research aimed to understand whether a violence prevention program could be effectively delivered in a faith community setting; specifically, it focuses on the implementation of MATE in a Christian church network in the Gold Coast region of Queensland, Australia. Semi-structured interviews were conducted with ten church-based trainers in the MATE pilot program. Theoretically informed analysis using the COM-B behavior model identified that environmental factors had a large bearing on opportunities to deliver MATE workshops. This research identified six key lessons for MATE and other programs wishing to leverage faith communities: (1) Provide religious context; (2) Accommodate diversity; (3) Build faith leader capacity; (4) Employ social marketing; (5) Undertake co-design; (6) Actively administer, measure and monitor.
Notes: Pearce, Karen Borkoles, Erika Rundle-Thiele, Sharyn ; Borkoles, Erika/N-1950-2013
Rundle-Thiele, Sharyn/0000-0003-2536-3767; Borkoles, Erika/0000-0002-7807-8890
1660-4601
URL: <Go to ISI>://WOS:000897380900001

Reference Type: Journal Article

Record Number: 1770

Author: Pearse, B. L., Keogh, S., Rickard, C. M., Faulke, D. J., Smith, I., Wall, D., McDonald, C. and Fung, Y. L.

Year: 2020

Title: Bleeding Management Practices of Australian Cardiac Surgeons, Anesthesiologists and Perfusionists: A Cross-Sectional National

Survey Incorporating the Theoretical Domains Framework (TDF) and COM-B Model

Journal: Journal of Multidisciplinary Healthcare

Volume: 13

Pages: 27-41

Short Title: Bleeding Management Practices of Australian Cardiac Surgeons, Anesthesiologists and Perfusionists: A Cross-Sectional National Survey Incorporating the Theoretical Domains Framework (TDF) and COM-B Model

ISSN: 1178-2390

DOI: 10.2147/jmdh.S232888

Accession Number: WOS:000511097900001

Abstract: Purpose: Excessive bleeding is an acknowledged consequence of cardiac surgery, occurring in up to 10% of adult patients. This clinically important complication leads to poorer patient outcomes. Clinical practice guidelines are available to support best practice however variability in bleeding management practice and related adverse outcomes still exist. This study had two objectives: 1) to gain insight into current bleeding management practice for adult cardiac surgery in Australia and how that compared to guidelines and literature; and 2) to understand perceived difficulties clinicians face implementing improvements in bleeding management. Methods: A national cross-sectional questionnaire survey was utilized.

Perspectives were sought from cardiac surgeons, cardiac anesthesiologists and perfusionists. Thirty-nine closed-ended questions focused on routine bleeding management practices to address pre and intra-operative care. One open-ended question was asked; "What would assist you to improve bleeding management with cardiac surgery patients?" Quantitative data were analysed with SPSS. Qualitative data were categorized into the domains of the Theoretical Domains Framework; the domains were then mapped to the COM-B model. Results: Survey responses from 159 Anesthesiologists, 39 cardiac surgeons and 86 perfusionists were included (response rate 37%). Four of the recommendations queried in this survey were reported as routinely adhered to < 50% of the time, 9 queried recommendations were adhered to 51-75% of the time and 4 recommendations were routinely followed >76% of the time.

Conclusion: There is a wide variation in peri-operative bleeding management practice among cardiac anaesthesiologists, surgeons and perfusionists in Australian cardiac surgery units. Conceptualizing factors believed necessary to improve practice with the TDF and COM-B model found that bleeding management could be improved with a standardized approach including; point of care diagnostic assays, a bleeding management algorithm, access to concentrated coagulation factors, cardiac surgery specific bleeding management education, multidisciplinary team agreement and support, and an overarching national approach.

Notes: Pearse, Bronwyn L. Keogh, Samantha Rickard, Claire M. Faulke, Daniel J. Smith, Ian Wall, Douglas McDonald, Charles Fung, Yoke L. Rickard, Claire M./C-3440-2008

Rickard, Claire M./0000-0002-6341-7415; Pearse, Bronwyn Louise/0000-0003-0048-620X; Keogh, Samantha/0000-0002-2797-4388; Smith, Ian/0000-0002-3438-4706

URL: <Go to ISI>://WOS:000511097900001

Reference Type: Journal Article

Record Number: 1377

Author: Pearse, B. L., Keogh, S., Rickard, C. M. and Fung, Y. L.

Year: 2021

Title: Barriers and facilitators to implementing evidence based bleeding management in Australian Cardiac Surgery Units: a qualitative interview study analysed with the theoretical domains framework and COM-B model

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Jun

Short Title: Barriers and facilitators to implementing evidence based bleeding management in Australian Cardiac Surgery Units: a qualitative interview study analysed with the theoretical domains framework and COM-B model

DOI: 10.1186/s12913-021-06269-8

Article Number: 550

Accession Number: WOS:000660892900001

Abstract: Background Bleeding during cardiac surgery is a common complication that often requires the transfusion of blood products. The combination of bleeding and blood product transfusion incrementally increases adverse outcomes including infection and mortality. Following bleeding management guideline recommendations could assist with minimising risk but adherence is not high, and the cause for lack of adherence is not well understood. This study aimed to identify barriers and facilitators to practicing and implementing evidenced-based intra-operative, bleeding management in Australian cardiac surgery units. **Methods** We used a qualitative descriptive design to conduct semi-structured interviews with Australian cardiac surgeons, anaesthetists and perfusionists. The Theoretical Domains Framework (TDF) was utilised to guide interviews and thematically analyse the data. Categorized data were then linked with the three key domains of the COM-B model (capability, opportunity, motivation – behaviour) to explore and understand behaviour. **Results** Seventeen interviews were completed. Nine of the 14 TDF domains emerged as significant. Analysis revealed key themes to improving capability included, standardisation, monitoring, auditing and feedback of data and cross discipline training. Opportunity for change was improved with interpersonal and interdepartmental collaboration through shared goals, and more efficient and supportive processes allowing clinicians to navigate unfamiliar business and financial models of health care. Results suggest as individuals, clinicians had the motivation to make change and healthcare organisations have an obligation and a responsibility to partner with clinicians to support change and improve goal directed best practice. **Conclusion** Using a theory-based approach it was possible to identify factors which may be positively or negatively influence clinicians ability to implement best practice bleeding management in Australian cardiac surgical units.

Notes: Pearse, Bronwyn L. Keogh, Samantha Rickard, Claire M. Fung, Yoke L.

Rickard, Claire M./C-3440-2008
Rickard, Claire M./0000-0002-6341-7415; Pearse, Bronwyn Louise/
0000-0003-0048-620X; Keogh, Samantha/0000-0002-2797-4388
1472-6963
URL: <Go to ISI>://WOS:000660892900001

Reference Type: Journal Article

Record Number: 608

Author: Pearson, J., Coggins, J., Derham, S., Russell, J., Walsh, N.
E., Lenguerrand, E., Palmer, S. and Cramp, F.

Year: 2022

Title: A feasibility randomised controlled trial of a Fibromyalgia
Self-management Programme for adults in a community setting with a
nested qualitative study (FALCON)

Journal: BMC Musculoskeletal Disorders

Volume: 23

Issue: 1

Date: Jul

Short Title: A feasibility randomised controlled trial of a
Fibromyalgia Self-management Programme for adults in a community
setting with a nested qualitative study (FALCON)

DOI: 10.1186/s12891-022-05529-w

Article Number: 656

Accession Number: WOS:000824891700002

Abstract: Background Fibromyalgia is a condition associated with
widespread musculoskeletal pain, fatigue and sleep problems.
Fibromyalgia treatment guidelines recommend non-pharmacological
interventions and the development of self-management skills. An
example of a programme that fits these guidelines is the
Fibromyalgia Self-management Programme (FSMP) which consists of one
2.5-hour weekly session over six successive weeks and includes
education about fibromyalgia, goal setting, pacing, sleep hygiene
and nutritional advice. The FSMP is currently provided in a
secondary care hospital setting and co-delivered by a
multidisciplinary team. Delivery in a primary care setting has the
potential to improve the accessibility of the programme to people
with fibromyalgia. Therefore, this feasibility study aimed to
determine the practicality and acceptability of conducting a future
definitive randomised controlled trial of the FSMP in a community
setting. Method An exploratory, parallel-arm, one-to-one, randomised
controlled trial. Participants were recruited from general practices
across South West England, and the FSMP was co-delivered by
physiotherapists and occupational therapists across two community
sites. To determine the outcome measures for a future definitive
trial several were tested. The Revised Fibromyalgia Impact
Questionnaire, Arthritis Self-Efficacy Scale-8, Chalder Fatigue
Scale, Short form 36, 5-Level EQ-5D version and Jenkins Sleep Scale
were collected at baseline, 6 weeks and 6 months. Semi-structured
interviews were conducted with patient participants, occupational
therapists and physiotherapists to explore the acceptability and
feasibility of delivering the FSMP in a community setting. Results A
total of 74 participants were randomised to the FSMP intervention (n
= 38) or control arm (n = 36). Attrition from the trial was 42%

(31/74) at 6 months. A large proportion of those randomised to the intervention arm (34%, 13/38) failed to attend any sessions with six of the 13 withdrawing before the intervention commenced. The proportion of missing values was small for each of the outcome measures. Three overarching themes were derived from the interview data; (1) barriers and facilitators to attending the FSMP; (2) FSMP content, delivery and supporting documentation; and (3) trial processes. Conclusion It is feasible to recruit people with fibromyalgia from Primary Care to participate in a randomised controlled trial testing the FSMP in a community setting. However, improvement in trial attrition and engagement with the intervention is needed.

Notes: Pearson, Jennifer Coggins, Jessica Derham, Sandi Russell, Julie Walsh, Nicola E. Lenguerrand, Erik Palmer, Shea Cramp, Fiona Walsh, Nicola/GPS-8962-2022; Palmer, Shea/IAQ-9601-2023 Palmer, Shea/0000-0002-5190-3264; Walsh, Nicola/0000-0002-0499-4829; Coggins, Jessica/0000-0002-6663-6816 1471-2474

URL: <Go to ISI>://WOS:000824891700002

Reference Type: Journal Article

Record Number: 741

Author: Peconi, J., O'Neill, C., Fegan, G., Lanyon, K., Driscoll, T., Akbari, A., Watkins, A. and Abbott, R.

Year: 2022

Title: Sunproofed study protocol: A mixed-methods scoping study of sun safety policies in primary schools in Wales

Journal: Plos One

Volume: 17

Issue: 5

Date: May

Short Title: Sunproofed study protocol: A mixed-methods scoping study of sun safety policies in primary schools in Wales

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0268141

Article Number: e0268141

Accession Number: WOS:000818854500047

Abstract: Background Skin cancer, including melanoma and non-melanoma (keratinocyte), is increasing in incidence in the UK. Accounting for half of all cancers in England and Wales, the disease significantly impacts overstretched dermatology services. Research suggests that 86% of melanoma is preventable with modified sun exposure. Educating children about sun safety in schools can help prevent skin cancer and is recommended by major health organisations. In England, teaching sun safety in primary schools is compulsory, while in Wales this is left to school discretion. Aims Understand how primary schools in Wales are responding to growing skin cancer rates and explore the effectiveness of sun safety policies in schools on knowledge and behaviour. Methods Sunproofed is a mixed-methods scoping study comprising 5 work packages (WP) using survey and routine electronic health record (EHR) data supplemented by qualitative case studies. Objective(s) are to: WP1: Discover if primary schools in Wales have sun safety policies;

policy characteristics; determine factors that may influence their presence and identify areas where schools need support. WP2: Determine what EHR data is available regarding the incidence of sunburn in primary school children and the feasibility of using this data to evaluate the impact of sun safety policies. WP3: Understand the impact of sun safety policies on sun-safe knowledge and behaviour amongst children, parents, teachers, and school management; identify barriers and facilitators to schools implementing sun safety policies. WP4: Co-produce guidance regarding sun safety policies and best methods for implementation in schools. WP5: Disseminate guidance and findings widely to ensure impact and uptake. Discussion Skin cancer rates are increasing in the UK, straining limited resources. Sunproofed has the potential to inform the development of future prevention activities, both in Wales and beyond. This could reduce the number of skin cancer cases in the future and keep people healthier for longer.

Notes: Peconi, Julie O'Neill, Claire Fegan, Greg Lanyon, Kirsty Driscoll, Timothy Akbari, Ashley Watkins, Alan Abbott, Rachel Abbott, Rachel Angharad/U-7777-2019; Fegan, Greg/0-8079-2018 Abbott, Rachel Angharad/0000-0002-3415-7132; Peconi, Julie/0000-0003-1221-827X; Lanyon, Kirsty/0000-0002-4227-6852; Driscoll, Timothy/0000-0001-9879-2509; Watkins, Alan/0000-0003-3804-1943; Akbari, Ashley/0000-0003-0814-0801; Fegan, Greg/0000-0002-2663-2765
URL: <Go to ISI>://WOS:000818854500047

Reference Type: Journal Article

Record Number: 106

Author: Pegado, A., Alvarez, M. J. and Roberto, M. S.

Year: 2023

Title: The role of behaviour-change theory in sleep interventions with emerging adults (aged 18-29 years): a systematic review and meta-analysis

Journal: Journal of Sleep Research

Date: 2023 Mar

Short Title: The role of behaviour-change theory in sleep interventions with emerging adults (aged 18-29 years): a systematic review and meta-analysis

ISSN: 0962-1105

DOI: 10.1111/jsr.13877

Accession Number: WOS:000950400900001

Abstract: Previous systematic reviews and meta-analysis of sleep interventions with young adults have not reached consensus on what contributes to their efficacy. Behaviour-change theories may influence the efficacy of interventions; hence, the aim of this research was to investigate the role of such theories in sleep interventions with this population. Six electronic databases and reference lists were searched (April-May 2021) for published sleep behaviour-change interventions with emerging adults (aged 18-29 years) that used control groups. A selection of 20 studies fulfilled the inclusion criteria, but only six were based on behaviour-change theories. Meta-analysis was run with eight studies, as the others had a high risk of bias or did not present the necessary data to calculate Hedges' g. The estimation of a random effects model for

the studies showed a small effect in the sleep quality of the participants in the experimental group ($g = -0.26$; 95% confidence interval -0.42 to -0.09), with low levels of heterogeneity ($I^2 = 21\%$), and a small 95% prediction interval (-0.59 to 0.08). Although we could not examine theory or any other moderators of the effect, a qualitative analysis of the behaviour-change techniques present in the interventions leads us to hypothesise that there is not a direct link between behaviour-change techniques and the success of the intervention. Other characteristics of the interventions may be linked to their variable levels of efficacy and should be investigated in the future, as for now there are no answers as to what the key is for successful sleep interventions.

Notes: Pegado, Ana Alvarez, Maria-Joao Roberto, Magda Sofia

Alvarez, Maria-Joao/0000-0001-6048-3778

1365-2869

URL: <Go to ISI>://WOS:000950400900001

Reference Type: Journal Article

Record Number: 2101

Author: Peiris, D., Sun, L., Patel, A., Tian, M., Essue, B., Jan, S. and Zhang, P. H.

Year: 2016

Title: Systematic medical assessment, referral and treatment for diabetes care in China using lay family health promoters: protocol for the SMARTDiabetes cluster randomised controlled trial

Journal: Implementation Science

Volume: 11

Date: Aug

Short Title: Systematic medical assessment, referral and treatment for diabetes care in China using lay family health promoters: protocol for the SMARTDiabetes cluster randomised controlled trial

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0481-8

Article Number: 116

Accession Number: WOS:000381665500001

Abstract: Background: Type 2 diabetes (T2DM) affects 113.9 million people in China, the largest number of any country in the world (JAMA 310: 948-59, 2013). T2DM prevalence has risen dramatically from around 1 % in the 1980s to now over 10 % and is expected to continue rising. Despite the growing disease burden, few people with T2DM are achieving adequate management targets to prevent complications. Health system infrastructure in China is struggling to meet these gaps in care, and innovative, cost-effective and affordable solutions are needed. One promising strategy that may be particularly relevant to the Chinese context is improving support for lay family members to care for their relatives with T2DM.

Methods: We hypothesise that an interactive mobile health management system can support lay family health promoters (FHP) and healthcare staff to improve clinical outcomes for family members with T2DM through medical assessment, regular monitoring, lifestyle advice and the prescribing of guidelines recommended medications. This intervention will be implemented as a cluster randomised controlled trial involving 80 communities (40 communities in Beijing and 40

rural villages in Hebei province) and 2000 people with T2DM. Outcome analyses will be conducted blinded to intervention allocation. The primary outcome is the proportion of patients achieving ≥ 2 "ABC" goals (HbA1c $<7.0\%$, blood pressure (BP) $<140/80$ mmHg and LDL cholesterol <100 mg/dl or 2.6 mmol/L) at the end of follow-up (Diabetes Care 36(Supplement 1): S11-S66, 2013). Secondary outcomes include the proportion of patients achieving individual ABC targets; mean changes in HbA1c, BP, LDL, renal function (serum creatinine and urinary albumin), body mass index, quality of life (QOL, EQ-5D), and healthcare utilisation from baseline; and cost-effectiveness/utility of intervention. Trial outcomes will be accompanied by detailed process and economic evaluations. Discussion: The Chinese government has prioritised prevention and treatment of diabetes as 1 of 11 National Basic Public Health Services. Despite great promise for mHealth interventions to improve access to effective health care, there remains uncertainty about how this can be successfully achieved. The findings are likely to inform policy on a scalable strategy to overcome sub-optimal access to effective health care in China.

Notes: Peiris, David Sun, Lei Patel, Anushka Tian, Maoyi Essue, Beverley Jan, Stephen Zhang, Puhong Jan, Stephen/AAG-3333-2021

Zhang, Puhong/0000-0003-4610-9848; Patel, Anushka/0000-0003-3825-4092; Jan, Stephen/0000-0003-2839-1405; Tian, Maoyi/0000-0002-5660-8571; Essue, Beverley/0000-0002-1512-4634; Peiris, David/0000-0002-6898-3870

URL: <Go to ISI>://WOS:000381665500001

Reference Type: Journal Article

Record Number: 2244

Author: Peiris, D., Thompson, S. R., Beratarrechea, A., Cardenas, M. K., Diez-Canseco, F., Goudge, J., Gyamfi, J., Kamano, J. H., Irazola, V., Johnson, C., Kengne, A. P., Keat, N. K., Miranda, J. J., Mohan, S., Mukasa, B., Ng, E., Nieuwlaat, R., Ogedegbe, O., Ovbiagele, B., Plange-Rhule, J., Praveen, D., Salam, A., Thorogood, M., Thrift, A. G., Vedanthan, R., Waddy, S. P., Webster, J., Webster, R., Yeates, K., Yusoff, K., Programme, Gacd Hypertension Res and Writing, Grp

Year: 2015

Title: Behaviour change strategies for reducing blood pressure-related disease burden: findings from a global implementation research programme

Journal: Implementation Science

Volume: 10

Date: Nov

Short Title: Behaviour change strategies for reducing blood pressure-related disease burden: findings from a global implementation research programme

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0331-0

Article Number: 158

Accession Number: WOS:000365165000001

Abstract: Background: The Global Alliance for Chronic Diseases

comprises the majority of the world's public research funding agencies. It is focussed on implementation research to tackle the burden of chronic diseases in low- and middle-income countries and amongst vulnerable populations in high-income countries. In its inaugural research call, 15 projects were funded, focussing on lowering blood pressure-related disease burden. In this study, we describe a reflexive mapping exercise to identify the behaviour change strategies undertaken in each of these projects. Methods: Using the Behaviour Change Wheel framework, each team rated the capability, opportunity and motivation of the various actors who were integral to each project (e.g. community members, non-physician health workers and doctors in projects focussed on service delivery). Teams then mapped the interventions they were implementing and determined the principal policy categories in which those interventions were operating. Guidance was provided on the use of Behaviour Change Wheel to support consistency in responses across teams. Ratings were iteratively discussed and refined at several group meetings. Results: There was marked variation in the perceived capabilities, opportunities and motivation of the various actors who were being targeted for behaviour change strategies. Despite this variation, there was a high degree of synergy in interventions functions with most teams utilising complex interventions involving education, training, enablement, environmental restructuring and persuasion oriented strategies. Similar policy categories were also targeted across teams particularly in the areas of guidelines, communication/marketing and service provision with few teams focussing on fiscal measures, regulation and legislation. Conclusions: The large variation in preparedness to change behaviour amongst the principal actors across these projects suggests that the interventions themselves will be variably taken up, despite the similarity in approaches taken. The findings highlight the importance of contextual factors in driving success and failure of research programmes. Forthcoming outcome and process evaluations from each project will build on this exploratory work and provide a greater understanding of factors that might influence scale-up of intervention strategies.

Notes: Peiris, David Thompson, Simon R. Beratarrechea, Andrea Cardenas, Mara Kathia Diez-Canseco, Francisco Goudge, Jane Gyamfi, Joyce Kamano, Jemima Hoine Irazola, Vilma Johnson, Claire Kengne, Andre P. Keat, Ng Kien Miranda, J. Jaime Mohan, Sailesh Mukasa, Barbara Ng, Eleanor Nieuwlaat, Robby Ogedegbe, Olugbenga Ovbiagele, Bruce Plange-Rhule, Jacob Praveen, Devarsetty Salam, Abdul Thorogood, Margaret Thrift, Amanda G. Vedanthan, Rajesh Waddy, Salina P. Webster, Jacqui Webster, Ruth Yeates, Karen Yusoff, Khalid Varma, Ravi Prasad/AAV-3234-2020; Kengne, Andre Pascal/ABB-3696-2020; Yusoff, Khalid/I-7029-2019; Thrift, Amanda/I-6251-2012; Shao, Ruitai/AAU-7642-2021; Yaya, Sanni/C-1079-2019; Salam, Abdul/GWC-1029-2022; Varma, Ravi Prasad/CAF-5363-2022; Evans, Roger/N-8580-2019; Krishnan, Anand/D-8537-2012; Ponce Lucero, Vilarmina/A-9066-2017; McKee, Martin/E-6673-2018; Arabshahi, Simin/I-1991-2013; Praveen, Devarsetty/K-8729-2014; Kengne, Andre Pascal/0000-0002-5183-131X; Yusoff, Khalid/0000-0001-5669-5188; Thrift, Amanda/0000-0001-8533-4170; Yaya, Sanni/0000-0002-4876-6043; Varma, Ravi Prasad/0000-0002-1147-9622;

Evans, Roger/0000-0002-9241-0757; Krishnan, Anand/
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Abdul Salam, Mohammad/0000-0002-5870-7936; Arulogun, Oyedunni/
0000-0002-2173-4682; Ponce Lucero, Vilarmina/0000-0002-8439-3096;
Jan, Stephen/0000-0003-2839-1405; Peiris, David/0000-0002-6898-3870;
Srikanth, Velandai/0000-0002-8442-8981; Moodie, Marjory/
0000-0001-6890-5250; Maulik, Pallab Kumar/0000-0001-6835-6175;
CARDENAS, MARIA KATHIA/0000-0002-3173-9284; Goudge, Jane/
0000-0001-6555-7510; Webster, Jacqui/0000-0003-3513-3340; Li, Xian/
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Rohina/0000-0002-3374-401X; Johnson, Claire/0000-0002-1497-7651;
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MacMahon, Stephen/0000-0003-2064-7699; Miranda, J. Jaime/
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Caryl/0000-0001-6586-7965; Diez-Canseco, Francisco/
0000-0002-7611-8190; Neal, Bruce/0000-0002-0490-7465; Webster, Ruth/
0000-0002-7444-3037; kamano, jemima/0000-0003-2179-8202;
Prabhakaran, Dorairaj/0000-0002-3172-834X; McKee, Martin/
0000-0002-0121-9683; Kabudula, Chodziwadziwa/0000-0002-5867-0336;
Rodgers, Anthony/0000-0003-1282-1896; Owolabi, Mayowa/
0000-0003-1146-3070; Arabshahi, Simin/0000-0001-9381-2291;
Vedanthan, Rajesh/0000-0001-7138-2382; Uvere, Ezinne/
0000-0003-3290-6483; Praveen, Devarsetty/0000-0002-0973-943X;
Riddell, Michaela/0000-0001-8852-0569; Kalyesubula, Robert/
0000-0003-3211-163X; Oldenburg, Brian/0000-0002-7712-5413
URL: <Go to ISI>://WOS:000365165000001

Reference Type: Journal Article

Record Number: 1061

Author: Pellet, J., Weiss, M. and Mabire, C.

Year: 2021

Title: Implementation of a theory-guided nursing discharge teaching
intervention for adult inpatients aged 50 and over with
multimorbidity: A pragmatic feasibility study

Journal: Implementation Science

Volume: 16

Issue: SUPPL 2

Date: Dec

Short Title: Implementation of a theory-guided nursing discharge
teaching intervention for adult inpatients aged 50 and over with
multimorbidity: A pragmatic feasibility study

ISSN: 1748-5908

Accession Number: WOS:000732936900023

Notes: Pellet, Joanie Weiss, Marianne Mabire, Cedric

2

Si

URL: <Go to ISI>://WOS:000732936900023

Reference Type: Journal Article

Record Number: 1506

Author: Pellet, J., Weiss, M., Zuniga, F. and Mabire, C.

Year: 2021

Title: Implementation and preliminary testing of a theory-guided nursing discharge teaching intervention for adult inpatients aged 50 and over with multimorbidity: a pragmatic feasibility study protocol

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Mar

Short Title: Implementation and preliminary testing of a theory-guided nursing discharge teaching intervention for adult inpatients aged 50 and over with multimorbidity: a pragmatic feasibility study protocol

DOI: 10.1186/s40814-021-00812-4

Article Number: 71

Accession Number: WOS:000704712800002

Abstract: Background: Discharge teaching by nurses during hospitalization is essential to provide multimorbid inpatients with the knowledge and skills to self-manage their health conditions. However, available disease-specific teaching guidelines do not address the cumulative complexity of multiple chronic diseases that occur with greater frequency in older adults. Therefore, there is a need for a discharge teaching intervention which uses concepts that specifically address the needs of these patients, such as considering their level of activation (i.e. knowledge, skills and confidence to self-manage their health) and the burden of multimorbid disease. The objectives of this pragmatic study will be to (1) test the feasibility of implementing a nursing discharge teaching intervention and (2) conduct a preliminary test of this novel discharge teaching intervention with adult inpatients age 50 or greater who have multiple comorbid conditions. Methods: This study uses a two-group pre-posttest design. Participants are drawn from medical units in three hospitals in the French-speaking part of Switzerland. The implementation of the intervention will be facilitated by implementation strategies from the Theoretical Domains Framework and the Behavior Change Wheel and will target change in nurses' teaching behaviours. Implementation outcomes will include measures of feasibility of the implementation strategies and the intervention process. Participants in the intervention group will receive tailored discharge teaching by trained teaching nurses. Patient outcomes will inform the preliminary testing of the intervention and will be measured with validated questionnaires assessing patients' activation level, health confidence, perceived readiness for discharge, experience with the discharge process and rate of and time to readmission. Discussion: The study takes a pragmatic approach to examining the feasibility of implementing the discharge teaching intervention to contribute to the knowledge development within the context of the real-world practice setting. Results will provide the foundation for clinical trials to build evidence for widespread adoption of this intervention.

Notes: Pellet, Joanie Weiss, Marianne Zuniga, Franziska Mabire, Cedric

Zuniga, Franziska/AFH-1194-2022; Mabire, Cedric/L-3893-2013

Zuniga, Franziska/0000-0002-8844-4903; Weiss, Marianne/

0000-0003-4217-9822; Mabire, Cedric/0000-0003-2666-8300

2055-5784

URL: <Go to ISI>://WOS:000704712800002

Reference Type: Journal Article

Record Number: 590

Author: Pelletier, C., Cornish, K., Amyot, T., Pousette, A., Fox, G., Snadden, D. and Manyanga, T.

Year: 2022

Title: Physical activity promotion in rural health care settings: A rapid realist review

Journal: Preventive Medicine Reports

Volume: 29

Date: Oct

Short Title: Physical activity promotion in rural health care settings: A rapid realist review

DOI: 10.1016/j.pmedr.2022.101905

Article Number: 101905

Accession Number: WOS:000888513300008

Abstract: Physical activity promotion in health care settings is poorly understood and has limited uptake among health care providers. The environmental and health care context of rural communities is unique from urban areas and may interact to influence intervention delivery and success. The aim of this rapid realist review was to synthesize knowledge related to the promotion of physical activity in rural health and social care settings. We searched Medline EBSCO, CINAHL, PsychINFO, and SPORTDiscus for relevant publications. We included qualitative or quantitative studies reporting on an intervention to promote physical activity in rural health (e.g., primary or community care) or social (e.g., elder support services) care settings. Studies without a rural focus or well-defined physical activity/exercise component were excluded. Populations of interest included adults and children in the general population or clinical sub-population. Intervention mechanisms from included studies were mapped to the Behaviour Change Wheel (capability, opportunity, motivation (COM-B)). Twenty studies were included in our review. Most interventions focused on older adults or people with chronic disease risk factors. The most successful intervention strategies leading to increased physical activity behaviour included wearable activity trackers, and check-ins or reminders from trusted sources. Interventions with mechanisms categorized as physical opportunity, automatic motivation, and psychological capability were more likely to be successful than other factors of the COM-B model. Successful intervention activities included a method for tracking progress, providing counselling, and follow-up reminders to prompt behaviour change. Cultivation of necessary community partnerships and adaptations for implementation of interventions in rural communities were not clearly described and may support successful outcomes in future studies.

Notes: Pelletier, Chelsea Cornish, Katie Amyot, Tess Pousette, Anne Fox, Gloria Snadden, David Manyanga, Taru

Manyanga, Taru/GQY-7863-2022

Manyanga, Taru/0000-0001-5461-5981; Pelletier, Chelsea/
0000-0002-8009-8014

2211-3355

URL: <Go to ISI>://WOS:000888513300008

Reference Type: Journal Article

Record Number: 369

Author: Pelletier, J., Bergeron, D., Rouleau, G. and Guillaumie, L.

Year: 2022

Title: Nurses' clinical practices reducing the impact of HIV-related stigmatisation in non-HIV-specialised healthcare settings: a protocol for a realist synthesis

Journal: Bmj Open

Volume: 12

Issue: 11

Date: Nov

Short Title: Nurses' clinical practices reducing the impact of HIV-related stigmatisation in non-HIV-specialised healthcare settings: a protocol for a realist synthesis

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-062569

Article Number: e062569

Accession Number: WOS:000886687900012

Abstract: Introduction Despite tremendous progress in care, people living with HIV (PLHIV) continue to experience HIV-related stigmatisation by nurses in non-HIV-specialised healthcare settings. This has consequences for the health of PLHIV and the spread of the virus. In the province of Quebec (Canada), only four interventions aimed at reducing the impact of HIV-related stigmatisation by nurses have been implemented since the beginning of the HIV pandemic. While mentoring and persuasion could be promising strategies, expression of fears of HIV could have deleterious effects on nurses' attitudes towards PLHIV. In literature reviews on stigma reduction interventions, the contextual elements in which these interventions have been implemented is not considered. In order to develop new interventions, we need to understand how the mechanisms (M) by which interventions (I) interact with contexts (C) produce their outcomes (O). Methods and analysis Realist synthesis (RS) was selected to formulate a programme theory that will rely on CIMO configuration to describe (1) nursing practices that may influence stigmatisation experiences by PLHIV in non-HIV-specialised healthcare settings, and (2) interventions that may promote the adoption of such practices by nurses. The RS will draw on the steps recommended by Pawson: clarify the scope of the review; search for evidence; appraise primary studies and extract data; synthesise evidence and draw conclusions. To allow an acute interpretation of the disparities between HIV-related stigmatisation experiences depending on people's serological status, an initial version of the programme theory will be formulated from data gathered from scientific and grey literature, and then consolidated through realist interviews with various stakeholders (PLHIV, nurses, community workers and researchers). Ethics and dissemination Ethical approval for realist interviews will be sought following the initial programme theory design. We intend to share the final programme theory with intervention developers via scientific publications and

recommendations to community organisations that counter HIV-related stigmatisation.

Notes: Pelletier, Jerome Bergeron, Dave Rouleau, Genevieve Guillaumie, Laurence

Pelletier, Jerome/0000-0002-6838-9417; Rouleau, Genevieve/0000-0003-1093-6577

URL: <Go to ISI>://WOS:000886687900012

Reference Type: Journal Article

Record Number: 49

Author: Pelly, M., Fatehi, F., Liew, D. and Verdejo-Garcia, A.

Year: 2023

Title: Novel behaviour change frameworks for digital health interventions: A critical review

Journal: Journal of Health Psychology

Date: 2023 Apr

Short Title: Novel behaviour change frameworks for digital health interventions: A critical review

ISSN: 1359-1053

DOI: 10.1177/13591053231164499

Accession Number: WOS:000970760500001

Abstract: Digital health interventions – interventions delivered over digital media to support the health of users – are becoming increasingly prevalent. Utilising an intervention development framework can increase the efficacy of digital interventions for health-related behaviours. This critical review aims to outline and review novel behaviour change frameworks that guide digital health intervention development. Our comprehensive search for preprints and publications used PubMed, PsycINFO, Scopus, Web of Science and the Open Science Framework repository. Articles were included if they: (1) were peer-reviewed; (2) proposed a behaviour change framework to guide digital health intervention development; (3) were written in English; (4) were published between 1/1/19 and 1/8/2021; and (5) were applicable to chronic diseases. Intervention development frameworks considered the user, intervention elements and theoretical foundations. However, the timing and policy of interventions are not consistently addressed across frameworks. Researchers should deeply consider the digital applicability of behaviour change frameworks to improve intervention success.

Notes: Pelly, Melissa Fatehi, Farhad Liew, Danny Verdejo-Garcia, Antonio

Pelly, Melissa/0000-0001-9664-4289

1461-7277

URL: <Go to ISI>://WOS:000970760500001

Reference Type: Journal Article

Record Number: 1804

Author: Pemu, P., Willock, R. J., Alema-Mensah, E., Rollins, L., Brown, M., Saint Clair, B., Olorundare, E., McCaslin, A., Akintobi, T. H., Quarshie, A. and Ofili, E.

Year: 2019

Title: ACHIEVING HEALTH EQUITY WITH E-HEALTHYSTRIDES (c): PATIENT

PERSPECTIVES OF A CONSUMER HEALTH INFORMATION TECHNOLOGY APPLICATION
Journal: Ethnicity & Disease

Volume: 29

Pages: 393-404

Date: Jun

Short Title: ACHIEVING HEALTH EQUITY WITH E-HEALTHYSTRIDES (c):
PATIENT PERSPECTIVES OF A CONSUMER HEALTH INFORMATION TECHNOLOGY
APPLICATION

ISSN: 1049-510X

DOI: 10.18865/ed.29.S2.393

Accession Number: WOS:000471257000014

Abstract: Objective: We describe the implementation, clinical outcomes and participant perspectives for e-Healthystrides(C). Setting: Three independent ambulatory clinics and an historic African American (AA) church. Participants: Adults with diagnosed diabetes mellitus type 2. Interventions: e-Healthystrides(C) health coach facilitated intervention Primary outcome: Acquisition of three new self-management behaviors. Secondary outcomes: Blood pressure, blood glucose, A1c, attrition rate and participant perspectives of e-Healthystrides(C). Methods: A convergent parallel mixed method design was used in both pilot studies. Results: Two hundred and sixty-four participants, aged similar to 62 +/- 16 years, enrolled. Attrition at 52 weeks varied 50%-90% by site. Low engagement users were defined mainly by anxiety with putting health information online. The primary outcome was achieved in 36% of our participants, with the top 3 self-management behaviors acquired being: reducing risk (24.5%); healthy eating (23.7%); and monitoring (16.4%). Problem solving had the lowest rate of achievement (.91%). Blood pressure improved significantly at all sites at 12 weeks and at clinics A,B,C at 52 weeks. Blood glucose improved at 12 weeks: clinic A (P=.0001), B (P=.003), C (P=.001) and D (P=.03); but, at 52 weeks, only clinics A (P =<.0001) and B (P= .0001). Participants felt empowered by features of e-Healthystrides(C). Engagement with health coaches and peers was highly valued. Conclusions: e-Healthystrides(C) is effective for self-management behavior change. Participants showed the best success with healthy coping, healthy eating, and monitoring behaviors. They felt empowered by access to health information and valued interaction with coaches and peers. Our findings support strong relational/social network strategy with a role for coaches as guides (apomediaries) who facilitate skill acquisition using technology.

Notes: Pemu, Priscilla Willock, Robina Josiah Alema-Mensah, Ernest Rollins, Latrice Brown, Michelle Saint Clair, Bethany Olorundare, Elizabeth McCaslin, Atuarra Akintobi, Tabia Henry Quarshie, Alexander Ofili, Elizabeth

Pemu, Priscilla/HJZ-4484-2023

Pemu, Priscilla/0000-0002-2443-6613; Alema-Mensah, Ernest/
0000-0002-2186-0232

1945-0826

2

URL: <Go to ISI>://WOS:000471257000014

Reference Type: Journal Article

Record Number: 1217

Author: Pena, S., Carranza, M., Cuadrado, C., Parra, D. C., Dintrans, P. V., Castillo, C., Cortinez-O'Ryan, A., Espinoza, P., Muller, V., Rivera, C., Genovesi, R., Riesco, J., Kontto, J., Cerda, R. and Zitko, P.

Year: 2021

Title: Effectiveness of a Gamification Strategy to Prevent Childhood Obesity in Schools: A Cluster Controlled Trial

Journal: Obesity

Volume: 29

Issue: 11

Pages: 1825-1834

Date: Nov

Short Title: Effectiveness of a Gamification Strategy to Prevent Childhood Obesity in Schools: A Cluster Controlled Trial

ISSN: 1930-7381

DOI: 10.1002/oby.23165

Accession Number: WOS:000696505600001

Abstract: Objective The aim of this study was to examine the effectiveness of a school-based gamification strategy to prevent childhood obesity. Methods Schools were randomized in Santiago, Chile, between March and May 2018 to control or to receive a nutrition and physical activity intervention using a gamification strategy (i.e., the use of points, levels, and rewards) to achieve healthy challenges. The intervention was delivered for 7 months and participants were assessed at 4 and 7 months. Primary outcomes were mean difference in BMI z score and waist circumference (WC) between trial arms at 7 months. Secondary outcomes were mean difference in BMI and systolic and diastolic blood pressure between trial arms at 7 months. Results A total of 24 schools (5 controls) and 2,197 students (653 controls) were analyzed. Mean BMI z score was lower in the intervention arm compared with control (adjusted mean difference -0.133 , 95% CI: -0.25 to -0.01), whereas no evidence of reduction in WC was found. Mean BMI and systolic blood pressure were lower in the intervention arm compared with control. No evidence of reduction in diastolic blood pressure was found. Conclusions The multicomponent intervention was effective in preventing obesity but not in reducing WC. Gamification is a potentially powerful tool to increase the effectiveness of school-based interventions to prevent obesity.

Notes: Pena, Sebastian Carranza, Macarena Cuadrado, Cristobal Parra, Diana C. Villalobos Dintrans, Pablo Castillo, Cecilia Cortinez-O'Ryan, Andrea Espinoza, Paula Muller, Valeska Rivera, Cristian Genovesi, Romina Riesco, Juan Kontto, Jukka Cerda, Ricardo Zitko, Pedro

Parra, Diana C/D-7633-2013; Dintrans, Pablo Villalobos/AAM-6248-2020; C, Andrea/ISB-2574-2023; Cerda, Ricardo/K-2998-2017; Cuadrado, Cristobal/J-2572-2014

Parra, Diana C/0000-0002-9797-6231; Dintrans, Pablo Villalobos/0000-0002-2236-6447; Kontto, Jukka/0000-0003-3899-9852; Pena, Sebastian/0000-0002-2555-4179; Cerda, Ricardo/0000-0002-7329-5300; Cortinez-O'Ryan, Andrea/0000-0001-6207-3377; Cuadrado, Cristobal/0000-0002-0174-5958

1930-739x

URL: <Go to ISI>://WOS:000696505600001

Reference Type: Journal Article

Record Number: 147

Author: Perez, B. D., das Nair, R. and Radford, K.

Year: 2023

Title: A mixed-methods feasibility case series of a job retention vocational rehabilitation intervention for people with multiple sclerosis

Journal: Disability and Rehabilitation

Date: 2023 Feb

Short Title: A mixed-methods feasibility case series of a job retention vocational rehabilitation intervention for people with multiple sclerosis

ISSN: 0963-8288

DOI: 10.1080/09638288.2023.2181411

Accession Number: WOS:000941556800001

Abstract: Purpose To ascertain the feasibility and acceptability of delivering a job retention vocational rehabilitation intervention [MSVR] for people with multiple sclerosis (pwMS) in a community setting. Secondary objectives included determining whether MSVR was associated with changes in quality of life, fatigue, mood, cognition, workplace accommodations, work instability, work self-efficacy, and goal attainment. Methods Single-centre mixed-methods feasibility case series. Results 15 pwMS and three employers received 8.36 (SD = 4.48) and 1.94 (SD = 0.38) hours of MSVR respectively over three months. The intervention predominantly addressed managing cognition, fatigue, and negotiating reasonable accommodations. Four healthcare professionals were recruited to clarify clinical information. The intervention was feasible to deliver, and there was a significant positive impact on goal attainment immediately following MSVR ($t(14) = 7.44, p = .0001, d = 1.9$), and at months 3 ($t(13) = 4.81, p = .0001, d = 1.28$), 6 ($t(11) = 4.45, p = .001, d = 1.28$), and 12 ($t(9) = 5.15, p = .001, d = -2.56$). There was no impact on quality of life, fatigue, mood, cognition, workplace accommodations, work instability, and work self-efficacy. In post-intervention interviews, participants reported that MSVR was acceptable. Four themes were derived regarding the context, employer engagement, empowerment through knowledge, and intervention components and attributes. Conclusion It was feasible and acceptable to deliver MSVR. Participants better understood their MS, became more confident managing problems at work and attained their work-related goals.

Notes: Perez, Blanca De Dios das Nair, Roshan Radford, Kathryn

De Dios Perez, Blanca/0000-0002-5621-9445

1464-5165

URL: <Go to ISI>://WOS:000941556800001

Reference Type: Journal Article

Record Number: 19

Author: Perowne, R. and Gutman, L. M.

Year: 2023

Title: Parents' perspectives on smartphone acquisition amongst 9-to

12-year-old children in the UK – a behaviour change approach
Journal: Journal of Family Studies
Date: 2023 May
Short Title: Parents' perspectives on smartphone acquisition amongst 9-to 12-year-old children in the UK – a behaviour change approach
ISSN: 1322-9400
DOI: 10.1080/13229400.2023.2207563
Accession Number: WOS:000980902100001
Abstract: Smartphone ownership has increased rapidly over the past decade, including amongst children and young people. Evidence is mixed in terms of the impact of smartphones on this population; with a number of benefits cited as well as a large number of risks. Given the pace of change in this area, research is sparse, including research to understand the influences on when children and young people acquire a smartphone. This is important because parents report struggling with deciding when to give their child a smartphone. This qualitative study applies the Behaviour Change Wheel to in-depth interviews, with a diverse sample of 11 parents, to report the barriers and enablers to parents giving children their first smartphone between the ages of 9 and 12 years old. Enablers include aspects of the physical and social environment, such as children starting to walk to school or preparing to move to secondary school, as well as the influence of other parents and children. Parents' skills are a barrier whilst their beliefs about the consequences of their child owning a smartphone are a mix of barriers and enablers. Recommendations for interventions include age restrictions, regulations, parental training, education and guidance to support parental decision-making.
Notes: Perowne, Rachel Gutman, Leslie Morrison
Gutman, Leslie Morrison/0000-0003-0567-7347
1839-3543
URL: <Go to ISI>://WOS:000980902100001

Reference Type: Journal Article
Record Number: 582
Author: Perros, T., Allison, A. L., Tomei, J. and Parikh, P.
Year: 2022
Title: Behavioural factors that drive stacking with traditional cooking fuels using the COM-B model
Journal: Nature Energy
Volume: 7
Issue: 9
Pages: 886-898
Date: Sep
Short Title: Behavioural factors that drive stacking with traditional cooking fuels using the COM-B model
ISSN: 2058-7546
DOI: 10.1038/s41560-022-01074-x
Accession Number: WOS:000829743000001
Abstract: Globally, 2.8 billion people cook with biomass fuels, resulting in devastating health and environmental consequences. Efforts to transition households to cooking with clean fuels are hampered by 'fuel stacking', the reliance on multiple fuels and

stoves. Consequently, there have been few interventions that have realized the full potential of clean cooking. Here we conduct a structured literature review (N = 100) to identify drivers of fuel stacking and specify them according to a psychological model of behaviour, the Capability–Opportunity–Motivation (COM–B) model. We create a taxonomy of stacking and find that the Physical Opportunity domain accounted for 82% of drivers. Our results have important implications for intervention design as they suggest improving opportunity is the most effective pathway to adoption of cleaner fuels. The findings are used to derive recommendations about how policymakers and practitioners can proactively address drivers of stacking to foster adoption of clean cooking stoves and fuels. Realizing the full potential of clean cooking transitions requires an understanding of fuel stacking in which multiple fuels and stoves are used. Towards this end, Perros et al. analyse the literature on clean cooking interventions through a behavioural model and identify underlying drivers of stacking.

Notes: Perros, Tash Allison, Ayse Lisa Tomei, Julia Parikh, Priti Perros, Tash/0000-0002-0251-1272; parikh, priti/0000-0002-1086-4190; Tomei, Julia/0000-0002-2156-1603; , Ayse/0000-0002-6387-1984

URL: <Go to ISI>://WOS:000829743000001

Reference Type: Journal Article

Record Number: 1120

Author: Perski, O., Stevens, C., West, R. and Shahab, L.

Year: 2021

Title: Pilot randomised controlled trial of the Risk Acceptance Ladder (RAL) as a tool for targeting health communications

Journal: Plos One

Volume: 16

Issue: 11

Date: Nov

Short Title: Pilot randomised controlled trial of the Risk Acceptance Ladder (RAL) as a tool for targeting health communications

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0259949

Article Number: e0259949

Accession Number: WOS:000755305800071

Abstract: Background Improving adherence to self-protective behaviours is a public health priority. We aimed to assess the potential effectiveness and ease of use of an online version of the Risk Acceptance Ladder (RAL) in promoting help-seeking for cigarette smoking, excessive alcohol consumption, insufficient physical activity, or low fruit and vegetable consumption. Methods 843 UK adults were recruited, of whom 602 engaged in at least one risky behaviour. Those with no immediate plans to change (n = 171) completed a behaviour specific RAL. Participants were randomised to one of two conditions; a short message congruent (on-target, n = 73) or incongruent (off-target, n = 98) with their RAL response. Performance of the RAL was assessed by participants' ability to select an applicable RAL item and reported ease of use of the RAL. Effectiveness was assessed by whether or not participants clicked a

link to receive information about changing their target behaviour. Results Two thirds (68.9%, 95% CI = 61.8%–75.3%) of participants were able to select an applicable RAL item that corresponded to what they believed would need to change in order to alter their target behaviour, with 64.9% (95% CI = 57.5%–71.7%) reporting that it was easy to select one option. Compared with the off-target group, participants allocated to the on-target group had greater odds of clicking on the link to receive information (31.5% vs 19.4%; OR = 2.07, 95% CI = 1.01–4.26). Conclusion The Risk Acceptance Ladder may have utility as a tool for tailoring messages to prompt initial steps to engaging in self-protective behaviours.

Notes: Perski, Olga Stevens, Claire West, Robert Shahab, Lion West, Robert/B-5414-2009; Shahab, Lion/B-5835-2009; West, Robert/B-5414-2009

West, Robert/0000-0002-0291-5760; Shahab, Lion/0000-0003-4033-442X; West, Robert/0000-0001-6398-0921

URL: <Go to ISI>://WOS:000755305800071

Reference Type: Journal Article

Record Number: 2012

Author: Peters, G. J. Y. and Crutzen, R.

Year: 2017

Title: Pragmatic nihilism: how a Theory of Nothing can help health psychology progress

Journal: Health Psychology Review

Volume: 11

Issue: 2

Pages: 103–121

Short Title: Pragmatic nihilism: how a Theory of Nothing can help health psychology progress

ISSN: 1743–7199

DOI: 10.1080/17437199.2017.1284015

Accession Number: WOS:000400284600001

Abstract: Health psychology developed a plethora of theories to explain and change a wide variety of behaviours. Several attempts have been undertaken to build integrative theories, some even striving for a Theory of Everything. We argue against these efforts, arguing that instead a 'pragmatic nihilism' perspective may be more fruitful to understand and change health behaviours. The first tenet of pragmatic nihilism is that psychological variables are usefully considered as metaphors rather than referring to entities that exist in the mind. As a consequence, the second tenet emphasizes theories' definitions and guidelines for the operationalisation of those variables. The third tenet of pragmatic nihilism is that each operationalisation represents an intersection of a variety of dimensions, such as behavioural specificity and duration, and most importantly, psychological aggregation level. Any operationalisation thus represents a number of choices regarding these dimensions. Pragmatic nihilism has two implications. First, it provides a foundation that enables integrating theories in a more flexible and accurate manner than made possible by integrative theories. Second, it emphasizes the importance of operationalisations, underlining the importance of investing in the careful development of measurement

instruments, thorough reporting of measurement instruments' specifics and performance, and full disclosure of the instruments themselves.

Notes: Peters, Gjalt-Jorn Ygram Crutzen, Rik

Peters, Gjalt-Jorn/F-4131-2012

Peters, Gjalt-Jorn/0000-0002-0336-9589

1743-7202

URL: <Go to ISI>://WOS:000400284600001

Reference Type: Journal Article

Record Number: 1932

Author: Peters, S., Wasche, H. and Projektteam, Samba

Year: 2017

Title: SAMBA project: Systematic coverage of relevant participants, professional groups and future multipliers in the promotion of physical activity for the analysis and development of an interdisciplinary network for sustainable physical activity promotion

Journal: Bewegungstherapie Und Gesundheitssport

Volume: 33

Issue: 3

Pages: 114-118

Date: Jun

Short Title: SAMBA project: Systematic coverage of relevant participants, professional groups and future multipliers in the promotion of physical activity for the analysis and development of an interdisciplinary network for sustainable physical activity promotion

ISSN: 1613-0863

DOI: 10.1055/s-0043-107606

Accession Number: WOS:000406459500005

Abstract: Lack of physical activity is a widespread risk factor for chronic diseases and physical activity as well as exercise are effective therapeutic interventions with regard to a multitude of existing conditions. Nevertheless, physical inactivity is highly prevalent in the German population. Thus physical activity promotion is needed and is indeed effective in various forms (approaches targeting individuals and policy and environmental approaches). For example, national recommendations for physical activity and physical activity promotion (NEBB) have existed in Germany since September 2016. NEBB provides information concerning the amount of physical activity that persons of different population groups (e.g. children, adolescents and adults) should perform as well as the various interventions of physical activity promotion based on scientific evidence. For the future dissemination of the NEBB, it is therefore necessary to have knowledge about the relevant players contributing directly or indirectly to physical activity promotion. Project SAMBA was initiated with the objective of enabling this systematic overview. In the study, a multi-stage procedure is being used. On the one hand it comprises qualitative expert interviews, subsequent network visualization as well as analysis for network formation and on the other hand, a questionnaire survey of relevant and potential players in physical activity promotion.

Notes: Peters, S. Waesche, H.
1613-3269
URL: <Go to ISI>://WOS:000406459500005

Reference Type: Journal Article

Record Number: 664

Author: Petersen, H. V., Sivertsen, D. M., Jorgensen, L. M.,
Petersen, J. and Kirk, J. W.

Year: 2022

Title: From expected to actual barriers and facilitators when
implementing a new screening tool: A qualitative study applying the
Theoretical Domains Framework

Journal: Journal of Clinical Nursing

Date: 2022 Jun

Short Title: From expected to actual barriers and facilitators when
implementing a new screening tool: A qualitative study applying the
Theoretical Domains Framework

ISSN: 0962-1067

DOI: 10.1111/jocn.16410

Accession Number: WOS:000814870600001

Abstract: Aim and objectives To identify determinants for using a new screening tool to identify older patients eligible for targeted nurse-led intervention, as perceived by healthcare professionals implementing the tool, and to examine how these perceptions changed over time. Design A cross-sectoral longitudinal qualitative study based on semi-structured interviews with healthcare professionals in a Danish hospital and two collaborating municipalities. Methods In three focus groups, seven single interviews and a workshop, we examined the healthcare professionals' perceptions of and attitudes towards the new screening tool before, during and after the implementation. The Theoretical Domains Framework was used to identify the healthcare professionals' perception of barriers and facilitators, followed by content analysis. The results were further discussed using the COM-B system as an analytic framework. This qualitative study is reported according to the Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist. Results 'Professional role', 'Goals' and 'Environmental context' were the domains most talked about by the healthcare professionals across the three time points. The content analysis identified four determinants for using the new screening tool: Making time for the project, External motivation and management, Expectations and reality, and Professional identity. The healthcare professionals' perception of the determinants changed during the implementation, influencing their behaviour and, consequently, the implementation's sustainability. Conclusion Perception of barriers and facilitators to the interventions were time- and context-sensitive. Beliefs and motivational factors changed during the project, which points out the importance of following implementation processes systematically to understand the outcome of an intervention. Relevance for clinical practice Perceptions and attitudes towards a new initiative may change over time, emphasising the importance of following barriers and facilitators during the implementation of an intervention and working with an implementation plan that can be adapted along the

way.

Notes: Petersen, Helle Vendel Sivertsen, Ditte Maria Jorgensen, Lillian Morch Petersen, Janne Kirk, Jeanette Wassar Petersen, Helle/AAR-9051-2021; Kirk, Jeanette/R-8671-2017 Petersen, Helle/0000-0003-4569-1434; Petersen, Janne/0000-0001-7323-2548 1365-2702
URL: <Go to ISI>://WOS:000814870600001

Reference Type: Journal Article

Record Number: 108

Author: Petersen, J. M., Drummond, M., Crossman, S., Elliott, S., Drummond, C. and Prichard, I.

Year: 2023

Title: Mental health promotion in youth sporting clubs: predictors of stakeholder participation

Journal: BMC Public Health

Volume: 23

Issue: 1

Date: Mar

Short Title: Mental health promotion in youth sporting clubs: predictors of stakeholder participation

DOI: 10.1186/s12889-023-15377-5

Article Number: 481

Accession Number: WOS:000949858500010

Abstract: Background Young people are disproportionately affected by poor mental health. Youth sport settings hold immense potential to improve the mental health outcomes of this demographic. Efforts to leverage youth sport settings to promote mental health are limited by the lack of knowledge pertaining to engagement with mental health interventions in these settings. Therefore, this study aimed to examine the willingness of youth sporting club stakeholders (e.g., sportspersons, coaches, support staff, parents/guardians) to engage in mental health initiatives conducted by sporting clubs and ascertain possible determinants of engagement. **Methods** This study used an observational cross-sectional design. Participants completed an online survey assessing likelihood of supporting a mental health campaign, mental health literacy (help-seeking, inclusive attitudes), and perceived club support. Perceptions pertaining to the importance of youth mental health and sporting clubs supporting youth mental health were also assessed. **Results** The survey was completed by 275 stakeholders of youth sporting clubs in Australia (M-age = 40.2 +/- 15.8 years, 60.3% female). The findings indicated that stakeholders were willing to participate in mental health initiatives in youth sport clubs. A linear regression analysis indicated that the significant predictors of stakeholders supporting such initiatives were older age (> 25-50 and > 50 years; beta = 0.15, p = .033, beta = 0.19, p = .005, respectively), along with perceived importance of youth mental health (beta = 0.24, p = .003) and sporting clubs supporting youth mental health (beta = 0.22, p = .004). **Conclusion** Youth sport settings have the capacity to improve the provision of mental health support among young people. There is a need for tailored approaches to enhance the engagement with, and

effectiveness of, mental health resources in sport contexts.
Notes: Petersen, Jasmine M. Drummond, Murray Crossman, Sarah Elliott, Sam Drummond, Claire Prichard, Ivanka Drummond, Murray/AAE-3100-2019
Drummond, Murray/0000-0002-2321-6803; Prichard, Ivanka/0000-0001-8892-9129; drummond, claire/0000-0002-0737-6567; Crossman, Sarah/0000-0003-4615-4526; Elliott, Samuel/0000-0001-5348-3999
1471-2458
URL: <Go to ISI>://WOS:000949858500010

Reference Type: Journal Article

Record Number: 2399

Author: Phillips, J. L., Heneka, N., Hickman, L., Lam, L. and Shaw, T.

Year: 2014

Title: Impact of a novel online learning module on specialist palliative care nurses' pain assessment competencies and patients' reports of pain: Results from a quasi-experimental pilot study

Journal: Palliative Medicine

Volume: 28

Issue: 6

Pages: 521-529

Date: Jun

Short Title: Impact of a novel online learning module on specialist palliative care nurses' pain assessment competencies and patients' reports of pain: Results from a quasi-experimental pilot study

ISSN: 0269-2163

DOI: 10.1177/0269216314527780

Accession Number: WOS:000337258800008

Abstract: Background: Pain is a complex multidimensional phenomenon moderated by consumer, provider and health system factors. Effective pain management cuts across professional boundaries, with failure to screen and assess contributing to the burden of unrelieved pain.

Aim: To test the impact of an online pain assessment learning module on specialist palliative care nurses' pain assessment competencies, and to determine whether this education impacted positively on palliative care patients' reported pain ratings. Design: A quasi-experimental pain assessment education pilot study utilising 'Qstream (c)', an online methodology to deliver II case-based pain assessment learning scenarios, developed by an interdisciplinary expert panel and delivered to participants' work emails over a 28-day period in mid-2012. The 'Self-Perceived Pain Assessment Competencies' survey and chart audit data, including patient-reported pain intensity ratings, were collected pre-intervention (T1) and post-intervention (T2) and analysed using inferential statistics to determine key outcomes. Setting/participants: Nurses working at two Australian inpatient specialist palliative care services in 2012. Results: The results reported conform to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Guidelines. Participants who completed the education intervention (n = 34) increased their pain assessment knowledge, assessment tool knowledge and confidence to undertake a pain assessment (p < 0.001). Participants were more likely to document

pain intensity scores in patients' medical records than non-participants (95% confidence interval = 7.3%-22.7%, $p = 0.021$). There was also a significant reduction in the mean patient-reported pain ratings between the admission and audit date at post-test of 1.5 (95% confidence interval = 0.7-2.3) units in pain score. Conclusion: This pilot confers confidence of the education interventions capacity to improve specialist palliative care nurses' pain assessment practices and to reduce patient-rated pain intensity scores.

Notes: Phillips, Jane L. Heneka, Nicole Hickman, Louise Lam, Lawrence Shaw, Tim
Hickman, Louise D/AAV-1449-2020; Heneka, Nicole/AAP-1807-2021;
Phillips, Jane/A-7780-2015; Lam, Lawrence/HTP-2419-2023
Hickman, Louise D/0000-0002-5116-6559; Heneka, Nicole/
0000-0001-8102-1871; Phillips, Jane/0000-0002-3691-8230; Lam,
Lawrence/0000-0001-6183-6854
1477-030x
URL: <Go to ISI>://WOS:000337258800008

Reference Type: Journal Article

Record Number: 1965

Author: Phillips, J. L., Heneka, N., Hickman, L., Lam, L. and Shaw, T.

Year: 2017

Title: Can A Complex Online Intervention Improve Cancer Nurses' Pain Screening and Assessment Practices? Results from a Multicenter, Pre-post Test Pilot Study

Journal: Pain Management Nursing

Volume: 18

Issue: 2

Pages: 75-89

Date: Apr

Short Title: Can A Complex Online Intervention Improve Cancer Nurses' Pain Screening and Assessment Practices? Results from a Multicenter, Pre-post Test Pilot Study

ISSN: 1524-9042

DOI: 10.1016/j.pmn.2017.01.003

Accession Number: WOS:000398646400048

Abstract: Unrelieved cancer pain has an adverse impact on quality of life. While routine screening and assessment forms the basis of effective cancer pain management, it is often poorly done, thus contributing to the burden of unrelieved cancer pain. The aim of this study was to test the impact of an online, complex, evidence-based educational intervention on cancer nurses' pain assessment capabilities and adherence to cancer pain screening and assessment guidelines. Specialist inpatient cancer nurses in five Australian acute care settings participated in an intervention combining an online spaced learning cancer pain assessment module with audit and feedback of pain assessment practices. Participants' self-perceived pain assessment competencies were measured at three time points. Prospective, consecutive chart audits were undertaken to appraise nurses' adherence with pain screening and assessment guidelines. The differences in documented pre-post pain assessment practices were

benchmarked and fed back to all sites post intervention. Data were analyzed using inferential statistics. Participants who completed the intervention (n = 44) increased their pain assessment knowledge, assessment tool knowledge, and confidence undertaking a pain assessment (p < .001). The positive changes in nurses' pain assessment capabilities translated into a significant increasing linear trend in the proportion of documented pain assessments in patients' charts at the three time points (chi(2) trend = 18.28, df = 1, p < .001). There is evidence that learning content delivered using a spaced learning format, augmented with pain assessment audit and feedback data, improves inpatient cancer nurses' self perceived pain screening and assessment capabilities and strengthens cancer pain guideline adherence. (C) 2017 by the American Society for Pain Management Nursing.

Notes: Phillips, Jane L. Heneka, Nicole Hickman, Louise Lam, Lawrence Shaw, Tim Heneka, Nicole/AAP-1807-2021; Lam, Lawrence/HTP-2419-2023; Phillips, Jane/A-7780-2015; Hickman, Louise D/AAV-1449-2020 Heneka, Nicole/0000-0001-8102-1871; Lam, Lawrence/0000-0001-6183-6854; Phillips, Jane/0000-0002-3691-8230; Hickman, Louise D/0000-0002-5116-6559 1532-8635
URL: <Go to ISI>://WOS:000398646400048

Reference Type: Journal Article

Record Number: 1517

Author: Phillips, R., McLaughlin, L., Williams, D., Williams, H., Noyes, J., Jones, C., O'leary, C., Mallett, C. and Griffin, S.

Year: 2021

Title: Engaging and supporting women with chronic kidney disease with pre-conception decision-making (including their experiences during COVID 19): A mixed-methods study protocol

Journal: Journal of Advanced Nursing

Volume: 77

Issue: 6

Pages: 2887-2897

Date: Jun

Short Title: Engaging and supporting women with chronic kidney disease with pre-conception decision-making (including their experiences during COVID 19): A mixed-methods study protocol

ISSN: 0309-2402

DOI: 10.1111/jan.14803

Accession Number: WOS:000624558900001

Abstract: Aim To report a protocol for a qualitative study to better understand the key factors that influence decision making about pregnancy from women's perspectives and to use these data to develop a theoretical model for shared decision-making tools for the multiple stakeholders. Design Mixed-method design using online surveys (with validated components) and purposively sampled follow-up semi structured interviews. Methods Funded from September 2020 for 12 months. Online surveys of adult women (aged 18-50) identified via all Wales kidney database (n >= 500), additional recruitment through multidisciplinary healthcare professionals, relevant third

sector organizations and social media. Follow-up in-depth qualitative interviews with n = 30 women. Linear regression models to identify associations between shared decision-making preferences and clinical and psychosocial variables. Qualitative interviews will use a visual timeline task to empower women in taking control over their narratives. Qualitative data will be fully transcribed and analysed thematically, based around a chronological and theoretical (theoretical domains framework) structure that maps out key challenges and opportunities for improved decision support in the care pathway. Visual timelines will be used during stakeholder consultation activities, to enable us to co-create a map of current support, gaps in provision, and opportunities for interventions. Quantitative data will be analysed descriptively to characterize our cohort. We will assemble a multidisciplinary shared decision-making intervention development group and provide ongoing stakeholder consultation activities with patient and public representatives. Discussion Outcomes will support new learning into; the ways women's knowledge of kidney disease may affect family planning and pregnancy, their needs in terms of psychological and social support, and how they weigh up the pros and cons of starting a family. Impact Evidence will inform the design of new shared decision-making tools to better support women with the complex and often emotional decisions about having children while living with kidney disease. Notes: Phillips, Rhiannon McLaughlin, Leah Williams, Denitza Williams, Helen Noyes, Jane Jones, Caron O'leary, Catherine Mallett, Carmen Griffin, Sian Phillips, Rhiannon/F-7733-2013; Mc Laughlin, Leah/IQV-5008-2023 Phillips, Rhiannon/0000-0002-4256-4598; Williams, Denitza/0000-0002-2874-9270 1365-2648 URL: <Go to ISI>://WOS:000624558900001

Reference Type: Journal Article

Record Number: 1172

Author: Phillips, R., Taiyari, K., Torrens-Burton, A., Cannings-John, R., Williams, D., Peddle, S., Campbell, S., Hughes, K., Gillespie, D., Sellars, P., Pell, B., Ashfield-Watt, P., Akbari, A., Seage, C. H., Perham, N., Joseph-Williams, N., Harrop, E., Blaxland, J., Wood, F., Poortinga, W., Wahl-Jorgensen, K., James, D. H., Crone, D., Thomas-Jones, E. and Hallingberg, B.

Year: 2021

Title: Cohort profile: The UK COVID-19 Public Experiences (COPE) prospective longitudinal mixed-methods study of health and well-being during the SARSCoV2 coronavirus pandemic

Journal: Plos One

Volume: 16

Issue: 10

Date: Oct

Short Title: Cohort profile: The UK COVID-19 Public Experiences (COPE) prospective longitudinal mixed-methods study of health and well-being during the SARSCoV2 coronavirus pandemic

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0258484

Article Number: e0258484

Accession Number: WOS:000732519500050

Abstract: Public perceptions of pandemic viral threats and government policies can influence adherence to containment, delay, and mitigation policies such as physical distancing, hygienic practices, use of physical barriers, uptake of testing, contact tracing, and vaccination programs. The UK COVID-19 Public Experiences (COPE) study aims to identify determinants of health behaviour using the Capability, Opportunity, Motivation (COM-B) model using a longitudinal mixed-methods approach. Here, we provide a detailed description of the demographic and self-reported health characteristics of the COPE cohort at baseline assessment, an overview of data collected, and plans for follow-up of the cohort. The COPE baseline survey was completed by 11,113 UK adult residents (18+ years of age). Baseline data collection started on the 13(th) of March 2020 (10-days before the introduction of the first national COVID-19 lockdown in the UK) and finished on the 13(th) of April 2020. Participants were recruited via the HealthWise Wales (HWW) research registry and through social media snowballing and advertising (Facebook((R)), Twitter((R)), Instagram((R))). Participants were predominantly female (69%), over 50 years of age (68%), identified as white (98%), and were living with their partner (68%). A large proportion (67%) had a college/university level education, and half reported a pre-existing health condition (50%). Initial follow-up plans for the cohort included in-depth surveys at 3-months and 12-months after the first UK national lockdown to assess short and medium-term effects of the pandemic on health behaviour and subjective health and well-being. Additional consent will be sought from participants at follow-up for data linkage and surveys at 18 and 24-months after the initial UK national lockdown. A large non-random sample was recruited to the COPE cohort during the early stages of the COVID-19 pandemic, which will enable longitudinal analysis of the determinants of health behaviour and changes in subjective health and well-being over the course of the pandemic.

Notes: Phillips, Rhiannon Taiyari, Khadijeh Torrens-Burton, Anna Cannings-John, Rebecca Williams, Denitza Peddle, Sarah Campbell, Susan Hughes, Kathryn Gillespie, David Sellars, Paul Pell, Bethan Ashfield-Watt, Pauline Akbari, Ashley Seage, Catherine Heidi Perham, Nick Joseph-Williams, Natalie Harrop, Emily Blaxland, James Wood, Fiona Poortinga, Wouter Wahl-Jorgensen, Karin James, Delyth H. Crone, Diane Thomas-Jones, Emma Hallingberg, Britt Torrens-Burton, Anna/AAE-7371-2020; Phillips, Rhiannon/F-7733-2013; Poortinga, Wouter/A-1802-2010 Torrens-Burton, Anna/0000-0002-2162-3739; Phillips, Rhiannon/0000-0002-4256-4598; Poortinga, Wouter/0000-0002-6926-8545; Akbari, Ashley/0000-0003-0814-0801; Pell, Bethan/0000-0002-0786-6339; Wood, Fiona/0000-0001-7397-4074; Williams, Denitza/0000-0002-2874-9270; Blaxland, James/0000-0002-4832-5563; Thomas-Jones, Emma/0000-0001-7716-2786

URL: <Go to ISI>://WOS:000732519500050

Reference Type: Journal Article

Record Number: 1184

Author: Piazza, J., Gregson, R., Kordon, A., Pfeiler, T. M., Ruby, M. B., Ellis, D. A., Sahin, E. and Reith, M.

Year: 2022

Title: Monitoring a meat-free pledge with smartphones: An experimental study

Journal: Appetite

Volume: 168

Date: Jan

Short Title: Monitoring a meat-free pledge with smartphones: An experimental study

ISSN: 0195-6663

DOI: 10.1016/j.appet.2021.105726

Article Number: 105726

Accession Number: WOS:000707764100008

Abstract: Pledges are a popular strategy to encourage meat reduction, though experimental studies of their efficacy are lacking. Three-hundred and twenty-five participants from three different countries (UK, Germany, Australia) were randomly assigned to pledge 28 days meat-free or not, and their behavior was tracked via smartphones. Participants answered daily surveys regarding their eating behavior, meat cravings, and shared photos of their meals. Baseline data was collected prior to the pledge, after the 28 days, and one-month post-intervention. Participants assigned to the pledge condition ate less meat across the 28 days, compared to control participants. Meat reductions, observed at outset, did not endure one-month post-intervention. Overall, German participants ate the least amount of meat, and showed the sharpest decrease in consumption when pledging. Meat cravings tended to increase among pledgers, relative to control participants. Pledgers who reported high starting intentions and conflict about meat tended to eat less meat and reported fewer cravings. All participants reported reduced meat-eating justifications one-month post-intervention. These findings provide experimental evidence that pledges can encourage meat consumers to reduce their intake, though additional mechanisms are needed to sustain commitments.

Notes: Piazza, Jared Gregson, Rebecca Kordon, Anastasia Pfeiler, Tamara M. Ruby, Matthew B. Ellis, David A. Sahin, Ensu Reith, Maren Piazza, Jared/AFS-6828-2022; Ruby, Matthew B/AHD-4281-2022; Ruby, Matthew/AGL-2150-2022; Ellis, David/A-8322-2011

Piazza, Jared/0000-0001-7261-3939; Ruby, Matthew/0000-0002-9562-6510; Ellis, David/0000-0001-6172-3323; Gregson, Rebecca/0000-0003-0202-6039

1095-8304

URL: <Go to ISI>://WOS:000707764100008

Reference Type: Journal Article

Record Number: 1522

Author: Picot-Ngo, C., Kivits, J. and Chevreul, K.

Year: 2021

Title: Reduire le tabagisme dans les prisons : elements theoriques et methodologiques necessaires a la co-construction d'une intervention en contexte penitentiaire

Journal: Global Health Promotion

Volume: 28

Issue: 1_SUPPL

Pages: 8-14

Date: Mar

Short Title: Reduire le tabagisme dans les prisons : elements theoriques et methodologiques necessaires a la co-construction d'une intervention en contexte penitentiaire

ISSN: 1757-9759

DOI: 10.1177/1757975921993434

Accession Number: WOS:000639546300003

Abstract: Revelateur des inegalites sociales de sante, le tabagisme en etablissement penitentiaire exige des interventions visant sa reduction d'etre adaptees aux specificites du milieu carceral. Dans le cadre de la recherche interventionnelle TABAPRI, nous avons mobilise une premiere etude sociologique afin d'apporter des connaissances sur cette problematique. Une enquete a ete realisee au sein de trois etablissements penitentiaires, precedant les phases de construction, d'implementation et d'evaluation de l'intervention. Cet article decrit d'une part la demarche methodologique et d'autre part, la contribution de la sociologie, tant dans ses apports conceptuels que methodologiques, a la construction d'une intervention. Notre travail a notamment souligne l'importance d'amenager des espaces d'echange permettant aux professionnels et aux personnes detenues de construire ensemble les modalites d'intervention qui participent a la reduction du tabagisme en detention.

Notes: Picot-Ngo, Clement Kivits, Joelle Chevreul, Karine

PICOT-NGO, Clement, Charles/0000-0002-2865-161X

1757-9767

1_

Si

URL: <Go to ISI>://WOS:000639546300003

Reference Type: Journal Article

Record Number: 695

Author: Pike, A., Patey, A., Lawrence, R., Aubrey-Bassler, K., Grimshaw, J., Mortazhejri, S., Dowling, S., Jasoui, Y., Hall, A. and De-implementing Wisely Res, Grp

Year: 2022

Title: Barriers to following imaging guidelines for the treatment and management of patients with low-back pain in primary care: a qualitative assessment guided by the Theoretical Domains Framework

Journal: BMC Primary Care

Volume: 23

Issue: 1

Date: Jun

Short Title: Barriers to following imaging guidelines for the treatment and management of patients with low-back pain in primary care: a qualitative assessment guided by the Theoretical Domains Framework

DOI: 10.1186/s12875-022-01751-6

Article Number: 143

Accession Number: WOS:000805770800001

Abstract: Background Low back pain (LBP) is a leading cause of disability and is among the top five reasons that patients visit their family doctors. Over-imaging for non-specific low back pain remains a problem in primary care. To inform a larger study to develop and evaluate a theory-based intervention to reduce inappropriate imaging, we completed an assessment of the barriers and facilitators to reducing unnecessary imaging for NSLBP among family doctors in Newfoundland and Labrador (NL). Methods This was an exploratory, qualitative study describing family doctors' experiences and practices related to diagnostic imaging for non-specific LBP in NL, guided by the Theoretical Domains Framework (TDF). Data were collected using in-depth, semi-structured interviews. Transcripts were analyzed deductively (assigning text to one or more domains) and inductively (generating themes at each of the domains) before the results were examined to determine which domains should be targeted to reduce imaging. Results Nine family doctors (four males; five females) working in community (n = 4) and academic (n = 5) clinics in both rural (n = 6) and urban (n = 3) settings participated in this study. We found five barriers to reducing imaging for patients with NSLBP: 1) negative consequences, 2) patient demand 3) health system organization, 4) time, and 5) access to resources. These were related to the following domains: 1) beliefs about consequences, 2) beliefs about capabilities, 3) emotion, 4) reinforcement, 5) environmental context and resources, 6) social influences, and 7) behavioural regulation. Conclusions Family physicians a) fear that if they do not image they may miss something serious, b) face significant patient demand for imaging, c) are working in a system that encourages unnecessary imaging, d) don't have enough time to counsel patients about why they don't need imaging, and e) lack access to appropriate practitioners, community programs, and treatment modalities to prescribe to their patients. These barriers were related to seven TDF domains. Successfully reducing inappropriate imaging requires a comprehensive intervention that addresses these barriers using established behaviour change techniques. These techniques should be matched directly to relevant TDF domains. The results of our study represent the important first step of this process - identifying the contextual barriers and the domains to which they are related.

Notes: Pike, Andrea Patey, Andrea Lawrence, Rebecca Aubrey-Bassler, Kris Grimshaw, Jeremy Mortazhejri, Sameh Dowling, Shawn Jasoui, Yamile Hall, Amanda

Grimshaw, Jeremy/D-8726-2013

Taljaard, Monica/0000-0002-3978-8961

2731-4553

URL: <Go to ISI>://WOS:000805770800001

Reference Type: Journal Article

Record Number: 1852

Author: Pinder, C., Vermeulen, J., Cowan, B. R. and Beale, R.

Year: 2018

Title: Digital Behaviour Change Interventions to Break and Form Habits

Journal: Acm Transactions on Computer-Human Interaction
Volume: 25
Issue: 3
Date: Jun
Short Title: Digital Behaviour Change Interventions to Break and Form Habits
ISSN: 1073-0516
DOI: 10.1145/3196830
Article Number: 15
Accession Number: WOS:000439731200002
Abstract: Digital behaviour change interventions, particularly those using pervasive computing technology, hold great promise in supporting users to change their behaviour. However, most interventions fail to take habitual behaviour into account, limiting their potential impact. This failure is partly driven by a plethora of overlapping behaviour change theories and related strategies that do not consider the role of habits. We critically review the main theories and models used in the research to analyse their application to designing effective habitual behaviour change interventions. We highlight the potential for Dual Process Theory, modern habit theory, and Goal Setting Theory, which together model how users form and break habits, to drive effective digital interventions. We synthesise these theories into an explanatory framework, the Habit Alteration Model, and use it to outline the state of the art. We identify the opportunities and challenges of habit-focused interventions.
Notes: Pinder, Charlie Vermeulen, Jo Cowan, Benjamin R. Beale, Russell
Cowan, Benjamin/0000-0002-8595-8132; Beale, Russell/0000-0002-9395-1715; Pinder, Charlie/0000-0002-8559-0825 1557-7325
URL: <Go to ISI>://WOS:000439731200002

Reference Type: Journal Article
Record Number: 1250
Author: Pirotta, S., Joham, A. E., Moran, L. J., Skouteris, H. and Lim, S. S.
Year: 2021
Title: Informing a PCOS Lifestyle Program: Mapping Behavior Change Techniques to Barriers and Enablers to Behavior Change Using the Theoretical Domains Framework
Journal: Seminars in Reproductive Medicine
Volume: 39
Issue: 03/04
Pages: 143-152
Date: Jul
Short Title: Informing a PCOS Lifestyle Program: Mapping Behavior Change Techniques to Barriers and Enablers to Behavior Change Using the Theoretical Domains Framework
ISSN: 1526-8004
DOI: 10.1055/s-0041-1735456
Accession Number: WOS:000688208900002
Abstract: This article aimed to identify the behavior change

techniques (BCTs) based on facilitators and barriers to lifestyle management in women with polycystic ovary syndrome (PCOS) according to the behavior change wheel (BCW). This qualitative study design using inductive thematic analysis following semistructured interviews (n =20) identified barriers and enablers to lifestyle management. These were then mapped to Capability, Opportunity, Motivation-Behavioral Model (COM-B) constructs and the corresponding Theoretical Domains Framework (TDF) domains. This study included women with PCOS residing in Australia. Main outcome measures include intervention functions, policy categories, and BCTs described in the BCW. Twenty-three BCTs were recognized to influence behavior change in women with PCOS. Factors were categorized into the subcomponents of the COM-B: psychological capability (e.g., lack of credible information), physical capability (e.g., managing multiple health conditions), physical opportunity (e.g., limited access to resources), social opportunity (e.g., adequate social support), reflective motivation (e.g., positive health expectancies following behavior change), and automatic motivation (e.g., emotional eating). Future research should use this work to guide PCOS lifestyle intervention development and then test intervention effectiveness through an experimental phase to provide empirical evidence for wider use and implementation of tailored, theory-informed PCOS lifestyle programs as part of evidence-based PCOS management.

Notes: Pirotta, Stephanie Joham, A. E. Moran, L. J. Skouteris, H. Lim, S. S.

Skouteris, Helen/0000-0001-9959-5750; Pirotta, Stephanie/
0000-0002-8966-0296

1526-4564

URL: <Go to ISI>://WOS:000688208900002

Reference Type: Journal Article

Record Number: 2354

Author: Pokhrel, S., Anokye, N. K., Reidpath, D. D. and Allotey, P.
Year: 2015

Title: Behaviour Change in Public Health: Evidence and Implications

Journal: Biomed Research International

Volume: 2015

Short Title: Behaviour Change in Public Health: Evidence and
Implications

ISSN: 2314-6133

DOI: 10.1155/2015/598672

Article Number: 598672

Accession Number: WOS:000360741700001

Notes: Pokhrel, Subhash Anokye, Nana K. Reidpath, Daniel D. Allotey,
Pascale

Pokhrel, Subhash/AA0-8648-2020

Allotey, Pascale/0000-0002-6942-5774; Pokhrel, Subhash/
0000-0002-1009-8553; Anokye, Nana/0000-0003-3615-344X; Reidpath,
Daniel/0000-0002-8796-0420

0000-0002-1009-8553; Anokye, Nana/0000-0003-3615-344X; Reidpath,
Daniel/0000-0002-8796-0420

2314-6141

URL: <Go to ISI>://WOS:000360741700001

Reference Type: Journal Article
Record Number: 222
Author: Politi, M. C. and Neuman, M. D.
Year: 2023
Title: Understanding when, why and how shared decision making is used in routine care
Journal: Patient Education and Counseling
Volume: 106
Pages: 1-2
Date: Jan
Short Title: Understanding when, why and how shared decision making is used in routine care
ISSN: 0738-3991
DOI: 10.1016/j.pec.2022.10.352
Accession Number: WOS:000979671700001
Notes: Politi, Mary C. Neuman, Mark D. 1873-5134
URL: <Go to ISI>://WOS:000979671700001

Reference Type: Journal Article
Record Number: 2284
Author: Pollmann, A. S., Murphy, A. L., Bergman, J. C. and Gardner, D. M.
Year: 2015
Title: Deprescribing benzodiazepines and Z-drugs in community-dwelling adults: a scoping review
Journal: BMC Pharmacology & Toxicology
Volume: 16
Date: Jul
Short Title: Deprescribing benzodiazepines and Z-drugs in community-dwelling adults: a scoping review
DOI: 10.1186/s40360-015-0019-8
Article Number: 19
Accession Number: WOS:000357305900001
Abstract: Background: Long-term sedative use is prevalent and associated with significant morbidity, including adverse events such as falls, cognitive impairment, and sedation. The development of dependence can pose significant challenges when discontinuation is attempted as withdrawal symptoms often develop. We conducted a scoping review to map and characterize the literature and determine opportunities for future research regarding deprescribing strategies for long-term benzodiazepine and Z-drug (zopiclone, zolpidem, and zaleplon) use in community-dwelling adults. Methods: We searched PubMed, Cochrane Central Register of Controlled Trials, EMBASE, PsycINFO, CINAHL, TRIP, and JBI Ovid databases and conducted a grey literature search. Articles discussing methods for deprescribing benzodiazepines or Z-drugs in community-dwelling adults were selected. Results: Following removal of duplicates, 2797 articles were reviewed for eligibility. Of these, 367 were retrieved for full-text assessment and 139 were subsequently included for review. Seventy-four (53 %) articles were original research, predominantly randomized controlled trials (n = 52 [37 %]), whereas 58 (42 %) were narrative reviews and seven (5 %) were guidelines. Amongst original

studies, pharmacologic strategies were the most commonly studied intervention (n = 42 [57 %]). Additional deprescribing strategies included psychological therapies (n = 10 [14 %]), mixed interventions (n = 12 [16 %]), and others (n = 10 [14 %]). Behaviour change interventions were commonly combined and included enablement (n = 56 [76 %]), education (n = 36 [47 %]), and training (n = 29 [39 %]). Gradual dose reduction was frequently a component of studies, reviews, and guidelines, but methods varied widely. Conclusions: Approaches proposed for deprescribing benzodiazepines and Z-drugs are numerous and heterogeneous. Current research in this area using methods such as randomized trials and meta-analyses may too narrowly encompass potential strategies available to target this phenomenon. Realist synthesis methods would be well suited to understand the mechanisms by which deprescribing interventions work and why they fail.

Notes: Pollmann, Andre S. Murphy, Andrea L. Bergman, Joel C. Gardner, David M.

Gardner, David/0000-0002-0980-6399; Pollmann, Andre/
0000-0002-4504-394X; Murphy, Andrea/0000-0001-5093-6681
2050-6511

URL: <Go to ISI>://WOS:000357305900001

Reference Type: Journal Article

Record Number: 1541

Author: Ponsford, R., Meiksin, R., Bragg, S., Crichton, J.,
Emmerson, L., Tancred, T., Tilouche, N., Morgan, G., Gee, P., Young,
H., Hadley, A., Campbell, R. and Bonell, C.

Year: 2021

Title: Co-production of two whole-school sexual health interventions
for English secondary schools: positive choices and project respect

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Feb

Short Title: Co-production of two whole-school sexual health
interventions for English secondary schools: positive choices and
project respect

DOI: 10.1186/s40814-020-00752-5

Article Number: 50

Accession Number: WOS:000704715400001

Abstract: Background: Whole-school interventions represent promising approaches to promoting adolescent sexual health, but they have not been rigorously trialled in the UK and it is unclear if such interventions are feasible for delivery in English secondary schools. The importance of involving intended beneficiaries, implementers and other key stakeholders in the co-production of such complex interventions prior to costly implementation and evaluation studies is widely recognised. However, practical accounts of such processes remain scarce. We report on co-production with specialist providers, students, school staff, and other practice and policy professionals of two new whole-school sexual health interventions for implementation in English secondary schools. Methods: Formative qualitative inquiry involving 75 students aged 13-15 and 23 school

staff. A group of young people trained to advise on public health research were consulted on three occasions. Twenty-three practitioners and policy-makers shared their views at a stakeholder event. Detailed written summaries of workshops and events were prepared and key themes identified to inform the design of each intervention. Results: Data confirmed acceptability of addressing unintended teenage pregnancy, sexual health and dating and relationships violence via multi-component whole-school interventions and of curriculum delivery by teachers (providing appropriate teacher selection). The need to enable flexibility for the timetabling of lessons and mode of parent communication; ensure content reflected the reality of young people's lives; and develop prescriptive teaching materials and robust school engagement strategies to reflect shrinking capacity for schools to implement public-health interventions were also highlighted and informed intervention refinements. Our research further points to some of the challenges and tensions involved in co-production where stakeholder capacity may be limited or their input may conflict with the logic of interventions or what is practicable within the constraints of a trial. Conclusions: Multi-component, whole-school approaches to addressing sexual health that involve teacher delivered curriculum may be feasible for implementation in English secondary schools. They must be adaptable to individual school settings; involve careful teacher selection; limit additional burden on staff; and accurately reflect the realities of young people's lives. Co-production can reduce research waste and may be particularly useful for developing complex interventions, like whole-school sexual health interventions, that must be adaptable to varying institutional contexts and address needs that change rapidly. When co-producing, potential limitations in relation to the representativeness of participants, the 'depth' of engagement necessary as well as the burden on participants and how they will be recompensed must be carefully considered. Having well-defined, transparent procedures for incorporating stakeholder input from the outset are also essential. Formal feasibility testing of both co-produced interventions in English secondary schools via cluster RCT is warranted.

Notes: Ponsford, Ruth Meiksin, Rebecca Bragg, Sara Crichton, Joanna Emerson, Lucy Tancred, Tara Tilouche, Nerissa Morgan, Gemma Gee, Pete Young, Honor Hadley, Alison Campbell, Rona Bonell, Chris Ponsford, Ruth/0000-0003-2612-0249
2055-5784

URL: <Go to ISI>://WOS:000704715400001

Reference Type: Journal Article

Record Number: 237

Author: Poole, H. M., Frank, B., Begley, E., Woods, A., Ramos-Silva, A., Merriman, M., McCulough, R. and Montgomery, C.

Year: 2023

Title: Feasibility study of a Behavioural Intervention for Opioid Reduction (BIOR) for patients with chronic non-cancer pain in primary care: a protocol

Journal: Bmj Open

Volume: 13

Issue: 1

Date: Jan

Short Title: Feasibility study of a Behavioural Intervention for Opioid Reduction (BIOR) for patients with chronic non-cancer pain in primary care: a protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-065646

Article Number: e065646

Accession Number: WOS:000918750500020

Abstract: Introduction Around 30%–50% of adults suffer moderate to severe chronic pain not caused by cancer. Significant numbers are treated with opioids which over time may cease to be effective and produce side effects (eg, nausea, drowsiness and constipation). Stopping taking opioids abruptly can cause unpleasant withdrawal effects. Tapering in small steps is recommended, though some patients might struggle and need support, particularly if they have limited access to pain management alternatives. Awareness of the potential risks as well as benefits of tapering should be explored with patients. Methods and analysis A randomised controlled pilot feasibility study to investigate the effectiveness and feasibility of reducing high doses of opioids through a tapering protocol, education and support in primary care. Working with NHS Knowsley Place, we will identify patients taking 50 mg or above morphine equivalent dose of opioids per day to be randomly allocated to either the tapering group or tapering with support group. At an initial joint appointment with a pain consultant and General Practitioner (GP) GP tapering will be discussed and negotiated. Both groups will have their opioid reduced by 10% per week. The taper with support group will have access to additional support, including motivational counselling, realistic goal setting and a toolkit of resources to promote self-management. Some patients will successfully reduce their dose each week. For others, this may be more difficult, and the tapering reduction will be adjusted to 10% per fortnight. We assess opioid use, pain and quality of life in both groups at the start and end of the study to determine which intervention works best to support people with chronic pain who wish to stop taking opioids. Ethics and dissemination The Behavioural Intervention for Opioid Reduction feasibility study has been granted full approval by Liverpool Central Research Ethics Committee on 7 April 2022 (22/NW/0047). The current protocol version is V.1.1, date 6 July 2022. Results will be published in peer-reviewed journals and disseminated to patient stakeholders in a lay summary report available on the project website and in participating GP surgeries. Notes: Poole, Helen M. Frank, Bernhard Begley, Emma Woods, Aimee Ramos-Silva, Andreia Merriman, Mike McCulough, Roisin Montgomery, Catharine

Montgomery, Catharine/B-6096-2014

Montgomery, Catharine/0000-0003-2805-5807; Frank, Bernhard/

0000-0001-5405-4942; Begley, Emma/0000-0003-1550-8176

URL: <Go to ISI>://WOS:000918750500020

Reference Type: Journal Article

Record Number: 2408

Author: Porcheret, M., Main, C., Croft, P., McKinley, R., Hassell, A. and Dziedzic, K.

Year: 2014

Title: Development of a behaviour change intervention: a case study on the practical application of theory

Journal: Implementation Science

Volume: 9

Date: Apr

Short Title: Development of a behaviour change intervention: a case study on the practical application of theory

ISSN: 1748-5908

DOI: 10.1186/1748-5908-9-42

Article Number: 42

Accession Number: WOS:000334893100001

Abstract: Background: Use of theory in implementation of complex interventions is widely recommended. A complex trial intervention, to enhance self-management support for people with osteoarthritis (OA) in primary care, needed to be implemented in the Managing Osteoarthritis in Consultations (MOSAICS) trial. One component of the trial intervention was delivery by general practitioners (GPs) of an enhanced consultation for patients with OA. The aim of our case study is to describe the systematic selection and use of theory to develop a behaviour change intervention to implement GP delivery of the enhanced consultation. Methods: The development of the behaviour change intervention was guided by four theoretical models/frameworks: i) an implementation of change model to guide overall approach, ii) the Theoretical Domains Framework (TDF) to identify relevant determinants of change, iii) a model for the selection of behaviour change techniques to address identified determinants of behaviour change, and iv) the principles of adult learning. Methods and measures to evaluate impact of the behaviour change intervention were identified. Results: The behaviour change intervention presented the GPs with a well-defined proposal for change; addressed seven of the TDF domains (e. g., knowledge, skills, motivation and goals); incorporated ten behaviour change techniques (e. g., information provision, skills rehearsal, persuasive communication); and was delivered in workshops that valued the expertise and professional values of GPs. The workshops used a mixture of interactive and didactic sessions, were facilitated by opinion leaders, and utilised 'context-bound communication skills training.' Methods and measures selected to evaluate the behaviour change intervention included: appraisal of satisfaction with workshops, GP report of intention to practise and an assessment of video-recorded consultations of GPs with patients with OA. Conclusions: A stepped approach to the development of a behaviour change intervention, with the utilisation of theoretical frameworks to identify determinants of change matched with behaviour change techniques, has enabled a systematic and theory-driven development of an intervention designed to enhance consultations by GPs for patients with OA. The success of the behaviour change intervention in practice will be evaluated in the context of the MOSAICS trial as a whole, and will inform understanding of practice level and patient outcomes in the trial.

Notes: Porcheret, Mark Main, Chris Croft, Peter McKinley, Robert

Hassell, Andrew Dziedzic, Krysia
McKinley, Robert Kee/H-9211-2013
McKinley, Robert Kee/0000-0002-3684-3435; Porcheret, Mark/
0000-0003-3850-9171
URL: <Go to ISI>://WOS:000334893100001

Reference Type: Book
Record Number: 1833
Author: Portegijs, E. and Rantanen, T.
Year: 2019
Title: Life-space mobility and active ageing
Series Editor: Lane, A. P.
Series Title: URBAN ENVIRONMENTS FOR HEALTHY AGEING: A Global
Perspective
Volume: 267
Number of Pages: 89-102
Short Title: Life-space mobility and active ageing
ISBN: 978-0-429-24309-7; 978-0-367-19755-1
Accession Number: WOS:000698764000007
Notes: Portegijs, Erja Rantanen, Taina
Rantanen, Taina/0-6579-2016
Rantanen, Taina/0000-0002-1604-1945; Portegijs, Erja/
0000-0002-5205-9616
URL: <Go to ISI>://WOS:000698764000007

Reference Type: Journal Article
Record Number: 2138
Author: Porter, J., Haines, T. and Truby, H.
Year: 2016
Title: Implementation of protected mealtimes in the subacute
setting: stepped wedge cluster trial protocol
Journal: Journal of Advanced Nursing
Volume: 72
Issue: 6
Pages: 1347-1356
Date: Jun
Short Title: Implementation of protected mealtimes in the subacute
setting: stepped wedge cluster trial protocol
ISSN: 0309-2402
DOI: 10.1111/jan.12930
Accession Number: WOS:000376007400012
Abstract: Aim. This protocol paper describes a study that aims to
determine if protected mealtimes implementation closes the energy
deficit of 1900 kJ between estimated requirements and actual energy
intake of hospitalized adults in the subacute setting. Background.
Protected mealtimes, a strategy developed to address the prevalence
of malnourished hospitalized adults, aims to minimize unavoidable
and unnecessary interruptions at mealtimes. It has been implemented
widely with limited high-quality studies as to its effect. Design. A
pragmatic stepped wedge cluster trial. Primary outcomes are daily
energy and protein intake. Methods. Funding was awarded in October
2014. In this study, protected mealtimes implementation will occur

across each cluster (ward) chosen at random. A waiver of consent has been endorsed, enabling all patients to receive the intervention. Patients excluded from outcome evaluation will be those receiving end of life care and patients who are nil by mouth. The selection of patients for outcome evaluation will also occur randomly. Sample size, randomization, statistical analysis and contamination issues consider the reporting guidelines of the CONSORT statement: extension to cluster randomized trials. Conclusions. The methods selected will ensure that the research is of high quality with conclusions useful and relevant for translation into practice settings. The study does not aim to assess whether the intervention is sustainable beyond the study period, rather it will establish whether the removal of known barriers to intervention uptake enables high fidelity with the intervention. As a result we will have a greater understanding of the nutritional consequences of protected mealtimes in subacute care.

Notes: Porter, Judi Haines, Terry Truby, Helen

Porter, Judi/H-6243-2019; Haines, Terrence/E-9372-2015; Truby, Helen/ABF-5095-2020

Porter, Judi/0000-0002-7535-1919; Haines, Terrence/0000-0003-3150-6154; Truby, Helen/0000-0002-1992-1649
1365-2648

URL: <Go to ISI>://WOS:000376007400012

Reference Type: Journal Article

Record Number: 1989

Author: Porter, J., Haines, T. P. and Truby, H.

Year: 2017

Title: The efficacy of Protected Mealtimes in hospitalised patients: a stepped wedge cluster randomised controlled trial

Journal: BMC Medicine

Volume: 15

Date: Feb

Short Title: The efficacy of Protected Mealtimes in hospitalised patients: a stepped wedge cluster randomised controlled trial

ISSN: 1741-7015

DOI: 10.1186/s12916-017-0780-1

Article Number: 25

Accession Number: WOS:000395929900001

Abstract: Background: Protected Mealtimes is an intervention developed to address the problem of malnutrition in hospitalised patients through increasing positive interruptions (such as feeding assistance) whilst minimising unnecessary interruptions (including ward rounds and diagnostic procedures) during mealtimes. This clinical trial aimed to measure the effect of implementing Protected Mealtimes on the energy and protein intake of patients admitted to the subacute setting. Methods: A prospective, stepped wedge cluster randomised controlled trial was undertaken across three hospital sites at one health network in Melbourne, Australia. All patients, except those receiving end-of-life care or not receiving oral nutrition, admitted to these wards during the study period participated. The intervention was guided by the British Hospital Caterers Association reference policy on Protected Mealtimes and by

principles of implementation science. Primary outcome measures were daily energy and protein intake. The study was powered to determine whether the intervention closed the daily energy deficit between estimated intake and energy requirements measured as 1900 kJ/day in the pilot study for this trial. Results: There were 149 unique participants, including 38 who crossed over from the control to intervention period as the Protected Mealtimes intervention was implemented. In total, 416 observations of 24-hour food intake were obtained. Energy intake was not significantly different between the intervention ([mean +/- SD] 6479 +/- 2486 kJ/day) and control (6532 +/- 2328 kJ/day) conditions (p = 0.88). Daily protein intake was also not significantly different between the intervention (68.6 +/- 26.0 g/day) and control (67.0 +/- 25.2 g/day) conditions (p = 0.86). The differences between estimated energy/protein requirements and estimated energy/protein intakes were also limited between groups. The adjusted analysis yielded significant findings for energy deficit: (coefficient [robust 95% CI], p value) of 1405 (-2354 to -457), p = 0.004. Variability in implementation across aspects of Protected Mealtimes policy components was noted. Conclusions: The findings of this trial mirror the findings of other observational studies of Protected Mealtimes implementation where nutritional intakes were observed. Very few positive improvements to nutritional intake have been identified as a result of Protected Mealtimes implementation. Instead of this intervention, approaches with a greater level of evidence for improving nutritional outcomes, such as mealtime assistance, other food-based approaches and the use of oral nutrition support products to supplement oral diet, should be considered in the quest to reduce hospital malnutrition.

Notes: Porter, Judi Haines, Terry P. Truby, Helen Haines, Terrence/E-9372-2015; Truby, Helen/ABF-5095-2020; Porter, Judi/H-6243-2019

Haines, Terrence/0000-0003-3150-6154; Truby, Helen/0000-0002-1992-1649; Porter, Judi/0000-0002-7535-1919

URL: <Go to ISI>://WOS:000395929900001

Reference Type: Journal Article

Record Number: 252

Author: Porter, L., Cox, J. S., Wright, K. A., Lawrence, N. S. and Gillison, F. B.

Year: 2022

Title: The impact of COVID-19 on the eating habits of families engaged in a healthy eating pilot trial: a thematic analysis

Journal: Health Psychology and Behavioral Medicine

Volume: 10

Issue: 1

Pages: 241-261

Date: Dec

Short Title: The impact of COVID-19 on the eating habits of families engaged in a healthy eating pilot trial: a thematic analysis

ISSN: 2164-2850

DOI: 10.1080/21642850.2022.2043750

Article Number: 2043750

Accession Number: WOS:000761606500001

Abstract: Background: The eating habits of children and adults have been impacted by the COVID-19 pandemic, with evidence of increases in snacking and emotional eating, including eating to relieve boredom. We explored the experiences of families with children aged 4-8 years who had recently participated in a healthy eating pilot trial when the first national lockdown began in England. Methods: Eleven mothers were interviewed in April and May 2020. Interview questions were developed based on the COM-B model of behaviour. Four main themes were constructed using inductive thematic analysis. Results: The first theme related to an initial panic phase, in which having enough food was the primary concern. The second related to ongoing challenges during the lockdown, with sub-themes including difficulties accessing food, managing children's food requests and balancing home and work responsibilities. The perception that energy-dense foods met families' needs during this time led to increased purchasing of (and thus exposure to) energy-dense foods. In the third theme, families described a turning point, with a desire to eat a healthier diet than they had in the early stages of the lockdown. Finally, in the fourth theme, families reported a number of strategies for adapting and encouraging a balanced diet with their children. Conclusions: Our results suggest that even if parents have the capability (e.g. knowledge) and motivation to provide a healthy diet for their family, opportunity challenges (e.g. time, access to resources, environmental stressors) mean this is not always practical. Healthy eating interventions should not assume parents lack motivation and should be sensitive to the context within which parents make feeding decisions. Notes: Porter, Lucy Cox, Jennifer S. Wright, Kim A. Lawrence, Natalia S. Gillison, Fiona B. Lawrence, Natalia S/A-1588-2010 Porter, Lucy/0000-0001-8277-4138; Gillison, Fiona/0000-0002-6461-7638; Lawrence, Natalia/0000-0003-1969-6637 URL: <Go to ISI>://WOS:000761606500001

Reference Type: Journal Article

Record Number: 391

Author: Postill, G., Adams, C. L., Zanin, C., Halpin, M. and Ritter, C.

Year: 2022

Title: Adherence of those at low risk of disease to public health measures during the COVID-19 pandemic: A qualitative study

Journal: Plos One

Volume: 17

Issue: 10

Date: Oct

Short Title: Adherence of those at low risk of disease to public health measures during the COVID-19 pandemic: A qualitative study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0276746

Article Number: e0276746

Accession Number: WOS:000952381400001

Abstract: Public health measures (PHMs) proactively and reactively reduce the spread of disease. While these measures target individual

behaviour, they require broad adherence to be effective. Consequently, the World Health Organization issued a special appeal to young adults, a known non-adherent population, for increased adherence with COVID-19 guidelines. However, little is known about why these low-risk individuals do or do not adhere to PHMs. This study investigates why young adults in a low-risk setting adhered to PHMs implemented during the COVID-19 pandemic. A qualitative research approach was chosen to gain an in-depth understanding of participants' thoughts and experiences related to PHM adherence. Semi-structured interviews were conducted in April-May 2021 with 30 young adults living in Prince Edward Island (PEI), the province with the lowest COVID-19 case rate in Canada at that time. Thematic analysis was used to create a codebook based on the Theoretical Domains Framework, which was then inductively modified. The analysis identified eight themes that explained the adherence of young adults: (1) clear, purpose-driven adherence rationale, (2) developing trust in the local leadership, (3) adapting to novel measures, (4) manageable disruption, (5) adhering to reduce anxiety, (6) collective duty towards one's community, (7) moral culpability and (8) using caution rather than compliance. Together, these themes demonstrate that young adults adhered to PHMs because of their sense of connection to their community, public health leadership, and concerns over stigma. We further argue that clear guidelines and communication from public health officials during both periods of high and low COVID-19 cases facilitate adherence. These findings are important for mitigating future public health emergencies as they explain why young adults, an important segment of the population whose adherence is critical to the success of PHMs, follow PHMs. Further, these findings can inform public health officials and other stakeholders aiming to develop successful adherence strategies. Notes: Postill, Gemma Adams, Cindy L. Zanin, Claire Halpin, Michael Ritter, Caroline
URL: <Go to ISI>://WOS:000952381400001

Reference Type: Journal Article

Record Number: 1097

Author: Poucher, Z. A., Tamminen, K. A. and Wagstaff, C. R. D.

Year: 2021

Title: Organizational Systems in British Sport and Their Impact on Athlete Development and Mental Health

Journal: Sport Psychologist

Volume: 35

Issue: 4

Pages: 270-280

Date: Dec

Short Title: Organizational Systems in British Sport and Their Impact on Athlete Development and Mental Health

ISSN: 0888-4781

DOI: 10.1123/tsp.2020-0146

Accession Number: WOS:000728777000002

Abstract: Sport organizations have been noted as pivotal to the success or failure of athletes, and sport environments can impact the wellbeing and development of athletes. In this study, the

authors explored stakeholders' perceptions of how high-performance sport organizations support athlete development. Semistructured interviews were conducted with 18 stakeholders from the United Kingdom's high-performance sport system and transcripts were analyzed using a semantic thematic analysis. Participants emphasized the importance of performance lifestyle advisors, sport psychologists, and financial assistance for promoting athlete development. Several stakeholders observed that despite the extensive support available to athletes, many do not engage with available support, and the prevalence of a performance narrative has led to an environment that discourages holistic development. It follows that sport organizations could develop alternative strategies for promoting athletes' access to and engagement with available supports, while funding agencies might broaden existing funding criteria to include well-being or athlete development targets.

Notes: Poucher, Zoe A. Tamminen, Katherine A. Wagstaff, Christopher R. D.

1543-2793

URL: <Go to ISI>://WOS:000728777000002

Reference Type: Journal Article

Record Number: 810

Author: Poulsen, L. K., Ilvig, P. M., Brendstrup, L., Rasmussen, C. L., Pedersen, K. A., Ditlevsen, P., Henriksen, S. E. and Kirk, J. W.
Year: 2022

Title: Development, implementation and evaluation of an optimized cross-sectoral rehabilitation program after acute hip fracture surgery: A mixed-methods study

Journal: Evaluation and Program Planning

Volume: 91

Date: Apr

Short Title: Development, implementation and evaluation of an optimized cross-sectoral rehabilitation program after acute hip fracture surgery: A mixed-methods study

ISSN: 0149-7189

DOI: 10.1016/j.evalprogplan.2021.102021

Article Number: 102021

Accession Number: WOS:000792389400003

Abstract: Fall-related hip fracture (HF) is a frequent trauma in Scandinavia with a yearly incidence of 8,000 among >65 year-old citizens in Denmark. The rising incidence and global predictions are alarming since a HF is a major, and potentially fatal, trauma to the citizen, requiring acute surgery, a multimodal approach and post-operative crosssectoral rehabilitation. However, continuity of the rehabilitation program is frequently interrupted in the transition between sectors, compromising optimal recovery of frail citizens. Thus, there is a need to develop and implement optimized cross-sectoral rehabilitation after HF. The purpose of this explorative study was to develop, implement and evaluate an optimized cross-sectoral rehabilitation program (OCRCP) after HF surgery using validated theoretical frameworks. OCRCP was developed, implemented and evaluated in one municipality using a pragmatic user-centered

approach, quantitative and qualitative data collection and theoretical frameworks including the Behavior Change Wheel (BCW) and RE-AIM. Results of OCRP showed optimized rehabilitation based on motivated health professionals, high patient satisfaction and tendencies of improved levels of physical function. No re-referrals to rehabilitation were reported after OCRP. The BCW, RE-AIM and user-centered approach to program development, implementation and evaluation are useful to apply in program development and evaluation processes across sectors, professions, and medical specialties.

Notes: Poulsen, Lise Kronborg Ilvig, Pia Maria Brendstrup, Louise Rasmussen, Caroline Louise Pedersen, Kirsten Aunskjaer Ditlevsen, Peter Henriksen, Sara Elizabeth Kirk, Jeanette Wassar

Kirk, Jeanette/R-8671-2017

1873-7870

URL: <Go to ISI>://WOS:000792389400003

Reference Type: Journal Article

Record Number: 981

Author: Poulter, H., Eberhardt, J., Moore, H. and Windgassen, S.

Year: 2023

Title: "Bottom of the Pile": Health Behaviors within the Context of In-work Poverty in North East England

Journal: Journal of Poverty

Volume: 27

Issue: 3

Pages: 197-216

Date: Apr

Short Title: "Bottom of the Pile": Health Behaviors within the Context of In-work Poverty in North East England

ISSN: 1087-5549

DOI: 10.1080/10875549.2021.2023721

Accession Number: WOS:000745885300001

Abstract: In-work poverty (IWP), a growing problem in the United Kingdom, describes being in employment but having financial resources close to thresholds associated with poverty. IWP is associated with poorer health behaviors. We examined why people experiencing IWP may exhibit poorer health behaviors. Experiences of six individuals with whole-household IWP in North East England, were elicited using inductive reflexive thematic analysis with semi-structured interviews. Three themes were generated, showing that IWP impacted on the adoption of healthy behaviors, resulting in an obesogenic environment, particularly for single parents. IWP is a socioeconomic health disparity requiring further exploration.

Notes: Poulter, Hannah Eberhardt, Judith Moore, Helen Windgassen, Sula

Eberhardt, Judith/HGV-0408-2022

Eberhardt, Judith/0000-0003-0745-178X; Poulter, Hannah/0000-0002-7256-0504; Moore, Helen J/0000-0002-0165-7552

1540-7608

URL: <Go to ISI>://WOS:000745885300001

Reference Type: Journal Article

Record Number: 635

Author: Pouly, E., Coppry, M., Rogues, A. M. and Dumartin, C.

Year: 2022

Title: Systematic review of factors promoting behaviour change toward antibiotic use in hospitals

Journal: Clinical Microbiology and Infection

Volume: 28

Issue: 7

Pages: 911-919

Date: Jul

Short Title: Systematic review of factors promoting behaviour change toward antibiotic use in hospitals

ISSN: 1198-743X

DOI: 10.1016/j.cmi.2022.01.005

Accession Number: WOS:000833417600003

Abstract: Background: Antimicrobial stewardship (AMS) programmes include actions to improve antibiotic use. Objectives: This study aimed to identify factors of AMS interventions associated with behaviour change toward antibiotic use in hospitals, applying behavioural sciences. Data sources: PubMed and Scopus online databases were searched. Study eligibility criteria: Studies published between January 2015 and December 2020 were included. The required study outcomes were as follows: effect of the intervention reported in terms of antibiotic consumption, antibiotic costs, appropriateness of prescription, duration of therapy, proportion of patients treated with antibiotics, or time to appropriate antibiotic therapy. Participants: Participants included health care professionals involved in antibiotic prescription and use in hospitals and patients receiving or susceptible to receiving antibiotics. Interventions: Studies investigating AMS interventions in hospitals were included. Methods: Risk of bias was determined using the integrated quality criteria for review of multiple study designs tool. A systematic review of AMS interventions was conducted using the behaviour change wheel to identify behaviour changes functions of interventions; and the action, actor, context, target, and time framework to describe how they are implemented. Relationships between intervention functions and the action, actor, context, target, and time domains were explored to deduce factors for optimal implementation. Results: Among 124 studies reporting 123 interventions, 64% were effective in reducing antibiotic use or improving the quality of antibiotic prescription. In addition, 91% of the studies had a high risk of bias. The main functions retrieved in the effective interventions were enablement, environmental restructuring, and education. The most common subcategories were audit and feedback and real-time recommendation for enablement function, as well as material resources, human resources, and new tasks for environmental restructuring function. Most AMS interventions focused on prescriptions, targeted prescribers, and were implemented by pharmacists, infectious diseases specialists, and microbiologists. Interventions focusing on specific clinical situation were effective in 70% of cases. Conclusions: Knowledge of factors associated with behaviour changes will help address local barriers and enablers before implementing interventions. (C) 2022 European Society of Clinical Microbiology and Infectious Diseases.

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Notes: Pouly, Emilie Coppry, Maider Rogues, Anne-Marie Dumartin, Catherine

Coppry, Maider/AAD-8907-2020; Dumartin, Catherine/HZM-1554-2023

Coppry, Maider/0000-0003-0973-2737; Dumartin, Catherine/

0000-0003-1146-0259

1469-0691

URL: <Go to ISI>://WOS:000833417600003

Reference Type: Journal Article

Record Number: 87

Author: Pountney, J., Butcher, I., Donnelly, P., Morrison, R. and Shaw, R. L.

Year: 2023

Title: How the COVID-19 crisis affected the well-being of nurses working in paediatric critical care: A qualitative study

Journal: British Journal of Health Psychology

Date: 2023 Mar

Short Title: How the COVID-19 crisis affected the well-being of nurses working in paediatric critical care: A qualitative study

ISSN: 1359-107X

DOI: 10.1111/bjhp.12661

Accession Number: WOS:000983962400001

Abstract: Objectives Evidence shows paediatric critical care (PCC) nurses display high rates of burnout, moral distress, symptoms associated with post-traumatic stress disorder (PTSD) and poor well-being. The COVID-19 pandemic magnified these pressures producing extremely challenging working conditions. The objective was to understand PCC nurses' lived experience of working during COVID-19 to determine the impact it had on their well-being. Design A qualitative design was used with individual, semi-structured online interviews analysed using thematic analysis. Results Ten nurses from six PCC units in England participated. Five themes were generated: (i) Challenges of working in Personal Protective Equipment (PPE), (ii) Adapting to redeployment to adult intensive care, (iii) Changes to staff working relationships, (iv) Being unable to attain work-life balance and (v) Unprocessed traumatic experiences of working in COVID-19. It was clear COVID-19 presented novel challenges to PCC nurses' well-being. With those came enforced changes in practice; some were temporary, for example use of PPE and redeployment, but others provided insight into the prerequisites for good staff well-being, for example strong professional relationships, work-life balance and managing one's psychological health. Conclusions Findings show authentic connections between peers, verbal and non-verbal communication and a sense of belonging were crucial to nurses' well-being. A dent in PCC nurses' perceived competence significantly affected their well-being. Finally, staff need a psychologically safe space to process distress and trauma experienced during COVID-19. Future research needs to test evidence-based, theoretically-informed well-being interventions to improve and maintain PCC nurses' well-being.

Notes: Pountney, Jackson Butcher, Isabelle Donnelly, Peter Morrison, Rachael Shaw, Rachel L.

Shaw, Rachel/0000-0002-0438-7666; Pountney, Jackson/
0000-0001-5825-9005
2044-8287
URL: <Go to ISI>://WOS:000983962400001

Reference Type: Journal Article

Record Number: 1765

Author: Powell, C., Breen, L., Fylan, B., Ismail, H., Alderson, S. L., Gale, C. P., Gardner, P., Farrin, A. J., Alldred, D. P. and Team, Iscomat Programme Management

Year: 2020

Title: Improving the Safety and Continuity Of Medicines management at Transitions of care (ISCOMAT): protocol for a process evaluation of a cluster randomised control trial

Journal: Bmj Open

Volume: 10

Issue: 11

Short Title: Improving the Safety and Continuity Of Medicines management at Transitions of care (ISCOMAT): protocol for a process evaluation of a cluster randomised control trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-040493

Article Number: e040493

Accession Number: WOS:000604459900033

Abstract: Introduction A key priority for the UK National Health Service and patients is to ensure that medicines are used safely and effectively. However, medication changes are not always optimally communicated and implemented when patients transfer from hospital into community settings. Heart failure is a common reason for admission to hospital. Patients with heart failure have a high burden of morbidity, mortality and complex pharmacotherapeutic regimens. The Improving the Safety and Continuity Of Medicines management at Transitions of care programme comprises a cluster randomised controlled trial which will test the effectiveness of a complex behavioural intervention aimed at improving medications management at the interface between hospitals discharge and community care. We will conduct a rigorous process evaluation to inform interpretation of the trial findings, inform implementation of the intervention on a wider scale and aid dissemination of the intervention. Methods and analysis The process evaluation will be conducted in six purposively selected intervention sites (ie, hospital trusts and associated community pharmacies) using a mixed-methods design. Fidelity and barriers/enablers of implementation of the Medicines at Transitions Intervention (MaTI) will be explored using observation, interviews (20 patients, 40 healthcare professionals), surveys and routine trial data collection on adherence to MaTI. A parallel mixed analysis will be applied. Qualitative data will be thematically analysed using Framework analysis and survey data will be analysed descriptively. Data will be synthesised, triangulated and mapped to the Consolidated Framework for Implementation Research where appropriate. The process evaluation commenced on June 2018 and is due to end on February 2021. Ethics and dissemination Approved by Research Ethics Committee

and the UK Health Research Authority REC: 18/YH/0017/IRAS: 231431. Findings will be disseminated via academic and policy conferences, peer-reviewed publications and social media. Trial registration number ISRCTN66212970.

Notes: Powell, Catherine Breen, Liz Fylan, Beth Ismail, Hanif Alderson, Sarah L. Gale, Chris P. Gardner, Peter Farrin, Amanda J. Alldred, David P.

Kellar, Ian/F-5536-2015; Alldred, David/HRC-1378-2023

Kellar, Ian/0000-0003-1608-5216; Alldred, David/0000-0002-2525-4854;

Gale, Chris/0000-0003-4732-382X; Ismail, Hanif/0000-0002-7885-6648;

Alderson, Sarah/0000-0002-5418-0495; Fylan, Beth/

0000-0003-0599-4537; Gardner, Peter/0000-0002-8799-0443; Powell,

Catherine/0000-0001-7590-0247; Bojke, Chris/0000-0003-2601-0314;

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URL: <Go to ISI>://WOS:000604459900033

Reference Type: Journal Article

Record Number: 1539

Author: Power, B. T., Kiezebrink, K., Allan, J. L. and Campbell, M. K.

Year: 2021

Title: Development of a behaviour change workplace-based intervention to improve nurses' eating and physical activity

Journal: Pilot and Feasibility Studies

Volume: 7

Issue: 1

Date: Feb

Short Title: Development of a behaviour change workplace-based intervention to improve nurses' eating and physical activity

DOI: 10.1186/s40814-021-00789-0

Article Number: 53

Accession Number: WOS:000704717800003

Abstract: Background There is a critical need for an intervention to improve nurses' eating and physical activity behaviours. As nurses spend a substantial proportion of their waking hours at work, concerted efforts to deliver such interventions in the workplace is growing. This study formed part of a multiphase programme of research that aimed to systematically develop an evidence-based and theory-informed workplace intervention to promote changes in eating and physical activity among nurses. Methods The intervention was developed iteratively, in line with Medical Research Council complex intervention guidelines. It involved four activities: (1) identifying the evidence base, (2) understanding the determinants of nurses' eating and physical activity behaviour change through theory-based qualitative interviews and survey, (3) identifying intervention options using the Behaviour Change Wheel, and (4) specifying intervention content and implementation options using a taxonomy of behaviour change techniques. Results Data from 13 randomised controlled trials indicated that workplace-based behaviour change interventions targeted to this population are effective in changing behaviour. The evidence base was, however, limited in quantity and quality. Nurses' beliefs about important factors determining their eating and physical activity behaviour

were identified across 16 qualitative interviews and 245 survey responses, and key determinants included environmental context and resources, behavioural regulation, emotion, beliefs about consequences, knowledge and optimism. Based on these findings, 22 behaviour change techniques suitable for targeting the identified determinants were identified and combined into a potential workplace intervention. Conclusions An evidence-based and theory-informed intervention tailored to the target population and setting has been explicitly conceptualised using a systematic approach. The proposed intervention addresses previous evidence gaps for the user population of nurses. Further to this, such an intervention, if implemented, has the potential to impact nurses' eating and physical activity behaviours and in turn, the health of nurses and the quality of healthcare delivery.

Notes: Power, Brian T. Kiezebrink, Kirsty Allan, Julia L. Campbell, Marion K.

Allan, Julia/0000-0001-7287-8363; Kiezebrink, Kirsty/
0000-0002-9154-426X
2055-5784

URL: <Go to ISI>://WOS:000704717800003

Reference Type: Journal Article

Record Number: 1307

Author: Pownall, M., Harris, R. and Blundell-Birtill, P.

Year: 2022

Title: Supporting students during the transition to university in COVID-19: Five key considerations and recommendations for educators

Journal: Psychology Learning and Teaching-Plat

Volume: 21

Issue: 1

Pages: 3-18

Date: Mar

Short Title: Supporting students during the transition to university in COVID-19: Five key considerations and recommendations for educators

ISSN: 1475-7257

DOI: 10.1177/14757257211032486

Article Number: 14757257211032486

Accession Number: WOS:000678002000001

Abstract: As coronavirus disease of 2019 (COVID-19) continues to disrupt pretertiary education provision and examinations in the United Kingdom, urgent consideration must be given to how best to support the 2021-2022 cohort of incoming undergraduate students to higher education. In this paper, we draw upon the "Five Sense of Student Success" model to highlight five key evidence-based, psychology-informed considerations that higher education educators should be attentive to when preparing for the next academic year. These include the challenge in helping students to reacclimatize to academic work following a period of prolonged educational disruption, supporting students to access the "hidden curriculum" of higher education, negotiating mental health consequences of COVID-19, and remaining sensitive to inequalities of educational provision that students have experienced as a result of COVID-19. We

provide evidence-based, psychology-informed recommendations to each of these considerations.

Notes: Pownall, Madeleine Harris, Richard Blundell-Birtill, Pam Pownall, Madeleine/0000-0002-3734-8006; Blundell-Birtill, Pam/0000-0002-4690-2558

URL: <Go to ISI>://WOS:000678002000001

Reference Type: Journal Article

Record Number: 1491

Author: Prada, M., Godinho, C. A., Garrido, M. V., Rodrigues, D. L., Coelho, I. and Lopes, D.

Year: 2021

Title: A qualitative study about college students' attitudes, knowledge and perceptions regarding sugar intake

Journal: Appetite

Volume: 159

Date: Apr

Short Title: A qualitative study about college students' attitudes, knowledge and perceptions regarding sugar intake

ISSN: 0195-6663

DOI: 10.1016/j.appet.2020.105059

Article Number: 105059

Accession Number: WOS:000609011800009

Abstract: Excessive sugar intake has been associated with multiple health conditions (e.g., higher risk for noncommunicable diseases). Hence, health organizations have issued guidelines defining the maximum daily intake of free or added sugars. However, data from several countries suggests that these guidelines are rarely met, particularly by young adults. For example, almost half of Portuguese adolescents and young adults exceed the recommended sugar intake. In this work, we aim to further explore college students' attitudes, knowledge, and perceptions about sugar intake, as well as about sugar intake guidelines. A thematic analysis on data from five focus groups (N = 40) indicated that participants reported difficulty in the comprehension of added/free sugars definition and sugar intake recommendations. Overall, attitudes toward sugar were ambivalent. Sugar was simultaneously perceived as pleasurable and needed, but also as addictive and harmful. Although aware of the potential negative health outcomes associated with excessive sugar intake, most participants did not perceive being at risk due to their youth, exercise habits, or type of diet. The few concerns expressed were mostly associated with the negative impact of high sugar intake on body image (e.g., weight gain). The main barriers to reducing sugar intake identified were environmental (e.g., time restrictions, food available at the university). Still, participants could identify several individual strategies to effectively regulate sugar intake. By identifying knowledge gaps and sources of bias related to sugar consumption, our findings are useful to inform future interventions aiming to address the problem of high sugar intake among university students.

Notes: Prada, Marilia Godinho, Cristina A. Garrido, Margarida, V Rodrigues, David L. Coelho, Ines Lopes, Diniz

Rodrigues, David L./J-4436-2013; Garrido, Margarida/J-4083-2013;

Lopes, Diniz/I-7691-2012
Rodrigues, David L./0000-0001-5921-7819; Godinho, Cristina/
0000-0002-2293-7190; Garrido, Margarida/0000-0003-3651-9245; Lopes,
Diniz/0000-0002-4353-2248
1095-8304
URL: <Go to ISI>://WOS:000609011800009

Reference Type: Journal Article

Record Number: 898

Author: Pradeilles, R., Holdsworth, M., Olaitan, O., Irache, A.,
Osei-Kwasi, H. A., Ngandu, C. B. and Cohen, E.

Year: 2022

Title: Body size preferences for women and adolescent girls living
in Africa: a mixed-methods systematic review

Journal: Public Health Nutrition

Volume: 25

Issue: 3

Pages: 738-759

Date: Mar

Short Title: Body size preferences for women and adolescent girls
living in Africa: a mixed-methods systematic review

ISSN: 1368-9800

DOI: 10.1017/s1368980021000768

Article Number: Pii s1368980021000768

Accession Number: WOS:000768559000025

Abstract: Objective: To synthesise evidence on body size preferences
for females living in Africa and the factors influencing these.

Design: Mixed-methods systematic review including searches on
Medline, CINHALL, ASSIA, Web of Science and PsycINFO (PROSPERO
CRD42015020509). A sequential-explanatory approach was used to

integrate quantitative and qualitative findings. Setting: Urban and
rural Africa. Participants: Studies of both sexes providing data on
body size preferences for adolescent girls and women aged ≥ 10

years. Results: Seventy-three articles from twenty-one countries
were included: fifty quantitative, fifteen qualitative and eight
mixed methods. Most studies reported a preference for normal or
overweight body sizes. Some studies of adolescent girls/young women
indicated a preference for underweight. Factors influencing

preferences for large(r) body sizes included: socio-demographic
(e.g. education, rural residency), health-related (e.g. current BMI,
pubertal status), psycho-social (e.g. avoiding HIV stigma) and

socio-cultural factors (e.g. spouse's preference, social standing,
cultural norms). Factors influencing preferences for slim(mer) body
sizes included: socio-demographic (e.g. higher socioeconomic status,
urban residency, younger age), health-related (e.g. health

knowledge, being nulliparous), psycho-social (e.g. appearance, body
size perception as overweight/obese) and socio-cultural factors

(e.g. peer pressure, media). Conclusions: Preference for overweight
(not obese) body sizes among some African females means that

interventions need to account for the array of factors that maintain
these preferences. The widespread preference for normal weight is
positive in public health terms, but the valorisation of underweight
in adolescent girls/young women may lead to an increase in body

dissatisfaction. Emphasis needs to be placed on education to prevent all forms of malnutrition.

Notes: Pradeilles, Rebecca Holdsworth, Michelle Olaitan, Oluwabukola Irache, Ana Osei-Kwasi, Hibbah A. Ngandu, Christian B. Cohen, Emmanuel

Pradeilles, Rebecca/HNI-3544-2023

Osei-Kwasi, Hibbah/0000-0001-5084-6213; Irache, Ana/

0000-0002-3487-3761; Ngandu, Christian Bwangandu/

0000-0001-9313-606X; Holdsworth, Michelle/0000-0001-6028-885X

1475-2727

URL: <Go to ISI>://WOS:000768559000025

Reference Type: Journal Article

Record Number: 261

Author: Praetorius, T., Lundberg, A. S. B., Sondergaard, E., Knudsen, S. T. and Sandbaek, A.

Year: 2022

Title: The effect of virtual specialist conferences between endocrinologists and general practitioners about type 2 diabetes: study protocol for a pragmatic randomized superiority trial

Journal: Trials

Volume: 23

Issue: 1

Date: Dec

Short Title: The effect of virtual specialist conferences between endocrinologists and general practitioners about type 2 diabetes: study protocol for a pragmatic randomized superiority trial

DOI: 10.1186/s13063-022-06961-y

Article Number: 1059

Accession Number: WOS:000905694500002

Abstract: Background: To support the primary care sector in delivering high-quality type 2 diabetes (T2D), literature reviews emphasize the need for implementing models of collaboration that in a simple and effective way facilitate clinical dialogue between general practitioners (GPs) and endocrinologists. The overall aim of the project is to evaluate if virtual specialist conferences between GPs and endocrinologists about patients living with T2D is clinically effective and improves diabetes competences and organization in general practice in comparison to usual practice.

Methods: A prospective, pragmatic, and superiority RCT with two parallel arms of general practices in the Municipality of Aarhus, Denmark. All general practices are invited (n = 100). The intervention runs for 12 months and consists of four virtual conferences between endocrinologists and an individual general practice. Before the first conference, an introductory webinar teaches GPs about how to use an IT-platform to identify and manage T2D patients. The main analysis (month 12) concerns the difference between the intervention and control arm. It is expected that the virtual conferences at the patient level will improve adherence to international recommendations on diabetes medication for T2D patients and improve the risk profile with a reduction in glycated haemoglobin, blood pressure, and cholesterol. The study design allows for identifying a significant difference between the

intervention (n = 15) and control group (n = 15) regarding the three primary clinical outcomes with a power of 0.8870–0.9941. At the general practice level, it is expected that general practitioners and practice staff in the intervention group will improve self-reported diabetes competence and organization. The control arm will get the intervention when the primary intervention ends (months 12–24), and the intervention arm transitions to a maintenance phase. Discussion: The potential of virtual conferences is yet to be fully tapped because of methodological limitations. Studies have also not yet systematically evaluated virtual conferences in the context of chronic care using a high-quality research design. Given the nature of this real-life intervention, general practitioners and endocrinologists cannot be blinded to their allocation to either the intervention or comparison arm.

Notes: Praetorius, Thim Lundberg, Anne Sofie Baymler Sondergaard, Esben Knudsen, Soren Tang Sandbaek, Anelli

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1745-6215

URL: <Go to ISI>://WOS:000905694500002

Reference Type: Journal Article

Record Number: 1439

Author: Prathivadi, P., Lockett, T., Barton, C., Holliday, S. and Mazza, D.

Year: 2021

Title: General practitioner attitudes towards systems-level opioid prescribing interventions A pooled secondary qualitative analysis

Journal: Australian Journal of General Practice

Volume: 50

Issue: 5

Pages: 309–316

Date: May

Short Title: General practitioner attitudes towards systems-level opioid prescribing interventions A pooled secondary qualitative analysis

ISSN: 2208-794X

Accession Number: WOS:000647221600013

Abstract: Background and objective Several Australian systems-level initiatives have been implemented to reduce opioid overprescribing. The aim of this study was to explore general practitioner (GP) attitudes towards these interventions. Methods This secondary qualitative analysis used pooled interview data (collected in 2018 and 2019), recoded using thematic analysis and the Capability–Opportunity–Motivation model of behaviour change (COM–B model). Participants were professionally registered GPs or general practice registrars from Victoria and New South Wales. Results Fifty-seven GPs and general practice registrars were included. Participants expressed positive attitudes towards real-time prescription monitoring and codeine up-scheduling. High-prescriber 'nudge' letters sent by the government were perceived to be overly paternalistic and as potentially threatening to the prescribing of adequate analgesia. Guidelines and education were considered useful in principle, but were not commonly used. Discussion Systems-level

interventions aimed at reducing opioid overprescribing by GPs may be more successful if they partner with GPs and consider prescriber motivation a prerequisite to capacity to change. It may be beneficial for new interventions to target motivation beyond single mechanisms.

Notes: Prathivadi, Pallavi Lockett, Tim Barton, Chris Holliday, Simon Mazza, Danielle

Mazza, Danielle/H-4577-2014

Mazza, Danielle/0000-0001-6158-7376; Lockett, Tim/
0000-0001-6121-5409

2208-7958

URL: <Go to ISI>://WOS:000647221600013

Reference Type: Journal Article

Record Number: 2440

Author: Praveen, D., Patel, A., McMahon, S., Prabhakaran, D., Clifford, G. D., Maulik, P. K., Joshi, R., Jan, S., Heritier, S. and Peiris, D.

Year: 2013

Title: A multifaceted strategy using mobile technology to assist rural primary healthcare doctors and frontline health workers in cardiovascular disease risk management: protocol for the SMARTHealth India cluster randomised controlled trial

Journal: Implementation Science

Volume: 8

Date: Nov

Short Title: A multifaceted strategy using mobile technology to assist rural primary healthcare doctors and frontline health workers in cardiovascular disease risk management: protocol for the SMARTHealth India cluster randomised controlled trial

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-137

Article Number: 137

Accession Number: WOS:000327598200001

Abstract: Background: Blood Pressure related disease affected 118 million people in India in the year 2000; this figure will double by 2025. Around one in four adults in rural India have hypertension, and of those, only a minority are accessing appropriate care. Health systems in India face substantial challenges to meet these gaps in care, and innovative solutions are needed. Methods: We hypothesise that a multifaceted intervention involving capacity strengthening of primary healthcare doctors and non-physician healthcare workers through use of a mobile device-based clinical decision support system will result in improved blood pressure control for individuals at high risk of a cardiovascular disease event when compared with usual healthcare. This intervention will be implemented as a stepped wedge, cluster randomised controlled trial in 18 primary health centres and 54 villages in rural Andhra Pradesh involving adults aged ≥ 40 years at high cardiovascular disease event risk (approximately 15,000 people). Cardiovascular disease event risk will be calculated based on World Health Organisation/ International Society of Hypertension's region-specific risk charts. Cluster randomisation will occur at the level of the primary health

centres. Outcome analyses will be conducted blinded to intervention allocation. Expected outcomes: The primary study outcome is the difference in the proportion of people meeting guideline-recommended blood pressure targets in the intervention period vs. the control period. Secondary outcomes include mean reduction in blood pressure levels; change in other cardiovascular disease risk factors, including body mass index, current smoking, reported healthy eating habits, and reported physical activity levels; self-reported use of blood pressure and other cardiovascular medicines; quality of life (using the EQ-5D); and cardiovascular disease events (using hospitalisation data). Trial outcomes will be accompanied by detailed process and economic evaluations. Significance: The findings are likely to inform policy on a scalable strategy to overcome entrenched inequities in access to effective healthcare for under-served populations in low and middle income country settings. Trial registration: Clinical Trial Registry India CTRI/ 2013/ 06/ 003753.

Notes: Praveen, Devarsetty Patel, Anushka McMahon, Stephen Prabhakaran, Dorairaj Clifford, Gari D. Maulik, Pallab K. Joshi, Rohina Jan, Stephen Heritier, Stephane Peiris, David Jan, Stephen/AAG-3333-2021; Prabhakaran, Dorairaj/B-4147-2011; Clifford, Gari/GRJ-0376-2022; Praveen, Devarsetty/K-8729-2014 Prabhakaran, Dorairaj/0000-0002-3172-834X; Praveen, Devarsetty/0000-0002-0973-943X; Maulik, Pallab Kumar/0000-0001-6835-6175; Peiris, David/0000-0002-6898-3870; Joshi, Rohina/0000-0002-3374-401X; Patel, Anushka/0000-0003-3825-4092; Jan, Stephen/0000-0003-2839-1405; MacMahon, Stephen/0000-0003-2064-7699; Clifford, Gari/0000-0002-5709-201X
URL: <Go to ISI>://WOS:000327598200001

Reference Type: Journal Article

Record Number: 2385

Author: Praveen, D., Patel, A., Raghu, A., Clifford, G. D., Maulik, P. K., Abdul, A. M., Mogulluru, K., Tarassenko, L., MacMahon, S. and Peiris, D.

Year: 2014

Title: SMARTHealth India: Development and Field Evaluation of a Mobile Clinical Decision Support System for Cardiovascular Diseases in Rural India

Journal: Jmir Mhealth and Uhealth

Volume: 2

Issue: 4

Date: Oct-Dec

Short Title: SMARTHealth India: Development and Field Evaluation of a Mobile Clinical Decision Support System for Cardiovascular Diseases in Rural India

ISSN: 2291-5222

DOI: 10.2196/mhealth.3568

Article Number: e54

Accession Number: WOS:000209895200019

Abstract: Background: Cardiovascular disease (CVD) is the major cause of premature death and disability in India and yet few people at risk of CVD are able to access best practice health care. Mobile

health (mHealth) is a promising solution, but very few mHealth interventions have been subjected to robust evaluation in India. Objective: The objectives were to develop a multifaceted, mobile clinical decision support system (CDSS) for CVD management and evaluate it for use by public nonphysician health care workers (NPHWs) and physicians in a rural Indian setting. Methods: Plain language clinical rules were developed based on standard guidelines and programmed into a computer tablet app. The algorithm was validated and field-tested in 11 villages in Andhra Pradesh, involving 11 NPHWs and 3 primary health center (PHC) physicians. A mixed method evaluation was conducted comprising clinical and survey data and in-depth patient and staff interviews to understand barriers and enablers to the use of the system. Then this was thematically analyzed using NVivo 10. Results: During validation of the algorithm, there was an initial agreement for 70% of the 42 calculated variables between the CDSS and SPSS software outputs. Discrepancies were identified and amendments were made until perfect agreement was achieved. During field testing, NPHWs and PHC physicians used the CDSS to screen 227 and 65 adults, respectively. The NPHWs identified 39% (88/227) of patients for referral with 78% (69/88) of these having a definite indication for blood pressure (BP)-lowering medication. However, only 35% (24/69) attended a clinic within 1 month of referral, with 42% (10/24) of these reporting continuing medications at 3-month follow-up. Physicians identified and recommended 17% (11/65) of patients for BP-lowering medications. Qualitative interviews identified 3 interrelated interview themes: (1) the CDSS had potential to change prevailing health care models, (2) task-shifting to NPHWs was the central driver of change, and (3) despite high acceptability by end users, actual transformation was substantially limited by system-level barriers such as patient access to doctors and medicines. Conclusions: A tablet-based CDSS implemented within primary health care systems has the potential to help improve CVD outcomes in India. However, system-level barriers to accessing medical care limit its full impact. These barriers need to be actively addressed for clinical innovations to be successful.

Notes: Praveen, Devarsetty Patel, Anushka Raghu, Arvind Clifford, Gari D. Maulik, Pallab K. Abdul, Ameer Mohammad Mogulluru, Kishor Tarassenko, Lionel MacMahon, Stephen Peiris, David Clifford, Gari/GRJ-0376-2022; Praveen, Devarsetty/K-8729-2014 Patel, Anushka/0000-0003-3825-4092; Peiris, David/0000-0002-6898-3870; Maulik, Pallab Kumar/0000-0001-6835-6175; Praveen, Devarsetty/0000-0002-0973-943X; MacMahon, Stephen/0000-0003-2064-7699; Clifford, Gari/0000-0002-5709-201X
URL: <Go to ISI>://WOS:000209895200019

Reference Type: Journal Article

Record Number: 1373

Author: Preece, S. J., Brookes, N., Williams, A. E., Jones, R. K., Starbuck, C., Jones, A. and Walsh, N. E.

Year: 2021

Title: A new integrated behavioural intervention for knee osteoarthritis: development and pilot study

Journal: BMC Musculoskeletal Disorders

Volume: 22

Issue: 1

Date: Jun

Short Title: A new integrated behavioural intervention for knee osteoarthritis: development and pilot study

DOI: 10.1186/s12891-021-04389-0

Article Number: 526

Accession Number: WOS:000662726000001

Abstract: Background: Exercise-based approaches have been a cornerstone of physiotherapy management of knee osteoarthritis for many years. However, clinical effects are considered small to modest and the need for continued adherence identified as a barrier to clinical efficacy. While exercise-based approaches focus on muscle strengthening, biomechanical research has identified that people with knee osteoarthritis over activate their muscles during functional tasks. Therefore, we aimed to create a new behavioural intervention, which integrated psychologically informed practice with biofeedback training to reduce muscle overactivity, and which was suitable for delivery by a physiotherapist. **Methods:** Through literature review, we created a framework linking theory from pain science with emerging biomechanical concepts related to overactivity of the knee muscles. Using recognised behaviour change theory, we then mapped a set of intervention components which were iteratively developed through ongoing testing and consultation with patients and physiotherapists. **Results:** The underlying framework incorporated ideas related to central sensitisation, motor responses to pain and also focused on the idea that increased knee muscle overactivity could result from postural compensation. Building on these ideas, we created an intervention with five components: making sense of pain, general relaxation, postural deconstruction, responding differently to pain and functional muscle retraining. The intervention incorporated a range of animated instructional videos to communicate concepts related to pain and biomechanical theory and also used EMG biofeedback to facilitate visualization of muscle patterns. User feedback was positive with patients describing the intervention as enabling them to "create a new normal" and to be "in control of their own treatment." Furthermore, large reductions in pain were observed from 11 patients who received a prototype version of the intervention. **Conclusion:** We have created a new intervention for knee osteoarthritis, designed to empower individuals with capability and motivation to change muscle activation patterns and beliefs associated with pain. We refer to this intervention as Cognitive Muscular Therapy. Preliminary feedback and clinical indications are positive, motivating future large-scale trials to understand potential efficacy. It is possible that this new approach could bring about improvements in the pain associated with knee osteoarthritis without the need for continued adherence to muscle strengthening programmes.

Notes: Preece, Stephen J. Brookes, Nathan Williams, Anita E. Jones, Richard K. Starbuck, Chelsea Jones, Anthony Walsh, Nicola E.

Walsh, Nicola/GPS-8962-2022

Jones, Richard/0000-0001-5242-185X; Walsh, Nicola/

0000-0002-0499-4829; Starbuck, Chelsea/0000-0001-6266-2876

1471-2474

URL: <Go to ISI>://WOS:000662726000001

Reference Type: Journal Article

Record Number: 633

Author: Premkumar, A., Seetharaman, S. K., Li, Y. and Tan, L. F.

Year: 2022

Title: Knowledge and perception of fall prevention in hospital: A survey of nursing staff

Journal: Annals Academy of Medicine Singapore

Volume: 51

Issue: 7

Pages: 444-445

Date: Jul

Short Title: Knowledge and perception of fall prevention in hospital: A survey of nursing staff

ISSN: 0304-4602

DOI: 10.47102/annals-acadmedsg.2022126

Accession Number: WOS:000837983300009

Notes: Premkumar, Arthi Seetharaman, Santhosh Kumar Li, Yan Tan, Li Feng

URL: <Go to ISI>://WOS:000837983300009

Reference Type: Journal Article

Record Number: 544

Author: Presseau, J., Kasperavicius, D., Rodrigues, I. B., Braimoh, J., Chambers, A., Etherington, C., Giangregorio, L., Gibbs, J. C., Giguere, A., Graham, I. D., Hankivsky, O., Hoens, A. M., Holroyd-Leduc, J., Kelly, C., Moore, J. E., Ponzano, M., Sharma, M., Sibley, K. M. and Straus, S.

Year: 2022

Title: Selecting implementation models, theories, and frameworks in which to integrate intersectional approaches

Journal: BMC Medical Research Methodology

Volume: 22

Issue: 1

Date: Aug

Short Title: Selecting implementation models, theories, and frameworks in which to integrate intersectional approaches

DOI: 10.1186/s12874-022-01682-x

Article Number: 212

Accession Number: WOS:000836218800004

Abstract: Background Models, theories, and frameworks (MTFs) provide the foundation for a cumulative science of implementation, reflecting a shared, evolving understanding of various facets of implementation. One under-represented aspect in implementation MTFs is how intersecting social factors and systems of power and oppression can shape implementation. There is value in enhancing how MTFs in implementation research and practice account for these intersecting factors. Given the large number of MTFs, we sought to identify exemplar MTFs that represent key implementation phases within which to embed an intersectional perspective. Methods We used

a five-step process to prioritize MTFs for enhancement with an intersectional lens. We mapped 160 MTFs to three previously prioritized phases of the Knowledge-to-Action (KTA) framework. Next, 17 implementation researchers/practitioners, MTF experts, and intersectionality experts agreed on criteria for prioritizing MTFs within each KTA phase. The experts used a modified Delphi process to agree on an exemplar MTF for each of the three prioritized KTA framework phases. Finally, we reached consensus on the final MTFs and contacted the original MTF developers to confirm MTF versions and explore additional insights. Results We agreed on three criteria when prioritizing MTFs: acceptability (mean = 3.20, SD = 0.75), applicability (mean = 3.82, SD = 0.72), and usability (median = 4.00, mean = 3.89, SD = 0.31) of the MTF. The top-rated MTFs were the Iowa Model of Evidence-Based Practice to Promote Quality Care for the 'Identify the problem' phase (mean = 4.57, SD = 2.31), the Consolidated Framework for Implementation Research for the 'Assess barriers/facilitators to knowledge use' phase (mean = 5.79, SD = 1.12), and the Behaviour Change Wheel for the 'Select, tailor, implement interventions' phase (mean = 6.36, SD = 1.08). Conclusions Our interdisciplinary team engaged in a rigorous process to reach consensus on MTFs reflecting specific phases of the implementation process and prioritized each to serve as an exemplar in which to embed intersectional approaches. The resulting MTFs correspond with specific phases of the KTA framework, which itself may be useful for those seeking particular MTFs for particular KTA phases. This approach also provides a template for how other implementation MTFs could be similarly considered in the future.

Notes: Presseau, Justin Kasperavicius, Danielle Rodrigues, Isabel Braganca Braimoh, Jessica Chambers, Andrea Etherington, Cole Giangregorio, Lora Gibbs, Jenna C. Giguere, Anik Graham, Ian D. Hankivsky, Olena Hoens, Alison M. Holroyd-Leduc, Jayna Kelly, Christine Moore, Julia E. Ponzano, Matteo Sharma, Malika Sibley, Kathryn M. Straus, Sharon Chambers, Andrea/0000-0002-5289-6377
1471-2288
URL: <Go to ISI>://WOS:000836218800004

Reference Type: Journal Article
Record Number: 1378
Author: Prevo, L., Jansen, M. and Kremers, S.
Year: 2022
Title: The broker role in societal activation of long-term welfare recipients: A jack of all trades?
Journal: Journal of Social Work
Volume: 22
Issue: 2
Pages: 460-478
Date: Mar
Short Title: The broker role in societal activation of long-term welfare recipients: A jack of all trades?
ISSN: 1468-0173
DOI: 10.1177/14680173211008421
Article Number: 14680173211008421

Accession Number: WOS:000657993500001

Abstract: Socioeconomic status and health are strongly related to the ability of a person to participate in society. Acting upon activation and employment possibilities is difficult for several groups. One group described as especially hard to activate is long-term welfare recipients. In the current study, the role of an activation broker was studied as a supplementary practice to regular support practices. A qualitative research design using an analysis of the administrative logbook of the activation broker and interviews with professionals (n = 8) and long-term welfare recipients (n = 10) was carried out. To structure the retrieved data, the Activation Broker Wheel was developed. Findings Seven core behaviours were identified and categorized in three determinants; capabilities, opportunities and motivation. Contextual factors supporting the activation broker approach were selected. The activation broker approach was found to be successful in activating long-term welfare recipients. Applications The behaviours, determinants and context made visible within the Activation Broker Wheel provided insight into workable elements that may help future activation brokers to optimize their support.

Notes: Prevo, Lotte Jansen, Maria Kremers, Stef

Prevo, Lotte/0000-0001-5469-5133

1741-296x

URL: <Go to ISI>://WOS:000657993500001

Reference Type: Journal Article

Record Number: 667

Author: Price, C., Satherley, R. M., Jones, C. J. and John, M.

Year: 2022

Title: Development and Evaluation of an eLearning Training Module to Improve United Kingdom Secondary School Teachers' Knowledge and Confidence in Supporting Young People Who Self-Harm

Journal: Frontiers in Education

Volume: 7

Date: Jun

Short Title: Development and Evaluation of an eLearning Training Module to Improve United Kingdom Secondary School Teachers' Knowledge and Confidence in Supporting Young People Who Self-Harm

DOI: 10.3389/feduc.2022.889659

Article Number: 889659

Accession Number: WOS:000820139700001

Abstract: BackgroundSelf-harm is a major public health concern with evidence suggesting that the rates are higher in the United Kingdom than anywhere else in Europe. Increasingly, policy highlights the role of school staff in supporting young people (YP) who are self-harming, yet research indicates that school staff often feel ill-equipped to provide support and address self-harm behaviors. Here, we assess the impact of a bespoke eLearning module for United Kingdom secondary school teachers on teacher's actual and perceived knowledge of self-harm, and their self-reported confidence in supporting and talking to YP who self-harm. MethodsTwenty-one secondary schools across the West Midlands and South East of England were invited to complete a 30-min web-based eLearning module on

self-harm in schools. Participants completed pre-and post-intervention measures. Results One-hundred and seventy-three teachers completed the eLearning, and pre-and post-measures. The eLearning significantly enhanced participants' perceived knowledge, actual knowledge, and confidence in talking to and supporting YP who self-harm. The majority of participants (90.7%) felt that eLearning was a good way to receive training. Conclusion The 30-min eLearning module was rated highly and may be an effective way to increase secondary school teachers' knowledge of self-harm, and confidence in supporting and talking to YP who self-harm.

Notes: Price, Claire Satherley, Rose-Marie Jones, Christina J. John, Mary

Jones, Christina/GNP-0146-2022

Jones, Christina/0000-0003-3672-6631; Satherley, Rose-Marie/0000-0002-7535-2292

2504-284x

URL: <Go to ISI>://WOS:000820139700001

Reference Type: Journal Article

Record Number: 919

Author: Price, T., McColl, E. and Visram, S.

Year: 2022

Title: Barriers and facilitators of childhood flu vaccination: the views of parents in North East England

Journal: Journal of Public Health-Heidelberg

Volume: 30

Issue: 11

Pages: 2619-2626

Date: Nov

Short Title: Barriers and facilitators of childhood flu vaccination: the views of parents in North East England

ISSN: 2198-1833

DOI: 10.1007/s10389-022-01695-2

Accession Number: WOS:000757252000001

Abstract: Aim The aim of this study was to complete a descriptive qualitative investigation of parents' perceptions of the barriers and facilitators to flu vaccination for pre-school children. Subject and method Participants were recruited through various communication channels to maximize sample variation. Invitations to participate in the study were sent to members of the Newcastle University Parent Network and to parents who had participated in previous research conducted at Newcastle University. Twelve participants (six with vaccinated children, six whose children were not vaccinated) took part in a semi-structured interview via Zoom. Transcripts were coded using Nvivo 12 and data were thematically analyzed using the COM-B model of health behavior change. Results Participants whose children were not vaccinated against flu nonetheless generally held favourable views of vaccination and reported low concern about side-effects. Barriers involved a combination of internal and external factors, mainly a lack of convenient access to vaccination opportunities and flu vaccination being a low priority for busy parents. Conclusion Our findings suggest that socioeconomic status, which is known to influence other vaccination behaviors, may

influence uptake of the flu vaccine in this population. Inconvenient vaccination opportunities and a lack of awareness of the need to vaccinate are major barriers to uptake for some parents. The finding that belief that flu vaccination is a civic responsibility is a new contribution to the literature.

Notes: Price, Timothy McColl, Elaine Visram, Shelina Price, Timothy/0000-0002-3753-4730; Visram, Shelina/0000-0001-9576-2689
1613-2238

URL: <Go to ISI>://WOS:000757252000001

Reference Type: Journal Article

Record Number: 394

Author: Primiero, C. A., Baker, A. M., Wallingford, C. K., Maas, E. J., Yanes, T., Fowles, L., Janda, M., Young, M. A., Nisselle, A., Terrill, B., Lodge, J. M., Tiller, J. M., Lacaze, P., Andersen, H., McErlean, G., Turbitt, E., Soyer, H. P. and McInerney-Leo, A. M.

Year: 2022

Title: Attitudes of Australian dermatologists on the use of genetic testing: A cross-sectional survey with a focus on melanoma

Journal: Frontiers in Genetics

Volume: 13

Date: Oct

Short Title: Attitudes of Australian dermatologists on the use of genetic testing: A cross-sectional survey with a focus on melanoma

DOI: 10.3389/fgene.2022.919134

Article Number: 919134

Accession Number: WOS:000892087900001

Abstract: Background: Melanoma genetic testing reportedly increases preventative behaviour without causing psychological harm. Genetic testing for familial melanoma risk is now available, yet little is known about dermatologists' perceptions regarding the utility of testing and genetic testing ordering behaviours. Objectives: To survey Australasian Dermatologists on the perceived utility of genetic testing, current use in practice, as well as their confidence and preferences for the delivery of genomics education. Methods: A 37-item survey, based on previously validated instruments, was sent to accredited members of the Australasian College of Dermatologists in March 2021. Quantitative items were analysed statistically, with one open-ended question analysed qualitatively. Results: The response rate was 56% (256/461), with 60% (153/253) of respondents between 11 and 30 years post-graduation. While 44% (112/252) of respondents agreed, or strongly agreed, that genetic testing was relevant to their practice today, relevance to future practice was reported significantly higher at 84% (212/251) ($t = -9.82$, $p < 0.001$). Ninety three percent (235/254) of respondents reported rarely or never ordering genetic testing. Dermatologists who viewed genetic testing as relevant to current practice were more likely to have discussed ($p < 0.001$) and/or offered testing ($p < 0.001$). Respondents indicated high confidence in discussing family history of melanoma, but lower confidence in ordering genetic tests and interpreting results. Eighty four percent (207/247) believed that genetic testing could negatively impact life

insurance, while only 26% (63/244) were aware of the moratorium on using genetic test results in underwriting in Australia. A minority (22%, 55/254) reported prior continuing education in genetics. Face-to-face courses were the preferred learning modality for upskilling. Conclusion: Australian Dermatologists widely recognise the relevance of genetic testing to future practice, yet few currently order genetic tests. Future educational interventions could focus on how to order appropriate genetic tests and interpret results, as well as potential implications on insurance.

Notes: Primiero, Clare A. Baker, Amy M. Wallingford, Courtney K. Maas, Ellie J. Yanes, Tatiane Fowles, Lindsay Janda, Monika Young, Mary-Anne Nisselle, Amy Terrill, Bronwyn Lodge, Jason M. Tiller, Jane M. Lacaze, Paul Andersen, Hayley McErlean, Gemma Turbitt, Erin Soyer, H. Peter McInerney-Leo, Aideen M. Primiero, Clare A/N-6734-2013; McErlean, Gemma/HKN-0184-2023; Lodge, Jason M/F-8079-2018; Yanes, Tatiane/R-7420-2019; Terrill, Bronwyn/AAN-3163-2020; Turbitt, Erin/F-7419-2015 Primiero, Clare A/0000-0002-2944-0013; Lodge, Jason M/0000-0001-6330-6160; Yanes, Tatiane/0000-0002-3905-3025; Terrill, Bronwyn/0000-0003-0263-363X; Turbitt, Erin/0000-0002-6650-9702; Tiller, Jane/0000-0003-3906-6632; Fowles, Lindsay/0000-0001-6626-3004; Maas, Ellie/0000-0002-1035-7279 1664-8021
URL: <Go to ISI>://WOS:000892087900001

Reference Type: Journal Article

Record Number: 130

Author: Prioreshi, A., Pearson, R., Richter, L., Bennin, F., Theunissen, H., Cantrell, S. J., Maduna, D., Lawlor, D. and Norris, S. A.

Year: 2023

Title: Protocol for the PLAY Study: a randomised controlled trial of an intervention to improve infant development by encouraging maternal self-efficacy using behavioural feedback

Journal: Bmj Open

Volume: 13

Issue: 3

Date: Mar

Short Title: Protocol for the PLAY Study: a randomised controlled trial of an intervention to improve infant development by encouraging maternal self-efficacy using behavioural feedback

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-064976

Accession Number: WOS:000960988700031

Abstract: Introduction The early infant caregiving environment is crucial in the formation of parent-child relationships, neurobehavioural development and thus child outcomes. This protocol describes the Play Love And You (PLAY) Study, a phase 1 trial of an intervention designed to promote infant development through encouraging maternal self-efficacy using behavioural feedback, and supportive interventions. Methods and analysis 210 mother-infant pairs will be recruited at delivery from community clinics in Soweto, South Africa, and individually randomised (1:1) into two

groups. The trial will consist of a standard of care arm and an intervention arm. The intervention will start at birth and end at 12 months, and outcome assessments will be made when the infants are 0, 6 and 12 months of age. The intervention will be delivered by community health helpers using an app with resource material, telephone calls, in person visits and behavioural feedback with individualised support. Every 4 months, mothers in the intervention group will receive rapid feedback via the app and in person on their infant's movement behaviours and on their interaction styles with their infant. At recruitment, and again at 4 months, mothers will be screened for mental health risk and women who score in the high-risk category will receive an individual counselling session from a licensed psychologist, followed by referral and continued support as necessary. The primary outcome is efficacy of the intervention in improving maternal self-efficacy, and the secondary outcomes are infant development at 12 months, and feasibility and acceptability of each component of the intervention. Ethics and dissemination The PLAY Study has received ethical approval from the Human Research Ethics Committee of the University of the Witwatersrand (M220217). Participants will be provided with an information sheet and required to provide written consent prior to being enrolled. Study results will be shared via publication in peer-reviewed journals, conference presentation and media engagement.

Notes: Prioreshi, Alessandra Pearson, Rebecca Richter, Linda Bennin, Fiona Theunissen, Helene Cantrell, Sarah J. Maduna, Dumsile Lawlor, Deborah Norris, Shane A.

Norris, Shane/C-4664-2014

Norris, Shane/0000-0001-7124-3788

URL: <Go to ISI>://WOS:000960988700031

Reference Type: Journal Article

Record Number: 770

Author: Prithviraj, D., Siddiqui, N. R., Smyth, R. S. D., Hodges, S. J. and Sharif, M. O.

Year: 2023

Title: The awareness and usage of orthodontic apps and social media by orthodontists in the UK: A questionnaire-based study

Journal: Journal of Orthodontics

Volume: 50

Issue: 1

Pages: 9-17

Date: Mar

Short Title: The awareness and usage of orthodontic apps and social media by orthodontists in the UK: A questionnaire-based study

ISSN: 1465-3125

DOI: 10.1177/14653125221094334

Accession Number: WOS:000793152300001

Abstract: Objective: To assess the awareness and usage of mobile apps and social media among orthodontic clinicians to support patients with orthodontic treatment, support the professional development of orthodontists, and identify any relevant apps and social media platforms currently recommended to patients. Design: Cross-sectional questionnaire-based study. Setting: United Kingdom.

Methods: A questionnaire was developed and distributed to members of the British Orthodontic Society (BOS). To increase the response rate, the questionnaire was circulated at three time points between January and March 2020. Results: A total of 149 orthodontists responded to the questionnaire (15% response rate) with 113 orthodontists completing all questions (11.4%). Of those who answered, 81% (n = 111) had been qualified for >10 years, 35% worked in practice (n = 48), 34% worked in a hospital (n = 47) and 26% worked in both hospital and practice (n = 36). The results indicated that 20% of clinicians (n = 22) used apps to support patients and 33% (n = 37) reported using apps for professional purposes. Brush DJ appeared to be the most popular patient focused app (39%, n = 18) whereas the IOTN (17%, n = 8), Invisalign (17%, n = 8) and Dental Monitoring apps (9%, n = 4) were the most popular clinician-focused apps. With regard to social media, 53% (n = 60) of respondents reported that they used social media to communicate generic orthodontic information and promote their practice to patients. The most commonly used social media platforms were Facebook and Instagram. Of respondents, 96% expressed a willingness to recommend an evidence-based mobile app to patients if available, and 88% were willing to recommend an evidence-based social media platform. Conclusions: Orthodontic clinicians are utilising mobile apps and social media to support both patients and their own professional development. There is a willingness to increase the use of evidence-based platforms and apps to support patients.

Notes: Prithiviraj, Dharshini Siddiqui, Nausheen R. Smyth, Robert S. D. Hodges, Samantha J. Sharif, Mohammad Owaise
Smyth, Robert/0000-0002-5763-1298
1465-3133
URL: <Go to ISI>://WOS:000793152300001

Reference Type: Journal Article

Record Number: 2490

Author: Proctor, E. K., Powell, B. J., Baumann, A. A., Hamilton, A. M. and Santens, R. L.

Year: 2012

Title: Writing implementation research grant proposals: ten key ingredients

Journal: Implementation Science

Volume: 7

Date: Oct

Short Title: Writing implementation research grant proposals: ten key ingredients

ISSN: 1748-5908

DOI: 10.1186/1748-5908-7-96

Article Number: 96

Accession Number: WOS:000315962000001

Abstract: Background: All investigators seeking funding to conduct implementation research face the challenges of preparing a high-quality proposal and demonstrating their capacity to conduct the proposed study. Applicants need to demonstrate the progressive nature of their research agenda and their ability to build cumulatively upon the literature and their own preliminary studies.

Because implementation science is an emerging field involving complex and multilevel processes, many investigators may not feel equipped to write competitive proposals, and this concern is pronounced among early stage implementation researchers. Discussion: This article addresses the challenges of preparing grant applications that succeed in the emerging field of dissemination and implementation. We summarize ten ingredients that are important in implementation research grants. For each, we provide examples of how preliminary data, background literature, and narrative detail in the application can strengthen the application. Summary: Every investigator struggles with the challenge of fitting into a page-limited application the research background, methodological detail, and information that can convey the project's feasibility and likelihood of success. While no application can include a high level of detail about every ingredient, addressing the ten ingredients summarized in this article can help assure reviewers of the significance, feasibility, and impact of the proposed research. Notes: Proctor, Enola K. Powell, Byron J. Baumann, Ana A. Hamilton, Ashley M. Santens, Ryan L. Baumann, Ana/AAF-1886-2020 Baumann, Ana/0000-0002-4523-0147 URL: <Go to ISI>://WOS:000315962000001

Reference Type: Journal Article
Record Number: 2438
Author: Proctor, E. K., Powell, B. J. and McMillen, J. C.
Year: 2013
Title: Implementation strategies: recommendations for specifying and reporting
Journal: Implementation Science
Volume: 8
Date: Dec
Short Title: Implementation strategies: recommendations for specifying and reporting
ISSN: 1748-5908
DOI: 10.1186/1748-5908-8-139
Article Number: 139
Accession Number: WOS:000329791700001
Abstract: Implementation strategies have unparalleled importance in implementation science, as they constitute the 'how to' component of changing healthcare practice. Yet, implementation researchers and other stakeholders are not able to fully utilize the findings of studies focusing on implementation strategies because they are often inconsistently labelled and poorly described, are rarely justified theoretically, lack operational definitions or manuals to guide their use, and are part of 'packaged' approaches whose specific elements are poorly understood. We address the challenges of specifying and reporting implementation strategies encountered by researchers who design, conduct, and report research on implementation strategies. Specifically, we propose guidelines for naming, defining, and operationalizing implementation strategies in terms of seven dimensions: actor, the action, action targets, temporality, dose, implementation outcomes addressed, and

theoretical justification. Ultimately, implementation strategies cannot be used in practice or tested in research without a full description of their components and how they should be used. As with all intervention research, their descriptions must be precise enough to enable measurement and 'reproducibility.' We propose these recommendations to improve the reporting of implementation strategies in research studies and to stimulate further identification of elements pertinent to implementation strategies that should be included in reporting guidelines for implementation strategies.

Notes: Proctor, Enola K. Powell, Byron J. McMillen, J. Curtis Powell, Byron/0000-0001-5245-1186
URL: <Go to ISI>://WOS:000329791700001

Reference Type: Journal Article

Record Number: 859

Author: Prosser, N. S., Green, M. J., Ferguson, E., Tildesley, M. J., Hill, E. M., Keeling, M. J. and Kaler, J.

Year: 2022

Title: Cattle farmer psychosocial profiles and their association with control strategies for bovine viral diarrhoea

Journal: Journal of Dairy Science

Volume: 105

Issue: 4

Pages: 3559-3573

Date: Apr

Short Title: Cattle farmer psychosocial profiles and their association with control strategies for bovine viral diarrhoea

ISSN: 0022-0302

DOI: 10.3168/jds.2021-21386

Accession Number: WOS:000821073000014

Abstract: Bovine viral diarrhoea (BVD) is endemic in the United Kingdom and causes major economic losses. Control is largely voluntary for individual farmers and is likely to be influenced by psychosocial factors, such as altruism, trust, and psychological proximity (feeling close) to relevant "others," such as farmers, veterinarians, the government, and their cows. These psychosocial factors (factors with both psychological and social aspects) are important determinants of how people make decisions related to their own health, many of which have not been studied in the context of infectious disease control by farmers. Farmer psychosocial profiles were investigated using multiple validated measures in an observational survey of 475 UK cattle farmers using the capability, opportunity, motivation-behavior (COMB) framework. Farmers were clustered by their BVD control practices using latent class analysis. Farmers were split into 5 BVD control behavior classes, which were tested for associations with the psychosocial and COMB factors using multinomial logistic regression, with doing nothing as the baseline class. Farmers who were controlling disease both for themselves and others were more likely to do something to control BVD (e.g., test, vaccinate). Farmers who did not trust other farmers, had high psychological capability (knowledge and understanding of how to control disease), and had high physical

opportunity (time and money to control disease) were more likely to have a closed, separate herd and test. Farmers who did not trust other farmers were also more likely to undertake many prevention strategies with an open herd. Farmers with high automatic motivation (habits and emotions) and reflective motivation (decisions and goals) were more likely to vaccinate and test, alone or in combination with other controls. Farmers with high psychological proximity (feeling of closeness) to their veterinarian were more likely to undertake many prevention strategies in an open herd. Farmers with high psychological proximity to dairy farmers and low psychological proximity to beef farmers were more likely to keep their herd closed and separate and test or vaccinate and test. Farmers who had a lot of trust in other farmers and invested in them, rather than keeping everything for themselves, were more likely to be careful introducing new stock and test. In conclusion, farmer psychosocial factors were associated with strategies for BVD control in UK cattle farmers. Psychological proximity to veterinarians was a novel factor associated with proactive BVD control and was more important than the more extensively investigated trust. These findings highlight the importance of a close veterinarian–farmer relationship and are important for promoting effective BVD control by farmers, which has implications for successful nationwide BVD control and eradication schemes.

Notes: Prosser, N. S. Green, M. J. Ferguson, E. Tildesley, M. J. Hill, E. M. Keeling, M. J. Kaler, J.

Prosser, Naomi Sarah/AF0-2520-2022; Kaler, Jasmeet/G-5569-2011; Hill, Edward/J-4477-2019; Keeling, Matt J/J-9280-2012; Green, Martin/F-7066-2011

Prosser, Naomi Sarah/0000-0001-8391-7153; Hill, Edward/0000-0002-2992-2004; Keeling, Matt J/0000-0003-4639-4765; Green, Martin/0000-0002-6408-6443; Ferguson, Eamonn/0000-0002-7678-1451; Kaler, Jasmeet/0000-0002-3332-7064
1525-3198

URL: <Go to ISI>://WOS:000821073000014

Reference Type: Journal Article

Record Number: 1346

Author: Pussig, B., Pas, L., Li, A., Vermandere, M., Aertgeerts, B. and Mathei, C.

Year: 2021

Title: Primary care implementation study to scale up early identification and brief intervention and reduce alcohol-related negative outcomes at the community level (PINO): study protocol for a quasi-experimental 3-arm study

Journal: BMC Family Practice

Volume: 22

Issue: 1

Date: Jul

Short Title: Primary care implementation study to scale up early identification and brief intervention and reduce alcohol-related negative outcomes at the community level (PINO): study protocol for a quasi-experimental 3-arm study

DOI: 10.1186/s12875-021-01479-9

Article Number: 144

Accession Number: WOS:000671723600005

Abstract: Background Primary healthcare-based Early Identification and Brief Intervention (EIBI) for hazardous and harmful alcohol use is both a clinically relevant and cost-effective strategy to reduce heavy drinking. Unfortunately, it remains poorly implemented in daily practice. Multiple studies have shown that training and support (T&S) programs can increase the use of EIBI. Nonetheless, gains have only been modest and short-term at best. Suggestions have been made to rely more on multicomponent programs that simultaneously address several barriers to the implementation of EIBI. The PINO-project aims to evaluate the added value of such a multicomponent program to improve EIBI delivery in daily practice. **Methods/design** A quasi-experimental three-arm implementation study in Flanders (Belgium) will assess the effects of tailored T&S to General Practitioners (GPs) with or without community mobilisation on EIBI delivery in general practice. The study lasts 18 months and will take place in three comparable municipalities. In municipality 1 and 2, GPs receive a tailored T&S program. The T&S is theoretically founded and tailored to the GPs' views, needs and practice characteristics. Furthermore, community actions will be embedded within municipality 1 providing additional, contextual, support. In municipality 3, GPs are offered a minimal intervention to facilitate data collection. The primary outcome is the proportion of adult patients screened for hazardous and harmful alcohol use at the end of an 18-month implementation period. The secondary outcome is the scaling up activity at municipal level in screening rates, as assessed every 3 months, and the proportion of patients who received an additional brief intervention when necessary. Furthermore, the correlation between the opinions and needs of the GP's, their practice organisation and their EIBI performance will be explored. **Discussion** The PINO-project addresses the gap between what is theoretically possible and the current practice. This is an innovative study combining T&S at GP level with community actions. At the same time, it implements and evaluates practice T&S based on the theoretical domains framework. **Trial registration** This trial was approved by the Ethics Committee for Research of UZ/KU Leuven (reference number s63342 and G-2020-2177-R2(MAR)) and is registered on clinicaltrials.gov (NCT04398576) in May 2020.

Notes: Pussig, Bram Pas, Lodewijk Li, Ann Vermandere, Mieke Aertgeerts, Bert Mathei, Catharina

Pussig, Bram/0000-0003-1332-1017; Li, Ann/0000-0001-6900-4569;

Aertgeerts, Bert/0000-0003-1142-5402

1471-2296

URL: <Go to ISI>://WOS:000671723600005

Reference Type: Journal Article

Record Number: 1790

Author: Qiu, C., Zhang, X. N., Zang, X. Y. and Zhao, Y.

Year: 2020

Title: Acceptance of illness mediate the effects of health literacy on self-management behaviour

Journal: European Journal of Cardiovascular Nursing

Volume: 19

Issue: 5

Pages: 411-420

Date: Jun

Short Title: Acceptance of illness mediate the effects of health literacy on self-management behaviour

ISSN: 1474-5151

DOI: 10.1177/1474515119885240

Article Number: 1474515119885240

Accession Number: WOS:000496678700001

Abstract: Background: Self-management is crucial for blood pressure control and subsequent disease prevention. Health literacy and acceptance of illness may contribute to self-management behaviour; in addition, acceptance of illness may mediate the effects of health literacy on self-management behaviour among patients with hypertension. Objective: The aims of the research were to examine whether health literacy and acceptance of illness were associated with both pharmacological and non-pharmacological management behaviour and examine the possible mediating effects of the acceptance of illness in patients with hypertension. Methods: Hierarchical regression analysis was conducted to analyse the relationships between health literacy, acceptance of illness, pharmacological and non-pharmacological management behaviours. Mediation effects were examined by the PROCESS macro. Results: This was a cross-sectional study. A total of 478 hypertensive patients completed measures of health literacy, acceptance of illness, self-management, social support, depression, physical function and demographic and clinical characteristics. Functional, communicative, critical health literacy and acceptance of illness showed positive associations to pharmacological and non-pharmacological management behaviour. Acceptance of illness mediated the relationships between three types of health literacy, pharmacological and non-pharmacological management but the effects size and pathway differed. In detail, functional health literacy influenced pharmacological and non-pharmacological management behaviour mainly by indirect effects mediated by the acceptance of illness, but communicative and critical health literacy influenced pharmacological and non-pharmacological management behaviour mainly by direct effects. Conclusions: Acceptance of illness mediated the relationships between three types of health literacy and self-management. Health literacy and acceptance of illness should be addressed when taking measures to improve patients' self-management behaviour.

Notes: Qiu, Chen Zhang, Xiaonan Zang, Xiaoying Zhao, Yue

Zhang, Xiaonan/HTP-6322-2023

Zhang, Xiaonan/0000-0002-9637-8408

1873-1953

URL: <Go to ISI>://WOS:000496678700001

Reference Type: Journal Article

Record Number: 260

Author: Quatremere, G., Guignard, R., Cogordan, C., Andler, R., Gallopel-Morvan, K. and Viet, N. T.

Year: 2023

Title: Effectiveness of a French mass-media campaign in raising knowledge of both long-term alcohol-related harms and low-risk drinking guidelines, and in lowering alcohol consumption

Journal: Addiction

Volume: 118

Issue: 4

Pages: 658-668

Date: Apr

Short Title: Effectiveness of a French mass-media campaign in raising knowledge of both long-term alcohol-related harms and low-risk drinking guidelines, and in lowering alcohol consumption

ISSN: 0965-2140

DOI: 10.1111/add.16107

Accession Number: WOS:000905254800001

Abstract: Aims To evaluate the effectiveness of a French mass-media campaign in raising knowledge of both long-term alcohol-related harms (LTH) and low-risk drinking guidelines (LRDG), as well as in lowering alcohol consumption. Design An 8-month longitudinal survey from February to October 2019, with three waves of on-line data collection (T0 before the campaign, T1 just after it ended and T2 6 months after it ended). Setting France. Participants A total of 2538 adult drinkers (aged 18-75 years). Measurements The main outcomes' variables were LTH knowledge (cancer, hypertension, brain haemorrhage), LRDG knowledge (two guidelines: 'maximum of two drinks a day' and 'minimum of 2 days without alcohol per week'), intention to reduce alcohol consumption and self-declared consumption with respect to the French LRDG. At T1, exposure to the campaign was measured using self-reported campaign recall. Findings In T1, we observed significant positive interactions between exposure group based on campaign recall and survey waves on knowledge of (i) the 'maximum two drinks a day' guideline [adjusted odds ratio (aOR) = 1.32, 95% confidence interval (CI) = 1.08-1.62, P = 0.008], (ii) brain haemorrhage (aOR = 1.80, 95% CI = 1.44-2.25, P < 0.001) and (iii) hypertension (aOR = 1.41, 95% CI = 1.09-1.81, P = 0.008) risks. Campaign exposure was also associated with a significant decrease in at-risk drinking in women (aOR = 0.67, 95% CI = 0.50-0.88, P = 0.004). No significant interaction was observed at T1 for the knowledge of the 'minimum of 2 days without alcohol a week' guideline, or of cancer risk. At T2, no significant interaction was observed for the main outcomes' variables. Conclusions There appears to be an association between exposure to a 2019 French mass-media campaign to raise knowledge of long-term alcohol-related harms and low-risk drinking guidelines and reduce alcohol consumption and (i) improved knowledge of the 'maximum two drinks per day guideline', (ii) knowledge of the risks of hypertension and brain haemorrhage and (iii) a reduction in the proportion of people exceeding low-risk drinking guidelines (in the general population only). These associations were only observed over the short term and, in some cases, only for certain segments of the population.

Notes: Quatremere, Guillemette Guignard, Romain Cogordan, Chloe Andler, Raphael Gallopel-Morvan, Karine Viet Nguyen-Thanh /0000-0003-3951-1003; Guignard, Romain/0000-0002-9630-2083; Quatremere, Guillemette/0000-0003-2788-7564

1360-0443

URL: <Go to ISI>://WOS:000905254800001

Reference Type: Journal Article

Record Number: 684

Author: Quigg, R., Marsh, L. and Clark-Heu, B.

Year: 2022

Title: Indigenous Maori perspectives of smokefree parks

Journal: Australian and New Zealand Journal of Public Health

Volume: 46

Issue: 4

Pages: 469-476

Date: Aug

Short Title: Indigenous Maori perspectives of smokefree parks

ISSN: 1326-0200

DOI: 10.1111/1753-6405.13228

Accession Number: WOS:000808143300001

Abstract: Objective: This study aims to understand the context of place associated with smoking in urban Hamilton parks from a Te Ao Maori perspective (the worldview of Maori, the Indigenous people of Aotearoa New Zealand). Methods: Our study approached smokefree environments in Hamilton through a Maori lens, undertaking interviews with family groups and people from organisations involved in the local Smokefree environments policy. Results: The majority of the 26 adult participants identified as Maori, with 30% being current smokers. Parks had a place in the sporting memories of participants. Smoking was merged with these memories. Important features of places that influenced smoking behaviours were raised, with signage a key talking point. Conclusions: The colonial construct of parks do not make visible Maori values and historical associations with the land, nor do they set a framework that would promote Maori ways of being and doing, including enacting smokefree spaces and places. Implications for public health: This study provides the incentive to address change in parks and reserve management that would support Maori aspirations for their health and wellbeing associated with ancestral land, and give meaning to smokefree environments.

Notes: Quigg, Robin Marsh, Louise Clark-Heu, Bobbi

1753-6405

URL: <Go to ISI>://WOS:000808143300001

Reference Type: Journal Article

Record Number: 142

Author: Quinton, P.

Year: 2023

Title: Striking the right balance? Evidence, ethics and the effectiveness of stop and search A Response to Weisburd, Petersen and Fay

Journal: Policing-a Journal of Policy and Practice

Volume: 17

Issue: 1

Date: Mar

Short Title: Striking the right balance? Evidence, ethics and the effectiveness of stop and search A Response to Weisburd, Petersen and Fay

ISSN: 1752-4512

DOI: 10.1093/police/paad003

Article Number: paad003

Accession Number: WOS:000940201300003

Notes: Quinton, Paul

1752-4520

URL: <Go to ISI>://WOS:000940201300003

Reference Type: Journal Article

Record Number: 1220

Author: Rahimi-Ardabili, H., Spooner, C., Harris, M. F., Magin, P., Tam, C. W. M., Liaw, S. T. and Zwar, N.

Year: 2021

Title: Online training in evidence-based medicine and research methods for GP registrars: a mixed-methods evaluation of engagement and impact

Journal: BMC Medical Education

Volume: 21

Issue: 1

Date: Sep

Short Title: Online training in evidence-based medicine and research methods for GP registrars: a mixed-methods evaluation of engagement and impact

DOI: 10.1186/s12909-021-02916-0

Article Number: 492

Accession Number: WOS:000695825800002

Abstract: Background Evidence-based medicine (EBM) is a core skillset for enhancing the quality and safety of patients' care. Online EBM education could improve clinicians' skills in EBM, particularly when it is conducted during vocational training. There are limited studies on the impact of online EBM training on clinical practice among general practitioner (GP) registrars (trainees in specialist general practice). We aimed to describe and evaluate the acceptability, utility, satisfaction and applicability of the GP registrars experience with the online course. The course was developed by content-matter experts with educational designers to encompass effective teaching methods (e.g. it was interactive and used multiple teaching methods). Methods Mixed-method data collection was conducted after individual registrars' completion of the course. The course comprised six modules that aimed to increase knowledge of research methods and application of EBM skills to everyday practice. GP registrars who completed the online course during 2016-2020 were invited to complete an online survey about their experience and satisfaction with the course. Those who completed the course within the six months prior to data collection were invited to participate in semi-structured phone interviews about their experience with the course and the impact of the course on clinical practice. A thematic analysis approach was used to analyse the data from qualitative interviews. Results The data showed the registrars were generally positive towards the course and

the concept of EBM. They stated that the course improved their confidence, knowledge, and skills and consequently impacted their practice. The students perceived the course increased their understanding of EBM with a Cohen's d of 1.6. Registrars identified factors that influenced the impact of the course. Of those, some were GP-related including their perception of EBM, and being comfortable with what they already learnt; some were work-place related such as time, the influence of supervisors, access to resources; and one was related to patient preferences. Conclusions This study showed that GP registrars who attended the online course reported that it improved their knowledge, confidence, skill and practice of EBM over the period of three months. The study highlights the supervisor's role on GP registrars' ability in translating the EBM skills learnt in to practice and suggests exploring the effect of EBM training for supervisors.

Notes: Rahimi-Ardabili, Hania Spooner, Catherine Harris, Mark F. Magin, Parker Tam, Chun Wah Michael Liaw, Siaw-Teng Zwar, Nicholas Zwar, Nicholas/0000-0001-6462-9121; Tam, Chun Wah Michael/0000-0001-8645-4756; Rahimi-Ardabili, Hania/0000-0002-3555-9416 1472-6920

URL: <Go to ISI>://WOS:000695825800002

Reference Type: Journal Article

Record Number: 1249

Author: Rahman, T., Foster, J., Fuentes, G. L. H., Cameron, L. and Gould, G. S.

Year: 2021

Title: Perspectives about smoking cessation during pregnancy and beyond of Aboriginal women in Australia: A qualitative analysis using the COM-B model

Journal: International Journal of Gynecology & Obstetrics

Volume: 155

Issue: 2

Pages: 282-289

Date: Nov

Short Title: Perspectives about smoking cessation during pregnancy and beyond of Aboriginal women in Australia: A qualitative analysis using the COM-B model

ISSN: 0020-7292

DOI: 10.1002/ijgo.13854

Accession Number: WOS:000688290100001

Abstract: Objective Aboriginal and Torres Strait Islander women (hereafter Aboriginal) and their babies experience poor health outcomes for which smoking is a major risk factor. This paper explores Aboriginal women's perspectives on and experiences of smoking cessation, within and outside pregnancy, and their use of smoking cessation services using the COM-B (Capability, Opportunity, Motivation as determinants of Behaviour) model to understand Aboriginal women's capabilities, opportunities, and motivation for smoking cessation. Methods Data came from 11 focus groups conducted in regional New South Wales, Australia, with 80 women aged between 16 and 68 years. Thematic analysis was performed following the COM-B model. Results Seven themes related to capability, opportunity,

motivation, and smoking cessation behaviors were identified. The themes highlighted that agency, knowledge, and self-efficacy (as capability), a supportive social environment, and access to culturally appropriate services and resources (as opportunities), together with automatic and reflective motivations for quitting, may enable short- or long-term smoking cessation. Conclusion Smoking cessation interventions may be more effective if the dynamics of the COM-B factors are considered. Policy and practice changes for further enhancing regional Aboriginal women's psychological capability and supportive social environments, and making smoking cessation services culturally appropriate are warranted.

Notes: Rahman, Tabassum Foster, Joley Fuentes, Gina L. Hera Cameron, Liz Gould, Gillian S.

Gould, Gillian/HKP-2481-2023

Gould, Gillian/0000-0001-8489-2576; La Hera Fuentes, Gina/0000-0002-6235-5582; Cameron, Liz/0000-0002-4455-0288; Rahman, Tabassum/0000-0003-4323-3392

1879-3479

Si

URL: <Go to ISI>://WOS:000688290100001

Reference Type: Journal Article

Record Number: 1813

Author: Ramalingam, N. S., Strayer, T. E., Breig, S. A. and Harden, S. M.

Year: 2019

Title: How Are Community Health Workers Trained to Deliver Physical Activity to Adults A Scoping Review

Journal: Translational Journal of the American College of Sports Medicine

Volume: 4

Issue: 6

Pages: 34-44

Date: Mar

Short Title: How Are Community Health Workers Trained to Deliver Physical Activity to Adults A Scoping Review

DOI: 10.1249/tjx.0000000000000081

Accession Number: WOS:000755984700001

Abstract: Purpose: Community-based physical activity interventions are recommended because of increased reach and public health impact. To improve adult physical activity levels, access and availability of community-based interventions are needed, and delivery personnel must be trained to meet this need. However, there is a gap in the literature related to training and recruitment of the community health workers (CHW) who deliver these interventions to adults. The purpose of this study was to determine the characteristics of CHW who were trained to deliver in-person physical activity to adults, the structural and mechanistic components of physical activity trainings, and the effectiveness of these trainings. Methods: A scoping review of peer-reviewed literature was conducted from November 2017 to January 2018. The review was limited to CHW training on adult physical activity delivery that reported reach, effect, or outcomes of training. The search was conducted in PubMed

and EBSCOhost and included articles published from 1995 (coinciding with the release of the national physical activity guidelines) to December 2017. Results: A total of 6651 peer-reviewed studies were identified, 205 full manuscripts were evaluated, and 7 articles met inclusion criteria and were analyzed. All studies reported the initial sample size of CHW trained; however, limited information on CHW personal characteristics was provided. The majority of studies reported that trainings were in-person with an average dose of 6 h. Four studies reported on training outcomes, with methods, measures, and outcomes varying widely. Conclusions: There is inconsistent reporting on training across the literature, making comparisons between studies difficult and conclusions regarding training effectiveness difficult to discern. Further research is needed to understand for whom, under what conditions, and why physical activity trainings strategies are effective for CHW.

Notes: Ramalingam, NithyaPriya Shivanthi Strayer, Thomas Edward, III Breig, Stephanie A. Harden, Samantha M. 2379-2868

URL: <Go to ISI>://WOS:000755984700001

Reference Type: Journal Article

Record Number: 263

Author: Ramirez, J., Petruzzi, L. J., Mercer, T., Gulbas, L. E., Sebastian, K. R. and Jacobs, E. A.

Year: 2022

Title: Understanding the primary health care experiences of individuals who are homeless in non-traditional clinic settings

Journal: BMC Primary Care

Volume: 23

Issue: 1

Date: Dec

Short Title: Understanding the primary health care experiences of individuals who are homeless in non-traditional clinic settings

DOI: 10.1186/s12875-022-01932-3

Article Number: 338

Accession Number: WOS:000904096100001

Abstract: BackgroundDespite the widespread implementation of Health Care for the Homeless programs that focus on comprehensive, integrated delivery systems of health care for people experiencing homelessness, engaging and retaining people experiencing homelessness in primary care remains a challenge. Few studies have looked at the primary care delivery model in non-traditional health care settings to understand the facilitators and barriers to engagement in care. The objective of our study was to explore the clinic encounters of individuals experiencing homelessness receiving care at two different sites served under a single Health Care for the Homeless program. MethodsSemi-structured interviews were conducted with people experiencing homelessness for an explorative qualitative study. We used convenience sampling to recruit participants who were engaged in primary care at one of two sites: a shelter clinic, n=16, and a mobile clinic located in a church, n=15. We then used an iterative, thematic approach to identify emergent themes and further mapped these onto the Capability-Opportunity-

Motivation model. Results Care accessibility, quality and integration were themes that were often identified by participants as being important facilitators to care. Psychological capability and capacity became important barriers to care in instances when patients had issues with memory or difficulty with perceiving psychological safety in healthcare settings. Motivation for engaging and continuing in care often came from a team of health care providers using shared decision-making with the patient to facilitate change. Conclusion To optimize health care for people experiencing homelessness, clinical interventions should: (1) utilize shared-decision making during the visit, (2) foster a sense of trust, compassion, and acceptance, (3) emphasize continuity of care, including consistent providers and staff, and (4) integrate social services into Health Care for the Homeless sites.

Notes: Ramirez, Jahanett Petruzzi, Liana J. Mercer, Timothy Gulbas, Lauren E. Sebastian, Katherine R. Jacobs, Elizabeth A. Petruzzi, Liana/0000-0002-5528-9839
2731-4553

URL: <Go to ISI>://WOS:000904096100001

Reference Type: Journal Article

Record Number: 267

Author: Ramlawi, S., Muldoon, K. A., Dunn, S. I., Murphy, M. S. Q., Dingwall-Harvey, A. L. J., White, R. R., Fakhraei, R., Wen, S. W., Walker, M. C., Fell, D. B., Bogler, T. and El-Chaar, D.

Year: 2022

Title: Worries, beliefs and factors influencing perinatal COVID-19 vaccination: a cross-sectional survey of preconception, pregnant and lactating individuals

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Dec

Short Title: Worries, beliefs and factors influencing perinatal COVID-19 vaccination: a cross-sectional survey of preconception, pregnant and lactating individuals

DOI: 10.1186/s12889-022-14617-4

Article Number: 2418

Accession Number: WOS:000903245800002

Abstract: Background: COVID-19 vaccines are recommended for pregnant and lactating individuals, and there is substantial evidence for their safety and effectiveness. As the pandemic continues, information on worries and beliefs surrounding perinatal COVID-19 vaccination remains important to inform efforts aimed at improving vaccine uptake. Our objectives were to assess factors associated with COVID-19 vaccination among perinatal individuals; and to explore motivational factors associated with willingness to be vaccinated among unvaccinated perinatal individuals. Methods: This was a cross-sectional web-based survey of preconception, pregnant, and lactating individuals in Canada. The outcomes of interest were vaccination with at least one dose of any COVID-19 vaccine and willingness to be vaccinated among unvaccinated individuals. Sample characteristics were summarized using frequencies and percentages.

The association between eight prespecified risk factors and two outcomes (vaccination status and willingness to be vaccinated) was assessed by logistic regression. Odds ratios (OR) and 95% confidence intervals (CI) were calculated for the total sample, and across perinatal sub-groups. Results: Among 3446 survey respondents, there were 447 (13.0%) preconception, 1832 (53.2%) pregnant, and 1167 (42.4%) lactating. There were 1460 (42.4%) and 1982 (57.5%) who were vaccinated and unvaccinated, respectively. Factors positively associated with COVID-19 vaccine status were speaking to a healthcare provider about vaccination during the perinatal period (aOR:2.35, 95% CI:1.97-2.80) and believing that the COVID-19 vaccine is effective (aOR:1.91, 95% CI:1.46-2.48). Factors negatively associated with vaccine status included worries about fetal growth and development (aOR:0.55, 95% CI:0.43-0.70) and future child behavioral/neurodevelopmental problems (aOR:0.59, 95% CI:0.46-0.75). Among unvaccinated individuals specifically, characteristics positively associated with willingness to vaccinate were speaking to a healthcare provider (aOR:1.67, 95% CI:1.32-2.12) and believing the COVID-19 vaccine is effective (aOR:3.56, 95% CI:2.70-4.69). Factors negatively associated with willingness were concerns over infertility (aOR:0.66, 95% CI:0.49-0.88), fetal growth and development (aOR:0.33, 95% CI:0.24-0.46), and future child behavioral/neurodevelopmental problems (aOR:0.64, 95% CI:0.48-0.84). Conclusions: In this Canadian perinatal population, approximately 42% reported COVID-19 vaccination. Among unvaccinated individuals, willingness to receive vaccination was high (73%). Factors enhancing vaccine willingness included discussions with healthcare providers and believing the vaccine was effective. Concerns regarding vaccine safety, particularly with respect to fetal/child development, were the greatest barriers to vaccine uptake.

Notes: Ramlawi, Serine Muldoon, Katherine A. Dunn, Sandra, I Murphy, Malia S. Q. Dingwall-Harvey, Alysha L. J. White, Ruth Rennicks Fakhraei, Romina Wen, Shi Wu Walker, Mark C. Fell, Deshayne B. Bogler, Tali El-Chaar, Darine Fell, Deshayne/N-7106-2017
Fell, Deshayne/0000-0002-5548-3228
1471-2458
URL: <Go to ISI>://WOS:000903245800002

Reference Type: Journal Article

Record Number: 2296

Author: Ramsey, A. T., Maki, J., Prusaczyk, B., Yan, Y., Wang, J. and Lobb, R.

Year: 2015

Title: Using segmented regression analysis of interrupted time series data to assess colonoscopy quality outcomes of a web-enhanced implementation toolkit to support evidence-based practices for bowel preparation: a study protocol

Journal: Implementation Science

Volume: 10

Date: Jun

Short Title: Using segmented regression analysis of interrupted time series data to assess colonoscopy quality outcomes of a web-enhanced

implementation toolkit to support evidence-based practices for bowel preparation: a study protocol

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0276-3

Article Number: 85

Accession Number: WOS:000356036000001

Abstract: Background: While there is convincing evidence on interventions to improve bowel preparation for patients, the evidence on how to implement these evidence-based practices (EBPs) in outpatient colonoscopy settings is less certain. The Strategies to Improve Colonoscopy (STIC) study compares the effect of two implementation strategies, physician education alone versus physician education plus an implementation toolkit for staff, on adoption of three EBPs (split-dosing of bowel preparation, low-literacy education, teach-back) to improve pre-procedure and intra-procedure quality measures. The implementation toolkit contains a staff education module, website containing tools to support staff in delivering EBPs, tailored patient education materials, and brief consultation with staff to determine how the EBPs can be integrated into the existing workflow. Given adaptations to the implementation plan and intentional flexibility in the delivery of the EBPs, we utilize a pragmatic study to balance external validity with demonstrating effectiveness of the implementation strategies.

Methods/Design: Participants will include all outpatient colonoscopy physicians, staff, and patients from a convenience sample of six endoscopy settings. Aim #1 will explore the relative effect of two strategies to implement patient-level EBPs on adoption and clinical quality outcomes. We will assess the change in level and trends of clinical quality outcomes (i.e., adequacy of bowel preparation, adenoma detection) using segmented regression analysis of interrupted time series data with two groups (intervention and delayed start). Aim #2 will examine the influence of organizational readiness to change on EBP implementation. We use a PRECIS diagram to reflect the extent to which each indicator of the study was pragmatic versus explanatory, revealing a largely pragmatic study.

Discussion: Implementation challenges have already motivated several adaptations to the original plan, reflecting the nature of implementation in real-world healthcare settings. The pragmatic study responds to the evolving needs of its healthcare partners and allows for flexibility in intervention delivery, thereby informing clinical decision-making in real-world settings. The current study will provide information about what works (intervention effectiveness), for whom it works (influence of Medicaid versus other insurance), in which contexts it works (setting characteristics that influence implementation), and how it works best (comparison of implementation strategies).

Notes: Ramsey, Alex T. Maki, Julia Prusaczyk, Beth Yan, Yan Wang, Jean Lobb, Rebecca

Prusaczyk, Patricia/0000-0001-8495-0836; Ramsey, Alex/0000-0002-3471-3725; Lobb, Rebecca/0000-0003-3503-0675; Yan, Yan/0000-0002-5917-1475

URL: <Go to ISI>://WOS:000356036000001

Reference Type: Journal Article

Record Number: 167

Author: Randall, C. L.

Year: 2023

Title: Dissemination and implementation research for oral and craniofacial health: Background, a review of literature and future directions

Journal: Community Dentistry and Oral Epidemiology

Volume: 51

Issue: 1

Pages: 119-132

Date: Feb

Short Title: Dissemination and implementation research for oral and craniofacial health: Background, a review of literature and future directions

ISSN: 0301-5661

DOI: 10.1111/cdoe.12841

Accession Number: WOS:000928795700001

Abstract: Oral conditions are highly prevalent globally and have profound consequence on individuals and communities. Clinical (e.g. dental treatments, behavioural counselling) and non-clinical (e.g. community-based programming, water fluoridation, oral health policy) evidence-based interventions have been identified, recommended and applied at the clinic, community and policy levels. Still, the burden of oral conditions persists, with inequitable distribution across populations. A major driver of this lack of progress is poor translation of research findings, which results in an evidence-to-practice gap. Dissemination and implementation science (DIS) has emerged to address this gap. A relatively new field, application of DIS represents an important avenue for achieving good dental, oral and craniofacial health for all. The goal of this introductory article is to provide a brief background on DIS relevant to researchers in dentistry and oral health. The problem of knowledge translation, basic concepts and terminology in DIS, and approaches to doing dissemination and implementation research—including implementation strategies, key outcomes, and implementation theories, models and frameworks—are discussed. Additionally, the article reviews literature applying DIS to dentistry and oral health. Results of published studies and their implications for the field are presented. Drawing on the literature review and contemporary thinking in DIS, current gaps, opportunities and future directions are discussed. Resources for understanding and applying DIS are provided throughout. This article serves as a primer on DIS for dental and oral health researchers of all types working across a range of contexts; it also serves as a call to action for increased application of DIS to address the burden of oral conditions globally.

Notes: Randall, Cameron L. L.

1600-0528

Si

URL: <Go to ISI>://WOS:000928795700001

Reference Type: Journal Article

Record Number: 1581

Author: Raphael, J., Price, O., Hartley, S., Haddock, G., Bucci, S. and Berry, K.

Year: 2021

Title: Overcoming barriers to implementing ward-based psychosocial interventions in acute inpatient mental health settings: A meta-synthesis

Journal: International Journal of Nursing Studies

Volume: 115

Date: Mar

Short Title: Overcoming barriers to implementing ward-based psychosocial interventions in acute inpatient mental health settings: A meta-synthesis

ISSN: 0020-7489

DOI: 10.1016/j.ijnurstu.2021.103870

Article Number: 103870

Accession Number: WOS:000642451700024

Abstract: Background: The culture of acute mental health wards is often dominated by medical models of care despite some patient dissatisfaction with care in these settings and a demand for increased access to psychosocial interventions. Research has found that psychosocial interventions can improve a number of patient and staff outcomes, however, implementation within these settings is often challenging. Objectives: The aim of this review was to provide a comprehensive synthesis of the barriers and facilitators to implementing psychosocial interventions on acute wards, in order to develop a list of recommendations for embedding psychosocial interventions within the ward culture in acute settings. Methods: Databases were systematically searched using search terms related to acute mental health wards and psychosocial intervention implementation from inception to December 2019. Thirty-nine studies (forty-three papers) that explored the implementation of psychosocial interventions on adult acute mental health wards using qualitative methods met inclusion criteria. Data relating to barriers and facilitators to implementing psychosocial interventions extracted from the results sections of the papers were synthesised using the COM-B model. Results and conclusions: We conclude that to address barriers to the implementation of psychosocial interventions, services should provide clear information to patients regarding the benefits of engagement, and additional training for staff. A shift in ward culture is required and can be achieved through the recruitment of empathic implementers, together with providing staff with protected time for delivery of psychosocial interventions with clear accountability for intervention delivery through the provision of clearly defined roles. (c) 2021 Elsevier Ltd. All rights reserved.

Notes: Raphael, Jessica Price, Owen Hartley, Samantha Haddock, Gillian Bucci, Sandra Berry, Katherine Price, Owen/0-4305-2014

Price, Owen/0000-0002-4601-3363; Haddock, Professor Gillian/0000-0001-6234-5774; Hartley, Samantha/0000-0001-6355-3743; berry, katherine/0000-0002-7399-5462
1873-491x

URL: <Go to ISI>://WOS:000642451700024

Reference Type: Journal Article

Record Number: 1815

Author: Rapport, F., Shih, P., Faris, M., Nikpour, A., Herkes, G., Bleasel, A., Kerr, M., Clay-Williams, R., Mumford, V. and Braithwaite, J.

Year: 2019

Title: Determinants of health and wellbeing in refractory epilepsy and surgery: The Patient Reported, Implementation science (PRIME) model

Journal: Epilepsy & Behavior

Volume: 92

Pages: 79-89

Date: Mar

Short Title: Determinants of health and wellbeing in refractory epilepsy and surgery: The Patient Reported, Implementation science (PRIME) model

ISSN: 1525-5050

DOI: 10.1016/j.yebeh.2018.11.027

Accession Number: WOS:000461905800013

Abstract: This paper offers a new way of understanding the course of a chronic, neurological condition through a comprehensive model of patient-reported determinants of health and wellbeing: The Patient Reported Implementation science (PRIME) model is the first model of its kind to be based on patient-driven insights for the design and implementation of initiatives that could improve tertiary, primary, and community healthcare services for patients with refractory epilepsy, and has broad implications for other disorders; PRIME focuses on: patient-reported determinants of health and wellbeing, pathways through care, gaps in treatment and other system delays, patient need and expectation, and barriers and facilitators to high-quality care provision; PRIME highlights that in the context of refractory epilepsy, patients value appropriate, clear, and speedy referrals from primary care practitioners and community neurologists to specialist healthcare professionals based in tertiary epilepsy centers. Many patients also want to share in decisions around treatment and care, and gain a greater understanding of their debilitating disease, so as to find ways to self-manage their illness more effectively and plan for the future. Here, PRIME is presented using refractory epilepsy as the exemplar case, while the model remains flexible, suitable for adaptation to other settings, patient populations, and conditions; PRIME comprises six critical levels; 1) The Individual Patient Model; 2) The Patient Relationships Model; 3) The Patient Care Pathways Model; 4) The Patient Transitions Model; 5) The Pre- and Postintervention Model; and 6) The Comprehensive Patient Model. Each level is dealt with in detail, while Levels 5 and 6 are presented in terms of where the gaps lie in our current knowledge, in particular in relation to patients' journeys through healthcare, system intersections, and individuals adaptive behavior following resective surgery, as well as others' views of the disease, such as family members. (C) 2018 The Authors. Published by Elsevier Inc.

Notes: Rapport, Frances Shih, Patti Faris, Mona Nikpour, Armin

Herkes, Geoffrey Bleasel, Andrew Kerr, Mike Clay-Williams, Robyn Mumford, Virginia Braithwaite, Jeffrey Clay-Williams, Robyn/Y-1883-2019; Shih, Patti/I-4598-2019; Herkes, Geoffrey/ABC-7464-2020; Braithwaite, Jeffrey/AAN-1467-2020; Bleasel, Andrew Fabian/W-6205-2019; Mumford, Virginia/J-5267-2012 Clay-Williams, Robyn/0000-0002-6107-7445; Shih, Patti/0000-0002-9628-7987; Herkes, Geoffrey/0000-0002-4491-8441; Braithwaite, Jeffrey/0000-0003-0296-4957; Bleasel, Andrew Fabian/0000-0002-1843-3619; Mumford, Virginia/0000-0001-7915-0615; Faris, Mona/0000-0001-7707-1331
1525-5069
URL: <Go to ISI>://WOS:000461905800013

Reference Type: Journal Article

Record Number: 197

Author: Rask, M. T., Frostholm, L., Hansen, S. H., Petersen, M. W., Ornbol, E. and Rosendal, M.

Year: 2023

Title: Self-help interventions for persistent physical symptoms: a systematic review of behaviour change components and their potential effects

Journal: Health Psychology Review

Date: 2023 Jan

Short Title: Self-help interventions for persistent physical symptoms: a systematic review of behaviour change components and their potential effects

ISSN: 1743-7199

DOI: 10.1080/17437199.2022.2163917

Accession Number: WOS:000917796500001

Abstract: Persistent physical symptoms (PPS) remain a challenge in the healthcare system due to time-constrained consultations, uncertainty and limited specialised care capacity. Self-help interventions may be a cost-effective way to widen the access to treatment. As a foundation for future interventions, we aimed to describe intervention components and their potential effects in self-help interventions for PPS. A systematic literature search was made in PubMed, EMBASE, PsycINFO and CENTRAL. Fifty-one randomised controlled trials were included. Interventions were coded for effect on outcomes (standardised mean difference ≥ 0.2) related to symptom burden, anxiety, depression, quality of life, healthcare utilisation and sickness absence. The Behaviour Change Technique (BCT) Taxonomy v1 was used to code intervention components. An index of potential was calculated for each BCT within an outcome category. Each BCT was assessed as 'potentially effective' or 'not effective' based on a two-sided test for binomial random variables. Sixteen BCTs showed potential effect as treatment components. These BCTs represented the themes: goals and planning, feedback and monitoring, shaping knowledge, natural consequences, comparison of behaviour, associations, repetition and substitution, regulation, antecedents and identity. The results suggest that specific BCTs should be included in new PPS self-help interventions aiming to improve the patients' physical and mental health.

Notes: Rask, Mette Trollund Frostholm, Lisbeth Hansen, Sofie Hoeg

Petersen, Marie Weinreich Ornbol, Eva Rosendal, Marianne Rask, Mette Trollund/0000-0002-0460-9484; Ornbol, Eva/0000-0002-5915-9839; Rosendal, Marianne/0000-0002-3257-9665; frostholt, lisbeth/0000-0002-9683-7416 1743-7202
URL: <Go to ISI>://WOS:000917796500001

Reference Type: Journal Article

Record Number: 681

Author: Rattu, V. and Hurst, D.

Year: 2022

Title: Why don't general dental practitioners test for diabetes in periodontitis patients? How infrastructure, role identity and self-efficacy can prevent effective shared care

Journal: British Dental Journal

Volume: 232

Issue: 11

Pages: 798-803

Date: Jun

Short Title: Why don't general dental practitioners test for diabetes in periodontitis patients? How infrastructure, role identity and self-efficacy can prevent effective shared care

ISSN: 0007-0610

DOI: 10.1038/s41415-022-4294-7

Accession Number: WOS:000809354100023

Abstract: Aim To explore the attitudes of general dental practitioners (GDPs) towards testing for diabetes in periodontitis patients amid recommendations from professional organisations that dentists and oral health professionals are well-positioned to support the diagnosis of diabetes in primary dental care. Method GDPs were selected based on purposeful sampling. The number of GDPs recruited was dependent on thematic saturation. Semi-structured telephone interviews were conducted with all recruited GDPs. Interviews were audio recorded and transcribed verbatim. Thematic analysis was utilised to generate initial codes and subsequent themes. Results Fifteen GDPs participated in this qualitative study. Three main interrelated themes emerged: 1) there is an inadequate infrastructure within the current NHS; 2) the difference in the definition and threshold of the social and professional roles and identities of GDPs; and 3) there is a low self-efficacy to testing due to a perceived lack of knowledge. Conclusions This qualitative study has identified the barriers to and enablers for testing for diabetes in patients with periodontitis attending general dental practices in England. The findings have the potential to influence interventions and policies going forward to improve the co-management of diabetes and periodontitis within primary healthcare.

Notes: Rattu, Varkha Hurst, Dominic

1476-5373

URL: <Go to ISI>://WOS:000809354100023

Reference Type: Journal Article

Record Number: 1020

Author: Rauf, I., Petre, M., Tun, T., Lopez, T., Lunn, P., Van Der Linden, D., Towse, J., Sharp, H., Levine, M., Rashid, A. and Nuseibeh, B.

Year: 2022

Title: The Case for Adaptive Security Interventions

Journal: Acm Transactions on Software Engineering and Methodology

Volume: 31

Issue: 1

Date: Jan

Short Title: The Case for Adaptive Security Interventions

ISSN: 1049-331X

DOI: 10.1145/3471930

Accession Number: WOS:000870650700009

Abstract: Despite the availability of various methods and tools to facilitate secure coding, developers continue to write code that contains common vulnerabilities. It is important to understand why technological advances do not sufficiently facilitate developers in writing secure code. To widen our understanding of developers' behaviour, we considered the complexity of the security decision space of developers using theory from cognitive and social psychology. Our interdisciplinary study reported in this article (1) draws on the psychology literature to provide conceptual underpinnings for three categories of impediments to achieving security goals, (2) reports on an in-depth meta-analysis of existing software security literature that identified a catalogue of factors that influence developers' security decisions, and (3) characterises the landscape of existing security interventions that are available to the developer during coding and identifies gaps. Collectively, these show that different forms of impediments to achieving security goals arise from different contributing factors. Interventions will be more effective where they reflect psychological factors more sensitively and marry technical sophistication, psychological frameworks, and usability. Our analysis suggests "adaptive security interventions" as a solution that responds to the changing security needs of individual developers and a present a proof-of-concept tool to substantiate our suggestion.

Notes: Rauf, Irum Petre, Marian Tun, Thein Lopez, Tamara Lunn, Paul Van Der Linden, Dirk Towse, John Sharp, Helen Levine, Mark Rashid, Awais Nuseibeh, Bashar

Rashid, Awais/0000-0002-0109-1341; Towse, John/0000-0003-1183-5508;

Sharp, Helen/0000-0003-4376-1734; Rauf, Irum/0000-0002-6650-0679;

Levine, Mark/0000-0001-5696-6021; Nuseibeh, Bashar/

0000-0002-3476-053X

1557-7392

URL: <Go to ISI>://WOS:000870650700009

Reference Type: Journal Article

Record Number: 2394

Author: Raupach, T., Falk, J., Vangeli, E., Schiekirka, S., Rustler, C., Grassi, M. C., Pipe, A. and West, R.

Year: 2014

Title: Structured smoking cessation training for health professionals on cardiology wards: a prospective study

Journal: European Journal of Preventive Cardiology

Volume: 21

Issue: 7

Pages: 915-922

Date: Jul

Short Title: Structured smoking cessation training for health professionals on cardiology wards: a prospective study

ISSN: 2047-4873

DOI: 10.1177/2047487312462803

Accession Number: WOS:000337571700015

Abstract: Background: Smoking is a major cardiovascular risk factor, and smoking cessation is imperative for patients hospitalized with a cardiovascular event. This study aimed to evaluate a systems-based approach to helping hospitalized smokers quit and to identify implementation barriers. Design: Prospective intervention study followed by qualitative analysis of staff interviews. Methods: The prospective intervention study assessed the effects of implementing standard operating procedures (SOPs) for the provision of counselling and pharmacotherapy to smokers admitted to cardiology wards on counselling frequency. In addition, a qualitative analysis of staff interviews was undertaken to examine determinants of physician and nurse behaviour; this sought to understand barriers in terms of motivation, capability, and/or opportunity. Results: A total of 150 smoking patients were included in the study (75 before and 75 after SOP implementation). Before the implementation of SOPs, the proportion of patients reporting to have received cessation counselling from physicians and nurses was 6.7% and 1.3%, respectively. Following SOP implementation, these proportions increased to 38.7% ($p < 0.001$) and 2.7% ($p = 0.56$), respectively. Qualitative analysis revealed that lack of motivation, e. g. role incongruence, appeared to be a major barrier. Conclusions: Introduction of a set of standard operating procedures for smoking cessation advice was effective with physicians but not nurses. Analysis of barriers to implementation highlighted lack of motivation rather than capability or opportunity as a major factor that would need to be addressed.

Notes: Raupach, Tobias Falk, Jan Vangeli, Eleni Schiekirka, Sarah Rustler, Christa Grassi, Maria Caterina Pipe, Andrew West, Robert Raupach, Tobias/H-4737-2014; West, Robert/B-5414-2009; Grassi, Maria Caterina/D-5058-2009; Vangeli, Eleni/B-6133-2009; West, Robert/B-5414-2009

West, Robert/0000-0002-0291-5760; Grassi, Maria Caterina/0000-0002-8022-0526; West, Robert/0000-0001-6398-0921
2047-4881

URL: <Go to ISI>://WOS:000337571700015

Reference Type: Journal Article

Record Number: 1430

Author: Rawlinson, G. and Connell, L.

Year: 2021

Title: Out-patient physiotherapy service delivery post COVID-19: opportunity for a re-set and a new normal?

Journal: Physiotherapy

Volume: 111
Pages: 1-3
Date: Jun
Short Title: Out-patient physiotherapy service delivery post COVID-19: opportunity for a re-set and a new normal?
ISSN: 0031-9406
DOI: 10.1016/j.physio.2021.02.001
Accession Number: WOS:000647164700001
Notes: Rawlinson, Gillian Connell, Louise
Connell, Louise/C-9133-2016
Connell, Louise/0000-0002-0629-2919
1873-1465
URL: <Go to ISI>://WOS:000647164700001

Reference Type: Journal Article
Record Number: 2006
Author: Rawson, T. M., Moore, L. S. P., Tivey, A. M., Tsao, A., Gilchrist, M., Charani, E. and Holmes, A. H.
Year: 2017
Title: Behaviour change interventions to influence antimicrobial prescribing: a cross-sectional analysis of reports from UK state-of-the-art scientific conferences
Journal: Antimicrobial Resistance and Infection Control
Volume: 6
Date: Jan
Short Title: Behaviour change interventions to influence antimicrobial prescribing: a cross-sectional analysis of reports from UK state-of-the-art scientific conferences
ISSN: 2047-2994
DOI: 10.1186/s13756-017-0170-7
Article Number: 11
Accession Number: WOS:000392451900001
Abstract: Background: To improve the quality of antimicrobial stewardship (AMS) interventions the application of behavioural sciences supported by multidisciplinary collaboration has been recommended. We analysed major UK scientific research conferences to investigate AMS behaviour change intervention reporting. Methods: Leading UK 2015 scientific conference abstracts for 30 clinical specialties were identified and interrogated. All AMS and/or antimicrobial resistance(AMR) abstracts were identified using validated search criteria. Abstracts were independently reviewed by four researchers with reported behavioural interventions classified using a behaviour change taxonomy. Results: Conferences ran for 110 days with >57,000 delegates. 311/12,313(2.5%) AMS-AMR abstracts (oral and poster) were identified. 118/311(40%) were presented at the UK's infectious diseases/microbiology conference. 56/311(18%) AMS-AMR abstracts described behaviour change interventions. These were identified across 12/30(40%) conferences. The commonest abstract reporting behaviour change interventions were quality improvement projects [44/56 (79%)]. In total 71 unique behaviour change functions were identified. Policy categories; "guidelines" (16/71) and "service provision" (11/71) were the most frequently reported. Intervention functions; "education" (6/71),

"persuasion" (7/71), and "enablement" (9/71) were also common. Only infection and primary care conferences reported studies that contained multiple behaviour change interventions. The remaining 10 specialties tended to report a narrow range of interventions focusing on "guidelines" and "enablement". Conclusion: Despite the benefits of behaviour change interventions on antimicrobial prescribing, very few AMS-AMR studies reported implementing them in 2015. AMS interventions must focus on promoting behaviour change towards antimicrobial prescribing. Greater focus must be placed on non-infection specialties to engage with the issue of behaviour change towards antimicrobial use.

Notes: Rawson, T. M. Moore, L. S. P. Tivey, A. M. Tsao, A. Gilchrist, M. Charani, E. Holmes, A. H.

Moore, Luke S P/Q-1012-2018; Rawson, Timothy/AAH-1662-2019

Moore, Luke S P/0000-0001-7095-7922; Tivey, Ann/0000-0002-5389-3741;

Charani, Esmita/0000-0002-5938-1202; Holmes, Alison/

0000-0001-5554-5743; Rawson, Timothy Miles/0000-0002-2630-9722

URL: <Go to ISI>://WOS:000392451900001

Reference Type: Journal Article

Record Number: 1872

Author: Rayner, J. and Morgan, D.

Year: 2018

Title: An empirical study of "green" workplace behaviours: ability, motivation and opportunity

Journal: Asia Pacific Journal of Human Resources

Volume: 56

Issue: 1

Pages: 56-78

Date: Jan

Short Title: An empirical study of "green" workplace behaviours: ability, motivation and opportunity

ISSN: 1038-4111

DOI: 10.1111/1744-7941.12151

Accession Number: WOS:000419872200004

Abstract: Green human resource management contributes to an understanding of the role of human resource management (HRM) towards sustainability and environmental outcomes. This paper assesses employees' environmental knowledge as well as self-perceptions of ability, motivation and opportunity (AMO) to practise green behaviours by operationalising the AMO framework towards a pro-environmental agenda. The study draws on a survey sample of 394 employees from five organisations in regional Australia. Key findings show that pro-environmental AMO are positively associated with green behaviours and that these are more prevalent at home than in the workplace. Further, line managers moderate the relationship between pro-environmental AMO and green behaviour although not the relationship between environmental knowledge and green behaviour. Such benchmark measurement informs HRM policies, practices and interventions and contributes to environmental management. Key points Promoting a green culture and behaviours that eliminate or reduce harm to the environment have been shown to benefit organisations in a multitude of ways. Pro-environmental AMO predicts

green behaviours and these behaviours are more prevalent at home than in the workplace. Line managers moderate the relationship between pro-environmental AMO and green behaviour although not the relationship between environmental knowledge and green behaviour. Benchmark measurement using such an AMO tool can inform future HRM policies, practices and interventions that can contribute to environmental management.

Notes: Rayner, Julie Morgan, Damian
morgan, damian/S-8039-2017
morgan, damian/0000-0002-2811-2720
1744-7941

URL: <Go to ISI>://WOS:000419872200004

Reference Type: Journal Article

Record Number: 1769

Author: Read, S., Morgan, J., Gillespie, D., Nolleth, C., Weiss, M., Allen, D., Anderson, P. and Waterman, H.

Year: 2020

Title: Chronic Conditions and Behavioural Change Approaches to Medication Adherence: Rethinking Clinical Guidance and Recommendations

Journal: Patient Preference and Adherence

Volume: 14

Pages: 581-586

Short Title: Chronic Conditions and Behavioural Change Approaches to Medication Adherence: Rethinking Clinical Guidance and Recommendations

ISSN: 1177-889X

DOI: 10.2147/ppa.S239916

Accession Number: WOS:000520450200001

Abstract: Patient adherence to medication is an ongoing concern for clinicians, obfuscating treatment efficacy and resulting in wastage of medicine, reduced clinical benefit, and increased mortality. Despite this, procedural guidance on how clinicians should best engage patients regarding their medicine-taking is limited in the United Kingdom. Adherence for chronic conditions is notably complex, requiring clear education, communication, and behavioural shifts to initiate and sustain daily regimens successfully. This article explores current clinician guidance on assuring patient adherence to medication within the National Health Service, comparing it to that provided for healthcare workers in the field of behavioural change. Outlining the inertia of the former and the progress of the latter, we consider what steps should be taken to address this deficit, including greater focus on patient concerns, as well as knowledge translation for healthcare professionals in future adherence research. Current United Kingdom clinical guidance for assuring patient adherence is largely outdated based on inconclusive evidence for best practice. However, efforts to encourage behavioural change in the public health setting demonstrate evidence-based success. Integrating knowledge generated around adherence behaviour and the practical application of adherence and behavioural change research, as well as funding for longer-term studies with a focus on clinical outcomes, may help to solidify the NICE guidance on adherence and

further progress the field. This would require close involvement from patient groups and networks informing ethical aspects of study design and clinical implementation.

Notes: Read, Simon Morgan, James Gillespie, David Nollett, Claire Weiss, Marjorie Allen, Davina Anderson, Pippa Waterman, Heather Morgan, James Edwards/GRO-2905-2022; Allen, Davina A/F-7950-2011; Nollett, Claire/ABC-2862-2020

Morgan, James Edwards/0000-0002-8920-1065; Nollett, Claire/0000-0001-6676-4933; ANDERSON, PIPPA/0000-0003-2959-2671; Weiss, Marjorie/0000-0001-8065-4108; Allen, Davina/0000-0002-6729-7502; Read, Simon/0000-0003-2445-283X

URL: <Go to ISI>://WOS:000520450200001

Reference Type: Journal Article

Record Number: 1493

Author: Redsell, S. A., Slater, V., Rose, J., Olander, E. K. and Matvienko-Sikar, K.

Year: 2021

Title: Barriers and enablers to caregivers' responsive feeding behaviour: A systematic review to inform childhood obesity prevention

Journal: Obesity Reviews

Volume: 22

Issue: 7

Date: Jul

Short Title: Barriers and enablers to caregivers' responsive feeding behaviour: A systematic review to inform childhood obesity prevention

ISSN: 1467-7881

DOI: 10.1111/obr.13228

Article Number: e13228

Accession Number: WOS:000634292600001

Abstract: Responsive infant feeding is a critical component of childhood obesity prevention. However, there is little guidance for caregivers on how to do this successfully. The first step to developing an intervention to promote responsive feeding is to systematically identify its barriers and enablers. Searches were conducted in CINAHL, Cochrane Library, Medline, Embase, PubMed, PsycINFO, Maternity, and Infant Care from inception to November 2020. All study designs were included if they reported a barrier or enabler to responsive feeding during the first 2 years of life. We used a "best fit" framework synthesis, with the Capacity, Opportunity, Motivation, and Behaviour (COM-B) model. The Mixed Method Appraisal Tool (MMAT) was used to assess study quality. Forty-three studies were included in the review. Barriers (n = 36) and enablers (n = 21) were identified across five COM-B domains: psychological capacity, physical and social opportunity, and reflective and automatic motivation. Enablers were recognition of infant feeding cues, feeding knowledge and family and friends. Caregiver attitude toward control of feeding was a barrier, together with health care professional advice about formula feeding and breastfeeding expectation. These barriers and enablers provide a comprehensive evidence base to guide intervention development to

improve responsive feeding and prevent obesity across individual and population levels.

Notes: Redsell, Sarah A. Slater, Vicki Rose, Jennie Olander, Ellinor K. Matvienko-Sikar, Karen

Rose, Jennie R/H-5086-2017; Redsell, Sarah/A-6451-2009

Rose, Jennie R/0000-0003-0242-6999; Redsell, Sarah/
0000-0002-2176-2325; Slater, Vicki/0000-0002-4603-9280; Olander,
Ellinor/0000-0001-7792-9895; Matvienko-Sikar, Karen/
0000-0003-2777-6581

1467-789x

URL: <Go to ISI>://WOS:000634292600001

Reference Type: Journal Article

Record Number: 1447

Author: Redvers, N.

Year: 2021

Title: Patient-Planetary Health Co-benefit Prescribing: Emerging Considerations for Health Policy and Health Professional Practice

Journal: Frontiers in Public Health

Volume: 9

Date: Apr

Short Title: Patient-Planetary Health Co-benefit Prescribing: Emerging Considerations for Health Policy and Health Professional Practice

DOI: 10.3389/fpubh.2021.678545

Article Number: 678545

Accession Number: WOS:000650009200001

Abstract: In addition to the importance of fostering and developing measures for better health-system resilience globally from the effects of climate change, there have been increasing calls for health professionals, as well as public health and medical education systems, to become partners in climate change mitigation efforts. Direct clinical practice considerations, however, have not been adequately fostered equitably across all regions with an often-confusing array of practice areas within planetary health and sustainable healthcare. This article calls for a more coordinated effort within clinical practice spaces given the urgency of global environmental change, while also taking lessons from Indigenous traditional knowledge systems—a viewpoint that is rarely heard from or prioritized in public health or medicine. Simpler and more coordinated messaging in efforts to improve patient and planetary health are needed. The creation of unifying terminology within planetary health-rooted clinical and public health practice has been proposed with the potential to bring forth dialogue between and within disciplinary offshoots and public health advocacy efforts, and within clinical and health-system policy spaces.

Notes: Redvers, Nicole

Redvers, Nicole/AAD-2109-2020; Redvers, Nicole/HCI-5707-2022

Redvers, Nicole/0000-0001-8521-2130;
2296-2565

URL: <Go to ISI>://WOS:000650009200001

Reference Type: Journal Article

Record Number: 1182

Author: Reedman, S. E., Jayan, L., Boyd, R. N., Ziviani, J., Elliott, C. and Sakzewski, L.

Year: 2022

Title: Descriptive contents analysis of ParticiPate CP: a participation-focused intervention to promote physical activity participation in children with cerebral palsy

Journal: Disability and Rehabilitation

Volume: 44

Issue: 23

Pages: 7167-7177

Date: Nov

Short Title: Descriptive contents analysis of ParticiPate CP: a participation-focused intervention to promote physical activity participation in children with cerebral palsy

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1985636

Accession Number: WOS:000705440300001

Abstract: Purpose ParticiPate CP is a participation-focused therapy intervention that is effective to increase perceived performance of physical activity (PA) participation goals in children with cerebral palsy (CP). We aimed to characterise the contents of ParticiPate CP using validated behaviour change frameworks. Materials and methods Data came from physiotherapist treatment notes and were used to specify: (1) physiotherapist-perceived barriers to behaviour change (using the International Classification of Functioning, Disability and Health Framework [ICF] and Theoretical Domains Framework), intervention content (Behaviour Change Technique Taxonomy v1), intervention functions (Behaviour Change Wheel) and mechanisms of action (Capability, Opportunity, Motivation – Behaviour model). Results Physiotherapist-perceived barriers to participation were identified in all ICF and Theoretical Domains Framework domains. ParticiPate CP consisted of 32 behaviour change techniques, delivered via six intervention functions of the Behaviour Change Wheel, especially enablement. All six possible mechanisms of action were identified according to the Capability, Opportunity, Motivation – Behaviour model. These were targeted most frequently through Theoretical Domains Framework domains social influences, environmental context and resources, intentions, skills, knowledge, and beliefs about capabilities. Conclusions The content of a PA intervention for children with CP can be specified according to behaviour change frameworks. ParticiPate CP was complex, with multiple targets, constituent behaviour change techniques and mechanisms of action.

Notes: Reedman, Sarah E. Jayan, Lakshmi Boyd, Roslyn N. Ziviani, Jenny Elliott, Catherine Sakzewski, Leanne

Ziviani, Jenny M/C-1708-2010; Sakzewski, Leanne/F-5213-2010;

Elliott, Catherine/B-6718-2014

Sakzewski, Leanne/0000-0001-5395-544X; Elliott, Catherine/0000-0002-5324-8216

1464-5165

URL: <Go to ISI>://WOS:000705440300001

Reference Type: Journal Article
Record Number: 1524
Author: Rees, G. M., Bard, A. and Reyher, K. K.
Year: 2021
Title: Designing a National Veterinary Prescribing Champion Programme for Welsh Veterinary Practices: The Arwain Vet Cymru Project
Journal: Antibiotics-Basel
Volume: 10
Issue: 3
Date: Mar
Short Title: Designing a National Veterinary Prescribing Champion Programme for Welsh Veterinary Practices: The Arwain Vet Cymru Project
ISSN: 2079-6382
DOI: 10.3390/antibiotics10030253
Article Number: 253
Accession Number: WOS:000633352600001
Abstract: Antimicrobial use in agriculture has been identified as an area of focus for reducing overall antimicrobial use and improving stewardship. In this paper, we outline the design of a complex antimicrobial stewardship (AMS) intervention aimed at developing a national Veterinary Prescribing Champion programme for Welsh farm animal veterinary practices. We describe the process by which participants were encouraged to design and deliver bespoke individualised AMS activities at practice level by forging participant "champion" identities and communities of practice through participatory and educational online activities. We describe the key phases identified as important when designing this complex intervention, namely (i) involving key collaborators in government and industry to stimulate project engagement; (ii) grounding the design in the literature, the results of stakeholder engagement, expert panel input, and veterinary clinician feedback to promote contextual relevance and appropriateness; and (iii) taking a theoretical approach to implementing intervention design to foster critical psychological needs for participant motivation and scheme involvement. With recruitment of over 80% of all farm animal practices in Wales to the programme, we also describe demographic data of the participating Welsh Veterinary Prescribing Champions in order to inform recruitment and design of future AMS programmes.
Notes: Rees, Gwen M. Bard, Alison Reyher, Kristen K.
Rees, Gwen/0000-0002-4646-288X
URL: <Go to ISI>://WOS:000633352600001

Reference Type: Journal Article
Record Number: 1057
Author: Reicher, S.
Year: 2021
Title: It is wrong to claim that the public won't follow covid rules just because the government don't
Journal: Bmj-British Medical Journal
Volume: 375

Date: Dec
Short Title: It is wrong to claim that the public won't follow covid rules just because the government don't
ISSN: 0959-535X
DOI: 10.1136/bmj.n3150
Article Number: n3150
Accession Number: WOS:000744176300005
Notes: Reicher, Stephen
1756-1833
URL: <Go to ISI>://WOS:000744176300005

Reference Type: Journal Article
Record Number: 1383
Author: Reicher, S. and Bauld, L.
Year: 2021
Title: From the 'fragile rationalist' to 'collective resilience': what human psychology has taught us about the COVID-19 pandemic and what the COVID-19 pandemic has taught us about human psychology
Journal: Journal of the Royal College of Physicians of Edinburgh
Volume: 51
Pages: S12-S19
Date: Jun
Short Title: From the 'fragile rationalist' to 'collective resilience': what human psychology has taught us about the COVID-19 pandemic and what the COVID-19 pandemic has taught us about human psychology
ISSN: 1478-2715
DOI: 10.4997/jrcpe.2021.236
Accession Number: WOS:000667279600004
Abstract: A successful response to the Covid-19 pandemic is dependent on changing human behaviour to limit proximal interactions with others. Accordingly, governments have introduced severe constraints upon freedoms to move and to mix. This has been accompanied by doubts as to whether the public would abide by these constraints. Such doubts are underpinned by a psychological model of individuals as fragile rationalists who have limited cognitive capacities, who panic under pressure and turn a crisis into a tragedy. Drawing on evidence from the UK, we show that this did not occur. Rather, the pandemic has illustrated the remarkable collective resilience of individuals when brought together as a community by the common experience of crisis. This is a crucial lesson for the future, because it underpins the importance of developing leadership and policies that enhance rather than weaken such emergent social identity.
Notes: Reicher, Stephen Bauld, Linda
2042-8189
1
URL: <Go to ISI>://WOS:000667279600004

Reference Type: Journal Article
Record Number: 1573
Author: Reicherzer, L., Kramer-Gmeiner, F., Labudek, S., Jansen, C.

P., Nerz, C., Nystrand, M. J., Becker, C., Clemson, L. and Schwenk, M.

Year: 2021

Title: Group or individual lifestyle-integrated functional exercise (LiFE)? A qualitative analysis of acceptability

Journal: BMC Geriatrics

Volume: 21

Issue: 1

Date: Feb

Short Title: Group or individual lifestyle-integrated functional exercise (LiFE)? A qualitative analysis of acceptability

DOI: 10.1186/s12877-020-01991-0

Article Number: 93

Accession Number: WOS:000616637100002

Abstract: BackgroundThe Lifestyle-integrated Functional Exercise (LiFE) program is an effective but resource-intensive fall prevention program delivered one-to-one in participants' homes. A recently developed group-based LiFE (gLiFE) could enhance large-scale implementability and decrease resource intensity. The aim of this qualitative focus group study is to compare participants' experiences regarding acceptability of gLiFE vs LiFE.MethodsPrograms were delivered in seven group sessions (gLiFE) or seven individual home visits (LiFE) within a multi-center, randomized non-inferiority trial. Four structured focus group discussions (90-100min duration; one per format and study site) on content, structure, and subjective effects of gLiFE and LiFE were conducted. Qualitative content analysis using the method of inductive category formation by Mayring was applied for data analysis. Coding was managed using NVivo.ResultsIn both formats, participants (N =30, 22 women, n(gLiFE) =15, n(LiFE) =15, mean age 78.86.6years) were positive about content, structure, and support received by trainers. Participants reflected on advantages of both formats: the social aspects of learning the program in a peer group (gLiFE), and benefits of learning the program at home (LiFE). In gLiFE, some difficulties with the implementation of activities were reported. In both formats, the majority of participants reported positive outcomes and successful implementation of new movement habits.ConclusionThis is the first study to examine participants' views on and experiences with gLiFE and LiFE, revealing strengths and limitations of both formats that can be used for program refinement. Both formats were highly acceptable to participants, suggesting that gLiFE may have similar potential to be adopted by adults aged 70years and older compared to LiFE.Trial registration ClinicalTrials.gov, NCT03462654. Registered on March 12, 2018.
Notes: Reicherzer, Leah Kramer-Gmeiner, Franziska Labudek, Sarah Jansen, Carl-Philipp Nerz, Corinna Nystrand, Malin J. Becker, Clemens Clemson, Lindy Schwenk, Michael Reicherzer, Leah/0000-0002-0351-0968 1471-2318
URL: <Go to ISI>://WOS:000616637100002

Reference Type: Journal Article

Record Number: 400

Author: Reicherzer, L., Wirz, M., Wieber, F. and Graf, E. S.

Year: 2022

Title: Facilitators and barriers to health enhancing physical activity in individuals with severe functional limitations after stroke: A qualitative study

Journal: Frontiers in Psychology

Volume: 13

Date: Oct

Short Title: Facilitators and barriers to health enhancing physical activity in individuals with severe functional limitations after stroke: A qualitative study

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2022.982302

Article Number: 982302

Accession Number: WOS:000878916300001

Abstract: BackgroundPatients with chronic conditions are less physically active than the general population despite knowledge of positive effects on physical and mental health. There is a variety of reasons preventing people with disabilities from achieving levels of physical activities resulting in health benefits. However, less is known about potential facilitators and barriers for physical activity (PA) in people with severe movement impairments. The aim of this study was to identify obstacles and facilitators of PA in individuals with severe disabilities. Materials and methodsUsing a qualitative approach to explore individuals' subjective perspectives in depth, five community-dwelling adults (age 52-72, 2 female, 3 male) living with chronic mobility impairments after stroke that restrict independent PA were interviewed. A semi structured topic guide based on the theoretical domains framework was utilized. The interview data was analyzed thematically, and the theoretical domains framework constructs were mapped onto the main and sub-categories. ResultsThe six main categories of facilitators and barriers along the capability, opportunity, motivation-behavior (COM-B) framework were: (1) physical capabilities, (2) psychological capabilities, (3) motivation reflective, (4) motivation automatic, (5) opportunity physical, and (6) opportunity social. The physical capabilities to independently perform PA were variable between participants but were not necessarily perceived as a barrier. Participants were highly motivated to maintain and/or increase their abilities to master their everyday lives as independently as possible. It became clear that a lack of physical opportunities, such as having access to adequate training facilities can present a barrier. Social opportunities in the form of social support, social norms, or comparisons with others can act as both facilitators and barriers. ConclusionWhile confirming known barriers and facilitators that impact the ability of individuals with functional limitations to be active, the findings highlight the need and opportunities for comprehensive service models based on interdisciplinary collaborations.

Notes: Reicherzer, Leah Wirz, Markus Wieber, Frank Graf, Eveline S.

Graf, Eveline/0000-0003-4740-8145; Wirz, Markus/0000-0001-6716-8527

URL: <Go to ISI>://WOS:000878916300001

Reference Type: Journal Article

Record Number: 469

Author: Reid, H., Smith, R., Williamson, W., Baldock, J., Caterson, J., Kluzek, S., Jones, N. and Copeland, R.

Year: 2022

Title: Use of the behaviour change wheel to improve everyday person-centred conversations on physical activity across healthcare

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Sep

Short Title: Use of the behaviour change wheel to improve everyday person-centred conversations on physical activity across healthcare

DOI: 10.1186/s12889-022-14178-6

Article Number: 1784

Accession Number: WOS:000855808500004

Abstract: Background An implementation gap exists between the evidence supporting physical activity in the prevention and management of long-term medical conditions and clinical practice. Person-centred conversations, i.e. focussing on the values, preferences and aspirations of each individual, are required from healthcare professionals. However, many currently lack the capability, opportunity, and motivation to have these conversations. This study uses the Behaviour Change Wheel (BCW) to inform the development of practical and educational resources to help bridge this gap. **Methods** The BCW provides a theoretical approach to enable the systematic development of behaviour change interventions. Authors followed the described eight-step process, considered results from a scoping review, consulted clinical working groups, tested and developed ideas across clinical pathways, and agreed on solutions to each stage by consensus. **Results** The behavioural diagnosis identified healthcare professionals' initiation of person-centred conversations on physical activity at all appropriate opportunities in routine medical care as a suitable primary target for interventions. Six intervention functions and five policy categories met the APEASE criteria. We mapped 17 Behavioural Change Techniques onto BCW intervention functions to define intervention strategies. **Conclusions** This study uses the BCW to outline a coherent approach for intervention development to improve healthcare professionals' frequency and quality of conversations on physical activity across clinical practice. Time-sensitive and role-specific resources might help healthcare professionals understand the focus of their intervention. Educational resources aimed at healthcare professionals and patients could have mutual benefit, should fit into existing care pathways and support professional development. A trusted information source with single-point access via the internet is likely to improve accessibility. Future evaluation of resources built and coded using this framework is required to establish the effectiveness of this approach and help improve understanding of what works to change conversations around physical activity in clinical practice.

Notes: Reid, Hamish Smith, Ralph Williamson, Wilby Baldock, James Caterson, Jessica Kluzek, Stefan Jones, Natasha Copeland, Robert Reid, Hamish/0000-0003-2094-5506; Kluzek, Stefan/0000-0002-0696-7541

1471-2458

URL: <Go to ISI>://WOS:000855808500004

Reference Type: Journal Article

Record Number: 643

Author: Reilly, C. C., Bristowe, K., Roach, A., Chalder, T., Maddocks, M. and Higginson, I. J.

Year: 2022

Title: "The whole of humanity has lungs, doesn't it? We are not all the same sort of people": patient preferences and choices for an online, self-guided chronic breathlessness supportive intervention: SELF-BREATHE

Journal: Erj Open Research

Volume: 8

Issue: 3

Date: Jul

Short Title: "The whole of humanity has lungs, doesn't it? We are not all the same sort of people": patient preferences and choices for an online, self-guided chronic breathlessness supportive intervention: SELF-BREATHE

DOI: 10.1183/23120541.00093-2022

Article Number: 00093-2022

Accession Number: WOS:000825130900003

Abstract: Introduction The burden of chronic breathlessness on individuals, family, society and health systems is significant and set to increase exponentially with an ageing population with complex multimorbidity, yet there is a lack of services. This has been further amplified by the coronavirus disease 2019 pandemic. Online breathlessness interventions have been proposed to fill this gap, but need development and evaluation based on patient preferences and choices. This study aimed to explore the preferences and choices of patients regarding the content of an online self-guided chronic breathlessness supportive intervention (SELF-BREATHE). Methods Semi-structured telephone interviews were conducted with adults living with advanced malignant and nonmalignant disease and chronic breathlessness (July to November 2020). Interviews were analysed using conventional and summative content analysis. Results 25 patients with advanced disease and chronic breathlessness (COPD n=13, lung cancer n=8, interstitial lung disease n=3, bronchiectasis n=1; 17 male; median (range) age 70 (47-86) years; median (range) Medical Research Council dyspnoea score 3 (2-5)) were interviewed. Individuals highlighted strong preferences for focused education, methods to increase self-motivation and engagement, interventions targeting breathing and physical function, software capability to personalise the content of SELF-BREATHE to make it more meaningful to the user, and aesthetically designed content using various communication methods including written, video and audio content. Furthermore, they identified the need to address motivation as a key potential determinant of the success of SELF-BREATHE. Conclusion Our findings provide an essential foundation for future digital intervention development (SELF-BREATHE) and scaled research.

Notes: Reilly, Charles C. Bristowe, Katherine Roach, Anna Chalder, Trudie Maddocks, Matthew Higginson, Irene J.

Bristowe, Katherine R/G-4807-2012; Higginson, Irene Julie/
C-7309-2012; Maddocks, Matthew/H-5916-2013; Reilly, Charles C/
K-1944-2012

Higginson, Irene Julie/0000-0002-3687-1313; Reilly, Charles/
0000-0003-2520-2859
2312-0541

URL: <Go to ISI>://WOS:000825130900003

Reference Type: Journal Article

Record Number: 259

Author: Reinders, M. J., Starke, A. D., Fischer, A. R. H., Verain,
M. C. D., Doets, E. L. and Van Loo, E. J.

Year: 2023

Title: Determinants of consumer acceptance and use of personalized
dietary advice: A systematic review

Journal: Trends in Food Science & Technology

Volume: 131

Pages: 277-294

Date: Jan

Short Title: Determinants of consumer acceptance and use of
personalized dietary advice: A systematic review

ISSN: 0924-2244

DOI: 10.1016/j.tifs.2022.12.008

Accession Number: WOS:000917447500001

Abstract: Background: There has been growing attention towards
personalizing dietary advice to the specific lifestyle, phenotypic
and genotypic properties of consumers. Consumer acceptance and
advice adherence is critical for the success of services offering
personalized dietary advice. However, more insight is needed in the
current body of knowledge on the determinants of consumer acceptance
and use of personalized dietary advice. Scope and approach: This
literature review provides an overview of the current knowledge on
consumer accep-tance, use and effectiveness of personalized dietary
advice based on the four information flow stages in personalized
dietary advice: (1) information provision from consumer to formulate
a personalized dietary advice, (2) personalized advice generation,
(3) advice provision to the consumer, (4) advice acceptance and
adherence. Key Findings and Conclusions: Results show that the
extent to which each step in the cycle is considered in the reviewed
studies varies strongly, with most emphasis on the advice adherence,
such as changes in dietary intake. In contrast, it is less clear how
consumer data is used to generate a personalized dietary advice.
Based on the studies in our review, we identify aspects that play a
role in the consumer acceptance of personalized dietary advice and
the best design practices for creating a successful personalized
advice.

Notes: Reinders, Machiel J. Starke, Alain D. Fischer, Arnout R. H.
Verain, Muriel C. D. Doets, Esmee L. Van Loo, Ellen J.

Fischer, Arnout R.H/B-9589-2009; Van Loo, Ellen J./A-9008-2012

Fischer, Arnout R.H/0000-0003-0474-5336; Van Loo, Ellen J./
0000-0002-0162-1760; Verain, Muriel/0009-0001-4526-3766; Starke,
Alain Dominique/0000-0002-9873-8016
1879-3053

URL: <Go to ISI>://WOS:000917447500001

Reference Type: Journal Article

Record Number: 915

Author: Remskar, M., Atkinson, M. J., Marks, E. and Ainsworth, B.

Year: 2022

Title: Understanding university student priorities for mental health and well-being support: A mixed-methods exploration using the person-based approach

Journal: Stress and Health

Volume: 38

Issue: 4

Pages: 776-789

Date: Oct

Short Title: Understanding university student priorities for mental health and well-being support: A mixed-methods exploration using the person-based approach

ISSN: 1532-3005

DOI: 10.1002/smi.3133

Accession Number: WOS:000759702800001

Abstract: Poor student well-being at UK universities is overstressing institutional support services, highlighting a need for effective new resources. Despite extensive literature on mental health and well-being interventions, students' engagement with support remains unexplored. The study aimed to understand students' experience of engagement with well-being support, identify their well-being needs and form concrete recommendations for future intervention design and delivery. The Person-Based Approach to intervention design was followed to centralise users' experience, in turn maximising acceptability and effectiveness of resources. An online survey (N = 52) was followed by three focus groups (N = 14). Survey data were analysed descriptively, and reflexive thematic analysis was performed on qualitative data. Mixed-methods data integration produced four key student priorities for well-being resources – ease of access, inclusive and preventative approach, sense of community and a safe space, and applying skills to real-life contexts. Five actionable guiding principles for intervention design were produced through consultation with expert stakeholders. This work helps understand why and how students engage with support at university. The resulting recommendations can inform future intervention development, leading to more acceptable, engaging and effective student well-being resources.

Notes: Remskar, Masha Atkinson, Melissa J. Marks, Elizabeth Ainsworth, Ben

Remskar, Masha/HMP-7153-2023

Atkinson, Melissa/0000-0002-7699-2398; Ainsworth, Ben/0000-0002-5098-1092; Remskar, Masha/0000-0001-5327-8821 1532-2998

URL: <Go to ISI>://WOS:000759702800001

Reference Type: Journal Article

Record Number: 442

Author: Rethorn, Z. D., Covington, J. K., Cook, C. E. and Bezner, J. R.

Year: 2022

Title: Identifying Factors That Influence Physical Activity Promotion in Outpatient Physical Therapist Practice Using the Theoretical Domains Framework

Journal: Journal of Geriatric Physical Therapy

Volume: 45

Issue: 4

Pages: 190-196

Date: Oct-Dec

Short Title: Identifying Factors That Influence Physical Activity Promotion in Outpatient Physical Therapist Practice Using the Theoretical Domains Framework

ISSN: 1539-8412

DOI: 10.1519/jpt.0000000000000353

Accession Number: WOS:000869397900009

Abstract: Background and Purpose: Physical activity (PA) promotion is not routine practice for physical therapists. Understanding the PA promotion beliefs of physical therapists may offer targets for behavior change interventions to improve PA promotion. The purpose of this study was to explore outpatient US physical therapists' beliefs about PA promotion and determine which Theoretical Domains Framework (TDF) domains can inform implementation efforts. Methods: We used a descriptive qualitative research design. A TDF-based interview guide was developed to identify beliefs about PA promotion. Twenty-six outpatient US physical therapists (13 regular PA promoters and 13 irregular PA promoters) completed semistructured interviews. Directed content analysis identified specific beliefs by grouping similar belief statements. Specific beliefs were mapped to TDF domains. Results and Discussion: Five TDF domains were identified as likely relevant to changing physical therapists' PA promotion behaviors. Key beliefs within those domains included conflicting comments about PA guidelines being evidence based, a lack of confidence to promote PA due to perceived deficits in communication skills, and time constraints as key barriers. Beliefs about improving PA promotion included incorporating screening for baseline PA and continuing education targeting confidence and communication. Conclusions: We identified key beliefs that influence outpatient US physical therapists' PA promotion. These beliefs identify targets for behavior change interventions to improve PA promotion rates among outpatient US physical therapists including incorporating baseline screening for PA and the development of continuing education training programs.

Notes: Rethorn, Zachary D. Covington, J. Kyle Cook, Chad E. Bezner, Janet R.

2152-0895

URL: <Go to ISI>://WOS:000869397900009

Reference Type: Journal Article

Record Number: 372

Author: Reuter, K., Genao, K., Callanan, E. M., Cannone, D. E., Giardina, E. G., Rollman, B. L., Singer, J., Slutzky, A. R., Ye, S.

Q., Duran, A. T. and Moise, N.

Year: 2022

Title: Increasing Uptake of Depression Screening and Treatment Guidelines in Cardiac Patients: A Behavioral and Implementation Science Approach to Developing a Theory-Informed, Multilevel Implementation Strategy

Journal: Circulation-Cardiovascular Quality and Outcomes

Volume: 15

Issue: 11

Date: Nov

Short Title: Increasing Uptake of Depression Screening and Treatment Guidelines in Cardiac Patients: A Behavioral and Implementation Science Approach to Developing a Theory-Informed, Multilevel Implementation Strategy

ISSN: 1941-7705

DOI: 10.1161/circoutcomes.122.009338

Article Number: e009338

Accession Number: WOS:000886074100007

Abstract: Background: Depression leads to poor health outcomes in patients with coronary heart disease (CHD). Despite guidelines recommending screening and treatment of depressed patients with CHD, few patients receive optimal care. We applied behavioral and implementation science methods to (1) identify generalizable, multilevel barriers to depression screening and treatment in patients with CHD and (2) develop a theory-informed, multilevel implementation strategy for promoting guideline adoption. Methods: We conducted a narrative review of barriers to depression screening and treatment in patients with CHD (ie, medications, exercise, cardiac rehabilitation, or therapy) comprising data from 748 study participants. Informed by the behavior change wheel framework and Expert Recommendations for Implementing Change, we defined multilevel target behaviors, characterized determinants (capability, opportunity, motivation), and mapped barriers to feasible, acceptable, and equitable intervention functions and behavior change techniques to develop a multilevel implementation strategy, targeting health care systems/providers and patients. Results: We identified implementation barriers at the system/provider level (eg, Capability: knowledge; Opportunity: workflow integration; Motivation: ownership) and patient level (eg, Capability: knowledge; Opportunity: mobility; Motivation: symptom denial). Acceptable, feasible, and equitable intervention functions included education, persuasion, environmental restructuring, and enablement. Expert Recommendations for Implementing Change strategies included learning collaborative, audit, feedback, and educational materials. The final multicomponent strategy (iHeart DepCare) for promoting depression screening/treatment included problem-solving meetings with clinic staff (system); educational/motivational videos, electronic health record reminders/decisional support (provider); and a shared decision-making (electronic shared decision-making) tool with several functions for patients, for example, patient activation, patient treatment selection support. Conclusions: We applied implementation and behavioral science methods to identify implementation barriers and to develop a multilevel implementation strategy for increasing uptake of depression screening and treatment

in patients with CHD as a use case. The multilevel implementation strategy will be evaluated in a future hybrid II effectiveness-implementation trial.

Notes: Reuter, Katja Genao, Kirali Callanan, Emily M. Cannone, Diane E. Giardina, Elsa-Grace Rollman, Bruce L. Singer, Jessica Slutzky, Amy R. Ye, Siqin Duran, Andrea T. Moise, Nathalie Duran, Andrea/0000-0002-1214-1914; Slutzky, Amy/0000-0002-0695-1371; Reuter, Katja/0000-0002-1559-9058
1941-7713
URL: <Go to ISI>://WOS:000886074100007

Reference Type: Journal Article

Record Number: 507

Author: Reuze, A., Mejean, C., Carrere, M., Sirieix, L., Druesne-Pecollo, N., Peneau, S., Touvier, M., Hercberg, S., Kesse-Guyot, E. and Alles, B.

Year: 2022

Title: Rebalancing meat and legume consumption: change-inducing food choice motives and associated individual characteristics in non-vegetarian adults

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 19

Issue: 1

Date: Sep

Short Title: Rebalancing meat and legume consumption: change-inducing food choice motives and associated individual characteristics in non-vegetarian adults

DOI: 10.1186/s12966-022-01317-w

Article Number: 112

Accession Number: WOS:000848742200003

Abstract: Background: A shift toward more plant-based foods in diets is required to improve health and to reduce environmental impact. Little is known about food choice motives and associated characteristics of those individuals who have actually reduced their consumption of animal-based foods. The aim of this cross-sectional study was to identify change-inducing motives related to meat and legume consumptions among non-vegetarians. The association between change-inducing motives and individual characteristics was also studied. Methods: This study included 25,393 non-vegetarian participants in the French NutriNet-Sante cohort (77.4% women, mean age 55.4 +/- 13.9 y.). The motives related to the declared change in meat and legume consumptions (e.g., taste, environment, social pressure) were assessed by an online questionnaire in 2018. For each motive, respondents could be classified into three groups: no motive; motive, not change-inducing; change-inducing motive. Associations between change-inducing motives and individual characteristics were evaluated using multivariable polytomous logistic regressions. Characteristics of participants who rebalanced their meat and legume consumptions were also compared to those who reduced their meat but did not increase their legume consumption. Results: Motives most strongly declared as having induced a change in meat or legume consumptions were health and nutrition

(respectively 90.7 and 81.0% declared these motives as change-inducing for the meat reduction), physical environment (82.0% for meat reduction only) and taste preferences (77.7% for legume increase only). Other motives related to social influences, meat avoidance and meat dislike were reported by fewer individuals, but were declared as having induced changes in food consumption. Most motives that induced a meat reduction and a legume increase were more likely to be associated with specific individual characteristics, for example being a woman or highly educated for health motives. Conclusions: Besides the motives reported as important, some motives less frequently felt important were declared as having induced changes in meat or legume consumptions. Change-inducing motives were reported by specific subpopulations. Public campaigns on health and sustainability could usefully develop new tools to reach populations less willing to change.

Notes: Reuze, Anouk Mejean, Caroline Carrere, Myriam Sirieix, Lucie Druesne-Pecollo, Nathalie Peneau, Sandrine Touvier, Mathilde Hercberg, Serge Kesse-Guyot, Emmanuelle Alles, Benjamin Peneau, Sandrine/F-2701-2017; Mejean, Caroline/F-2792-2017; Kesse-Guyot, Emmanuelle/F-2692-2017; Touvier, Mathilde/E-8817-2017; Alles, Benjamin/F-1006-2017

Peneau, Sandrine/0000-0002-3463-0989; Mejean, Caroline/0000-0001-6467-5056; Kesse-Guyot, Emmanuelle/0000-0002-9715-3534; Touvier, Mathilde/0000-0002-8322-8857; Alles, Benjamin/0000-0002-7970-171X; SIRIEIX, LUCIE/0000-0002-3290-1538; Reuze, Anouk/0000-0001-7043-2624
1479-5868

URL: <Go to ISI>://WOS:000848742200003

Reference Type: Journal Article

Record Number: 307

Author: Rewa, O. G. and Kashani, K.

Year: 2022

Title: Quality, safety, and implementation science in acute kidney care

Journal: Current Opinion in Critical Care

Volume: 28

Issue: 6

Pages: 613-621

Date: Dec

Short Title: Quality, safety, and implementation science in acute kidney care

ISSN: 1070-5295

DOI: 10.1097/mcc.0000000000000999

Accession Number: WOS:000874085100007

Abstract: Purpose of review Quality and safety are important themes in acute kidney care (AKC). There have been many recent initiatives highlighting these aspects. However, for these to become part of clinical practice, a rigorous implementation science methodology must be followed. This review will present these practices and will highlight recent initiatives in acute kidney injury (AKI), kidney replacement therapy (KRT) and recovery from AKI. Recent findings The 22nd Acute Disease Quality Initiative (ADQI) focused on achieving a

framework for improving AKI care. This has led to various quality improvement (QI) initiatives that have been implemented following a robust implementation science methodology. In AKI, QI initiatives have been focused on implementing care bundles and early detection systems for patients at risk or with AKI. KRT initiatives have focused on measuring and reporting key performance indicators (KPIs), and providing targeted feedback and education to improve delivery of KRT. Finally, it has been recognized that post-AKI care is vitally important, and ongoing work has been focused on implementing pathways to ensure continuing kidney-focused care. Quality and safety continue to be important focuses in AKC. Although recent work have focused on initiatives to improve these themes, additional work is necessary to further develop these items as we strive to improve the care to patients with AKI.

Notes: Rewa, Oleksa G. Kashani, Kianoush
1531-7072

URL: <Go to ISI>://WOS:000874085100007

Reference Type: Journal Article

Record Number: 625

Author: Rhee, K. E., Herrera, L., Strong, D., Kang-Sim, E., Shi, Y. Y. and Boutelle, K. N.

Year: 2022

Title: Guided Self-Help for Pediatric Obesity in Primary Care: A Randomized Clinical Trial

Journal: Pediatrics

Volume: 150

Issue: 1

Date: Jul

Short Title: Guided Self-Help for Pediatric Obesity in Primary Care: A Randomized Clinical Trial

ISSN: 0031-4005

DOI: 10.1542/peds.2021-055366

Article Number: e2021055366

Accession Number: WOS:000918236400019

Abstract: OBJECTIVES: Our aim was to compare the effect of 2 treatment models on attendance and child abstract weight status: a less intense guided self-help (GSH) program delivered in the primary care setting versus traditional family-based behavioral treatment (FBT) delivered in an academic center. METHODS: We conducted a randomized clinical trial among 164 children between 5 and 13 years old with a BMI \geq 85th percentile and their parents. The intervention group (GSH) received 14 individual sessions over 6 months, with 5.3 hours of treatment. The control group (FBT) received 20 group-based sessions over 6 months, with 20 hours of treatment. Main outcomes included proportion of sessions families attended and change in child BMI z-score (BMIz), percentage from the 95th BMI percentile, difference from the 95th BMI percentile at the end of treatment, and 6-month follow-up. RESULTS: Mean age of children was 9.6 years, BMI z-score 2.1, 49% female, and >90% Latino. The odds of attending GSH compared to FBT was 2.2 ($P < 0.01$). Those assigned to GSH had a 67% reduced risk of attrition (hazard ratio 5 0.33, 95% confidence interval 0.22-0.50, $P < .001$).

Intent-to-treat analysis showed no between-group differences in change in BMIz and percentage from the 95th BMI percentile over time. Combined, there was a significant reduction in BMIz from baseline to posttreatment (beta = -0.07 (0.01), P <.01, d: 0.60) and a slight increase from posttreatment to follow-up (beta = 0.007 (0.13), P 5.56). CONCLUSIONS: This study provides support for a novel, less intense GSH model of obesity treatment, which can be implemented in the primary care setting. Future studies should examine effective approaches to dissemination and implementation of GSH in different settings to increase access to treatment.

Notes: Rhee, Kyung E. Herrera, Lourdes Strong, David Kang-Sim, Eastern Shi, Yuyan Boutelle, Kerri N.

Kang Sim, D. Eastern/0000-0003-1115-0592

1098-4275

URL: <Go to ISI>://WOS:000918236400019

Reference Type: Journal Article

Record Number: 2393

Author: Rhind, C., Hibbs, R., Goddard, E., Schmidt, U., Micali, N., Gowers, S., Beecham, J., Macdonald, P., Todd, G., Tchanturia, K. and Treasure, J.

Year: 2014

Title: Experienced Carers Helping Others (ECHO): Protocol for a Pilot Randomised Controlled Trial to Examine a Psycho-educational Intervention for Adolescents with Anorexia Nervosa and Their Carers

Journal: European Eating Disorders Review

Volume: 22

Issue: 4

Pages: 267-277

Date: Jul

Short Title: Experienced Carers Helping Others (ECHO): Protocol for a Pilot Randomised Controlled Trial to Examine a Psycho-educational Intervention for Adolescents with Anorexia Nervosa and Their Carers

ISSN: 1072-4133

DOI: 10.1002/erv.2298

Accession Number: WOS:000337612200007

Abstract: Experienced Carers Helping Others (ECHO) is an intervention for carers of people with eating disorders. This paper describes the theoretical background and protocol of a pilot multicentre randomised controlled trial that will explore the use of two variants of ECHO for improving outcomes for adolescents with anorexia nervosa (AN) referred for outpatient care. Adolescent patients and their carers (typically parents and close others in a supportive role) will be recruited from 38 eating disorder outpatient services across the UK. Carers will be randomly allocated to receive ECHOc' guided self-help (in addition to treatment as usual), ECHO' self-help only (in addition to treatment as usual) or treatment as usual only. Primary outcomes are a summary measure of the Short Evaluation of Eating Disorders at 6- and 12-month follow-ups. Secondary outcomes are general psychiatric morbidity of AN patients and carer, carers' coping and behaviour, and change in healthcare use and costs at 6- and 12-month follow-ups. Therapist effects will be examined, and process evaluation of ECHOc will be

completed. The findings from this pilot trial will be used in preparation for executing a definitive trial to determine the impact of the preferred variant of ECHO to improve treatment outcomes for AN. Copyright (c) 2014 John Wiley & Sons, Ltd and Eating Disorders Association.

Notes: Rhind, Charlotte Hibbs, Rebecca Goddard, Elizabeth Schmidt, Ulrike Micali, Nadia Gowers, Simon Beecham, Jennifer Macdonald, Pamela Todd, Gillian Tchanturia, Kate Treasure, Janet Tchanturia, Kate/H-1474-2011; Micali, Nadia/E-6829-2010; Beecham, Jennifer K/E-7836-2010

Tchanturia, Kate/0000-0001-8988-3265; Micali, Nadia/0000-0001-5571-2273; Beecham, Jennifer K/0000-0001-5147-3383; Treasure, Janet/0000-0003-0871-4596
1099-0968

URL: <Go to ISI>://WOS:000337612200007

Reference Type: Journal Article

Record Number: 1067

Author: Rhodes, R. E.

Year: 2021

Title: Multi-Process Action Control in Physical Activity: A Primer

Journal: Frontiers in Psychology

Volume: 12

Date: Dec

Short Title: Multi-Process Action Control in Physical Activity: A Primer

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2021.797484

Article Number: 797484

Accession Number: WOS:000738469300001

Abstract: The gap between the decision to engage in physical activity and subsequent behavioral enactment is considerable for many. Action control theories focus on this discordance in an attempt to improve the translation of intention into behavior. The purpose of this mini-review was to overview one of these approaches, the multi-process action control (M-PAC) framework, which has evolved from a collection of previous works. The main concepts and operational structure of M-PAC was overviewed followed by applications of the framework in physical activity, and concluded with unanswered questions, limitations, and possibilities for future research. In M-PAC, it is suggested that three layered processes (reflective, regulatory, reflexive) build upon each other from the formation of an intention to a sustained profile of physical activity action control. Intention-behavior discordance is because of strategic challenges in goal pursuit (differences in outcome vs. behavioral goals; balancing multiple behavioral goals) and automatic tendencies (approach-avoidance, conservation of energy expenditure). Regulatory processes (prospective and reactive tactics) are employed to hold the relationship between reflective processes and behavior concordant by countering these strategic challenges and automatic tendencies until the development of reflexive processes (habit, identity) begin to co-determine action control. Results from 29 observational and preliminary experimental studies generally support

the proposed M-PAC framework. Future research is needed to explore the temporal dynamic between reflexive and regulatory constructs, and implement M-PAC interventions in different forms (e.g., mobile health), and at different levels of scale (clinical, group, population).

Notes: Rhodes, Ryan E.

Rhodes, Ryan E./ABB-4896-2020

Rhodes, Ryan E./0000-0003-0940-9040

URL: <Go to ISI>://WOS:000738469300001

Reference Type: Journal Article

Record Number: 1331

Author: Rhodes, R. E., Cox, A. and Sayar, R.

Year: 2022

Title: What Predicts the Physical Activity Intention-Behavior Gap? A Systematic Review

Journal: Annals of Behavioral Medicine

Volume: 56

Issue: 1

Pages: 1-20

Date: Jan

Short Title: What Predicts the Physical Activity Intention-Behavior Gap? A Systematic Review

ISSN: 0883-6612

DOI: 10.1093/abm/kaab044

Accession Number: WOS:000736061200001

Abstract: Background: Intention is theorized as the proximal determinant of behavior in many leading theories and yet intention-behavior discordance is prevalent. Purpose: To theme and appraise the variables that have been evaluated as potential moderators of the intention-physical activity (I-PA) relationship using the capability-opportunity-motivation-behavior model as an organizational frame. Methods: Literature searches were concluded in August 2020 using seven common databases. Eligible studies were selected from English language peer-reviewed journals and had to report an empirical test of moderation of I-PA with a third variable. Findings were grouped by the moderator variable for the main analysis, and population sample, study design, type of PA, and study quality were explored in subanalyses. Results: The search yielded 1,197 hits, which was reduced to 129 independent studies (138 independent samples) of primarily moderate quality after screening for eligibility criteria. Moderators of the I-PA relationship were present among select variables within sociodemographic (employment status) and personality (conscientiousness) categories. Physical capability, and social and environmental opportunity did not show evidence of interacting with I-PA relations, while psychological capability had inconclusive findings. By contrast, key factors underlying reflective (intention stability, intention commitment, low goal conflict, affective attitude, anticipated regret, perceived behavioral control/self-efficacy) and automatic (identity) motivation were moderators of I-PA relations. Findings were generally invariant to study characteristics. Conclusions: Traditional intention theories may

need to better account for key I-PA moderators. Action control theories that include these moderators may identify individuals at risk for not realizing their PA intentions.

Notes: Rhodes, Ryan E. Cox, Amy Sayar, Reza

Rhodes, Ryan E./ABB-4896-2020

Rhodes, Ryan E./0000-0003-0940-9040

1532-4796

URL: <Go to ISI>://WOS:000736061200001

Reference Type: Journal Article

Record Number: 1702

Author: Rhodes, R. E., Liu, S., Lithopoulos, A., Garcia-Barrera, M. A., Zhang, C. Q. and Garcia-Barrera, M. A.

Year: 2020

Title: Correlates of Perceived Physical Activity Transitions during the COVID-19 Pandemic among Canadian Adults

Journal: Applied Psychology-Health and Well Being

Volume: 12

Issue: 4

Pages: 1157-1182

Date: Dec

Short Title: Correlates of Perceived Physical Activity Transitions during the COVID-19 Pandemic among Canadian Adults

ISSN: 1758-0846

DOI: 10.1111/aphw.12236

Accession Number: WOS:000574138400001

Abstract: Background The purpose of this study was to explore socio-ecological predictors of moderate to vigorous physical activity (MVPA) as a result of the COVID-19 pandemic restrictions. Method A representative sample of 1,055 English-speaking Canadians (18+ years) completed measures of MVPA during the COVID-19 restrictions and reflecting on MVPA prior to these restrictions, as well as demographics, COVID-19-related cognitions and behavior (i.e. perceived threat, social distancing), psychological factors (e.g. personality traits, habit, identity, strategic planning), social factors (e.g. dependent children, co-habitation), home environment affordances (exercise equipment, programming) and the neighborhood environment (e.g. access to outdoor recreation, neighborhood safety). Results Participants perceived that they had decreased weekly MVPA ($p < .01$) and the availability of home equipment and strategic planning were critical predictors ($p < .01$). Profiles by MVPA guidelines, however, showed that 58 per cent of the sample had not changed and 6 per cent had increased MVPA. Identity was the critical predictor of the different MVPA profiles, followed by habit, extraversion, availability of home equipment, and the age of the participant ($p < .01$). Conclusion Pandemic restrictions have affected the MVPA of many Canadians, and variables across the socio-ecological spectrum explain who has been able to maintain MVPA during this unprecedented time.

Notes: Rhodes, Ryan E. Liu, Sam Lithopoulos, Alexander Garcia-Barrera, Mauricio A. Zhang, Chun-Qing Garcia-Barrera, Mauricio A. Garcia-Barrera, Mauricio A./AA0-9757-2021; Zhang, Chun-Qing/AAC-5508-2019; Rhodes, Ryan E./ABB-4896-2020

Garcia-Barrera, Mauricio A./0000-0002-4302-4964; Zhang, Chun-Qing/
0000-0002-0683-4570; Rhodes, Ryan E./0000-0003-0940-9040;
Lithopoulos, Alexander/0000-0002-8212-2583
1758-0854
URL: <Go to ISI>://WOS:000574138400001

Reference Type: Journal Article
Record Number: 1681
Author: Rice, W. S., Sowman, M. R. and Bavinck, M.
Year: 2020
Title: Using Theory of Change to improve post-2020 conservation: A
proposed framework and recommendations for use
Journal: Conservation Science and Practice
Volume: 2
Issue: 12
Date: Dec
Short Title: Using Theory of Change to improve post-2020
conservation: A proposed framework and recommendations for use
DOI: 10.1111/csp2.301
Article Number: e301
Accession Number: WOS:000586272700001
Abstract: Contemporary conservation must address social well-being
while still protecting biodiversity. Accordingly, the objective of
the Convention on Biological Diversity's recent Zero Draft Post-2020
Global Biodiversity Framework is to sustainably meet the needs of
people while reducing biodiversity loss. However, frequent
"failures" in achieving this social-ecological balance necessitates
more holistic, systematic, and adaptive post-2020 conservation
interventions. The Theory of Change (ToC) approach provides a useful
and flexible tool to support this endeavor. However, debate persists
over its usefulness, and "best" manner of use. This paper explores
the elements of, and proposes a framework for developing robust
conservation ToC pathways. The framework emphasizes the importance
of producing a shared vision of desired results and actions, and
associated causal assumptions, among actors. Furthermore, evaluation
is considered key to informing required ongoing adaptation to better
achieve desired results. The paper also critically explores the
challenges associated with ToC, and makes recommendations for its
improved use in post-2020 conservation. In particular, we aim to
inform the implementation and mainstreaming of the Post-2020 Global
Biodiversity Framework, especially at a national- and local-level.
The framework and discussion should be relevant to a broad range of
conservation actors at various scales that must address linked
social and ecological objectives.
Notes: Rice, Wayne Stanley Sowman, Merle R. Bavinck, Maarten
Bavinck, Maarten/0000-0001-9398-9310; Rice, Wayne Stanley/
0000-0003-4308-6011
2578-4854
URL: <Go to ISI>://WOS:000586272700001

Reference Type: Journal Article
Record Number: 2282

Author: Rich, A., Brandes, K., Mullan, B. and Hagger, M. S.
Year: 2015
Title: Theory of planned behavior and adherence in chronic illness: a meta-analysis
Journal: Journal of Behavioral Medicine
Volume: 38
Issue: 4
Pages: 673-688
Date: Aug
Short Title: Theory of planned behavior and adherence in chronic illness: a meta-analysis
ISSN: 0160-7715
DOI: 10.1007/s10865-015-9644-3
Accession Number: WOS:000357669300008
Abstract: Social-cognitive models such as the theory of planned behavior have demonstrated efficacy in predicting behavior, but few studies have examined the theory as a predictor of treatment adherence in chronic illness. We tested the efficacy of the theory for predicting adherence to treatment in chronic illness across multiple studies. A database search identified 27 studies, meeting inclusion criteria. Averaged intercorrelations among theory variables were computed corrected for sampling error using random-effects meta-analysis. Path-analysis using the meta-analytically derived correlations was used to test theory hypotheses and effects of moderators. The theory explained 33 and 9 % of the variance in intention and adherence behavior respectively. Theoretically consistent patterns of effects among the attitude, subjective norm, perceived behavioral control, intention and behavior constructs were found with small-to-medium effect sizes. Effect sizes were invariant across behavior and measurement type. Although results support theory predictions, effect sizes were small, particularly for the intention-behavior relationship.
Notes: Rich, Antonia Brandes, Kim Mullan, Barbara Hagger, Martin S. Mullan, Barbara A/E-2474-2019; Hagger, Martin S./G-5211-2012 Mullan, Barbara A/0000-0002-0177-8899; Hagger, Martin S./0000-0002-2685-1546 1573-3521
URL: <Go to ISI>://WOS:000357669300008

Reference Type: Journal Article

Record Number: 1025

Author: Richards, R., Jones, R. A., Whittle, F., Hughes, C. A., Hill, A. J., Lawlor, E. R., Bostock, J., Bates, S., Breeze, P. R., Brennan, A., Thomas, C. V., Stubbings, M., Woolston, J., Griffin, S. J. and Ahern, A. L.

Year: 2022

Title: Development of a Web-Based, Guided Self-help, Acceptance and Commitment Therapy-Based Intervention for Weight Loss Maintenance: Evidence-, Theory-, and Person-Based Approach

Journal: Jmir Formative Research

Volume: 6

Issue: 1

Date: Jan

Short Title: Development of a Web-Based, Guided Self-help, Acceptance and Commitment Therapy-Based Intervention for Weight Loss Maintenance: Evidence-, Theory-, and Person-Based Approach

DOI: 10.2196/31801

Article Number: e31801

Accession Number: WOS:000854067700009

Abstract: Background: The long-term impact and cost-effectiveness of weight management programs depend on posttreatment weight maintenance. There is growing evidence that interventions based on third-wave cognitive behavioral therapy, particularly acceptance and commitment therapy (ACT), could improve long-term weight management; however, these interventions are typically delivered face-to-face by psychologists, which limits the scalability of these types of intervention. Objective: The aim of this study is to use an evidence-, theory-, and person-based approach to develop an ACT-based intervention for weight loss maintenance that uses digital technology and nonspecialist guidance to minimize the resources needed for delivery at scale. Methods: Intervention development was guided by the Medical Research Council framework for the development of complex interventions in health care, Intervention Mapping Protocol, and a person-based approach for enhancing the acceptability and feasibility of interventions. Work was conducted in two phases: phase 1 consisted of collating and analyzing existing and new primary evidence and phase 2 consisted of theoretical modeling and intervention development. Phase 1 included a synthesis of existing evidence on weight loss maintenance from previous research, a systematic review and network meta-analysis of third-wave cognitive behavioral therapy interventions for weight management, a qualitative interview study of experiences of weight loss maintenance, and the modeling of a justifiable cost for a weight loss maintenance program. Phase 2 included the iterative development of guiding principles, a logic model, and the intervention design and content. Target user and stakeholder panels were established to inform each phase of development, and user testing of successive iterations of the prototype intervention was conducted. Results: This process resulted in a guided self-help ACT-based intervention called SWiM (Supporting Weight Management). SWiM is a 4-month program consisting of weekly web-based sessions for 13 consecutive weeks followed by a 4-week break for participants to reflect and practice their new skills and a final session at week 18. Each session consists of psychoeducational content, reflective exercises, and behavioral experiments. SWiM includes specific sessions on key determinants of weight loss maintenance, including developing skills to manage high-risk situations for lapses, creating new helpful habits, breaking old unhelpful habits, and learning to manage interpersonal relationships and their impact on weight management. A trained, nonspecialist coach provides guidance for the participants through the program with 4 scheduled 30-minute telephone calls and 3 further optional calls. Conclusions: This comprehensive approach facilitated the development of an intervention that is based on scientific theory and evidence for supporting people with weight loss maintenance and is grounded in the experiences of the target users and the context in which it is intended to be delivered. The intervention will be refined based on

the findings of a planned pilot randomized controlled trial.
Notes: Richards, Rebecca Jones, Rebecca A. Whittle, Fiona Hughes,
Carly A. Hill, Andrew J. Lawlor, Emma R. Bostock, Jennifer Bates,
Sarah Breeze, Penny R. Brennan, Alan Thomas, Chloe, V Stubbings,
Marie Woolston, Jennifer Griffin, Simon J. Ahern, Amy L.
Brennan, Alan/B-4459-2009
Jones, Rebecca/0000-0003-2197-1175; Hill, Andrew/
0000-0003-3192-0427; Hughes, Carly Anna/0000-0001-9560-7873; Lawlor,
Emma/0000-0002-0742-0476; Whittle, Fiona/0000-0001-5461-521X; Ahern,
Amy/0000-0001-5069-4758; Bostock, Jennifer/0000-0001-9261-9350;
Breeze, Penny/0000-0002-4189-8676; Brennan, Alan/0000-0002-1025-312X
2561-326x
URL: <Go to ISI>://WOS:000854067700009

Reference Type: Journal Article
Record Number: 1338
Author: Richardson, S., Dauber-Decker, K. L., McGinn, T., Barnaby,
D. P., Cattamanchi, A. and Pekmezaris, R.
Year: 2021
Title: Barriers to the Use of Clinical Decision Support for the
Evaluation of Pulmonary Embolism: Qualitative Interview Study
Journal: Jmir Human Factors
Volume: 8
Issue: 3
Date: Jul-Sep
Short Title: Barriers to the Use of Clinical Decision Support for
the Evaluation of Pulmonary Embolism: Qualitative Interview Study
ISSN: 2292-9495
DOI: 10.2196/25046
Article Number: e25046
Accession Number: WOS:000787621300016
Abstract: Background: Clinicians often disregard potentially
beneficial clinical decision support (CDS). Objective: In this
study, we sought to explore the psychological and behavioral
barriers to the use of a CDS tool. Methods: We conducted a
qualitative study involving emergency medicine physicians and
physician assistants. A semistructured interview guide was created
based on the Capability, Opportunity, and Motivation-Behavior model.
Interviews focused on the barriers to the use of a CDS tool built
based on Wells' criteria for pulmonary embolism to assist clinicians
in establishing pretest probability of pulmonary embolism before
imaging. Results: Interviews were conducted with 12 clinicians. Six
barriers were identified, including (1) Bayesian reasoning, (2) fear
of missing a pulmonary embolism, (3) time pressure or cognitive
load, (4) gestalt includes Wells' criteria, (5) missed risk factors,
and (6) social pressure. Conclusions: Clinicians highlighted several
important psychological and behavioral barriers to CDS use.
Addressing these barriers will be paramount in developing CDS that
can meet its potential to transform clinical care.
Notes: Richardson, Safiya Dauber-Decker, Katherine L. McGinn, Thomas
Barnaby, Douglas P. Cattamanchi, Adithya Pekmezaris, Renee
Pekmezaris, Renee/0000-0003-2731-6489; Cattamanchi, Adithya/
0000-0002-6553-2601

URL: <Go to ISI>://WOS:000787621300016

Reference Type: Journal Article

Record Number: 636

Author: Rick, P., Sanchez-Martin, M., Singh, A., Navas-Leon, S., Borda-Mas, M., Bianchi-Berthouze, N. and Tajadura-Jimenez, A.

Year: 2022

Title: Investigating psychological variables for technologies promoting physical activity

Journal: Digital Health

Volume: 8

Date: Jul

Short Title: Investigating psychological variables for technologies promoting physical activity

ISSN: 2055-2076

DOI: 10.1177/20552076221116559

Article Number: 20552076221116559

Accession Number: WOS:000835659600001

Abstract: Background Many technological interventions designed to promote physical activity (PA) have limited efficacy and appear to lack important factors that could increase engagement. This may be due to a discrepancy between research conducted in this space, and software designers' and developers' use of this research to inform new digital applications. Objectives This study aimed to identify (1) what are the variables that act as barriers and facilitators to PA and (2) which PA variables are currently considered in the design of technologies promoting PA including psychological, physical, and personal/contextual ones which are critical in promoting PA. We emphasize psychological variables in this work because of their sparse and often simplistic integration in digital applications for PA. Methods We conducted two systematized reviews on PA variables, using PsycInfo and Association for Computing Machinery Digital Libraries for objectives 1 and 2. Results We identified 38 PA variables (mostly psychological ones) including barriers/facilitators in the literature. 17 of those variables were considered when developing digital applications for PA. Only few studies evaluate PA levels in relation to these variables. The same barriers are reported for all weight groups, though some barriers are stronger in people with obesity. Conclusions We identify PA variables and illustrate the lack of consideration of these in the design of PA technologies. Digital applications to promote PA may have limited efficacy if they do not address variables acting as facilitators or barriers to participation in PA, and that are important to people representing a range of body weight characteristics.

Notes: Rick, Patricia Sanchez-Martin, Milagrosa Singh, Aneesha Navas-Leon, Sergio Borda-Mas, Mercedes Bianchi-Berthouze, Nadia Tajadura-Jimenez, Ana

Navas León, Sergio/HK0-6527-2023; Tajadura-Jimenez, Ana/B-2355-2015; Sanchez-Martin, Milagrosa/N-3174-2014

Tajadura-Jimenez, Ana/0000-0003-3166-3512; Sanchez-Martin, Milagrosa/0000-0002-7387-9971; NAVAS-LEON, SERGIO/

0000-0002-0889-8252

URL: <Go to ISI>://WOS:000835659600001

Reference Type: Journal Article

Record Number: 1969

Author: Riddell, M. A., Edwards, N., Thompson, S. R., Bernabe-Ortiz, A., Praveen, D., Johnson, C., Kengne, A. P., Liu, P., McCready, T., Ng, E., Nieuwlaat, R., Ovbiagele, B., Owolabi, M., Peiris, D., Thrift, A. G., Tobe, S., Yusoff, K. and Programme, Gacd Hypertension Res

Year: 2017

Title: Developing consensus measures for global programs: lessons from the Global Alliance for Chronic Diseases Hypertension research program

Journal: Globalization and Health

Volume: 13

Date: Mar

Short Title: Developing consensus measures for global programs: lessons from the Global Alliance for Chronic Diseases Hypertension research program

DOI: 10.1186/s12992-017-0242-8

Article Number: 17

Accession Number: WOS:000396930400003

Abstract: Background: The imperative to improve global health has prompted transnational research partnerships to investigate common health issues on a larger scale. The Global Alliance for Chronic Diseases (GACD) is an alliance of national research funding agencies. To enhance research funded by GACD members, this study aimed to standardise data collection methods across the 15 GACD hypertension research teams and evaluate the uptake of these standardised measurements. Furthermore we describe concerns and difficulties associated with the data harmonisation process highlighted and debated during annual meetings of the GACD funded investigators. With these concerns and issues in mind, a working group comprising representatives from the 15 studies iteratively identified and proposed a set of common measures for inclusion in each of the teams' data collection plans. One year later all teams were asked which consensus measures had been implemented. Results: Important issues were identified during the data harmonisation process relating to data ownership, sharing methodologies and ethical concerns. Measures were assessed across eight domains; demographic; dietary; clinical and anthropometric; medical history; hypertension knowledge; physical activity; behavioural (smoking and alcohol); and biochemical domains. Identifying validated measures relevant across a variety of settings presented some difficulties. The resulting GACD hypertension data dictionary comprises 67 consensus measures. Of the 14 responding teams, only two teams were including more than 50 consensus variables, five teams were including between 25 and 50 consensus variables and four teams were including between 6 and 24 consensus variables, one team did not provide details of the variables collected and two teams did not include any of the consensus variables as the project had already commenced or the measures were not relevant to their study.

Conclusions: Deriving consensus measures across diverse research

projects and contexts was challenging. The major barrier to their implementation was related to the time taken to develop and present these measures. Inclusion of consensus measures into future funding announcements would facilitate researchers integrating these measures within application protocols. We suggest that adoption of consensus measures developed here, across the field of hypertension, would help advance the science in this area, allowing for more comparable data sets and generalizable inferences.

Notes: Riddell, Michaela A. Edwards, Nancy Thompson, Simon R. Bernabe-Ortiz, Antonio Praveen, Devarsetty Johnson, Claire Kengne, Andre P. Liu, Peter McCready, Tara Ng, Eleanor Nieuwlaat, Robby Ovbiagele, Bruce Owolabi, Mayowa Peiris, David Thrift, Amanda G. Tobe, Sheldon Yusoff, Khalid

Mckee, Martin/E-6673-2018; Riddell, Michaela/AAB-7305-2021; Evans, Roger/N-8580-2019; Yaya, Sanni/C-1079-2019; Kengne, Andre Pascal/ABB-3696-2020; Yusoff, Khalid/I-7029-2019; Tobe, Sheldon W/A-9202-2008; Varma, Ravi Prasad/CAF-5363-2022; Varma, Ravi Prasad/AAV-3234-2020; Thrift, Amanda/I-6251-2012; Krishnan, Anand/D-8537-2012; Praveen, Devarsetty/K-8729-2014; Ponce Lucero, Vilarmina/A-9066-2017

Mckee, Martin/0000-0002-0121-9683; Riddell, Michaela/0000-0001-8852-0569; Evans, Roger/0000-0002-9241-0757; Yaya, Sanni/0000-0002-4876-6043; Kengne, Andre Pascal/0000-0002-5183-131X; Yusoff, Khalid/0000-0001-5669-5188; Varma, Ravi Prasad/0000-0002-1147-9622; Thrift, Amanda/0000-0001-8533-4170; Krishnan, Anand/0000-0002-9173-7811; Akinyemi, Rufus/0000-0001-5286-428X; Owolabi, Mayowa/0000-0003-1146-3070; Gomez-Olive, Francesc Xavier/0000-0002-4876-0848; Muldoon, Katherine/0000-0002-0766-4294; Neal, Bruce/0000-0002-0490-7465; Praveen, Devarsetty/0000-0002-0973-943X; MacMahon, Stephen/0000-0003-2064-7699; Reddy, K Srinath/0000-0003-3416-3548; Edwards, Nancy/0000-0002-3117-5888; Johnson, Claire/0000-0002-1497-7651; Maulik, Pallab Kumar/0000-0001-6835-6175; Diez-Canseco, Francisco/0000-0002-7611-8190; Kabudula, Chodziwadziwa/0000-0002-5867-0336; Kalyesubula, Robert/0000-0003-3211-163X; Webster, Ruth/0000-0002-7444-3037; Peiris, David/0000-0002-6898-3870; Li, Xian/0000-0001-5445-4022; Prabhakaran, Dorairaj/0000-0002-3172-834X; Rodgers, Anthony/0000-0003-1282-1896; Abdul Salam, Mohammad/0000-0002-5870-7936; Arulogun, Oyedunni/0000-0002-2173-4682; Joshi, Rohina/0000-0002-3374-401X; Bernabe-Ortiz, Antonio/0000-0002-6834-1376; Goudge, Jane/0000-0001-6555-7510; Srikanth, Velandai/0000-0002-8442-8981; Jan, Stephen/0000-0003-2839-1405; Ponce Lucero, Vilarmina/0000-0002-8439-3096; Moodie, Marjory/0000-0001-6890-5250; Pillay, Arti/0000-0002-6373-6950
1744-8603

URL: <Go to ISI>://WOS:000396930400003

Reference Type: Journal Article

Record Number: 2447

Author: Riis, A., Jensen, C. E., Bro, F., Maindal, H. T., Petersen, K. D. and Jensen, M. B.

Year: 2013

Title: Enhanced implementation of low back pain guidelines in

general practice: study protocol of a cluster randomised controlled trial

Journal: Implementation Science

Volume: 8

Date: Oct

Short Title: Enhanced implementation of low back pain guidelines in general practice: study protocol of a cluster randomised controlled trial

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-124

Article Number: 124

Accession Number: WOS:000327595500001

Abstract: Background: Evidence-based clinical practice guidelines may improve treatment quality, but the uptake of guideline recommendations is often incomplete and slow. Recently new low back pain guidelines are being launched in Denmark. The guidelines are considered to reduce personal and public costs. The aim of this study is to evaluate whether a complex, multifaceted implementation strategy of the low back pain guidelines will reduce secondary care referral and improve patient outcomes compared to the usual simple implementation strategy. Methods/design: In a two-armed cluster randomised trial, 100 general practices (clusters) and 2,700 patients aged 18 to 65 years from the North Denmark region will be included. Practices are randomly allocated 1:1 to a simple or a complex implementation strategy. Intervention practices will receive a complex implementation strategy, including guideline facilitator visits, stratification tools, and quality reports on low back pain treatment. Primary outcome is referral to secondary care. Secondary outcomes are pain, physical function, health-related quality of life, patient satisfaction with care and treatment outcome, employment status, and sick leave. Primary and secondary outcomes pertain to the patient level. Assessments of outcomes are blinded and follow the intention-to-treat principle. Additionally, a process assessment will evaluate the degree to which the intervention elements will be delivered as planned, as well as measure changes in beliefs and behaviours among general practitioners and patients.

Discussion: This study provides knowledge concerning the process and effect of an intervention to implement low back pain guidelines in general practice, and will provide insight on essential elements to include in future implementation strategies in general practice.

Notes: Riis, Allan Jensen, Cathrine Elgaard Bro, Flemming Maindal, Helle Terkildsen Petersen, Karin Dam Jensen, Martin Bach

Maindal, Helle Terkildsen/N-8916-2016

Maindal, Helle Terkildsen/0000-0003-0525-7254; Riis, Allan/0000-0002-7009-3025; Jensen, Cathrine Elgaard/0000-0001-7099-0407; Jensen, Martin Bach/0000-0003-2162-7390; Bro, Flemming/0000-0001-5011-950X

URL: <Go to ISI>://WOS:000327595500001

Reference Type: Journal Article

Record Number: 1603

Author: Riley, I. L., Jackson, B., Crabtree, D., Riebl, S., Que, L. G., Pleasants, R. and Boulware, L. E.

Year: 2021

Title: A Scoping Review of International Barriers to Asthma

Medication Adherence Mapped to the Theoretical Domains Framework

Journal: Journal of Allergy and Clinical Immunology-in Practice

Volume: 9

Issue: 1

Date: Jan

Short Title: A Scoping Review of International Barriers to Asthma

Medication Adherence Mapped to the Theoretical Domains Framework

ISSN: 2213-2198

DOI: 10.1016/j.jaip.2020.08.021

Accession Number: WOS:000608162400046

Abstract: BACKGROUND: Internationally, adult asthma medication adherence rates are low. Studies characterizing variations in barriers by country are lacking. OBJECTIVE: To conduct a scoping review to characterize international variations in barriers to asthma medication adherence among adults. METHODS: MEDLINE, EMBASE, Web of Science (WOS), and CINAHL were searched from inception to February 2017. English-language studies employing qualitative methods (eg, focus groups, interviews) were selected to assess adult patient- and/or caregiver-reported barriers to asthma medication adherence. Two investigators independently identified, extracted data, and collected study characteristics, methodologic approach, and barriers. Barriers were mapped using the Theoretical Domains Framework and findings categorized according to participants' country of residence, countries' gross national income, and the presence of universal health care (World Health Organization definitions). RESULTS: Among 2942 unique abstracts, we reviewed 809 full texts. Among these, we identified 47 studies, conducted in 12 countries, meeting eligibility. Studies included a total of 2614 subjects, predominately female (67%), with the mean age of 19.1 to 70 years. Most commonly reported barriers were beliefs about consequences (eg, medications not needed for asthma control, N = 29, 61.7%) and knowledge (eg, not knowing when to take medication, N = 27, 57.4%); least common was goals (eg, asthma not a priority, N = 1, 2.1%). In 27 studies conducted in countries classified as high income (HIC) with universal health care (UHC), the most reported barrier was participants' beliefs about consequences (N = 17, 63.3%). However, environmental context and resources (N = 12, 66.7%) were more common in HIC without UHC. CONCLUSION: International adherence barriers are diverse and may vary with a country's sociopolitical context. Future adherence interventions should account for trends. (C) 2020 American Academy of Allergy, Asthma & Immunology

Notes: Riley, Isaretta L. Jackson, Bryonna Crabtree, Donna Riebl,

Shaun Que, Loretta G. Pleasants, Roy Boulware, L. Ebony

Crabtree, Donna/IAQ-7078-2023

2213-2201

URL: <Go to ISI>://WOS:000608162400046

Reference Type: Journal Article

Record Number: 1811

Author: Riley, I. L., Murphy, B., Razouki, Z., Krishnan, J. A.,

Apter, A., Okelo, S., Kraft, M., Feltner, C., Que, L. G. and Boulware, E.

Year: 2019

Title: A Systematic Review of Patient- and Family-Level Inhaled Corticosteroid Adherence Interventions in Black/African Americans

Journal: Journal of Allergy and Clinical Immunology-in Practice

Volume: 7

Issue: 4

Pages: 1184-+

Date: Apr

Short Title: A Systematic Review of Patient- and Family-Level Inhaled Corticosteroid Adherence Interventions in Black/African Americans

ISSN: 2213-2198

DOI: 10.1016/j.jaip.2018.10.036

Accession Number: WOS:000463732500013

Abstract: BACKGROUND: Inhaled corticosteroid (ICS) adherence rates are suboptimal among adult black/African Americans. Comprehensive studies characterizing the effectiveness and the methodological approaches to the development of interventions to improve ICS adherence in adult black/African Americans have not been performed. OBJECTIVES: Conduct a systematic review of patient/family-level interventions to improve ICS adherence in adult black/African Americans. METHODS: We searched MEDLINE, EMBASE, Web of Science, and CINAHL from inception to August 2017 for English-language US studies enrolling at least 30% black/African Americans comparing patient/family-level ICS adherence interventions with any comparator. Two investigators independently selected, extracted data from, and rated risk of bias. We collected information on intervention characteristics and outcomes, and assessed whether studies were informed by behavior theory, stakeholder engagement, or both. RESULTS: Among 1661 abstracts identified, we reviewed 230 full-text articles and identified 4 randomized controlled trials (RCTs) and 1 quasi-experimental (pre-post design) study meeting criteria. Study participants (N range, 17-333) varied in mean age (22-47 years), proportion black/African Americans studied (71%-93%), and sex (69%-82% females). RCTs evaluated problem-solving classes, self-efficacy training, technology-based motivational interviewing program, and the use of patient advocates. The RCT testing self-efficacy training was the only intervention informed by both behavior theory and stakeholder engagement. All 4 RCTs compared interventions with active control and rated as medium risk of bias. No RCTs found a statistically significant improvement in adherence. CONCLUSIONS: Few studies assessing asthma adherence interventions focused on adult black/African-American populations. No RCTs demonstrated improved ICS adherence in participants. Future studies that are informed by behavior change theory and stakeholder engagement are needed. (C) 2018 American Academy of Allergy, Asthma & Immunology

Notes: Riley, Isaretta L. Murphy, Beverly Razouki, Zayd Krishnan, Jerry A. Apter, Andrea Okelo, Sande Kraft, Monica Feltner, Cindy Que, Loretta G. Boulware, Ebony Boulware, Ebony/0000-0002-8650-4212 2213-2201

URL: <Go to ISI>://WOS:000463732500013

Reference Type: Journal Article

Record Number: 1207

Author: Riley, R., de Preux, L., Capella, P., Mejia, C., Kajikawa, Y. and de Nazelle, A.

Year: 2021

Title: How do we effectively communicate air pollution to change public attitudes and behaviours? A review

Journal: Sustainability Science

Volume: 16

Issue: 6

Pages: 2027–2047

Date: Nov

Short Title: How do we effectively communicate air pollution to change public attitudes and behaviours? A review

ISSN: 1862–4065

DOI: 10.1007/s11625–021–01038–2

Accession Number: WOS:000701009200001

Abstract: Solutions that engage the public are needed to tackle air pollution. Technological approaches are insufficient to bring urban air quality to recommended target levels, and miss out on opportunities to promote health more holistically through behavioural solutions, such as active travel. Behaviour change is not straightforward, however, and is more likely to be achieved when communication campaigns are based on established theory and evidence-based practices. We systematically reviewed the academic literature on air pollution communication campaigns aimed at influencing air pollution-related behaviour. Based on these findings, we developed an evidence-based framework for stimulating behaviour change through engagement. Across the 37 studies selected for analyses, we identified 28 different behaviours assessed using a variety of designs including natural and research-manipulated experiments, cross-sectional and longitudinal surveys and focus groups. While avoidance behaviour (e.g. reducing outdoor activity) followed by contributing behaviours (e.g. reducing idling) were by far the most commonly studied, supporting behaviour (e.g. civil engagement) shows promising results, with the added benefit that supporting local and national policies may eventually lead to the removal of social and physical barriers that prevent wider behavioural changes. Providing a range of actionable information will reduce disengagement due to feelings of powerlessness. Targeted localized information will appear more immediate and engaging, and positive framing will prevent cognitive dissonance whereby people rationalize their behaviour to avoid living with feelings of unease. Communicating the co-benefits of action may persuade individuals with different drivers but as an effective solution, it remains to be explored. Generally, finding ways to connect with people's emotions, including activating social norms and identities and creating a sense of collective responsibility, provide promising yet under-explored directions. Smartphones provide unique opportunities that enable flexible and targeted engagement, but care must be taken to avoid transferring responsibility for action from national and

local authorities onto individuals. Multidisciplinary teams involving artists, members of the public, community and pressure groups, policy makers, researchers, and businesses, are needed to co-create the stories and tools that can lead to effective action to tackle air pollution through behavioural solutions.

Notes: Riley, Rosie de Preux, Laure Capella, Peter Mejia, Cristian Kajikawa, Yuya de Nazelle, Audrey

Mejia, Cristian/P-4050-2017; Kajikawa, Yuya/C-1996-2015

Mejia, Cristian/0000-0002-3465-4761; Kajikawa, Yuya/0000-0003-3577-5167; de Nazelle, Audrey/0000-0002-1092-3971 1862-4057

URL: <Go to ISI>://WOS:000701009200001

Reference Type: Journal Article

Record Number: 1621

Author: Rimal, P., Choudhury, N., Agrawal, P., Basnet, M., Bohara, B., Citrin, D., Dhungana, S. K., Gauchan, B., Gupta, P., Gupta, T. K., Halliday, S., Kadayat, B., Mahar, R., Maru, D., Nguyen, V., Poudel, S., Raut, A., Rawal, J., Sapkota, S., Schwarz, D., Schwarz, R., Shrestha, S., Swar, S., Thapa, A., Thapa, P., White, R. and Acharya, B.

Year: 2021

Title: Collaborative care model for depression in rural Nepal: a mixed-methods implementation research study

Journal: Bmj Open

Volume: 11

Issue: 8

Short Title: Collaborative care model for depression in rural Nepal: a mixed-methods implementation research study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-048481

Article Number: e048481

Accession Number: WOS:000685841100019

Abstract: Introduction Despite carrying a disproportionately high burden of depression, patients in low-income countries lack access to effective care. The collaborative care model (CoCM) has robust evidence for clinical effectiveness in improving mental health outcomes. However, evidence from real-world implementation of CoCM is necessary to inform its expansion in low-resource settings. Methods We conducted a 2-year mixed-methods study to assess the implementation and clinical impact of CoCM using the WHO Mental Health Gap Action Programme protocols in a primary care clinic in rural Nepal. We used the Capability Opportunity Motivation-Behaviour (COM-B) implementation research framework to adapt and study the intervention. To assess implementation factors, we qualitatively studied the impact on providers' behaviour to screen, diagnose and treat mental illness. To assess clinical impact, we followed a cohort of 201 patients with moderate to severe depression and determined the proportion of patients who had a substantial clinical response (defined as $\geq 50\%$ decrease from baseline scores of Patient Health Questionnaire (PHQ) to measure depression) by the end of the study period. Results Providers experienced improved capability (enhanced self-efficacy and knowledge), greater opportunity (via

access to counsellors, psychiatrist, medications and diagnostic tests) and increased motivation (developing positive attitudes towards people with mental illness and seeing patients improve) to provide mental healthcare. We observed substantial clinical response in 99 (49%; 95% CI: 42% to 56%) of the 201 cohort patients, with a median seven point (Q1:-9, Q3:-2) decrease in PHQ-9 scores ($p < 0.0001$). Conclusion Using the COM-B framework, we successfully adapted and implemented CoCM in rural Nepal, and found that it enhanced providers' positive perceptions of and engagement in delivering mental healthcare. We observed clinical improvement of depression comparable to controlled trials in high-resource settings. We recommend using implementation research to adapt and evaluate CoCM in other resource-constrained settings to help expand access to high-quality mental healthcare.

Notes: Rimal, Pragya Choudhury, Nandini Agrawal, Pawan Basnet, Madhur Bohara, Bhavendra Citrin, David Dhungana, Santosh Kumar Gauchan, Bikash Gupta, Priyanka Gupta, Tula Krishna Halliday, Scott Kadayat, Bharat Mahar, Ramesh Maru, Duncan Nguyen, Viet Poudel, Sanjaya Raut, Anant Rawal, Janaki Sapkota, Sabitri Schwarz, Dan Schwarz, Ryan Shrestha, Srijana Swar, Sikhar Thapa, Aradhana Thapa, Poshan White, Rebecca Acharya, Bibhav

Rimal, Pragya/GQQ-3235-2022

Paulino Aguiar, Jevanildo/0000-0003-4689-230X; Halliday, Scott/0000-0003-1178-6937; Basnet, Madhur/0000-0001-9624-0321; Rimal, Pragya/0000-0003-4442-4609; Agrawal, Pawan/0000-0003-3712-7382
URL: <Go to ISI>://WOS:000685841100019

Reference Type: Journal Article

Record Number: 594

Author: Ritchie, L. M. P., Beza, L., Debebe, F., Wubetie, A., Gamble, K., Lebovic, G., Straus, S. E., Zewdu, T., Azazh, A., Hunchak, C., Landes, M. and Huluka, D. K.

Year: 2022

Title: Effect of a tailored sepsis treatment protocol on patient outcomes in the Tikur Anbessa Specialized Hospital, Ethiopia: results of an interrupted time series analysis

Journal: Implementation Science

Volume: 17

Issue: 1

Date: Jul

Short Title: Effect of a tailored sepsis treatment protocol on patient outcomes in the Tikur Anbessa Specialized Hospital, Ethiopia: results of an interrupted time series analysis

ISSN: 1748-5908

DOI: 10.1186/s13012-022-01221-8

Article Number: 45

Accession Number: WOS:000827738500001

Abstract: Background: Despite improvement, sepsis mortality rates remain high, with an estimated 11 million sepsis-related deaths globally in 2017 (Rudd et. al, Lancet 395:200-211, 2020). Low- and middle-income countries (LMICs) are estimated to account for 85% of global sepsis mortality; however, evidence for improved sepsis mortality in LMICs is lacking. We aimed to improve sepsis care and

outcomes through development and evaluation of a sepsis treatment protocol tailored to the Tikur Anbessa Specialized Hospital Emergency Department, Ethiopia, context. Methods: We employed a mixed methods design, including an interrupted times series study, pre-post knowledge testing, and process evaluation. The primary outcome was the proportion of patients receiving appropriate sepsis care (blood culture collection before antibiotics and initiation of appropriate antibiotics within 1 h of assessment). Secondary outcomes included time to antibiotic administration, 72-h sepsis mortality, and 90-day all-cause mortality. Due to poor documentation, we were unable to assess our primary outcome and time to antibiotic administration. We used segmented regression with outcomes as binomial proportions to assess the impact of the intervention on mortality. Pre-post knowledge test scores were analyzed using the Student's t-test to compare group means for percentage of scenarios with correct diagnosis. Results: A total of 113 and 300 patients were enrolled in the pre-implementation and post-implementation phases respectively. While age and gender were similar across the phases, a higher proportion (31 vs. 57%) of patients had malignancies in the post-implementation phase. We found a significant change in trend between the phases, with a trend for increasing odds of survival in the pre-implementation phase (OR 1.24, 95% CI 0.98–1.56), and a shift down, with odds of survival virtually flat (OR 0.95, 95% CI. 0.88–1.03) in the post-implementation phases for 72-h mortality, and trends for survival pre- and post-implementation are virtually flat for 90-day mortality. We found no significant difference in pre-post knowledge test scores, with interpretation limited by response rate. Implementation quality was negatively impacted by resource challenges. Conclusion: We found no improvement in sepsis outcomes, with a trend for increasing odds of survival lost post-implementation and no significant change in knowledge pre- and post-implementation. Variable availability of resources was the principal barrier to implementation.

Notes: Puchalski Ritchie, Lisa M. Beza, Lemlem Debebe, Finot Wubetie, Anduaalem Gamble, Kathleen Lebovic, Gerald Straus, Sharon E. Zewdu, Tigist Azazh, Aklilu Hunchak, Cheryl Landes, Megan Huluka, Dawit Kebebe

Demisse, Dr. Lemlem/0000-0002-1821-7895

URL: <Go to ISI>://WOS:000827738500001

Reference Type: Journal Article

Record Number: 91

Author: Ritson, A. J., Hearris, M. A. and Bannock, L. G.

Year: 2023

Title: Bridging the gap: Evidence-based practice guidelines for sports nutritionists

Journal: Frontiers in Nutrition

Volume: 10

Date: Mar

Short Title: Bridging the gap: Evidence-based practice guidelines for sports nutritionists

ISSN: 2296-861X

DOI: 10.3389/fnut.2023.1118547

Article Number: 1118547

Accession Number: WOS:000967959200001

Abstract: Evidence-based practice is a systematic approach to decision-making developed in the 1990s to help healthcare professionals identify and use the best available evidence to guide clinical practice and patient outcomes amid a plethora of information in often challenging, time-constrained circumstances. Today's sports nutrition practitioners face similar challenges, as they must assess and judge the quality of evidence and its appropriateness to their athlete, in the often chaotic, time-pressed environment of professional sport. To this end, we present an adapted version of the evidence-based framework to support practitioners in navigating their way through the deluge of available information and guide their recommendations to athletes whilst also reflecting on their practice experience and skills as evidence-based practitioners, thus, helping to bridge the gap between science and practice in sport and exercise nutrition.

Notes: Ritson, Alex J. Hearnis, Mark A. Bannock, Laurent G.

Ritson, Alex/0009-0005-8902-6462

URL: <Go to ISI>://WOS:000967959200001

Reference Type: Journal Article

Record Number: 1817

Author: Roberts, A. L., Crook, L., George, H. and Osborne, K.

Year: 2019

Title: Two-month follow-up evaluation of a cancer awareness training workshop ("Talk Cancer") on cancer awareness, beliefs and confidence of front-line public health staff and volunteers

Journal: Preventive Medicine Reports

Volume: 13

Pages: 98-104

Date: Mar

Short Title: Two-month follow-up evaluation of a cancer awareness training workshop ("Talk Cancer") on cancer awareness, beliefs and confidence of front-line public health staff and volunteers

DOI: 10.1016/j.pmedr.2018.11.017

Accession Number: WOS:000645467400018

Abstract: People working across the health service, local government, community and voluntary sectors are appropriately placed to have discussions about cancer prevention and early diagnosis with members of the public. Cancer Research UK's training workshop ("Talk Cancer") aims to increase awareness of cancer screening programmes and risk factors, promote more positive beliefs about cancer and increase confidence to discuss cancer with members of the public, among people working in these roles. This study evaluated "Talk Cancer" by surveying 178 trainees immediately before, immediately after, and two months after training in the United Kingdom. Results showed that "Talk Cancer" was effective at promoting and maintaining more positive beliefs about cancer and confidence to discuss cancer. While there was an improvement in awareness of risk factors immediately after the workshop, there was less evidence that this was maintained at two-months, but awareness was improved relative to

baseline in most cases. Increased awareness of the national bowel screening programme was maintained at two-months. While awareness that screening programmes do not exist for oral, skin and prostate cancers was not maintained, awareness was higher than baseline. The majority of trainees (86%) indicated they had applied their learning in their role and 59% reported having had more conversations about cancer prevention and early diagnosis since training. The impact of "Talk Cancer" on trainees' beliefs and confidence persists beyond the workshop, however, ongoing support is required to maintain improvements in awareness of cancer risk factors and which cancer types do not have national screening programmes.

Notes: Roberts, Anna L. Crook, Leanne George, Helen Osborne, Kirstie Roberts, Anna/0000-0002-8224-6308

2211-3355

URL: <Go to ISI>://WOS:000645467400018

Reference Type: Journal Article

Record Number: 817

Author: Robertson, M. C., Swartz, M. C., Christopherson, U., Bentley, J. R., Basen-Engquist, K. M., Thompson, D., Volpi, E. and Lyons, E. J.

Year: 2022

Title: A Photography-based, Social Media Walking Intervention

Targeting Autonomous Motivations for Physical Activity:

Semistructured Interviews With Older Women

Journal: Jmir Serious Games

Volume: 10

Issue: 2

Date: Apr-Jun

Short Title: A Photography-based, Social Media Walking Intervention

Targeting Autonomous Motivations for Physical Activity:

Semistructured Interviews With Older Women

ISSN: 2291-9279

DOI: 10.2196/35511

Article Number: e35511

Accession Number: WOS:000822088800011

Abstract: Background: Older adult women are at risk for negative health outcomes that engaging in sustained physical activity can help prevent. However, promoting long-term maintenance of physical activity in this population has proven to be a challenge. Increasing autonomous motivations (ie, intrinsic, integrated, and identified regulations) for physical activity may facilitate enduring behavior change. Digitally delivered games for health that take a celebratory technology approach, that is, using technology to create new ways to experience valued behaviors and express valued beliefs, may be a useful way to target autonomous motivations for physical activity. Formative research with the target population is needed to design compelling intervention content. Objective: The objective of this study is to investigate older adult women's reactions to and thoughts about a photography-based, social media walking game targeting autonomous motivations for physical activity. Methods: During an individual semistructured interview, a moderator solicited feedback from 20 older adult women (age range 65-74 years) as part

of formative research to develop a social media game featuring weekly walking challenges. The challenges were designed to target autonomous motivations for physical activity. Interviews were audio-recorded and transcribed verbatim. Two reviewers conducted thematic content analysis on interview transcripts. Results: We identified 3 overarching themes in qualitative data analysis. These reflected the playful experiences, value, and acceptability associated with the intervention challenges. Generally, participants understood what the challenges were asking them to do, proffered appropriate example responses, and indicated that the challenges would be enjoyable. Participants reported that the intervention content afforded many and varied playful experiences (eg, competition, discovery, exploration, expression, fellowship, humor, nurture, sensation). Further, participants indicated that the intervention increased their motivation for physical activity, occasioned meaningful shifts in perspective, increased their knowledge of various topics of interest, provided an opportunity to create valued connection with others, and provided health-related benefits. Participants suggested the intervention emphasize local history, nature, and cultural events. Conclusions: The photography-based, social media walking game with relatively simple game mechanics was well received and judged to be apt to bring about a wide variety of emotive experiences. A clear, geographically specific identity emerged as a key driver of interest for intervention content. Taking a celebratory technology approach holds promise for targeting autonomous motivations for physical activity in older adult women. (JMIR Serious Games 2022;10(2):e35511) doi: 10.2196/35511
Notes: Robertson, Michael C. Swartz, Maria Chang Christopherson, Ursela Bentley, Jason R. Basen-Engquist, Karen M. Thompson, Debbe Volpi, Elena Lyons, Elizabeth J. Thompson, Debbe/GOV-5741-2022; Basen-Engquist, Karen/G-7817-2017 Thompson, Debbe/0000-0002-5491-8816; Basen-Engquist, Karen/0000-0001-7299-0646; Volpi, Elena/0000-0001-8776-0384; Bentley, Jason/0000-0002-9752-1958; Swartz, Maria C./0000-0002-4069-3089; Robertson, Michael Christopher/0000-0002-2240-014X; Lyons, Elizabeth/0000-0003-1695-2236
URL: <Go to ISI>://WOS:000822088800011

Reference Type: Journal Article

Record Number: 1034

Author: Robinson, A., Husband, A., Slight, R. and Slight, S. P.

Year: 2022

Title: Designing Digital Health Technology to Support Patients Before and After Bariatric Surgery: Qualitative Study Exploring Patient Desires, Suggestions, and Reflections to Support Lifestyle Behavior Change

Journal: Jmir Human Factors

Volume: 9

Issue: 1

Date: Jan-Mar

Short Title: Designing Digital Health Technology to Support Patients Before and After Bariatric Surgery: Qualitative Study Exploring Patient Desires, Suggestions, and Reflections to Support Lifestyle

Behavior Change

ISSN: 2292-9495

DOI: 10.2196/29782

Article Number: e29782

Accession Number: WOS:000787631400008

Abstract: Background: A patient's capability, motivation, and opportunity to change their lifestyle are determinants of successful outcomes following bariatric surgery. Lifestyle changes before and after surgery, including improved dietary intake and physical activity levels, have been associated with greater postsurgical weight loss and improved long-term health. Integrating patient-centered digital technologies within the bariatric surgical pathway could form part of an innovative strategy to promote and sustain healthier behaviors, and provide holistic patient support, to improve surgical success. Previous research focused on implementing digital technologies and measuring effectiveness in surgical cohorts. However, there is limited work concerning the desires, suggestions, and reflections of patients undergoing bariatric surgery. This qualitative investigation explores patients' perspectives on technology features that would support behavior changes during the pre- and postoperative periods, to potentially maintain long-term healthy lifestyles following surgery. Objective: This study aims to understand how digital technologies can be used to support patient care during the perioperative journey to improve weight loss outcomes and surgical success, focusing on what patients want from digital technologies, how they want to use them, and when they would be of most benefit during their surgical journey. Methods: Patients attending bariatric surgery clinics in one hospital in the North of England were invited to participate. Semistructured interviews were conducted with purposively sampled pre- and postoperative patients to discuss lifestyle changes and the use of digital technologies to complement their care. The interviews were audio recorded and transcribed verbatim. Reflexive thematic analysis enabled the development of themes from the data. Ethical approval was obtained from the National Health Service Health Research Authority. Results: A total of 20 patients were interviewed (preoperative phase: 40% (8/20); postoperative phase: 60% (12/20)). A total of 4 overarching themes were developed and related to the optimization of technology functionality. These centered on providing tailored content and support; facilitating self-monitoring and goal setting; delivering information in an accessible, trusted, and usable manner; and meeting patient information-seeking and engagement needs during the surgical pathway. Functionalities that delivered personalized feedback and postoperative follow-up were considered beneficial. Individualized goal setting functionality could support a generation of digitally engaged patients with bariatric conditions as working toward achievable targets was deemed an effective strategy for motivating behavior change. The creation of digital package of care checklists between patients and clinicians was a novel finding from this study. Conclusions: Perceptions of patients undergoing bariatric surgery validated the integration of digital technologies within the surgical pathway, offering enhanced connectedness and support. Recommendations are made relating to the design, content, and functionality of digital

interventions to best address the needs of this cohort. These findings have the potential to influence the co-design and integration of person-centered, perioperative technologies.
Notes: Robinson, Anna Husband, Andrew Slight, Robert Slight, Sarah P.

Husband, Andrew/F-2716-2015

Husband, Andrew/0000-0001-8162-8278; Slight, Robert/
0000-0003-3255-0640; Robinson-Barella, Anna/0000-0002-9523-4760;
Slight, Sarah P/0000-0002-0339-846X

URL: <Go to ISI>://WOS:000787631400008

Reference Type: Journal Article

Record Number: 1512

Author: Robinson, A., Slight, R. D., Husband, A. K. and Slight, S. P.

Year: 2021

Title: Designing the Optimal Digital Health Intervention for Patients' Use Before and After Elective Orthopedic Surgery: Qualitative Study

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 3

Date: Mar

Short Title: Designing the Optimal Digital Health Intervention for Patients' Use Before and After Elective Orthopedic Surgery: Qualitative Study

ISSN: 1438-8871

DOI: 10.2196/25885

Article Number: e25885

Accession Number: WOS:000626261100005

Abstract: Background: Health behavior changes made by patients during the perioperative period can impact the outcomes and success of elective surgeries. However, there remains a limited understanding of how best to support patients during this time, particularly through the use of digital health interventions. Recognizing and understanding the potential unmet needs of elective orthopedic surgery patients is central to motivating healthier behavior change, improving recovery, and optimizing overall surgical success in the short and long term. Objective: The aim of this study is to explore patient perspectives on technology features that would help support them to change their lifestyle behaviors during the pre- and postoperative periods, and that could potentially maintain long-term healthy lifestyles following recovery. Methods: Semistructured interviews with pre- and postoperative elective orthopedic patients were conducted between May and June 2020 using telephone and video call-based software. Patient perspectives on the use of digital technologies to complement current surgical care and support with lifestyle behavior changes were discussed. Interviews were audio recorded and transcribed verbatim. Reflexive thematic analysis enabled the development of themes from the data, with QSR NVivo software (version 12) facilitating data management. Ethical approval was obtained from the National Health Service Health Research Authority. Results: A total of 18 participants were

interviewed. Four themes were developed from the data regarding the design and functionality of digital technologies to best support the perioperative journey. These center around an intervention's ability to incorporate interactive, user-centered features; direct a descriptive and structured recovery; enable customizable, patient-controlled settings; and deliver both general and specific surgical advice in a timely manner. Interventions that are initiated preoperatively and continued postoperatively were perceived as beneficial. Interventions designed with personalized milestones were found to better guide patients through a structured recovery. Individualized tailoring of preparatory and recovery information was desired by patients with previously high levels of physical activity before surgery. The use of personalized progression-based exercises further encouraged physical recovery; game-like rewards and incentives were regarded as motivational for making and sustaining health behavior change. In-built video calling and messaging features offered connectivity with peers and clinicians for supported care delivery. Conclusions: Specific intervention design and functionality features can provide better, structured support for elective orthopedic patients across the entire surgical journey and beyond. This study provides much-needed evidence relating to the optimal design and timing of digital interventions for elective orthopedic surgical patients. Findings from this study suggest a desire for personalized perioperative care, in turn, supporting patients to make health behavior changes to optimize surgical success. These findings should be used to influence future co-design projects to enable the design and implementation of patient-focused, tailored, and targeted digital health technologies within modern health care settings.

Notes: Robinson, Anna Slight, Robert D. Husband, Andrew K. Slight, Sarah P.

; Husband, Andrew/F-2716-2015

Slight, Sarah P/0000-0002-0339-846X; Slight, Robert/
0000-0003-3255-0640; Robinson-Barella, Anna/0000-0002-9523-4760;
Husband, Andrew/0000-0001-8162-8278

URL: <Go to ISI>://WOS:000626261100005

Reference Type: Journal Article

Record Number: 2467

Author: Robinson, E., Aveyard, P., Daley, A., Jolly, K., Lewis, A., Lycett, D. and Higgs, S.

Year: 2013

Title: Eating attentively: a systematic review and meta-analysis of the effect of food intake memory and awareness on eating

Journal: American Journal of Clinical Nutrition

Volume: 97

Issue: 4

Pages: 728-742

Date: Apr

Short Title: Eating attentively: a systematic review and meta-analysis of the effect of food intake memory and awareness on eating

ISSN: 0002-9165

DOI: 10.3945/ajcn.112.045245

Accession Number: WOS:000316644200009

Abstract: Background: Cognitive processes such as attention and memory may influence food intake, but the degree to which they do is unclear. Objective: The objective was to examine whether such cognitive processes influence the amount of food eaten either immediately or in subsequent meals. Design: We systematically reviewed studies that examined experimentally the effect that manipulating memory, distraction, awareness, or attention has on food intake. We combined studies by using inverse variance meta-analysis, calculating the standardized mean difference (SMD) in food intake between experimental and control groups and assessing heterogeneity with the I² statistic. Results: Twenty-four studies were reviewed. Evidence indicated that eating when distracted produced a moderate increase in immediate intake (SMD: 0.39; 95% CI: 0.25, 0.53) but increased later intake to a greater extent (SMD: 0.76; 95% CI: 0.45, 1.07). The effect of distraction on immediate intake appeared to be independent of dietary restraint. Enhancing memory of food consumed reduced later intake (SMD: 0.40; 95% CI: 0.12, 0.68), but this effect may depend on the degree of the participants' tendencies toward disinhibited eating. Removing visual information about the amount of food eaten during a meal increased immediate intake (SMD: 0.48; 95% CI: 0.27, 0.68). Enhancing awareness of food being eaten may not affect immediate intake (SMD: 0.09; 95% CI: -0.42, 0.35). Conclusions: Evidence indicates that attentive eating is likely to influence food intake, and incorporation of attentive-eating principles into interventions provides a novel approach to aid weight loss and maintenance without the need for conscious calorie counting. Am J Clin Nutr 2013;97:728-42.

Notes: Robinson, Eric Aveyard, Paul Daley, Amanda Jolly, Kate Lewis, Amanda Lycett, Deborah Higgs, Suzanne
Higgs, Suzanne/A-9632-2008; Jolly, Kate/AAA-1341-2019
Higgs, Suzanne/0000-0002-9225-7692; Jolly, Kate/0000-0002-6224-2115;
Lycett, Deborah/0000-0002-4525-6419; Aveyard, Paul/
0000-0002-1802-4217; Lewis, Amanda/0000-0003-0488-5347
1938-3207

URL: <Go to ISI>://WOS:000316644200009

Reference Type: Journal Article

Record Number: 2454

Author: Robinson, E., Higgs, S., Daley, A. J., Jolly, K., Lycett, D., Lewis, A. and Aveyard, P.

Year: 2013

Title: Development and feasibility testing of a smart phone based attentive eating intervention

Journal: BMC Public Health

Volume: 13

Date: Jul

Short Title: Development and feasibility testing of a smart phone based attentive eating intervention

DOI: 10.1186/1471-2458-13-639

Article Number: 639

Accession Number: WOS:000322584400001

Abstract: Background: Attentive eating means eating devoid of distraction and increasing awareness and memory for food being consumed. Encouraging individuals to eat more attentively could help reduce calorie intake, as a strong evidence base suggests that memory and awareness of food being consumed substantially influence energy intake. Methods: The development and feasibility testing of a smartphone based attentive eating intervention is reported. Informed by models of behavioral change, a smartphone application was developed. Feasibility was tested in twelve overweight and obese volunteers, sampled from university staff. Participants used the application during a four week trial and semi-structured interviews were conducted to assess acceptability and to identify barriers to usage. We also recorded adherence by downloading application usage data from participants' phones at the end of the trial. Results: Adherence data indicated that participants used the application regularly. Participants also felt the application was easy to use and lost weight during the trial. Thematic analysis indicated that participants felt that the application raised their awareness of what they were eating. Analysis also indicated barriers to using a smartphone application to change dietary behavior. Conclusions: An attentive eating based intervention using smartphone technology is feasible and testing of its effectiveness for dietary change and weight loss is warranted.

Notes: Robinson, Eric Higgs, Suzanne Daley, Amanda J. Jolly, Kate Lycett, Deborah Lewis, Amanda Aveyard, Paul Higgs, Suzanne/A-9632-2008; Jolly, Kate/AAA-1341-2019 Higgs, Suzanne/0000-0002-9225-7692; Jolly, Kate/0000-0002-6224-2115; Aveyard, Paul/0000-0002-1802-4217; Lewis, Amanda/0000-0003-0488-5347; Lycett, Deborah/0000-0002-4525-6419 1471-2458
URL: <Go to ISI>://WOS:000322584400001

Reference Type: Journal Article

Record Number: 867

Author: Robinson, L., Pearce, R. and Frith, J.

Year: 2022

Title: Strategies to improve uptake and adherence of non-pharmacologic interventions for orthostatic hypotension in older people: a qualitative study

Journal: European Geriatric Medicine

Volume: 13

Issue: 3

Pages: 685-692

Date: Jun

Short Title: Strategies to improve uptake and adherence of non-pharmacologic interventions for orthostatic hypotension in older people: a qualitative study

ISSN: 1878-7649

DOI: 10.1007/s41999-022-00632-6

Accession Number: WOS:000768658100001

Abstract: Key Summary Points Aim To identify specific behavioural change techniques to promote uptake and adherence with non-pharmacologic interventions for older adults with OH. Findings

Specific behaviour change strategies, derived from older people with orthostatic hypotension, include biofeedback, rehearsal, embedding into daily routine and patient education. Message Evidence-based behaviour change strategies may be used to improve uptake and adherence to non-drug therapies for older people with orthostatic hypotension. Purpose Non-pharmacologic therapies are a safe and effective treatment for orthostatic hypotension (OH) in older adults. However, adherence to non-drug therapies is challenging and may require specific behaviour change approaches to promote uptake and adherence. The study aim is to identify specific behavioural change techniques to promote uptake and adherence with non-pharmacologic interventions for older adults with OH. Methods Forty semi-structured, qualitative interviews were performed in 25 older adults with OH. Each participant experienced bolus-water drinking, physical counter-maneuvres and compression garments during two efficacy studies. Emergent themes were identified through framework analysis, based on The Behaviour Change Technique Taxonomy. Results Several themes to encourage uptake and adherence arose. Motivation to adhere with an intervention may be improved by demonstrating its effectiveness, either through symptom monitoring or biofeedback. Practising or rehearsing how to use an intervention may improve self-efficacy and promote habit formation. Embedding therapies into daily life so that they become second nature was felt to be a useful strategy. Educating older adults about why they are being asked to use a therapy and demonstrating how to use it is important. More specific barriers may be overcome by encouraging a personal problem-solving approach. Conclusion These specific behaviour change techniques, derived by older people with OH and based on evidence-based approaches, provide useful strategies to improve the uptake and adherence of non-drug therapies in the treatment of OH.

Notes: Robinson, Lisa Pearce, Ruth Frith, James

Frith, James/0000-0002-6491-3701

1878-7657

URL: <Go to ISI>://WOS:000768658100001

Reference Type: Journal Article

Record Number: 600

Author: Robinson, M., Templeton, M., Kelly, C., Grant, D., Buston, K., Hunt, K. and Lohan, M.

Year: 2022

Title: Addressing sexual and reproductive health and rights with men in prisons: co-production and feasibility testing of a relationship, sexuality and future fatherhood education programme

Journal: International Journal of Prisoner Health

Date: 2022 Jul

Short Title: Addressing sexual and reproductive health and rights with men in prisons: co-production and feasibility testing of a relationship, sexuality and future fatherhood education programme

ISSN: 1744-9200

DOI: 10.1108/ijph-02-2022-0008

Accession Number: WOS:000824746200001

Abstract: Purpose Young incarcerated male offenders are at risk of poorer sexual health, adolescent parenthood and lack opportunities

for formative relationship and sexuality education (RSE) as well as positive male role models. The purpose of this paper is to report the process of co-production and feasibility testing of a novel, gender-transformative RSE programme with young male offenders to encourage positive healthy relationships, gender equality, and future positive fatherhood. Design/methodology/approach Using a rights-based participatory approach, the authors co-produced an RSE programme with young offenders and service providers at two UK prison sites using a sequential research design of: needs analysis, co-production and a feasibility pilot. Core components of the programme are grounded in evidence-based RSE, gender-transformative and behaviour change theory. Findings A needs analysis highlighted the men's interest in RSE along with the appeal of film drama and peer-group-based activities. In the co-production stage, scripts were developed with the young men to generate tailored film dramas and associated activities. This co-production led to "If I Were a Dad", an eight-week programme comprising short films and activities addressing masculinities, relationships, sexual health and future fatherhood. A feasibility pilot of the programme demonstrated acceptability and feasibility of delivery in two prison sites. The programme warrants further implementation and evaluation studies. Originality/value The contribution of this paper is the generation of an evidence-based, user-informed, gender-transformative programme designed to promote SRHR of young male offenders to foster positive sexual and reproductive health and well-being in their own lives and that of their partners and (future) children.

Notes: Robinson, Martin Templeton, Michelle Kelly, Carmel Grant, David Buston, Katie Hunt, Kate Lohan, Maria Grant, David/HGU-0154-2022 Lohan, Maria/0000-0003-3525-1283; Robinson, Martin/0000-0002-4276-2893 1744-9219

URL: <Go to ISI>://WOS:000824746200001

Reference Type: Journal Article

Record Number: 703

Author: Robles, L. A., Shingler, E., McGeagh, L., Rowe, E., Koupparis, A., Bahl, A., Shiridzinomwa, C., Persad, R., Martin, R. M. and Lane, J. A.

Year: 2022

Title: Attitudes and adherence to changes in nutrition and physical activity following surgery for prostate cancer: a qualitative study

Journal: Bmj Open

Volume: 12

Issue: 6

Date: Jun

Short Title: Attitudes and adherence to changes in nutrition and physical activity following surgery for prostate cancer: a qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-055566

Article Number: e055566

Accession Number: WOS:000819498100005

Abstract: Objectives Interventions designed to improve men's diet and physical activity (PA) have been recommended as methods of cancer prevention. However, little is known about specific factors that support men's adherence to these health behaviour changes, which could inform theory-led diet and PA interventions. We aimed to explore these factors in men following prostatectomy for prostate cancer (PCa). Design, setting and participants A qualitative study using semistructured interviews with men, who made changes to their diet and/or PA as part of a factorial randomised controlled trial conducted at a single hospital in South West England. Participants were 17 men aged 66 years, diagnosed with localised PCa and underwent prostatectomy. Interview transcripts underwent thematic analysis. Results Men were ambivalent about the relationship of nutrition and PA with PCa risk. They believed their diet and level of PA were reasonable before being randomised to their interventions. Men identified several barriers and facilitators to performing these new behaviours. Barriers included tolerance to dietary changes, PA limitations and external obstacles. Facilitators included partner involvement in diet, habit formation and brisk walking as an individual activity. Men discussed positive effects associated with brisk walking, such as feeling healthier, but not with nutrition interventions. Conclusions The facilitators to behaviour change suggest that adherence to trial interventions can be supported using well-established behaviour change models. Future studies may benefit from theory-based interventions to support adherence to diet and PA behaviour changes in men diagnosed with PCa.

Notes: Robles, Luke A. Shingler, Ellie McGeagh, Lucy Rowe, Edward Koupparis, Anthony Bahl, Amit Shiridzinomwa, Constance Persad, Raj Martin, Richard M. Lane, J. Athene

Lane, Janet/IQT-0690-2023

Lane, Janet/0000-0002-7578-4925; Shingler, Eleanor/0000-0002-7332-5362; Martin, Richard/0000-0002-7992-7719; Robles, Luke/0000-0003-2882-9868

URL: <Go to ISI>://WOS:000819498100005

Reference Type: Journal Article

Record Number: 2316

Author: Robson, J., Smithers, H., Chowdhury, T., Bennett-Richards, P., Keene, D., Dostal, I., Mathur, R., Dunne, J., Hull, S. and Boomla, K.

Year: 2015

Title: Reduction in self-monitoring of blood glucose in type 2 diabetes: an observational controlled study in east London

Journal: British Journal of General Practice

Volume: 65

Issue: 633

Pages: E256-E263

Date: Apr

Short Title: Reduction in self-monitoring of blood glucose in type 2 diabetes: an observational controlled study in east London

ISSN: 0960-1643

DOI: 10.3399/bjgp15X684421

Accession Number: WOS:000356965100011

Abstract: Background Self-monitoring of blood glucose (SMBG) confers no benefit for many people with type 2 diabetes not being treated with insulin. It accounts for 21% of diabetes prescribing costs. Aim To improve care quality at reduced cost for type 2 diabetes by reducing unnecessary SMBG. Design and setting Non-randomised, observational controlled study in two intervention clinical commissioning groups (CCGs) and one control CCG in east London. Method In total, 19 602 people with type 2 diabetes not being treated with insulin were recruited from two intervention CCGs; 16 033 were recruited from a control CCG. The intervention (from 2010 to 2013) comprised implementation of a locally developed guideline, including IT support and peer feedback of performance. Data on practice prescribing SMBG testing strips were gathered using GP electronic health records. Information on costs were obtained via the ePACT electronic database. Results Over 4 years, in all non-insulin type 2 diabetes treatment groups, use of SMBG was reduced in the two intervention CCGs from 42.8% to 16.5%, and in the control CCG from 56.4% to 47.2%. In people on metformin alone or no treatment, intervention CCGs reduced SMBG use from 29.6% to 6.0%, and in the control CCG use dropped from 47.1% to 38.7% ($P < 0.001$). From 2009 to 2012 the total cost of all SMBG prescribing (type 1 and type 2 diabetes, including users of insulin) was reduced by 4.9% (62 pound 476) in the two intervention CCGs and increased in the control CCG by 5.0% (42 pound 607); in England, the total cost increased by 13.5% (19.4 pound million). In total, 20% (3865 of 19 602) fewer patients used SMBG in the intervention CCGs. Conclusion This low-cost programme demonstrated a major reduction in unnecessary prescribing of SMBG, along with cost savings. If replicated nationally, this would avoid unnecessary testing in 340 000 people and prescribing costs that total 21.8 pound million.

Notes: Robson, John Smithers, Hannah Chowdhury, Tahseen Bennett-Richards, Philip Keene, David Dostal, Isabel Mathur, Rohini Dunne, Jack Hull, Sally Boomla, Kambiz

Robson, John/H-3904-2014; Mathur, Rohini/C-7788-2013

Robson, John/0000-0001-6889-0415; Mathur, Rohini/0000-0002-3817-8790; hull, Sally/0000-0002-8691-7519 1478-5242

URL: <Go to ISI>://WOS:000356965100011

Reference Type: Journal Article

Record Number: 566

Author: Roche, C., Fisher, A., Fancourt, D. and Burton, A.

Year: 2022

Title: Exploring Barriers and Facilitators to Physical Activity during the COVID-19 Pandemic: A Qualitative Study

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 15

Date: Aug

Short Title: Exploring Barriers and Facilitators to Physical Activity during the COVID-19 Pandemic: A Qualitative Study

DOI: 10.3390/ijerph19159169

Article Number: 9169

Accession Number: WOS:000840161400001

Abstract: Quantitative data show that physical activity (PA) reduced during the COVID-19 pandemic, with differential impacts across demographic groups. Qualitative research is limited; thus, this study aimed to understand barriers and facilitators to PA during the pandemic, focusing on groups more likely to have been affected by restrictions, and to map these onto the capability, opportunity, motivation model of behaviour (COM-B). One-to-one interviews were conducted with younger (aged 18-24) and older adults (aged 70+), those with long-term physical or mental health conditions, and parents of young children. Themes were identified using reflexive thematic analysis and were mapped onto COM-B domains. A total of 116 participants contributed (aged 18-93, 61% female, 71% White British). Key themes were the importance of the outdoor environment, impact of COVID-19 restrictions, fear of contracting COVID-19, and level of engagement with home exercise. Caring responsibilities and conflicting priorities were a barrier. PA as a method of socialising, establishing new routines, and the importance of PA for protecting mental health were motivators. Most themes mapped onto the physical opportunity (environmental factors) and reflective motivation (evaluations/plans) COM-B domains. Future interventions should target these domains during pandemics (e.g., adapting PA guidance depending on location and giving education on the health benefits of PA).

Notes: Roche, Charlotte Fisher, Abigail Fancourt, Daisy Burton, Alexandra

Burton, Alexandra/0000-0002-4433-3902

1660-4601

URL: <Go to ISI>://WOS:000840161400001

Reference Type: Journal Article

Record Number: 1359

Author: Rockliffe, L., Peters, S., Heazell, A. E. P. and Smith, D. M.

Year: 2021

Title: Factors influencing health behaviour change during pregnancy: a systematic review and meta-synthesis

Journal: Health Psychology Review

Volume: 15

Issue: 4

Pages: 613-632

Date: Oct

Short Title: Factors influencing health behaviour change during pregnancy: a systematic review and meta-synthesis

ISSN: 1743-7199

DOI: 10.1080/17437199.2021.1938632

Accession Number: WOS:000667998600001

Abstract: Pregnancy is an opportune time for women to make healthy changes to their lifestyle, however, many women struggle to do so. Multiple reasons have been posited as to why this may be. This review aimed to synthesise this literature by identifying factors

that influence women's health behaviour during pregnancy, specifically in relation to dietary behaviour, physical activity, smoking, and alcohol use. Bibliographic databases (MEDLINE, PsycINFO, CINAHL-P, MIDIRS) were systematically searched to retrieve studies reporting qualitative data regarding women's experiences or perceptions of pregnancy-related behaviour change relating to the four key behaviours. Based on the eligibility criteria, 30,852 records were identified and 92 studies were included. Study quality was assessed using the CASP tool and data were thematically synthesised. Three overarching themes were generated from the data. These were (1) A time to think about 'me', (2) Adopting the 'good mother' role, and (3) Beyond mother and baby. These findings provide an improved understanding of the various internal and external factors influencing women's health behaviour during the antenatal period. This knowledge provides the foundations from which future pregnancy-specific theories of behaviour change can be developed and highlights the importance of taking a holistic approach to maternal behaviour change in clinical practice.

Notes: Rockliffe, Lauren Peters, Sarah Heazell, Alexander E. P. Smith, Debbie M.

Heazell, Alexander/0000-0002-4303-7845; Rockliffe, Lauren/0000-0001-9546-8690; Peters, Sarah/0000-0003-1949-3995 1743-7202

URL: <Go to ISI>://WOS:000667998600001

Reference Type: Journal Article

Record Number: 254

Author: Rockliffe, L., Peters, S., Heazell, A. E. P. and Smith, D. M.

Year: 2022

Title: Understanding pregnancy as a teachable moment for behaviour change: a comparison of the COM-B and teachable moments models

Journal: Health Psychology and Behavioral Medicine

Volume: 10

Issue: 1

Pages: 41-59

Date: Dec

Short Title: Understanding pregnancy as a teachable moment for behaviour change: a comparison of the COM-B and teachable moments models

ISSN: 2164-2850

DOI: 10.1080/21642850.2021.2014851

Accession Number: WOS:000736491000001

Abstract: Objectives: Theoretical models have informed the understanding of pregnancy as a 'teachable moment' for health behaviour change. However, these models have not been developed specifically for, nor widely tested, in this population. Currently, no pregnancy-specific model of behaviour change exists, which is important given it is a unique yet common health event. This study aimed to assess the extent to which factors influencing antenatal behaviour change are accounted for by the COM-B model and Teachable Moments (TM) model and to identify which model is best used to understand behaviour change during pregnancy. Design: Theoretical

mapping exercise. Methods: A deductive approach was adopted; nine sub-themes identified in a previous thematic synthesis of 92 studies were mapped to the constructs of the TM and COM-B models. The subthemes reflected factors influencing antenatal health behaviour. Findings: All sub-themes mapped to the COM-B model constructs, whereas the TM model failed to incorporate three sub-themes. Missed factors were non-psychological, including practical and environmental factors, social influences, and physical pregnancy symptoms. In contrast to the COM-B model, the TM model provided an enhanced conceptual understanding of pregnancy as a teachable moment for behaviour change, however, neither model accounted for the changeable salience of influencing factors throughout the pregnancy experience. Conclusions: The TM and COM-B models are both limited when applied within the context of pregnancy. Nevertheless, both models offer valuable insight that should be drawn upon when developing a pregnancy-specific model of behaviour change. Notes: Rockliffe, Lauren Peters, Sarah Heazell, Alexander E. P. Smith, Debbie M. Smith, Debbie/0000-0001-7875-1582; Rockliffe, Lauren/0000-0001-9546-8690; Heazell, Alexander/0000-0002-4303-7845; Peters, Sarah/0000-0003-1949-3995
URL: <Go to ISI>://WOS:000736491000001

Reference Type: Journal Article

Record Number: 857

Author: Rockliffe, L., Peters, S., Smith, D. M., Heal, C. and Heazell, A. E. P.

Year: 2022

Title: Investigating the utility of the COM-B and TM model to explain changes in eating behaviour during pregnancy: A longitudinal cohort study

Journal: British Journal of Health Psychology

Volume: 27

Issue: 3

Pages: 1077-1099

Date: Sep

Short Title: Investigating the utility of the COM-B and TM model to explain changes in eating behaviour during pregnancy: A longitudinal cohort study

ISSN: 1359-107X

DOI: 10.1111/bjhp.12590

Accession Number: WOS:000769988100001

Abstract: Objectives Pregnancy has been described as a 'teachable moment' for behaviour change, which presents an important opportunity for health promotion within antenatal care settings. However, no pregnancy-specific model has been developed or tested in the context of health behaviour change during pregnancy. This study aimed to investigate and compare the utility of the Capability-Opportunity-Motivation Behaviour (COM-B) and Teachable Moments (TM) models, to explain health behaviour change during pregnancy, within the context of eating behaviour. Design Longitudinal cohort study. Methods Five hundred and sixteen women completed a survey at between 12-16 weeks gestation (T1). Follow-up data were collected at 20-24

weeks (T2), 36–40 weeks (T3), and 6–12 weeks postnatally (T4). The primary outcome was eating behaviour. To assess the utility of the COM-B model, perceived capability, opportunity, and motivation to eat healthily were measured. To assess the utility of the TM model, risk perceptions, self-image, and affective response were measured. Results Overall, the COM-B model explained 18.4% of the variance in eating behaviour, whilst the TM model explained 9%. Both models explained the most variance in eating behaviour at T1 and T3, compared with T2 and T4. Small changes were observed in eating behaviour and the model constructs over the time period studied, although these were not clinically meaningful. Conclusions Neither the COM-B nor TM model provide a satisfactory explanation of eating behaviour during pregnancy, however the findings suggest that certain stages of pregnancy may create more salient opportunities for behaviour change. The findings also support claims that motivation may not play a key role in directing eating behaviour during pregnancy. Further research is needed to explore the role of timing in antenatal behaviour change. The development of a pregnancy-specific model is necessary to optimise understanding of pregnancy as a teachable moment for behaviour change.

Notes: Rockcliffe, Lauren Peters, Sarah Smith, Debbie M. Heal, Calvin Heazell, Alexander E. P.
Rockcliffe, Lauren/0000-0001-9546-8690; Smith, Debbie/
0000-0001-7875-1582
2044-8287
URL: <Go to ISI>://WOS:000769988100001

Reference Type: Journal Article

Record Number: 276

Author: Rockcliffe, L., Smith, D. M., Heazell, A. E. P. and Peters, S.

Year: 2022

Title: A qualitative exploration of influences on eating behaviour throughout pregnancy

Journal: BMC Pregnancy and Childbirth

Volume: 22

Issue: 1

Date: Dec

Short Title: A qualitative exploration of influences on eating behaviour throughout pregnancy

DOI: 10.1186/s12884-022-05135-7

Article Number: 939

Accession Number: WOS:000899627800004

Abstract: Background: Pregnancy is often conceptualised as a 'teachable moment' for health behaviour change. However, it is likely that different stages of pregnancy, and individual antenatal events, provide multiple distinct teachable moments to prompt behaviour change. Whilst previous quantitative research supports this argument, it is unable to provide a full understanding of the nuanced factors influencing eating behaviour. The aim of this study was to explore influences on women's eating behaviour throughout pregnancy. Methods: In-depth interviews were conducted online with 25 women who were less than six-months postpartum. Interviews were

audio-recorded and transcribed verbatim. Data were analysed thematically. Results: Five themes were generated from the data that capture influences on women's eating behaviour throughout pregnancy: 'The preconceptual self', 'A desire for good health', 'Retaining control', 'Relaxing into pregnancy', and 'The lived environment'. Conclusion: Mid-pregnancy may provide a more salient opportunity for eating behaviour change than other stages of pregnancy. Individual antenatal events, such as the glucose test, can also prompt change. In clinical practice, it will be important to consider the changing barriers and facilitators operating throughout pregnancy, and to match health advice to stages of pregnancy, where possible. Existing models of teachable moments may be improved by considering the dynamic nature of pregnancy, along with the influence of the lived environment, pregnancy symptoms, and past behaviour. These findings provide an enhanced understanding of the diverse influences on women's eating behaviour throughout pregnancy and provide a direction for how to adapt existing theories to the context of pregnancy.

Notes: Rockcliffe, Lauren Smith, Debbie M. Heazell, Alexander E. P. Peters, Sarah

Smith, Debbie/0000-0001-7875-1582; Rockcliffe, Lauren/
0000-0001-9546-8690

1471-2393

URL: <Go to ISI>://WOS:000899627800004

Reference Type: Journal Article

Record Number: 198

Author: Rodger, A., Vezevicius, A. and Papies, E. K.

Year: 2023

Title: Can a simple plan change a complex behavior? Implementation intentions in the context of water drinking

Journal: Appetite

Volume: 183

Date: Apr

Short Title: Can a simple plan change a complex behavior?

Implementation intentions in the context of water drinking

ISSN: 0195-6663

DOI: 10.1016/j.appet.2023.106459

Article Number: 106459

Accession Number: WOS:000925664400001

Abstract: Underhydration has significant adverse physical and mental health effects, yet many people drink too little water.

Implementation intentions have been found to effectively promote many health behaviors, but little is known about the processes underlying their effects in naturalistic settings, and whether they could improve water drinking. This mixed-methods study assessed the impact and potential underlying processes of using implementation intentions to increase self-reported water intake over a five-day follow-up. Ninety-five participants (Mage = 39, SD = 12) received an educational quiz to increase their water drinking motivation before being randomly assigned to the control or intervention group. Participants also completed a qualitative survey that assessed the processes underlying their attempts to increase water intake.

Quantitative results suggested that most participants increased their average daily water intake regardless of group. Qualitative results indicated that implementation intention participants struggled with remembering and the perceived effort of preparation and drinking behaviors, which reduced the effect of planning on behavior. This study provides essential theoretical and methodological considerations for researchers studying implementation intentions, as the effects and mechanisms of implementation intentions in real-life situations may be more complex than previously assumed. For example, the results suggest that implementation intentions did not automatize remembering and performing the behavior in ways the current literature theorizes. Other kinds of interventions may be needed to improve the complex daily-life behaviour of water drinking.

Notes: Rodger, Amy Vezevicius, Ariel Papies, Esther K.

Rodger, Amy/0000-0001-5277-740X

1095-8304

URL: <Go to ISI>://WOS:000925664400001

Reference Type: Journal Article

Record Number: 712

Author: Rodrigues, A. M., Wearn, A., Haste, A., Mallion, V., Evison, M., Howle, F. and Haighton, C.

Year: 2022

Title: Understanding the implementation strategy of a secondary care tobacco addiction treatment pathway (the CURE project) in England: a strategic behavioural analysis

Journal: Bmj Open

Volume: 12

Issue: 6

Date: Jun

Short Title: Understanding the implementation strategy of a secondary care tobacco addiction treatment pathway (the CURE project) in England: a strategic behavioural analysis

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-054739

Article Number: e054739

Accession Number: WOS:000811702800022

Abstract: Objectives The Conversation, Understand, Replace, Experts and evidence-based treatment (CURE) project implemented an evidence-based intervention that offers a combination of pharmacotherapy and behavioural support to tobacco-dependent inpatients. Understanding key characteristics of CURE's implementation strategy, and identifying areas for improvement, is important to support the roll-out of nationwide tobacco dependence services. This study aimed to (1) specify key characteristics of CURE's exiting implementation strategy and (2) develop theoretical-informed and stakeholder-informed recommendations to optimise wider roll-out. Design and methods Data were collected via document review and secondary analysis of interviews with 10 healthcare professionals of a UK hospital. Intervention content was specified through behaviour change techniques (BCTs) and intervention functions within the Behaviour Change Wheel. A logic model was developed to specify

CURE's implementation strategy and its mechanisms of impact. We explored the extent to which BCTs and intervention functions addressed the key theoretical domains influencing implementation using prespecified matrices. The development of recommendations was conducted over a two-round Delphi exercise. Results We identified six key theoretical domains of influences: 'environmental context and resources', 'goals', 'social professional role and identity', 'social influences', 'reinforcement' and 'skills'. The behavioural analysis identified 26 BCTs, 4 intervention functions and 4 policy categories present within the implementation strategy. The implementation strategy included half the relevant intervention functions and BCTs to target theoretical domains influencing CURE implementation, with many BCTs focusing on shaping knowledge. Recommendations to optimise content were developed following stakeholder engagement. Conclusions CURE offers a strong foundation from which a tobacco dependence treatment model can be developed in England. The exiting strategy could be strengthened via the inclusion of more theoretically congruent BCTs, particularly relating to 'environmental context and resources'. The recommendations provide routes to optimisation that are both theoretically grounded and stakeholder informed. Future research should assess the feasibility/acceptability of these recommendations in the wider secondary-care context.

Notes: Rodrigues, Angela M. Wearn, Angela Haste, Anna Mallion, Verity Evison, Matthew Howle, Freya Haighton, Catherine Wearn, Angela/HPD-2541-2023; Haighton, Catherine/H-1528-2015 Wearn, Angela/0000-0003-1349-6087; Haighton, Catherine/0000-0002-8061-0428; Rodrigues, Angela/0000-0001-5064-8006; Haste, Anna/0000-0002-5001-0763
URL: <Go to ISI>://WOS:000811702800022

Reference Type: Conference Proceedings

Record Number: 1026

Author: Rodriguez, E., Fukkink, M., Parkin, S., van Eeten, M., Ganan, C. and Ieee Comp, S. O. C.

Year of Conference: 2022

Title: Difficult for Thee, But Not for Me: Measuring the Difficulty and User Experience of Remediating Persistent IoT Malware

Conference Name: 7th IEEE European Symposium on Security and Privacy (IEEE EuroS and P)

Conference Location: Genoa, ITALY

Pages: 392-409

Date: Jun 06-10

Sponsor: Ieee, Ieee Comp Soc

Short Title: Difficult for Thee, But Not for Me: Measuring the Difficulty and User Experience of Remediating Persistent IoT Malware

ISBN: 978-1-6654-1614-6

DOI: 10.1109/EuroSP53844.2022.00032

Source: 2022 ieee 7th european symposium on security and privacy (euros&p 2022)

Year Published:2022

Accession Number: WOS:000851574500024

Abstract: Consumer IoT devices may suffer malware attacks, and be

recruited into botnets or worse. There is evidence that generic advice to device owners to address IoT malware can be successful, but this does not account for emerging forms of persistent IoT malware. Less is known about persistent malware, which resides on persistent storage, requiring targeted manual effort to remove it. This paper presents a field study on the removal of persistent IoT malware by consumers. We partnered with an ISP to contrast remediation times of 760 customers across three malware categories: Windows malware, non-persistent IoT malware, and persistent IoT malware. We also contacted ISP customers identified as having persistent IoT malware on their network-attached storage devices, specifically QSnatch. We found that persistent IoT malware exhibits a mean infection duration many times higher than Windows or Mirai malware; QSnatch has a survival probability of 30% after 180 days, whereby most if not all other observed malware types have been removed. For interviewed device users, QSnatch infections lasted longer, so are apparently more difficult to get rid of, yet participants did not report experiencing difficulty in following notification instructions. We see two factors driving this paradoxical finding: First, most users reported having high technical competency. Also, we found evidence of planning behavior for these tasks and the need for multiple notifications. Our findings demonstrate the critical nature of interventions from outside for persistent malware, since automatic scan of an AV tool or a power cycle, like we are used to for Windows malware and Mirai infections, will not solve persistent IoT malware infections. Notes: Rodriguez, Elsa Fukkink, Max Parkin, Simon van Eeten, Michel Ganan, Carlos
URL: <Go to ISI>://WOS:000851574500024

Reference Type: Journal Article

Record Number: 2287

Author: Roe, B., Flanagan, L. and Maden, M.

Year: 2015

Title: Systematic review of systematic reviews for the management of urinary incontinence and promotion of continence using conservative behavioural approaches in older people in care homes

Journal: Journal of Advanced Nursing

Volume: 71

Issue: 7

Pages: 1464-1483

Date: Jul

Short Title: Systematic review of systematic reviews for the management of urinary incontinence and promotion of continence using conservative behavioural approaches in older people in care homes

ISSN: 0309-2402

DOI: 10.1111/jan.12613

Accession Number: WOS:000356624700003

Abstract: AimTo synthesize evidence from systematic reviews on the management of urinary incontinence and promotion of continence using conservative/behavioural approaches in older people in care homes to inform clinical practice, guidelines and research.

BackgroundIncontinence is highly prevalent in older people in care

home populations. Design Systematic review of systematic reviews with narrative synthesis. Data sources Electronic searches of published systematic reviews in English using MEDLINE and CINAHL with no date restrictions up to September 2013. Searches supplemented by hand searching and electronic searching of Cochrane Library and PROSPERO. Review methods PRISMA statement was followed, as were established methods for systematic review of systematic reviews. Results Five systematic reviews of high quality were included, three specific to intervention studies and two reviewed descriptive studies. Urinary incontinence was the primary outcome in three reviews with factors associated with the management of urinary incontinence the primary outcome for the other reviews. Conclusion Toileting programmes, in particular prompted voiding, with use of incontinence pads are the main conservative behavioural approach for the management of incontinence and promotion of continence in this population with evidence of effectiveness in the short term. Evidence from associated factors; exercise, mobility, comorbidities, hydration, skin care, staff perspectives, policies and older people's experiences and preference are limited. The majority of evidence of effectiveness are from studies from one country which may or may not be transferable to other care home populations. Future international studies are warranted of complex combined interventions using mixed methods to provide evidence of effectiveness, context of implementation and economic evaluation.

Notes: Roe, Brenda Flanagan, Lisa Maden, Michelle

Roe, Brenda/0000-0001-8227-0116

1365-2648

URL: <Go to ISI>://WOS:000356624700003

Reference Type: Journal Article

Record Number: 1099

Author: Rogers, C. R., Brooks, E., Curtin, K., De Vera, M. A., Qeadan, F., Rogers, T. N., Petersen, E., Gallagher, P., Pesmen, C., Johnson, W., Henley, C., Hickman, W., Newcomb, E., Korous, K. M. and Handley, M. A.

Year: 2021

Title: Protocol for #iBeatCRC: a community-based intervention to increase early-onset colorectal cancer awareness using a sequential explanatory mixed-methods approach

Journal: Bmj Open

Volume: 11

Issue: 12

Date: Dec

Short Title: Protocol for #iBeatCRC: a community-based intervention to increase early-onset colorectal cancer awareness using a sequential explanatory mixed-methods approach

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-048959

Article Number: e048959

Accession Number: WOS:000727532600016

Abstract: Introduction Th last two decades have seen a twofold increase in colorectal cancer (CRC) incidence among individuals under the recommended screening age of 50 years. Although the origin

of this early-onset CRC (EOCRC) spike remains unknown, prior studies have reported that EOCRC harbours a distinct molecular and clinical phenotype in younger individuals. The sharp increase in EOCRC incidence rates may be attributable to a complex interplay of factors, including race; lifestyle; and ecological, sociodemographic and geographical factors. However, more research that address psychosocial experiences and accounts for lifestyle-related behaviours before, during and after an EOCRC diagnosis are warranted. This study aims to develop and pilot test a theorydriven, community-based intervention to increase awareness of EOCRC, reduce its associated risk factors and improve early detection among adults aged 18-49 years. Methods and analysis Guided by the Behaviour Change Wheel, we will use a multistage mixed-methods study design. We will pilot a sequential mixed-methods intervention study as follows: (1) First, we will analyse linked quantitative data from the Utah Cancer Registry and National Cancer Institute Surveillance, Epidemiology and End Results registry, linked to state-wide demographic and vital records in the Utah Population Database to identify EOCRC hotspots in Utah by examining the EOCRC incidence and survival variance explained by personal and county-level factors. (2) Next, we will conduct one-on-one interviews with 20 EOCRC survivors residing in EOCRC hotspots to ascertain psychosocial and lifestyle challenges that accompany an EOCRC diagnosis. (3) Finally, we will consider existing evidence-based approaches, our integrated results (quantitative +qualitative) and community action board input to design a community-based intervention to increase EOCRC awareness that can feasibly be delivered by means of outdoor mass media, and via social media. We will pilot the multicomponent media campaign with a quasiexperimental design among 17 EOCRC hotspot residents and 17 EOCRC 'coldspot' residents. Ethics and dissemination Ethics approval was obtained from the University of Utah Institutional Review Board (IRB_00138357). Signed informed consent will be obtained from all participants prior to any data collection. Study results will be disseminated through CRC community blogs, targeted infographics, conference presentations at national and international professional conferences and publications in peer-reviewed journals. Final intervention-specific data will be available on reasonable request from the corresponding author.

Notes: Rogers, Charles R. Brooks, Ellen Curtin, Karen De Vera, Mary A. Qeadan, Fares Rogers, Tiana N. Petersen, Ethan Gallagher, Phuong Pesmen, Curt Johnson, Wenora Henley, Candace Hickman, Walter Newcomb, Elaine Korous, Kevin M. Handley, Margaret A. Rogers, Dr. Charles R/0000-0002-3571-8229
URL: <Go to ISI>://WOS:000727532600016

Reference Type: Book

Record Number: 2200

Author: Rogers, P. J.

Year: 2016

Title: UNDERSTANDING AND SUPPORTING EQUITY Implications of Methodological and Procedural Choices in Equity-Focused Evaluations

Series Editor: Donaldson, S. I. and Picciotto, R.

Series Title: Evaluation for an Equitable Society

Number of Pages: 199–215
Short Title: UNDERSTANDING AND SUPPORTING EQUITY Implications of
Methodological and Procedural Choices in Equity-Focused Evaluations
ISBN: 978-1-68123-443-4; 978-1-68123-444-1
Accession Number: WOS:000378446300011
Notes: Rogers, Patricia J.
URL: <Go to ISI>://WOS:000378446300011

Reference Type: Journal Article
Record Number: 1398
Author: Rohwer, A., Taylor, M., Ryan, R., Garner, P. and Oliver, S.
Year: 2021
Title: Enhancing Public Health Systematic Reviews With Diagram
Visualization
Journal: American Journal of Public Health
Volume: 111
Issue: 6
Pages: 1029–1034
Date: Jun
Short Title: Enhancing Public Health Systematic Reviews With Diagram
Visualization
ISSN: 0090-0036
DOI: 10.2105/ajph.2021.306225
Accession Number: WOS:000647616800018
Notes: Rohwer, Anke Taylor, Melissa Ryan, Rebecca Garner, Paul
Oliver, Sandy
Garner, Paul/HII-5856-2022
1541-0048
URL: <Go to ISI>://WOS:000647616800018

Reference Type: Journal Article
Record Number: 47
Author: Rojas-Garcia, A., Lingeman, S. and Kassianos, A. P.
Year: 2023
Title: Attitudes of mothers and health care providers towards
behavioural interventions promoting breastfeeding uptake: A
systematic review of qualitative and mixed-method studies
Journal: British Journal of Health Psychology
Date: 2023 Apr
Short Title: Attitudes of mothers and health care providers towards
behavioural interventions promoting breastfeeding uptake: A
systematic review of qualitative and mixed-method studies
ISSN: 1359-107X
DOI: 10.1111/bjhp.12663
Accession Number: WOS:000971918200001
Abstract: Purpose: Recommendations for exclusive breastfeeding are
not often adhered to despite the robust evidence of its benefits.
This systematic review aims to collate evidence on the attitudes
mothers and health care providers have towards breastfeeding
interventions to understand what aspects best contribute to
acceptability and feasibility. Methods: This review further
investigates the value of identifiable behaviour change techniques

(BCTs) to uncover which components of an intervention are perceived to be most useful and acceptable. The main biomedical databases were searched, and 17 (n = 17) studies met the inclusion criteria. Results: A total of nine BCTs were identified within the interventions. The thematic analysis produced four main domains: usefulness, accessibility, value and sustainability. Women discussed the importance of the support they received in these interventions and demonstrated a positive view towards three BCTs: 'social support (unspecified)', 'instruction on how to perform behaviour' and 'demonstration of behaviour'. Additionally, women highlighted the benefit of personal, non-clinical and flexible emotional and practical support from peers, lactation consultants and support groups. Health care providers echoed these opinions and specifically highlighted the usefulness of interventions that allowed for continuity of care and more personal breastfeeding support. Conclusions: These findings suggest that ongoing practical as well as emotional support is crucial for standard in-hospital support to succeed at increasing breastfeeding rates. Future research would need to better understand the nuances of the interventions among women and providers to enhance their implementation.

Notes: Rojas-Garcia, Antonio Lingeman, Sabrina Kassianos, Angelos P. Rojas Garcia, Antonio/0000-0002-7792-4311
2044-8287

URL: <Go to ISI>://WOS:000971918200001

Reference Type: Journal Article

Record Number: 2194

Author: Rolfe, C. and Gardner, B.

Year: 2016

Title: Experiences of hearing loss and views towards interventions to promote uptake of rehabilitation support among UK adults

Journal: International Journal of Audiology

Volume: 55

Issue: 11

Pages: 666-673

Short Title: Experiences of hearing loss and views towards interventions to promote uptake of rehabilitation support among UK adults

ISSN: 1499-2027

DOI: 10.1080/14992027.2016.1200146

Accession Number: WOS:000384319900008

Abstract: Objective: Effective hearing loss rehabilitation support options are available. Yet, people often experience delays in receiving rehabilitation support. This study aimed to document support-seeking experiences among a sample of UK adults with hearing loss, and views towards potential strategies to increase rehabilitation support uptake. People with hearing loss were interviewed about their experiences of seeking support, and responses to hypothetical intervention strategies, including public awareness campaigns, a training programme for health professionals, and a national hearing screening programme. Design: Semi-structured qualitative interview design with thematic analysis. Study sample:

Twenty-two people with hearing loss, aged 66–88. Results: Three themes, representing barriers to receiving rehabilitation support and potential areas for intervention, were identified: making the journey from realization to readiness, combatting social stigma, and accessing appropriate services. Barriers to receiving support mostly focused on appraisal of hearing loss symptoms. Interventions enabling symptom appraisal, such as routine screening, or demonstrating how to raise the topic effectively with a loved one, were welcomed. Conclusions: Interventions to facilitate realization of hearing loss should be prioritized. Raising awareness of the symptoms and prevalence of hearing loss may help people to identify hearing problems and reduce stigma, in turn increasing hearing loss acceptance.

Notes: Rolfe, Crystal Gardner, Benjamin
Gardner, Benjamin/C-1565-2008
Gardner, Benjamin/0000-0003-1223-5934
1708-8186
URL: <Go to ISI>://WOS:000384319900008

Reference Type: Journal Article

Record Number: 1703

Author: Rollo, M. E., Baldwin, J. N., Hutchesson, M., Aguiar, E. J., Wynne, K., Young, A., Callister, R., Haslam, R. and Collins, C. E.
Year: 2020

Title: The Feasibility and Preliminary Efficacy of an eHealth Lifestyle Program in Women with Recent Gestational Diabetes Mellitus: A Pilot Study

Journal: International Journal of Environmental Research and Public Health

Volume: 17

Issue: 19

Date: Oct

Short Title: The Feasibility and Preliminary Efficacy of an eHealth Lifestyle Program in Women with Recent Gestational Diabetes Mellitus: A Pilot Study

Mellitus: A Pilot Study

DOI: 10.3390/ijerph17197115

Article Number: 7115

Accession Number: WOS:000586449200001

Abstract: Self-administered eHealth interventions provide a potential low-cost solution for reducing diabetes risk. The aim of this pilot randomised controlled trial (RCT) was to evaluate the feasibility, including recruitment, retention, preliminary efficacy (primary outcome) and acceptability (secondary outcome) of the "Body Balance Beyond" eHealth intervention in women with previous gestational diabetes mellitus (GDM). Women with overweight/obesity who had recent GDM (previous 24 months) were randomised into one of three groups: 1) high personalisation (access to "Body Balance Beyond" website, individual telehealth coaching via video call by a dietitian and exercise physiologist, and text message support); 2) low personalisation (website only); or 3) waitlist control. To evaluate preliminary efficacy, weight (kg), glycosylated hemoglobin, type A1C (HbA1c), cholesterol (total, low-density lipoprotein (LDL) and high-density lipoprotein (HDL)), diet quality and moderate-

vigorous physical activity were analysed at baseline and at 3 and 6 months using generalised linear mixed models. To investigate acceptability, process evaluation was conducted at 3 and 6 months. Of the 327 potential participants screened, 42 women (mean age 33.5 +/- 4.0 years and BMI 32.4 +/- 4.3 kg/m²) were randomised, with 30 (71%) completing the study. Retention at 6 months was 80%, 54% and 79% for high personalisation, low personalisation and waitlist control, respectively (reasons: personal/work commitments, n = 4; started weight-loss diet, n = 1; pregnant, n = 1; resources not useful, n = 1; and not contactable, n = 5). No significant group-by-time interactions were observed for preliminary efficacy outcomes, with the exception of HDL cholesterol, where a difference favoured the low personalisation group relative to the control (p = 0.028). The majority (91%) of women accessed the website in the first 3 months and 57% from 4-6 months. The website provided useful information for 95% and 92% of women at 3 and 6 months, respectively, although only a third of women found it motivating (30% and 25% at 3 and 6 months, respectively). Most women agreed that the telehealth coaching increased their confidence for improving diet (85%) and physical activity (92%) behaviours, although fewer women regarded the text messages as positive (22% and 31% for improving diet and physical activity, respectively). The majority of women (82% at 3 months and 87% at 6 months) in the high personalisation group would recommend the program to other women with GDM. Recruiting and retaining women with a recent diagnosis of GDM is challenging. The "Body Balance Beyond" website combined with telehealth coaching via video call is largely acceptable and useful for women with recent GDM. Further analysis of the effect on diabetes risk reduction in a larger study is needed.

Notes: Rollo, Megan E. Baldwin, Jennifer N. Hutchesson, Melinda Aguiar, Elroy J. Wynne, Katie Young, Ashley Callister, Robin Haslam, Rebecca Collins, Clare E.

Wynne, Katie/P-9465-2019; Baldwin, Jennifer/ABD-2442-2021; Hutchesson, Melinda J/G-7737-2013; ROLLO, MEGAN/ABC-3731-2021
Wynne, Katie/0000-0002-7980-3337; Hutchesson, Melinda J/
0000-0002-1851-0661; ROLLO, MEGAN/0000-0003-1303-2063; Baldwin,
Jennifer/0000-0001-7830-7270; Aguiar, Elroy/0000-0003-4763-0491
1660-4601

URL: <Go to ISI>://WOS:000586449200001

Reference Type: Journal Article

Record Number: 646

Author: Romney, W., Bellows, D. M., Tavernite, J. P., Salbach, N. and Deutsch, J. E.

Year: 2022

Title: Knowledge Translation Research to Promote Behavior Changes in Rehabilitation: Use of Theoretical Frameworks and Tailored Interventions: A Scoping Review

Journal: Archives of Physical Medicine and Rehabilitation

Volume: 103

Issue: 7

Pages: S276-S296

Date: Jul

Short Title: Knowledge Translation Research to Promote Behavior Changes in Rehabilitation: Use of Theoretical Frameworks and Tailored Interventions: A Scoping Review

ISSN: 0003-9993

DOI: 10.1016/j.apmr.2021.01.076

Accession Number: WOS:000823864200013

Abstract: Objective: To describe knowledge translation (KT) research as a means of changing practice behaviors in rehabilitation. We specifically aimed to explore how theories, models, and frameworks (TMFs) are used to guide KT, guide methods to tailor KT interventions, and evaluate outcomes. We hypothesized these methods would have increased over the past 10 years. Data Sources: We identified articles through searches conducted using databases Cumulative Index to Nursing and Allied Health, MEDLINE, PubMed, Academic Search Premier, and previous reviews from January 2000 to April 2020. Search terms included physical therapy, occupational therapy, speech-language pathology, knowledge translation, and knowledge-to-action (KTA). Study Selection: Two authors interpedently screened titles, abstracts, and full-text articles. Studies were included if behavior change of rehabilitation practitioners was measured. Systematic reviews, protocols, and capacity-building interventions were excluded. Data Extraction: Three authors extracted information on study design, theoretical frameworks, intervention strategies, and outcome evaluation. Data Synthesis: Fifty-six studies were included in the review. Sixteen (29%) reported the use of a theoretical framework to guide the KT process. Since 2013, the KTA framework was used 35% of the time. Twenty-two studies (39%) reported barrier assessments to tailor interventions, and 82% were published after 2013. However, barrier assessment in the local context was only conducted 64% of the time. Outcomes of tailored interventions were most frequently measured using chart audits (50%) and questionnaires (41%). Further, the link between KT theory, specific barriers, and selection of intervention strategies was not consistently described. Conclusions: Over the past 7 years, there has been an increase in the use of KT TMFs and tailored interventions. Recommendations for future research include the use of TMFs to guide local barrier assessment, KT strategy selection, intervention development, and overall KT process and mapping barriers to selected intervention strategies. (c) 2021 by the American Congress of Rehabilitation Medicine

Notes: Romney, Wendy Bellows, Danielle M. Tavernite, Jake P. Salbach, Nancy Deutsch, Judith E.

Bellows, Danielle Moeske/AAP-2610-2020

Bellows, Danielle Moeske/0000-0003-1085-6518; Salbach, Nancy/0000-0002-6178-0691; ROMNEY, WENDY/0000-0003-4299-6021

1532-821x

S

URL: <Go to ISI>://WOS:000823864200013

Reference Type: Journal Article

Record Number: 187

Author: Room, J., Dawes, H., Boulton, M. and Barker, K.

Year: 2023

Title: The AERO study: A feasibility randomised controlled trial of individually tailored exercise adherence strategies based on a brief behavioural assessment for older people with musculoskeletal conditions

Journal: Physiotherapy

Volume: 118

Pages: 88-96

Date: Mar

Short Title: The AERO study: A feasibility randomised controlled trial of individually tailored exercise adherence strategies based on a brief behavioural assessment for older people with musculoskeletal conditions

ISSN: 0031-9406

DOI: 10.1016/j.physio.2022.08.006

Accession Number: WOS:000927378600001

Abstract: Introduction Exercise is a widely used treatment modality for older people with musculoskeletal conditions. The effectiveness of exercise programmes is limited by adherence. The aims of this study were to examine the acceptability and feasibility of the AERO intervention in facilitating exercise adherence in older people with musculoskeletal conditions, and to inform the design of a future randomised controlled trial. Methods A two arm feasibility randomised controlled trial with an embedded qualitative study conducted at one orthopaedic hospital in the South of England. Older adults referred to physiotherapy with musculoskeletal conditions were randomised to receive either usual care consisting of standard physiotherapy only, or the AERO intervention, consisting of usual care with the addition of tailored exercise adherence approaches based on a brief behavioural assessment. Feasibility outcomes included recruitment, randomisation, retention, acceptability, and fidelity to trial protocol. Secondary outcomes included exercise adherence, physical activity, and behavioural regulation. Results 48 participants were recruited to the study with 27 randomised to usual care and 21 to AERO and usual care. On the basis of recruitment, retention, the acceptability to participants and physiotherapists and fidelity, the AERO intervention was determined to be feasible. Conclusion The AERO intervention in which participants received tailored adherence strategies based on a behavioural assessment plus standard physiotherapy is feasible and acceptable. It is now ready to be tested in an adequately powered randomised controlled trial.

Notes: Room, Jonathan Dawes, Helen Boulton, Mary Barker, Karen Room, Jonathan/0000-0002-1257-834X
1873-1465

URL: <Go to ISI>://WOS:000927378600001

Reference Type: Journal Article

Record Number: 662

Author: Roos, C., Alam, M., Swall, A., Bostrom, A. M. and Hammar, L. M.

Year: 2022

Title: Factors associated with older persons' perceptions of dignity and well-being over a three-year period. A retrospective national study in residential care facilities

Journal: BMC Geriatrics

Volume: 22

Issue: 1

Date: Jun

Short Title: Factors associated with older persons' perceptions of dignity and well-being over a three-year period. A retrospective national study in residential care facilities

DOI: 10.1186/s12877-022-03205-1

Article Number: 515

Accession Number: WOS:000815083800002

Abstract: Background Dignity and well-being are central concepts in the care of older people, 65 years and older, worldwide. The person-centred practice framework identifies dignity and well-being as person-centred outcomes. Older persons living in residential care facilities, residents, have described that they sometimes lack a sense of dignity and well-being, and there is a need to understand which modifiable factors to target to improve this. The aim of this study was to examine the associations between perceptions of dignity and well-being and the independent variables of the attitudes of staff, the indoor-outdoor-mealtime environments, and individual factors for residents over a three-year period. **Methods** A national retrospective longitudinal mixed cohort study was conducted in all residential care facilities within 290 municipalities in Sweden. All residents aged 65 years and older in 2016, 2017 and 2018 were invited to respond to a survey; including questions regarding self-rated health and mobility, the attitudes of staff, the indoor-outdoor-mealtime environments, safety, and social activities. Data regarding age, sex and diagnosed dementia/prescribed medication for dementia were collected from two national databases. Descriptive statistics and ordinal logistic regression models were used to analyse the data. **Results** A total of 13 763 (2016), 13 251 (2017) and 12 620 (2018) residents answered the survey. Most of them (69%) were women and the median age was 88 years. The odds for satisfaction with dignity did not differ over the three-year period, but the odds for satisfaction with well-being decreased over time. Residents who rated their health as good, who were not diagnosed with dementia/had no prescribed medication for dementia, who had not experienced disrespectful attitudes of staff and who found the indoor-outdoor-mealtime environments to be pleasant had higher odds of being satisfied with aspects of dignity and well-being over the three-year period. **Conclusions** The person-centred practice framework, which targets the attitudes of staff and the care environment, can be used as a theoretical framework when designing improvement strategies to promote dignity and well-being. Registered nurses, due to their core competencies, focusing on person-centred care and quality improvement work, should be given an active role as facilitators in such improvement strategies.

Notes: Roos, Charlotte Alam, Moudud Swall, Anna Bostrom, Anne-Marie Hammar, Lena Marmstal

Bostrom, Anne-Marie/Y-7473-2018

Bostrom, Anne-Marie/0000-0002-9421-3941

1471-2318

URL: <Go to ISI>://WOS:000815083800002

Reference Type: Journal Article

Record Number: 1569

Author: Roozeboom, M. B. C., Wiezer, N. M., Boot, C. R. L., Bongers, P. M. and Schelvis, R. M. C.

Year: 2021

Title: Use of Intervention Mapping for Occupational Risk Prevention and Health Promotion: A Systematic Review of Literature

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 4

Date: Feb

Short Title: Use of Intervention Mapping for Occupational Risk Prevention and Health Promotion: A Systematic Review of Literature

DOI: 10.3390/ijerph18041775

Article Number: 1775

Accession Number: WOS:000623569400001

Abstract: Aim: Intervention mapping (IM) is a method to systematically design interventions that is applied regularly within the public health domain. This study investigates whether IM is effectively used within the occupational safety and health domain as well. Specifically, this study explores the relation between the fidelity regarding the use of the IM protocol for intervention development, the implementation process and the effectiveness of the occupational risk prevention and health promotion interventions.

Methods: A systematic review was conducted including articles on development, implementation, and effects of occupational risk prevention and health promotion interventions that were developed according to the IM-protocol. By means of a checklist, two authors reviewed the articles and rated them on several indicators regarding the fidelity of the IM-protocol, the implementation process, and the intervention effect. Results: A literature search resulted in a total of 12 interventions as described in 38 articles. The fidelity to the IM-protocol was relatively low for participation throughout the development process and implementation planning. No relationship was found between fidelity of the IM-protocol and the intervention effect. A theory-based approach (as one of the core elements of IM) appears to be positively related to a successful implementation process. Conclusion: Results of the review suggest that organizing a participative approach and implementation planning is difficult in practice. In addition, results imply that conducting matrices of change objectives as part of the intervention development, although challenging and time-consuming, may ultimately pay off, resulting in a tailored intervention that matches the target group.

Notes: Bakhuys Roozeboom, Maartje C. Wiezer, Noortje M. Boot, Cecile R. L. Bongers, Paulien M. Schelvis, Roosmarijn M. C.

1660-4601

URL: <Go to ISI>://WOS:000623569400001

Reference Type: Journal Article

Record Number: 123

Author: Roque, L., Campos, L., Guedes, D., Godinho, C., Truninger,

M. and Graca, J.

Year: 2023

Title: Insights into parents' and teachers' support for policies promoting increased plant-based eating in schools

Journal: *Appetite*

Volume: 184

Date: May

Short Title: Insights into parents' and teachers' support for policies promoting increased plant-based eating in schools

ISSN: 0195-6663

DOI: 10.1016/j.appet.2023.106511

Article Number: 106511

Accession Number: WOS:000954829600001

Abstract: Global environmental and public health challenges related to current food systems call for large-scale shifts towards increasingly plant-based diets, especially in Western meat-centric societies. School meal systems can play a role in these changes due to their widespread prevalence and multi-sectoral impact. However, there is a lack of evidence about how adults involved in the school meals system perceive school-based pro-environmental food policies, which limits the ability to align those policies with the needs and expectations of the school community. This study aimed to address this knowledge gap by exploring parents' (n = 104) and teachers' (n = 252) support for policies to promote increased plant-based eating in public schools in a highly meat-centric EU country (Portugal). Overall, teachers seemed to be slightly more supportive of such policies and displayed more favorable (injunctive and dynamic) norms toward plant-based eating, more negative appraisals of meals with meat (i.e., perceived healthiness, naturalness, and sustainability), and lower attachment to meat consumption. Furthermore, injunctive norms in favor of plant-based meals were linked with higher support for measures promoting plant-based meals in schools, in both samples (parents, teachers). Lower meat attachment and favorable perceived meal attributes (e.g., perceptions about plant-based and fish meals) were associated with teachers' support for measures promoting plant-based meals in schools. These findings suggest that future efforts and research with parents and teachers to enable less meat-centric and more flexitarian food practices in schools should consider social and motivation variables relevant to plant-forward transitions.

Notes: Roque, Lisa Campos, Lucia Guedes, David Godinho, Cristina Truninger, Monica Graca, Joao

Graca, Joao V.G./E-6329-2011

Graca, Joao/0000-0001-6868-9420; Campos, Lucia/0000-0002-7858-9869 1095-8304

URL: <Go to ISI>://WOS:000954829600001

Reference Type: Journal Article

Record Number: 989

Author: Rosario, F., Vasiljevic, M., Pas, L., Angus, C., Ribeiro, C. and Fitzgerald, N.

Year: 2022

Title: Efficacy of a theory-driven program to implement alcohol

screening and brief interventions in primary health-care: a cluster randomized controlled trial

Journal: Addiction

Volume: 117

Issue: 6

Pages: 1609–1621

Date: Jun

Short Title: Efficacy of a theory-driven program to implement alcohol screening and brief interventions in primary health-care: a cluster randomized controlled trial

ISSN: 0965-2140

DOI: 10.1111/add.15782

Accession Number: WOS:000744747600001

Abstract: Background and Aims Screening and brief interventions (SBI) in primary health-care practices (PHCP) are effective in reducing reported alcohol consumption, but have not been routinely implemented. Most programs seeking to improve implementation rates have lacked a theoretical rationale. This study aimed to test whether a theory-based intervention for PHCPs could significantly increase alcohol SBI delivery. Design Two-arm, cluster-randomized controlled, parallel, 12-month follow-up, trial. Setting PHCPs in Portugal. Participants Staff from 12 PHCPs (n = 222, 81.1% women): nurses (35.6%), general practitioners (28.8%), receptionists (26.1%) and family medicine residents (9.5%); patients screened for alcohol use: intervention n = 8062; controls n = 58. Intervention and Comparator PHCPs were randomized to receive a training and support program (n = 6; 110 participants) tailored to the barriers and facilitators for implementing alcohol SBIs following the principles of the Behavior Change Wheel/Theoretical Domains Framework approach, or to a waiting-list control (n = 6; 112 participants). Training was delivered over the first 12 weeks of the trial. Measurements The primary outcome was the proportion of eligible patients screened (unit of analysis: patient list). Secondary outcomes included the brief intervention (BI) rate per screen-positive patient and the population-based BI rate (unit of analysis: patient list), and changes in health providers' perceptions of barriers to implementation and alcohol-related knowledge (unit of analysis: health provider). Findings The implementation program had a significant effect on the screening activity in the intervention practices compared with control practices at the 12-month follow-up (21.7% vs. 0.16%, intention-to-treat analysis, p = 0.003). Although no significant difference was found on the BI rate per screen-positive patient (intervention 85.7% vs. control 63.6%, p = 0.55, Bayes factor = 0.28), the intervention was effective in increasing the population-based BI rate (intervention 0.69% vs. control 0.02%, p = 0.006). Health providers in the intervention arm reported fewer barriers to SBI implementation and higher levels of alcohol-related knowledge at 12-month follow-up than those in control practices. Conclusion A theory-based implementation program, which included training and support activities, significantly increased alcohol screening and population-based brief intervention rates in primary care.

Notes: Rosario, Frederico Vasiljevic, Milica Pas, Leo Angus, Colin Ribeiro, Cristina Fitzgerald, Niamh

Fitzgerald, Niamh/0000-0002-3643-8165; Vasiljevic, Milica/
0000-0001-7454-7744; Angus, Colin/0000-0003-0529-4135; Pas,
Lodewijk/0000-0003-3237-0439
1360-0443
URL: <Go to ISI>://WOS:000744747600001

Reference Type: Journal Article

Record Number: 2131

Author: Rose, S., Pretto, J., Paul, C., Emmett, B., Hensley, M. and
Henskens, F.

Year: 2016

Title: Relationships between nutritional knowledge, obesity, and
sleep disorder severity

Journal: Journal of Sleep Research

Volume: 25

Issue: 3

Pages: 350-355

Date: Jun

Short Title: Relationships between nutritional knowledge, obesity,
and sleep disorder severity

ISSN: 0962-1105

DOI: 10.1111/jsr.12378

Accession Number: WOS:000383451800013

Abstract: Obstructive sleep apnea affects 20% of the adult population. Weight control is considered the best non-medical means of managing the condition, therefore improving nutritional knowledge in individuals may be an appropriate strategy. This study aimed to describe the relationship between nutritional knowledge and: (i) sleep disorder severity; (ii) body mass index; and (iii) demographic characteristics in persons suspected of obstructive sleep apnea. Nutrition knowledge scores were also compared with the general population. Consecutive newly-referred patients attending the sleep laboratory for diagnostic polysomnography were invited to participate. Those who consented (n = 97) were asked to complete a touchscreen survey. Apnea-hypopnea index to measure sleep disorder severity and anthropometric measurements were obtained from the clinic. A quarter of participants were diagnosed with severe obstructive sleep apnea; and a majority (88%) were classed as being overweight or obese. The overall mean nutrition knowledge score was 58.4 +/- 11.6 (out of 93). Nutrition knowledge was not associated with sleep disorder severity, body mass index or gender. The only significant difference detected was in relation to age, with older (= 35 years) participants demonstrating greater knowledge in the 'food choices' domain compared with their younger counterparts (1834 years; P < 0.030). Knowledge scores were similar to the general population. The findings suggest that nutrition knowledge alone is not an important target for weight control interventions for people with obstructive sleep apnea. However, given the complexities of sleep disorders, it may complement other strategies.

Notes: Rose, Shiho Pretto, Jeffrey Paul, Christine Emmett, Brooke Hensley, Michael Henskens, Frans
1365-2869

URL: <Go to ISI>://WOS:000383451800013

Reference Type: Journal Article

Record Number: 2267

Author: Ross, A. J., Reedy, G. B., Roots, A., Jaye, P. and Birns, J.
Year: 2015

Title: Evaluating multisite multiprofessional simulation training
for a hyperacute stroke service using the Behaviour Change Wheel

Journal: BMC Medical Education

Volume: 15

Date: Sep

Short Title: Evaluating multisite multiprofessional simulation
training for a hyperacute stroke service using the Behaviour Change
Wheel

DOI: 10.1186/s12909-015-0423-1

Article Number: 143

Accession Number: WOS:000360676000002

Abstract: Background: Stroke is a clinical priority requiring early specialist assessment and treatment. A London (UK) stroke strategy was introduced in 2010, with Hyper Acute Stroke Units (HASUs) providing specialist and high dependency care. To support increased numbers of specialist staff, innovative multisite multiprofessional simulation training under a standard protocol-based curriculum took place across London. This paper reports on an independent evaluation of the HASU training programme. The main aim was to evaluate mechanisms for behaviour change within the training design and delivery, and impact upon learners including potential transferability to the clinical environment. Methods: The evaluation utilised the Behaviour Change Wheel framework. Procedures included: mapping training via the framework; examination of course material; direct and video-recorded observations of courses; pre-post course survey sheet; and follow up in-depth interviews with candidates and faculty. Results: Patient management skills and trainee confidence were reportedly increased post-course (post-course median 6 [IQ range 5-6.33]; pre-course median 5 [IQ range 4.67-5.83]; $z = 6.42$, $P < .001$). Thematic analysis showed that facilitated 'debrief' was the key agent in supporting both clinical and non-clinical skills. Follow up interviews in practice showed some sustained effects such as enthusiasm for role, and a focus on situational awareness, prioritization and verbalising thoughts. Challenges in standardising a multi-centre course included provision for local context/identity. Conclusions: Pan-London simulation training under the London Stroke Model had positive outcomes in terms of self-reported skills and motivation. These effects persisted to an extent in practice, where staff could recount applications of learning. The evaluation demonstrated that a multiple centre simulation programme congruent with clinical practice can provide valuable standard training opportunities that support patient care.

Notes: Ross, A. J. Reedy, G. B. Roots, A. Jaye, P. Birns, J.
Reedy, Gabriel/0000-0002-1839-1949; Ross, Al/0000-0003-2952-3182
1472-6920

URL: <Go to ISI>://WOS:000360676000002

Reference Type: Journal Article

Record Number: 1749

Author: Rottapel, R. E., Zhou, E. S., Spadola, C. E., Clark, C. R., Kontos, E. Z., Laver, K., Chen, J. T., Redline, S. and Bertisch, S. M.

Year: 2020

Title: Adapting sleep hygiene for community interventions: a qualitative investigation of sleep hygiene behaviors among racially/ethnically diverse, low-income adults

Journal: Sleep Health

Volume: 6

Issue: 2

Pages: 205-213

Date: Apr

Short Title: Adapting sleep hygiene for community interventions: a qualitative investigation of sleep hygiene behaviors among racially/ethnically diverse, low-income adults

ISSN: 2352-7218

DOI: 10.1016/j.sleh.2019.12.009

Accession Number: WOS:000528187500013

Abstract: Background: Despite the high prevalence of inadequate sleep in racially/ethnically diverse, low-income adults, there is scant research targeting sleep health interventions among underserved populations. Sleep hygiene (SH) recommendations may help promote sleep health for the general population; however, they likely require tailoring to optimize uptake and effectiveness in the "real world" given socio-contextual factors. As an initial step to developing contextually appropriate and effective community-based SH interventions, we conducted qualitative research to understand SH behaviors, beliefs, and barriers in a low-income, ethnically diverse sample of adults. Methods: We recruited 24 racially/ethnically diverse adults from an affordable housing community who self-reported sleeping ≤ 6 hours on average. Participants were invited to either an individual interview ($n = 5$) or a focus group ($n = 3$). A deductive, thematic-analysis approach was employed. Data collection and interpretation were informed by the Socio-Contextual Model of Behavior Change. Results: There was evidence of high acceptability of SH and interest in improving sleep health. Barriers to implementing SH were multifaceted, including individual (knowledge, motivation, habits, medical issues, stress, trauma), interpersonal (caregiving), organizational (job strain), and environmental (noise) factors. Conclusions: Future strategies for adapting behavioral SH interventions should target knowledge, skill development, and behavioral change domains, such as motivation, social support, and self-efficacy. In addition, adapting SH beyond the clinical context for a high-need community population requires attention to multilevel sociocontextual factors that contribute to sleep health, particularly chronic stress, prior trauma, and adverse sleeping environments. Development of novel trauma-informed SH interventions may promote effective and safe implementation. (C) 2019 National Sleep Foundation. Published by Elsevier Inc. All rights reserved.

Notes: Rottapel, Rebecca E. Zhou, Eric S. Spadola, Christine E. Clark, Cheryl R. Kontos, Emily Z. Laver, Kadona Chen, Jarvis T.

Redline, Susan Bertisch, Suzanne M.
Spadola, Christine/AAB-7862-2022; Bertisch, Suzanne/AFP-3293-2022
Bertisch, Suzanne/0000-0002-4627-8871; Zhou, Eric/
0000-0003-1038-8961; Spadola, Christine/0000-0003-1030-6137
2352-7226
URL: <Go to ISI>://WOS:000528187500013

Reference Type: Journal Article

Record Number: 1483

Author: Rowley, N., Steele, J., Mann, S., Jimenez, A. and Horton, E.

Year: 2021

Title: Delivery Approaches Within Exercise Referral Schemes: A
Survey of Current Practice in England

Journal: Journal of Physical Activity & Health

Volume: 18

Issue: 4

Pages: 357-373

Date: Apr

Short Title: Delivery Approaches Within Exercise Referral Schemes: A
Survey of Current Practice in England

ISSN: 1543-3080

DOI: 10.1123/jpah.2020-0388

Accession Number: WOS:000636800500006

Abstract: Background: Exercise referral schemes in England offer referred participants an opportunity to take part in an exercise prescription in a nonclinical environment. The aim of these schemes is to effect clinical health benefits, yet there is limited evidence of schemes' effectiveness, which could be due to the heterogeneity in design, implementation, and evaluation. Additionally, there has been no concerted effort to map program characteristics. Objective: To understand what key delivery approaches are currently used within exercise referral schemes in England. Methods: Across England, a total of 30 schemes with a combined total of 85,259 exercise referral scheme participants completed a Consensus on Exercise Reporting Template-guided questionnaire. The questionnaire explored program delivery, nonexercise components, and program management. Results: Results found that program delivery varied, though many schemes were typically 12 weeks in length, offering participants 2 exercise sessions in a fitness gym or studio per week, using a combination of exercises. Adherence was typically measured through attendance, with nonexercise components and program management varying by scheme. Conclusion: This research provides a snapshot of current delivery approaches and supports the development of a large-scale mapping exercise to review further schemes across the whole of the United Kingdom in order to provide evidence of best practice and delivery approaches nationwide.

Notes: Rowley, Nikita Steele, James Mann, Steve Jimenez, Alfonso Horton, Elizabeth

Jimenez, Alfonso/AAI-8765-2020

Jimenez, Alfonso/0000-0001-5295-9668; Horton, Elizabeth/

0000-0002-8134-3931; Rowley, Nikita/0000-0003-2893-2398

1543-5474

URL: <Go to ISI>://WOS:000636800500006

Reference Type: Journal Article

Record Number: 756

Author: Roy, D., Berry, E. and Dempster, M.

Year: 2022

Title: "If it is not made easy for me, I will just not bother". A qualitative exploration of the barriers and facilitators to recycling plastics

Journal: Plos One

Volume: 17

Issue: 5

Date: May

Short Title: "If it is not made easy for me, I will just not bother". A qualitative exploration of the barriers and facilitators to recycling plastics

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0267284

Article Number: e0267284

Accession Number: WOS:000885891700014

Abstract: Despite significant investment to increase recycling facilities and kerbside collection of waste materials, plastic packaging is frequently discarded as litter, resulting in significant environmental harm. This research uses qualitative methods to explore the contextual and psychological factors that influence plastic waste disposal behaviour from the perspectives of consumers. This research also reports key results from a brief online survey exploring consumer perspectives toward plastics and plastic recycling. A total of N = 18 adults living in Northern Ireland (NI) participated in a semi-structured interview and N = 756 adults living in NI took part in an online survey. Interview data was analysed via a semi directed content analysis approach, using the COM-B behaviour change model as a guiding framework. Survey data underwent descriptive and frequency analysis. Collectively, the findings suggest that environmental concern exists among consumers generally, but there is a degree of ambivalence toward recycling that reflects a gap between intentions to recycle and actual recycling behaviour. Plastic recycling behaviour is hindered by three common barriers: 1. confusion and uncertainty about which plastic materials can be recycled (exacerbated by the abundance of plastic products available) 2. perceiving plastic recycling to be less of a personal priority in daily life 3. perceiving that local government and manufacturers have a responsibility to make plastic recycling easier. As recycling is simply not a priority for many individuals, efforts should instead be placed on providing greater scaffolding to make the process of recycling less tedious, confusing, and more habitual. Visual cues on product packing and recycling resources can address ambiguity about which plastic materials can/cannot be recycled and increasing opportunities to recycle (via consistent availability of recycling bins) can reduce the physical burden of accessing recycling resources. Such interventions, based on environmental restructuring and enablement, may increase motivations to recycle by reducing the cognitive and physical burden of recycling, supporting healthier recycling habits.

Notes: Roy, Deborah Berry, Emma Dempster, Martin
; Dempster, Martin/D-7188-2013
Berry, Emma/0000-0003-3802-7375; Roy, Deborah/0000-0003-4401-5426;
Dempster, Martin/0000-0001-9499-3186
URL: <Go to ISI>://WOS:000885891700014

Reference Type: Journal Article

Record Number: 1

Author: Roy, D., Berry, E., Orr, K. and Dempster, M.

Year: 2023

Title: Barriers to recycling plastics from the perspectives of
industry stakeholders: a qualitative study

Journal: Journal of Integrative Environmental Sciences

Volume: 20

Issue: 1

Date: Dec

Short Title: Barriers to recycling plastics from the perspectives of
industry stakeholders: a qualitative study

ISSN: 1943-815X

DOI: 10.1080/1943815x.2023.2190379

Article Number: 2190379

Accession Number: WOS:000951675300001

Abstract: Previous research exploring the psychological, social, and environmental barriers to recycling has predominantly focused on consumer attitude and behaviour. However, the plastic system involves a chain of stakeholders with a role in decision-making and actions in relation to plastic production and management post-use, affirming the need to explore the barriers to recycle across various other stakeholders implicated in the lifecycle of plastic product and packaging. To expand this evidence-base, N = 12 in-depth qualitative semi-structured interviews explored the perspectives of some of the stakeholders responsible for various aspects of the plastic life cycle (fast moving consumer goods industry, retailers, and waste management professionals). Using a semi-directed content analysis approach via NVivo, three overarching themes were extracted from the data: 1) Disempowerment and lost opportunities 2) Solutions and opportunities reside with use of legislation 3) The circular economy stakeholders need motivation, and to be more knowledgeable. The themes suggest that stakeholders implicated in the plastic lifecycle lack the drive and perceived personal and organizational efficacy to generate meaningful change in the plastic system. These barriers are exacerbated by a lack of collegial partnerships between stakeholders to facilitate knowledge transfer and collective action. This study recommends greater collaboration and communication between stakeholders implicated in the end-to-end plastic "chain", and makes a renewed call for further legislation, having shed light on important socio-political and pragmatic barriers to reducing plastic waste.

Notes: Roy, Deborah Berry, Emma Orr, Karen Dempster, Martin

Roy, Deborah/0000-0003-4401-5426

1943-8168

URL: <Go to ISI>://WOS:000951675300001

Reference Type: Journal Article
Record Number: 1476
Author: Royle, J. K., Hughes, A., Stephenson, L. and Landers, D.
Year: 2021
Title: Technology clinical trials: Turning innovation into patient benefit
Journal: Digital Health
Volume: 7
Date: Apr
Short Title: Technology clinical trials: Turning innovation into patient benefit
ISSN: 2055-2076
DOI: 10.1177/20552076211012131
Article Number: 20552076211012131
Accession Number: WOS:000755723500001
Abstract: Health care needs to continuously evolve and innovate to maintain the health of populations. Technology has the potential to enable better patient engagement and ownership, as well as optimise therapeutic interventions and data-science approaches to facilitate improved health care decisions. Yet, to date, technological innovation has not resulted in the rate of change that could have been predicted from other sectors. This article discusses multiple reasons for this and proposes a newly tested and deployed solution: the technology clinical trial. The technology clinical trial methodology has been developed through working directly with patients, clinical and medical device trial experts. This approach enables researchers to use the complex environment of health care as an opportunity to transform the pace of innovation and create new care pathways. Instead of testing a single innovation, researchers can 'step back' and systematically review all areas of the patient's journey for potential optimization. Then integrate novel data science, technological advances, process updates, behavioural science, and patient engagement to co-create a streamlined multidisciplinary solution. As a result, this research has the potential for larger advances due to the emergent benefits that can arise when the individual elements work together as a whole. These potential benefits are then robustly tested, characterised and measured in the trial environment to ensure that future application of the innovative pathway is supported by the robust empirical data health care requires.
Notes: Royle, Jennifer K. Hughes, Andrew Stephenson, Laura Landers, Donal Landers, Donal/0000-0001-8376-9779
URL: <Go to ISI>://WOS:000755723500001

Reference Type: Journal Article
Record Number: 639
Author: Rubagumya, F., Sengar, M., Ka, S., Hammad, N., Booth, C. M. and Karim, S.
Year: 2022
Title: Choosing Wisely—Barriers and Solutions to Implementation in Low and Middle-Income Countries

Journal: Current Oncology

Volume: 29

Issue: 7

Pages: 5091-5096

Date: Jul

Short Title: Choosing Wisely-Barriers and Solutions to Implementation in Low and Middle-Income Countries

ISSN: 1198-0052

DOI: 10.3390/curroncol29070403

Accession Number: WOS:000831842900001

Abstract: Globally, there is increasing emphasis on value-based cancer care. Rising healthcare costs and reduced health care spending and budgets, especially in low- and middle-income countries (LMICs), call for patients, providers, and healthcare systems to apply the Choose Wisely (CW) approach. This approach seeks to advance a dialogue on avoiding unnecessary medical tests, treatments, and procedures. Several factors have been described as barriers and facilitators to the implementation of the Choosing Wisely recommendations in high-income countries but none for LMICs. In this review, we attempt to classify potential barriers to the Choose Wisely implementation relative to the sources of behavior and potential intervention functions that can be implemented in order to reduce these barriers.

Notes: Rubagumya, Fidel Sengar, Manju Ka, Sidy Hammad, Nazik Booth, Christopher M. Karim, Safiya

Rubagumya, Fidel/GXF-4930-2022

Rubagumya, Fidel/0000-0002-8129-5714

1718-7729

URL: <Go to ISI>://WOS:000831842900001

Reference Type: Journal Article

Record Number: 2472

Author: Rubin, S. E., Davis, K. and McKee, D.

Year: 2013

Title: New York City Physicians' Views of Providing Long-Acting Reversible Contraception to Adolescents

Journal: Annals of Family Medicine

Volume: 11

Issue: 2

Pages: 130-136

Date: Mar-Apr

Short Title: New York City Physicians' Views of Providing Long-Acting Reversible Contraception to Adolescents

ISSN: 1544-1709

DOI: 10.1370/afm.1450

Accession Number: WOS:000336793700006

Abstract: PURPOSE Although the US adolescent pregnancy rate is high, use of the most effective reversible contraceptives-intrauterine devices (IUDs) and implantable contraception-is low. Increasing use of long-acting reversible contraception (LARC) could decrease adolescent pregnancy rates. We explored New York City primary care physicians' experiences, attitudes, and beliefs about counseling and provision of LARC to adolescents. METHODS We conducted in-depth

telephone interviews with 28 family physicians, pediatricians, and obstetrician-gynecologists using an interview guide based on an implementation science theoretical framework. After an iterative coding and analytic process, findings were interpreted using the capability (knowledge and skills), opportunity (environmental factors), and motivation (attitudes and beliefs) conceptual model of behavior change. RESULTS Enablers to IUD counseling and provision include knowledge that nulliparous adolescents are appropriate IUD candidates (capability) and opportunity factors, such as (1) a clinical environment supportive of adolescent contraception, (2) IUD availability in clinic, and (3) the ability to insert IUDs or easy access to an someone who can. Factors enabling motivation include belief in the overall positive consequences of IUD use; this is particularly influenced by a physicians' perception of adolescents' risk of pregnancy and sexually transmitted disease. Physicians rarely counsel about implantable contraception because of knowledge gaps (capability) and limited access to the device (opportunity). CONCLUSION Knowledge, skills, clinical environment, and physician attitudes, all influence the likelihood a physician will counsel or insert LARC for adolescents. Interventions to increase adolescents' access to LARC in primary care must be tailored to individual clinical practice sites and practicing physicians, the methods must be made more affordable, and residency programs should offer up-to-date, evidence-based teaching.

Notes: Rubin, Susan E. Davis, Katie Mckee, Diane
Rubin, Susan/0000-0003-4727-9005
1544-1717

URL: <Go to ISI>://WOS:000336793700006

Reference Type: Journal Article

Record Number: 2334

Author: Rubinstein, H., Marcu, A., Yardley, L. and Michie, S.

Year: 2015

Title: Public preferences for vaccination and antiviral medicines under different pandemic flu outbreak scenarios

Journal: BMC Public Health

Volume: 15

Date: Feb

Short Title: Public preferences for vaccination and antiviral medicines under different pandemic flu outbreak scenarios

DOI: 10.1186/s12889-015-1541-8

Article Number: 190

Accession Number: WOS:000350325200001

Abstract: Background: During the 2009-2010 A(H1N1) pandemic, many people did not seek care quickly enough, failed to take a full course of antivirals despite being authorised to receive them, and were not vaccinated. Understanding facilitators and barriers to the uptake of vaccination and antiviral medicines will help inform campaigns in future pandemic influenza outbreaks. Increasing uptake of vaccines and antiviral medicines may need to address a range of drivers of behaviour. The aim was to identify facilitators of and barriers to being vaccinated and taking antiviral medicines in uncertain and severe pandemic influenza scenarios using a

theoretical model of behaviour change, COM-B. Methods: Focus groups and interviews with 71 members of the public in England who varied in their at-risk status. Participants responded to uncertain and severe scenarios, and to messages giving advice on vaccination and antiviral medicines. Data were thematically analysed using the theoretical framework provided by the COM-B model. Results: Influences on uptake of vaccines and antiviral medicines –capabilities, motivations and opportunities –are part of an inter-related behavioural system and different components influenced each other. An identity of being healthy and immune from infection was invoked to explain feelings of invulnerability and hence a reduced need to be vaccinated, especially during an uncertain scenario. The identity of being a 'healthy person' also included beliefs about avoiding medicine and allowing the body to fight disease 'naturally'. This was given as a reason for using alternative precautionary behaviours to vaccination. This identity could be held by those not at-risk and by those who were clinically at-risk. Conclusions: Promoters and barriers to being vaccinated and taking antiviral medicines are multi-dimensional and communications to promote uptake are likely to be most effective if they address several components of behaviour. The benefit of using the COM-B model is that it is at the core of an approach that can identify effective strategies for behaviour change and communications for the future. Identity beliefs were salient for decisions about vaccination. Communications should confront identity beliefs about being a 'healthy person' who is immune from infection by addressing how vaccination can boost wellbeing and immunity. Notes: Rubinstein, Helena Marcu, Afrodita Yardley, Lucy Michie, Susan Marcu, Afrodita/B-8498-2016 Marcu, Afrodita/0000-0002-5918-3417; Yardley, Lucy/0000-0002-3853-883X 1471-2458 URL: <Go to ISI>://WOS:000350325200001

Reference Type: Journal Article

Record Number: 762

Author: Rungreangkulkij, S., Ratinthorn, A., Lumbiganon, P., Zahroh, R. I., Hanson, C., Dumont, A., de Loenzien, M., Betran, A. P. and Bohren, M. A.

Year: 2022

Title: Factors influencing the implementation of labour companionship: formative qualitative research in Thailand

Journal: Bmj Open

Volume: 12

Issue: 5

Date: May

Short Title: Factors influencing the implementation of labour companionship: formative qualitative research in Thailand

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-054946

Article Number: e054946

Accession Number: WOS:000841206100002

Abstract: Introduction WHO recommends that all women have the option to have a companion of their choice throughout labour and childbirth. Despite clear benefits of labour companionship, including better birth experiences and reduced caesarean section, labour companionship is not universally implemented. In Thailand, there are no policies for public hospitals to support companionship. This study aims to understand factors affecting implementation of labour companionship in Thailand. Methods This is formative qualitative research to inform the 'Appropriate use of caesarean section through QUALity DECision-making by women and providers' (QUALI-DEC) study, to design, adapt and implement a strategy to optimise use of caesarean section. We use in-depth interviews and readiness assessments to explore perceptions of healthcare providers, women and potential companions about labour companionship in eight Thai public hospitals. Qualitative data were analysed using thematic analysis, and narrative summaries of the readiness assessment were generated. Factors potentially affecting implementation were mapped to the Capability, Opportunity, and Motivation behaviour change model (COM-B). Results 127 qualitative interviews and eight readiness assessments are included in this analysis. The qualitative findings were grouped in four themes: benefits of labour companions, roles of labour companions, training for labour companions and factors affecting implementation. The findings showed that healthcare providers, women and their relatives all had positive attitudes towards having labour companions. The readiness assessment highlighted implementation challenges related to training the companion, physical space constraints, overcrowding and facility policies, reiterated by the qualitative reports. Discussion If labour companions are well-trained on how to best support women, help them to manage pain and engage with healthcare teams, it may be a feasible intervention to implement in Thailand. However, key barriers to introducing labour companionship must be addressed to maximise the likelihood of success mainly related to training and space. These findings will be integrated into the QUALI-DEC implementation strategies.

Notes: Rungreangkulkij, Somporn Ratinthorn, Ameporn Lumbiganon, Pisake Zahroh, Rana Islamiah Hanson, Claudia Dumont, Alexandre de Loenzien, Myriam Betran, Ana Pilar Bohren, Meghan A. Alidadi, Mehdi/HJZ-0235-2023; Visan, Delia/GXW-3349-2022 Alidadi, Mehdi/0000-0001-5183-7829; Hanson, Claudia/0000-0001-8066-7873; Lumbiganon, Pisake/0000-0001-9372-0071; BETRAN, ANA PILAR/0000-0002-5631-5883; de Loenzien, Myriam/0000-0001-7121-0185; Bohren, Meghan/0000-0002-4179-4682
URL: <Go to ISI>://WOS:000841206100002

Reference Type: Journal Article

Record Number: 2176

Author: Rushforth, B., McCrorie, C., Glidewell, L., Midgley, E. and Foy, R.

Year: 2016

Title: Barriers to effective management of type 2 diabetes in primary care: qualitative systematic review

Journal: British Journal of General Practice

Volume: 66

Issue: 643

Pages: E114–E127

Date: Feb

Short Title: Barriers to effective management of type 2 diabetes in primary care: qualitative systematic review

ISSN: 0960–1643

DOI: 10.3399/bjgp16X683509

Accession Number: WOS:000369147100008

Abstract: Background Despite the availability of evidence-based guidance, many patients with type 2 diabetes do not achieve treatment goals. Aim To guide quality improvement strategies for type 2 diabetes by synthesising qualitative evidence on primary care physicians' and nurses' perceived influences on care. Design and setting Systematic review of qualitative studies with findings organised using the Theoretical Domains Framework. Method Databases searched were MEDLINE, Embase, CINAHL, PsycInfo, and ASSIA from 1980 until March 2014. Studies included were Englishlanguage qualitative studies in primary care of physicians' or nurses' perceived influences on treatment goals for type 2 diabetes. Results A total of 32 studies were included: 17 address general diabetes care, 11 glycaemic control, three blood pressure, and one cholesterol control. Clinicians struggle to meet evolving treatment targets within limited time and resources, and are frustrated with resulting compromises. They lack confidence in knowledge of guidelines and skills, notably initiating insulin and facilitating patient behaviour change. Changing professional boundaries have resulted in uncertainty about where clinical responsibility resides. Accounts are often couched in emotional terms, especially frustrations over patient compliance and anxieties about treatment intensification. Conclusion Although resources are important, many barriers to improving care are amenable to behaviour change strategies. Improvement strategies need to account for differences between clinical targets and consider tailored rather than 'one size fits all' approaches. Training targeting knowledge is necessary but insufficient to bring about major change; approaches to improve diabetes care need to delineate roles and responsibilities, and address clinicians' skills and emotions around treatment intensification and facilitation of patient behaviour change.

Notes: Rushforth, Bruno McCrorie, Carolyn Glidewell, Liz Midgley, Eleanor Foy, Robbie

Glidewell, Liz/G–7338–2011

Glidewell, Liz/0000–0003–2519–2654; Foy, Robbie/0000–0003–0605–7713 1478–5242

URL: <Go to ISI>://WOS:000369147100008

Reference Type: Journal Article

Record Number: 902

Author: Rushton, A., Bauer, J., Young, A., Keller, H. and Bell, J.

Year: 2022

Title: Barriers and Enablers to Delegating Malnutrition Care Activities to Dietitian Assistants

Journal: Nutrients

Volume: 14

Issue: 5

Date: Mar

Short Title: Barriers and Enablers to Delegating Malnutrition Care Activities to Dietitian Assistants

DOI: 10.3390/nu14051037

Article Number: 1037

Accession Number: WOS:000768497400001

Abstract: Delegation of malnutrition care to dietitian assistants can positively influence patient, healthcare, and workforce outcomes. However, nutrition care for hospital inpatients with or at risk of malnutrition remains primarily individually delivered by dietitians—an approach that is not considered sustainable. This study aimed to identify barriers and enablers to delegating malnutrition care activities to dietitian assistants. This qualitative descriptive study was nested within a broader quality assurance activity to scale and spread systematised and interdisciplinary malnutrition models of care. Twenty-three individual semi-structured interviews were completed with nutrition and dietetic team members across seven hospitals. Inductive thematic analysis was undertaken, and barriers and enablers to delegation of malnutrition care to dietitian assistants were grouped into four themes: working with the human factors; balancing value and risk of delegation; creating competence, capability, and capacity; and recognizing contextual factors. This study highlights novel insights into barriers and enablers to delegating malnutrition care to dietitian assistants. Successful delegation to dietitian assistants requires the unique perspectives of humans as individuals and in their collective healthcare roles, moving from words to actions that value delegation; engaging in processes to improve competency, capability, and capacity of all; and being responsive to climate and contextual factors.

Notes: Rushton, Alita Bauer, Judith Young, Adrienne Keller, Heather Bell, Jack

Young, Adrienne/IAN-1241-2023; Young, Adrienne/AAF-7654-2019; Bell, Jack J./M-7702-2015; Bauer, Judith/F-3337-2010

Young, Adrienne/0000-0002-4498-4342; Bell, Jack J./0000-0002-7217-3635; Bauer, Judith/0000-0002-3830-5147; Rushton, Alita/0000-0003-4133-0754; Keller, Heather/0000-0001-7782-8103 2072-6643

URL: <Go to ISI>://WOS:000768497400001

Reference Type: Journal Article

Record Number: 1389

Author: Rushton, A., Elmas, K., Bauer, J. and Bell, J. J.

Year: 2021

Title: Identifying Low Value Malnutrition Care Activities for De-Implementation and Systematised, Interdisciplinary Alternatives—A Multi-Site, Nominal Group Technique Approach

Journal: Nutrients

Volume: 13

Issue: 6

Date: Jun

Short Title: Identifying Low Value Malnutrition Care Activities for De-Implementation and Systematised, Interdisciplinary Alternatives-A Multi-Site, Nominal Group Technique Approach

DOI: 10.3390/nu13062063

Article Number: 2063

Accession Number: WOS:000666161300001

Abstract: Malnutrition risk is identified in over one-third of inpatients; reliance on dietetics-delivered nutrition care for all "at-risk" patients is unsustainable, inefficient, and ineffective. This study aimed to identify and prioritise low-value malnutrition care activities for de-implementation and articulate systematised interdisciplinary opportunities. Nine workshops, at eight purposively sampled hospitals, were undertaken using the nominal group technique. Participants were asked "What highly individualised malnutrition care activities do you think we could replace with systematised, interdisciplinary malnutrition care?" and "What systematised, interdisciplinary opportunities do you think we should do to provide more effective and efficient nutrition care in our ward/hospital?" Sixty-three participants were provided five votes per question. The most voted de-implementation activities were low-value nutrition reviews (32); education by dietitian (28); assessments by dietitian for patients with malnutrition screening tool score of two (22); assistants duplicating malnutrition screening (19); and comprehensive, individualised nutrition assessments where unlikely to add value (15). The top voted alternative opportunities were delegated/skill shared interventions (55), delegated/skill shared education (24), abbreviated malnutrition care processes where clinically appropriate (23), delegated/skill shared supportive food/fluids (14), and mealtime assistance (13). Findings highlight opportunities to de-implement perceived low-value malnutrition care activities and replace them with systems and skill shared alternatives across hospital settings. Notes: Rushton, Alita Elmas, Kai Bauer, Judith Bell, Jack J.

Bell, Jack J./M-7702-2015; Bauer, Judith/F-3337-2010

Bell, Jack J./0000-0002-7217-3635; Bauer, Judith/
0000-0002-3830-5147; Rushton, Alita/0000-0003-4133-0754
2072-6643

URL: <Go to ISI>://WOS:000666161300001

Reference Type: Journal Article

Record Number: 1484

Author: Rushton, A., Young, A., Keller, H., Bauer, J. and Bell, J.

Year: 2021

Title: Delegation Opportunities for Malnutrition Care Activities to Dietitian Assistants-Findings of a Multi-Site Survey

Journal: Healthcare

Volume: 9

Issue: 4

Date: Apr

Short Title: Delegation Opportunities for Malnutrition Care Activities to Dietitian Assistants-Findings of a Multi-Site Survey

DOI: 10.3390/healthcare9040446

Article Number: 446

Accession Number: WOS:000643063900001

Abstract: Approximately one-third of adult inpatients are malnourished with substantial associated healthcare burden. Delegation frameworks facilitate improved nutrition care delivery and high-value healthcare. This study aimed to explore knowledge, attitudes, and practices of dietitians and dietitian assistants regarding delegation of malnutrition care activities. This multi-site study was nested within a nutrition care implementation program, conducted across Queensland (Australia) hospitals. A quantitative questionnaire was conducted across eight sites; 87 dietitians and 37 dietitian assistants responded and descriptive analyses completed. Dietitians felt guidelines to support delegation were inadequate (agreement: <50% for assessment/diagnosis, care coordination, education, and monitoring and evaluation); dietitian assistants perceived knowledge and guidelines to undertake delegated tasks were adequate (agreement: >50% food and nutrient delivery, education, and monitoring and evaluation). Dietitians and dietitian assistants reported confidence to delegate/receive delegation (dietitian agreement: >50% across all care components; dietitian assistant agreement: >50% for assessment/diagnosis, food and nutrient delivery, education, monitoring and evaluation). Practice of select nutrition care activities were routinely performed by dietitians, rather than assistants ($p < 0.001$ across all nutrition care components). The process for care delegation needs to be improved. Clarity around barriers and enablers to delegation of care prior to implementing reforms to the current models of care is key. Notes: Rushton, Alita Young, Adrienne Keller, Heather Bauer, Judith Bell, Jack

Bell, Jack J./M-7702-2015; Young, Adrienne/AAF-7654-2019; Young, Adrienne/IAN-1241-2023; Bauer, Judith/F-3337-2010

Bell, Jack J./0000-0002-7217-3635; Young, Adrienne/0000-0002-4498-4342; Bauer, Judith/0000-0002-3830-5147; Keller, Heather/0000-0001-7782-8103; Rushton, Alita/0000-0003-4133-0754 2227-9032

URL: <Go to ISI>://WOS:000643063900001

Reference Type: Journal Article

Record Number: 2143

Author: Russell, C. G., Taki, S., Azadi, L., Campbell, K. J., Laws, R., Elliott, R. and Denney-Wilson, E.

Year: 2016

Title: A qualitative study of the infant feeding beliefs and behaviours of mothers with low educational attainment

Journal: BMC Pediatrics

Volume: 16

Date: May

Short Title: A qualitative study of the infant feeding beliefs and behaviours of mothers with low educational attainment

DOI: 10.1186/s12887-016-0601-2

Article Number: 69

Accession Number: WOS:000376759600002

Abstract: Background: Infancy is an important period for the promotion of healthy eating, diet and weight. However little is

known about how best to engage caregivers of infants in healthy eating programs. This is particularly true for caregivers, infants and children from socioeconomically disadvantaged backgrounds who experience greater rates of overweight and obesity yet are more challenging to reach in health programs. Behaviour change interventions targeting parent-infant feeding interactions are more likely to be effective if assumptions about what needs to change for the target behaviours to occur are identified. As such we explored the precursors of key obesity promoting infant feeding practices in mothers with low educational attainment. Methods: One-on-one semi-structured telephone interviews were developed around the Capability Opportunity Motivation Behaviour (COM-B) framework and applied to parental feeding practices associated with infant excess or healthy weight gain. The target behaviours and their competing alternatives were (a) initiating breastfeeding/formula feeding, (b) prolonging breastfeeding/replacing breast milk with formula, (c) best practice formula preparation/sub-optimal formula preparation, (d) delaying the introduction of solid foods until around six months of age/ introducing solids earlier than four months of age, and (e) introducing healthy first foods/introducing unhealthy first foods, and (f) feeding to appetite/use of non-nutritive (i.e., feeding for reasons other than hunger) feeding. The participants' education level was used as the indicator of socioeconomic disadvantage. Two researchers independently undertook thematic analysis. Results: Participants were 29 mothers of infants aged 2-11 months. The COM-B elements of Social and Environmental Opportunity, Psychological Capability, and Reflective Motivation were the key elements identified as determinants of a mother's likelihood to adopt the healthy target behaviours although the relative importance of each of the COM-B factors varied with each of the target feeding behaviours. Conclusions: Interventions targeting healthy infant feeding practices should be tailored to the unique factors that may influence mothers' various feeding practices, taking into account motivational and social influences.

Notes: Russell, Catherine Georgina Taki, Sarah Azadi, Leva Campbell, Karen J. Laws, Rachel Elliott, Rosalind Denney-Wilson, Elizabeth Elliott, Rosalind/B-7315-2012; Laws, Rachel/P-4948-2016
Russell, Catherine Georgina/0000-0002-0848-2724; Laws, Rachel/0000-0003-4328-1116; Denney-Wilson, Elizabeth/0000-0001-9879-4969; Elliott, Rosalind/0000-0002-9239-7126
1471-2431
URL: <Go to ISI>://WOS:000376759600002

Reference Type: Journal Article

Record Number: 1036

Author: Russell, M. D., Clarke, B. D., Roddy, E. and Galloway, J. B.

Year: 2022

Title: Improving outcomes for patients hospitalized with gout: a systematic review

Journal: Rheumatology

Volume: 61

Issue: 1

Pages: 90-102

Date: Jan

Short Title: Improving outcomes for patients hospitalized with gout: a systematic review

ISSN: 1462-0324

DOI: 10.1093/rheumatology/keab539

Accession Number: WOS:000757902800025

Abstract: Objectives Hospital admissions for gout flares have increased dramatically in recent years, despite widely available, effective medications for the treatment and prevention of flares. We conducted a systematic review to evaluate the effectiveness and implementation of interventions in patients hospitalized for gout flares. Methods A search was conducted in MEDLINE, Embase and the Cochrane library, from database inception to 8 April 2021, using the terms 'gout' and 'hospital' and their synonyms. Studies were included if they evaluated the effectiveness and/or implementation of interventions during hospital admissions or emergency department attendances for gout flares. Risk of bias assessments were performed for included studies. Results Nineteen articles were included. Most studies were small, retrospective analyses performed in single centres, with concerns for bias. Eleven studies (including five randomized controlled trials) reported improved patient outcomes following pharmacological interventions with known efficacy in gout, including allopurinol, prednisolone, NSAIDs and anakinra. Eight studies reported improved outcomes associated with non-pharmacological interventions: inpatient rheumatology consultation and a hospital gout management protocol. No studies to date have prospectively evaluated strategies designed to prevent re-admissions of patients hospitalized for gout flares. Conclusion There is an urgent need for high-quality, prospective studies of strategies for improving uptake of urate-lowering therapies in hospitalized patients, incorporating prophylaxis against flares and treat-to-target optimization of serum urate levels. Such studies are essential if the epidemic of hospital admissions from this treatable condition is to be countered.

Notes: Russell, Mark D. Clarke, Benjamin D. Roddy, Edward Galloway, James B.

Galloway, James/0000-0002-1230-2781

1462-0332

URL: <Go to ISI>://WOS:000757902800025

Reference Type: Journal Article

Record Number: 457

Author: Ryan, A., Young, A. L., Tait, J., McCarter, K., McEnally, M., Day, F., McLennan, J., Segan, C., Blanchard, G., Healey, L., Avery, S., White, S., Vinod, S., Bradford, L. and Paul, C. L.

Year: 2022

Title: Building staff capability, opportunity, and motivation to provide smoking cessation to people with cancer in Australian cancer treatment centres: development of an implementation intervention framework for the Care to Quit cluster randomised controlled trial

Journal: Health Services and Outcomes Research Methodology

Date: 2022 Sep

Short Title: Building staff capability, opportunity, and motivation

to provide smoking cessation to people with cancer in Australian cancer treatment centres: development of an implementation intervention framework for the Care to Quit cluster randomised controlled trial

ISSN: 1387-3741

DOI: 10.1007/s10742-022-00288-6

Accession Number: WOS:000861136100001

Abstract: Few rigorous studies provide a clear description of the methodological approach of developing an evidence-based implementation intervention, prior to implementation at scale. This study describes the development, mapping, rating, and review of the implementation strategies for the Care to Quit smoking cessation trial, prior to application in nine cancer services across Australia. Key stakeholders were engaged in the process from conception through to rating, reviewing and refinement of strategies and principles. An initial scoping review identified 21 barriers to provision of evidence-based smoking cessation care to patients with cancer, which were mapped to the Theoretical Domains Framework and Behaviour Change Wheel (BCW) to identify relevant intervention functions. The mapping identified 26 relevant behaviour change techniques, summarised into 11 implementation strategies. The implementation strategies were rated and reviewed against the BCW Affordability, Practicality, Effectiveness and cost-effectiveness, Acceptability, Side-effects/safety, and Equity criteria by key stakeholders during two interactive workshops to facilitate a focus on feasible interventions likely to resonate with clinical staff. The implementation strategies and associated intervention tools were then collated by form and function to provide a practical guide for implementing the intervention. This study illustrates the rigorous use of theories and frameworks to arrive at a practical intervention guide, with potential to inform future replication and scalability of evidence-based implementation across a range of health service settings.

Notes: Ryan, Annika Young, Alison Luk Tait, Jordan McCarter, Kristen McEnallay, Melissa Day, Fiona McLennan, James Segan, Catherine Blanchard, Gillian Healey, Laura Avery, Sandra White, Sarah Vinod, Shalini Bradford, Linda Paul, Christine L.

Young, Alison/AES-9779-2022

Avery, Sandra/0000-0003-3444-573X; Young, Alison Luk/
0000-0002-0810-4256

1572-9400

URL: <Go to ISI>://WOS:000861136100001

Reference Type: Journal Article

Record Number: 33

Author: Ryan, D. J. and Benton, J. S.

Year: 2023

Title: Using automated active infrared counters to estimate footfall on urban park footpaths: behavioural stability and validity testing

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 20

Issue: 1

Date: Apr

Short Title: Using automated active infrared counters to estimate footfall on urban park footpaths: behavioural stability and validity testing

DOI: 10.1186/s12966-023-01438-w

Article Number: 49

Accession Number: WOS:000976657700001

Abstract: BackgroundUsing infrared counters is a promising unobtrusive method of assessing footfall in urban parks. However, infrared counters are susceptible to reliability and validity issues, and there is limited guidance for their use. The aims of this study were to (1) determine how many weeks of automated active infrared count data would provide behaviourally stable estimates of urban park footfall for each meteorological season, and (2) determine the validity of automated active infrared count estimates of footfall in comparison to direct manual observation counts.MethodsThree automated active infrared counters collected daily footfall counts for 365 days on three footpaths in an urban park within Northampton, England, between May 2021 – May 2022. Intraclass correlation coefficients were used to compare the behavioural stability of abbreviated data collection schedules with total median footfall within each meteorological season (Spring, Summer, Autumn, Winter). Public holidays, events, and extreme outliers were removed. Ten one-hour manual observations were conducted at the site of an infrared counter to determine the validity of the infrared counter.ResultsAt least four-weeks (28 days) of infrared counts are required to provide 'good' to 'excellent' (Intraclass correlation > 0.75, > 0.9, respectively) estimates of median daily footfall per meteorological season in an urban park. Infrared counters had, on average, -4.65 counts per hour (95% LoA -12.4, 3.14; Mean absolute percentage error 13.7%) lower counts compared to manual observation counts during one-hour observation periods (23.2 +/- 15.6, 27.9 +/- 18.9 counts per hour, respectively). Infrared counts explained 98% of the variance in manual observation counts. The number of groups during an observation period explained 78% of the variance in the difference between infrared and manual counts.ConclusionsAbbreviated data collection schedules can still obtain estimates of urban park footfall. Automated active infrared counts are strongly associated with manual counts; however, they tend to underestimate footfall, often due to people in groups. Methodological and practical recommendations are provided.

Notes: Ryan, D. J. Benton, J. S.

1479-5868

URL: <Go to ISI>://WOS:000976657700001

Reference Type: Journal Article

Record Number: 2471

Author: Rycroft-Malone, J., Seers, K., Chandler, J., Hawkes, C. A., Crichton, N., Allen, C., Bullock, I. and Strunin, L.

Year: 2013

Title: The role of evidence, context, and facilitation in an implementation trial: implications for the development of the PARIHS

framework

Journal: Implementation Science

Volume: 8

Date: Mar

Short Title: The role of evidence, context, and facilitation in an implementation trial: implications for the development of the PARIHS framework

ISSN: 1748-5908

DOI: 10.1186/1748-5908-8-28

Article Number: 28

Accession Number: WOS:000318418100002

Abstract: Background: The case has been made for more and better theory-informed process evaluations within trials in an effort to facilitate insightful understandings of how interventions work. In this paper, we provide an explanation of implementation processes from one of the first national implementation research randomized controlled trials with embedded process evaluation conducted within acute care, and a proposed extension to the Promoting Action on Research Implementation in Health Services (PARIHS) framework.

Methods: The PARIHS framework was prospectively applied to guide decisions about intervention design, data collection, and analysis processes in a trial focussed on reducing peri-operative fasting times. In order to capture a holistic picture of implementation processes, the same data were collected across 19 participating hospitals irrespective of allocation to intervention. This paper reports on findings from data collected from a purposive sample of 151 staff and patients pre- and post-intervention. Data were analysed using content analysis within, and then across data sets.

Results: A robust and uncontested evidence base was a necessary, but not sufficient condition for practice change, in that individual staff and patient responses such as caution influenced decision making. The implementation context was challenging, in which individuals and teams were bounded by professional issues, communication challenges, power and a lack of clarity for the authority and responsibility for practice change. Progress was made in sites where processes were aligned with existing initiatives.

Additionally, facilitators reported engaging in many intervention implementation activities, some of which result in practice changes, but not significant improvements to outcomes.

Conclusions: This study provided an opportunity for reflection on the comprehensiveness of the PARIHS framework. Consistent with the underlying tenant of PARIHS, a multi-faceted and dynamic story of implementation was evident. However, the prominent role that individuals played as part of the interaction between evidence and context is not currently explicit within the framework. We propose that successful implementation of evidence into practice is a planned facilitated process involving an interplay between individuals, evidence, and context to promote evidence-informed practice. This proposal will enhance the potential of the PARIHS framework for explanation, and ensure theoretical development both informs and responds to the evidence base for implementation.

Notes: Rycroft-Malone, Jo Seers, Kate Chandler, Jackie Hawkes, Claire A. Crichton, Nicola Allen, Claire Bullock, Ian Strunin, Leo Hawkes, Claire/AAF-5929-2021

Hawkes, Claire/0000-0001-8236-3558; Seers, Kate/0000-0001-7921-552X
URL: <Go to ISI>://WOS:000318418100002

Reference Type: Journal Article

Record Number: 202

Author: Saarikko, J., Axelin, A., Huvinen, E., Rahmani, A. M.,
Azimi, I., Pasanen, M. and Niela-Vilen, H.

Year: 2023

Title: Supporting lifestyle change in obese pregnant mothers through
the wearable internet-of-things (SLIM) -intervention for overweight
pregnant women: Study protocol for a quasi-experimental trial

Journal: Plos One

Volume: 18

Issue: 1

Date: Jan

Short Title: Supporting lifestyle change in obese pregnant mothers
through the wearable internet-of-things (SLIM) -intervention for
overweight pregnant women: Study protocol for a quasi-experimental
trial

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0279696

Article Number: e0279696

Accession Number: WOS:000945885400001

Abstract: ObjectivesTo assess, in terms of self-efficacy in weight
management, the effectiveness of the SLIM lifestyle intervention
among overweight or obese women during pregnancy and after delivery,
and further to exploit machine learning and event mining approaches
to build personalized models. Additionally, the aim is to evaluate
the implementation of the SLIM intervention.MethodsThis prospective
trial, which is a non-randomized, quasi-experimental, pre-post
intervention, includes an embedded mixed-method process evaluation.
The SLIM Intervention is delivered by public health nurses (n = 9)
working in maternity clinics. The public health nurses recruited
overweight women (n = 54) at their first antenatal visit using
convenience sampling. The core components of the intervention i.e.
health technology, motivational interviewing, feedback, and goal
setting, are utilized in antenatal visits in maternity clinics
starting from gestational week 15 or less and continuing to 12 weeks
after delivery. Mixed effect models are used to evaluate change over
time in self-efficacy, weight management and weight change. Simple
mediation models are used to assess calories consumed and moderate
to vigorous physical activity (MVPA) as mediators between self-
efficacy and weight change. Signal processing and machine learning
techniques are exploited to extract events from the data collected
via the Oura ring and smartphone-based questionnaires.DiscussionThe
SLIM intervention was developed in collaboration with overweight
women and public health nurses working in maternity clinics. This
study evaluates the effectiveness of the intervention among
overweight women in increasing self-efficacy and achieving a healthy
weight; thus, impacting the healthy lifestyle and long-term health
of the whole family. The long-term objective is to contribute to
women's health by supporting weight-management through behavior
change via interventions conducted in maternity clinics.

Notes: Saarikko, Johanna Axelin, Anna Huvinen, Emilia Rahmani, Amir M. Azimi, Iman Pasanen, Miko Niela-Vilen, Hannakaisa azimi, iman/ADF-7907-2022; Rahmani, Amir/AAF-4232-2019; Huvinen, Hanna/M-1688-2016 azimi, iman/0000-0001-5003-299X; Huvinen, Hanna/0000-0003-2788-1947
URL: <Go to ISI>://WOS:000945885400001

Reference Type: Journal Article

Record Number: 1457

Author: Saba, O. A., Weir, C. and Aceves-Martins, M.

Year: 2021

Title: Substance use prevention interventions for children and young people in Sub-Saharan Africa: A systematic review

Journal: International Journal of Drug Policy

Volume: 94

Date: Aug

Short Title: Substance use prevention interventions for children and young people in Sub-Saharan Africa: A systematic review

ISSN: 0955-3959

DOI: 10.1016/j.drugpo.2021.103251

Article Number: 103251

Accession Number: WOS:000685125000008

Abstract: Background: Different techniques and approaches have been used for substance use prevention worldwide. No reviews of prevention interventions in Africa exist; hence this study aimed to systematically review interventions undertaken in Sub-Saharan Africa to prevent substance use in children and young people. Methods: MEDLINE, EMBASE, Cochrane Central, CAB, PsycINFO, CINAHL, SCOPUS, ERIC, and Web of Science databases were searched. Studies were included if they evaluated a substance use prevention intervention for children and young people in a Sub-Saharan African Country between 2000 and 2020. A narrative synthesis was used to explore and describe the data. Results: Eighteen studies, mostly from South Africa, were included. Most (10/18) of the interventions were school-based. Only two of the included studies were considered having a strong quality concerning the risk of bias, and some studies poorly reported the interventions. School-based interventions, although successful in improving knowledge, had little or no effects on substance use. Overall, most studies that reported a statistically significant reduction in substance use-related outcomes were brief interventions, individual-focused, and involved participants who were already exposed to substance use. These were mostly delivered by trained professionals using motivational interviewing or cognitive behavioural therapy or both. Conclusion: School-based programs present an opportunity for substance use prevention efforts in the Sub-Saharan region in Africa. Such programs may benefit from an improved focus on individual students. There is a need for improving the quality of design, implementation, and reporting of substance use interventions within the region.

Notes: Saba, Oghenechuko Andrew Weir, Corina Aceves-Martins, Magaly Aceves-Martins, Magaly/C-2657-2016

Aceves-Martins, Magaly/0000-0002-9441-142X; Mason, Corina/

0000-0003-3105-6077; Saba, Ogheneochuko Andrew/0000-0003-1505-1794
1873-4758

URL: <Go to ISI>://WOS:000685125000008

Reference Type: Journal Article

Record Number: 2175

Author: Sabater-Hernandez, D., Moullin, J. C., Hossain, L. N.,
Durks, D., Franco-Trigo, L., Fernandez-Llimos, F., Martinez-
Martinez, F., Saez-Benito, L., de la Sierra, A. and Benrimoj, S. I.
Year: 2016

Title: Intervention mapping for developing pharmacy-based services
and health programs: A theoretical approach

Journal: American Journal of Health-System Pharmacy

Volume: 73

Issue: 3

Pages: 156-164

Date: Feb

Short Title: Intervention mapping for developing pharmacy-based
services and health programs: A theoretical approach

ISSN: 1079-2082

DOI: 10.2146/ajhp150245

Accession Number: WOS:000369878100014

Notes: Sabater-Hernandez, Daniel Moullin, Joanna C. Hossain, Lutfun
N. Durks, Desire Franco-Trigo, Lucia Fernandez-Llimos, Fernando
Martinez-Martinez, Fernando Saez-Benito, Loreto de la Sierra,
Alejandro Benrimoj, Shalom Isaac

Moullin, Joanna/AAT-3369-2020; iMed.U LISboa, PEPsocPh/B-4101-2014;
Fernandez-Llimos, Fernando/B-8931-2008

Moullin, Joanna/0000-0002-4103-7569; Fernandez-Llimos, Fernando/
0000-0002-8529-9595; Sabater-Hernandez, Daniel/0000-0001-7419-8740;
FRANCO-TRIGO, LUCIA/0000-0001-6833-6035; Benrimoj, Shalom (charlie)/
0000-0001-9768-7838

1535-2900

URL: <Go to ISI>://WOS:000369878100014

Reference Type: Journal Article

Record Number: 585

Author: Sabbagh, H. J., Abdelaziz, W., Quritum, M., AlKhateeb, N.
A., Abourdan, J., Qureshi, N., Qureshi, S., Hamoud, A. H. N.,
Mahmoud, N., Odeh, R., Al-Khanati, N. M., Jaber, R., Balkhoyor, A.
L., Shabi, M., Folayan, M. O., Alade, O., Gomaa, N., Alnahdi, R.,
Mahmoud, N. A., El Wazziki, H., Alnaas, M., Samodien, B., Mahmoud,
R. A., Abu Assab, N., Saad, S., Alhachim, S. G. and El Tantawi, M.
Year: 2022

Title: Cigarettes' use and capabilities-opportunities-motivation-
for-behavior model: a multi-country survey of adolescents and young
adults

Journal: Frontiers in Public Health

Volume: 10

Date: Jul

Short Title: Cigarettes' use and capabilities-opportunities-
motivation-for-behavior model: a multi-country survey of adolescents

and young adults

DOI: 10.3389/fpubh.2022.875801

Article Number: 875801

Accession Number: WOS:000837089000001

Abstract: The use of cigarettes among adolescents and young adults (AYA) is an important issue. This study assessed the association between regular and electronic-cigarettes use among AYA and factors of the Capability-Motivation-Opportunity-for-Behavior-change (COM-B) model. A multi-country survey was conducted between August-2020 and January-2021, Data was collected using the Global-Youth-Tobacco-Survey and Generalized-Anxiety-Disorder-7-item-scale. Multi-level logistic-regression-models were used. Use of regular and electronic-cigarettes were dependent variables. The explanatory variables were capability-factors (COVID-19 status, general anxiety), motivation-factors (attitude score) and opportunity-factors (country-level affordability scores, tobacco promotion-bans, and smoke free-zones) controlling for age and sex. Responses of 6,989-participants from 25-countries were used. Those who reported that they were infected with COVID-19 had significantly higher odds of electronic-cigarettes use (AOR = 1.81, P = 0.02). Normal or mild levels of general anxiety and negative attitudes toward smoking were associated with significantly lower odds of using regular-cigarettes (AOR = 0.34, 0.52, and 0.75, P < 0.001) and electronic-cigarettes (AOR = 0.28, 0.45, and 0.78, P < 0.001). Higher affordability-score was associated with lower odds of using electronic-cigarettes (AOR = 0.90, P = 0.004). Country-level-smoking-control policies and regulations need to focus on reducing cigarette affordability. Capability, motivation and opportunity factors of the COM-B model were associated with using regular or electronic cigarettes.

Notes: Sabbagh, Heba Jafar Abdelaziz, Wafaa Quritum, Maryam AlKhateeb, Nada AbuBakr Abourdan, Joud Qureshi, Nafeesa Qureshi, Shabnum Hamoud, Ahmed H. N. Mahmoud, Nada Odeh, Ruba Al-Khanati, Nuraldeen Maher Jaber, Rawiah Balkhoyor, Abdulrahman Loaie Shabi, Mohammed Folayan, Morenike Oluwatoyin Alade, Omolola Gomaa, Noha Alnahdi, Raziya Mahmoud, Nawal A. El Wazziki, Hanane Alnaas, Manal Samodien, Bahia Mahmoud, Rawa A. Abu Assab, Nour Saad, Sherin Alhachim, Sondos G. El Tantawi, Maha Al-Khanati, Nuraldeen/AAG-3463-2019; Sabbagh, Heba/GZK-8259-2022; Alade, Omolola/ABH-8099-2022; Gomaa, Noha/ADU-3638-2022; Odeh, Ruba/ABC-4664-2021; El Tantawi, Maha/IAN-4212-2023; Qureshi, Nafeesa/GPX-8645-2022

Al-Khanati, Nuraldeen/0000-0001-9069-5069; Alade, Omolola/0000-0002-7972-9755; Gomaa, Noha/0000-0002-7351-9036; Odeh, Ruba/0000-0003-4151-6196; 2296-2565

URL: <Go to ISI>://WOS:000837089000001

Reference Type: Journal Article

Record Number: 425

Author: Sadeq, A., Strugaru, M., Almutairi, M., Stewart, D., Ryan, C. and Grimes, T.

Year: 2022

Title: Interprofessional Interventions Involving Pharmacists and

Targeting the Medicines Management Process Provided to Older People Residing in Nursing Homes: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

Journal: Drugs & Aging

Volume: 39

Issue: 10

Pages: 773-794

Date: Oct

Short Title: Interprofessional Interventions Involving Pharmacists and Targeting the Medicines Management Process Provided to Older People Residing in Nursing Homes: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

ISSN: 1170-229X

DOI: 10.1007/s40266-022-00978-3

Accession Number: WOS:000864234200001

Abstract: Background Nursing home residents are often prescribed multiple medications, which increases their susceptibility to drug-related problems. The medicines management process involves multiple stages, for example, assessing, prescribing, dispensing, delivering and storing, administering, reviewing and monitoring. The medicine management process aims to optimise medicine use and associated patient outcomes. Interprofessional interventions of healthcare professionals from different disciplines in many clinical settings, including the nursing home setting, have shown success in improving patients' clinical outcomes. However, reporting of the pharmacist's role and the impact of these interventions has been unclear.

Objectives We aimed to systematically identify and describe interprofessional interventions involving pharmacists that target the medicine management process in nursing homes by (a) describing interprofessional interventions and the role of pharmacists within, (b) describing the impact of these interventions, (c) exploring which of the medicine management process stages were targeted and (d) identifying any reported theoretical underpinning. Methods EMBASE, MEDLINE, CINAHL, SCOPUS, PsycInfo, Cochrane library, Web of Science and clinical trial registers were searched from the inception date until August 2021. Randomised controlled trials reporting interprofessional interventions involving pharmacists, targeting at least one stage of the medicine management process and provided to nursing home residents with a mean age ≥ 65 years, were included. The search had no restriction on outcomes measured.

Included randomised controlled trials were assessed for quality and risk of bias using the Jadad scale and Cochrane Collaboration tool, respectively. The overall certainty of outcomes was assessed using GRADEpro. If present, details about theoretical underpinning were extracted using the theory coding scheme. Fixed and random-effects models were used to calculate the pooled effect estimates to compare outcomes between intervention and control groups, where feasible, or a narrative description was reported. Results Eighteen manuscripts describing interprofessional interventions involving pharmacists were identified: medication review ($n = 14$), education ($n = 3$) and medication simplification ($n = 1$) based interventions. The pharmacists' most frequent role was the provision of medicine-related recommendations, and they worked mostly with general practitioners and nurses. Residents/family members contributed in

44% of included interventions. A meta-analysis identified that interventions were significantly associated with significant improvements in prescribing appropriateness (standard mean difference - 0.20; 95% confidence interval - 0.33 to - 0.77; I² = 27%) but not with hospitalisation and mortality. None of the included studies reported a theoretical underpinning to intervention development. Conclusions This systematic review provides a detailed description of the impact of interprofessional practice, involving pharmacists, which targets at least one stage of the medicine management process in the nursing home setting. The findings suggest that future research should prioritise improving prescribing inappropriateness rather than the number of long-term medications prescribed. It remains unknown if interventions are designed using theory and, therefore, it is not clear whether theory-derived interventions are more effective than those without a theoretical element.

Notes: Sadeq, Asil Strugaru, Monica Almutairi, Maryam Stewart, Derek Ryan, Cristin Grimes, Tamasine
sadeq, asil/0000-0001-8540-0588; Grimes, Tamasine/
0000-0002-7154-3243
1179-1969
URL: <Go to ISI>://WOS:000864234200001

Reference Type: Journal Article

Record Number: 925

Author: Safe, M., Wittick, P., Philaketh, K., Manivong, A. and Gray, A.

Year: 2022

Title: Mixed-methods evaluation of a continuing education approach to improving district hospital care for children in Lao PDR

Journal: Tropical Medicine & International Health

Volume: 27

Issue: 3

Pages: 262-270

Date: Mar

Short Title: Mixed-methods evaluation of a continuing education approach to improving district hospital care for children in Lao PDR

ISSN: 1360-2276

DOI: 10.1111/tmi.13726

Accession Number: WOS:000758080900001

Abstract: Objective To understand the impact of a multifaceted intervention on improving acute hospital care provided to children in two district hospitals in northern Lao PDR. Methods We developed a continuing education intervention, which integrated separate program content using a common pool of facilitators and low-fidelity simulation scenarios. Coaching was delivered over one year through two-day hospital visits to each hospital six to eight weeks apart with visits incorporating feedback. A comparative case study was conducted between two hospital sites. Medical record abstraction from inpatient cases was performed at each visit. Focus groups and interviews with staff were conducted to understand perceived changes to case management. Results Inpatient case management scores showed incremental improvement over time, from 50% at baseline to 80% at

the end of one year at Hospital A and 52% to 97% at Hospital B. The key themes that emerged from the qualitative data from both hospitals were the value of the educational method and increased belief in capability. Hospital B showed more incremental and sustained improvement. Qualitative data revealed that the directors of Hospital B demonstrated modelling and behavioural reinforcement. Conclusion Improving the quality of care in low-resource settings is feasible. A hands-on practical approach with repeated coaching visits reinforced by feedback can lead to behaviour change. Optimal impact requires harnessing leadership and motivation for change among health workers.

Notes: Safe, Marianne Wittick, Penelope Philaketh, Khammanh Manivong, Amphayvanh Gray, Amy Gray, Amy/0000-0003-0127-0769 1365-3156
URL: <Go to ISI>://WOS:000758080900001

Reference Type: Journal Article

Record Number: 744

Author: Saini, S., Leung, V., Si, E., Ho, C., Cheung, A., Dalton, D., Daneman, N., Grindrod, K., Ha, R., McIsaac, W., Oberai, A., Schwartz, K., Shiamptanis, A. and Langford, B. J.

Year: 2022

Title: Documenting the indication for antimicrobial prescribing: a scoping review

Journal: Bmj Quality & Safety

Volume: 31

Issue: 11

Pages: 787-799

Date: Nov

Short Title: Documenting the indication for antimicrobial prescribing: a scoping review

ISSN: 2044-5415

DOI: 10.1136/bmjqs-2021-014582

Accession Number: WOS:000795955200001

Abstract: Background Documenting an indication when prescribing antimicrobials is considered best practice; however, a better understanding of the evidence is needed to support broader implementation of this practice. Objectives We performed a scoping review to evaluate antimicrobial indication documentation as it pertains to its implementation, prevalence, accuracy and impact on clinical and utilisation outcomes in all patient populations. Eligibility criteria Published and unpublished literature evaluating the documentation of an indication for antimicrobial prescribing. Sources of evidence A search was conducted in MEDLINE, Embase, CINAHL and International Pharmaceutical Abstracts in addition to a review of the grey literature. Charting and analysis Screening and extraction was performed by two independent reviewers. Studies were categorised inductively and results were presented descriptively. Results We identified 123 peer-reviewed articles and grey literature documents for inclusion. Most studies took place in a hospital setting (109, 89%). The median prevalence of antimicrobial indication documentation was 75% (range 4%-100%). Studies evaluating

the impact of indication documentation on prescribing and patient outcomes most commonly examined appropriateness and identified a benefit to prescribing or patient outcomes in 17 of 19 studies. Qualitative studies evaluating healthcare worker perspectives (n=10) noted the common barriers and facilitators to this practice.

Conclusion There is growing interest in the importance of documenting an indication when prescribing antimicrobials. While antimicrobial indication documentation is not uniformly implemented, several studies have shown that multipronged approaches can be used to improve this practice. Emerging evidence demonstrates that antimicrobial indication documentation is associated with improved prescribing and patient outcomes both in community and hospital settings. But setting-specific and larger trials are needed to provide a more robust evidence base for this practice.

Notes: Saini, Sharon Leung, Valerie Si, Elizabeth Ho, Certina Cheung, Anne Dalton, Dan Daneman, Nick Grindrod, Kelly Ha, Rita McIsaac, Warren Oberai, Anjali Schwartz, Kevin Shiamptanis, Anastasia Langford, Bradley J.

2044-5423

URL: <Go to ISI>://WOS:000795955200001

Reference Type: Journal Article

Record Number: 1936

Author: Sakakibara, B. M., Lear, S. A., Barr, S. I., Benavente, O., Goldsmith, C. H., Silverberg, N. D., Yao, J. and Eng, J. J.

Year: 2017

Title: Development of a Chronic Disease Management Program for Stroke Survivors Using Intervention Mapping: The Stroke Coach

Journal: Archives of Physical Medicine and Rehabilitation

Volume: 98

Issue: 6

Pages: 1195-1202

Date: Jun

Short Title: Development of a Chronic Disease Management Program for Stroke Survivors Using Intervention Mapping: The Stroke Coach

ISSN: 0003-9993

DOI: 10.1016/j.apmr.2017.01.019

Accession Number: WOS:000402776600017

Abstract: Objective: To describe the systematic development of the Stroke Coach, a theory- and evidence-based intervention to improve control of lifestyle behavior risk factors in patients with stroke. Design: Intervention development. Setting: Community. Participants: Individuals who have had a stroke. Interventions: We used intervention mapping to guide the development of the Stroke Coach. Intervention mapping is a systematic process used for intervention development and composed of steps that progress from the integration of theory and evidence to the organization of realistic strategies to facilitate the development of a practical intervention supported by empirical evidence. Social cognitive theory was the underlying premise for behavior change, whereas control theory methods were directed toward sustaining the changes to ensure long-term health benefits. Practical evidence-based strategies were linked to behavioral determinants to improve stroke risk factor control. Main

Outcome Measures: Not applicable. Results: The Stroke Coach is a patient-centered, community-based, telehealth intervention to promote healthy lifestyles after stroke. Over 6 months, participants receive seven 30- to 60-minute telephone sessions with a lifestyle coach who provides education, facilitates motivation for lifestyle modification, and empowers participants to self-management their stroke risk factors. Participants also receive a self-management manual and a self-monitoring kit. Conclusions: Through the use of intervention mapping, we developed a theoretically sound and evidence-grounded intervention to improve risk factor control in patients with stroke. If empirical evaluation of the Stroke Coach produces positive results, the next step will be to develop an implementation intervention to ensure successful uptake and delivery of the program in community and outpatient settings. (C) 2017 by the American Congress of Rehabilitation Medicine

Notes: Sakakibara, Brodie M. Lear, Scott A. Barr, Susan I. Benavente, Oscar Goldsmith, Charlie H. Silverberg, Noah D. Yao, Jennifer Eng, Janice J.
1532-821x

URL: <Go to ISI>://WOS:000402776600017

Reference Type: Journal Article

Record Number: 2106

Author: Sakzewski, L., Ziviani, J. and Boyd, R. N.

Year: 2016

Title: Translating Evidence to Increase Quality and Dose of Upper Limb Therapy for Children with Unilateral Cerebral Palsy: A Pilot Study

Journal: Physical & Occupational Therapy in Pediatrics

Volume: 36

Issue: 3

Pages: 305-329

Date: Aug

Short Title: Translating Evidence to Increase Quality and Dose of Upper Limb Therapy for Children with Unilateral Cerebral Palsy: A Pilot Study

ISSN: 0194-2638

DOI: 10.3109/01942638.2015.1127866

Accession Number: WOS:000380051200007

Abstract: Aims: To pilot efficacy of a tailored multifaceted implementation program to change clinical practice of occupational therapists (OTs) providing upper limb (UL) therapy for children with unilateral cerebral palsy (UCP). Methods: This before and after study piloted a multifaceted implementation program comprising audit/feedback, barrier identification, and education. Medical chart audits were conducted prior to and 12 months after the intervention. Primary process outcomes included proportion of children with UCP with (1) goals set; (2) goals measured; (3) received contemporary motor learning approach; (4) an adequate dose (30-40 hours); and (5) measured UL outcomes. Results: Three teams of OTs (n = 9) participated. Forty-three audits at baseline and 53 at 12 months post-implementation program were conducted. Average time to complete audits was 10 min and four out of the five evidence criteria had

complete data extracted from files. Changes in clinical behavior included greater measurement of goals before (+17%) and after (+22%) therapy; use of constraint therapy (+38%), bimanual therapy (+26%), home programs (+14%); measurement of UL outcomes before (+29%) and after (+23%) therapy. Children receiving the target dose increased from 0 to 10%. Conclusions: A tailored multifaceted implementation program was feasible to implement and led to meaningful changes in clinical practice behavior.

Notes: Sakzewski, Leanne Ziviani, Jenny Boyd, Roslyn N. Ziviani, Jenny M/C-1708-2010; Sakzewski, Leanne/AAB-8372-2019; Sakzewski, Leanne/F-5213-2010; Boyd, Roslyn N/A-4498-2011 Sakzewski, Leanne/0000-0001-5395-544X; Boyd, Roslyn N/0000-0002-4919-5975 1541-3144 URL: <Go to ISI>://WOS:000380051200007

Reference Type: Journal Article

Record Number: 2045

Author: Salerno, L., Rhind, C., Hibbs, R., Micali, N., Schmidt, U., Gowers, S., Macdonald, P., Goddard, E., Todd, G., Tchanturia, K., Lo Coco, G. and Treasure, J.

Year: 2016

Title: A longitudinal examination of dyadic distress patterns following a skills intervention for carers of adolescents with anorexia nervosa

Journal: European Child & Adolescent Psychiatry

Volume: 25

Issue: 12

Pages: 1337-1347

Date: Dec

Short Title: A longitudinal examination of dyadic distress patterns following a skills intervention for carers of adolescents with anorexia nervosa

ISSN: 1018-8827

DOI: 10.1007/s00787-016-0859-9

Accession Number: WOS:000387658500008

Abstract: Family interventions in anorexia nervosa (AN) have been developed to ameliorate maladaptive patterns of patient-carer interaction that can play a role in illness maintenance. The primary aim of this study is to examine the inter-relationship between baseline and post-treatment distress in dyads of carers and patients with AN to examine the interdependence between carers and patients. The secondary aim is to examine whether a carer skills intervention [Experienced Carer Helping Others (ECHO)] impacts on this inter-relationship. Dyads consisting of treatment-seeking adolescents with AN and their primary carer (n = 149; mostly mothers) were randomised to receive a carer skills intervention (ECHO) in addition to treatment as usual (TAU), or TAU alone, as part of a larger clinical trial. Carers and patients completed a standardised measure of psychological distress (The Depression, Anxiety, and Stress Scale) at baseline and 12 months post-treatment. The Actor Partner Interdependence Model was used to examine longitudinal changes in interdependence by treatment group. As expected, post-treatment

levels of distress were related to baseline levels in both groups (actor effects). Moreover, carer distress at 12 months was related to patient distress at baseline for the TAU (partner effects), but not for the ECHO group. Finally, carers' distress change was not a significant predictor of patients' body mass index (BMI) change in the two treatment conditions. These findings are limited to predominantly mother-offspring dyads and may not generalise to other relationships. The ECHO intervention which is designed to teach carers skills in illness management and emotion regulation may be an effective addition to TAU for ameliorating interdependence of distress in patients and their primary carers over time.

Notes: Salerno, Laura Rhind, Charlotte Hibbs, Rebecca Micali, Nadia Schmidt, Ulrike Gowers, Simon Macdonald, Pamela Goddard, Elizabeth Todd, Gillian Tchanturia, Kate Lo Coco, Gianluca Treasure, Janet Tchanturia, Kate/H-1474-2011; Micali, Nadia/E-6829-2010; Coco, Gianluca Lo/Z-1985-2019; Lo Coco, Gianluca/AAG-9189-2021; Salerno, Laura/HCI-7932-2022

Tchanturia, Kate/0000-0001-8988-3265; Micali, Nadia/0000-0001-5571-2273; Coco, Gianluca Lo/0000-0001-9027-1899; Treasure, Janet/0000-0003-0871-4596; Salerno, Laura/0000-0002-3801-7006
1435-165x

URL: <Go to ISI>://WOS:000387658500008

Reference Type: Journal Article

Record Number: 436

Author: Sales, A. E., Farr, S. L. and Spertus, J. A.

Year: 2022

Title: The Influence of Health Behavior Theory on Implementation Practice and Science: Brief Review and Commentary

Journal: Pharmacy

Volume: 10

Issue: 5

Date: Oct

Short Title: The Influence of Health Behavior Theory on Implementation Practice and Science: Brief Review and Commentary

DOI: 10.3390/pharmacy10050115

Article Number: 115

Accession Number: WOS:000875965300001

Abstract: As research defines new treatments and policies to improve the health of patients, an increasing challenge has been to translate these insights into routine clinical practice to benefit patients and society. An important exploration is how theories of human behavior change fit into the science of implementation and quality improvement. In this paper, we begin with a brief review of the intellectual roots of implementation science and quality improvement, followed by a discussion of how theories and principles of behavior change can inform both goals and challenges in using behavior change theories. The insights offered through health behavior change theory have led to changes in how we plan for implementation and select, develop, design and tailor implementation interventions and strategies. While the degree to which organizational and external contexts influence the behavior of

providers in these organizations varies widely, some degree of context external to the individual is important and needs adequate consideration. In short, health behavior change theory is essential but not sufficient to integrate in most implementation efforts, where priority must be given to both individual factors and contexts in which individuals operate.

Notes: Sales, Anne E. Farr, Stacy L. Spertus, John A.

Farr, Stacy Lynn/AAB-6353-2022

Farr, Stacy Lynn/0000-0003-0738-5524

2226-4787

URL: <Go to ISI>://WOS:000875965300001

Reference Type: Journal Article

Record Number: 2358

Author: Salisbury, C., Thomas, C., O'Cathain, A., Rogers, A., Pope, C., Yardley, L., Hollinghurst, S., Fahey, T., Lewis, G., Large, S., Edwards, L., Rowsell, A., Segar, J., Brownsell, S. and Montgomery, A. A.

Year: 2015

Title: TElehealth in CHronic disease: mixed-methods study to develop the TECH conceptual model for intervention design and evaluation

Journal: Bmj Open

Volume: 5

Issue: 2

Short Title: TElehealth in CHronic disease: mixed-methods study to develop the TECH conceptual model for intervention design and evaluation

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2014-006448

Article Number: e006448

Accession Number: WOS:000363455400018

Abstract: Objective: To develop a conceptual model for effective use of telehealth in the management of chronic health conditions, and to use this to develop and evaluate an intervention for people with two exemplar conditions: raised cardiovascular disease risk and depression. Design: The model was based on several strands of evidence: a metareview and realist synthesis of quantitative and qualitative evidence on telehealth for chronic conditions; a qualitative study of patients' and health professionals' experience of telehealth; a quantitative survey of patients' interest in using telehealth; and review of existing models of chronic condition management and evidence-based treatment guidelines. Based on these evidence strands, a model was developed and then refined at a stakeholder workshop. Then a telehealth intervention ('Healthlines') was designed by incorporating strategies to address each of the model components. The model also provided a framework for evaluation of this intervention within parallel randomised controlled trials in the two exemplar conditions, and the accompanying process evaluations and economic evaluations. Setting: Primary care.

Results: The TElehealth in CHronic Disease (TECH) model proposes that attention to four components will offer interventions the best chance of success: (1) engagement of patients and health professionals, (2) effective chronic disease management (including

subcomponents of self-management, optimisation of treatment, care coordination), (3) partnership between providers and (4) patient, social and health system context. Key intended outcomes are improved health, access to care, patient experience and cost-effective care. Conclusions: A conceptual model has been developed based on multiple sources of evidence which articulates how telehealth may best provide benefits for patients with chronic health conditions. It can be used to structure the design and evaluation of telehealth programmes which aim to be acceptable to patients and providers, and cost-effective.

Notes: Salisbury, Chris Thomas, Clare O'Cathain, Alicia Rogers, Anne Pope, Catherine Yardley, Lucy Hollinghurst, Sandra Fahey, Tom Lewis, Glyn Large, Shirley Edwards, Louisa Rowsell, Alison Segar, Julia Brownsell, Simon Montgomery, Alan A.

Salisbury, Chris/C-6724-2008; Lewis, Glyn/E-9944-2012; Fahey, Tom/C-9367-2012; Segar, Julia/G-8711-2014

Salisbury, Chris/0000-0002-4378-3960; Lewis, Glyn/0000-0001-5205-8245; Fahey, Tom/0000-0002-5896-5783; Segar, Julia/0000-0002-6507-820X; Yardley, Lucy/0000-0002-3853-883X; Pope, Catherine/0000-0002-8935-6702; Montgomery, Alan/0000-0003-0450-1606
URL: <Go to ISI>://WOS:000363455400018

Reference Type: Journal Article

Record Number: 75

Author: Salman, D., Le Feuvre, P., Hill, O., Conway, D., Taylor, S., Turner, S., Korgaonkar, J., Hettiaratchy, S. and McGregor, A. H.

Year: 2023

Title: Movement Foundations. The perceived impact of a digital rehabilitation tool for returning to fitness following a period of illness, including COVID-19 infection: a qualitative study

Journal: Bmj Open Sport & Exercise Medicine

Volume: 9

Issue: 2

Date: Apr

Short Title: Movement Foundations. The perceived impact of a digital rehabilitation tool for returning to fitness following a period of illness, including COVID-19 infection: a qualitative study

DOI: 10.1136/bmjsem-2023-001557

Article Number: e001557

Accession Number: WOS:000965299700002

Abstract: Digital interventions can increase physical activity (PA) levels in adults. However, the COVID-19 pandemic highlighted the complexities faced when guiding people to start or return to PA following illness or inactivity. A digital tool, Movement Foundations, was developed to provide remote guidance on building strength and capacity across functional movement patterns, with graduated progression based on user responses and input. This qualitative study aimed to explore the perceived impacts of using the tool. Nine participants aged over 35 years from the healthcare and academic healthcare sectors were recruited to use it and were subsequently interviewed. Thematic analysis identified three themes falling under the overarching concept of 'Capability, Opportunity and Motivation-Behaviour (COM-B) Plus', encompassing: skills and

capacity for movement; opportunities, motivations and barriers for movement; and a personalised, safe space in which to develop. Participants felt that the digital tool increased their capacity and confidence in movement and positively impacted their daily activities. External factors such as illness and stress clouded perceptions of the impacts of PA. Time, work pressures and needing equipment were still considered significant barriers to PA. Still, participants appreciated the flexibility and non-prescriptive nature of the tool and felt that it helped movement to become opportunistic and habitual. Increased capacity for PA and feeling the subsequent physical and mental effects positively influenced motivation. Structure and guidance, with graduated progress, were seen as protective. Guided self-reflection helped participants understand their capacity and limitations with regard to movement and promoted motivation. Although acquiring technical skills to guide movement may be important for those recovering from illness, participants found that a structure promoting individualised guidance, graduated progression and guided self-reflection were important motivational factors for continuing use. Digital interventions should consider these aspects when seeking to promote habitual PA.

Notes: Salman, David Le Feuvre, Peter Hill, Oliver Conway, Dean Taylor, Simon Turner, Shruti Korgaonkar, Jonathan Hettiaratchy, Shehan McGregor, Alison H.

Salman, David/0000-0002-1481-8829
2055-7647

URL: <Go to ISI>://WOS:000965299700002

Reference Type: Journal Article

Record Number: 1279

Author: Sampson, G., Pugh, J. N., Morton, J. P. and Areta, J. L.

Year: 2022

Title: Carbohydrate for endurance athletes in competition questionnaire (CEAC-Q): validation of a practical and time-efficient tool for knowledge assessment

Journal: Sport Sciences for Health

Volume: 18

Issue: 1

Pages: 235-247

Date: Mar

Short Title: Carbohydrate for endurance athletes in competition questionnaire (CEAC-Q): validation of a practical and time-efficient tool for knowledge assessment

ISSN: 1824-7490

DOI: 10.1007/s11332-021-00799-8

Accession Number: WOS:000683503000001

Abstract: Purpose Despite unequivocal evidence demonstrating high carbohydrate (CHO) availability improves endurance performance, athletes often report under-eating CHO during competition. Such findings may be related to a lack of knowledge though currently there are no practical or time-efficient tools to assess CHO knowledge in athletes. Accordingly, we aimed to validate a novel questionnaire to rapidly assess endurance athletes' knowledge of competition CHO guidelines. Methods The Carbohydrate for Endurance

Athletes in Competition Questionnaire (CEAC-Q) was created by research-active practitioners, based on contemporary guidelines. The CEAC-Q comprised 25 questions divided into 5 subsections (assessing CHO metabolism, CHO loading, pre-event meal, during-competition CHO and recovery) each worth 20 points for a total possible score of 100. Results A between-group analysis of variance compared scores in three different population groups to assess construct validity: general population (GenP; n= 68), endurance athletes (EA; n= 145), and sports dietitians/nutritionists (SDN; n=60). Total scores were different (mean +/- SD) in all pairwise comparisons of GenP (17 +/- 20%), EA (46 +/- 19%) and SDN (76 +/- 10%, p <0 .001). Subsection scores were also significantly different between the groups, with mean subsection scores of 3.4 +/- 4.7% (GenP), 9.2 +/- 5.2% (EA) and 15.2 +/- 3.5% (SDN, p < 0.001). Test-retest reliability of the total CEAC-Q was determined in EA (r =0.742, p <0.001). Conclusion Taking similar to 10 min to complete, the CEAC-Q is a new psychometrically valid, practical and time-efficient tool for practitioners to assess athletes' knowledge of CHO for competition and guide subsequent nutrition intervention.

Notes: Sampson, G. Pugh, J. N. Morton, J. P. Areta, J. L. Sampson, Gemma/0000-0002-6194-5740
1825-1234
URL: <Go to ISI>://WOS:000683503000001

Reference Type: Journal Article

Record Number: 322

Author: Samuel, G., Ballard, L. M., Carley, H. and Lucassen, A. M.

Year: 2022

Title: Ethical preparedness in health research and care: the role of behavioural approaches

Journal: BMC Medical Ethics

Volume: 23

Issue: 1

Date: Nov

Short Title: Ethical preparedness in health research and care: the role of behavioural approaches

ISSN: 1472-6939

DOI: 10.1186/s12910-022-00853-1

Article Number: 115

Accession Number: WOS:000885002600001

Abstract: Background Public health scholars have long called for preparedness to help better negotiate ethical issues that emerge during public health emergencies. In this paper we argue that the concept of ethical preparedness has much to offer other areas of health beyond pandemic emergencies, particularly in areas where rapid technological developments have the potential to transform aspects of health research and care, as well as the relationship between them. We do this by viewing the ethical decision-making process as a behaviour, and conceptualising ethical preparedness as providing a health research/care setting that can facilitate the promotion of this behaviour. We draw on an implementation science and behaviour change model, COM-B, to demonstrate that to be ethically prepared requires having the capability (ability),

opportunity, and motivation (willingness) to work in an ethically prepared way. Methods We use two case examples from our empirical research—one pandemic and one non-pandemic related—to illustrate how our conceptualisation of ethical preparedness can be applied in practice. The first case study was of the UK NHSX COVID-19 contact tracing application case study involved eight in-depth interviews with people involved with the development/governance of this application. The second case involved a complex case regarding familial communication discussed at the UK Genethics Forum. We used deductive qualitative analysis based on the COM-B model categories to analyse the transcribed data from each case study. Results Our analysis highlighted that being ethically prepared needs to go beyond merely equipping health professionals with skills and knowledge, or providing research governance actors with ethical principles and/or frameworks. To allow or support these different actors to utilise their skills and knowledge (or principles and frameworks), a focus on the physical and social opportunity is important, as is a better understanding the role of motivation. Conclusions To understand ethical preparedness, we need to view the process of ethical decision-making as a behaviour. We have provided insight into the specific factors that are needed to promote this behaviour—using examples from both in the pandemic context as well as in areas of health research and medicine where there have been rapid technological developments. This offers a useful starting point for further conceptual work around the notion of being ethically prepared.

Notes: Samuel, G. Ballard, L. M. Carley, H. Lucassen, A. M. ; Lucassen, Anneke/D-7764-2017 Ballard, Lisa/0000-0003-1017-4322; Samuel, Gabby/0000-0001-8111-2730; Lucassen, Anneke/0000-0003-3324-4338 URL: <Go to ISI>://WOS:000885002600001

Reference Type: Journal Article

Record Number: 1142

Author: Sandbaek, A., Christensen, L. D., Larsen, L. L., Christensen, N. P., Kofod, F. G., Guassora, A. D., Merrild, C. H. and Hvidt, E. A.

Year: 2021

Title: Guidance for Implementing Video Consultations in Danish

General Practice: Rapid Cycle Coproduction Study

Journal: Jmir Formative Research

Volume: 5

Issue: 11

Date: Nov

Short Title: Guidance for Implementing Video Consultations in Danish

General Practice: Rapid Cycle Coproduction Study

DOI: 10.2196/27323

Article Number: e27323

Accession Number: WOS:000853674900034

Abstract: Background: The COVID-19 pandemic has changed various spheres of health care. General practitioners (GPs) have widely replaced face-to-face consultations with telephone or video consultations (VCs) to reduce the risk of COVID-19 transmission.

Using VCs for health service delivery is an entirely new way of practicing for many GPs. However, this transition process has largely been conducted with no formal guidelines, which may have caused implementation barriers. This study presents a rapid cycle coproduction approach for developing a guide to assist VC implementation in general practice. Objective: The aim of this paper is to describe the developmental phases of the VC guide to assist general practices in implementing VCs and summarize the evaluation made by general practice users. Methods: The development of a guide for VC in general practice was structured as a stepped process based on the coproduction and prototyping processes. We used an iterative framework based on rapid qualitative analyses and interdisciplinary collaborations. Thus, the guide was developed in small, repeated cycles of development, implementation, evaluation, and adaptation, with a continuous exchange between research and practice. The data collection process was structured in 3 main phases. First, we conducted a literature review, recorded observations, and held informal and semistructured interviews. Second, we facilitated coproduction with stakeholders through 4 workshops with GPs, a group interview with patient representatives, and individual revisions by GPs. Third, nationwide testing was conducted in 5 general practice clinics and was followed by an evaluation of the guide through interviews with GPs. Results: A rapid cycle coproduction approach was used to explore the needs of general practice in connection with the implementation of VC and to develop useful, relevant, and easily understandable guiding materials. Our findings suggest that a guide for VCs should include advice and recommendations regarding the organization of VCs, the technical setup, the appropriate target groups, patients' use of VCs, the performance of VCs, and the arrangements for booking a VC. Conclusions: The combination of coproduction, prototyping, small iterations, and rapid data analysis is a suitable approach when contextually rich, hands-on guide materials are urgently needed. Moreover, this method could provide an efficient way of developing relevant guide materials for general practice to aid the implementation of new technology beyond the pandemic period.

Notes: Sandbaek, Amanda Christensen, Line Due Larsen, Lotte Lykke Christensen, Nina Primholdt Kofod, Frida Greek Guassora, Ann Dorrit Merrild, Camilla Hoffmann Hvidt, Elisabeth Assing

Christensen, Line Due/0-4298-2017

Christensen, Line Due/0000-0002-4801-4335; Merrild, Camilla

Hoffmann/0000-0002-2444-3311; Larsen, Lotte Lykke/

0000-0003-1020-7980; Assing Hvidt, Elisabeth/0000-0003-3762-8478;

Guassora, Ann Dorrit Kristiane/0000-0003-4565-4705

2561-326x

URL: <Go to ISI>://WOS:000853674900034

Reference Type: Journal Article

Record Number: 685

Author: Sandham, V., Hill, A. E. and Hinchliffe, F.

Year: 2022

Title: The perspectives of Australian speech pathologists in providing evidence-based practices to children with autism

Journal: International Journal of Language & Communication Disorders

Volume: 57

Issue: 6

Pages: 1229–1243

Date: Nov

Short Title: The perspectives of Australian speech pathologists in providing evidence-based practices to children with autism

ISSN: 1368–2822

DOI: 10.1111/1460–6984.12736

Accession Number: WOS:000807561000001

Abstract: Background Bridging the research–practice gap in autism communication services is an identified priority for improving services. Limited research has investigated the views of practitioners regarding this research–practice gap. Investigation of the barriers experienced and facilitators used in clinical practice may assist to identify scalable and sustainable strategies to increase use of evidence–based practices (EBPs) in the delivery of communication services to children with autism. **Aims** To elucidate how Australian speech pathologists engage with external evidence and how communication outcomes are measured to demonstrate the effectiveness of service provision to children with autism. **Methods & Procedures** A total of 15 Australian speech pathologists, with experience ranging from less than 1 to more than 16 years, participated in three focus groups. Data from focus groups were analysed using reflexive thematic analysis within an interpretive phenomenological paradigm. **Outcomes & Results** Seven themes were identified. Participants reported on the diversity of individuals with autism, their experiences of resource constraints, seeking collegial advice and accessing a diverse range of evidence sources, the role of clinical expertise in translating evidence to practice, the barriers experienced in outcome measurement and use of stakeholders to facilitate data collection to demonstrate outcomes. **Conclusions & Implications** Individual practitioner skill and beliefs are facilitators to translating research to practice. Interventions to improve clinician use of EBP should address the skill and belief barriers, aiming to increase a clinician's EBP self–efficacy and increasing their expectation that investing in EBP activities will result in improved services for children with autism. Modelling and reflective practice are two strategies that may have an application as interventions to improve EBP use in clinical practice. **What this paper adds** What is already known on the subject Constrained resources, especially lack of time, is a barrier to routine uptake of best available evidence in clinical services for children with autism. **What this paper adds to existing knowledge** In this study, the perception that speech pathologists lacked time to engage in EBP activities was linked with the speech pathologist's research skill and their beliefs about the benefits of engaging in EBP. Speech Pathologists reported using a range of information sources, as "evidence" but also reported feeling uneasy when using evidence of disputable, or unknown quality. Accessibility and relevance to their individual client were highly prioritised in selecting evidence. Clinical expertise was an essential skill for research translation. **What are the potential or actual clinical implications of this work?** Interventions which target professional beliefs and research

translation capability are requisite for motivating speech pathologists to improve their use of EBP. Modelling of EBP use, individual reflective practice and collegial active listening to facilitate reflective practice, might be useful strategies which target beliefs and capability of individual speech pathologists; thereby changing their EBP use.

Notes: Sandham, Victoria Hill, Anne E. Hinchliffe, Fiona Hill, Anne/0000-0002-6272-9433; Sandham, Victoria/0000-0002-5833-3778
1460-6984

URL: <Go to ISI>://WOS:000807561000001

Reference Type: Journal Article

Record Number: 2196

Author: Sandhu, H., Bernstein, C. J., Davies, G., Tang, N. K. Y., Belhag, M., Tingle, A., Field, M., Foss, J., Lindahl, A., Underwood, M. and Ellard, D. R.

Year: 2016

Title: Combined cognitive-behavioural and mindfulness programme for people living with dystonia: a proof-of-concept study

Journal: Bmj Open

Volume: 6

Issue: 8

Short Title: Combined cognitive-behavioural and mindfulness programme for people living with dystonia: a proof-of-concept study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2016-011495

Article Number: e011495

Accession Number: WOS:000382336700130

Abstract: Objectives: To design and test the delivery of an intervention targeting the non-motor symptoms of dystonia and pilot key health and well-being questionnaires in this population. Design: A proof-of-concept study to test the delivery, acceptability, relevance, structure and content for a 3-day group residential programme for the management of dystonia. Setting: Participants were recruited from a single botulinum toxin clinic. The intervention was delivered in the community. Participants: 14 participants consented to take part (2 withdrew prior to the starting of intervention). The average age was 60 years (range 44-77), 8 of whom were female. After drop-out, 9 participants completed the 3-day programme.

Intervention: A 3-day group residential programme. Primary and secondary outcome measures: Process evaluation and interviews were carried out before and after the intervention to explore participant's views and expectations, as well as experiences of the intervention. Select questionnaires were completed at baseline, 1-month and 3-month follow-up. Results: Although participants were not sure what to expect from the programme, they found it informative and for many this together with being in a group with other people with dystonia legitimised their condition. Mindfulness was accepted and adopted as a coping strategy. This was reflected in the 1-month follow-up. Conclusions: We successfully delivered a 3-day residential programme to help those living with dystonia manage their condition. Further improvements are suggested. The

quantitative outcome measures were acceptable to this group of patients with dystonia.

Notes: Sandhu, H. Bernstein, C. J. Davies, G. Tang, N. K. Y. Belhag, M. Tingle, A. Field, M. Foss, J. Lindahl, A. Underwood, M. Ellard, D. R.

Underwood, Martin/D-6364-2015; Ellard, David Ronald/IAQ-5961-2023; Tang, Nicole KY/B-9998-2009

Underwood, Martin/0000-0002-0309-1708; Ellard, David Ronald/0000-0002-2992-048X; Tang, Nicole KY/0000-0001-7836-9965

URL: <Go to ISI>://WOS:000382336700130

Reference Type: Journal Article

Record Number: 244

Author: Sandler, R. D., Wildman, M. J. and CfdigiCare

Year: 2023

Title: The CFHealthHub Learning Health System: Using Real-Time Adherence Data to Support a Community of Practice to Deliver Continuous Improvement in an Archetypal Long-Term Condition

Journal: Healthcare

Volume: 11

Issue: 1

Date: Jan

Short Title: The CFHealthHub Learning Health System: Using Real-Time Adherence Data to Support a Community of Practice to Deliver Continuous Improvement in an Archetypal Long-Term Condition

DOI: 10.3390/healthcare11010020

Article Number: 20

Accession Number: WOS:000909215100001

Abstract: CFHealthHub is a learning health system active in over 50% of adult CF Centres in England, supporting people with CF to develop habits of self-care around adherence to preventative inhaled therapy. This is achieved through the delivery of a behaviour change intervention, alongside collection of objective adherence data. As is common to long-term conditions, adherence to prescribed therapy is low, despite clear evidence of beneficial long-term impact on outcomes. This article explains how CFHealthHub is underpinned by coherent conceptual frameworks. We discuss how application of implementation and quality improvement strategies has facilitated CFHealthHub's progression from a pilot study to a large, randomised control trial and now to a learning health system, becoming embedded within routine care. CFHealthHub is now able to support real-time health technology assessments, quality improvement and research trials and is in the process of being implemented in routine clinical care across participating centres.

Notes: Sandler, Robert D. Wildman, Martin J.

2227-9032

URL: <Go to ISI>://WOS:000909215100001

Reference Type: Journal Article

Record Number: 2313

Author: Sandstrom, B., Willman, A., Svensson, B. and Borglin, G.

Year: 2015

Title: Perceptions of national guidelines and their (non) implementation in mental healthcare: a deductive and inductive content analysis

Journal: Implementation Science

Volume: 10

Date: Apr

Short Title: Perceptions of national guidelines and their (non) implementation in mental healthcare: a deductive and inductive content analysis

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0234-0

Article Number: 43

Accession Number: WOS:000352605700001

Abstract: Background: National guidelines are being produced at an increasing rate, and politicians and managers are expected to promote these guidelines and their implementation in clinical work. However, research seldom deals with how decision-makers can perceive these guidelines or their challenges in a cultural context. Therefore, the aim of this study was twofold: to investigate how well Promoting Action on Research Implementation in Health Services (PARIHS) reflected the empirical reality of mental healthcare and to gain an extended understanding of the perceptions of decision-makers operating within this context, in regard to the implementation of evidence-based guidelines. Methods: The study took place in the southeast of Sweden and employed a qualitative design. The data were collected through 23 interviews with politicians and managers working either in the county council or in the municipalities. The transcribed text was analysed iteratively and in two distinct phases, first deductively and second inductively by means of qualitative content analysis. Results: Our deductive analysis showed that the text strongly reflected two out of three categorisation matrices, i.e. evidence and context representing the PARIHS framework. However, the key element of facilitation was poorly mirrored in the text. Results from the inductive analysis can be seen in light of the main category sitting on the fence; thus, the informants' perceptions reflected ambivalence and contradiction. This was illustrated by conflicting views and differences in culture and ideology, a feeling of security in tradition, a certain amount of resistance to change and a lack of role clarity and clear directions. Together, our two analyses provide a rich description of an organisational culture that is highly unlikely to facilitate the implementation of the national guidelines, together with a distrust of the source behind such guidelines, which stands in stark contrast to the high confidence in the knowledge of experienced people in authority within the organisational context. Conclusions: Our findings have highlighted that, regardless of by whom guidelines are released, they are not likely to be utilised or implemented if those who are responsible for implementing them do not trust the source. This aspect (i.e. contextual trust) is not covered by PARIHS.

Notes: Sandstrom, Boel Willman, Ania Svensson, Bengt Borglin, Gunilla

Borglin, Gunilla/AAM-7651-2020

Borglin, Gunilla/0000-0002-7934-6949

URL: <Go to ISI>://WOS:000352605700001

Reference Type: Book Section

Record Number: 2425

Author: Sanson-Fisher, R. W., D'Este, C. A., Carey, M. L., Noble, N. and Paul, C. L.

Year: 2014

Title: Evaluation of Systems-Oriented Public Health Interventions: Alternative Research Designs

Editor: Fielding, J. E.

Book Title: Annual Review of Public Health, Vol 35

Volume: 35

Pages: 9-27

Series Title: Annual Review of Public Health

Short Title: Evaluation of Systems-Oriented Public Health

Interventions: Alternative Research Designs

ISBN: 978-0-8243-2735-4

DOI: 10.1146/annurev-publhealth-032013-182445

Accession Number: WOS:000336207500003

Abstract: The need to provide sound evidence of the costs and benefits of real-world public health interventions has driven advances in the development and analysis of designs other than the controlled trial in which individuals are randomized to an experimental condition. Attention to methodological quality is of critical importance to ensure that any evaluation can accurately answer three fundamental questions: (a) Has a change occurred, (b) did the change occur as a result of the intervention, and (c) is the degree of change significant? A range of alternatives to the individual randomized controlled trial (RCT) can be used for evaluating such interventions, including the cluster RCT, stepped wedge design, interrupted time series, multiple baseline, and controlled prepost designs. The key features and complexities associated with each of these designs are explored.

Notes: Sanson-Fisher, Robert W. D'Este, Catherine A. Carey, Mariko L. Noble, Natasha Paul, Christine L.

Carey, mariko/abc-2842-2021

CAREY, MARIKO/0000-0002-0549-1115; Sanson-Fisher, Rob/0000-0001-6022-2949

0163-7525

URL: <Go to ISI>://WOS:000336207500003

Reference Type: Journal Article

Record Number: 671

Author: Santos, J. C., Allison, A. L., Jankovic-Nisic, B. and Campos, L. C.

Year: 2022

Title: Impact of behavioural factors on the household water consumption in urban areas

Journal: Proceedings of the Institution of Civil Engineers-Municipal Engineer

Volume: 175

Issue: 3

Pages: 148-161

Date: Sep

Short Title: Impact of behavioural factors on the household water consumption in urban areas

ISSN: 0965-0903

DOI: 10.1680/jmuen.21.00032

Accession Number: WOS:000813454200001

Abstract: Gaps in understanding what influences household water consumption have led water providers failing to convince customers to report sustainable practices. To this end, this study aimed to answer the question, 'How do social and cultural factors influence water consumption in urban areas?' The response to this issue has been identified through an investigation that involved a group of selected factors, whose analysis was based on collected survey data from participants in Lagos-Nigeria, Salvador-Brazil, Sao Paulo-Brazil, London-UK and Los Angeles-USA. The capability-opportunity-motivation-behaviour model was used as a data analysis framework to identify influences. The investigation revealed that motivation is the most reported driver of water consumption. In a scale from 0 (lowest) to 5 (highest), this component presented the highest scores in Lagos (3.93), Salvador (4.13), Sao Paulo (3.88), London (4.13) and Los Angeles (3.59). The capability dimension had the second-highest weight in Lagos, Salvador, Sao Paulo and Los Angeles, with scores of 2.80, 3.60, 3.60 and 3.20, respectively. Participants from London have opportunity (score = 2.88) as the second influential pillar in water consumption. These findings are aimed at helping to best drive water-saving practices by gaining insight into factors underpinning water consumption in a structured manner.

Notes: Santos, Janaina Conceicao Allison, Ayse Lisa Jankovic-Nisic, Bojana Campos, Luiza C.

Campos, Luiza C/M-3740-2018

Campos, Luiza C/0000-0002-2714-7358; , Ayse/0000-0002-6387-1984;

Jankovic-Nisic, Bojana/0000-0002-5112-8392; Santos, Janaina/

0000-0003-3724-7712

1751-7699

URL: <Go to ISI>://WOS:000813454200001

Reference Type: Journal Article

Record Number: 909

Author: Santos, J. V., da Costa, J. G., Costa, E., Almeida, S., Cima, J. and Pita-Barros, P.

Year: 2023

Title: Factors associated with non-pharmaceutical interventions compliance during COVID-19 pandemic: a Portuguese cross-sectional survey

Journal: Journal of Public Health

Volume: 45

Issue: 1

Pages: 47-56

Date: Mar

Short Title: Factors associated with non-pharmaceutical interventions compliance during COVID-19 pandemic: a Portuguese cross-sectional survey

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdac001

Accession Number: WOS:000761566300001

Abstract: Background The use of non-pharmaceutical interventions (NPI) is one of the main tools used in the coronavirus disease 2019 (COVID-19) pandemic response, including physical distancing, frequent hand washing, face mask use, respiratory hygiene and use of contact tracing apps. Literature on compliance with NPI during the COVID-19 pandemic is limited. Methods We studied this compliance and associated factors in Portugal, between 28th October 2020 and 11th January 2021 (Portuguese second and third waves of the pandemic), using logistic regressions. Data were collected through a web-based survey and included questions regarding NPI compliance, COVID-19-related concerns, perception of institutions' performance, agreement with the measures implemented and socio-demographic characteristics. Results From the 1263 eligible responses, we found high levels of compliance among all COVID-19 related NPI, except for the contact tracing app. Females and older participants showed the highest compliance levels, whereas the opposite was observed for previously infected participants. There was heterogeneity of COVID-19 NPI compliance across Portuguese regions and a clear gradient between concern, government performance's perception or agreement and compliance. Conclusions Results suggested areas for further study with important implications for pandemic management and communication, for future preparedness, highlighting other factors to be accounted for when recommending policy measures during public health threats.

Notes: Santos, Joao Vasco da Costa, Joana Gomes Costa, Eduardo Almeida, Sara Cima, Joana Pita-Barros, Pedro Costa, Eduardo/ACA-5016-2022; Gomes-da-Costa, Joana/HD0-1122-2022; Costa, Eduardo/AAA-4384-2022; Barros, Pedro/B-5958-2009; Cima, Joana/A-1808-2018
Costa, Eduardo/0000-0002-4347-6338; Gomes-da-Costa, Joana/0000-0003-3233-1026; Costa, Eduardo/0000-0002-4347-6338; Barros, Pedro/0000-0002-0881-4928; Santos, Joao Vasco/0000-0003-4696-1002; Cima, Joana/0000-0002-2780-7467
1741-3850

URL: <Go to ISI>://WOS:000761566300001

Reference Type: Journal Article

Record Number: 1890

Author: Sargeant, J., Wong, B. M. and Campbell, C. M.

Year: 2018

Title: CPD of the future: a partnership between quality improvement and competency-based education

Journal: Medical Education

Volume: 52

Issue: 1

Pages: 125-135

Date: Jan

Short Title: CPD of the future: a partnership between quality improvement and competency-based education

ISSN: 0308-0110

DOI: 10.1111/medu.13407

Accession Number: WOS:000418336000018

Abstract: Context Many of those involved in continuing professional development (CPD) over the past 10 years have engaged in discussions about its goals and activities. Whereas in the past CPD was viewed as an education intervention directed towards the medical expert role, recent research highlights the need to expand the scope of CPD and to promote its more explicit role in improving patient care and health outcomes. Recent developments in quality improvement (QI) and competency-based medical education (CBME), guided by appropriate theories of learning and change, can shed light on how the field might best advance. This paper describes principles of QI and CBME and how they might contribute to CPD, explores theoretical perspectives that inform such an integration and suggests a future model of CPD. Discussion Continuing professional development seeks to improve patient outcomes by increasing physician knowledge and skills and changing behaviours, whereas QI takes the approach of system and process change. Combining the strengths of a CPD approach with strategies known to be effective from the field of QI has the potential to harmonise the contributions of each, and thereby to lead to better patient outcomes. Similarly, competency-based CPD is envisioned to place health needs and patient outcomes at the centre of a CPD system that will be guided by a set of competencies to enhance the quality of practice and the safety of the health system. Conclusions We propose that the future CPD system should adhere to the following principles: it should be grounded in the everyday workplace, integrated into the health care system, oriented to patient outcomes, guided by multiple sources of performance and outcome data, and team-based; it should employ the principles and strategies of QI, and should be taken on as a collective responsibility by physicians, CPD provider organisations, regulators and the health system. Continuing professional development of the future will draw upon the principles and strategies of quality improvement and competency-based education, and be grounded in the workplace and health care system

Notes: Sargeant, Joan Wong, Brian M. Campbell, Craig M. Wong, Brian/AFT-0135-2022
1365-2923

URL: <Go to ISI>://WOS:000418336000018

Reference Type: Journal Article

Record Number: 2225

Author: Sarrassat, S., Meda, N., Ouedraogo, M., Some, H., Bambara, R., Head, R., Murray, J., Remes, P. and Cousens, S.

Year: 2015

Title: Behavior Change After 20 Months of a Radio Campaign Addressing Key Lifesaving Family Behaviors for Child Survival: Midline Results From a Cluster Randomized Trial in Rural Burkina Faso

Journal: Global Health-Science and Practice

Volume: 3

Issue: 4

Pages: 557-576

Date: Dec

Short Title: Behavior Change After 20 Months of a Radio Campaign Addressing Key Lifesaving Family Behaviors for Child Survival: Midline Results From a Cluster Randomized Trial in Rural Burkina Faso

ISSN: 2169-575X

DOI: 10.9745/ghsp-d-15-00153

Accession Number: WOS:000372977100007

Abstract: Background: In Burkina Faso, a comprehensive 35-month radio campaign addressed key, multiple family behaviors for improving under-5 child survival and was evaluated using a repeated cross-sectional, cluster randomized design. The primary outcome of the trial was postneonatal under-5 child mortality. This paper reports on behavior change achieved at midline. Method: Fourteen community radio stations in 14 geographic areas were selected based on their high listenership. Seven areas were randomly allocated to receive the intervention while the other 7 areas served as controls. The campaign was launched in March 2012. Cross-sectional surveys of about 5,000 mothers of under-5 children, living in villages close to the radio stations, were conducted at baseline (from December 2011 to February 2012) and at midline (in November 2013), after 20 months of campaigning. Statistical analyses were based on cluster-level summaries using a difference-in-difference (DiD) approach and adjusted for imbalances between arms at baseline. In addition, routine health facility data were analyzed for evidence of changes in health facility utilization. Results: At midline, 75% of women in the intervention arm reported recognizing radio spots from the campaign. There was some evidence of the campaign having positive effects on care seeking for diarrhea (adjusted DiD, 17.5 percentage points; 95% confidence interval [CI], 2.5 to 32.5; $P = .03$), antibiotic treatment for fast/difficult breathing (adjusted DiD, 29.6 percentage points; 95% CI, 3.5 to 55.7; $P = .03$), and saving money during pregnancy (adjusted DiD, 12.8 percentage points; 95% CI, 1.4 to 24.2; $P = .03$). For other target behaviors, there was little or no evidence of an impact of the campaign after adjustment for baseline imbalances and confounding factors. There was weak evidence of a positive correlation between the intensity of broadcasting of messages and reported changes in target behaviors. Routine health facility data were consistent with a greater increase in the intervention arm than in the control arm in all-cause under-5 consultations (33% versus 17%, respectively), but the difference was not statistically significant ($P = .40$). Conclusion: The radio campaign reached a high proportion of the primary target population, but the evidence for an impact on key child survival-related behaviors at midline was mixed.

Notes: Sarrassat, Sophie Meda, Nicolas Ouedraogo, Moctar Some, Henri Bambara, Robert Head, Roy Murray, Joanna Remes, Pieter Cousens, Simon

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URL: <Go to ISI>://WOS:000372977100007

Reference Type: Journal Article

Record Number: 275

Author: Saunders, B., Chudyk, A., Protheroe, J., Cooper, V., Bartlam, B., Birkinshaw, H., Foster, N. E. and Hill, J. C.

Year: 2022

Title: Risk-based stratified primary care for common musculoskeletal pain presentations: qualitative findings from the STarT MSK cluster randomised controlled trial

Journal: BMC Primary Care

Volume: 23

Issue: 1

Date: Dec

Short Title: Risk-based stratified primary care for common musculoskeletal pain presentations: qualitative findings from the STarT MSK cluster randomised controlled trial

DOI: 10.1186/s12875-022-01924-3

Article Number: 326

Accession Number: WOS:000899481400001

Abstract: Background: The STarT MSK cluster randomised controlled trial (RCT) investigated the clinical-and cost-effective-ness of risk-based stratified primary care versus usual care for patients with back, neck, shoulder, knee or multi-site pain. Trial quantitative results showed risk-based stratified care was not superior to usual care for patients' clinical outcomes, but the intervention led to some changes in GP clinical decision-making. This paper reports a linked qualitative study exploring how risk-based stratified care was perceived and used in the trial, from the perspectives of clinicians and patients. Methods: Semi-structured interviews were conducted with 27 patients, and focus groups and interviews with 20 clinicians (GPs and physiotherapists) in the intervention arm of the trial. Data were analysed thematically and findings explored using Normalisation Process Theory (NPT) and the COM-B model. Main findings: Risk-based stratified care (subgrouping and matching treatments) was found to have "coherence" (i.e. made sense) to several clinicians and patients, in that it was well-integrated in practice, and supported clinical decision-making. However, for some GPs stratified care was less "meaningful", as the risk-stratification tool did not fit with usual ways of consulting and added to already time-pressured consultations. GPs reported giving more patients written information/advice due to easier access to electronic information leaflets through the trial template and were motivated to refer patients to physiotherapy as they believed the trial resulted in faster physiotherapy access (although this was not the case). Patients and clinicians reported that risk-based stratified care influenced conversations in the consultation, prompting greater attention to psychosocial factors, and facilitating negotiation of treatment options. Physiotherapists saw benefits in receiving information about patients' risk subgroup on referral forms. Conclusion: These findings provide context for interpreting some of the trial outcomes, particularly in relation to changes in clinical decision-making when risk-based stratified care was used. Findings also indicate potential reasons for lack of GP engagement with risk-based stratified care. Positive outcomes were identified that were not captured in the quantitative data, specifically that risk-based stratified care positively influenced some GP-patient conversations and facilitated negotiation of

treatment options.

Notes: Saunders, Benjamin Chudyk, Adrian Protheroe, Joanne Cooper, Vincent Bartlam, Bernadette Birkinshaw, Hollie Foster, Nadine E. Hill, Jonathan C.

Chudyk, Adrian/0000-0002-2990-9651; Foster, Nadine/0000-0003-4429-9756

2731-4553

URL: <Go to ISI>://WOS:000899481400001

Reference Type: Journal Article

Record Number: 1624

Author: Saunders, D. H., Mead, G. E., Fitzsimons, C., Kelly, P., van Wijck, F., Verschuren, O., Backx, K. and English, C.

Year: 2021

Title: Interventions for reducing sedentary behaviour in people with stroke

Journal: Cochrane Database of Systematic Reviews

Issue: 6

Short Title: Interventions for reducing sedentary behaviour in people with stroke

ISSN: 1469-493X

DOI: 10.1002/14651858.CD012996.pub2

Article Number: Cd012996

Accession Number: WOS:000669649600016

Abstract: Background Stroke survivors are often physically inactive as well as sedentary, and may sit for long periods of time each day. This increases cardiometabolic risk and has impacts on physical and other functions. Interventions to reduce or interrupt periods of sedentary time, as well as to increase physical activity after stroke, could reduce the risk of secondary cardiovascular events and mortality during life after stroke. Objectives To determine whether interventions designed to reduce sedentary behaviour after stroke, or interventions with the potential to do so, can reduce the risk of death or secondary vascular events, modify cardiovascular risk, and reduce sedentary behaviour. Search methods In December 2019, we searched the Cochrane Stroke Trials Register, CENTRAL, MEDLINE, Embase, CINAHL, PsycINFO, Conference Proceedings Citation Index, and PEDro. We also searched registers of ongoing trials, screened reference lists, and contacted experts in the field. Selection criteria Randomised trials comparing interventions to reduce sedentary time with usual care, no intervention, or waiting-list control, attention control, sham intervention or adjunct intervention. We also included interventions intended to fragment or interrupt periods of sedentary behaviour. Data collection and analysis Two review authors independently selected studies and performed 'Risk of bias' assessments. We analyzed data using random-effects meta-analyses and assessed the certainty of the evidence with the GRADE approach. Main results We included 10 studies with 753 people with stroke. Five studies used physical activity interventions, four studies used a multicomponent lifestyle intervention, and one study used an intervention to reduce and interrupt sedentary behaviour. In all studies, the risk of bias was high or unclear in two or more domains. Nine studies had high risk

of bias in at least one domain. The interventions did not increase or reduce deaths (risk difference (RD) 0.00, 95% confidence interval (CI) -0.02 to 0.03; 10 studies, 753 participants; low-certainty evidence), the incidence of recurrent cardiovascular or cerebrovascular events (RD -0.01, 95% CI -0.04 to 0.01; 10 studies, 753 participants; low-certainty evidence), the incidence of falls (and injuries) (RD 0.00, 95% CI -0.02 to 0.02; 10 studies, 753 participants; low-certainty evidence), or incidence of other adverse events (moderate-certainty evidence). Interventions did not increase or reduce the amount of sedentary behaviour time (mean difference (MD) +0.13 hours/day, 95% CI -0.42 to 0.68; 7 studies, 300 participants; very low-certainty evidence). There were too few data to examine effects on patterns of sedentary behaviour. The effect of interventions on cardiometabolic risk factors allowed very limited meta-analysis. Authors' conclusions Sedentary behaviour research in stroke seems important, yet the evidence is currently incomplete, and we found no evidence for beneficial effects. Current World Health Organization (WHO) guidelines recommend reducing the amount of sedentary time in people with disabilities, in general. The evidence is currently not strong enough to guide practice on how best to reduce sedentariness specifically in people with stroke. More high-quality randomised trials are needed, particularly involving participants with mobility limitations. Trials should include longer-term interventions specifically targeted at reducing time spent sedentary, risk factor outcomes, objective measures of sedentary behaviour (and physical activity), and long-term follow-up.

Notes: Saunders, David H. Mead, Gillian E. Fitzsimons, Claire Kelly, Paul van Wijck, Frederike Verschuren, Olaf Backx, Karianne English, Coralie

English, Coralie/D-4591-2009

English, Coralie/0000-0001-5910-7927

1361-6137

URL: <Go to ISI>://WOS:000669649600016

Reference Type: Journal Article

Record Number: 1816

Author: Sauro, K. M., Jette, N., Quan, H. D., Holroyd-Leduc, J., DeCoster, C. and Wiebe, S.

Year: 2019

Title: Improving knowledge translation of clinical practice guidelines for epilepsy

Journal: Epilepsy & Behavior

Volume: 92

Pages: 265-268

Date: Mar

Short Title: Improving knowledge translation of clinical practice guidelines for epilepsy

ISSN: 1525-5050

DOI: 10.1016/j.yebeh.2019.01.016

Accession Number: WOS:000461905800041

Abstract: Background: Clinical practice guidelines (CPGs) have the potential to improve quality of care. However, implementation of

CPGs into the clinical care of people with epilepsy is less than optimal. This study aimed to examine barriers and facilitators to the use of CPGs for the care of people with epilepsy. Methods: A cross-sectional survey of Canadian neurologists was conducted to evaluate CPG use, barriers and facilitators of CPG use, and factors associated with CPG use among neurologists. The barriers and facilitators of CPG use among neurologists that manage people with epilepsy were compared with those who do not. Results: Of 311 responders (response rate = 38.7%), 78.7% indicated that they manage people with epilepsy. Neurologists that manage people with epilepsy did not differ from those who do not with regard to demographic characteristics nor in the proportion that report using CPGs in their clinical practice. The barriers and facilitators of CPG use were largely similar between neurologist that do and do not manage people with epilepsy: except applicability of CPGs tended to be less commonly endorsed as a barrier to CPG use by those who manage people with epilepsy compared with those who do not. Conclusions: This study suggests that knowledge, applicability, motivation, resources, and targeting of CPGs to appropriate audience are barriers and facilitators of CPG use among neurologists who manage people with epilepsy. The similarity between barriers and facilitators of CPG use among neurologists who manage people with epilepsy compared with those who do not provides support for the use of a knowledge translation (KT) strategy tailored to these barriers and facilitators of CPG use, and targeted towards neurologists. Implementation of epilepsy CPGs has the potential to improve the quality of care for people with epilepsy. (C) 2019 Elsevier Inc. All rights reserved.

Notes: Sauro, Khara M. Jette, Nathalie Quan, Hude Holroyd-Leduc, Jayna DeCoster, Carolyn Wiebe, Samuel Jette, Nathalie/HCH-4827-2022
Jette, Nathalie/0000-0003-1351-5866; Quan, Hude/0000-0002-7848-7256; Sauro, Khara/0000-0002-7658-4351
1525-5069
URL: <Go to ISI>://WOS:000461905800041

Reference Type: Journal Article

Record Number: 1839

Author: Sauro, K. M., Wiebe, S., Holroyd-Leduc, J., DeCoster, C., Quan, H., Bell, M. and Jette, N.

Year: 2018

Title: Knowledge translation of clinical practice guidelines among neurologists: A mixed- methods study

Journal: Plos One

Volume: 13

Issue: 10

Date: Oct

Short Title: Knowledge translation of clinical practice guidelines among neurologists: A mixed- methods study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0205280

Article Number: e0205280

Accession Number: WOS:000446921100076

Abstract: Objectives Clinical practice guidelines have the potential to improve care, but are often not optimally implemented. Improving guideline use in clinical practice may improve care. The objective of this study was to identify the barriers and facilitators (determinants) of guidelines use among neurologists and to propose a strategy to improve guideline implementation. Methods This was a mixed-methods study design. A quantitative, population-based, cross-sectional survey of Canadian neurologists was conducted. Associations between guidelines use and determinants of guidelines use were examined. Focus groups and interviews were conducted using purposeful sampling of the population. Determinants of guideline use were mapped to interventions to establish a strategy for guideline implementation among neurologists. Results 38.7% (n = 311) of neurologists responded to the survey. Typically, respondents had been practicing for 16.6 years and worked in an academic institution in an urban setting. Being male and having an academic affiliation was associated with guideline use. Determinants of guideline use differed between guideline users and non-users; non-users consistently rating determinants lower than users, especially applicability. Two focus groups and one interview (n = 11) identified six main themes of determinants of guideline use: Credibility, knowledge, applicability, resources, motivation, and target audience; which was congruent with the quantitative data. The proposed knowledge translation strategy contains three pillars: guidelines development, dissemination, and interventions. Conclusions Several determinants of guideline use not commonly discussed in the literature were identified (applicability, target audience, credibility). The proposed implementation strategy is a valuable resource for guideline developers and policy/decision-makers to improve knowledge translation of guidelines among neurologists.

Notes: Sauro, Khara M. Wiebe, Samuel Holroyd-Leduc, Jayna DeCoster, Carolyn Quan, Hude Bell, Meaghan Jette, Nathalie Haenen, Alexandra/HIR-5839-2022; Jette, Nathalie/HCH-4827-2022 Jette, Nathalie/0000-0003-1351-5866; Quan, Hude/0000-0002-7848-7256; Sauro, Khara/0000-0002-7658-4351
URL: <Go to ISI>://WOS:000446921100076

Reference Type: Journal Article

Record Number: 2234

Author: Sauro, K. M., Wiebe, S., Perucca, E., French, J., Dunkley, C., de Marinis, A., Kirkpatrick, M. and Jette, N.

Year: 2015

Title: Developing clinical practice guidelines for epilepsy: A report from the ILAE Epilepsy Guidelines Working Group

Journal: Epilepsia

Volume: 56

Issue: 12

Pages: 1859-1869

Date: Dec

Short Title: Developing clinical practice guidelines for epilepsy: A report from the ILAE Epilepsy Guidelines Working Group

ISSN: 0013-9580

DOI: 10.1111/epi.13217

Accession Number: WOS:000366524500004

Abstract: Clinical practice guidelines (CPGs) contain evidence-based recommendations to guide clinical care, policy development, and quality of care improvement. A recent systematic review of epilepsy guidelines identified considerable variability in the quality of available guidelines. Although excellent frameworks for CPG development exist, processes are not followed uniformly internationally, and resources to develop CPGs may be limited in certain settings. An International League Against Epilepsy (ILAE) working group was charged with proposing methodology to guide the development of future epilepsy-specific CPGs. A comprehensive literature search (1985–2014) identified articles related to CPG development and handbooks. Guideline handbooks were included if they were publicly available, and if their methodology had been used to develop CPGs. The working group's expertise also informed the creation of methodologies and processes to develop future CPGs for the ILAE. Five handbooks from North America (American Academy of Neurology), Europe (Scottish Intercollegiate Guidelines Network & National Institute for Health and Care Excellence), Australia (National Health and Medical Research Council), World Health Organization (WHO), and additional references were identified to produce evidence-based, consensus-driven methodology for development of epilepsy-specific CPGs. Key components of CPG development include the following: identifying the topic and defining the scope; establishing a working group; identifying and evaluating the evidence; formulating recommendations and determining strength of recommendations; obtaining peer reviews; dissemination, implementation, and auditing; and updating and retiring the CPG. A practical handbook and toolkit was developed. The resulting CPG development toolkit should facilitate the development of high-quality ILAE CPGs to improve the care of persons with epilepsy.

Notes: Sauro, Khara M. Wiebe, Samuel Perucca, Emilio French, Jacqueline Dunkley, Colin de Marinis, Alejandro Kirkpatrick, Martin Jette, Nathalie

Jette, Nathalie/HCH-4827-2022; French, Jacqueline A/G-6795-2013; Perucca, Emilio/Q-7308-2019

Jette, Nathalie/0000-0003-1351-5866; French, Jacqueline A/0000-0003-2242-8027; Sauro, Khara/0000-0002-7658-4351; Perucca, Emilio/0000-0001-8703-223X

1528-1167

URL: <Go to ISI>://WOS:000366524500004

Reference Type: Journal Article

Record Number: 1432

Author: Sawyer, A., den Hertog, K., Verhoeff, A. P., Busch, V. and Stronks, K.

Year: 2021

Title: Developing the logic framework underpinning a whole-systems approach to childhood overweight and obesity prevention: Amsterdam Healthy Weight Approach

Journal: Obesity Science & Practice

Volume: 7

Issue: 5

Pages: 591-605

Date: Oct

Short Title: Developing the logic framework underpinning a whole-systems approach to childhood overweight and obesity prevention: Amsterdam Healthy Weight Approach

ISSN: 2055-2238

DOI: 10.1002/osp4.505

Accession Number: WOS:000646327400001

Abstract: Background: Whole-systems approaches (WSAs) are well placed to tackle the complex local environmental influences on overweight and obesity, yet there are few examples of WSAs in practice. Amsterdam Healthy Weight Approach (AHWA) is a long-term, municipality-led program to improve children's physical activity, diet, and sleep through action in the home, neighborhood, school, and city. Adopting a WSA, local political, physical, social, educational, and healthcare drivers of childhood obesity are viewed as a complex adaptive system. Since 2013, AHWA has reached >15,000 children. During this time, the estimated prevalence of 2-18-year-olds with overweight or obesity in Amsterdam has declined from 21% in 2012 to 18.7% in 2017. Declining trends are rarely observed in cities. There is a need to formally articulate AHWA program theory in order to: (i) inform future program evaluation which can interpret this decline within the context of AHWA and (ii) contribute a real-life example of a WSA to the literature. Methods: This study aimed to formally document the program theory of AHWA to permit future evaluation. A logic framework was developed through extensive document review and discussion, during program implementation. Results: The working principles of the WSA underpinning AHWA were made explicit in an overarching theory of change, articulated in a logic framework. The framework was operationalized using an illustrative example of sugar intake. Conclusions: The logic framework will inform AHWA development, monitoring, and evaluation and responds to a wider need to outline the working principles of WSAs in public health.

Notes: Sawyer, Alexia den Hertog, Karen Verhoeff, Arnoud P. Busch, Vincent Stronks, Karien

Stronks, Karien/0000-0002-0921-2232; Sawyer, Alexia/0000-0002-9079-4814

URL: <Go to ISI>://WOS:000646327400001

Reference Type: Journal Article

Record Number: 412

Author: Sawyer, K., Stein, K. F., Jacobsen, P., Freeman, T. P., Blackwell, A. K. M., Metcalfe, C., Kessler, D., Munafo, M. R., Aveyard, P. and Taylor, G. M. J.

Year: 2023

Title: Acceptability of integrating smoking cessation treatment into routine care for people with mental illness: A qualitative study

Journal: Health Expectations

Volume: 26

Issue: 1

Pages: 108-118

Date: Feb

Short Title: Acceptability of integrating smoking cessation treatment into routine care for people with mental illness: A qualitative study

ISSN: 1369-6513

DOI: 10.1111/hex.13580

Accession Number: WOS:000866143400001

Abstract: Introduction Improving Access to Psychological Therapies (IAPTs) Services could offer smoking cessation treatment to improve physical and psychological outcomes for service users, but it currently does not. This study aimed to understand participants' views and experiences of receiving a novel smoking cessation intervention as part of the ESCAPE trial (intEgrating Smoking Cessation treatment As part of usual Psychological care for dEpression and anxiety). We used the Capability, Opportunity and Motivation Model of Behaviour (COM-B) to understand the (i) acceptability of the integrated smoking cessation treatment, (ii) views of psychological well-being practitioners' (PWPs) ability to deliver the smoking cessation treatment and (iii) positive and negative impacts of smoking cessation treatment. Methods This was a qualitative study embedded within a feasibility randomized-controlled trial (ESCAPE) in primary care services in the United Kingdom (IAPT). Thirty-six participants (53% female) from both usual care and intervention arms of the ESCAPE trial, including both quitters and nonquitters, were interviewed using semi-structured interviews. Data were analysed using a framework approach to thematic analysis, using the COM-B as a theoretical frame. Results Psychological Capability: Integrated smoking cessation treatment was acceptable and encouraged participants to reflect on their mental health. Some participants found it difficult to understand nicotine withdrawal symptoms. Motivation: Participants were open to change during the event of presenting to IAPT. Some described being motivated to take part in the intervention by curiosity, to see whether quitting smoking would help their mental health. Physical Opportunity: IAPT has a natural infrastructure for supporting integrated treatment, but there were some barriers such as session duration and interventions feeling segmented. Social Opportunity: Participants viewed PWPs as having good interpersonal skills to deliver a smoking cessation intervention. Conclusion People with common mental illness generally accepted integrated smoking cessation and mental health treatment. Smoking cessation treatment fits well within IAPT's structure; however, there are barriers to implementation. Patient or Public Contribution Before data collection, we consulted with people with lived experience of smoking and/or mental illness and lay public members regarding the aims, design and interview schedules. After analysis, two people with lived experience of smoking and mental illness individually gave feedback on the final themes and quotes.

Notes: Sawyer, Katherine Stein, Kim Fredman Jacobsen, Pamela Freeman, Tom P. Blackwell, Anna K. M. Metcalfe, Chris Kessler, David Munafo, Marcus R. Aveyard, Paul Taylor, Gemma M. J.

Munafo, Marcus/AAE-2306-2020

Munafo, Marcus/0000-0002-4049-993X; Sawyer, Katherine/

0000-0001-5194-0068; Jacobsen, Pamela/0000-0001-8847-7775; Taylor,

Gemma/0000-0003-2185-0162; Metcalfe, Chris/0000-0001-8318-8907;
Blackwell, Anna/0000-0002-4984-1818; Aveyard, Paul/
0000-0002-1802-4217; Freeman, Tom/0000-0002-5667-507X
1369-7625
URL: <Go to ISI>://WOS:000866143400001

Reference Type: Journal Article
Record Number: 1194
Author: Sawyer, L., Kemp, S., James, P. and Harper, M.
Year: 2021
Title: Assessment of a Nurse Led Energy Behavior Change Intervention
in an NHS Community Hospital Ward
Journal: Energies
Volume: 14
Issue: 20
Date: Oct
Short Title: Assessment of a Nurse Led Energy Behavior Change
Intervention in an NHS Community Hospital Ward
DOI: 10.3390/en14206523
Article Number: 6523
Accession Number: WOS:000716871600001
Abstract: This paper investigates a nurse led, energy conservation
behavioral intervention, in hospital wards of an NHS (National
Health Service) community hospital (Trust). The information based
intervention was adapted from "Operation TLC ", developed by
environmental behavioral change charity Global Action Plan, and St
Bartholomew's Health NHS Trust, London. For this study, three
identical older persons' acute-care wards in terms of patient type,
nursing levels, layout, electrical fittings (lighting & small
power), elevation and orientation (one control ward and two
intervention wards) were evaluated over a nine-month period. The
paper demonstrates a co-dependent relationship between the
quantitative data from the electricity and light monitors on the
wards with the qualitative data gathered from staff comfort surveys
and focus groups, and Trust policies. Our results show a 13%
reduction in electricity consumption, primarily from preventing
nursing staff in the intervention group from using prohibited
secondary space heaters at night during the heating season and the
introduction of a "quiet time " in the intervention group. During
quiet time lights in the intervention group were turned off for an
hour after lunch to encourage rest for patients to provide time for
nursing staff to complete administrative tasks. Electricity
reductions achieved during the intervention period were observed to
continue into the 3-month post intervention period but at a reduced
level.</p>
Notes: Sawyer, Louise Kemp, Simon James, Patrick Harper, Michael
James, patrick/0000-0002-2694-7054
1996-1073
URL: <Go to ISI>://WOS:000716871600001

Reference Type: Journal Article
Record Number: 1649

Author: Saylor, K. E., Mouiche, M. M., Lucas, A., McIver, D. J., Matsida, A., Clary, C., Maptue, V. T., Euren, J. D., LeBreton, M. and Tamoufe, U.

Year: 2021

Title: Market characteristics and zoonotic disease risk perception in Cameroon bushmeat markets

Journal: Social Science & Medicine

Volume: 268

Date: Jan

Short Title: Market characteristics and zoonotic disease risk perception in Cameroon bushmeat markets

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2020.113358

Article Number: 113358

Accession Number: WOS:000604584500001

Abstract: Behavioral practices are one of the key factors facilitating zoonotic disease transmission, especially in individuals who have frequent contact with wild animals, yet practices of those who work and live in high-risk animal-human interfaces, such as wild animal 'bushmeat' markets in the Congo Basin are not well documented in the social, health and medical sciences. This region, where hunting, butchering, and consumption of wild animal meat is frequent, represents a hotspot for disease emergence, and has experienced zoonotic disease spillover events, traced back to close human-animal contact with bats and non-human primates. Using a One Health approach, we conducted wildlife surveillance, human behavioral research, and concurrent human and animal biological sampling to identify and characterize factors associated with zoonotic disease emergence and transmission. Research was conducted through the USAID Emerging Pandemic Threats program between 2010 and 2019 including qualitative studies of bushmeat markets, with selected study sites prioritized based on proximity to bushmeat markets. Sites included two hospitals where we conducted surveillance of individuals with syndromes of acute febrile illness, community sites where we enrolled actors of the animal value chain (ie. hunters, middlemen, transporters), and bushmeat markets, where we enrolled bushmeat vendors, butchers, market managers, cleaners, and shoppers. Mixed methods research was undertaken at these sites and included investigation of bushmeat market dynamics through observational research, focus group discussions, quantitative questionnaires, and interviews. Participants were asked about their risk perception of zoonotic disease transmission and specific activities related to bushmeat trade, local market conditions, and regulations on bushmeat trade in Cameroon. Risks associated with blood contact and animal infection were not well understood by most market actors. As bushmeat markets are an important disease interface, as seen with CoVID19, risk mitigation measures in markets and bushmeat alternative strategies are discussed.

Notes: Saylor, Karen E. Mouiche, Moctar M. Lucas, Ashley McIver, David J. Matsida, Annie Clary, Catherine Maptue, Victorine T. Euren, Jason D. LeBreton, Matthew Tamoufe, Ubald

Mouliom, Mohamed Moctar Mouiche/AAF-3061-2021

Mouliom, Mohamed Moctar Mouiche/0000-0002-4900-3670

1873-5347

URL: <Go to ISI>://WOS:000604584500001

Reference Type: Journal Article

Record Number: 419

Author: Sayner, A. M., Tang, C. Y., Toohey, K., Mendoza, C. and Nahon, I.

Year: 2022

Title: Opportunities and Capabilities to Perform Pelvic Floor Muscle Training Are Critical for Participation: A Systematic Review and Qualitative Meta-Synthesis

Journal: Physical Therapy

Volume: 102

Issue: 10

Date: Oct

Short Title: Opportunities and Capabilities to Perform Pelvic Floor Muscle Training Are Critical for Participation: A Systematic Review and Qualitative Meta-Synthesis

ISSN: 0031-9023

DOI: 10.1093/ptj/pzac106

Article Number: pzac106

Accession Number: WOS:000871400200003

Abstract: Objective Pelvic floor muscle training (PFMT) is considered a behavioral task that requires the interaction of physical, social, and cognitive processes. Enablers and barriers to participation in PFMT have been explored primarily in women. This review aimed to identify the barriers and enablers that influence participation in PFMT in all adult populations. Methods A systematic review and meta-synthesis of qualitative literature was conducted. The inclusion criteria comprised qualitative studies with populations of people aged 18 years and older who have been recommended for PFMT. Line-by-line coding and an inductive thematic analysis identified themes that were applied to the Theoretical Domains Framework and Capabilities, Opportunities, and Motivation Behavioral Model to determine behavioral influences on PFMT. Results Twenty full-text articles met inclusion criteria. PFMT was mostly influenced by individual opportunities impacted by social determinants and competing demands. Capability of carrying out PFMT was impacted by knowledge, understanding, and appropriate skill acquisition linked to self-efficacy. Conclusion Increasing opportunities and capabilities for engagement in PFMT are the most important factors in optimizing positive behavior changes. Ways to address these factors include clear patient communication to boost confidence in skill acquisition and using technology to encourage autonomy and improve convenience. Future research should address the impact of health professionals' beliefs about patient participation, assess the role of social values and gender roles, and explore the timing of the implementation of behavioral change strategies to improve PFMT. Impact This is believed to be the first systematic review and qualitative meta-synthesis to consider the enablers and barriers to participation in PFMT for all adult populations, purposes, and symptom complexes. Patient opportunities and capabilities are the greatest influencers on participation and self-

efficacy. Individualized treatment approaches that acknowledge and address social influencers and competing demands will optimize self-efficacy and participation. Lay Summary If you have pelvic floor muscle dysfunction, your opportunities and capabilities are the greatest influencers on participation and self-efficacy in PFMT. Your physical therapist can design individualized treatment approaches that acknowledge and address social influencers and competing demands to help you optimize participation.

Notes: Sayner, Alesha M. Tang, Clarice Y. Toohey, Kellie Mendoza, Chennelle Nahon, Irmina

; Nahon, Irmina/M-8148-2018

Sayner, Alesha/0000-0002-8013-6658; Toohey, Kellie/

0000-0002-1776-6200; Nahon, Irmina/0000-0002-3949-9385

1538-6724

URL: <Go to ISI>://WOS:000871400200003

Reference Type: Journal Article

Record Number: 472

Author: Sazlina, S. G., Lee, P. Y., Cheong, A. T., Hussein, N., Pinnock, H., Salim, H., Liew, S. M., Hanafi, N. S., Abu Bakar, A. I., Ng, C. W., Ramli, R., Ahad, A. M., Ho, B. K., Isa, S. M., Parker, R. A., Stoddart, A., Pang, Y. K., Chinna, K., Sheikh, A., Khoo, E. M. and Collaboration, Respire

Year: 2022

Title: Feasibility of supported self-management with a pictorial action plan to improve asthma control

Journal: Npj Primary Care Respiratory Medicine

Volume: 32

Issue: 1

Date: Sep

Short Title: Feasibility of supported self-management with a pictorial action plan to improve asthma control

DOI: 10.1038/s41533-022-00294-8

Article Number: 34

Accession Number: WOS:000855767800001

Abstract: Supported self-management reduces asthma-related morbidity and mortality. This paper is on a feasibility study, and observing the change in clinical and cost outcomes of pictorial action plan use is part of assessing feasibility as it will help us decide on outcome measures for a fully powered RCT. We conducted a pre-post feasibility study among adults with physician-diagnosed asthma on inhaled corticosteroids at a public primary-care clinic in Malaysia. We adapted an existing pictorial asthma action plan. The primary outcome was asthma control, assessed at 1, 3 and 6 months. Secondary outcomes included reliever use, controller medication adherence, asthma exacerbations, emergency visits, hospitalisations, days lost from work/daily activities and action plan use. We estimated potential cost savings on asthma-related care following plan use. About 84% (n = 59/70) completed the 6-months followup. The proportion achieving good asthma control increased from 18 (30.4%) at baseline to 38 (64.4%) at 6-month follow-up. The proportion of at least one acute exacerbation (3 months: % difference -19.7; 95% CI -34.7 to -3.1; 6 months: % difference -20.3; 95% CI -5.8 to -3.2),

one or more emergency visit (1 month: % difference -28.6; 95% CI -41.2 to -15.5; 3 months: % difference -18.0; 95% CI -32.2 to -3.0; 6 months: % difference -20.3; 95% CI -34.9 to -4.6), and one or more asthma admission (1 month: % difference -14.3; 95% CI -25.2 to -5.3; 6 months: % difference -11.9; 95% CI -23.2 to -1.8) improved over time. Estimated savings for the 59 patients at 6-months follow-up and for each patient over the 6 months were RM 15,866.22 (USD3755.36) and RM268.92 (USD63.65), respectively. Supported self-management with a pictorial asthma action plan was associated with an improvement in asthma control and potential cost savings in Malaysian primary-care patients.

Notes: Sazlina, Shariff Ghazali Lee, Ping Yein Cheong, Ai Theng Hussein, Norita Pinnock, Hilary Salim, Hani Liew, Su May Hanafi, Nik Sherina Abu Bakar, Ahmad Ihsan Ng, Chiu-Wan Ramli, Rizawati Ahad, Azainorsuzila Mohd Ho, Bee Kiau Isa, Salbiah Mohamed Parker, Richard A. Stoddart, Andrew Pang, Yong Kek Chinna, Karuthan Sheikh, Aziz Khoo, Ee Ming

Ramli, Rizawati/ADN-7387-2022; Hanafi, Nik Sherina/B-9250-2010; PANG, YONG KEK/B-9478-2010; KHOO, EE MING/B-8785-2010; NG, CHIU WAN/B-5218-2010; Cheong, Ai Theng/H-9884-2014

Ramli, Rizawati/0000-0002-2259-8010; Hanafi, Nik Sherina/0000-0001-9140-0955; PANG, YONG KEK/0000-0001-7883-8928; KHOO, EE MING/0000-0003-3191-1264; NG, CHIU WAN/0000-0002-7687-2310; Shariff-Ghazali, Sazlina/0000-0002-5737-7226; Pinnock, Hilary/0000-0002-5976-8386; Cheong, Ai Theng/0000-0002-3895-530X 2055-1010

URL: <Go to ISI>://WOS:000855767800001

Reference Type: Journal Article

Record Number: 825

Author: Scannell, N., Moran, L., Mantzioris, E., Cowan, S. and Villani, A.

Year: 2022

Title: Efficacy, Feasibility and Acceptability of a Mediterranean Diet Intervention on Hormonal, Metabolic and Anthropometric Measures in Overweight and Obese Women with Polycystic Ovary Syndrome: Study Protocol

Journal: Metabolites

Volume: 12

Issue: 4

Date: Apr

Short Title: Efficacy, Feasibility and Acceptability of a Mediterranean Diet Intervention on Hormonal, Metabolic and Anthropometric Measures in Overweight and Obese Women with Polycystic Ovary Syndrome: Study Protocol

DOI: 10.3390/metabo12040311

Article Number: 311

Accession Number: WOS:000786979900001

Abstract: Polycystic ovary syndrome (PCOS) is a common endocrine condition in reproductive-aged women associated with metabolic, reproductive and psychological features. Lifestyle modification (diet/physical activity) is considered first-line treatment for PCOS. However, there is limited high-quality evidence to support

therapeutic dietary interventions for PCOS beyond general population-based healthy eating guidelines. Adherence to a Mediterranean diet (MedDiet), with or without energy restriction, improves cardiometabolic health in populations including persons with or at high risk of cardiovascular disease and type 2 diabetes. However, there is limited research examining the MedDiet in PCOS. Therefore, this 12 week randomized controlled trial will investigate the efficacy of a MedDiet on cardiometabolic and hormonal parameters and explore its acceptability and feasibility in PCOS. Forty-two overweight and obese women with PCOS (aged 18–45 years) will be randomized to receive dietary advice consistent with Australian Dietary Guidelines or an ad libitum MedDiet intervention. All participants will receive fortnightly counselling to facilitate behaviour change. The primary outcomes will be changes in insulin resistance, glucose, total testosterone and sex hormone-binding globulin. Secondary outcomes include changes in body weight and feasibility and acceptability of the MedDiet intervention. The results of this study will provide further evidence on specific dietary approaches for management of PCOS.

Notes: Scannell, Nicole Moran, Lisa Mantzioris, Evangeline Cowan, Stephanie Villani, Anthony

Mantzioris, Evangeline/G-8681-2011

Mantzioris, Evangeline/0000-0002-1480-9869; Cowan, Stephanie/0000-0001-6731-4221; Villani, Anthony/0000-0003-4891-1076
2218-1989

URL: <Go to ISI>://WOS:000786979900001

Reference Type: Journal Article

Record Number: 110

Author: Schackmann, L., Heringa, M., Wolters, M., Faber, A., van Dijk, L., Koster, E. S. and Vervloet, M.

Year: 2023

Title: Facilitating pharmacy staff's conversations about non-medical medication switches: Development and testing of a communication training

Journal: Research in Social & Administrative Pharmacy

Volume: 19

Issue: 5

Pages: 738-745

Date: May

Short Title: Facilitating pharmacy staff's conversations about non-medical medication switches: Development and testing of a communication training

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2023.01.014

Accession Number: WOS:000955202900001

Abstract: Background: Non-medical medication switches, a change to another medicine or medication label not motivated by medical reasons, occur frequently. Switches often lead to negative patient emotions, such as confusion and anger. Pharmacy staff's communication, i.e. delivering the message and addressing patients' emotions is crucial, but experienced as difficult. Objective: To develop and test a communication training for the pharmacy team to

facilitate medication switch conversations. Methods: A communication training was developed based on the 'breaking bad news model' and 'positive message framing' strategies, and incorporating needs and preferences from practice. The training consisted of an e-learning with theory and reflective exercises, a half-day live training session, and an online reflection session. The Kirkpatrick training evaluation model (levels one 'reaction' and two 'learning') was used to evaluate the training. Quantitative data were analyzed using descriptive statistics and interview data was transcribed verbatim and analyzed thematically. Results: Twelve pharmacists and 27 pharmacy technicians from 15 Dutch pharmacies participated in the training. According to Kirkpatrick's model level one, the major learning outcome was to give space to patients to express their emotions and/or concerns (e.g. more silences in the conversations). For level two, most participants valued practicing the conversations, role-playing, and receiving feedback. The majority of the participants indicated that they had sufficient tools and practice during the live training to apply the strategies in daily practice. A few participants still needed time and practice, or missed examples to apply the strategies. Conclusion: The communication training based on the two strategies was well-received and participants felt well-equipped post-training. The take-away for participants was to give space to patients to express their emotions. Using these strategies and skills, pharmacy teams can tailor their medication counseling to patients' emotions and concerns during non-medical medication switches to better support patients in proper medication use.

Notes: Schackmann, Laura Heringa, Mette Wolters, Majanne Faber, Adrienne van Dijk, Liset Koster, Ellen S. Vervloet, Marcia Schackmann, Laura/0000-0001-6477-8346
1934-8150

URL: <Go to ISI>://WOS:000955202900001

Reference Type: Journal Article

Record Number: 581

Author: Schellekens, Jeap, Houtvast, C. S. E., Leusink, P., Kleiverda, G. and Gomperts, R.

Year: 2022

Title: Dutch GPs'views on prescribing mifepristone and misoprostol: a mixed-methods study

Journal: British Journal of General Practice

Date: 2022 Jul

Short Title: Dutch GPs'views on prescribing mifepristone and misoprostol: a mixed-methods study

ISSN: 0960-1643

DOI: 10.3399/bjgp.2021.0704

Accession Number: WOS:000831106300001

Abstract: Background The World Health Organization has indicated that GPs can safely and effectively provide mifepristone and misoprostol for medical termination of pregnancy (TOP). Dutch GPs are allowed to treat miscarriages with mifepristone and misoprostol, but few do so. Current Dutch abortion law prohibits GPs from prescribing these medications for medical TOP. Medical TOP is

limited to the specialised settings of abortion clinics and hospitals. Recently, the House of Representatives debated shifting abortion to the domain of primary care, following the example of France and the Republic of Ireland. This would improve access to sexual and reproductive health care, and increase choices for women. Nevertheless, little is known about GPs' willingness to provide medical TOP and miscarriage management. Aim To gain insight into Dutch GPs' willingness to prescribe mifepristone and misoprostol for medical TOP and miscarriages, as well as the anticipated barriers. Design and setting Mixed-methods study among Dutch GPs. Method A questionnaire provided quantitative data that were analysed using descriptive methods. Thematic analyses were performed on qualitative data collected through in-depth interviews. Results The questionnaire was sent to 575 GPs; the response rate was 22.1% (n = 127). Of the responders, 84.3% (n = 107) were willing to prescribe mifepristone and misoprostol, with 58.3% (n = 74) willing to provide this medication for both medical TOP and miscarriage management. A total of 57.5% (n = 73) of participants indicated a need for training. The main barriers influencing participants' willingness to provide medical TOP and miscarriage management were lack of experience, lack of knowledge, time constraints, and a restrictive abortion law. Conclusion Over 80.0% of responders were willing to prescribe mifepristone and misoprostol for medical TOP or miscarriages. Training, (online) education, and a revision of the abortion law are recommended.

Notes: Schellekens, Julia E. A. P. Houtvast, Claire S. E. Leusink, Peter Kleiverda, Gunilla Gomperts, Rebecca Leusink, Peter/I-1942-2016
Leusink, Peter/0000-0002-0696-4228; Houtvast, Claire/
0000-0002-6170-6483
1478-5242
URL: <Go to ISI>://WOS:000831106300001

Reference Type: Journal Article

Record Number: 194

Author: Scherrens, A. L., Deforche, B., Deliens, L., Cohen, J. and Beernaert, K.

Year: 2023

Title: Using behavioral theories to study health-promoting behaviors in palliative care research

Journal: Palliative Medicine

Volume: 37

Issue: 3

Pages: 402-412

Date: Mar

Short Title: Using behavioral theories to study health-promoting behaviors in palliative care research

ISSN: 0269-2163

DOI: 10.1177/02692163221147946

Accession Number: WOS:000919972000001

Abstract: Background: Behavioral theories are often used to better understand and change health-promoting behaviors and develop evidence-based interventions. However, researchers often lack of

knowledge on how to use these theories in palliative care and people confronted with serious illness. Clear examples or guidelines are needed. Aim: To describe how behavioral theories can be used to gain insight into critical factors of health-promoting behavior in seriously ill people, using a case example of "starting a conversation about palliative care with the physician" for people with incurable cancer. Methods: We used a health promotion approach. Step 1: We chose a theory. Step 2: We applied and adapted the selected theory by performing interviews with the target population which resulted in a new behavioral model. Step 3: We operationalized the factors of this model. An expert group checked content validity. We tested the questionnaire cognitively. Step 4: We conducted a survey study and performed logistic regression analyses to identify the most important factors. Results: Step 1: We selected the Theory of Planned Behavior. Step 2: This theory was applicable to the target behavior, but needed extending. Step 3: The final survey included 131 items. Step 4: Attitudinal factors were the most important factors associated with the target behavior of starting a conversation about palliative care with the physician. Conclusions: This paper describes a method applied to a specific example, offering guidance for researchers and practitioners interested in understanding and changing a target behavior and its factors in seriously ill people.

Notes: Scherrens, Anne-Lore Deforche, Benedicte Deliens, Luc Cohen, Joachim Beernaert, Kim

Scherrens, Anne-Lore/0000-0001-5291-7193
1477-030x

URL: <Go to ISI>://WOS:000919972000001

Reference Type: Journal Article

Record Number: 1438

Author: Schichtel, M., Wee, B., Perera, R., Onakpoya, I. and Albury, C.

Year: 2021

Title: Effect of Behavior Change Techniques Targeting Clinicians to Improve Advance Care Planning in Heart Failure: A Systematic Review and Meta-Analysis

Journal: Annals of Behavioral Medicine

Volume: 55

Issue: 5

Pages: 383-398

Date: May

Short Title: Effect of Behavior Change Techniques Targeting Clinicians to Improve Advance Care Planning in Heart Failure: A Systematic Review and Meta-Analysis

ISSN: 0883-6612

DOI: 10.1093/abm/kaaa075

Accession Number: WOS:000654711500001

Abstract: Background National and international guidelines recommend advance care planning (ACP) for patients with heart failure. But clinicians seem hesitant to engage with ACP. Purpose Our aim was to identify behavioral interventions with the greatest potential to engage clinicians with ACP in heart failure. Methods A systematic

review and meta-analysis. We searched CINAHL, Cochrane Central Register of Controlled Trials, Database of Systematic Reviews, Embase, ERIC, Ovid MEDLINE, Science Citation Index, and PsycINFO for randomized controlled trials (RCTs) from inception to August 2018. Three reviewers independently extracted data, assessed risk of bias (Cochrane risk of bias tool), the quality of evidence (Grading of Recommendation Assessment, Development, and Evaluation), and intervention synergy according to the behavior change wheel and behavior change techniques (BCTs). Odds ratios (ORs) were calculated for pooled effects. Results Of 14,483 articles screened, we assessed the full text of 131 studies. Thirteen RCTs including 3,709 participants met all of the inclusion criteria. The BCTs of prompts/cues (OR: 4.18; 95% confidence interval [CI]: 2.03-8.59), credible source (OR: 3.24; 95% CI: 1.447.28), goal setting (outcome; OR: 2.67; 95% CI: 1.564.57), behavioral practice/rehearsal (OR: 2.64; 95% CI: 1.50-4.67), instruction on behavior performance (OR: 2.49; 95% CI: 1.63-3.79), goal setting (behavior; OR: 2.12; 95% CI: 1.57-2.87), and information about consequences (OR: 2.06; 95% CI: 1.40-3.05) showed statistically significant effects to engage clinicians with ACP. Conclusion Certain BCTs seem to improve clinicians' practice with ACP in heart failure and merit consideration for implementation into routine clinical practice. Notes: Schichtel, Markus Wee, Bee Perera, Rafael Onakpoya, Igho Albury, Charlotte Perera, Rafael/0000-0003-2418-2091; Wee, Bee/0000-0002-7714-0349; Albury, Charlotte/0000-0002-1036-6626 1532-4796 URL: <Go to ISI>://WOS:000654711500001

Reference Type: Journal Article

Record Number: 1843

Author: Schildmeijer, K., Nilsen, P., Ericsson, C., Brostrom, A. and Skagerstrom, J.

Year: 2018

Title: Determinants of patient participation for safer care: A qualitative study of physicians' experiences and perceptions

Journal: Health Science Reports

Volume: 1

Issue: 10

Date: Oct

Short Title: Determinants of patient participation for safer care: A qualitative study of physicians' experiences and perceptions

DOI: 10.1002/hsr2.87

Article Number: e87

Accession Number: WOS:000697868000001

Abstract: Objective There is a paucity of research on physicians' perspectives on involving patients to achieve safer care. This study aims to explore determinants of patient participation for safer care, according to physicians in Swedish health care. Methods We used a deductive descriptive design, applying qualitative content analysis based on the Capability-Opportunity-Motivation-Behaviour framework. Semi-structured interviews were conducted with 13 physicians in different types of health care units, to achieve a

heterogeneous sample. The main outcome measure was barriers and facilitators to patient participation of potential relevance for patient safety. Results Analysis of the data yielded 14 determinants (ie, subcategories) functioning as barriers and/or facilitators to patient participation of potential relevance for patient safety. These determinants were mapped to five categories: physicians' capability to involve patients in their care; patients' capability to become involved in their care, as perceived by the physicians; physicians' opportunity to achieve patient participation in their care; physicians' motivation to involve patients in their care; and patients' motivation to become involved in their care, as perceived by the physicians. Conclusion There are many barriers to patient participation to achieve safer care. There are also facilitators, but these tend to depend on initiatives of individual physicians and patients, because organizational-level support may be lacking. Many of the determinants are interdependent, with physicians' perceived time constraints influencing other barriers.

Notes: Schildmeijer, Kristina Nilsen, Per Ericsson, Carin Brostrom, Anders Skagerstrom, Janna

Schildmeijer, Kristina/0000-0002-0895-674X
2398-8835

URL: <Go to ISI>://WOS:000697868000001

Reference Type: Journal Article

Record Number: 519

Author: Schliemann, D., Tan, M. M., Hoe, W. M. K., Mohan, D., Taib, N. A., Donnelly, M. and Su, T. T.

Year: 2022

Title: mHealth Interventions to Improve Cancer Screening and Early Detection: Scoping Review of Reviews

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 8

Date: Aug

Short Title: mHealth Interventions to Improve Cancer Screening and Early Detection: Scoping Review of Reviews

ISSN: 1438-8871

DOI: 10.2196/36316

Article Number: e36316

Accession Number: WOS:000862887800011

Abstract: Background: Cancer screening provision in resource-constrained settings tends to be opportunistic, and uptake tends to be low, leading to delayed presentation and treatment and poor survival. Objective: The aim of this study was to identify, review, map, and summarize findings from different types of literature reviews on the use of mobile health (mHealth) technologies to improve the uptake of cancer screening. Methods: The review methodology was guided by the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews). Ovid MEDLINE, PyscINFO, and Embase were searched from inception to May 2021. The eligible criteria included reviews that focused on studies of interventions that used mobile phone devices to promote and deliver cancer screening and described the

effectiveness or implementation of mHealth intervention outcomes. Key data fields such as study aims, types of cancer, mHealth formats, and outcomes were extracted, and the data were analyzed to address the objective of the review. Results: Our initial search identified 1981 titles, of which 12 (0.61%) reviews met the inclusion criteria (systematic reviews: n=6, 50%; scoping reviews: n=4, 33%; rapid reviews: n=1, 8%; narrative reviews: n=1, 8%). Most (57/67, 85%) of the interventions targeted breast and cervical cancer awareness and screening uptake. The most commonly used mHealth technologies for increasing cancer screening uptake were SMS text messages and telephone calls. Overall, mHealth interventions increased knowledge about screening and had high acceptance among participants. The likelihood of achieving improved uptake-related outcomes increased when interventions used >1 mode of communication (telephone reminders, physical invitation letters, and educational pamphlets) together with mHealth. Conclusions: mHealth interventions increase cancer screening uptake, although multiple modes used in combination seem to be more effective.

Notes: Schliemann, Desiree Tan, Min Min Hoe, Wilfred Mok Kok Mohan, Devi Taib, Nur Aishah Donnelly, Michael Su, Tin Tin Su, Tin Tin/HT0-7784-2023; Taib, Nur Aishah/B-2370-2010 Mohan, Devi/0000-0002-0898-2729; Taib, Nur Aishah/0000-0001-8419-0478; Mok Kok Hoe, Wilfred/0000-0003-2694-8871; Schliemann, Desiree/0000-0002-8746-3002; Su, Tin Tin/0000-0003-0387-6406; Donnelly, Michael/0000-0001-8380-7413
URL: <Go to ISI>://WOS:000862887800011

Reference Type: Journal Article

Record Number: 1027

Author: Schmid-Mohler, G., Huebsch, C., Steurer-Stey, C., Greco, N., Schuurmans, M. M., Beckmann, S., Chadwick, P. and Clarenbach, C.
Year: 2022

Title: Supporting Behavior Change After AECOPD – Development of a Hospital-Initiated Intervention Using the Behavior Change Wheel
Journal: International Journal of Chronic Obstructive Pulmonary Disease

Volume: 17

Pages: 1651-1669

Short Title: Supporting Behavior Change After AECOPD – Development of a Hospital-Initiated Intervention Using the Behavior Change Wheel
ISSN: 1178-2005

DOI: 10.2147/copd.S358426

Accession Number: WOS:000844593500001

Abstract: After hospitalization due to acute COPD exacerbations, patient-manageable behaviors influence rehospitalization frequency. This study's aim was to develop a hospital-ward-initiated Behaviour-Change-Wheel (BCW)-based intervention targeting patients' key health behaviors, with the aim to increase quality of life and reduce rehospitalization frequency. Intervention development was performed by University Hospital Zurich working groups and followed the three BCW stages for each of the three key literature-identified problems: insufficient exacerbation management, lack of physical activity and ongoing smoking. In stage one, by analyzing published evidence –

including but not limited to patients' perspective – and health professionals' perspectives regarding these problems, we identified six target behaviors. In stage two, we identified six corresponding intervention functions. As our policy category, we chose developing guidelines and service provision. For stage three, we defined eighteen basic intervention packages using 46 Behaviour Change Techniques in our basic intervention. The delivery modes will be face-to-face and telephone contact. In the inpatient setting, this behavioral intervention will be delivered by a multi-professional team. For at least 3 months following discharge, an advanced nursing practice team will continue and coordinate the necessary care package via telephone. The intervention is embedded in a broader self-management intervention complemented by integrated care components. The BCW is a promising foundation upon which to develop our COPD intervention. In future, the interaction between the therapeutic care team-patient relationships and the delivery of the behavioral intervention will also be evaluated.

Notes: Schmid-Mohler, Gabriela Huebsch, Christine Steurer-Stey, Claudia Greco, Nico Schuurmans, Mace M. Beckmann, Sonja Chadwick, Paul Clarenbach, Christian

Schuurmans, Mace M./0000-0001-5404-7566; chadwick, paul/
0000-0002-7101-5993; Clarenbach, Christian/0000-0003-2158-2321

URL: <Go to ISI>://WOS:000844593500001

Reference Type: Journal Article

Record Number: 2195

Author: Schmidt, D. D.

Year: 2016

Title: What a great idea! Someone should evaluate that

Journal: Australian Health Review

Volume: 40

Issue: 3

Pages: 270-272

Short Title: What a great idea! Someone should evaluate that

ISSN: 0156-5788

DOI: 10.1071/ah14215

Accession Number: WOS:000383123100006

Abstract: How often, as clinicians, do we see a really clever idea implemented in the workplace? In rural health in particular, creative work-around solutions are relatively commonplace. However, the evaluation and promotion of these ideas is less so, and this leads to lost opportunities for perpetuating these clever ideas. This paper explores one rural clinician's experience of what can happen if, instead of appreciating and complementing a great idea, that step of evaluating the great idea is taken. A reflective narrative was created, beginning with a corridor conversation ('What a great idea! Someone should evaluate that...'), continuing through a formal research project and ending with the impact of that project and the way its findings were communicated and implemented. The narrative outlines the effect of evaluating one great idea at the individual, workplace, organisational, state and national levels. Clinicians are well placed to identify great ideas in practice. Making the decision to evaluate these ideas can lead to personal

growth, professional discovery and organisational benefits. With motivation and organisational support, who knows where evaluation may lead?

Notes: Schmidt, David D.

Schmidt, David/W-2951-2019

Schmidt, David/0000-0003-1515-2990

1449-8944

URL: <Go to ISI>://WOS:000383123100006

Reference Type: Journal Article

Record Number: 1077

Author: Schmidt, K., Faerch, K., Zoffmann, V., Amadid, H. and Varming, A. R.

Year: 2022

Title: The process of health behaviour change following participation in a randomised controlled trial targeting prediabetes: A qualitative study

Journal: Diabetic Medicine

Volume: 39

Issue: 4

Date: Apr

Short Title: The process of health behaviour change following participation in a randomised controlled trial targeting prediabetes: A qualitative study

ISSN: 0742-3071

DOI: 10.1111/dme.14748

Article Number: e14748

Accession Number: WOS:000727655600001

Abstract: Aim To explore how participating in a randomised controlled trial affected motivation, barriers and strategies in the process of health behaviour change among individuals with prediabetes. Methods An extension to the PRE-D trial, a qualitative study investigated the efficacy of glucose-lowering interventions (metformin, dapagliflozin or exercise) compared with a control group among individuals with prediabetes and overweight/obesity. Data were collected through separate focus group interviews with participants using semi-structured interview guides inspired by health behaviour change theories. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis with an inductive-deductive approach. Results Four interrelated themes emerged from interviews: (1) 'self-construction of prediabetes', on how participants understood the term 'prediabetes', (2) 'altered health image', on how participants' health perceptions were affected, (3) 'personal strategies for health behaviour change', on different ways to attempt to implement behaviour changes and (4) 'the process of health behaviour change', on how participants progressed and relapsed while trying to change behaviour. Themes relate to the health belief model, self-determination theory, self-efficacy and the trans-theoretical model of change. Participants shared their experiences and thoughts during interviews and inspired each other, which led some participants to develop a new perspective on prediabetes severity and increased their motivation for behaviour change. Conclusions How participants perceived and accepted,

rejected or neglected prediabetes appeared to affect their health images and whether they realised a need for behaviour change. Their achievements during interventions, health literacy, self-efficacy and perceived support from their social networks, professionals and technological aids influenced the maintenance of health behaviour changes.

Notes: Schmidt, Kirstine Faerch, Kristine Zoffmann, Vibeke Amadid, Hanan Varming, Annemarie R.

Varming, Annemarie/0000-0003-2642-7603; Faerch, Kristine/0000-0002-6127-0448; Schmidt, Kirstine/0000-0003-4813-1555
1464-5491

URL: <Go to ISI>://WOS:000727655600001

Reference Type: Journal Article

Record Number: 1308

Author: Schmidtke, K. A. and Drinkwater, K. G.

Year: 2021

Title: A cross-sectional survey assessing the influence of theoretically informed behavioural factors on hand hygiene across seven countries during the COVID-19 pandemic

Journal: BMC Public Health

Volume: 21

Issue: 1

Date: Jul

Short Title: A cross-sectional survey assessing the influence of theoretically informed behavioural factors on hand hygiene across seven countries during the COVID-19 pandemic

DOI: 10.1186/s12889-021-11491-4

Article Number: 1432

Accession Number: WOS:000677614900001

Abstract: Background Human hygiene behaviours influence the transmission of infectious diseases. Changing maladaptive hygiene habits has the potential to improve public health. Parents and teachers can play an important role in disinfecting surface areas and in helping children develop healthful handwashing habits. The current study aims to inform a future intervention that will help parents and teachers take up this role using a theoretically and empirically informed behaviour change model called the Capabilities-Opportunities-Motivations-Behaviour (COM-B) model. Methods A cross-sectional online survey was designed to measure participants' capabilities, opportunities, and motivations to [1] increase their children's handwashing with soap and [2] increase their cleaning of surface areas. Additional items captured how often participants believed their children washed their hands. The final survey was administered early in the coronavirus pandemic (May and June 2020) to 3975 participants from Australia, China, India, Indonesia, Saudi Arabia, South Africa, and the United Kingdom. Participants self-identified as mums, dads, or teachers of children 5 to 10 years old. ANOVAs analyses were used to compare participant capabilities, opportunities, and motivations across countries for handwashing and surface disinfecting. Multiple regressions analyses were conducted for each country to assess the predictive relationship between the COM-B components and children's handwashing. Results The ANOVA

analyses revealed that India had the lowest levels of capability, opportunity, and motivation, for both hand hygiene and surface cleaning. The regression analyses revealed that for Australia, Indonesia, and South Africa, the capability component was the only significant predictor of children's handwashing. For India, capability and opportunity were significant. For the United Kingdom, capability and motivation were significant. Lastly, for Saudi Arabia all components were significant. Conclusions The discussion explores how the Behaviour Change Wheel methodology could be used to guide further intervention development with community stakeholders in each country. Of the countries assessed, India offers the greatest room for improvement, and behaviour change techniques that influence people's capability and opportunities should be prioritised there.

Notes: Schmidtke, K. A. Drinkwater, K. G.

1471-2458

URL: <Go to ISI>://WOS:000677614900001

Reference Type: Journal Article

Record Number: 1353

Author: Schmidtke, K. A., Kudrna, L., Quinn, L., Vlaev, I., Hemmings, K. and Lilford, R.

Year: 2022

Title: An online randomized controlled trial and survey of behavioural factors influencing patients' willingness to attend a video consultation

Journal: British Journal of Health Psychology

Volume: 27

Issue: 2

Pages: 283-299

Date: May

Short Title: An online randomized controlled trial and survey of behavioural factors influencing patients' willingness to attend a video consultation

ISSN: 1359-107X

DOI: 10.1111/bjhp.12545

Accession Number: WOS:000667650600001

Abstract: Objectives To examine whether the phrasing of a hospital appointment invitation influences patient preference to attend in person or by video. The study also explores patient capabilities, opportunities, and motivations to attend video consultations. Design A randomized controlled trial followed by a cross-sectional survey. Methods Participants (1,481 total, 780 females) were residents of the United Kingdom who self-identified as being diagnosed with a chronic disease. Participants considered one of three hypothetical invitations. In one group, participants were invited to attend in person. Those in another group were invited to attend by video. These participants could either accept the invitation or request the other option. In the final 'active choice' group, participants were asked to choose to attend either in-person or by video appointment. Then, all participants responded to open- and closed-ended items about attending video consultations. Results When the default option was in person, 25% of participants chose video consultation, compared with 41% in the active choice group (RR = 1.65, 95% CI:

1.37–1.99, $p < .001$) and 65% in the default video group (RR = 2.60, 95% CI: 2.20–2.96, $p < .001$). Closed-ended responses suggested that younger patients and those with previous experience were more likely to prefer video consultations. Most open-ended responses contained themes about opportunities, followed by motivations and then capabilities. Conclusions Patients are more likely to express a preference to attend by video when video is the default option. The real-world effectiveness of this intervention is more likely to be realized where hospitals also support patient capabilities, opportunities, and motivations.

Notes: Schmidtke, Kelly Ann Kudrna, Laura Quinn, Laura Vlaev, Ivo Hemmings, Karla Lilford, Richard Quinn, Laura/0000-0001-9660-4631; Kudrna, Laura/0000-0002-8163-7112; Lilford, Richard/0000-0002-0634-984X; Schmidtke, Kelly Ann/0000-0001-5993-0358
2044-8287
URL: <Go to ISI>://WOS:000667650600001

Reference Type: Journal Article

Record Number: 1720

Author: Schmidtke, K. A., Vlaev, I., Kabbani, S., Klauznicer, H., Baasiri, A., Osseiran, A., El Rifai, G., Fares, H., Saleh, N. and Makki, F.

Year: 2021

Title: An exploratory randomised controlled trial evaluating text prompts in Lebanon to encourage health-seeking behaviour for hypertension

Journal: International Journal of Clinical Practice

Volume: 75

Issue: 2

Date: Feb

Short Title: An exploratory randomised controlled trial evaluating text prompts in Lebanon to encourage health-seeking behaviour for hypertension

ISSN: 1368-5031

DOI: 10.1111/ijcp.13669

Article Number: e13669

Accession Number: WOS:000562751700001

Abstract: Aims of the study The current study evaluates the effectiveness of an opportunistic mobile screening on the percentage of people who are aware of whether they may be hypertensive (in an observational study) and the effectiveness of reminder prompts on the percentage of people who seek further medical attention (in a randomised controlled trial). Methods used to conduct the study The screening of 1227 participants (529 female) was conducted during the registration period of the 2018 Beirut International Marathon in Lebanon. Next, 266 participants whose screening indicated hypertension (64 Female) were randomly allocated to a treatment group or a control group in a 1:1 fashion. The treatment group received a reminder prompt to seek further medical attention for their potential hypertension and the control group did not. The overt nature of the text message meant that participants in the treatment group could not be blinded to their group allocation. The

primary outcome is participants' self-reports of whether they sought further medical attention. Results of the study For the opportunistic screening, a 25% prevalence rate and a 24% awareness rate of hypertension was indicated. A McNemar analysis suggested that the screening increased participant awareness ($X^2(N = 1227) = 72.16, P < .001$). For the randomised controlled trial, 219 participants provided follow-up data via a phone call (82% retention). A Chi-squared analysis suggested that the reminder prompt successfully encouraged more participants to seek further medical attention, 45.5% treatment group vs 28.0% control group ($X^2(1, N = 219) = 7.19, P = .007, \phi = 0.18$). Conclusions drawn and clinical implications Extra support in the form of a brief reminder message can increase the percentage of people who seek further medical attention after attending an opportunistic screening at a marathon event. The discussion reviews how the results align with previous research, strengths and limitations of the current study, and implications for future research and practice.

Notes: Schmidtke, K. A. Vlaev, I Kabani, S. Klauznicer, H. Baasiri, A. Osseiran, A. El Rifai, G. Fares, H. Saleh, N. Makki, F. Saleh, Nabil/0000-0002-7189-5249; Schmidtke, Kelly Ann/0000-0001-5993-0358
1742-1241
URL: <Go to ISI>://WOS:000562751700001

Reference Type: Journal Article

Record Number: 2103

Author: Schneider, M., Evans, R., Haas, M., Leach, M., Delagran, L., Hawk, C., Long, C., Cramer, G. D., Walters, O., Vihstadt, C. and Terhorst, L.

Year: 2016

Title: The effectiveness and feasibility of an online educational program for improving evidence-based practice literacy: an exploratory randomized study of US chiropractors

Journal: Chiropractic & Manual Therapies

Volume: 24

Date: Aug

Short Title: The effectiveness and feasibility of an online educational program for improving evidence-based practice literacy: an exploratory randomized study of US chiropractors

DOI: 10.1186/s12998-016-0109-8

Article Number: 27

Accession Number: WOS:000381795500001

Abstract: Background: Online education programs are becoming a popular means to disseminate knowledge about evidence-based practice (EBP) among healthcare practitioners. This mode of delivery also offers a viable and potentially sustainable solution for teaching consistent EBP content to learners over time and across multiple geographical locations. We conducted a study with 3 main aims: 1) develop an online distance-learning program about the principles of evidence-based practice (EBP) for chiropractic providers; 2) test the effectiveness of the online program on the attitudes, skills, and use of EBP in a sample of chiropractors; and 3) determine the feasibility of expanding the program for broader-scale

implementation. This study was conducted from January 2013 to September 2014. Methods: This was an exploratory randomized trial in which 293 chiropractors were allocated to either an online EBP education intervention or a waitlist control. The online EBP program consisted of 3 courses and 4 booster lessons, and was developed using educational resources created in previous EBP educational programs at 4 chiropractic institutions. Participants were surveyed using a validated EBP instrument (EBASE) with 3 rescaled (0 to 100) subscores: Attitudes, Skills, and Use of EBP. Multiple regression was used to compare groups, adjusting for personal and practice characteristics. Satisfaction and compliance with the program was evaluated to assess feasibility. Results: The Training Group showed modest improvement compared to the Waitlist Group in attitudes (Delta = 6.2, $p < .001$) and skills (Delta = 10.0, $p < .001$) subscores, but not the use subscore (Delta = -2.3, $p = .470$). The majority of participants agreed that the educational program was 'relevant to their profession' (84 %) and 'was worthwhile' (82 %). Overall, engagement in the online program was less than optimal, with 48 % of the Training Group, and 42 % of the Waitlist Group completing all 3 of the program courses. Conclusions: Online EBP training leads to modest improvements in chiropractors' EBP attitudes and skill, but not their use of EBP. This online program can be delivered to a wide national audience, but requires modification to enable greater individualization and peer-to-peer interaction. Our results indicate that it is feasible to deliver an online EBP education on a broad scale, but that this mode of education alone is not sufficient for making large changes in chiropractors' use of EBP.

Notes: Schneider, Michael Evans, Roni Haas, Mitchell Leach, Matthew Delagran, Louise Hawk, Cheryl Long, Cynthia Cramer, Gregory D. Walters, Oakland Vihstadt, Corrie Terhorst, Lauren Leach, Matthew J/ABD-7760-2021; Terhorst, Lauren/H-7942-2018; Leach, Matthew J/A-2085-2008
Leach, Matthew J/0000-0003-3133-1913; Walters, Oakland C./0000-0002-0597-8994
2045-709x
URL: <Go to ISI>://WOS:000381795500001

Reference Type: Journal Article

Record Number: 2109

Author: Schoen, D. E., Gausia, K., Glance, D. G. and Thompson, S. C.
Year: 2016

Title: Improving rural and remote practitioners' knowledge of the diabetic foot: findings from an educational intervention

Journal: Journal of Foot and Ankle Research

Volume: 9

Date: Jul

Short Title: Improving rural and remote practitioners' knowledge of the diabetic foot: findings from an educational intervention

DOI: 10.1186/s13047-016-0157-2

Article Number: 26

Accession Number: WOS:000381384100002

Abstract: Background: This study aimed to determine knowledge of

national guidelines for diabetic foot assessment and risk stratification by rural and remote healthcare professionals in Western Australia and their implementation in practice. Assessment of diabetic foot knowledge, availability of equipment and delivery of foot care education in a primary healthcare setting at baseline enabled evaluation of the effectiveness of a diabetic foot education and training program for generalist healthcare professionals.

Methods: This study employed a quasi-experimental pre-test/post-test study design. Healthcare practitioners' knowledge, attitudes and practice of diabetic foot assessment, diabetic foot risks, risk stratification, and use of the 2011 National Health and Medical Research Council Guidelines were investigated with an electronic pre-test survey. Healthcare professionals then undertook a 3-h education and training workshop before completing the electronic post-test knowledge, attitudes and practice survey. Comparison of pre-test/post-test survey findings was used to assess the change in knowledge, attitudes and intended practice due to the workshops.

Results: Two hundred and forty-six healthcare professionals from two rural and remote health regions of Western Australia participated in training workshops. Monofilaments and diabetes foot care education brochures, particularly brochures for Aboriginal people, were reported as not readily available in rural and remote health services. For most participants (58 %), their post-test knowledge score increased significantly from the pre-test score. Use of the Guidelines in clinical settings was low (19 %). The healthcare professionals' baseline diabetic foot knowledge was adequate to correctly identify the high risk category. However, stratification of the intermediate risk category was poor, even after training.

Conclusion: This study reports the first assessment of Western Australia's rural and remote health professionals' knowledge, attitudes and practices regarding the diabetic foot. It shows that without training, generalists' levels of knowledge concerning the diabetic foot was low and they were unlikely to assess foot risk. The findings from this study in a rural and remote setting cast doubt on the ability of generalist healthcare professionals to stratify risk appropriately, especially for those at intermediate risk, without clinical decision support tools.

Notes: Schoen, Deborah E. Gausia, Kaniz Glance, David G. Thompson, Sandra C.

Schoen, Deborah/0-3762-2018; Thompson, Sandra/H-5955-2014

Schoen, Deborah/0000-0001-9341-2343; Thompson, Sandra/
0000-0003-0327-7155; Glance, David/0000-0002-6743-5303
1757-1146

URL: <Go to ISI>://WOS:000381384100002

Reference Type: Journal Article

Record Number: 1735

Author: Schoenthaler, A., Cruz, J., Payano, L., Rosado, M., Labbe, K., Johnson, C., Gonzalez, J., Patxot, M., Patel, S., Leven, E. and Mann, D.

Year: 2020

Title: Investigation of a Mobile Health Texting Tool for Embedding Patient-Reported Data Into Diabetes Management (i-Matter):

Development and Usability Study
Journal: Jmir Formative Research
Volume: 4
Issue: 8
Date: Aug

Short Title: Investigation of a Mobile Health Texting Tool for Embedding Patient-Reported Data Into Diabetes Management (i-Matter): Development and Usability Study

DOI: 10.2196/18554

Article Number: e18554

Accession Number: WOS:000853347700013

Abstract: Background: Patient-reported outcomes (PROs) are increasingly being used in the management of type 2 diabetes (T2D) to integrate data from patients' perspective into clinical care. To date, the majority of PRO tools have lacked patient and provider involvement in their development, thus failing to meet the unique needs of end users, and lack the technical infrastructure to be integrated into the clinic workflow. Objective: This study aims to apply a systematic, user-centered design approach to develop i-Matter (investigating a mobile health [mHealth] texting tool for embedding patient-reported data into diabetes management), a theory-driven, mobile PRO system for patients with T2D and their primary care providers. Methods: i-Matter combines text messaging with dynamic data visualizations that can be integrated into electronic health records (EHRs) and personalized patient reports. To build i-Matter, we conducted semistructured group and individual interviews with patients with T2D and providers, a design thinking workshop to refine initial ideas and design the prototype, and user testing sessions of prototypes using a rapid-cycle design (ie, design-test-modify-retest). Results: Using an iterative user-centered process resulted in the identification of 6 PRO messages that were relevant to patients and providers: medication adherence, dietary behaviors, physical activity, sleep quality, quality of life, and healthy living goals. In user testing, patients recommended improvements to the wording and timing of the PRO text messages to increase clarity and response rates. Patients also recommended including motivational text messages to help sustain engagement with the program. The personalized report was regarded as a key tool for diabetes self-management by patients and providers because it aided in the identification of longitudinal patterns in the PRO data, which increased patient awareness of their need to adopt healthier behaviors. Patients recommended adding individualized tips to the journal on how they can improve their behaviors. Providers preferred having a separate tab built into the EHR that included the personalized report and highlighted key trends in patients' PRO data over the past 3 months. Conclusions: PRO tools that capture patients' well-being and the behavioral aspects of T2D management are important to patients and providers. A clinical trial will test the efficacy of i-Matter in 282 patients with uncontrolled T2D.

Notes: Schoenthaler, Antoinette Cruz, Jocelyn Payano, Leydi Rosado, Marina Labbe, Kristen Johnson, Chrystal Gonzalez, Javier Patxot, Melissa Patel, Smit Leven, Eric Mann, Devin Mann, Devin/0000-0002-2099-0852; Cruz, Jocelyn/0000-0001-5059-8870; Gonzalez, Javier/0000-0002-7562-6070; Patxot, Melissa/

0000-0002-1680-7541; Leven, Eric/0000-0003-4154-5843; Labbe, Kristen/0000-0001-6731-5849; Schoenthaler, Antoinette/0000-0003-4905-5136
2561-326x
URL: <Go to ISI>://WOS:000853347700013

Reference Type: Journal Article
Record Number: 1942
Author: Scholl, I. and Barr, P. J.
Year: 2017
Title: Incorporating shared decision making in mental health care requires translating knowledge from implementation science
Journal: World Psychiatry
Volume: 16
Issue: 2
Pages: 160-161
Date: Jun
Short Title: Incorporating shared decision making in mental health care requires translating knowledge from implementation science
ISSN: 1723-8617
DOI: 10.1002/wps.20418
Accession Number: WOS:000401692000015
Notes: Scholl, Isabelle Barr, Paul J.
Scholl, Isabelle/AAN-9450-2020
Scholl, Isabelle/0000-0002-7639-0880
2051-5545
URL: <Go to ISI>://WOS:000401692000015

Reference Type: Journal Article
Record Number: 877
Author: Schroder, K., Oberg, B., Enthoven, P., Hedevik, H. and Abbott, A.
Year: 2022
Title: Improved adherence to clinical guidelines for low back pain after implementation of the BetterBack model of care: A stepped cluster randomized controlled trial within a hybrid type 2 trial
Journal: Physiotherapy Theory and Practice
Date: 2022 Mar
Short Title: Improved adherence to clinical guidelines for low back pain after implementation of the BetterBack model of care: A stepped cluster randomized controlled trial within a hybrid type 2 trial
ISSN: 0959-3985
DOI: 10.1080/09593985.2022.2040669
Accession Number: WOS:000762588700001
Abstract: Background The BetterBack model of care (MoC) for low back pain (LBP) was recently developed in Swedish physiotherapy (PT) primary care. Objective To evaluate if PTs' adherence to LBP clinical practice guidelines (CPGs) improves after implementation of the BetterBack MoC (intervention). Methods This was a stepped, single-blinded cluster randomized controlled trial. Patients nested in the three clusters were allocated to routine care (n = 222) or intervention (n = 278). The primary outcome was referral to

specialist consultation. This was among five best practice recommendations divided into an assessment quality index (no referral to specialist consultation and no medical imaging) and a treatment quality index (use of educational interventions; use of exercise interventions; no use of non-evidence-based physiotherapy). For overall adherence, patients had to be treated with all five recommendations fulfilled. Logistic regression was used for between-group comparisons. Results The proportion of patients receiving referral to specialist consultation during the PT treatment period was low in both groups with no between-group differences. However, patients in the intervention group showed significantly higher assessment quality index, treatment quality index and overall adherence compared to routine care. Adherence to the separate recommendations showed improved stratified number of visits, use of exercise was maintained high, patient educational intervention increased and use of non-evidence-based physiotherapy decreased. A reduction of medical imaging during the physiotherapy treatment period was also observed. Conclusions The adoption of CPGs could be substantially improved by introducing a MoC through PT training and supportive materials.

Notes: Schroder, Karin Oberg, Birgitta Enthoven, Paul Hedevis, Henrik Abbott, Allan

Schröder, Karin/GZN-1428-2022

Enthoven, Paul/0000-0003-3707-5869; Hedevis, Henrik/
0000-0001-5873-614X; Abbott, Allan/0000-0002-4318-9216
1532-5040

URL: <Go to ISI>://WOS:000762588700001

Reference Type: Journal Article

Record Number: 382

Author: Schroe, S. C. H., Bonifacio, C. C., Bruers, J. J., Innes, N. P. T. and Hesse, D.

Year: 2022

Title: General and paediatric dentists' knowledge, attitude and practises regarding the use of Silver Diammine Fluoride for the management of dental caries: a national survey in the Netherlands

Journal: BMC Oral Health

Volume: 22

Issue: 1

Date: Nov

Short Title: General and paediatric dentists' knowledge, attitude and practises regarding the use of Silver Diammine Fluoride for the management of dental caries: a national survey in the Netherlands

ISSN: 1472-6831

DOI: 10.1186/s12903-022-02475-w

Article Number: 458

Accession Number: WOS:000877704200001

Abstract: Background Silver Diammine Fluoride (SDF) is a topical medication used to arrest cavitated carious lesions non-invasively. The primary aim was to investigate, and analyse the relationships between; knowledge, attitudes and practises (including barriers and facilitators) for SDF use in the management of dental caries by general dental practitioners (GDPs) and paediatric dentists (PDs) in

the Netherlands. A secondary aim was to explore any differences in these, between these groups. Methods A randomly selected sample of 600 Dutch GDPs (out of 9,502 respectively) and all 57 registered Dutch PDs were invited to participate in this cross-sectional survey, consisting of four sections: (1) participant characteristics, (2) knowledge (through responses to summative questions), (3) attitudes (through statement agreement using 5-point Likert scale), and (4) practises, use, barriers and facilitators (through multiple choice questions). Results The response rates were: GDPs 23% (n = 140) and PDs 47% (n = 27). Knowledge: out of 15 questions to test understanding of SDF, the mean number of correct answers were GDPs 6.7; standard deviation (SD) 2.6 and PDs 7.4, SD 2.2 with no significant difference. The mean overall attitude score showed positive attitudes towards SDF use for both groups. Compared to GDPs, PDs were more likely to use SDF ($p < 0.001$) and expected to increase their use ($p = 0.037$). The main barrier for users was parental acceptance (47%) and for non-users it was lack of knowledge (60%). The main facilitator for both users and non-users was gaining knowledge through courses and workshops, followed by written information leaflets about SDF for parents. Conclusion Less than half of the knowledge questions about SDF were answered correctly. Despite low knowledge, attitude towards SDF use was positive. Practitioners believed that its use would be facilitated by professionals having more accessible information and training and by the availability of parent information leaflets. Furthermore, SDF is used more frequently by PDs than GDPs.

Notes: Schroe, Sofie C. H. Bonifacio, Clarissa C. Bruers, Josef J. Innes, Nicola P. T. Hesse, Daniela

URL: <Go to ISI>://WOS:000877704200001

Reference Type: Journal Article

Record Number: 1982

Author: Schueller, S. M., Tomasino, K. N. and Mohr, D. C.

Year: 2017

Title: Integrating Human Support Into Behavioral Intervention

Technologies: The Efficiency Model of Support

Journal: Clinical Psychology-Science and Practice

Volume: 24

Issue: 1

Pages: 27-45

Date: Mar

Short Title: Integrating Human Support Into Behavioral Intervention

Technologies: The Efficiency Model of Support

ISSN: 0969-5893

DOI: 10.1111/cpsp.12173

Accession Number: WOS:000397929800003

Abstract: A growing number of interventions use websites, mobile applications, and wearable devices to deliver and enhance mental health treatments. These technologies are used more often and are more effective when provided along with human support. Integrating human support, however, requires developed models for providing this support. This article presents the Efficiency Model of Support, a new model for understanding the provision of human support in the

context of behavioral intervention technologies. The Efficiency Model of Support defines the ratio of benefit accrued from an intervention to resources devoted to it as a critical consideration in support provision. The Efficiency Model of Support serves to consolidate the current findings and guide future research and practice with regard to human support and technology.

Notes: Schueller, Stephen M. Tomasino, Kathryn Noth Mohr, David C. Mohr, David/0000-0002-5443-7596; Tomasino, Kathryn/0000-0002-4905-8807; Schueller, Stephen/0000-0002-1003-0399 1468-2850

URL: <Go to ISI>://WOS:000397929800003

Reference Type: Journal Article

Record Number: 1677

Author: Schweiger, G., Eckerstorfer, L. V., Hafner, I., Fleischhacker, A., Radl, J., Glock, B., Wastian, M., Rossler, M., Lettner, G., Popper, N. and Corcoran, K.

Year: 2020

Title: Active consumer participation in smart energy systems

Journal: Energy and Buildings

Volume: 227

Date: Nov

Short Title: Active consumer participation in smart energy systems

ISSN: 0378-7788

DOI: 10.1016/j.enbuild.2020.110359

Article Number: 110359

Accession Number: WOS:000577555300011

Abstract: A pressing task for future energy systems is the design and operation of systems that integrate large shares of renewable energy while improving overall system efficiency. Because buildings consume about 32% of the total global final energy use, they are of vital importance. In recent years, technical and socioeconomic studies, as well as hands-on experience, have concluded that the integration and participation of consumer are crucial for smart energy systems. To reach challenging climate goals, individual consumer, social environment, physical environment, digital realities and economical conditions must be considered and integrated in successful solutions and business models. However, a holistic discussion of all these elements is scarce. This paper presents a comprehensive review of necessary steps and obstacles during the development and implementation of user centric business models, including a detailed discussion of required data and computational methods as well as psychological aspects of consumer participation. In addition, we aim to identify current challenges and future research needs. (C) 2020 The Authors. Published by Elsevier B.V.

Notes: Schweiger, Gerald Eckerstorfer, Lisa, V Hafner, Irene Fleischhacker, Andreas Radl, Johannes Glock, Barbara Wastian, Matthias Roessler, Matthias Lettner, Georg Popper, Niki Corcoran, Katja

Popper, Niki/AAL-6464-2021

Popper, Niki/0000-0003-4615-2774; Radl, Johannes/0000-0002-6279-2707 1872-6178

URL: <Go to ISI>://WOS:000577555300011

Reference Type: Journal Article

Record Number: 2063

Author: Schwendicke, F. and Gostemeyer, G.

Year: 2016

Title: Understanding dentists' management of deep carious lesions in permanent teeth: a systematic review and meta-analysis

Journal: Implementation Science

Volume: 11

Date: Oct

Short Title: Understanding dentists' management of deep carious lesions in permanent teeth: a systematic review and meta-analysis

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0505-4

Article Number: 142

Accession Number: WOS:000385594300002

Abstract: Background: Increasing evidence supports selective/incomplete (SE) or stepwise (SW) instead of non-selective/ complete tissue removal for deep carious lesions in vital teeth, mainly as pulpal risks are significantly reduced. Our aims were to analyze the proportion of dentists who utilize SE/SW for deep lesions in permanent teeth and to identify barriers and facilitators of utilizing SE/SW. Methods: We included studies that were original, and reported on the proportion of dentists utilizing SE/SW (quantitative studies), or reported on barriers or facilitators of such utilization (qualitative studies). Electronic databases (PubMed, CENTRAL, Embase, PsycINFO) were searched and screening and data extraction performed by two reviewers. Random-effects meta-analysis and meta-regression were used for quantitative synthesis of the proportion of dentists utilizing SE/SW. Thematic analysis was performed to assess barriers and facilitators on SE/SW utilization. Identified themes were translated into the constructs of the theoretical domains framework. Results: From 1728 articles, nine studies were included, all using quantitative methods. Four thousand one hundred ninety-nine dentists had been surveyed. The mean (95% CI) proportion of dentists using SE/SW for deep lesions was 53 % (44/62 %). More recent studies reported significantly higher proportions ($p < 0.05$). Reported estimates and thematic analysis found dentists' age and an understanding of the disease caries and the scientific rationale behind different removal strategies to affect dentists' behavior. Guidelines, peers, and the social and professional identity were further associated with the motivation of utilizing SE/SW. Environmental incentives, sanctions, or restrictions, mainly of financial but also regulatory character, impacted on decision-making, as did the specific indication (the patient, the tooth) and the beliefs on how well different treatments perform. Conclusions: Around half of all dentists rejected evidence-based carious tissue removal strategies. A range of factors can be addressed for improving implementation. Future studies should use mixed qualitative-quantitative methods to yield a deeper understanding of dentists' decision-making.

Notes: Schwendicke, Falk Goestemeyer, Gerd

Schwendicke, Falk/0000-0003-1223-1669
URL: <Go to ISI>://WOS:000385594300002

Reference Type: Journal Article

Record Number: 2456

Author: Scott, A., Docking, S., Vicenzino, B., Alfredson, H., Zwerver, J., Lundgreen, K., Finlay, O., Pollock, N., Cook, J. L., Fearon, A., Purdam, C. R., Hoens, A., Rees, J. D., Goetz, T. J. and Danielson, P.

Year: 2013

Title: Sports and exercise-related tendinopathies: a review of selected topical issues by participants of the second International Scientific Tendinopathy Symposium (ISTS) Vancouver 2012

Journal: British Journal of Sports Medicine

Volume: 47

Issue: 9

Pages: 536-+

Date: Jun

Short Title: Sports and exercise-related tendinopathies: a review of selected topical issues by participants of the second International Scientific Tendinopathy Symposium (ISTS) Vancouver 2012

ISSN: 0306-3674

DOI: 10.1136/bjsports-2013-092329

Accession Number: WOS:000318901900006

Abstract: In September 2010, the first International Scientific Tendinopathy Symposium (ISTS) was held in Umea, Sweden, to establish a forum for original scientific and clinical insights in this growing field of clinical research and practice. The second ISTS was organised by the same group and held in Vancouver, Canada, in September 2012. This symposium was preceded by a round-table meeting in which the participants engaged in focused discussions, resulting in the following overview of tendinopathy clinical and research issues. This paper is a narrative review and summary developed during and after the second ISTS. The document is designed to highlight some key issues raised at ISTS 2012, and to integrate them into a shared conceptual framework. It should be considered an update and a signposting document rather than a comprehensive review. The document is developed for use by physiotherapists, physicians, athletic trainers, massage therapists and other health professionals as well as team coaches and strength/conditioning managers involved in care of sportspeople or workers with tendinopathy.

Notes: Scott, Alex Docking, Sean Vicenzino, Bill Alfredson, Hakan Zwerver, Johannes Lundgreen, Kirsten Finlay, Oliver Pollock, Noel Cook, Jill L. Fearon, Angela Purdam, Craig R. Hoens, Alison Rees, Jonathan D. Goetz, Thomas J. Danielson, Patrik

Vicenzino, Bill/A-8492-2011; Fearon, Angela/A-5945-2012; Docking, Sean/AAF-1382-2019; Hoens, Alison/AAS-6442-2021

Vicenzino, Bill/0000-0003-0253-5933; Fearon, Angela/0000-0001-5055-3074; Docking, Sean/0000-0001-7051-7548; Hoens, Alison/0000-0002-9533-9079; Zwerver, Johannes/0000-0002-8499-2806; Scott, Alex/0000-0003-0366-8404; Musson, David/0000-0003-2109-8791 1473-0480

URL: <Go to ISI>://WOS:000318901900006

Reference Type: Journal Article

Record Number: 855

Author: Scott, H., Cope, A. L., Wood, F., Joseph-Williams, N., Karki, A., Roberts, E. M., Lovell-Smith, C. and Chestnutt, I. G.

Year: 2022

Title: A qualitative exploration of decisions about dental recall intervals-part 2: perspectives of dentists and patients on the role of shared decision making in dental recall decisions

Journal: British Dental Journal

Date: 2022 Mar

Short Title: A qualitative exploration of decisions about dental recall intervals-part 2: perspectives of dentists and patients on the role of shared decision making in dental recall decisions

ISSN: 0007-0610

DOI: 10.1038/s41415-022-4046-8

Accession Number: WOS:000770538700002

Abstract: Introduction Patients are sensitive to both the frequency and costs of dental recall visits. Shared decision making (SDM) is a principle of patient-centred care, advocated by the National Institute for Health and Care Excellence and policymakers, whereby joint decisions are made between clinicians and patients. Aims To explore NHS dentists' and patients' attitudes towards SDM in decisions about recall interval. Methods Semi-structured telephone interviews were conducted with 25 NHS patients and 25 NHS general dental practitioners in Wales, UK. Transcripts were thematically analysed. Results While many patients would be happy to accept changes to their recall interval, most wanted to be seen at least annually. Most patients were willing to be guided by their dentist in decisions about recall interval, as long as consideration was given to issues such as time, travel and cost. This contrasted with the desire to actively participate in decisions about operative treatment. Although the dentists' understanding of SDM varied, practitioners considered it important to involve patients in decisions about their care. However, dentists perceived that time, patient anxiety and concerns about potential adverse outcomes were barriers to the use of SDM. Conclusions Since there is uncertainty about the most clinically effective and cost-effective dental recall strategy, patient preference may play a role in these decisions.

Notes: Scott, Hannah Cope, Anwen L. Wood, Fiona Joseph-Williams, Natalie Karki, Anup Roberts, Emyr M. Lovell-Smith, Candida Chestnutt, Ivor G.

1476-5373

URL: <Go to ISI>://WOS:000770538700002

Reference Type: Journal Article

Record Number: 2493

Author: Scott, S. D., Albrecht, L., O'Leary, K., Ball, G. D. C., Hartling, L., Hofmeyer, A., Jones, C. A., Klassen, T. P., Burns, K. K., Newton, A. S., Thompson, D. and Dryden, D. M.

Year: 2012

Title: Systematic review of knowledge translation strategies in the allied health professions

Journal: Implementation Science

Volume: 7

Date: Jul

Short Title: Systematic review of knowledge translation strategies in the allied health professions

ISSN: 1748-5908

DOI: 10.1186/1748-5908-7-70

Article Number: 70

Accession Number: WOS:000313204800001

Abstract: Background: Knowledge translation (KT) aims to close the research-practice gap in order to realize and maximize the benefits of research within the practice setting. Previous studies have investigated KT strategies in nursing and medicine; however, the present study is the first systematic review of the effectiveness of a variety of KT interventions in five allied health disciplines: dietetics, occupational therapy, pharmacy, physiotherapy, and speech-language pathology. Methods: A health research librarian developed and implemented search strategies in eight electronic databases (MEDLINE, CINAHL, ERIC, PASCAL, EMBASE, IPA, Scopus, CENTRAL) using language (English) and date restrictions (1985 to March 2010). Other relevant sources were manually searched. Two reviewers independently screened the titles and abstracts, reviewed full-text articles, performed data extraction, and performed quality assessment. Within each profession, evidence tables were created, grouping and analyzing data by research design, KT strategy, targeted behaviour, and primary outcome. The published descriptions of the KT interventions were compared to the Workgroup for Intervention Development and Evaluation Research (WIDER)

Recommendations to Improve the Reporting of the Content of Behaviour Change Interventions. Results: A total of 2,638 articles were located and the titles and abstracts were screened. Of those, 1,172 full-text articles were reviewed and subsequently 32 studies were included in the systematic review. A variety of single (n = 15) and multiple (n = 17) KT interventions were identified, with educational meetings being the predominant KT strategy (n = 11). The majority of primary outcomes were identified as professional/process outcomes (n = 25); however, patient outcomes (n = 4), economic outcomes (n = 2), and multiple primary outcomes (n = 1) were also represented.

Generally, the studies were of low methodological quality. Outcome reporting bias was common and precluded clear determination of intervention effectiveness. In the majority of studies, the interventions demonstrated mixed effects on primary outcomes, and only four studies demonstrated statistically significant, positive effects on primary outcomes. None of the studies satisfied the four WIDER Recommendations. Conclusions: Across five allied health professions, equivocal results, low methodological quality, and outcome reporting bias limited our ability to recommend one KT strategy over another. Further research employing the WIDER Recommendations is needed to inform the development and implementation of effective KT interventions in allied health.

Notes: Scott, Shannon D. Albrecht, Lauren O'Leary, Kathy Ball, Geoff D. C. Hartling, Lisa Hofmeyer, Anne Jones, C. Allyson Klassen, Terry

P. Burns, Katharina Kovacs Newton, Amanda S. Thompson, David Dryden, Donna M.

Kovacs Burns, Katharina/AAA-5993-2022; Ball, Geoff/AAH-4741-2019; Hofmeyer, Anne/B-7662-2012

Kovacs Burns, Katharina/0000-0002-6322-0778; Hofmeyer, Anne/0000-0001-7400-9946; Scott, Shannon D./0000-0002-2251-3742; Klassen, Terry/0000-0002-5309-7091

URL: <Go to ISI>://WOS:000313204800001

Reference Type: Journal Article

Record Number: 168

Author: Searby, A., Burr, D., Blums, C., Harrison, J. and Smyth, D.

Year: 2023

Title: Barriers and facilitators to becoming an alcohol and other drug nurse practitioner in Australia: A mixed methods study

Journal: International Journal of Mental Health Nursing

Date: 2023 Feb

Short Title: Barriers and facilitators to becoming an alcohol and other drug nurse practitioner in Australia: A mixed methods study

ISSN: 1445-8330

DOI: 10.1111/inm.13125

Accession Number: WOS:000932463900001

Abstract: Alcohol and other drug (AOD) nurse practitioners have an advanced scope of practice that allows them to diagnose, prescribe pharmacological treatments for alcohol and other substance use disorders, and monitor physical and mental health. The Behaviour Change Wheel (BCW) is used to understand barriers and facilitators to implementation by applying three conditions of behaviour change (capability, opportunity, and motivation—the COM-B framework). The aim of this paper is to describe the current AOD nurse practitioner workforce, and to explore barriers and facilitators to AOD nurse practitioner uptake in Australia. A mixed method approach was used in this study: a survey to determine the current state of the AOD nurse practitioner workforce (n = 41) and qualitative interviews with 14 participants to determine barriers to endorsement and ongoing work as a nurse practitioner. Interview transcripts were analysed using thematic analysis and mapped to the COM-B framework. The AOD nurse practitioner is a highly specialized provider of holistic care to people who use alcohol and other drugs, with AOD nurse practitioners performing advanced roles such as prescribing and medication management. However, there are several barriers to the further uptake of AOD nurse practitioners in Australia, including varied organizational support, a lack of support for the higher study required to become a nurse practitioner and a lack of available positions. Arguably, nurse practitioners are key to addressing prescriber shortages inherent in AOD treatment settings. In addition, they are equipped to provide true holistic care. We recommend that barriers are addressed to expand the AOD nurse practitioner workforce in Australia.

Notes: Searby, Adam Burr, Dianna Blums, Colleen Harrison, Jason Smyth, Darren

Searby, Adam/0000-0001-7457-3221

1447-0349

URL: <Go to ISI>://WOS:000932463900001

Reference Type: Journal Article

Record Number: 700

Author: Sedekia, Y., Kapiga, S., McHaro, O., Makata, K., Torondel, B., Dreibelbis, R. and Okello, E.

Year: 2022

Title: Does a school-based intervention to engage parents change opportunity for handwashing with soap at home? Practical experience from the Mikono Safi trial in Northwestern Tanzania

Journal: Plos Neglected Tropical Diseases

Volume: 16

Issue: 6

Date: Jun

Short Title: Does a school-based intervention to engage parents change opportunity for handwashing with soap at home? Practical experience from the Mikono Safi trial in Northwestern Tanzania

ISSN: 1935-2735

DOI: 10.1371/journal.pntd.0010438

Article Number: e0010438

Accession Number: WOS:000830263700044

Abstract: Background School-based de-worming is advocated as a strategy for reducing the burden of soil-transmitted helminth (STH) infections among children. However, re-infection tends to occur rapidly, suggesting that comprehensive water, sanitation, and hygiene (WASH) improvements may be needed to prevent this. We qualitatively assessed the influence of parental engagement activities on parents' motivation to improve WASH infrastructure and hygiene practices at home in the context of a school-based de-worming programme. Methodology We conducted a longitudinal qualitative study nested within the Mikono Safi trial, designed to assess the effect of a WASH intervention on STH infection prevalence in children. Meetings were organized for parents/guardians at schools where they were given information about STH infection, the role of WASH in STH infection prevention, and actionable steps they could take at home. During the meetings, parents/guardians received information about their own child's STH infection status. Twenty purposively selected households were visited and interviewed 3 times over a period of about 8-months. We employed thematic analysis; findings are reported following the Capability-Opportunity-Motivation and Behaviour (COM-B) framework. Principal findings The engagement strategy improved parents'/guardians' knowledge and skills about handwashing with soap and its benefits. Parents/guardians reported that the sessions had motivated them to improve WASH infrastructure at home. Of 20 households included in this study, 17 renovated or built new latrines and 18 installed handwashing facilities. However, only 8 households established and maintained handwashing stations with both soap and water at 8 months. Conclusions The engagement of parents/guardians in a school-based WASH education intervention as part of the Mikono Safi trial resulted in increased knowledge and motivation about handwashing and sanitation. This led to improvements in sanitation facilities and handwashing opportunities at home. However, long-term success in

provision of water and soap was limited, indicating that sustained engagement may be required to encourage households to ensure these materials are consistently available at home.

Notes: Sedekia, Yovitha Kapiga, Saidi Mcharo, Onike Makata, Kenneth Torondel, Belen Dreibelbis, Robert Okello, Elialilia Makata, Kenneth/HKE-0014-2023

Grosskurth, Heiner/0000-0001-9960-7280; Torondel, Belen/0000-0001-6081-2156; Makata, Kenneth/0000-0001-5209-2347; Sedekia, Yovitha/0000-0002-2082-5443

URL: <Go to ISI>://WOS:000830263700044

Reference Type: Journal Article

Record Number: 738

Author: Segura-Jimenez, V., Biddle, S. J. H., De Cocker, K., Khan, S. and Gavilan-Carrera, B.

Year: 2022

Title: Where Does the Time Go? Displacement of Device-Measured Sedentary Time in Effective Sedentary Behaviour Interventions: Systematic Review and Meta-Analysis

Journal: Sports Medicine

Volume: 52

Issue: 9

Pages: 2177-2207

Date: Sep

Short Title: Where Does the Time Go? Displacement of Device-Measured Sedentary Time in Effective Sedentary Behaviour Interventions: Systematic Review and Meta-Analysis

ISSN: 0112-1642

DOI: 10.1007/s40279-022-01682-3

Accession Number: WOS:000795646700001

Abstract: Background Research has shown the effectiveness of sedentary behaviour interventions on reducing sedentary time. However, no systematic review has studied where the reduced sedentary time after such interventions is displaced to. Objective Our objective was to synthesize the evidence from interventions that have reduced sedentary behaviour and test the displacement of sedentary time into physical activity (light physical activity [LPA], moderate-to-vigorous physical activity [MVPA], standing, and stepping). Methods Two independent researchers performed a systematic search of the EBSCOhost, PubMed, Scopus, and Web of Science electronic databases. Meta-analyses were performed to examine the time reallocated from sedentary behaviour to physical activity during working time and the whole day in intervention trials (randomized/non-randomized controlled/non-controlled). Results A total of 36 studies met all the eligibility criteria and were included in the systematic review, with 26 studies included in the meta-analysis. Interventions showed a significant overall increase in worksite LPA (effect size [ES] 0.24; 95% confidence interval [CI] 0.05 to 0.43; $P < 0.013$) and daily LPA (ES 0.62; 95% CI 0.34 to 0.91; $P = 0.001$). A statistically significant increase in daily MVPA was observed (ES 0.47; 95% CI 0.26 to 0.67; $P < 0.001$). There was a significant overall increase in worksite standing time (ES 0.76; 95% CI 0.56 to 0.95; $P < 0.001$), daily standing time (ES

0.52; 95% CI 0.38 to 0.65; $P < 0.001$), and worksite stepping time (ES 0.12; 95% CI 0.04 to 0.20; $P = 0.002$). Conclusions Effective interventions aimed at reducing sedentary behaviour result in a consistent displacement of sedentary time to LPA and standing time, both at worksites and across the whole day, whereas changes in stepping time or MVPA are dependent on the intervention setting. Strategies to reduce sedentary behaviour should not be limited to worksite settings, and further efforts may be required to promote daily MVPA.

Notes: Segura-Jimenez, Victor Biddle, Stuart J. H. De Cocker, Katrien Khan, Shahjahan Gavilan-Carrera, Blanca Gavilán-Carrera, Blanca/AAB-5424-2021; De Cocker, Katrien/AEV-4609-2022

Segura-Jimenez, Victor/0000-0001-8655-9857; Biddle, Stuart/0000-0002-7663-6895
1179-2035

URL: <Go to ISI>://WOS:000795646700001

Reference Type: Journal Article

Record Number: 379

Author: Seitero, A., Thomas, K., Lof, M. and Mussener, U.

Year: 2022

Title: Exploring the Black Box of an mHealth Intervention (LIFE4YOUth): A Qualitative Process and Outcome Evaluation of End-User Engagement

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 21

Date: Nov

Short Title: Exploring the Black Box of an mHealth Intervention (LIFE4YOUth): A Qualitative Process and Outcome Evaluation of End-User Engagement

DOI: 10.3390/ijerph192114022

Article Number: 14022

Accession Number: WOS:000881079100001

Abstract: The effectiveness of mHealth interventions rely on whether the content successfully activate mechanisms necessary for behavior change. These mechanisms may be affected by end-users' experience of the intervention content. The aim of this study was to explore how the content of a novel mHealth intervention (LIFE4YOUth) was understood, interpreted, and applied by high school students, and the consequences of engaging with the content. Qualitative content analysis was used inductively and deductively to analyze interview data ($n = 16$) based on think-aloud techniques with Swedish high school students aged 16-19 years. Theoretical constructs from social cognitive theory framed the deductive analysis. The analysis resulted in four categories which describe central activities of intervention engagement among end-users: defining, considering, centralizing, and personalizing. End-users engaged in these activities to different degrees as illustrated by four typologies: Literal, Vague, Rigid, and Creative engagement. Most informants knew about the risks and benefits of health behaviors, but engagement

with intervention content generally increased informants' awareness. In conclusion, this study provides in-depth knowledge on the cognitive process when engaging with mHealth content and suggests that deliberate and flexible engagement most likely deepens end-users' understanding of why and how health behavior change can be managed.

Notes: Seitero, Anna Thomas, Kristin Lof, Marie Mussener, Ulrika Lof, Marie/0000-0002-2273-4430; Seitero, Anna/0000-0002-7780-8417; Thomas, Kristin/0000-0001-6434-4855
1660-4601
URL: <Go to ISI>://WOS:000881079100001

Reference Type: Journal Article

Record Number: 1199

Author: Semsarian, C. R., Rigney, G., Cistulli, P. A. and Bin, Y. S.
Year: 2021

Title: Impact of an Online Sleep and Circadian Education Program on University Students' Sleep Knowledge, Attitudes, and Behaviours

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 19

Date: Oct

Short Title: Impact of an Online Sleep and Circadian Education Program on University Students' Sleep Knowledge, Attitudes, and Behaviours

DOI: 10.3390/ijerph181910180

Article Number: 10180

Accession Number: WOS:000708001900001

Abstract: University students consistently report poor sleep. We conducted a before-and-after study to evaluate the impact of an online 10-week course on undergraduate students' sleep knowledge, attitudes, and behaviours at 6-month follow-up. Data were collected via baseline course surveys (August-September 2020) and follow-up surveys distributed via email (February-March 2021). $n = 212$ students completed baseline surveys and $n = 75$ (35%) completed follow-up. Students retained to follow-up possessed higher baseline sleep knowledge and received higher course grades. At the 6-month follow-up, sleep knowledge had increased (mean score out of 5: 3.0 vs. 4.2, $p < 0.001$). At baseline, 85% of students aimed to increase their sleep knowledge and 83% aimed to improve their sleep. At follow-up, 91% reported being more knowledgeable and 37% reported improved sleep. A novel Stages of Change item revealed that 53% of students' attitudes towards their sleep behaviours had changed from baseline. There was a reduction in sleep latency at follow-up (mean 33.3 vs. 25.6 min, $p = 0.015$), but no change in the total Pittsburgh Sleep Quality Index score. In summary, completion of an online course led to increased sleep and circadian knowledge and changed sleep attitudes, with no meaningful change in sleep behaviours.

Future interventions should consider components of behavioural change that go beyond the knowledge-attitudes-behaviour continuum.

Notes: Semsarian, Caitlin R. Rigney, Gabrielle Cistulli, Peter A. Bin, Yu Sun

bin, yu/GQZ-1362-2022; Bin, Yu Sun/A-6944-2015
Rigney, Gabrielle/0000-0002-3293-7450; Semsarian, Caitlin/
0000-0001-8691-0248; Bin, Yu Sun/0000-0002-4954-2658
1660-4601
URL: <Go to ISI>://WOS:000708001900001

Reference Type: Journal Article

Record Number: 1908

Author: Seppala, T., Hankonen, N., Korkiakangas, E., Ruusuvoori, J.
and Laitinen, J.

Year: 2017

Title: National policies for the promotion of physical activity and
healthy nutrition in the workplace context: a behaviour change wheel
guided content analysis of policy papers in Finland

Journal: BMC Public Health

Volume: 18

Date: Aug

Short Title: National policies for the promotion of physical
activity and healthy nutrition in the workplace context: a behaviour
change wheel guided content analysis of policy papers in Finland

DOI: 10.1186/s12889-017-4574-3

Article Number: 87

Accession Number: WOS:000406754200002

Abstract: Background: Health policy papers disseminate
recommendations and guidelines for the development and
implementation of health promotion interventions. Such documents
have rarely been investigated with regard to their assumed
mechanisms of action for changing behaviour. The Theoretical Domains
Framework (TDF) and Behaviour Change Techniques (BCT) Taxonomy have
been used to code behaviour change intervention descriptions, but to
our knowledge such "retrofitting" of policy papers has not
previously been reported. This study aims first to identify targets,
mediators, and change strategies for physical activity (PA) and
nutrition behaviour change in Finnish policy papers on workplace
health promotion, and second to assess the suitability of the
Behaviour Change Wheel (BCW) approach for this purpose. Method: We
searched all national-level health policy papers effectual in
Finland in August 2016 focusing on the promotion of PA and/or
healthy nutrition in the workplace context (n = 6). Policy
recommendations targeting employees' nutrition and PA including
sedentary behaviour (SB) were coded using BCW, TDF, and BCT
Taxonomy. Results: A total of 125 recommendations were coded in the
six policy papers, and in two additional documents referenced by
them. Psychological capability, physical opportunity, and social
opportunity were frequently identified (22%, 31%, and 24%,
respectively), whereas physical capability was almost completely
absent (1%). Three TDF domains (knowledge, skills, and social
influence) were observed in all papers. Multiple intervention
functions and BCTs were identified in all papers but several
recommendations were too vague to be coded reliably. Influencing
individuals (46%) and changing the physical environment (44%) were
recommended more frequently than influencing the social environment
(10%). Conclusions: The BCW approach appeared to be useful for

analysing the content of health policy papers. Paying more attention to underlying assumptions regarding behavioural change processes may help to identify neglected aspects in current policy, and to develop interventions based on recommendations, thus helping to increase the impact of policy papers.

Notes: Seppala, Tuija Hankonen, Nelli Korkiakangas, Eveliina Ruusuvoori, Johanna Laitinen, Jaana Hankonen, Nelli/K-1189-2012
Hankonen, Nelli/0000-0002-8464-2478; Seppala, Tuija/
0000-0002-6824-9692
1471-2458
URL: <Go to ISI>://WOS:000406754200002

Reference Type: Journal Article

Record Number: 874

Author: Serrano-Ripoll, M. J., Fiol-deRoque, M. A., Valderas, J. M., Zamanillo-Campos, R., Llobera, J., Lima, A. O. D., Pastor-Moreno, G. and Ricci-Cabello, I.

Year: 2022

Title: Feasibility of the SINERGIAPS ("Sinergias entre profesionales y pacientes para una Atencion Primaria Segura") intervention for improving patient safety in primary care

Journal: Family Practice

Volume: 39

Issue: 5

Pages: 843-851

Date: Sep

Short Title: Feasibility of the SINERGIAPS ("Sinergias entre profesionales y pacientes para una Atencion Primaria Segura") intervention for improving patient safety in primary care

ISSN: 0263-2136

DOI: 10.1093/fampra/cmac015

Accession Number: WOS:000767465300001

Abstract: Aim The primary aim was to examine the feasibility of intervention delivery and of trial procedures. Secondary aims were to study the intervention uptake; its acceptability and perceived utility; and its potential to improve safety culture and avoidable hospital admissions. Methods We conducted a 3-month, single-arm feasibility study in 10 primary care (PC) centres in Spain. Centres received information regarding patients' experiences of safety (through the Patient Reported Experiences and Outcomes of Safety in Primary Care [PREOS-PC] questionnaire), and were instructed to plan safety improvements based on that feedback. We used a bespoke online tool to recruit PC professionals, collect patient feedback, and deliver it to the centres, and to collect outcome data (patient safety culture [Medical Office Survey on Patient Safety Culture, MOSPSC questionnaire]). We measured recruitment and follow-up rates and intervention uptake (based on the number of safety improvement plans registered). We conducted semistructured interviews with 9 professionals to explore the intervention acceptability and perceived utility. Results Of 256 professionals invited, 120 (47%) agreed to participate, and 97 completed baseline and postintervention measures. Of 780 patients invited, 585 (75%)

completed the PREOS-PC questionnaire. Five of 10 centres (50%) designed an improvement plan, providing 27 plans in total (range per centre, 1-14). The intervention was perceived as a novel strategy for improving safety, although the healthcare professionals identified several factors limiting its acceptability and utility: lack of feedback at the individual professional level; potentially unrepresentative sample of patients providing feedback; and number of educational materials deemed overwhelming. Discussion It is feasible to deliver the proposed intervention so long as the identified limitations are addressed.

Notes: Serrano-Ripoll, Maria J. Fiol-deRoque, Maria A. Valderas, Jose M. Zamanillo-Campos, Rocio Llobera, Joan de Labry Lima, Antonio Olry Pastor-Moreno, Guadalupe Ricci-Cabello, Ignacio Valderas, Jose M/Y-9814-2019; Valderas, Jose M/G-7967-2014; Fiol-deRoque, Maria Antonia/AZ-5888-2020; Llobera, Joan/T-9094-2017; Serrano-Ripoll, Maria J./R-8722-2017
Valderas, Jose M/0000-0002-9299-1555; Fiol-deRoque, Maria Antonia/0000-0001-8566-0929; Llobera, Joan/0000-0003-4113-4251; Serrano-Ripoll, Maria J./0000-0002-1869-1132; Zamanillo Campos, Rocio/0000-0001-7162-0889; Pastor Moreno, Guadalupe/0000-0002-8039-3427; Olry de Labry Lima, Antonio/0000-0001-5448-1370
1460-2229

URL: <Go to ISI>://WOS:000767465300001

Reference Type: Journal Article

Record Number: 1050

Author: Sethu, S., Lawrenson, J. G., Kekunnaya, R., Ali, R., Borah, R. R. and Suttle, C.

Year: 2021

Title: Barriers and enablers to access childhood cataract services across India. A qualitative study using the Theoretical Domains Framework (TDF) of behaviour change

Journal: Plos One

Volume: 16

Issue: 12

Date: Dec

Short Title: Barriers and enablers to access childhood cataract services across India. A qualitative study using the Theoretical Domains Framework (TDF) of behaviour change

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0261308

Article Number: e0261308

Accession Number: WOS:000773555700029

Abstract: Early presentation for childhood cataract surgery is an important first step in preventing related visual impairment and blindness. In the absence of neonatal eye screening programmes in developing countries, the early identification of childhood cataract remains a major challenge. The primary aim of this study was to identify potential barriers to accessing childhood cataract services from the perspective of parents and carers, as a critical step towards increasing the timely uptake of cataract surgery. In-depth interviews were conducted using a pre-designed topic guide developed for this study to seek the views of parents and carers in nine

geographic locations across eight states in India regarding their perceived barriers and enablers to accessing childhood cataract services. A total of 35 in-depth interviews were conducted including 30 at the hospital premises and 5 in the participants' homes. All interviews were conducted in the local language and audio taped for further transcription and analysis. Data were organised using NVivo 11 and a thematic analysis was conducted utilising the Theoretical Domains Framework (TDF), an integrative framework of behavioural theories. The themes identified from interviews related to 11 out of 12 TDF domains. TDF domains associated with barriers included: 'Environmental context and resources', 'Beliefs about consequences' and 'Social influences'. Reported enablers were identified in three theoretical domains: 'Social influences', 'Beliefs about consequences' and 'Motivations and goals'. This comprehensive TDF approach enabled us to understand parents' perceived barriers and enablers to accessing childhood cataract services, which could be targeted in future interventions to improve timely uptake.

Notes: Sethu, Sheeladevi Lawrenson, John G. Kekunnaya, Ramesh Ali, Rahul Borah, Rishi R. Suttle, Catherine

Suttle, Catherine/0000-0001-8694-195X; Sethu, Sheeladevi/0000-0001-6561-2882

URL: <Go to ISI>://WOS:000773555700029

Reference Type: Journal Article

Record Number: 846

Author: Setiawan, E., Abdul-Aziz, M. H., Roberts, J. A. and Cotta, M. O.

Year: 2022

Title: Hospital-Based Antimicrobial Stewardship Programs Used in Low- and Middle-Income Countries: A Scoping Review

Journal: Microbial Drug Resistance

Volume: 28

Issue: 5

Pages: 566-584

Date: May

Short Title: Hospital-Based Antimicrobial Stewardship Programs Used in Low- and Middle-Income Countries: A Scoping Review

ISSN: 1076-6294

DOI: 10.1089/mdr.2021.0363

Accession Number: WOS:000787115200001

Abstract: The burden of antimicrobial resistance (AMR) is considerable in many low- and middle-income countries (LMICs), and it is important to describe the antimicrobial stewardship program (ASP) activities found in these countries and report their impact. Importantly, as these programs target prescribing behavior, the factors influencing prescription of antimicrobials must also be taken into account. This scoping review aimed to (1) describe hospital-based ASP activities, (2) report methods used to measure the impact of ASPs, and (3) explore factors influencing antimicrobial prescribing behavior in LMICs. PubMed was searched from database inception until April 2021. Factors influencing antimicrobial prescribing behavior were canvassed using the Capability-Opportunity-Motivation and Behavior framework. Most of

ASP studies in LMICs were predominantly conducted in tertiary care and university-based hospitals. Audit of antimicrobial prescriptions with feedback and restrictive-based strategies was the main reported activity. Total antimicrobial consumption was the main method used to measure the impact of ASPs. Positive outcomes were observed for both clinical and microbiological outcomes; however, these were measured from nonrandomized controlled trials. Dominant factors identified through the behavioral framework were a limited awareness of AMR as a local problem, a perception that overprescription of antimicrobials had limited consequences and was mainly driven by a motivation to help improve patient outcomes. In addition, antimicrobial prescribing practices were largely influenced by existing hierarchy among prescribers. Our scoping review suggests that LMICs need to evaluate antimicrobial appropriateness as an added measure to assess impact. Furthermore, improvements in the access of microbiology and diagnostic facilities and ensuring ASP champions are recruited from senior prescribers will positively influence antimicrobial prescribing behavior, helping improve stewardship of antimicrobials in these countries.

Notes: Setiawan, Eko Abdul-Aziz, Mohd-Hafiz Roberts, Jason A. Cotta, Menino Osbert

Roberts, Jason A/F-6272-2010; Setiawan, Eko/GLQ-9447-2022; Abdul-Aziz, Mohd Hafiz/G-3839-2013

Roberts, Jason A/0000-0001-6218-435X; Abdul-Aziz, Mohd Hafiz/0000-0002-8889-5579; setiawan, eko/0000-0002-8147-5571
1931-8448

URL: <Go to ISI>://WOS:000787115200001

Reference Type: Journal Article

Record Number: 1893

Author: Seubert, L. J., Whitelaw, K., Boeni, F., Hattingh, L., Watson, M. C. and Clifford, R. M.

Year: 2017

Title: Barriers and Facilitators for Information Exchange during Over-The-Counter Consultations in Community Pharmacy: A Focus Group Study

Journal: Pharmacy

Volume: 5

Issue: 4

Date: Dec

Short Title: Barriers and Facilitators for Information Exchange during Over-The-Counter Consultations in Community Pharmacy: A Focus Group Study

DOI: 10.3390/pharmacy5040065

Accession Number: WOS:000419192100012

Abstract: Consumers are confident managing minor ailments through self-care, often self-medicating from a range of over-the-counter (OTC) medicines available from community pharmacies. To minimise risks, pharmacy personnel endeavour to engage in a consultation when consumers present with OTC enquiries however they find consumers resistant. The aim was to determine stakeholder perspectives regarding barriers and facilitators for information exchange during OTC consultations in community pharmacies and to understand the

elicited themes in behavioural terms. Focus groups were undertaken with community pharmacist, pharmacy assistant and consumer participants. Independent duplicate analysis of transcription data was conducted using inductive and framework methods. Eight focus groups involving 60 participants were conducted. Themes that emerged indicated consumers did not understand pharmacists' professional role, they were less likely to exchange information if asking for a specific product than if asking about symptom treatment, and they wanted privacy. Consumers were confident to self-diagnose and did not understand OTC medicine risks. Pharmacy personnel felt a duty of care to ensure consumer safety, and that with experience communication skills developed to better engage consumers in consultations. They also identified the need for privacy. Consumers need education about community pharmacists' role and responsibilities to motivate them to engage in OTC consultations. They also require privacy when doing so.

Notes: Seubert, Liza J. Whitelaw, Kerry Boeni, Fabienne Hattingh, Laetitia Watson, Margaret C. Clifford, Rhonda M. Hattingh, H Laetitia/L-1141-2019; Clifford, Rhonda/C-3791-2013, Margaret/0000-0002-8198-9273; whitelaw, kerry/0000-0003-4892-0837; Seubert, Liza/0000-0002-7302-6303; Clifford, Rhonda/0000-0002-7789-5717; Hattingh, Laetitia/0000-0002-4553-743X 2226-4787
URL: <Go to ISI>://WOS:000419192100012

Reference Type: Journal Article
Record Number: 2168
Author: Sevdalis, N. and Arora, S.
Year: 2016
Title: Safety standards for invasive procedures
Journal: Bmj-British Medical Journal
Volume: 352
Date: Feb
Short Title: Safety standards for invasive procedures
ISSN: 0959-535X
DOI: 10.1136/bmj.i1121
Article Number: i1121
Accession Number: WOS:000371755800004
Notes: Sevdalis, Nick Arora, Sonal
Sevdalis, Nick/0-1419-2017; Sevdalis, Nick/AAJ-6280-2020
Sevdalis, Nick/0000-0001-7560-8924; Sevdalis, Nick/
0000-0001-7560-8924
1756-1833
URL: <Go to ISI>://WOS:000371755800004

Reference Type: Journal Article
Record Number: 2072
Author: Sevenhuysen, S., Haines, T., Kiegaldie, D. and Molloy, E.
Year: 2016
Title: Implementing collaborative and peer-assisted learning
Journal: Clinical Teacher
Volume: 13

Issue: 5
Pages: 325-331
Date: Oct
Short Title: Implementing collaborative and peer-assisted learning
ISSN: 1743-4971
DOI: 10.1111/tct.12583
Accession Number: WOS:000387537800002
Notes: Sevenhuysen, Samantha Haines, Terry Kiegaldie, Debra Molloy, Elizabeth
Haines, Terrence/E-9372-2015; Kiegaldie, Debra/ABD-5747-2021;
Kiegaldie, Debra/AIE-2313-2022; Kiegaldie, Debra Joy/T-3206-2017
Haines, Terrence/0000-0003-3150-6154; Kiegaldie, Debra/
0000-0002-4077-5818; Kiegaldie, Debra/0000-0002-4077-5818;
Kiegaldie, Debra Joy/0000-0002-4077-5818; Molloy, Elizabeth/
0000-0001-9457-9348
1743-498x
URL: <Go to ISI>://WOS:000387537800002

Reference Type: Journal Article
Record Number: 1186
Author: Seymour, J., Pratt, G., Patterson, S., Korman, N., Rebar, A., Tillston, S. and Chapman, J.
Year: 2022
Title: Changes in self-determined motivation for exercise in people with mental illness participating in a community-based exercise service in Australia
Journal: Health & Social Care in the Community
Volume: 30
Issue: 5
Pages: E1611-E1624
Date: Sep
Short Title: Changes in self-determined motivation for exercise in people with mental illness participating in a community-based exercise service in Australia
ISSN: 0966-0410
DOI: 10.1111/hsc.13588
Accession Number: WOS:000704054800001
Abstract: Exercise has diverse benefits for physical and mental health in people with mental illness; however, it is unclear how to effectively promote exercise motivation in this group. The aim of this study is to evaluate the effectiveness of interventions utilising exercise instruction or behavioural counselling with people with mental illness to improve self-determined motivation for exercise, and physical and mental health. Participants were adults (aged 18+ years) receiving mental health services. Participants could choose from two 8-week programs comprising weekly group-based sessions delivered by an exercise physiologist: (a) exercise instruction in a gym (GYM) or (b) behavioural counselling (MOT). Self-determined motivation was measured using the Behaviour Regulations for Exercise Questionnaire (BREQ3). Physical health indicators included waist circumference, blood pressure, leg strength (sit-to-stand test), physical capacity (six-minute walk test) and self-reported exercise. Mental health was assessed using

the Kessler-6 scale of psychological distress. Most of the 95 participants chose exercise instruction (GYM = 60; MOT = 35). At baseline, participants who chose MOT had higher external motivation, body mass index, waist circumference and psychological distress, and a higher proportion had multiple physical comorbidities than those who chose GYM. More self-determined motivation was associated with meeting physical activity guidelines. Post-intervention, GYM participants had significant improvements in self-determined motivation, psychological distress and sit-to-stand test; MOT participants had significant improvements in integrated regulation, self-reported exercise and physical functioning. In conclusion, exercise instruction can improve self-determined motivation; however, more intensive behavioural counselling support may be needed to improve self-determined motivation. Counselling programs can increase exercise behaviour and may appeal more to people with poorer health and more external motivation. Findings have high ecological validity and applicability to real-world implementation of exercise interventions. To accommodate people with diverse conditions and motivations, motivational counselling should be combined with practical exercise support, and participants afforded the autonomy to decide their level of involvement.

Notes: Seymour, Jessica Pratt, Greg Patterson, Sue Korman, Nicole Rebar, Amanda Tillston, Stephen Chapman, Justin Chapman, Justin/HLP-9248-2023; Pratt, Gregory/G-1712-2014; Chapman, Justin/C-4631-2014

Pratt, Gregory/0000-0001-9908-773X; Seymour, Jessica/0000-0001-9282-0580; Chapman, Justin/0000-0002-2958-2783; Korman, Nicole/0000-0003-1414-1050; Rebar, Amanda/0000-0003-3164-993X 1365-2524

URL: <Go to ISI>://WOS:000704054800001

Reference Type: Journal Article

Record Number: 134

Author: Shafie, A. A., Moreira, E. D., Di Pasquale, A., Demuth, D. and Yin, J. Y. S.

Year: 2023

Title: Knowledge, Attitudes and Practices toward Dengue Fever, Vector Control, and Vaccine Acceptance Among the General Population in Countries from Latin America and Asia Pacific: A Cross-Sectional Study (GEMKAP)

Journal: Vaccines

Volume: 11

Issue: 3

Date: Mar

Short Title: Knowledge, Attitudes and Practices toward Dengue Fever, Vector Control, and Vaccine Acceptance Among the General Population in Countries from Latin America and Asia Pacific: A Cross-Sectional Study (GEMKAP)

DOI: 10.3390/vaccines11030575

Article Number: 575

Accession Number: WOS:000968372800001

Abstract: Dengue represents a major public health concern. With effective vaccines in development, it is important to identify

motivational factors to maximize dengue vaccine uptake. A cross-sectional, quantitative, electronic survey was administered to a nationally representative adult population (n = 3800) in Argentina, Brazil, Colombia, Mexico, Indonesia, Malaysia, and Singapore. Willingness to vaccinate against dengue, and Knowledge, Attitudes, and Practices (KAP) toward dengue, vector control, prevention, and vaccination were determined. The Capability, Opportunity, Motivation for Behavior change (COM-B) framework was used to identify factors correlated with dengue vaccine(s) uptake. KAP scores (standardized, 0–100% scale) resulted in a low global score for Knowledge (48%) and Practice (44%), and a moderate score for Attitude (66%); scores were comparable across countries. Of all respondents, 53% had a high willingness (Score: 8–10/10) to vaccinate against dengue, which was higher (59%) in Latin America (Argentina, Brazil, Colombia, Mexico) than in Asia Pacific (40%) (Indonesia, Malaysia, Singapore). Key factors significantly ($p < 0.05$) associated with increased willingness to vaccinate included accessibility to the public (subsidies and incentives) and trust in the healthcare system and government. A common approach to dengue prevention across endemic countries—with some country-specific customization, including education, vaccination, and vector control (multi-pronged)—may reduce dengue burden and improve outcomes.

Notes: Shafie, Asrul Akmal Moreira, Edson Duarte Di Pasquale, Alberta Demuth, Dirk Yin, Joanne Yoong Su
Moreira Jr, Edson Duarte/GRF-5620-2022; Shafie, Asrul Akmal/
F-7026-2010

Moreira Jr, Edson Duarte/0000-0002-7081-8348; Shafie, Asrul Akmal/
0000-0002-5629-9270; Yoong, Joanne/0000-0002-0162-9885
2076-393x

URL: <Go to ISI>://WOS:000968372800001

Reference Type: Journal Article

Record Number: 2301

Author: Shah, N., Castro-Sanchez, E., Charani, E., Drumright, L. N. and Holmes, A. H.

Year: 2015

Title: Towards changing healthcare workers' behaviour: a qualitative study exploring non-compliance through appraisals of infection prevention and control practices

Journal: Journal of Hospital Infection

Volume: 90

Issue: 2

Pages: 126-134

Date: Jun

Short Title: Towards changing healthcare workers' behaviour: a qualitative study exploring non-compliance through appraisals of infection prevention and control practices

ISSN: 0195-6701

DOI: 10.1016/j.jhin.2015.01.023

Accession Number: WOS:000354577600006

Abstract: Background: Improving behaviour in infection prevention and control (IPC) practice remains a challenge, and understanding the determinants of healthcare workers' (HCWs) behaviour is

fundamental to develop effective and sustained behaviour change interventions. Aim: To identify behaviours of HCWs that facilitated non-compliance with IPC practices, focusing on how appraisals of IPC duties and social and environmental circumstances shaped and influenced non-compliant behaviour. This study aimed to: (1) identify how HCWs rationalized their own behaviour and the behaviour of others; (2) highlight challenging areas of IPC compliance; and (3) describe the context of the working environment that may explain inconsistencies in IPC practices. Methods: Clinical staff at a National Health Service hospital group in London, UK were interviewed between December 2010 and July 2011 using qualitative methods. Responses were analysed using a thematic framework. Findings: Three ways in which HCWs appraised their behaviour were identified through accounts of IPC policies and practices: (1) attribution of responsibilities, with ambiguity about responsibility for certain IPC practices; (2) prioritization and risk appraisal, which demonstrated a divergence in values attached to some IPC policies and practices; and (3) hierarchy of influence highlighted that traditional clinical roles challenged work relationships. Conclusions: Overall, behaviours are not entirely independent of policy rules, but often an amalgamation of local normative practices, individual preferences and a degree of professional isolation. (C) 2015 The Authors. Published by Elsevier Ltd on behalf of the Healthcare Infection Society. Notes: Shah, N. Castro-Sanchez, E. Charani, E. Drumright, L. N. Holmes, A. H. Castro-Sanchez, Enrique/H-7893-2019; Shah, Nisha/ABC-5058-2021 Castro-Sanchez, Enrique/0000-0002-3351-9496; Shah, Nisha/0000-0002-1872-4598; Drumright, Lydia/0000-0002-3361-8080; Charani, Esmita/0000-0002-5938-1202 1532-2939 URL: <Go to ISI>://WOS:000354577600006

Reference Type: Journal Article

Record Number: 1574

Author: Shajrawi, A., Granat, M., Jones, I. and Astin, F.

Year: 2021

Title: Physical Activity and Cardiac Self-Efficacy Levels During Early Recovery After Acute Myocardial Infarction: A Jordanian Study

Journal: Journal of Nursing Research

Volume: 29

Issue: 1

Date: Feb

Short Title: Physical Activity and Cardiac Self-Efficacy Levels During Early Recovery After Acute Myocardial Infarction: A Jordanian Study

ISSN: 1682-3141

DOI: 10.1097/jnr.0000000000000408

Accession Number: WOS:000616468600003

Abstract: Background Regular physical activity is important for patients with established coronary heart disease as it favorably influences their coronary risk profile. General self-efficacy is a powerful predictor of health behavior change that involves increases

in physical activity levels. Few studies have simultaneously measured physical activity and self-efficacy during early recovery after a first acute myocardial infarction (AMI). Purpose The aims of this study were to assess changes in objectively measured physical activity levels at 2 weeks (T2) and 6 weeks (T3) and self-reported cardiac self-efficacy at hospital discharge (T1) and at T2 and T3 in patients recovering from AMI. Methods A repeated-measures design was used to recruit a purposive sample of patients from a single center in Jordan who were diagnosed with first AMI and who did not have access to cardiac rehabilitation. A body-worn activity monitor (activPAL) was used to objectively measure free-living physical activity levels for 7 consecutive days at two time points (T2 and T3). An Arabic version of the cardiac self-efficacy scale was administered at T1, T2, and T3. Paired t tests and analysis of variance were used to examine differences in physical activity levels and cardiac self-efficacy scores, respectively. Results A sample of 100 participants was recruited, of which 62% were male. The mean age of the sample was 54.5 +/- 9.9 years. No statistically significant difference in physical activity levels was measured at 2 weeks (T2) and 6 weeks (T3). Cardiac self-efficacy scores improved significantly between T1, T2, and T3 across subscales and global cardiac self-efficacy. Conclusions/Implications for Practice Participants recovering from AMI in Jordan did not increase their physical activity levels during the early recovery phase, although cardiac self-efficacy scores improved. This may be because the increase in cardiac self-efficacy was not matched by the practical skills and knowledge required to translate this positive psychological construct into behavioral change. This study provides a first step toward understanding the complex relationship between cardiac self-efficacy and physical activity in this population. The authors hope that these findings support the design of culturally appropriate interventions to increase physical activity levels in this population.

Notes: Shajrawi, Abedalmajeed Granat, Malcolm Jones, Ian Astin, Felicity

Astin, Felicity/HHM-2624-2022; Astin, Felicity/F-8713-2016
Astin, Felicity/0000-0002-8055-3072; Shajrawi, Abedalmajeed/
0000-0002-1674-056X; Jones, Ian/0000-0002-3081-0069
1948-965x

URL: <Go to ISI>://WOS:000616468600003

Reference Type: Journal Article

Record Number: 1665

Author: Shannon, C., Stebbing, P. D., Dunn, A. M. and Quinn, C. H.
Year: 2020

Title: Getting on board with biosecurity: Evaluating the effectiveness of marine invasive alien species biosecurity policy for England and Wales

Journal: Marine Policy

Volume: 122

Date: Dec

Short Title: Getting on board with biosecurity: Evaluating the effectiveness of marine invasive alien species biosecurity policy

for England and Wales

ISSN: 0308-597X

DOI: 10.1016/j.marpol.2020.104275

Article Number: 104275

Accession Number: WOS:000598752500003

Abstract: Marine Invasive Alien Species (IAS) can have devastating impacts on the environment, infrastructure and human well-being. Prevention measures, such as biosecurity, are essential to reducing the introduction and spread of IAS and are central to international and national IAS policy. Understanding the motivations of stakeholders can help determine the effectiveness of existing policy instruments on behaviour. 14 semi-structured interviews were conducted between two case study stakeholder groups in England and Wales (marine shellfish aquaculture industry and the recreational boating sector) in early 2018. Biosecurity practices were deeply embedded in the heavily regulated practices to control shellfish disease within the shellfish industry. Motivations to undertake biosecurity were driven by economic incentives, and penalties for non-compliance with legislation controlling disease. In contrast, there are little regulatory policy instruments to drive IAS biosecurity within the recreational boating sector, which instead relies heavily on voluntary instruments to motivate stakeholders and encourage behavioural changes. Behavioural changes, however, were restricted by lack of infrastructure and enforcement. Our findings suggest it is important to use a combination of approaches to achieve behavioural changes but recognising where regulations and penalties cannot be enforced, voluntary instruments are likely to be most effective. Existing social norms and investment into infrastructure should 'nudge' individuals into socially desirable behaviours, especially in the recreational boating sector. For policy makers and regulators, this research reveals the importance of tailoring biosecurity strategies to different stakeholder groups as motivations and collective experience differ.

Notes: Shannon, Caitriona Stebbing, Paul D. Dunn, Alison M. Quinn, Claire H.

Quinn, Claire/0000-0002-2085-0446

1872-9460

URL: <Go to ISI>://WOS:000598752500003

Reference Type: Journal Article

Record Number: 488

Author: Shannon, R., Baxter, R., Hardicre, N., Mills, T., Murray, J., Lawton, R. and O'Hara, J. K.

Year: 2022

Title: A qualitative formative evaluation of a patient facing intervention to improve care transitions for older people moving from hospital to home

Journal: Health Expectations

Volume: 25

Issue: 6

Pages: 2796-2806

Date: Dec

Short Title: A qualitative formative evaluation of a patient facing

intervention to improve care transitions for older people moving from hospital to home

ISSN: 1369-6513

DOI: 10.1111/hex.13560

Accession Number: WOS:000849546000001

Abstract: Background The Partners at Care Transitions (PACTs) intervention was developed to support older people's involvement in hospital to improve outcomes at home. A booklet, question card, record sheet, induction leaflet, and patient-friendly discharge letter support patients to be more involved in their health and wellbeing, medications, activities of daily living and post-discharge care. We aimed to assess intervention acceptability, identify implementation tools, and further develop the intervention. **Methods** This was a qualitative formative evaluation involving three wards from one hospital. We recruited 25 patients aged 75 years and older. Ward staff supported intervention delivery. Data were collected in wards and patients' homes, through semi-structured interviews, observation, and documentary analysis. Data were analysed inductively and iteratively with findings sorted according to the research aims. **Results** Patients and staff felt there was a need for, and understood the purpose of, the PACT intervention. Most patients read the booklet but other components were variably used. Implementation challenges included time, awareness, and balancing intervention benefits against risks. Changes to the intervention and implementation included clarifying the booklet's messages, simplifying the discharge letter to reduce staff burden, and using prompts and handouts to promote awareness. **Conclusion** The PACT intervention offers a promising new way to improve care transitions for older people by supporting patient involvement in their care. After further development of the intervention and implementation package, it will undergo further testing. **Patient or Public Contribution** This study regularly consulted a panel representing the local patient community, who supported the development of this intervention and its implementation.

Notes: Shannon, Rosie Baxter, Ruth Hardicre, Natasha Mills, Thomas Murray, Jenni Lawton, Rebecca O'Hara, Jane K.

Shannon, Rosie/0000-0003-0346-7282; Baxter, Ruth/0000-0002-7631-2786; Mills, Thomas/0000-0003-2599-8930
1369-7625

URL: <Go to ISI>://WOS:000849546000001

Reference Type: Journal Article

Record Number: 1630

Author: Sharif, M. O., Newton, J. T. and Cunningham, S. J.

Year: 2021

Title: Assessing the Effectiveness and Acceptability of a Personalized Mobile Phone App in Improving Adherence to Oral Hygiene Advice in Orthodontic Patients: Protocol for a Feasibility Study and a Randomized Controlled Trial

Journal: Jmir Research Protocols

Volume: 10

Issue: 1

Date: Jan

Short Title: Assessing the Effectiveness and Acceptability of a Personalized Mobile Phone App in Improving Adherence to Oral Hygiene Advice in Orthodontic Patients: Protocol for a Feasibility Study and a Randomized Controlled Trial

ISSN: 1929-0748

DOI: 10.2196/18021

Article Number: 18021

Accession Number: WOS:000639613000044

Abstract: Background: Orthodontic treatment is a common health care intervention; treatment duration can be lengthy (2-3 years on average), and adherence to treatment advice is therefore essential for successful outcomes. It has been reported that up to 43% of patients fail to complete treatment, and there are currently no useful predictors of noncompletion. Given that the National Health Service England annual expenditure on primary-care orthodontic treatment is in excess of 200 pound million (US \$267 million), noncompletion of treatment represents a significant inefficient use of public resources. Improving adherence to treatment is therefore essential. This necessitates behavior change, and interventions that improve adherence and are designed to elicit behavioral change must address an individual's capability, opportunity, and motivation. Mobile phones are potentially an invaluable tool in this regard, as they are readily available and can be used in a number of ways to address an individual's capability, opportunity, and motivation. **Objective:** This study will assess the effectiveness and acceptability of a personalized mobile phone app in improving adherence to orthodontic treatment advice by way of a randomized controlled trial. **Methods:** This study will be conducted in 2 phases at the Eastman Dental Hospital, University College London Hospitals Foundation Trust. Phase 1 is feasibility testing of the My Braces app. Participants will be asked to complete the user version of the Mobile Application Rating Scale. The app will be amended following analysis of the responses, if appropriate. Phase 2 is a randomized controlled trial to test the effectiveness and acceptability of the My Braces app. **Results:** This study was approved by the London - Bloomsbury Research Ethics Committee on November 5, 2019 (reference 19/L0/1555). No patients have been recruited to date. The anticipated start date for recruitment to phase 1 is October 2020. **Conclusions:** Given the availability, affordability, and versatility of mobile phones, it is proposed that they will aid in improving adherence to treatment advice and hence improve treatment completion rates. If effective, the applicability of this methodology to developing behavior change/modification interventions and improving adherence to treatment across health care provides an exciting opportunity.

Notes: Sharif, Mohammad Owaise Newton, Jonathon Timothy Cunningham, Susan J.

Cunningham, Susan/0000-0002-5006-6783; Sharif, Mohammad Owaise/0000-0002-5071-113X; Newton, Jonathon Timothy/0000-0003-4082-6942

URL: <Go to ISI>://WOS:000639613000044

Reference Type: Journal Article

Record Number: 1226

Author: Sharma-Kumar, R., Puljevic, C., Morphett, K., Meurk, C. and Gartner, C.

Year: 2022

Title: The Acceptability and Effectiveness of Videos Promoting Smoking Cessation Among Australians Experiencing Mental Illness

Journal: Health Education & Behavior

Volume: 49

Issue: 3

Pages: 506-515

Date: Jun

Short Title: The Acceptability and Effectiveness of Videos Promoting Smoking Cessation Among Australians Experiencing Mental Illness

ISSN: 1090-1981

DOI: 10.1177/10901981211034738

Article Number: 10901981211034738

Accession Number: WOS:000694822700001

Abstract: There are high rates of tobacco smoking among people who experience mental illness (MI). While videos are an effective method of disseminating health-related information, there is limited research investigating the effectiveness of video-delivered education promoting smoking cessation among people living with MI. This formative study aimed to investigate the effectiveness and acceptability of targeted video resources providing smoking cessation information and advice to smokers with MI. This study used a mixed-method design; 29 Australian smokers living with MI completed a preinterview survey including 12 questions assessing knowledge about smoking cessation, watched six videos developed by the research team providing information about smoking cessation, took part in semistructured interviews about the videos' quality, content, and format, and then completed a postinterview survey identical to the preinterview survey to assess changes in smoking cessation-related knowledge. A Wilcoxon signed rank test was used to calculate changes in cessation-related knowledge, and thematic analysis was used to identify common themes in qualitative data. We found a statistically significant increase in participants' smoking cessation-related knowledge scores after watching the videos. Participants indicated an overall high level of acceptability of the videos' quality, content, and format, and findings from the semistructured interviews reflected these favorable views. This study's findings provide a new understanding of the effectiveness and acceptability of customized video-based education to promote smoking cessation among people living with MI, and can be used to inform the content and focus of video resources aimed at increasing knowledge about smoking cessation for people experiencing MI.

Notes: Sharma-Kumar, Ratika Puljevic, Cheneal Morphett, Kylie Meurk, Carla Gartner, Coral

Gartner, Coral/F-7306-2010; Morphett, Kylie/S-2101-2016

Gartner, Coral/0000-0002-6651-8035; Morphett, Kylie/
0000-0003-4322-8825; Puljevic, Cheneal/0000-0002-3658-9772
1552-6127

URL: <Go to ISI>://WOS:000694822700001

Reference Type: Journal Article

Record Number: 1835

Author: Sharpe, T., Alsahlanee, A., Ward, K. D. and Doyle, F.

Year: 2018

Title: Systematic Review of Clinician-Reported Barriers to Provision of Smoking Cessation Interventions in Hospital Inpatient Settings

Journal: Journal of Smoking Cessation

Volume: 13

Issue: 4

Pages: 233-243

Date: Dec

Short Title: Systematic Review of Clinician-Reported Barriers to Provision of Smoking Cessation Interventions in Hospital Inpatient Settings

DOI: 10.1017/jsc.2017.25

Accession Number: WOS:000448123600007

Abstract: Background: Although the hospital inpatient setting arguably provides an ideal opportunity to engage patients in smoking cessation interventions, this is done infrequently. We therefore aimed to systematically review the perceived barriers to the implementation of smoking cessation interventions in the hospital inpatient setting. Methods: A systematic literature search was conducted specific to hospital-based healthcare workers' perceived barriers to implementing smoking cessation interventions. Reported barriers were categorised using the capability, opportunity and motivation (COM-B) framework. Results: Eighteen studies were selected for inclusion, which consisted of cross-sectional surveys and interviews. The most commonly identified barrier in capability was lack of knowledge (56% of studies); in Opportunity, it was a lack of time (78%); while in Motivation, a lack of perceived patient motivation to quit smoking (44%). Seventeen other barriers were also endorsed, but less frequently. Conclusion: Healthcare workers report a plethora of barriers to providing smoking cessation interventions in hospital settings, which cover all aspects of the COM-B framework. These impediments need to be addressed in a multidisciplinary approach, at clinical, educational, and administrative levels, to improve intervention provision.

Notes: Sharpe, Tom Alsahlanee, Ali Ward, Ken D. Doyle, Frank Doyle, Frank/C-2750-2012

Doyle, Frank/0000-0002-3785-7433

1834-2612

URL: <Go to ISI>://WOS:000448123600007

Reference Type: Journal Article

Record Number: 1902

Author: Sheard, L., Jackson, C. and Lawton, R.

Year: 2017

Title: How is success achieved by individuals innovating for patient safety and quality in the NHS?

Journal: BMC Health Services Research

Volume: 17

Date: Sep

Short Title: How is success achieved by individuals innovating for patient safety and quality in the NHS?

DOI: 10.1186/s12913-017-2589-1

Article Number: 640

Accession Number: WOS:000410192500003

Abstract: Background: Innovation in healthcare is said to be notoriously difficult to achieve and sustain yet simultaneously the health service is under intense pressure to innovate given the ever increasing demands placed upon it. Whilst many studies have looked at diffusion of innovation from an organisational perspective, few have sought to understand how individuals working in healthcare innovate successfully. We took a positive deviance approach to understand how innovations are achieved by individuals working in the NHS. Method: We conducted in depth interviews in 2015 with 15 individuals who had received a national award for being a successful UK innovator in healthcare. We invited only those people who were currently (or had recently) worked in the NHS and whose innovation focused on improving patient safety or quality. Thematic analysis was used. Findings: Four themes emerged from the data: personal determination, the ability to broker relationships and make connections, the ways in which innovators were able to navigate organisational culture to their advantage and their ability to use evidence to influence others. Determination, focus and persistence were important personal characteristics of innovators as were skills in being able to challenge the status quo. Innovators were able to connect sometimes disparate teams and people, being the broker between them in negotiating collaborative working. The culture of the organisation these participants resided in was important with some being able to use this (and the current patient safety agenda) to their advantage. Gathering robust data to demonstrate their innovation had a positive impact and was seen as essential to its progression. Conclusions: This paper reveals a number of factors which are important to the success of innovators in healthcare. We have uncovered that innovators have particular personal traits which encourage a propensity towards change and action. Yet, for fruitful innovation to take place, it is important for relational networks and organisational culture to be receptive to change.

Notes: Sheard, Laura Jackson, Cath Lawton, Rebecca

Lawton, Rebecca/0000-0002-5832-402X

1472-6963

URL: <Go to ISI>://WOS:000410192500003

Reference Type: Journal Article

Record Number: 1897

Author: Shearn, K., Allmark, P., Piercy, H. and Hirst, J.

Year: 2017

Title: Building Realist Program Theory for Large Complex and Messy Interventions

Journal: International Journal of Qualitative Methods

Volume: 16

Issue: 1

Date: Nov

Short Title: Building Realist Program Theory for Large Complex and Messy Interventions

ISSN: 1609-4069

DOI: 10.1177/1609406917741796

Article Number: 1609406917741796

Accession Number: WOS:000416545400001

Abstract: Program theory, that is, the specific idea about how a program causes the intended or observed outcomes, should be the central aspect of any realist evaluation or synthesis. The methods used for explicating or building initial rough program theories (IRPTs) in realist research are varied and arguably often underreported. In addition, preexisting psychological and sociological theories, at a higher level of abstraction, could be used to a greater extent to inform their development. This article illustrates a method for building IRPTs for use in realist research evaluation and synthesis. This illustration involves showing how the IRPTs were developed in a realist evaluation concerning sexual health services for young people. In this evaluation, a broad framework of abstract theories was constructed early in the process to support IRPT building and frame more specific program theories as they were developed. These abstract theories were selected to support theorizing at macro-, meso-, and microlevels of social structure. This article discusses the benefits of using this method to build initial theories for particular types of interventions that are large, complex, and messy. It also addresses challenges relating to the selection of suitable theories.

Notes: Shearn, Katie Allmark, Peter Piercy, Hilary Hirst, Julia Allmark, Peter/0000-0002-3314-8947

URL: <Go to ISI>://WOS:000416545400001

Reference Type: Journal Article

Record Number: 481

Author: Sheeran, P., Suls, J., Bryan, A., Cameron, L., Ferrer, R. A., Klein, W. M. P. and Rothman, A. J.

Year: 2023

Title: Activation Versus Change as a Principle Underlying Intervention Strategies to Promote Health Behaviors

Journal: Annals of Behavioral Medicine

Volume: 57

Issue: 3

Pages: 205-215

Date: Apr

Short Title: Activation Versus Change as a Principle Underlying Intervention Strategies to Promote Health Behaviors

ISSN: 0883-6612

DOI: 10.1093/abm/kaac045

Accession Number: WOS:000851541900001

Abstract: Background and Purpose Interventions are effective in promoting health behavior change to the extent that (a) intervention strategies modify targets (i.e., mechanisms of action), and (b) modifying targets leads to changes in behavior. To complement taxonomies that characterize the variety of strategies used in behavioral interventions, we outline a new principle that specifies how strategies modify targets and thereby promote behavior change. We distinguish two dimensions of targets—value (positive vs. negative) and accessibility (activation level)—and show that

intervention strategies operate either by altering the value of what people think, feel, or want (target change) or by heightening the accessibility of behavior-related thoughts, feelings, and goals (target activation). Methods and Results We review strategies designed to promote target activation and find that nudges, cue-reminders, goal priming, the question-behavior effect, and if-then planning are each effective in generating health behavior change, and that their effectiveness accrues from heightened accessibility of relevant targets. We also identify several other strategies that may operate, at least in part, via target activation (e.g., self-monitoring, message framing, anticipated regret inductions, and habits). Conclusions The Activation Vs. Change Principle (AVCP) offers a theoretically grounded and parsimonious means of distinguishing among intervention strategies. By focusing on how strategies modify targets, the AVCP can aid interventionists in deciding which intervention strategies to deploy and how to combine different strategies in behavioral trials. We outline a research agenda that could serve to further enhance the design and delivery of interventions to promote target activation.

Notes: Sheeran, Paschal Suls, Jerry Bryan, Angela Cameron, Linda Ferrer, Rebecca A. Klein, William M. P. Rothman, Alexander J. Sheeran, Paschal/0000-0001-7449-4590
1532-4796
URL: <Go to ISI>://WOS:000851541900001

Reference Type: Journal Article

Record Number: 393

Author: Shelby, T., Arechiga, C., Gupta, A. J., Hennein, R., Schenck, C., Weeks, B., Bond, M., Niccolai, L., Davis, J. L. and Grau, L. E.

Year: 2022

Title: "I can't do it": A qualitative study exploring case and contact experiences with COVID-19 contact tracing

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Oct

Short Title: "I can't do it": A qualitative study exploring case and contact experiences with COVID-19 contact tracing

DOI: 10.1186/s12889-022-14265-8

Article Number: 1963

Accession Number: WOS:000871960000003

Abstract: Background Low engagement in contact tracing for COVID-19 dramatically reduces its impact, but little is known about how experiences, environments and characteristics of cases and contacts influence engagement. Methods We recruited a convenience sample of COVID-19 cases and contacts from the New Haven Health Department's contact tracing program for interviews about their contact tracing experiences. We analyzed transcripts thematically, organized themes using the Capability, Opportunity, Motivation, Behavior (COM-B) model, and identified candidate interventions using the linked Behavior Change Wheel Framework. Results We interviewed 21 cases and 12 contacts. Many felt physically or psychologically incapable of

contact tracing participation due to symptoms or uncertainty about protocols. Environmental factors and social contacts also influenced engagement. Finally, physical symptoms, emotions and low trust in and expectations of public health authorities influenced motivation to participate. Conclusion To improve contact tracing uptake, programs should respond to clients' physical and emotional needs; increase clarity of public communications; address structural and social factors that shape behaviors and opportunities; and establish and maintain trust. We identify multiple potential interventions that may help achieve these goals.

Notes: Shelby, Tyler Arechiga, Cailin Gupta, Amanda J. Hennein, Rachel Schenck, Christopher Weeks, Brian Bond, Maritza Niccolai, Linda Davis, J. Lucian Grau, Loretta E.

Hennein, Rachel/0000-0001-6855-0402; Schenck, Christopher/
0000-0002-9659-2033
1471-2458

URL: <Go to ISI>://WOS:000871960000003

Reference Type: Journal Article

Record Number: 347

Author: Sheldon, E. M., Lillington, G., Simpson, K., Gibson, K., Chambers, L., D'Afflitto, M., Greig, N., Stearn, T., Hind, D., Ainley, R., Winsor, G., Ridsdale, K., Totton, N. and Lobo, A.

Year: 2023

Title: Development of an inflammatory bowel disease (IBD) Patient-Reported Experience Measure (PREM): A patient-led consensus work and 'think aloud' study for a quality improvement programme

Journal: Health Expectations

Volume: 26

Issue: 1

Pages: 213-225

Date: Feb

Short Title: Development of an inflammatory bowel disease (IBD) Patient-Reported Experience Measure (PREM): A patient-led consensus work and 'think aloud' study for a quality improvement programme

ISSN: 1369-6513

DOI: 10.1111/hex.13647

Accession Number: WOS:000879184800001

Abstract: Background Patient-Reported Experience Measures (PREMs) are key in improving healthcare quality, but no PREM exists for inflammatory bowel disease (IBD). This study aimed to co-produce a PREM with IBD service users for IBD service evaluation and quality improvement programme. Methods A pool of 75 items was drawn from published survey instruments covering interactions with services and aspects of living with IBD. In Stage 1, during two workshops, eight expert service users reduced candidate items through a ranked-choice voting exercise and suggested further items. During Stage 2, 18 previously uninvolved people with IBD assessed the face and content validity of the candidate items in 'Think Aloud' interviews. During two final workshops (Stage 3), the expert service users removed, modified and added items based on the interview findings to produce a final version of the PREM. Results Stage 1 generated a draft working PREM mapped to the following four domains: Patient-Centred

Care; Quality; Accessibility; Communication and Involvement. The PREM included a set of nine items created by the expert group which shifted the emphasis from 'self-management' to 'living with IBD'. Stage 2 interviews showed that comprehension of the PREM was very good, although there were concerns about the wording, IBD-relevance and ambiguity of some items. During the final two workshops in Stage 3, the expert service users removed 7 items, modified 15 items and added seven new ones based on the interview findings, resulting in a 38-item PREM. Conclusions This study demonstrates how extensive service user involvement can inform PREM development. Patient or Public Contribution Patients were involved as active members of the research team and as research participants to co-produce and validate a PREM for IBD services. In Stage 1, eight expert service users ('the expert group') reduced candidate items for the PREM through a voting exercise and suggested new items. During Stage 2, 18 previously uninvolved people with IBD (the 'think aloud' participants) assessed the validity of the candidate items in 'Think Aloud' interviews as research participants. In Stage 3, the expert group removed, changed and added items based on the interview findings to produce a final version of the 38-item PREM. This study shows how service user involvement can meaningfully inform PREM development.

Notes: Sheldon, Elena M. Lillington, George Simpson, Kati Gibson, Kirsty Chambers, Lucy D'Afflitto, Manfredi Greig, Nancy Stearn, Theresa Hind, Daniel Ainley, Rachel Winsor, Gemma Ridsdale, Katie Totton, Nikki Lobo, Alan

Landeiro, Filipa/GON-5435-2022; Hind, Daniel/A-2180-2010

Hind, Daniel/0000-0002-6409-4793; Sheldon, Elena/

0000-0002-1927-471X; Ridsdale, Katie/0000-0002-5036-9610
1369-7625

URL: <Go to ISI>://WOS:000879184800001

Reference Type: Journal Article

Record Number: 1756

Author: Shelton, R. C., Lee, M., Brotzman, L. E., Wolfenden, L., Nathan, N. and Wainberg, M. L.

Year: 2020

Title: What Is Dissemination and Implementation Science?: An Introduction and Opportunities to Advance Behavioral Medicine and Public Health Globally

Journal: International Journal of Behavioral Medicine

Volume: 27

Issue: 1

Pages: 3-20

Date: Feb

Short Title: What Is Dissemination and Implementation Science?: An Introduction and Opportunities to Advance Behavioral Medicine and Public Health Globally

ISSN: 1070-5503

DOI: 10.1007/s12529-020-09848-x

Accession Number: WOS:000516135500001

Abstract: There has been a well-documented gap between research (e.g., evidence-based programs, interventions, practices, policies,

guidelines) and practice (e.g., what is routinely delivered in real-world community and clinical settings). Dissemination and implementation (D&I) science has emerged to address this research-to-practice gap and accelerate the speed with which translation and real-world uptake and impact occur. In recent years, there has been tremendous development in the field and a growing global interest, but much of the introductory literature has been U.S.-centric. This piece provides an introduction to D&I science and summarizes key concepts and progress of the field for a global audience, provides two case studies that highlight examples of D&I research globally, and identifies opportunities and innovations for advancing the field of D&I research globally.

Notes: Shelton, Rachel C. Lee, Matthew Brotzman, Laura E. Wolfenden, Luke Nathan, Nicole Wainberg, Milton L.

Brotzman, Laura/0000-0003-3243-0913; Nathan, Nicole/0000-0002-7726-1714; Lee, Matthew/0000-0002-9700-8951; Wolfenden, Luke/0000-0002-6178-3868
1532-7558

URL: <Go to ISI>://WOS:000516135500001

Reference Type: Journal Article

Record Number: 1691

Author: Shepherd, E., Leitch, A., Curran, E. and Infection Prevention Control, Team

Year: 2020

Title: A quality improvement project to standardise decontamination procedures in a single NHS board in Scotland

Journal: Journal of Infection Prevention

Volume: 21

Issue: 6

Pages: 241-246

Date: Nov

Short Title: A quality improvement project to standardise decontamination procedures in a single NHS board in Scotland

ISSN: 1757-1774

DOI: 10.1177/1757177420947477

Accession Number: WOS:000775101600006

Abstract: Background: A project was designed to improve decontamination procedures in our hospitals. This included: improving skills with training provided within clinical areas, simplifying procedures to reduce variation and increasing access to decontamination products. Aim: To make it easy for healthcare workers (HCWs) to do the right thing and for HCWs to be confident that they were doing the right thing. Methods: A pre-intervention survey of 120 HCWs in 10 wards on three hospital sites identified variations in the products used, variations in precautions taken and deficits in HCWs' capabilities due to unmet training needs.

Intervention: We streamlined the available products, provided an education programme and then undertook a second survey involving 133 HCWs in 12 wards. Results: Significant improvements were attained in the reported time taken to clean and disinfect ($P < 0.0001$) and in HCW capability ($P < 0.0001$) (reported training received); other improvements in the use of appropriate products and the use of

personal protective equipment were evident. The key finding was that a large, previously unrecognised, unmet training need existed; only 44% of HCWs in the pre-intervention survey reported having received training on the topic. Conclusion: The utility of a pre-intervention survey is critical to knowing whether any change becomes improvement and to set the priorities for change. By focusing on the process rather than the outcomes, greater improvements can be attained. The assumption that all nurses know how to clean is erroneous.

Notes: Shepherd, Emer Leitch, Anne Curran, Evonne
1757-1782

URL: <Go to ISI>://WOS:000775101600006

Reference Type: Journal Article

Record Number: 629

Author: Shepherd, L. M., Schmidtke, K. A., Hazlehurst, J. M.,
Melson, E., Dretzke, J., Hawks, N., Arlt, W., Tahrani, A., Swift, A.
and Carrick-Sen, D. M.

Year: 2022

Title: Interventions for the prevention of adrenal crisis in adults
with primary adrenal insufficiency: a systematic review

Journal: European Journal of Endocrinology

Volume: 187

Issue: 1

Pages: S1-S20

Date: Jul

Short Title: Interventions for the prevention of adrenal crisis in
adults with primary adrenal insufficiency: a systematic review

ISSN: 0804-4643

DOI: 10.1530/eje-21-1248

Accession Number: WOS:000861744400002

Abstract: Objective: The incidence of adrenal crisis (AC) remains
high, particularly for people with primary adrenal insufficiency,
despite the introduction of behavioural interventions. The present
study aimed to identify and evaluate available evidence of
interventions aiming to prevent AC in primary adrenal insufficiency.

Design: This study is a systematic review of the literature and
theoretical mapping. Methods: MEDLINE, MEDLINE in Process, EMBASE,
ERIC, Cochrane CENTRAL, CINAHL, PsycINFO, the Health Management
Information Consortium and trial registries were searched from
inception to November 2021. Three reviewers independently selected
studies and extracted data. Two reviewers appraised the studies for
the risk of bias. Results: Seven observational or mixed methods
studies were identified where interventions were designed to prevent
AC in adrenal insufficiency. Patient education was the focus of all
interventions and utilised the same two behaviour change techniques,
'instruction on how to perform a behaviour' and 'pharmacological
support'. Barrier and facilitator themes aiding or hindering the
intervention included knowledge, behaviour, emotions, skills, social
influences and environmental context and resources. Most studies did
not measure effectiveness, and assessment of knowledge varied across
studies. The study quality was moderate. Conclusion: This is an
emerging field with limited studies available. Further research is
required in relation to the development and assessment of different

behaviour change interventions to prevent AC.

Notes: Shepherd, Lisa M. Schmidtke, Kelly Ann Hazlehurst, Jonathan M. Melson, Eka Dretzke, Janine Hawks, Noel Arlt, Wiebeke Tahrani, Abd A. Swift, Amelia Carrick-Sen, Debbie M.

Tahrani, Abd/C-6939-2014; Swift, Amelia/0-8802-2017; Arlt, Wiebke/B-6310-2009

Tahrani, Abd/0000-0001-9037-1937; Swift, Amelia/0000-0001-5632-4926; Arlt, Wiebke/0000-0001-5106-9719

1479-683x

URL: <Go to ISI>://WOS:000861744400002

Reference Type: Journal Article

Record Number: 351

Author: Shiggins, C., Ryan, B., O'Halloran, R., Power, E., Bernhardt, J., Lindley, R. I., McGurk, G., Hankey, G. J. and Rose, M. L.

Year: 2022

Title: Towards the Consistent Inclusion of People With Aphasia in Stroke Research Irrespective of Discipline

Journal: Archives of Physical Medicine and Rehabilitation

Volume: 103

Issue: 11

Pages: 2256-2263

Date: Nov

Short Title: Towards the Consistent Inclusion of People With Aphasia in Stroke Research Irrespective of Discipline

ISSN: 0003-9993

DOI: 10.1016/j.apmr.2022.07.004

Accession Number: WOS:000886977800020

Abstract: People with aphasia have been systematically excluded from stroke research or included without the necessary modifications, threatening external study validity. In this paper, we propose that 1) the inclusion of people with aphasia should be considered as standard in stroke research irrespective of discipline and that 2) modifications should be made to stroke research procedures to support people with aphasia to achieve meaningful and valid inclusion. We argue that outright exclusion of this heterogenous population from stroke research based purely on a diagnosis of aphasia is rarely required and present a rationale for deliberate inclusion of people with aphasia in stroke research. The purpose of this paper is fourfold: 1) to highlight the issue and implications of excluding people with aphasia from stroke research; 2) to acknowledge the current barriers to including people with aphasia in stroke research; 3) to provide stroke researchers with methods to enable inclusion, including recommendations, resources, and guidance; and 4) to consider research needed to develop aphasia inclusive practices in stroke research. (c) 2022 by the American Congress of Rehabilitation Medicine.

Notes: Shiggins, Ciara Ryan, Brooke O'Halloran, Robyn Power, Emma Bernhardt, Julie Lindley, Richard I. McGurk, Gordon Hankey, Graeme J. Rose, Miranda L.

Hankey, Graeme/H-4968-2014; Bernhardt, Julie/F-9538-2015; Lindley, Richard/B-8148-2013; Power, Emma/A-9263-2015; Rose, Miranda/

P-7995-2015

Hankey, Graeme/0000-0002-6044-7328; O'Halloran, Robyn/
0000-0002-2772-2164; Bernhardt, Julie/0000-0002-2787-8484; Lindley,
Richard/0000-0002-0104-5679; Power, Emma/0000-0002-2638-0406; Rose,
Miranda/0000-0002-8892-0965; Shiggins, Ciara/0000-0003-3263-5038
1532-821x

URL: <Go to ISI>://WOS:000886977800020

Reference Type: Journal Article

Record Number: 882

Author: Shin, H. D., Cassidy, C., Weeks, L. E., Campbell, L. A.,
Drake, E. K., Wong, H., Donnelly, L., Dorey, R., Kang, H. and
Curran, J. A.

Year: 2022

Title: Interventions to change clinicians' behavior related to
suicide prevention care in the emergency department: a scoping
review

Journal: Jbi Evidence Synthesis

Volume: 20

Issue: 3

Pages: 788-846

Date: Mar

Short Title: Interventions to change clinicians' behavior related to
suicide prevention care in the emergency department: a scoping
review

DOI: 10.11124/jbies-21-00149

Accession Number: WOS:000844306000004

Abstract: Objective: The objective of this scoping review was to
explore, characterize, and map the literature on interventions and
intervention components implemented to change emergency department
clinicians' behavior related to suicide prevention using the
Behaviour Change Wheel as a guiding theoretical framework.

Introduction: An emergency department is a critical place for
suicide prevention, yet patients are often discharged without proper
suicide risk assessments or referrals. In response, we must support
emergency department clinicians' behavior change to follow evidence-
based suicide prevention strategies. However, reviews to date have
yet to systematically and theoretically examine the functional
mechanisms of interventions and how these characteristics can
influence emergency department clinicians' behaviors related to
suicide prevention care. Inclusion criteria: This review considered
interventions that targeted emergency department clinicians'
behavior change related to suicide prevention. Behavior change
referred to observable practice changes as well as proxy measures of
behavior change, including changes in knowledge and attitude.

Methods: This review followed JBI methodology for scoping reviews.
Searches included PubMed, PsycINFO, CINAHL, Embase, and gray
literature, including targeted Google searches for relevant
organizations/websites, ProQuest Dissertations and Theses Global,
and Scopus conference papers (using a specific filter). This review
did not apply any date limits, but our search was limited to the
English language. Data extraction was undertaken using a charting
table developed specifically for the review objective. Narrative

descriptions of interventions were coded using the Behaviour Change Wheel's intervention functions. Reported outcome measures were categorized. Findings were tabulated and synthesized narratively. Results: This review included a total of 70 sources, describing 66 different interventions. Forty-one studies were included from the database searches, representing a mixture of experimental (n = 2), quasi-experimental (n = 24), non-experimental (n = 12), qualitative (n = 1), and mixed methods (n = 2) approaches. An additional 29 citations were included from gray literature searches. One was a pilot mixed methods study, and the rest were interventions. Identified interventions comprised a wide range of Behaviour Change Wheel intervention functions to change clinicians' behavior: education (n = 48), training (n = 40), enablement (n = 36), persuasion (n = 21), environmental restructuring (n = 18), modeling (n = 7), and incentivization (n = 2). Based on the Behaviour Change Wheel analysis, many interventions targeted more than one determinant of behavior change, often employing education and training to improve clinicians' knowledge and skills simultaneously. Among the 42 studies that reported outcome measures, effectiveness was measured at clinician (n = 38), patient (n = 4), or organization levels (n = 6). Few studies reported implementation outcomes, such as measures of reach (n = 4), adoption (n = 5), or fidelity (n = 1). There were no evaluation data reported on the interventions identified through Google searches. Conclusions: Interventions included in this review were diverse and leveraged a range of mechanisms to change emergency department clinicians' behavior. However, most interventions relied solely on education and/or training to improve clinicians' knowledge and/or skills. Future research should consider diverse intervention functions to target both individual- and organization-level barriers for a given context. The ultimate goal for changing emergency department clinicians' behavior is to improve patient health outcomes related to suicide-related thoughts and behaviors; however, current research has most commonly evaluated clinicians' behavior in isolation of patient outcomes. Future studies should consider reporting patient-level outcomes alongside clinician-level outcomes.

Notes: Shin, Hwayeon Danielle Cassidy, Christine Weeks, Lori E. Campbell, Leslie Anne Drake, Emily K. Wong, Helen Donnelly, Lauren Dorey, Rachel Kang, Hyelee Curran, Janet A.

Weeks, Lori E./ADH-3518-2022

Weeks, Lori E./0000-0001-5334-3320; Shin, Hwayeon Danielle/
0000-0003-4037-4464

2689-8381

URL: <Go to ISI>://WOS:000844306000004

Reference Type: Journal Article

Record Number: 1287

Author: Shin, H. D., Cassidy, C., Weeks, L. E., Campbell, L. A., Rothfus, M. A. and Curran, J.

Year: 2021

Title: Interventions to change clinicians' behavior in relation to suicide prevention care in the emergency department: a scoping review protocol

Journal: Jbi Evidence Synthesis

Volume: 19

Issue: 8

Pages: 2014–2023

Date: Aug

Short Title: Interventions to change clinicians' behavior in relation to suicide prevention care in the emergency department: a scoping review protocol

DOI: 10.11124/jbies-20-00307

Accession Number: WOS:000696252700018

Abstract: Objective: This review aims to explore, characterize, and map the literature on interventions implemented to change emergency department clinicians' behavior related to suicide prevention using the Behavior Change Wheel as a guiding theoretical framework.

Introduction: An emergency department is a critical place for suicide prevention, yet many patients who present with suicide-related thoughts and behaviors are discharged without proper assessment or appropriate treatment. Supporting clinicians (who provide direct clinical care, including nurses, physicians, and allied health professionals) to make the desired behavior change following evidence-based suicide prevention care is an essential step toward improving patient outcomes. However, reviews to date have yet to take a theoretical approach to investigate interventions implemented to change clinicians' behavior. Inclusion criteria: This review will consider literature that includes interventions that target emergency department clinicians' behavior related to suicide prevention. Behavior change refers to observable practice changes as well as proxy measures of behavior change, including knowledge and attitudes. There are many ways in which an intervention can change clinicians' behavior (eg, education, altering service delivery). This review will include a wide range of interventions that target behavior change regardless of the type, but will exclude interventions that exclusively target patients. Methods: Multiple databases will be searched: PubMed, PsycINFO, CINAHL, and Embase. We will also include gray literature, including Google search, ProQuest Dissertations and Theses Global, and Scopus conference papers. Full texts of included studies will be reviewed, critically appraised, and extracted. Extracted data will be coded to identify intervention functions using the Behavior Change Wheel. Findings will be summarized in tables accompanied by narrative reports.

Notes: Shin, Hwayeon Danielle Cassidy, Christine Weeks, Lori E. Campbell, Leslie Anne Rothfus, Melissa A. Curran, Janet Weeks, Lori E./ADH-3518-2022; Rothfus, Melissa/P-1869-2018 Weeks, Lori E./0000-0001-5334-3320; Shin, Hwayeon Danielle/0000-0003-4037-4464; Rothfus, Melissa/0000-0001-7529-9789 2689-8381

URL: <Go to ISI>://WOS:000696252700018

Reference Type: Journal Article

Record Number: 1045

Author: Shin, H. D., Zaheer, J., Rodak, T., Torous, J. and Strudwick, G.

Year: 2022

Title: Information and communication technology-based interventions for suicide prevention implemented in clinical settings: a scoping review protocol

Journal: Bmj Open

Volume: 12

Issue: 1

Date: Jan

Short Title: Information and communication technology-based interventions for suicide prevention implemented in clinical settings: a scoping review protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-056232

Article Number: e056232

Accession Number: WOS:000749001500023

Abstract: Introduction There is a surplus of information and communication technology (ICT)-based interventions for suicide prevention. However, it is unclear which of these ICT-based interventions for suicide prevention have been implemented in clinical settings. Furthermore, evidence shows that implementation strategies have often been mismatched to existing barriers. In response, the authors recognise the critical need for prospectively assessing the barriers and facilitators and then strategically developing implementation strategies. This review is part of a multiphase project to develop and test tailored implementation strategies for mobile app-based suicide prevention in clinical settings. The overall objective of this scoping review is to identify and characterise ICT-based interventions for all levels of suicide prevention in clinical settings. Additionally, this review will identify and characterise the barriers and facilitators to implementing these ICT-based interventions as well as reported measures and outcomes. The findings will directly inform the subsequent phase to maximise implementation and inform future efforts for implementing other types of ICT-based interventions related to suicide prevention in clinical settings. Methods and analysis This review will adhere to the methods described by the Joanna Briggs Institute for conducting scoping reviews. The reporting will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping review checklist. The following databases will be searched: Medline, PsycInfo, Embase, Cumulative Index to Nursing & Allied Health Literature (CINAHL), Web of Science and Library, Information Science & Technology Abstracts (LISTA). Two reviewers will independently screen the articles and extract data using a standardised data collection tool. Then, authors will characterise extracted data using frameworks, typology and taxonomies to address the proposed review questions. Ethics and dissemination Ethics approval is not required for this scoping review. Authors will share the results in a peer-reviewed, open access publication and conference presentations. Furthermore, the findings will be shared with relevant health organisations through lay language summaries and informal presentations.

Notes: Shin, Hwayeon Danielle Zaheer, Juveria Rodak, Terri Torous, John Strudwick, Gillian

Rodak, Terri/0000-0002-0584-1429; Torous, John/0000-0002-5362-7937;

Shin, Hwayeon Danielle/0000-0003-4037-4464

URL: <Go to ISI>://WOS:000749001500023

Reference Type: Journal Article

Record Number: 139

Author: Shivananda, S., Thomas, S., Dutta, S., Fusch, C., Williams, C. and Gautham, K. S.

Year: 2023

Title: Care Bundle to Improve Oxygen Maintenance and Events

Journal: Pediatric Quality & Safety

Volume: 8

Issue: 2

Date: Mar-Apr

Short Title: Care Bundle to Improve Oxygen Maintenance and Events

DOI: 10.1097/pq9.0000000000000639

Article Number: e639

Accession Number: WOS:000948616600003

Abstract: Introduction:Prolonged periods spent outside the target range of oxygen saturation (SpO₂) in preterm infants, along with frequent desaturation events, predispose them to retinopathy of prematurity (ROP) and long-term neurodevelopmental impairment. The primary aim of this study was to increase the mean time spent within the target SpO₂ range (WTR) by 10% and to reduce the frequency of desaturation events by 5 events per patient day, respectively, within 18 months of implementing a care bundle. Methods:This study was completed in a 46-bed neonatal intensive care unit (NICU), involving 246 staff members and led by a quality improvement team. The change interventions included implementing new practice guidelines, reviewing daily summaries of SpO₂ maintenance, daily infant wellness assessment, standardizing workflow, and responding to SpO₂ alarms. In addition, we collected staff satisfaction and compliance with change interventions, resource use, and morbidity and mortality data at discharge. Results:The mean time spent WTR increased from 65.3% to 75.3%, and the frequency of desaturation events decreased from 25.1 to 16.5 events per patient day, respectively, with a higher magnitude of benefit in infants on days with supplemental oxygen. Postimplementation, the duration of high-frequency ventilation and supplemental oxygen were lower, but morbidity and mortality rates were similar. Staff satisfaction with training workshops, coaching, use of the infant wellness assessment tool, and SpO₂ alarm management algorithms were 74%, 82%, 80%, and 74%, respectively. Conclusion:Implementing a care bundle to improve oxygen maintenance and reduce desaturation events increased the time spent WTR and reduced the frequency of desaturation events.

Notes: Shivananda, Sandesh Thomas, Sumesh Dutta, Sourabh Fusch, Christoph Williams, Connie Gautham, Kanekal Suresh

Williams, Constance/0000-0003-0061-1955

2472-0054

URL: <Go to ISI>://WOS:000948616600003

Reference Type: Journal Article

Record Number: 908

Author: Shoemark, H., Bates, D., Collier, E., Hannan, A., Harman,

E., Kennelly, J., Knott, D., Thomas, A. and Troyano, A. P.
Year: 2022
Title: Collective experiences in medical music therapy teams during COVID-19
Journal: Nordic Journal of Music Therapy
Volume: 31
Issue: 3
Pages: 228-243
Date: May
Short Title: Collective experiences in medical music therapy teams during COVID-19
ISSN: 0809-8131
DOI: 10.1080/08098131.2022.2040578
Accession Number: WOS:000761481700001
Abstract: Introduction During the COVID-19 pandemic music therapy managers in hospitals were responsible for supporting their teams through relentless planning and implementation of change, including working virtually and in-person. The Creative Arts Therapies Managers' Network was established as a group of eight music therapy managers to formulate and appraise thinking and generate and refine meaningful constructs to sustain their own capacities as managers. Method Weekly meetings for the period April to July 2020 were recorded, transcribed and analyzed to generate themes that reflected these managers' early pandemic experiences. Results Each manager used these themes as a basis for reflection to write stories that represented their lived experiences in that period. Discussion These stories are discussed using theoretical constructs which inform them, including aspects of identity, moral dilemmas, relentless uncertainty, and resilience in response to uncertainty. These stories and underpinning considerations illuminate previously unexplored experiences of music therapy managers in hospitals. Notes: Shoemark, Helen Bates, Debbie Collier, Elizabeth Hannan, Ann Harman, Elizabeth Kennelly, Jeanette Knott, David Thomas, Amy Troyano, Amy P. Knott, David/0000-0001-5238-8199; Collier, Elizabeth/0009-0009-0265-129X 1944-8260
Si
URL: <Go to ISI>://WOS:000761481700001

Reference Type: Journal Article

Record Number: 403

Author: Shoesmith, E., Huddleston, L., Pervin, J., Shahab, L., Coventry, P., Coleman, T., Lorencatto, F., Gilbody, S., Leahy, M., Horspool, M., Paul, C., Colley, L., Hough, S., Hough, P. and Ratschen, E.

Year: 2023

Title: Promoting and Maintaining Changes in Smoking Behavior for Patients Following Discharge from a Smoke-free Mental Health Inpatient Stay: Development of a Complex Intervention Using the Behavior Change Wheel

Journal: Nicotine & Tobacco Research

Volume: 25

Issue: 4

Pages: 729-737

Date: Mar

Short Title: Promoting and Maintaining Changes in Smoking Behavior for Patients Following Discharge from a Smoke-free Mental Health Inpatient Stay: Development of a Complex Intervention Using the Behavior Change Wheel

ISSN: 1462-2203

DOI: 10.1093/ntr/ntac242

Accession Number: WOS:000892016600001

Abstract: Introduction Evidence suggests that smokers can successfully quit, remain abstinent or reduce smoking during a smoke-free mental health inpatient stay, provided behavioral/ pharmacological support are offered. However, few evidence-based strategies to prevent the return to prehospital smoking behaviors post-discharge exist. Aims and Methods We report the development of an intervention designed to support smoking-related behavior change following discharge from a smoke-free mental health stay. We followed the Behavior Change Wheel (BCW) intervention development process. The target behavior was supporting patients to change their smoking behaviors following discharge from a smoke-free mental health stay. Using systematic reviews, we identified the barriers and enablers, classified according to the Theoretical Domains Framework (TDF). Potential intervention functions to address key influences were identified by consulting the BCW and Behavior Change Technique (BCT) taxonomy. Another systematic review identified effectiveness of BCTs in this context. Stakeholder consultations were conducted to prioritize and refine intervention content. Results Barriers and enablers to supporting smoking cessation were identified within the domains of environmental context and resources (lack of staff time); knowledge (ill-informed interactions about smoking); social influences, and intentions (lack of intention to deliver support). Potential strategies to address these influences included goal setting, problem-solving, feedback, social support, and information on health consequences. A strategy for operationalizing these techniques into intervention components was agreed upon: Pre-discharge evaluation sessions, a personalized resource folder, tailored behavioral and text message support post-discharge, and a peer interaction group, delivered by a trained mental health worker. Conclusions The intervention includes targeted resources to support smoking-related behavior change in patients following discharge from a smoke-free mental health setting. Implications Using the BCW and TDF supported a theoretically and empirically informed process to define and develop a tailored intervention that acknowledges barriers and enablers to supporting smoking cessation in mental health settings. The result is a novel complex theory- and evidence-based intervention that will be formally tested in a randomized controlled feasibility study.

Notes: Shoesmith, Emily Huddlestone, Lisa Pervin, Jodi Shahab, Lion Coventry, Peter Coleman, Tim Lorencatto, Fabiana Gilbody, Simon Leahy, Moira Horspool, Michelle Paul, Claire Colley, Lesley Hough, Simon Hough, Phil Ratschen, Elena

Huddlestone, Lisa/S-5686-2019; Gilbody, Simon/AAY-3720-2021; Shahab, Lion/B-5835-2009; Coventry, Peter/H-6714-2014

Huddleston, Lisa/0000-0002-8054-4475; Gilbody, Simon/
0000-0002-8236-6983; Shahab, Lion/0000-0003-4033-442X; Coventry,
Peter/0000-0003-0625-3829; Coleman, Tim/0000-0002-7303-4805
1469-994x

URL: <Go to ISI>://WOS:000892016600001

Reference Type: Journal Article

Record Number: 2085

Author: Shortall, O., Ruston, A., Green, M., Brennan, M., Wapenaar,
W. and Kaler, J.

Year: 2016

Title: Broken biosecurity? Veterinarians' framing of biosecurity on
dairy farms in England

Journal: Preventive Veterinary Medicine

Volume: 132

Pages: 20-31

Date: Sep

Short Title: Broken biosecurity? Veterinarians' framing of
biosecurity on dairy farms in England

ISSN: 0167-5877

DOI: 10.1016/j.prevetmed.2016.06.001

Accession Number: WOS:000384867800003

Abstract: There is seen to be a need for better biosecurity – the control of disease spread on and off farm – in the dairy sector. Veterinarians play a key role in communicating and implementing biosecurity measures on farm, and little research has been carried out on how veterinarians see their own and farmers' roles in improving biosecurity. In order to help address this gap, qualitative interviews were carried out with 28 veterinarians from Royal College of Veterinary Surgeon farm accredited practices in England. The results were analysed using a social ecology framework and frame analysis to explore not only what barriers vets identified, but also how vets saw the problem of inadequate biosecurity as being located. Veterinarians' frames of biosecurity were analysed at the individual, interpersonal and contextual scales, following the social ecology framework, which see the problem in different ways with different solutions. Farmers and veterinarians were both framed by veterinarians as individualised groups lacking consistency. This means that best practice is not spread and veterinarians are finding it difficult to work as a group to move towards a "predict and prevent" model of veterinary intervention. But diversity and individualism were also framed as positive and necessary among veterinarians to the extent that they can tailor advice to individual farmers. Veterinarians saw their role in educating the farmer as not only being about giving advice to farmers, but trying to convince the farmer of their perspective and values on disease problems. Vets felt they were meeting with limited success because vets and farmers may be emphasising different framings of biosecurity. Vets emphasise the individual and interpersonal frames that disease problems are a problem on farm that can and should be controlled by individual farmers working with vets. According to vets, farmers may emphasise the contextual frame that biosecurity is largely outside of their control on dairy farms

because of logistical, economic and geographical factors, and so some level of disease on dairy farms is not entirely unexpected or controllable. There needs to be a step back within the vet-farmer relationship to realise that there may be different perspectives at play, and within the wider debate to explore the question of what a biosecure dairy sector would look like within a rapidly changing agricultural landscape. (C) 2016 Elsevier B.V. All rights reserved. Notes: Shortall, Orla Ruston, Annmarie Green, Martin Brennan, Marnie Wapenaar, Wendela Kaler, Jasmeet Green, Martin/F-7066-2011; Wapenaar, Wendela/G-4172-2011; Kaler, Jasmeet/G-5569-2011; Brennan, Marnie L/H-2351-2011 Green, Martin/0000-0002-6408-6443; Brennan, Marnie L/0000-0002-4893-6583; Kaler, Jasmeet/0000-0002-3332-7064; Shortall, Orla/0000-0003-4291-1200 1873-1716 URL: <Go to ISI>://WOS:000384867800003

Reference Type: Journal Article

Record Number: 1239

Author: Shrubsole, K., Pitt, R., Till, K., Finch, E. and Ryan, B.

Year: 2021

Title: Speech language pathologists' practice with children of parents with an acquired communication disability: A preliminary study

Journal: Brain Impairment

Volume: 22

Issue: 2

Pages: 135-151

Date: Sep

Short Title: Speech language pathologists' practice with children of parents with an acquired communication disability: A preliminary study

ISSN: 1443-9646

DOI: 10.1017/BrImp.2020.11

Accession Number: WOS:000847208900002

Abstract: Background: Parental acquired communication disability has long-lasting impacts on children, including increased child stress and behavioural problems. However, speech-language pathologists' (SLPs) current practice in providing information, education and counselling support to these children is unknown. Therefore, we explored SLPs' perceived needs, current practices and barriers and facilitators to working with children of people with acquired communication disability (PwCD). Methods: An online survey sought information on Australian SLPs' current practices in providing education and counselling to children of PwCD. Perceived barriers and facilitators were mapped to the COM-B, a model that considers Capability, Opportunity and Motivation as domains that influence behaviour. Results: 75% of participants (n = 76) perceived a need to provide both information and counselling, but 'never' or 'rarely' provided either aspect of care. Barriers relating to 'Opportunity' were most frequently identified, such as not having access to children in therapy and lack of parental support/engagement. Capability (e.g., knowledge and skills) and Motivation

(e.g., confidence) barriers were also identified. Conclusions: There is potential for SLPs to provide services to children of PwCD either directly through information and/or counselling-type interactions or indirectly through referral to other services. This study highlights the need for more research into these areas of practice.

Notes: Shrubsole, Kirstine Pitt, Rachelle Till, Kirsty Finch, Emma Ryan, Brooke

Shrubsole, Kirstine/AAF-7596-2021

Ryan, Brooke/0000-0002-6053-7614; Shrubsole, Kirstine/
0000-0002-7805-2447

1839-5252

URL: <Go to ISI>://WOS:000847208900002

Reference Type: Journal Article

Record Number: 133

Author: Shwed, A., O'Rourke, B., Bruner, B. and Ferguson, K.

Year: 2023

Title: Impact of COVID-19 School-Related Policies in Ontario on Parents' School Lunch Packing Habits

Journal: Canadian Journal of Dietetic Practice and Research

Volume: 84

Issue: 1

Pages: 10-16

Date: Mar

Short Title: Impact of COVID-19 School-Related Policies in Ontario on Parents' School Lunch Packing Habits

ISSN: 1486-3847

DOI: 10.3148/cjdpr-2022-022

Accession Number: WOS:000972447200003

Abstract: Purpose: COVID-19 has disrupted the daily routines of many Canadian families. In Ontario, provincially mandated public health measures have resulted in significant changes to school policies, including those related to food. The impact of COVID-19 related school food policies on parental lunch packing habits is unknown; therefore, this study investigated how school-related COVID-19 policies have impacted parental school lunch packing habits.

Methods: Parents (N = 287) of school-aged children were recruited from parent-specific Facebook groups across Ontario, Canada, to complete an online survey regarding lunch packing habits. This survey was developed based on findings from a previously conducted scoping review. Open-ended survey responses were inductively

analyzed. Results: Three over-arching themes were constructed: (1) Food Programs and COVID-19; (2) Schedule Changes; and (3) School Policy Changes. Parents explained that the cancellation or modification of food programs at schools, changes to the length of time children are given to eat at school, and removal of access to microwaves, garbage cans, and teacher assistance during lunch have forced parents to change their lunch packing habits.

Conclusion: Findings from this study demonstrate a need for better support to help ease the burden parents experience when packing their child's school lunch, during an already extremely stressful time.

Notes: Shwed, Alanna O'Rourke, Brianne Bruner, Brenda Ferguson, Kristen

2292-9592

URL: <Go to ISI>://WOS:000972447200003

Reference Type: Journal Article

Record Number: 1632

Author: Sico, I. P., Oberle, A., Thomas, S. M., Barsanti, T., Egbunu-Davis, L., Kennedy, D. T., Zullig, L. L. and Bosworth, H. B.
Year: 2021

Title: Therapeutic Inertia in Prescribing Biologics for Patients with Moderate-to-Severe Asthma: Workshop Summary

Journal: Patient Preference and Adherence

Volume: 15

Pages: 705-712

Short Title: Therapeutic Inertia in Prescribing Biologics for Patients with Moderate-to-Severe Asthma: Workshop Summary

ISSN: 1177-889X

DOI: 10.2147/ppa.S303841

Accession Number: WOS:000638110700001

Abstract: Moderate-to-severe asthma represents about a quarter of the nearly 10% of Americans diagnosed with asthma. Many patients with moderate-to-severe asthma have uncontrolled symptoms that lead to exacerbations requiring oral corticosteroids. There are many factors contributing to poor asthma control, including poor adherence to prescribed therapies, the under-prescribing of biologics and therapeutic inertia. We convened an eight-member panel from fields of primary care, pulmonology, immunology, health services and clinical research, behavioral science and pharmaceutical medical affairs, with the goal of identifying contributing factors and solutions to therapeutic inertia with asthma biologics. We used the Capability, Opportunity, and Motivation (COM-B) model to classify patient and provider behavior towards therapeutic inertia. The model incorporates existing behavior theories and is driven by the interaction of capability, opportunity, and motivation. We used a Delphi method to identify and develop six primary solutions: 1) integration of patient-centered outcomes into asthma management practice; 2) provider education about asthma treatment; 3) moderate-to-severe asthma care delivery redesign; 4) harmonized, evidence-based protocol for the management of moderate-to-severe asthma; 5) designated coordinator approach for optimal asthma management; and 6) a case coordination digital support tool. Integration of patient-centered outcomes into asthma management practice and provider education were identified as having the highest potential to impact therapeutic and clinical inertia. The COM-B model is effective in identifying improvement within therapeutic inertia targeting the capabilities, opportunities, and motivations of patients, providers, and payer systems.

Notes: Sico, Isabelle P. Oberle, Amber Thomas, Sheila M. Barsanti, Thomas Egbunu-Davis, Lisa Kennedy, Daniel T. Zullig, Leah L. Bosworth, Hayden B.

Bosworth, Hayden/0000-0001-6188-9825

URL: <Go to ISI>://WOS:000638110700001

Reference Type: Journal Article

Record Number: 364

Author: Siddiqui, S. A., Alvi, T., Sameen, A., Khan, S., Blinov, A. V., Nagdalian, A. A., Mehdizadeh, M., Adli, D. N. and Onwezen, M.

Year: 2022

Title: Consumer Acceptance of Alternative Proteins: A Systematic Review of Current Alternative Protein Sources and Interventions Adapted to Increase Their Acceptability

Journal: Sustainability

Volume: 14

Issue: 22

Date: Nov

Short Title: Consumer Acceptance of Alternative Proteins: A Systematic Review of Current Alternative Protein Sources and Interventions Adapted to Increase Their Acceptability

DOI: 10.3390/su142215370

Article Number: 15370

Accession Number: WOS:000887629400001

Abstract: Conventional meat consumption has triggered an environmental burden along with effects on different disease spectrums according to existing research. The dietary patterns adopted by consumers significantly impact both planetary and individual health. Interventions are needed to support the protein transition. However, there is not yet an overview of interventions towards acceptance of novel proteins available. This systemic review highlights different varieties of alternative proteins and interventions adopted to increase the acceptance of alternative protein sources. Educational intervention, persuasion, training, and modeling approaches are summarized in this review. Furthermore, behavioral models triggering the consumer's response towards different alternative proteins are also discussed. The systemic review highlights that consumer acceptance varies among different alternative proteins. Food choice motives, familiarity, food neophobia, disgust, and cultural norms are among the various drivers of consumer acceptance. A comparison of these drivers indicates inconsistencies, presenting the need for future research.

Notes: Siddiqui, Shahida Anusha Alvi, Tayyaba Sameen, Aysha Khan, Sipper Blinov, Andrey Vladimirovich Nagdalian, Andrey Ashotovich Mehdizadeh, Mohammad Adli, Danung Nur Onwezen, Marleen

Nagdalian, Andrey/F-1758-2017; Mehdizadeh, Mohammad/J-8023-2019; SAMEEN, AYSHA/AAG-8064-2019

Nagdalian, Andrey/0000-0002-6782-2821; Mehdizadeh, Mohammad/0000-0001-8702-781X; SAMEEN, AYSHA/0000-0002-3125-675X; Khan, Sipper/0000-0001-9703-3949; Blinov, Andrew/0000-0002-4701-8633; Alvi, Tayyaba/0000-0003-3432-9851; Onwezen, Marleen/0000-0001-8643-0711

2071-1050

URL: <Go to ISI>://WOS:000887629400001

Reference Type: Journal Article

Record Number: 878

Author: Siette, J., Taylor, N., Deckers, K., Kohler, S., Braithwaite, J., Valenzuela, M. and Armitage, C. J.

Year: 2022

Title: Advancing Australian public health initiatives targeting dementia risk reduction

Journal: Australasian Journal on Ageing

Volume: 41

Issue: 2

Pages: E190–E195

Date: Jun

Short Title: Advancing Australian public health initiatives targeting dementia risk reduction

ISSN: 1440-6381

DOI: 10.1111/ajag.13049

Accession Number: WOS:000762928100001

Abstract: Public health initiatives aim to improve health outcomes for populations by preventing disease and ill-health consequences of environmental hazards and natural or human-made disasters. Whilst public health initiatives have been used successfully to modify behaviours for chronic diseases, many initiatives targeting reduced dementia risk in older adults suffer from conceptual and statistical flaws that greatly limit their usefulness. The limited success in modifying lifestyle dementia risk factors has led us to fall short in building a successful roadmap to dementia risk reduction. Here we argue for adopting a population-level, holistic approach to dementia risk reduction strategies across the lifespan. This approach is supplemented by 10 strategies that focus on improving social policies, harnessing existing policy, legislature and incentive schemes, and identifying feasible approaches to increase recreational and transport-related physical activity to creating best practice health care that supports healthy brain ageing for all.

Notes: Siette, Joyce Taylor, Nathan Deckers, Kay Kohler, Sebastian Braithwaite, Jeffrey Valenzuela, Michael Armitage, Christopher J. Braithwaite, Jeffrey/AAN-1467-2020; Siette, Joyce/0-4208-2018 Braithwaite, Jeffrey/0000-0003-0296-4957; Siette, Joyce/0000-0001-9568-5847 1741-6612

URL: <Go to ISI>://WOS:000762928100001

Reference Type: Journal Article

Record Number: 1568

Author: Sikkes, S. A. M., Tang, Y., Jutten, R. J., Wesselman, L. M. P., Turkstra, L. S., Brodaty, H., Clare, L., Cassidy-Eagle, E., Cox, K. L., Chetelat, G., Dautricourt, S., Dhana, K., Dodge, H., Droes, R. M., Hampstead, B. M., Holland, T., Lampit, A., Laver, K., Lutz, A., Lautenschlager, N. T., McCurry, S. M., Meiland, F. J. M., Morris, M. C., Mueller, K. D., Peters, R., Ridell, G., Spector, A., van der Steen, J. T., Tamplin, J., Thompson, Z., Bahar-Fuchs, A. and Non-pharmacological, Istaart

Year: 2021

Title: Toward a theory-based specification of non-pharmacological treatments in aging and dementia: Focused reviews and methodological recommendations

Journal: Alzheimers & Dementia

Volume: 17
Issue: 2
Pages: 255-270
Date: Feb

Short Title: Toward a theory-based specification of non-pharmacological treatments in aging and dementia: Focused reviews and methodological recommendations

ISSN: 1552-5260

DOI: 10.1002/alz.12188

Accession Number: WOS:000623284000010

Abstract: Introduction: Non-pharmacological treatments (NPTs) have the potential to improve meaningful outcomes for older people at risk of, or living with dementia, but research often lacks methodological rigor and continues to produce mixed results.

Methods: In the current position paper, experts in NPT research have specified treatment targets, aims, and ingredients using an umbrella framework, the Rehabilitation Treatment Specification System.

Results: Experts provided a snapshot and an authoritative summary of the evidence for different NPTs based on the best synthesis efforts, identified main gaps in knowledge and relevant barriers, and provided directions for future research. Experts in trial methodology provide best practice principles and recommendations for those working in this area, underscoring the importance of prespecified protocols. Discussion: We conclude that the evidence strongly supports various NPTs in relation to their primary targets, and discuss opportunities and challenges associated with a unifying theoretical framework to guide future efforts in this area.

Notes: Sikkes, Sietske A. M. Tang, Yi Jutten, Roos J. Wesselman, Linda M. P. Turkstra, Lyn S. Brodaty, Henry Clare, Linda Cassidy-Eagle, Erin Cox, Kay L. Chetelat, Gael Dautricourt, Sophie Dhana, Klodian Dodge, Hiroko Droes, Rose-Marie Hampstead, Benjamin M. Holland, Thomas Lampit, Amit Laver, Kate Lutz, Antoine Lautenschlager, Nicola T. McCurry, Susan M. Meiland, Franka J. M. Morris, Martha Clare Mueller, Kimberly D. Peters, Ruth Ridel, Gemma Spector, Aimee van der Steen, Jenny T. Tamplin, Jeanette Thompson, Zara Bahar-Fuchs, Alex

Holland, Thomas/AAN-9764-2021; van der Steen, Jenny T./E-5118-2016; Turkstra, Lyn/ABC-5831-2021; LUTZ, Antoine/AAE-5114-2020; Thompson, Zara/AAX-4013-2021; Laver, Kate/AFM-0623-2022; Jutten, Roos/AAS-2849-2021; Chetelat, Gael/G-2316-2015; Peters, Ruth/D-4047-2011 Holland, Thomas/0000-0002-9888-0194; van der Steen, Jenny T./0000-0002-9063-7501; LUTZ, Antoine/0000-0002-0258-3233; Thompson, Zara/0000-0002-6215-3577; Laver, Kate/0000-0003-0259-2209; Jutten, Roos/0000-0002-3712-4790; Turkstra, Lyn/0000-0002-6948-6921; Peters, Ruth/0000-0003-0148-3617; Lautenschlager, Nicola/0000-0003-4850-7794; Tamplin, Jeanette/0000-0002-3623-033X; Hampstead, Benjamin/0000-0003-2717-6375; Bahar-Fuchs, Alex/0000-0002-9248-6057; Lampit, Amit/0000-0001-6522-8397; Gael, Chetelat/0000-0002-4889-7932; Sikkes, Sietske/0000-0002-0161-3656; Dhana, Klodian/0000-0002-6397-7009
1552-5279

URL: <Go to ISI>://WOS:000623284000010

Reference Type: Journal Article

Record Number: 530

Author: Silva, C. S., Mendes, R., Godinho, C., Monteiro-Pereira, A., Pimenta-Ribeiro, J., Martins, H. S., Brito, J., Themudo-Barata, J. L., Fontes-Ribeiro, C., Teixeira, P. J., Freitas, G. and Silva, M. N.

Year: 2022

Title: Predictors of physical activity promotion in clinical practice: a cross-sectional study among medical doctors

Journal: BMC Medical Education

Volume: 22

Issue: 1

Date: Aug

Short Title: Predictors of physical activity promotion in clinical practice: a cross-sectional study among medical doctors

DOI: 10.1186/s12909-022-03686-z

Article Number: 624

Accession Number: WOS:000842539100002

Abstract: Background Physical activity is a major determinant of physical and mental health. International recommendations identify health professionals as pivotal agents to tackle physical inactivity. This study sought to characterize medical doctors' clinical practices concerning the promotion of patients' physical activity, while also exploring potential predictors of the frequency and content of these practices, including doctors' physical activity level and sedentary behaviours. Methods A cross-sectional study assessed physical activity promotion in clinical practice with a self-report questionnaire delivered through the national medical prescription software (naturalistic survey). Physical activity and sedentary behaviours were estimated using the International Physical Activity Questionnaire (short form). Indicators of medical doctors' attitudes, knowledge, confidence, barriers, and previous training concerning physical activity promotion targeting their patients were also assessed. Multiple regression analysis was performed to identify predictors of physical activity promotion frequency by medical doctors, including sociodemographic, attitudes and knowledge-related variables, and physical activity behaviours as independent variables. Results A total of 961 medical doctors working in the Portuguese National Health System participated (59% women, mean age 44 +/- 13 years) in the study. The majority of the participants (84.6%) reported to frequently promote patients' physical activity. Five predictors of physical activity promotion frequency emerged from the multiple regression analysis, explaining 17.4% of the dependent variable ($p < 0.001$): working in primary healthcare settings ($p = 0.037$), having a medical specialty ($p = 0.030$), attributing a high degree of relevance to patients' physical activity promotion in healthcare settings ($p < 0.001$), being approached by patients to address physical activity ($p < 0.001$), and having higher levels of physical activity ($p = 0.001$). Conclusions The sample of medical doctors approached reported a high level of engagement with physical activity promotion. Physical activity promotion frequency seems to be influenced by the clinical practice setting, medical career position and specialty, attitudes towards physical activity, and perception of patients' interest on the

topic, as well as medical doctors' own physical activity levels.
Notes: Silva, Catarina Santos Mendes, Romeu Godinho, Cristina Monteiro-Pereira, Ana Pimenta-Ribeiro, Jaime Martins, Helena Silva Brito, Joao Themudo-Barata, Jose Luis Fontes-Ribeiro, Carlos Teixeira, Pedro J. Freitas, Graca Silva, Marlene Nunes Brito, Joao/D-2104-2014; Silva, Marlene N/B-7923-2011; brito, joao/IQU-5611-2023; Mendes, Romeu/B-5686-2009 Brito, Joao/0000-0003-1301-1078; Silva, Marlene N/0000-0003-4734-0283; brito, joao/0000-0003-1301-1078; Godinho, Cristina/0000-0002-2293-7190; MONTEIRO PEREIRA, ANA/0000-0002-0495-9230; Ribeiro, Jaime Pimenta/0000-0001-6778-9534; Santos Silva, Catarina/0000-0001-9464-7064; Mendes, Romeu/0000-0002-3806-438X
1472-6920
URL: <Go to ISI>://WOS:000842539100002

Reference Type: Journal Article

Record Number: 663

Author: Silva, C. V., Bird, D., Clemensen, J., Janda, M., Catapan, S. D., Fatehi, F., Gray, L., Menon, A. and Russell, A.

Year: 2022

Title: A qualitative analysis of the needs and wishes of people with type 2 diabetes and healthcare professionals for optimal diabetes care

Journal: Diabetic Medicine

Volume: 39

Issue: 9

Date: Sep

Short Title: A qualitative analysis of the needs and wishes of people with type 2 diabetes and healthcare professionals for optimal diabetes care

ISSN: 0742-3071

DOI: 10.1111/dme.14886

Article Number: e14886

Accession Number: WOS:000814898200001

Abstract: Aim Globally, type 2 diabetes care is often fragmented and still organised in a provider-centred way, resulting in suboptimal care for many individuals. As healthcare systems seek to implement digital care innovations, it is timely to reassess stakeholders' priorities to guide the redesign of diabetes care. This study aimed to identify the needs and wishes of people with type 2 diabetes, and specialist and primary care teams regarding optimal diabetes care to explore how to better support people with diabetes in a metropolitan healthcare service in Australia. Methods Our project was guided by a Participatory Design approach and this paper reports part of the first step, identification of needs. We conducted four focus groups and 16 interviews (November 2019-January 2020) with 17 adults with type 2 diabetes and seven specialist clinicians from a diabetes outpatient clinic in Brisbane, Australia, and seven primary care professionals from different clinics in Brisbane. Data were analysed using reflexive thematic analysis, building on the Capability, Opportunity, Motivation and Behaviour model. Results People with diabetes expressed the wish to be equipped, supported and recognised

for their efforts in a holistic way, receive personalised care at the right time and improved access to connected services. Healthcare professionals agreed and expressed their own burden regarding their challenging work. Overall, both groups desired holistic, personalised, supportive, proactive and coordinated care pathways. Conclusions We conclude that there is an alignment of the perceived needs and wishes for improved diabetes care among key stakeholders, however, important gaps remain in the healthcare system.

Notes: Silva, Carina Vasconcelos Bird, Dominique Clemensen, Jane Janda, Monika Catapan, Soraia de Camargo Fatehi, Farhad Gray, Len Menon, Anish Russell, Anthony de Camargo Catapan, Soraia/AAZ-7930-2021; Fatehi, Farhad/C-4313-2008; Janda, Monika/C-3723-2009 de Camargo Catapan, Soraia/0000-0001-6223-1697; Fatehi, Farhad/0000-0001-9888-1966; Janda, Monika/0000-0002-1728-8085; Vasconcelos Silva, Carina/0000-0003-1666-4285 1464-5491
URL: <Go to ISI>://WOS:000814898200001

Reference Type: Journal Article

Record Number: 1127

Author: Silva, C. V., Horsham, C., Kou, K., Baade, P., Soyer, H. P. and Janda, M.

Year: 2022

Title: Factors influencing participants' engagement with an interactive text-message intervention to improve sun protection behaviors: "SunText" randomized controlled trial

Journal: Translational Behavioral Medicine

Volume: 12

Issue: 3

Pages: 433-447

Date: Mar

Short Title: Factors influencing participants' engagement with an interactive text-message intervention to improve sun protection behaviors: "SunText" randomized controlled trial

ISSN: 1869-6716

DOI: 10.1093/tbm/ibab135

Accession Number: WOS:000764671300001

Abstract: There is growing evidence suggesting that text-message-based interventions are effective to promote sun protection behaviors. However, it is still unclear how engagement and adherence with the intervention messages can be optimized through intervention design. This study evaluated the effect of different combinations of personalized and two-way interactive messages on participant engagement with a theory-based skin cancer prevention intervention. In the SunText study conducted in February-July 2019 in Queensland, Australia participants 18-40 years were randomized to four different text message schedules using a Latin square design. This study analyzed if the order and intensity in which the schedules were received were associated with participants' level of engagement, and if this differed by demographic factors. Out of the 389 participants enrolled in the study, 375 completed the intervention period and remained for analysis. The overall intervention engagement rate was

71% and decreased from the beginning to the end of the study (82.2%–61.4%). The group starting with personalized, but not interactive messaging showed the lowest engagement rate. The intervention involving interactive messages three times a week for 4 weeks achieved the highest engagement rate. The intervention with increasing frequency (personalized and interactive three times a week for 2 weeks; then daily for 2 weeks) had lower engagement than intervention with constant or decreasing frequency. Engagement with two-way interactive messages was high across all intervention groups. Results suggest enhanced engagement with constant or decreasing message frequency compared to increasing frequency. Notes: Silva, Carina, V Horsham, Caitlin Kou, Kou Baade, Peter Soyer, H. Peter Janda, Monika Baade, Peter/C-4113-2009; Soyer, H. Peter/E-6000-2010; Janda, Monika/C-3723-2009 Soyer, H. Peter/0000-0002-4770-561X; Vasconcelos Silva, Carina/0000-0003-1666-4285; Baade, Peter/0000-0001-8576-8868; Horsham, Caitlin/0000-0002-0354-3583; Janda, Monika/0000-0002-1728-8085 1613-9860 URL: <Go to ISI>://WOS:000764671300001

Reference Type: Journal Article

Record Number: 1686

Author: Silva, M. N., Godinho, C., Salavisa, M., Owen, K., Santos, R., Silva, C. S., Mendes, R., Teixeira, P. J., Freitas, G. and Bauman, A.

Year: 2020

Title: "Follow the Whistle: Physical Activity Is Calling You": Evaluation of Implementation and Impact of a Portuguese Nationwide Mass Media Campaign to Promote Physical Activity

Journal: International Journal of Environmental Research and Public Health

Volume: 17

Issue: 21

Date: Nov

Short Title: "Follow the Whistle: Physical Activity Is Calling You": Evaluation of Implementation and Impact of a Portuguese Nationwide Mass Media Campaign to Promote Physical Activity

DOI: 10.3390/ijerph17218062

Article Number: 8062

Accession Number: WOS:000589130700001

Abstract: To raise perceived capability (C), opportunity (O) and motivation (M) for physical activity (PA) behaviour (B) among adults, the Portuguese Directorate-General of Health developed a mass media campaign named "Follow the Whistle", based on behaviour change theory and social marketing principles. Comprehensive formative and process evaluation suggests this media-led campaign used best-practice principles. The campaign adopted a population-wide approach, had clear behavioural goals, and clear multi-strategy implementation. We assessed campaign awareness and initial impact using pre (n = 878, 57% women) and post-campaign (n = 1319, 58% women) independent adult population samples via an online questionnaire, comprising socio-demographic factors, campaign

awareness and recall, and psychosocial and behavioural measures linked to the COM-B model. PA was assessed with IPAQ and the Activity Choice Index. The post-campaign recall was typical of levels following national campaigns (24%). Post-campaign measures were higher for key theory-based targets (all $p < 0.05$), namely self-efficacy, perceived opportunities to be more active and intrinsic motivation. The impact on social norms and self-efficacy was moderated by campaign awareness. Concerning PA, effects were found for vigorous activity ($p < 0.01$), but not for incidental activity. Overall the campaign impacted key theory-based intermediate outcomes, but did not influence incidental activity, which highlights the need for sustained and repeated campaign efforts.

Notes: Silva, Marlene Nunes Godinho, Cristina Salavisa, Marta Owen, Katherine Santos, Rute Silva, Catarina Santos Mendes, Romeu Teixeira, Pedro J. Freitas, Graca Bauman, Adrian Owen, katherine/ABC-8066-2021; Teixeira, Pedro J./AAA-9438-2021; Silva, Marlene N/B-7923-2011; Santos, Rute/A-6401-2012; Mendes, Romeu/B-5686-2009

Teixeira, Pedro J./0000-0001-7202-0527; Silva, Marlene N/0000-0003-4734-0283; Santos Silva, Catarina/0000-0001-9464-7064; Santos, Rute/0000-0002-7604-5753; Mendes, Romeu/0000-0002-3806-438X 1660-4601

URL: <Go to ISI>://WOS:000589130700001

Reference Type: Journal Article

Record Number: 1597

Author: Silveira, S. L., Riemann-Lorenz, K., Heesen, C. and Motl, R. W.

Year: 2021

Title: Current and Long-Term Physical Activity Among Adults with Multiple Sclerosis in the United States: COM-B Variables as Explanatory Factors

Journal: International Journal of Behavioral Medicine

Volume: 28

Issue: 5

Pages: 561-574

Date: Oct

Short Title: Current and Long-Term Physical Activity Among Adults with Multiple Sclerosis in the United States: COM-B Variables as Explanatory Factors

ISSN: 1070-5503

DOI: 10.1007/s12529-020-09946-w

Accession Number: WOS:000606304100002

Abstract: Background Physical activity is an evidence-based, safe second-line approach for improved multiple sclerosis (MS) symptoms and disease progression. This study examined the contributions of Capability-Opportunity-Motivation-Behavior (COM-B) factors for understanding engagement in current and long-term physical activity among persons with MS in the United States (U.S.). Method Adults with MS in the U.S. (N = 854) completed an online survey that included questions regarding demographic and clinical characteristics, COM-B constructs, Godin Leisure Time Exercise

Questionnaire (GLTEQ), and Physical Activity Staging Questionnaire (PASQ). Participants were classified into groups based on the GLTEQ regarding current physical activity behavior and PASQ for long-term physical activity behavior. MANOVA and discriminant function analysis (DFA) identified COM-B constructs that differentiated physical activity groups. Results MANOVA analyses indicated that all COM-B constructs were significantly different for both GLTEQ current physical activity groups (Wilks's lambda = .5, $F(44, 1432) = 14.8$) and PASQ long-term physical activity groups (Wilks's lambda = .4, $F(44, 1464) = 16.9$) status except Information Provision. DFA analysis regarding GLTEQ identified a function including exclusively Capability and Motivation sources of behavior that differentiated current physical activity groups such as intention and self-efficacy. DFA for PASQ identified a different function of the Capability and Motivation sources of behavior that differentiated long-term physical activity groups; the primary differentiating variables were action control and intention. Conclusion Our results identify internal factors as the primary COM-B predictors of current and long-term physical activity among adults with MS in the U.S., and health promotion interventions may focus on assessing individual competencies and behavioral regulation for changing physical activity in MS.

Notes: Silveira, Stephanie L. Riemann-Lorenz, Karin Heesen, Christoph Motl, Robert W.

Silveira, Stephanie/0000-0002-1973-2119
1532-7558

URL: <Go to ISI>://WOS:000606304100002

Reference Type: Journal Article

Record Number: 1098

Author: Simiyu, S., Antwi-Agyei, P., Adjei, K. and Kweyu, R.

Year: 2021

Title: Developing and Testing Strategies for Improving Cleanliness of Shared Sanitation in Low-Income Settlements of Kisumu, Kenya

Journal: American Journal of Tropical Medicine and Hygiene

Volume: 105

Issue: 6

Pages: 1816-1825

Date: Dec

Short Title: Developing and Testing Strategies for Improving Cleanliness of Shared Sanitation in Low-Income Settlements of Kisumu, Kenya

ISSN: 0002-9637

DOI: 10.4269/ajtmh.20-1634

Accession Number: WOS:000727213500015

Abstract: Sharing of sanitation is common in low-income settlements in Sub-Saharan Africa. However, shared (limited) sanitation facilities have been thought to pose health risks due to poor hygiene levels. Interventions to improve user behavior and cleanliness of shared sanitation are few, both in literature and in practice. This study details the codesign and testing of strategies to improve the cleanliness of shared sanitation facilities in low-income areas of Kisumu City in Kenya. The strategies included a

cleaning plan, monitoring system, and discussions among users, and were codesigned through workshops with stakeholders and group discussions with landlords and tenants. These strategies were tested in 38 compound houses through the Trials of Improved Practices approach over a 5-month period. Field staff visited the compounds, observed the cleanliness of the shared toilets, and through discussions, encouraged users to develop a formal cleaning system and a monitoring plan. The discussions built social capital and collective action and facilitated uptake of the cleaning plan with notable improvements in cleanliness of shared toilets. The results support the acceptability of shared sanitation in low-income settlements, the importance of codesigning and coproducing solutions with users, and the need to evaluate the effects of these strategies on cleanliness of shared sanitation.

Notes: Simiyu, Sheillah Antwi-Agyei, Prince Adjei, Kwaku Kweyu, Raphael

Kweyu, Raphael Mulaha/HPF-4185-2023

Kweyu, Raphael Mulaha/0000-0002-3353-8937; Antwi-Agyei, Prince/0000-0001-6940-2428

1476-1645

URL: <Go to ISI>://WOS:000727213500015

Reference Type: Journal Article

Record Number: 1692

Author: Simiyu, S. N., Kweyu, R. M., Antwi-Agyei, P. and Adjei, K. A.

Year: 2020

Title: Barriers and opportunities for cleanliness of shared sanitation facilities in low-income settlements in Kenya

Journal: BMC Public Health

Volume: 20

Issue: 1

Date: Oct

Short Title: Barriers and opportunities for cleanliness of shared sanitation facilities in low-income settlements in Kenya

DOI: 10.1186/s12889-020-09768-1

Article Number: 1632

Accession Number: WOS:000583179700001

Abstract: Background The sharing of sanitation facilities is a common practice in low-income areas in sub-Saharan Africa. However, shared sanitation is currently categorized as a limited sanitation service, and may therefore not count towards meeting the global goals. These shared facilities are often the only option available for most residents in low-income settlements, and improving their cleanliness and overall management is key to reducing open defecation and risk of disease. This study sought to investigate barriers and opportunities for improved cleanliness of shared sanitation facilities in low-income settlements of Kisumu city, Kenya. Methods Thirty-nine in-depth interviews and 11 focus group discussions were held with residents – mainly tenants and landlords – of a low-income settlement in Kisumu. Analysis followed a thematic approach to define the problem, specify the target behaviour and identify the changes needed. Results Sanitation facilities were

mainly pit latrines, typically shared among landlords and tenants. Participants singled out behavioural (poor use of the shared toilets) and social (lack of cooperation in cleaning) challenges that led to unclean shared toilets. Available opportunities for improvement included instituting clear cleaning plans, improving communication among users, and enhanced problem-solving mechanisms between landlords and tenants. These approaches could form the basis for designing intervention strategies for improving the cleanliness of shared sanitation facilities. Conclusion The results highlight the need to focus on social aspects for improvement of cleanliness in shared sanitation facilities in low-income settlements. Through a social approach, shared sanitation facilities can be managed appropriately to provide the millions of low-income residents in Kenya an opportunity to access sanitation. This study provides further evidence on approaches for improved management of shared sanitation facilities in line with the World Health Organization's (WHO) Joint Monitoring Program's (JMP) recommendation for high quality shared facilities.

Notes: Simiyu, Sheillah N. Kweyu, Raphael M. Antwi-Agyei, Prince Adjei, Kwaku A.

Kweyu, Raphael Mulaha/HPF-4185-2023

Kweyu, Raphael Mulaha/0000-0002-3353-8937; Antwi-Agyei, Prince/0000-0001-6940-2428; Simiyu, Sheillah/0000-0003-3069-8967
1471-2458

URL: <Go to ISI>://WOS:000583179700001

Reference Type: Journal Article

Record Number: 1875

Author: Simoes, C., Branquinho, C., Santos, A. and de Matos, M. G.

Year: 2018

Title: Motives to use alcohol among adolescents according to their neighbourhood characteristics, gender, age, and drinking patterns

Journal: Journal of Substance Use

Volume: 23

Issue: 1

Pages: 43-48

Short Title: Motives to use alcohol among adolescents according to their neighbourhood characteristics, gender, age, and drinking patterns

ISSN: 1465-9891

DOI: 10.1080/14659891.2017.1348550

Accession Number: WOS:000428752700007

Abstract: The aim of this study is to understand if motives to drink are associated to certain patterns of drinking and specific socio-demographic drinkers' characteristics. As part of the Portugal Health Behaviour in School-aged Children survey, developed with 5050 pupils (47.7% of boys), attending the 6th, 8th, and 10th grade levels and with a mean age of 13.98 years (SD = 1.85), the present study was carried out using the "Drinking Motive Questionnaire Revised Short Form" (Kuntsche & Kuntsche, 2009) in order to investigate the drinking motives among young people and its relationship with neighborhood characteristics, gender, age, and drinking patterns. Results showed that social motives are the most

frequent, followed by enhancement, coping, and conformity motives. Statistically significant differences were found between gender and grade (a proxy for age), being essentially the boys who consume more socially and the boys of the 8th grade that reported to consume for enhancement motives, cope with negative emotions, or to affirm themselves within peers group. Differences between the place of residence and consumption patterns are also found, showing that pupils who live in a neighborhood marked by many night entertainment venues, violence and theft, along with its location in an isolated area, have a significantly higher average in the four motives. Considering the drinking pattern, drinking to cope or for conformity motives are more common during the week and during the day, while drinking for social motives is more frequent during the day. Implications of the results for health and educational public policies are discussed.

Notes: Simoes, Celeste Branquinho, Catia Santos, Anabela de Matos, Margarida Gaspar

de Matos, Margarida Gaspar/H-3824-2012; Simões, Celeste/
AAC-4116-2020; Simões, Celeste/GVR-8488-2022; Branquinho, Cátia/
AAJ-9355-2020; Santos, Anabela Caetano/J-7553-2016
de Matos, Margarida Gaspar/0000-0003-2114-2350; Simões, Celeste/
0000-0003-0229-1422; Branquinho, Cátia/0000-0002-2877-4505; Santos,
Anabela Caetano/0000-0001-7963-8397
1475-9942

URL: <Go to ISI>://WOS:000428752700007

Reference Type: Journal Article

Record Number: 2363

Author: Simon, R. and West, R.

Year: 2015

Title: Models of addiction and types of interventions: An integrative look

Journal: International Journal of Alcohol and Drug Research

Volume: 4

Issue: 1

Pages: 13-20

Short Title: Models of addiction and types of interventions: An integrative look

ISSN: 1925-7066

DOI: 10.7895/ijadr.v4i1.198

Accession Number: WOS:000360501700003

Abstract: Background: Use of psychoactive substances and problem gambling create serious harm to individuals who engage in these practices and to society as a whole (World Health Organization, 2002). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) regularly monitors drug-related problems and interventions, as well as the efficiency of interventions. The scope and methodology of monitoring, however, depends on the conceptualization of "addiction." Methods: The relevant literature was screened for models and theories relating to "addiction," resulting in a systematic overview of the concepts and related approaches (EMCDDA, 2013). Using this as a background, different approaches for interventions and their theoretical bases are discussed. Results:

Models of addiction follow two approaches. Most of these focus on the individual addict, involving constructs such as emotions, drive states, habits, choice, and goal-oriented processes, or else taking a more integrative or change-oriented view. Others are population-based models, including social network, economic, communication, and organizational system models. While substance- and non-substance-related addictions differ in a number of respects, they share key elements: a repeated powerful motivation to engage in a particular behavior, acquired through enacting the behavior, despite the experience or risk of significant harm. Nine different types of intervention to combat addiction found in the literature involve attempts to change one or more of three factors that interact to underpin behavior: capability, opportunity, and motivation (the "COM-B" model). The models of addiction reviewed may serve as a basis for such interventions.

Notes: Simon, Roland West, Robert

URL: <Go to ISI>://WOS:000360501700003

Reference Type: Journal Article

Record Number: 56

Author: Simonse, O., Knoef, M., Van Dillen, L. F., Van Dijk, W. W. and Van Dijk, E.

Year: 2023

Title: Psychological barriers to take-up of healthcare and child support benefits in the Netherlands

Journal: Journal of European Social Policy

Date: 2023 Apr

Short Title: Psychological barriers to take-up of healthcare and child support benefits in the Netherlands

ISSN: 0958-9287

DOI: 10.1177/09589287231164343

Accession Number: WOS:000963559800001

Abstract: We empirically test an integral model for healthcare and child support benefits take-up using a probability sample of the Dutch population (N = 905). To examine how different psychological factors, in conjunction, explain take-up, we apply model averaging with Akaike's Information Criterion (AIC(C)). For both types of benefits, people's perceptions of eligibility best explain take-up. For healthcare benefits, take-up also relates to perceptions of need. Exploratory analyses suggest that for healthcare benefits but not for child support benefits, executive functions, self-efficacy, fear of reclaims, financial stress, and welfare stigma explain perceived eligibility. We find no support for knowledge, support, and administrative burden as explanatory factors in take-up. We discuss the results in relation to the Capability Opportunity Motivation Behaviour (COM-B) model for developing behavioural change interventions.

Notes: Simonse, Olaf Knoef, Marike Van Dillen, Lotte F. Van Dijk, Wilco W. Van Dijk, Eric

Simonse, Olaf/0000-0001-7588-6465

1461-7269

URL: <Go to ISI>://WOS:000963559800001

Reference Type: Journal Article

Record Number: 937

Author: Simpson, L. A., Barclay, R., Bayley, M. T., Dukelow, S. P., MacIntosh, B. J., McKay-Lyons, M., Menon, C., Ben Mortenson, W., Peng, T. H., Pollock, C. L., Pooyania, S., Teasell, R., Yang, C. L., Yao, J. and Eng, J. J.

Year: 2022

Title: Virtual Arm Boot Camp (V-ABC): study protocol for a mixed-methods study to increase upper limb recovery after stroke with an intensive program coupled with a grasp count device

Journal: Trials

Volume: 23

Issue: 1

Date: Feb

Short Title: Virtual Arm Boot Camp (V-ABC): study protocol for a mixed-methods study to increase upper limb recovery after stroke with an intensive program coupled with a grasp count device

DOI: 10.1186/s13063-022-06047-9

Article Number: 129

Accession Number: WOS:000752912000001

Abstract: Background: Encouraging upper limb use and increasing intensity of practice in rehabilitation are two important goals for optimizing upper limb recovery post stroke. Feedback from novel wearable sensors may influence practice behaviour to promote achieving these goals. A wearable sensor can potentially be used in conjunction with a virtually monitored home program for greater patient convenience, or due to restrictions that preclude in-person visits, such as COVID-19. This trial aims to (1) determine the efficacy of a virtual behaviour change program that relies on feedback from a custom wearable sensor to increase use and function of the upper limb post stroke; and (2) explore the experiences and perceptions of using a program coupled with wearable sensors to increase arm use from the perspective of people with stroke.

Methods: This mixed-methods study will utilize a prospective controlled trial with random allocation to immediate or 3-week delayed entry to determine the efficacy of a 3-week behaviour change program with a nested qualitative description study. The intervention, the Virtual Arm Boot Camp (V-ABC) features feedback from a wearable device, which is intended to increase upper limb use post stroke, as well as 6 virtual sessions with a therapist. Sixty-four adults within 1-year post stroke onset will be recruited from seven rehabilitation centres. All outcomes will be collected virtually. The primary outcome measure is upper limb use measured by grasp counts over 3 days from the wearable sensor (TENZR) after the 3-week intervention. Secondary outcomes include upper limb function (Arm Capacity and Movement Test) and self-reported function (Hand Function and Strength subscale from the Stroke Impact Scale).

Outcome data will be collected at baseline, post-intervention and at 2 months retention. The qualitative component will explore the experiences and acceptability of using a home program with a wearable sensor for increasing arm use from the point of view of individuals with stroke. Semi-structured interviews will be conducted with participants after they have experienced the

intervention. Qualitative data will be analysed using content analysis. Discussion: This study will provide novel information regarding the efficacy and acceptability of virtually delivered programs to improve upper extremity recovery, and the use of wearable sensors to assist with behaviour change.

Notes: Simpson, Lisa A. Barclay, Ruth Bayley, Mark T. Dukelow, Sean P. MacIntosh, Bradley J. McKay-Lyons, Marilyn Menon, Carlo Ben Mortenson, W. Peng, Tzu-Hsuan Pollock, Courtney L. Pooyania, Sepideh Teasell, Robert Yang, Chieh-Ling Yao, Jennifer Eng, Janice J. Mortenson, W. Ben/L-7441-2013; Menon, Carlo/GZG-8210-2022 Mortenson, W. Ben/0000-0002-0183-6163; Menon, Carlo/0000-0002-2309-9977; Barclay, Ruth/0000-0002-2961-5821 1745-6215
URL: <Go to ISI>://WOS:000752912000001

Reference Type: Journal Article

Record Number: 2285

Author: Simpson, S. A., McNamara, R., Shaw, C., Kelson, M., Moriarty, Y., Randell, E., Cohen, D., Alam, M. F., Copeland, L., Duncan, D., Espinasse, A., Gillespie, D., Hill, A., Owen-Jones, E., Tapper, K., Townson, J., Williams, S. and Hood, K.

Year: 2015

Title: A feasibility randomised controlled trial of a motivational interviewing-based intervention for weight loss maintenance in adults

Journal: Health Technology Assessment

Volume: 19

Issue: 50

Pages: 1-+

Date: Jul

Short Title: A feasibility randomised controlled trial of a motivational interviewing-based intervention for weight loss maintenance in adults

ISSN: 1366-5278

DOI: 10.3310/hta19500

Accession Number: WOS:000357936600001

Abstract: Background: Obesity has significant health and NHS cost implications. Relatively small reductions in weight have clinically important benefits, but long-term weight loss maintenance (WLM) is challenging. Behaviour change interventions have been identified as key for WLM. Motivation is crucial to supporting behaviour change, and motivational interviewing (MI) has been identified as a successful approach to changing health behaviours. The study was designed as an adequately powered, pragmatic randomised controlled trial (RCT); however, owing to recruitment issues, the study became a feasibility trial. Objectives: To assess recruitment, retention, feasibility, acceptability, compliance and delivery of a 12-month intervention to support WLM. Secondary objectives were to assess the impact of the intervention on body mass index (BMI) and other secondary outcomes. Design: Three-arm individually randomised controlled trial comprising an intensive arm, a less intensive arm and a control arm. Setting: Community setting in South Wales and the East Midlands. Participants: Individuals aged 18-70 years with a

current or previous BMI of ≥ 30 kg/m² who could provide evidence of at least 5% weight loss during the previous 12 months.

Intervention: Participants received individually tailored MI, which included planning and self-monitoring. The intensive arm received six face-to-face sessions followed by nine telephone sessions. The less intensive arm received two face-to-face sessions followed by two telephone sessions. The control arm received a leaflet advising them on healthy lifestyle. Main outcome measures: Feasibility outcomes included numbers recruited, retention and adherence. The primary effectiveness outcome was BMI at 12 months post randomisation. Secondary outcomes included waist circumference, waist-to-hip ratio, physical activity, proportion maintaining weight loss, diet, quality of life, health service resource usage, binge eating and well-being. A process evaluation assessed intervention delivery, adherence, and participants' and practitioners' views. Economic analysis aimed to assess cost-effectiveness in terms of quality-adjusted life-years (QALYs). Results: A total of 170 participants were randomised. Retention was good (84%) and adherence was excellent (intensive, 83%; less intensive, 91%). The between-group difference in mean BMI indicated the intensive arm had BMIs 1.0 kg/m² lower than the controls [95% confidence interval (CI) -2.2 kg/m² to 0.2 kg/m²]. Similarly, a potential difference was found in weight (average difference of 2.8 kg, 95% CI -6.1 kg to 0.5 kg). The intensive arm had odds of maintaining on average 43% [odds ratio (OR) 1.4, 95% CI 0.6 to 3.5] higher than controls. None of these findings were statistically significant. Further analyses controlling for level of adherence indicated that average BMI was 1.2 kg/m² lower in the intensive arm than the control arm (95% CI -2.5 kg/m² to 0.0 kg/m²). The intensive intervention led to a statistically significant difference in weight (mean -3.7 kg, 95% CI -7.1 kg to -0.3 kg). The other secondary outcomes showed limited evidence of differences between groups. The intervention was delivered as planned, and both practitioners and participants were positive about the intervention and its impact. Although not powered to assess cost-effectiveness, results of this feasibility study suggest that neither intervention as currently delivered is likely to be cost-effective in routine practice. Conclusion: This is the first trial of an intervention for WLM in the UK, the intervention is feasible and acceptable, and retention and adherence were high. The main effectiveness outcome showed a promising mean difference in the intensive arm. Owing to the small sample size, we are limited in the conclusions we can draw. However, findings suggest that the intensive intervention may facilitate long-term weight maintenance and, therefore, further testing in an effectiveness trial may be indicated. Research examining WLM is in its infancy, further research is needed to develop our understanding of WLM and to expand theory to inform the development of interventions to be tested in rigorously designed RCTs with cost-effectiveness assessed.

Notes: Simpson, Sharon A. McNamara, Rachel Shaw, Christine Kelson, Mark Moriarty, Yvonne Randell, Elizabeth Cohen, David Alam, M. Fasihul Copeland, Lauren Duncan, Donna Espinasse, Aude Gillespie, David Hill, Andy Owen-Jones, Eleri Tapper, Katy Townson, Julia Williams, Simon Hood, Kerry Tapper, Katy/AAC-4736-2019; Simpson, Sharon A/B-5109-2009; Alam, M

Fasihul/AAD-7268-2020; Tapper, Katy/ABE-2814-2021; Hood, Kerenza/
C-2528-2008; , rachel/IQW-7140-2023; Kelson, Mark J/E-6753-2016
Tapper, Katy/0000-0001-9097-6311; Hood, Kerenza/0000-0002-5268-8631;
Kelson, Mark J/0000-0001-7744-3780; Simpson, Sharon Anne/
0000-0002-6219-1768; Hill, Andrew/0000-0003-3192-0427; Alam, M
Fasihul/0000-0003-2590-851X; Gillespie, David/0000-0002-6934-2928;
McNamara, Rachel/0000-0002-7280-1611; Williams, Simon/
0000-0002-7442-7395; Copeland, Lauren/0000-0003-0387-9607; Townson,
Julia/0000-0001-8679-3619
2046-4924
URL: <Go to ISI>://WOS:000357936600001

Reference Type: Journal Article

Record Number: 1080

Author: Singh, G. K., Ivynian, S. E., Davidson, P. M., Ferguson, C.
and Hickman, L. D.

Year: 2022

Title: Elements of Integrated Palliative Care in Chronic Heart
Failure Across the Care Continuum: A Scoping Review

Journal: Heart Lung and Circulation

Volume: 31

Issue: 1

Pages: 32-41

Date: Jan

Short Title: Elements of Integrated Palliative Care in Chronic Heart
Failure Across the Care Continuum: A Scoping Review

ISSN: 1443-9506

DOI: 10.1016/j.hlc.2021.08.012

Accession Number: WOS:000733109100011

Abstract: Background Individuals with chronic heart failure
experience high symptom burden, reduced quality of life and high
health care utilisation. Although there is growing evidence that a
palliative approach, provided concurrently with usual treatment
improves outcomes, the method of integrating palliative care for
individuals living with chronic heart failure across the care
continuum remains elusive. Aim To examine the key elements of
integrated palliative care recommended for individuals living with
chronic heart failure across the care continuum. Design Scoping
review. Data sources Databases searched were CINAHL, Ovid MEDLINE,
Scopus and OpenGrey. Studies written in English and containing key
strategic elements specific to chronic heart failure were included.
Search terms relating to palliative care and chronic heart failure
and the Joanna Briggs Institute methodology for scoping reviews was
used. Results Seventy-nine (79) articles were selected that
described key elements to integrate palliative care for individuals
with chronic heart failure. This review identifies four levels of
key strategic elements: 1) clinical; 2) professional; 3)
organisational and 4) system-level integration. Implementing
strategies across these elements facilitates integrated palliative
care for individuals with chronic heart failure. Conclusions Inter-
sectorial collaborations across systems and the intersection of
health and social services are essential to delivering integrated,
person-centred palliative care. Further research focussing on

patient and family needs at a system-level is needed. Research with strong theoretical underpinnings utilising implementation science methods are required to achieve and sustain complex behaviour change to translate key elements.

Notes: Singh, Gursharan K. Ivynian, Serra E. Davidson, Patricia M. Ferguson, Caleb Hickman, Louise D.

Hickman, Louise D/AAV-1449-2020; Singh, Gursharan K/AAJ-6067-2020; ferguson, caleb/G-4972-2015

Hickman, Louise D/0000-0002-5116-6559; Singh, Gursharan K/0000-0003-1945-7556; ferguson, caleb/0000-0002-2417-2216; Ivynian, Serra/0000-0001-6984-8702; Davidson, Patricia M./0000-0003-2050-1534 1444-2892

URL: <Go to ISI>://WOS:000733109100011

Reference Type: Journal Article

Record Number: 1319

Author: Singh, M., Collins, L., Farrington, R., Jones, M., Thampy, H., Watson, P., Warner, C., Wilson, K. and Grundy, J.

Year: 2022

Title: From principles to practice: embedding clinical reasoning as a longitudinal curriculum theme in a medical school programme

Journal: Diagnosis

Volume: 9

Issue: 2

Pages: 184-194

Date: May

Short Title: From principles to practice: embedding clinical reasoning as a longitudinal curriculum theme in a medical school programme

ISSN: 2194-8011

DOI: 10.1515/dx-2021-0031

Accession Number: WOS:000737396200001

Abstract: There is consensus that clinical reasoning (CR) is crucial for increasing the value of diagnosis, medical decision-making and error reduction. These skills should be developed throughout medical education, starting with undergraduate study. International guidance provides principles for CR curricula but interventions to date, are short term in nature. In this report, we describe the creation of a longitudinal, spiral CR curriculum within a large UK medical school programme (2500 students). A working group drove systematic evidence-based reform of existing structures. We utilised recognised models for curriculum development and mapping, relating learning outcomes to competency frameworks. Application of multiple teaching methodologies, rooted in enquiry-based learning and reported in CR literature, encourage metacognition for information-processing and illness script development. Development of CR is emphasised with recurrent, progressive learning opportunities, each stage purposefully building upon previous experiences. Formative and summative assessment approaches to drive learning, encouraging students' ability to apply and articulate CR, is constructed via Miller's Prism of Clinical Competence. Implementation of pedagogy is contingent on faculty development. Whilst many clinicians practice sound CR, the ability to articulate it to students is often a novel

skill. Engagement in faculty development was strengthened through cross-institutional recognition of teaching workload and flexibility of delivery. We report lessons learned from the implementation phase and plans for measuring impact.

Notes: Singh, Mini Collins, Lisa Farrington, Rebecca Jones, Matthew Thampy, Harish Watson, Pippa Warner, Christian Wilson, Kurt Grundy, Jessica

Singh, Minal/AFT-3812-2022; Farrington, Rebecca/AER-0106-2022

Thampy, Harish/0000-0002-7850-4378; Farrington, Rebecca/

0000-0001-6555-3704; Collins, Lisa/0000-0001-9435-5555

2194-802x

URL: <Go to ISI>://WOS:000737396200001

Reference Type: Journal Article

Record Number: 2328

Author: Sinnott, C., Mc Hugh, S., Boyce, M. B. and Bradley, C. P.

Year: 2015

Title: What to give the patient who has everything? A qualitative study of prescribing for multimorbidity in primary care

Journal: British Journal of General Practice

Volume: 65

Issue: 632

Pages: E184-E191

Date: Mar

Short Title: What to give the patient who has everything? A qualitative study of prescribing for multimorbidity in primary care

ISSN: 0960-1643

DOI: 10.3399/bjgp15X684001

Accession Number: WOS:000356962500007

Abstract: Background Using clinical guidelines in the management of patients with multimorbidity can lead to the prescription of multiple and sometimes conflicting medications. Aim To explore how GPs make decisions when prescribing for multimorbid patients, with a view to informing intervention design. Design and setting In-depth qualitative interviews incorporating chart-stimulated recall with purposively sampled GPs in the Republic of Ireland. Method Grounded theory analysis with iterative theory development. Results Twenty GPs were interviewed about 51 multimorbid cases. In these cases, GPs integrated information from multiple sources including the patient, specialists, and evidencebased medicine. Difficulties arose when recommendations or preferences conflicted, to which GPs responded by 'satisficing': accepting care that they deemed satisfactory and sufficient for a particular patient. Satisficing was manifest as relaxing targets for disease control, negotiating compromise with the patient, or making 'best guesses' about the most appropriate course of action to take. In multimorbid patients perceived as stable, GPs preferred to 'maintain the status quo' rather than rationalise medications, even in cases with significant polypharmacy. Proactive changes in medications were facilitated by continuity of care, sufficient consultation time, and open lines of communication with the patient, other healthcare professionals, and other GPs. Conclusion GPs respond to conflicts in the management of multimorbid patients by making compromises between patient-centred

and evidence-based care. These findings will be used to inform interventions that aim to care in multimorbidity.

Notes: Sinnott, Carol Mc Hugh, Sheena Boyce, Maria B. Bradley, Colin P.

Bradley, Colin/0000-0002-3595-9567; McHugh, Sheena/0000-0002-6595-0491; Sinnott, Carol/0000-0002-8620-7461
1478-5242

URL: <Go to ISI>://WOS:000356962500007

Reference Type: Journal Article

Record Number: 2264

Author: Sinnott, C., Mercer, S. W., Payne, R. A., Duerden, M., Bradley, C. P. and Byrne, M.

Year: 2015

Title: Improving medication management in multimorbidity: development of the Multimorbidity Collaborative Medication Review And Decision Making (MY COMRADE) intervention using the Behaviour Change Wheel

Journal: Implementation Science

Volume: 10

Date: Sep

Short Title: Improving medication management in multimorbidity: development of the Multimorbidity Collaborative Medication Review And Decision Making (MY COMRADE) intervention using the Behaviour Change Wheel

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0322-1

Article Number: 132

Accession Number: WOS:000361713600001

Abstract: Background: Multimorbidity, the presence of two or more chronic conditions, affects over 60 % of patients in primary care. Due to its association with polypharmacy, the development of interventions to optimise medication management in patients with multimorbidity is a priority. The Behaviour Change Wheel is a new approach for applying behavioural theory to intervention development. Here, we describe how we have used results from a review of previous research, original research of our own and the Behaviour Change Wheel to develop an intervention to improve medication management in multimorbidity by general practitioners (GPs), within the overarching UK Medical Research Council guidance on complex interventions. Methods: Following the steps of the Behaviour Change Wheel, we sought behaviours associated with medication management in multimorbidity by conducting a systematic review and qualitative study with GPs. From the modifiable GP behaviours identified, we selected one and conducted a focused behavioural analysis to explain why GPs were or were not engaging in this behaviour. We used the behavioural analysis to determine the intervention functions, behavioural change techniques and implementation plan most likely to effect behavioural change.

Results: We identified numerous modifiable GP behaviours in the systematic review and qualitative study, from which active medication review (rather than passive maintaining the status quo) was chosen as the target behaviour. Behavioural analysis revealed

GPs' capabilities, opportunities and motivations relating to active medication review. We combined the three intervention functions deemed most likely to effect behavioural change (enablement, environmental restructuring and incentivisation) to form the Multimorbidity Collaborative Medication Review And Decision Making (MY COMRADE) intervention. MY COMRADE primarily involves the technique of social support: two GPs review the medications prescribed to a complex multimorbid patient together. Four other behavioural change techniques are incorporated: restructuring the social environment, prompts/cues, action planning and self-incentives. Conclusions: This study is the first to use the Behaviour Change Wheel to develop an intervention targeting multimorbidity and confirms the usability and usefulness of the approach in a complex area of clinical care. The systematic development of the MY COMRADE intervention will facilitate a thorough evaluation of its effectiveness in the next phase of this work.

Notes: Sinnott, Carol Mercer, Stewart W. Payne, Rupert A. Duerden, Martin Bradley, Colin P. Byrne, Molly Payne, Rupert/0000-0002-5842-4645; Byrne, Molly/0000-0001-8900-4320; Bradley, Colin/0000-0002-3595-9567; Mercer, Stewart William/0000-0002-1703-3664; Sinnott, Carol/0000-0002-8620-7461
URL: <Go to ISI>://WOS:000361713600001

Reference Type: Journal Article

Record Number: 736

Author: Sivyer, K., Teasdale, E., Greenwell, K., Steele, M., Ghio, D., Ridd, M. J., Roberts, A., Chalmers, J. R., Lawton, S., Langan, S. M., Cowdell, F., Le Roux, E., Wilczynska, S., Williams, H. C., Thomas, K. S., Yardley, L., Santer, M. and Muller, I.

Year: 2022

Title: Supporting families managing childhood eczema: developing and optimising eczema care online using qualitative research

Journal: British Journal of General Practice

Volume: 72

Issue: 719

Pages: E378-E389

Date: Jun

Short Title: Supporting families managing childhood eczema: developing and optimising eczema care online using qualitative research

ISSN: 0960-1643

DOI: 10.3399/bjgp.2021.0503

Accession Number: WOS:000800280900001

Abstract: Background Childhood eczema is often poorly controlled owing to underuse of emollients and topical corticosteroids (TCS). Parents/carers report practical and psychosocial barriers to managing their child's eczema, including child resistance. Online interventions could potentially support parents/carers; however, rigorous research developing such interventions has been limited. Aim To develop an online behavioural intervention to help parents/carers manage and co-manage their child's eczema. Design and setting Intervention development using a theory-, evidence-, and person-

based approach (PBA) with qualitative research. Method A systematic review and qualitative synthesis of studies (n = 32) and interviews with parents/carers (n = 30) were used to identify barriers and facilitators to effective eczema management, and a prototype intervention was developed. Think-aloud interviews with parents/carers (n = 25) were then used to optimise the intervention to increase its acceptability and feasibility. Results Qualitative research identified that parents/ carers had concerns about using emollients and TCS, incomplete knowledge and skills around managing eczema, and reluctance to transitioning to co-managing eczema with their child. Think-aloud interviews highlighted that, while experienced parents/carers felt they knew how to manage eczema, some information about how to use treatments was still new. Techniques for addressing barriers included providing a rationale explaining how emollients and TCS work, demonstrating how to use treatments, and highlighting that the intervention provided new, up-to-date information. Conclusion Parents/carers need support in effectively managing and co-managing their child's eczema. The key output of this research is Eczema Care Online for Families, an online intervention for parents/carers of children with eczema, which is being evaluated in a randomised trial.

Notes: Sivyer, Katy Teasdale, Emma Greenwell, Kate Steele, Mary Ghio, Daniela Ridd, Matthew J. Roberts, Amanda Chalmers, Joanne R. Lawton, Sandra Langan, Sinead M. Cowdell, Fiona Le Roux, Emma Wilczynska, Sylvia Williams, Hywel C. Thomas, Kim S. Yardley, Lucy Santer, Miriam Muller, Ingrid ; Ridd, Matthew/E-5656-2016; Ghio, Daniela/H-5105-2015 Langan, Sinead/0000-0002-7022-7441; Thomas, Kim/0000-0001-7785-7465; Steele, Mary/0000-0003-2595-3855; Teasdale, Emma/0000-0001-9147-193X; Yardley, Lucy/0000-0002-3853-883X; Greenwell, Kate/0000-0002-3662-1488; Ridd, Matthew/0000-0002-7954-8823; Ghio, Daniela/0000-0002-0580-0205; Muller, Ingrid/0000-0001-9341-6133; Sivyer, Katy/0000-0003-4349-0102; williams, hywel/0000-0002-5646-3093; Santer, Miriam/0000-0001-7264-5260 1478-5242

URL: <Go to ISI>://WOS:000800280900001

Reference Type: Journal Article

Record Number: 567

Author: Smale, E. M., Egberts, T. C. G., Heerdink, E. R., van den Bemt, B. J. F. and Bekker, C. L.

Year: 2022

Title: Key factors underlying the willingness of patients with cancer to participate in medication redispensing

Journal: Research in Social & Administrative Pharmacy

Volume: 18

Issue: 8

Pages: 3329-3337

Date: Aug

Short Title: Key factors underlying the willingness of patients with cancer to participate in medication redispensing

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2021.12.004

Accession Number: WOS:000831754300013

Abstract: Background: Redispensing medication unused by patients to other patients could reduce the environmental burden of medication waste. Simultaneously, associated financial loss could be reduced, particularly for expensive medication such as oral anticancer drugs. An important determinant for successful medication redispensing is patient participation. Objective(s): To identify key factors underlying the willingness of patients with cancer to participate in the redispensing of unused oral anticancer drugs. Methods: Semi-structured interviews via telephone or video call were conducted with adult patients diagnosed with cancer from two Dutch hospitals. The interview guide was framed using the COM-B model for behavioural change, to elicit patients' capability, opportunity and motivation to participate in medication redispensing. Questions were related to patients' willingness to accept redispensed medication, reasons thereof, perceived concerns and needs. Inductive thematic analysis was applied. Results: Seventeen patients (aged 38–82 years, 71% female), with nine different types of cancer participated. The majority of participants supported medication redispensing. Four categories of key factors underlying the willingness of patients with cancer to participate in medication redispensing were identified. First, the driver for participation was having positive societal impact, relating to affordability and sustainability of healthcare. Second, having trust in product quality was a requirement, influenced by preconceived beliefs, quality assurance and patients' knowledge of this process. Third, a facilitator for participating in medication redispensing was adequate provision of information. This concerned awareness of medication waste, information about medication redispensing, support from healthcare providers and other patients, and insight into medication dispensing history. Last, a convenient process for returning unused medication to pharmacies would facilitate participation in medication redispensing. Conclusions: The willingness of patients with cancer to participate in medication redispensing relates to a drive for achieving positive societal impact, provided that medication is of high quality, there is adequate information provision and a convenient process.

Notes: Smale, E. M. Egberts, T. C. G. Heerdink, E. R. van den Bemt, B. J. F. Bekker, C. L.

Egberts, Toine/K-4579-2019; Bekker, Charlotte/ABI-2193-2020; Smale, Lisa-Marie/GWC-4659-2022

Egberts, Toine/0000-0003-1758-7779; Bekker, Charlotte/
0000-0002-6018-4409;
1934-8150

URL: <Go to ISI>://WOS:000831754300013

Reference Type: Journal Article

Record Number: 101

Author: Smeltzer, M. E., Davidson, A. R., Reidlinger, D. P. and MacKenzie-Shalders, K. L.

Year: 2023

Title: Transformative systemic changes to embed environmental sustainability in foodservices: A grounded theory exploration

Journal: Nutrition & Dietetics

Volume: 80

Issue: 2

Pages: 163-172

Date: Apr

Short Title: Transformative systemic changes to embed environmental sustainability in foodservices: A grounded theory exploration

ISSN: 1446-6368

DOI: 10.1111/1747-0080.12805

Accession Number: WOS:000956175100001

Abstract: Aims Foodservices are a strong contributor to global environmental impact. Systemic change is required to lead the transformation towards environmentally sustainable foodservices. However, guidance to support foodservices to be more environmentally sustainable is lacking. The aim was to explore food-related environmentally sustainable strategies and their transferability to foodservices in a range of settings, to inform a framework for future application and research. Methods A constructivist grounded theory study design was used. Semi-structured interviews with foodservice sustainability consultants, who support foodservice organisations to improve environmental sustainability, were conducted. Interviews were recorded, transcribed, and coded line-by-line. Ten consultants were purposively sampled for diversity in location, organisation type, funding model, and services provided. Codes were collapsed into categories, to inform the development of themes and a framework for the implementation of strategies. Results Four sub-themes were created under an overarching theme of 'Transforming the Foodservice System': embedding leadership, shifting perspective, constructing collaborative networks, and fostering momentum. A range of implementation strategies were captured within the sub-themes. Conclusion These themes informed the development of a practical application framework for implementing sustainable strategies in foodservices that is useful for practice and future research in the area.

Notes: Smeltzer, Madison E. Davidson, Alexandra R. Reidlinger, D. P. MacKenzie-Shalders, Kristen L.

Reidlinger, Dianne/E-1456-2016

Reidlinger, Dianne/0000-0002-9993-8239; Davidson, Alexandra/0000-0002-0445-3299

1747-0080

URL: <Go to ISI>://WOS:000956175100001

Reference Type: Journal Article

Record Number: 586

Author: Smit, C. R., Bevelander, K. E., de Leeuw, R. N. H. and Buijzen, M.

Year: 2022

Title: Motivating Social Influencers to Engage in Health Behavior Interventions

Journal: Frontiers in Psychology

Volume: 13

Date: Jul

Short Title: Motivating Social Influencers to Engage in Health

Behavior Interventions

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2022.885688

Article Number: 885688

Accession Number: WOS:000837199500001

Abstract: Social influencers are widely known as the promoters of purchase behavior as well as for their potential to change health behaviors among individuals in their social networks. For social influencers to be successful in changing behaviors, it is essential that they convey their message in an authentic, original, credible, and persistent manner. In the context of health behavior interventions, this requires a focus on the motivation of social influencers to engage in the intervention. This perspective article describes the importance of motivating social influencers to engage in the desired health behaviors themselves and to promote it within their social network. We briefly describe the current state of knowledge and our empirical experience in implementing health interventions with social influencers. Using insights from self-determination theory, we demonstrate how social influencers can be motivated optimally in health behavior interventions and, thereby, improving the success of the intervention. To illustrate these insights and guide intervention practice, we provide concrete examples of techniques that can be applied in health interventions involving social influencers. We conclude with directions for further research and intervention practice to improve the delivery of health behavior interventions.

Notes: Smit, Crystal R. Bevelander, Kirsten E. de Leeuw, Rebecca N. H. Buijzen, Moniek

Bevelander, Kirsten E/E-7878-2012; Buijzen, Moniek/Q-7428-2016

Buijzen, Moniek/0000-0003-3780-0856

URL: <Go to ISI>://WOS:000837199500001

Reference Type: Journal Article

Record Number: 604

Author: Smith, A. E. O., Ruston, A., Doidge, C., Lovatt, F. and Kaler, J.

Year: 2022

Title: Putting sheep scab in its place: A more relational approach

Journal: Preventive Veterinary Medicine

Volume: 206

Date: Sep

Short Title: Putting sheep scab in its place: A more relational approach

ISSN: 0167-5877

DOI: 10.1016/j.prevetmed.2022.105711

Article Number: 105711

Accession Number: WOS:000830851100005

Abstract: Since the reintroduction of sheep scab within the UK, its prevalence has increased despite several industry-led initiatives to control and manage the disease. Some studies have suggested that initiatives or policies should instead focus on specific places, such as geographically high-risk areas for sheep scab, which could allow for a more targeted approach. However, this risk of sheep scab

has been measured in set geographical areas, without the reference to the interplay of topography, host, pathogen and the way in which humans socially and culturally define risk and place, potentially limiting the effectiveness of preventative initiatives. Therefore, the aim of the current study was to understand how place influences sheep farmers' approaches to the identification and management of the risk of sheep scab in their flocks. Qualitative data was collected from 43 semi-structured interviews with sheep farmers from England, Scotland, and Wales and was analysed by using the constant comparative approach. The codes were grouped into four concepts that influenced farmers' decision-making strategies for sheep scab control: perception of place; risk identification; risk categorisation; and risk management. These concepts were used as an analytical framework to identify three different 'places': 'uncontrollable places', 'liminal places' and 'protective places'. Each place reflects a different sheep scab control strategy used by farmers and shaped by their perceptions of place and risk. The 'uncontrollable places' category represented farmers who were located in areas that were geographically high-risk for sheep scab and who experienced a high frequency of sheep scab infestations in their flocks. The risk posed by their local landscape and neighbouring farmers, who neglected to engage in preventative behaviours, led them to feel unable to engage in effective risk management. Thus, they viewed scab as uncontrollable. The farmers within the 'liminal places' category were characterised as farmers who were located in high-risk areas for sheep scab, but experienced low levels of sheep scab infestations. These farmers characterised the risks associated with sheep scab management in terms of needing to protect their reputation and felt more responsibility for controlling sheep scab, which influenced them to engage in more protective measures. The farmers within the 'protective places' category were characterised as farming within low-risk areas and thus experienced a low level of sheep scab infestations. These farmers also described their risk in terms of their reputation and the responsibility they held for protecting others. However, they sought to rely on their low geographical risk of sheep scab as a main source of protection and therefore did not always engage in protective measures. These results suggest that place-based effects have significant impacts on sheep farmers' beliefs and behaviours and thus should be considered by policymakers when developing future strategies for sheep scab control.

Notes: Smith, Alice E. O. Ruston, Annmarie Doidge, Charlotte Lovatt, Fiona Kaler, Jasmeet

Kaler, Jasmeet/G-5569-2011

1873-1716

URL: <Go to ISI>://WOS:000830851100005

Reference Type: Journal Article

Record Number: 1928

Author: Smith, C., Ly, S., Uk, V., Warnock, R. and Free, C.

Year: 2017

Title: Women's views and experiences of a mobile phone-based intervention to support post-abortion contraception in Cambodia

Journal: Reproductive Health

Volume: 14

Date: Jun

Short Title: Women's views and experiences of a mobile phone-based intervention to support post-abortion contraception in Cambodia

DOI: 10.1186/s12978-017-0329-y

Article Number: 72

Accession Number: WOS:000403285300002

Abstract: Background: The MOBILE Technology for Improved Family Planning (MOTIF) trial assessed a mobile phone-based intervention comprising voice messages and counsellor support to increase post-abortion contraception at four Marie Stopes International clinics in Cambodia. The aim of this process evaluation was to assess women's views and experiences of receiving the MOTIF intervention, gain insights into the mechanism of action of the intervention and seek recommendations for improvements. **Methods:** We conducted a qualitative study comprising 15 semi-structured interviews with women who had received the intervention and undertook a simple thematic analysis. **Results:** We identified themes relating to communication via mobile phone, supporting contraception use, broader post-abortion care, interaction with family and friends and suggestions for improvement. The majority of women were positive about the mobile phone-based intervention to support contraception use and reported it to be a convenient way to ask questions or get advice without going to a health centre, although a few women found the voice messages intrusive. The intervention supported contraception use by provision of information, encouragement, reminders to return to clinic, reassurance and advice for problems and had a positive effect on contraceptive uptake and continuation. Women reported a sense of being cared for and received support for additional physical and emotional issues. Most women thought that the duration of the intervention and frequency of messages were acceptable. **Conclusions:** The majority of women were positive about the mobile phone-based intervention which provided support for contraception use as well as additional physical and emotional issues. The study provides some insights into how the intervention might have worked and considers how the intervention could be improved.

Notes: Smith, Chris Ly, Sokhey Uk, Vannak Warnock, Ruby Free, Caroline

Smith, Chris/AAA-6706-2021

Smith, Chris/0000-0001-9238-3202; Warnock, Ruby/0000-0002-2583-0524; Free, Caroline/0000-0003-1711-0006

1742-4755

URL: <Go to ISI>://WOS:000403285300002

Reference Type: Journal Article

Record Number: 2185

Author: Smith, C., Vannak, U., Sokhey, L., Ngo, T. D., Gold, J. and Free, C.

Year: 2016

Title: Mobile Technology for Improved Family Planning (MOTIF): the development of a mobile phone-based (mHealth) intervention to support post-abortion family planning (PAFP) in Cambodia

Journal: Reproductive Health

Volume: 13

Date: Jan

Short Title: Mobile Technology for Improved Family Planning (MOTIF): the development of a mobile phone-based (mHealth) intervention to support post-abortion family planning (PAFP) in Cambodia

DOI: 10.1186/s12978-015-0112-x

Article Number: 1

Accession Number: WOS:000367809400001

Abstract: Background: The objective of this paper is to outline the formative research process used to develop the MOTIF mobile phone-based (mHealth) intervention to support post-abortion family planning in Cambodia. Methods: The formative research process involved literature reviews, interviews and focus group discussions with clients, and consultation with clinicians and organisations implementing mHealth activities in Cambodia. This process led to the development of a conceptual framework and the intervention. Results: Key findings from the formative research included identification of the main reasons for non-use of contraception and patterns of mobile phone use in Cambodia. We drew on components of existing interventions and behaviour change theory to develop a conceptual framework. A multi-faceted voice-based intervention was designed to address health concerns and other key determinants of contraception use. Conclusions: Formative research was essential in order to develop an appropriate mHealth intervention to support post-abortion contraception in Cambodia. Each component of the formative research contributed to the final intervention design.

Notes: Smith, Chris Vannak, Uk Sokhey, Ly Ngo, Thoai D. Gold, Judy Free, Caroline

Smith, Chris/AAA-6706-2021; Gold, Judy/T-9365-2019

Smith, Chris/0000-0001-9238-3202; Ngo, Thoai/0000-0001-6683-2297;

Free, Caroline/0000-0003-1711-0006; Gold, Judy/0000-0002-3624-8900
1742-4755

URL: <Go to ISI>://WOS:000367809400001

Reference Type: Journal Article

Record Number: 791

Author: Smith, D. and Keegan, R.

Year: 2023

Title: Managing vulnerabilities in practitioner decision-making within sport psychology services: Responding to the evidence base

Journal: Journal of Applied Sport Psychology

Volume: 35

Issue: 3

Pages: 433-454

Date: Jul

Short Title: Managing vulnerabilities in practitioner decision-making within sport psychology services: Responding to the evidence base

ISSN: 1041-3200

DOI: 10.1080/10413200.2022.2044406

Accession Number: WOS:000782693200001

Abstract: This position paper examines decision-making in sport

psychology practitioners from a dual processing perspective. Based on the work of Kahneman and Tversky, we draw upon cognitive and social psychology research to explore key decision-making vulnerabilities in the context of the sport psychology practitioner. We examine the influence of classic heuristics and biases, exploring issues such as: an exclusive focus on the inside view; tunnel vision; focusing on disposition as opposed to situation; the sport environment as a complex adaptive system; formulas for success; phase transitions; and conflating skill and luck. When considering how to combat such decision-making vulnerabilities, we explore a 'counterintuitive' approach developed by Mauboussin to mitigating these, and explain how sport psychology practitioners can apply such strategies. We suggest counterweight strategies, including: raising awareness of how biases and heuristics may be affecting our decision-making; diversifying our perspectives; proactively seeking critical feedback from diverse sources; creating useful checklists; and performing 'pre-mortems'. Likewise, we explore strategies for future research on decision-making in sport psychology practitioners. Lay summary: This position paper draws on research from social, cognitive and sport psychology to explore key decision-making vulnerabilities in the context of the sport psychology practitioner. We provide evidence-based suggestions to mitigate these vulnerabilities, and strategies for how practitioners can apply these ideas in their practice. Implications for Practice A dual-processing approach has considerable potential for highlighting, and mitigating against, key decision-making vulnerabilities in sport psychology practitioners The systematic use of evidence-based strategies could greatly enhance decision-making quality in practitioners.

Notes: Smith, Dave Keegan, Richard Keegan, Richard/E-9498-2013
Keegan, Richard/0000-0003-4253-4492
1533-1571
URL: <Go to ISI>://WOS:000782693200001

Reference Type: Journal Article
Record Number: 627
Author: Smith, H. C., Saxena, S. and Petersen, I.
Year: 2022
Title: Maternal Postnatal Depression and Completion of Infant Immunizations: A UK Cohort Study of 196,329 Mother-Infant Pairs, 2006-2015
Journal: Journal of Clinical Psychiatry
Volume: 83
Issue: 4
Date: Jul-Aug
Short Title: Maternal Postnatal Depression and Completion of Infant Immunizations: A UK Cohort Study of 196,329 Mother-Infant Pairs, 2006-2015
ISSN: 0160-6689
DOI: 10.4088/JCP.20m13575
Accession Number: WOS:000898548000027
Abstract: Objective: To examine the relationship between maternal

postnatal depression and completion of infant vaccinations. Methods: We conducted a cohort study using data from The Health Improvement Network (THIN), a large UK primary care electronic health record database. We identified 196,329 mother–infant pairs in which the infant was born between 2006 and 2015. Postnatal depression was identified through antidepressant prescriptions or diagnoses or symptoms of depression in first year after childbirth. Primary outcome was completion of three 5–in–1 vaccination doses in infants before 1 year of age; this vaccine protects against diphtheria, tetanus, whooping cough, polio, and Haemophilus influenzae type b. We used Poisson regression models to compare likelihood of infant 5–in–1 vaccine uptake among children of women with a record of postnatal depression to likelihood among those without. Results: Of the 196,329 women, 20,802 (10.6%) had a record of postnatal depression and/or antidepressant prescription. There was no difference in infants' 5–in–1 vaccination completion between those of mothers with a record and those of mothers' without (adjusted incidence rate ratio [IRR] = 1.01; 95% CI, 0.99–1.02). Those from more socially deprived areas were less likely to complete infant vaccinations compared to those from the least deprived areas (IRR = 0.92; 95% CI, 0.90–0.93). Likelihood of completing infant vaccination decreased over time, comparing 2014–2015 to 2006–2007 (IRR = 0.90; 95% CI, 0.89–0.92). Conclusions: Among mothers who engage with primary care, maternal postnatal depression is not associated with lower rates of infant vaccination, though more research is needed to conclude if either more severe depression or unrecognized depression is associated with lower completion rates. Notes: Smith, Holly C. Saxena, Sonia Petersen, Irene 1555–2101 URL: <Go to ISI>://WOS:000898548000027

Reference Type: Journal Article

Record Number: 1258

Author: Smith, K. G., Cunningham, K. B., Cecil, J. E., Laidlaw, A., Cairns, P., Scanlan, G. M., Tooman, T. R., Aitken, G., Ferguson, J., Gordon, L., Johnston, P. W., Pope, L., Wakeling, J. and Walker, K. A.

Year: 2022

Title: Supporting doctors' well-being and resilience during COVID-19: A framework for rapid and rigorous intervention development

Journal: Applied Psychology–Health and Well Being

Volume: 14

Issue: 1

Pages: 236–251

Date: Feb

Short Title: Supporting doctors' well-being and resilience during COVID-19: A framework for rapid and rigorous intervention development

ISSN: 1758–0846

DOI: 10.1111/aphw.12300

Accession Number: WOS:000686516200001

Abstract: This paper aims to outline the development of a

theoretically informed and evidence-based intervention strategy to underpin interventions to support the well-being of doctors during COVID-19 and beyond; delineate new ways of working were employed to ensure a rapid and rigorous process of intervention development and present the resulting novel framework for intervention development. The research comprised four workstreams: literature review (WS1), qualitative study (WS2), intervention development and implementation (WS3) and evaluation (WS4). Due to time constraints, we employed a parallel design for WS1-3 with the findings of WS1-2 informing WS3 on a continual basis. WS3 was underpinned by the Behaviour Change Wheel. We recruited expert panels to assist with intervention development. We reflected on decisions taken to facilitate the rapid yet rigorous process of intervention development. The empirical output was a theoretically informed and evidence-based intervention strategy to underpin interventions to support doctors' well-being during COVID-19 and beyond. The methodological output was a novel framework that facilitates rapid and rigorous development of interventions. The intervention strategy provides a foundation for development and evaluation of tailored interventions to support doctors' well-being. The novel framework provides guidance for the development of interventions where the situation demands a rapid yet rigorous development process.

Notes: Gibson Smith, Kathrine Cunningham, Kathryn B. Cecil, Joanne E. Laidlaw, Anita Cairns, Patrick Scanlan, Gillian M. Tooman, Tricia R. Aitken, Gill Ferguson, Julie Gordon, Lisi Johnston, Peter W. Pope, Lindsey Wakeling, Judy Walker, Kim A.

Walker, Kim/0000-0001-8873-2270; Cairns, Patrick/
0000-0002-8480-8386; Gibson Smith, Kathrine/0000-0002-7341-4701;
Cecil, Joanne/0000-0003-4779-6037; Tooman, Tricia/
0000-0002-1227-2033; Laidlaw, Anita/0000-0003-1214-4100; Gordon,
Lisi/0000-0002-4986-1501; Cunningham, Kathryn Burns/
0000-0002-3300-7220; Scanlan, Gillian/0000-0002-3510-7938; Pope,
Lindsey/0000-0003-0899-9616
1758-0854

URL: <Go to ISI>://WOS:000686516200001

Reference Type: Journal Article

Record Number: 1515

Author: Smith, L., Elwick, H., Mhizha-Murira, J. R., Topcu, G., Bale, C., Evangelou, N., Timmons, S., Leighton, P., das Nair, R. and Collective, N. EuRoMS

Year: 2021

Title: Developing a clinical pathway to identify and manage cognitive problems in Multiple Sclerosis: Qualitative findings from patients, family members, charity volunteers, clinicians and healthcare commissioners

Journal: Multiple Sclerosis and Related Disorders

Volume: 49

Date: Apr

Short Title: Developing a clinical pathway to identify and manage cognitive problems in Multiple Sclerosis: Qualitative findings from patients, family members, charity volunteers, clinicians and healthcare commissioners

ISSN: 2211-0348

DOI: 10.1016/j.msard.2020.102563

Article Number: 102563

Accession Number: WOS:000641391200005

Abstract: Background: Cognitive problems are a common and debilitating symptom of multiple sclerosis (MS). Screening and treatment for cognitive problems are recommended, however these are not routinely delivered in UK clinics. We collected and synthesised stakeholder perspectives to develop a care pathway for cognitive problems in MS and produce a logic model, illustrating how this pathway might operate. Methods: Forty-nine stakeholders, including people with MS and care providers, participated in semi-structured interviews and focus groups. Participants viewed information that illustrated how the pathway might work and provided feedback. Data, transcribed verbatim and analysed using Framework Analysis, were mapped onto a preliminary logic model and accompanying thematic framework. Results: The proposed pathway was perceived as helpful in providing standardised support for a neglected MS symptom. Training packages, online cognitive screening, and triaging decisions were viewed as crucial activities. Shared responsibility, a person-centred approach, and addressing the complexity of cognitive problems were important engagement mechanisms. Allocating time during clinic appointments and within staff workloads were essential resources for implementation. Conclusion: Our co-constructed MS cognitive screening and management pathway will be evaluated for clinical and cost-effectiveness in a trial. However, in the interim, clinicians can adapt and implement this pathway in their own services and evaluate it locally.

Notes: Smith, Laura Elwick, Hannah Mhizha-Murira, Jacqueline R. Topcu, Gogem Bale, Clare Evangelou, Nikos Timmons, Stephen Leighton, Paul das Nair, Roshan

Timmons, Stephen/B-8236-2008

evangelou, nikos/0000-0003-2871-0672; Timmons, Stephen/0000-0002-3731-1350; Elwick, PhD, Hannah/0000-0003-1989-5310; Topcu, Gogem/0000-0002-7400-5686; Smith, Laura/0000-0003-3275-1530;

Leighton, Paul/0000-0001-5208-0274

2211-0356

URL: <Go to ISI>://WOS:000641391200005

Reference Type: Journal Article

Record Number: 2057

Author: Smith, L. E., D'Antoni, D., Jain, V., Pearce, J. M., Weinman, J. and Rubin, G. J.

Year: 2016

Title: A systematic review of factors affecting intended and actual adherence with antiviral medication as treatment or prophylaxis in seasonal and pandemic flu

Journal: Influenza and Other Respiratory Viruses

Volume: 10

Issue: 6

Pages: 462-478

Date: Nov

Short Title: A systematic review of factors affecting intended and

actual adherence with antiviral medication as treatment or prophylaxis in seasonal and pandemic flu

ISSN: 1750-2640

DOI: 10.1111/irv.12406

Accession Number: WOS:000388754800003

Abstract: The aim of this review was to identify factors predicting actual or intended adherence to antivirals as treatment or prophylaxis for influenza. Literature from inception to March 2015 was systematically reviewed to find studies reporting predictors of adherence to antivirals and self-reported reasons for non-adherence to antivirals. Twenty-six studies were included in the review; twenty identified through the literature search and six through other means. Of these studies, 18 assessed predictors of actual adherence to antivirals, whereas eight assessed predictors of intended adherence. The most commonly found predictor of, and self-reported reason for, non-adherence was the occurrence of side effects. Other predictors include perceptions surrounding self-efficacy, response efficacy and perceived personal consequences as well as social influences of others' experiences of taking antivirals. Predictors identified in this review can be used to help inform communications to increase adherence to antivirals in both seasonal and pandemic influenza.

Notes: Smith, Louise E. D'Antoni, Donatella Jain, Vageesh Pearce, Julia M. Weinman, John Rubin, G. James

D'Antoni, Donatella/AE-9078-2020

D'Antoni, Donatella/0000-0002-5651-7864; Pearce, Julia/0000-0001-5422-3283; Weinman, John Alfred/0000-0002-6786-0166; Smith, Louise/0000-0002-1277-2564

1750-2659

URL: <Go to ISI>://WOS:000388754800003

Reference Type: Journal Article

Record Number: 871

Author: Smith, L. E., Potts, H. W. W., Amlot, R., Fear, N. T., Michie, S. and Rubin, G. J.

Year: 2022

Title: Engagement with protective behaviours in the UK during the COVID-19 pandemic: a series of cross-sectional surveys (the COVID-19 rapid survey of adherence to interventions and responses CORSAIR study)

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Mar

Short Title: Engagement with protective behaviours in the UK during the COVID-19 pandemic: a series of cross-sectional surveys (the COVID-19 rapid survey of adherence to interventions and responses CORSAIR study)

DOI: 10.1186/s12889-022-12777-x

Article Number: 475

Accession Number: WOS:000767215600003

Abstract: Background Behaviour is key to suppressing the COVID-19 pandemic. Maintaining behaviour change can be difficult. We

investigated engagement with hand cleaning, reducing the number of outings, and wearing a face covering over the course of the pandemic. Methods We used a series of 64 cross-sectional surveys between 10 February 2020 and 20 January 2022 (n approximate to 2000 per wave). Surveys investigated uptake of hand cleaning behaviours, out of home activity (England only, n approximate to 1700 per wave) and wearing a face covering (England only, restricted to those who reported going out shopping in the last week, n approximate to 1400 per wave). Results Reported hand cleaning has been high throughout the pandemic period (85 to 90% of participants consistently reporting washing their hands thoroughly and regularly with soap and water frequently or very frequently). Out of home activity has mirrored the easing and re-introduction of restrictive measures. Total number of outings were higher in the second national lockdown than in the first and third lockdowns. Wearing a face covering increased steadily between April to August 2020, plateauing until the end of measurement in May 2021, with approximately 80% of those who had been out shopping in the previous week reporting wearing a face covering frequently or very frequently. Conclusions Engagement with protective behaviours increased at the start of the pandemic and has remained high since. The greatest variations in behaviour reflected changes to Government rules. Despite the duration of restrictions, people have continued to adopt personal protective behaviours that were intended to prevent the spread of COVID-19. Notes: Smith, Louise E. Potts, Henry W. W. Amlot, Richard Fear, Nicola T. Michie, Susan Rubin, G. James Potts, Henry WW/B-9597-2008; Michie, Susan/A-1745-2010 Potts, Henry WW/0000-0002-6200-8804; Fear, Nicola/0000-0002-5792-2925; Smith, Louise/0000-0002-1277-2564; Michie, Susan/0000-0003-0063-6378 1471-2458 URL: <Go to ISI>://WOS:000767215600003

Reference Type: Journal Article

Record Number: 441

Author: Smith, P., Moody, G., Clarke, E., Hiscock, J., Cannings-John, R., Townson, J., Edwards, A., Quinn-Scoggins, H. D., Sewell, B., Jones, D., Lloydwin, C., Thomas, S., Casey, D., Lloyd-Bennett, C., Stanton, H., Lugg-Widger, F. V., Huws, D., Watkins, A., Newton, G., Thomas, A. M., McCutchan, G. M. and Brain, K.

Year: 2022

Title: Protocol for a feasibility study of a cancer symptom awareness campaign to support the rapid diagnostic centre referral pathway in a socioeconomically deprived area: Targeted Intensive Community-based campaign To Optimise Cancer awareness (TIC-TOC)

Journal: Bmj Open

Volume: 12

Issue: 10

Date: Oct

Short Title: Protocol for a feasibility study of a cancer symptom awareness campaign to support the rapid diagnostic centre referral pathway in a socioeconomically deprived area: Targeted Intensive Community-based campaign To Optimise Cancer awareness (TIC-TOC)

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-063280

Article Number: e063280

Accession Number: WOS:000869915100017

Abstract: Introduction Rapid diagnostic centres (RDCs) are being implemented across the UK to accelerate the assessment of vague suspected cancer symptoms. Targeted behavioural interventions are needed to augment RDCs that serve socioeconomically deprived populations who are disproportionately affected by cancer, have lower cancer symptom awareness and are less likely to seek help for cancer symptoms. The aim of this study is to assess the feasibility and acceptability of delivering and evaluating a community-based vague cancer symptom awareness intervention in an area of high socioeconomic deprivation. Methods and analysis Intervention materials and messages were coproduced with local stakeholders in Cwm Taf Morgannwg, Wales. Cancer champions will be trained to deliver intervention messages and distribute intervention materials using broadcast media (eg, local radio), printed media (eg, branded pharmacy bags, posters, leaflets), social media (eg, Facebook) and attending local community events. A cross-sectional questionnaire will include self-reported patient interval (time between noticing symptoms to contacting the general practitioner), cancer symptom recognition, cancer beliefs and barriers to presentation, awareness of campaign messages, healthcare resource use, generic quality of life and individual and area-level deprivation indicators. Consent rates and proportion of missing data for patient questionnaires (n=189) attending RDCs will be measured. Qualitative interviews and focus groups will assess intervention acceptability and barriers/facilitators to delivery. Ethics and dissemination Ethical approval for this study was given by the London-West London & GTAC Research Ethics (21/L0/0402). This project will inform a potential future controlled study to assess intervention effectiveness in reducing the patient interval for vague cancer symptoms. The results will be critical to informing national policy and practice regarding behavioural interventions to support RDCs in highly deprived populations.

Notes: Smith, Pamela Moody, Gwenllian Clarke, Eleanor Hiscock, Julia Cannings-John, Rebecca Townson, Julia Edwards, Adrian Quinn-Scoggins, Harriet D. Sewell, Bernadette Jones, Daniel Lloydwin, Christina Thomas, Sara Casey, Dawn Lloyd-Bennett, Catherine Stanton, Helen Lugg-Widger, Fiona, V Huws, Dyfed Watkins, Angela Newton, Gareth Thomas, Ann Maria McCutchan, Grace M. Brain, Kate McCutchan, Grace/0000-0002-8079-2540; Edwards, Adrian/0000-0002-6228-4446; Hiscock, Julia/0000-0002-8963-2981; Cannings-John, Rebecca/0000-0001-5235-6517
URL: <Go to ISI>://WOS:000869915100017

Reference Type: Journal Article

Record Number: 1648

Author: Smith, P. H. and Branscum, P. W.

Year: 2021

Title: Feasibility, Utility, and Limitations of a Rapid Community Behavioral Diagnosis for Social Distancing During the 2020

Coronavirus Pandemic

Journal: American Journal of Health Promotion

Volume: 35

Issue: 1

Pages: 77-83

Date: Jan

Short Title: Feasibility, Utility, and Limitations of a Rapid Community Behavioral Diagnosis for Social Distancing During the 2020 Coronavirus Pandemic

ISSN: 0890-1171

DOI: 10.1177/0890117120932460journals.sagepub.com/home/ahp

Accession Number: WOS:000599911300009

Abstract: Purpose: To evaluate the feasibility, utility, and limitations of a rapid community behavioral diagnosis (RCBD) for social distancing behaviors to prevent coronavirus transmission during a global coronavirus pandemic. Design: Using social media for recruitment, we partnered with a local community task force to administer a brief online survey. Setting: Residential urban community. Sample: Eighty-four community members, the majority of whom were white, female, college educated completed the survey. Measures: Theory of planned behavior constructs: behavioral intentions, attitudes, perceived norms, and perceived behavioral control for 3 social distancing behaviors: maintaining a 6-foot distance, avoiding places people congregate, and staying home as much as possible. Analysis: Path analyses were conducted to understand significant determinants of intentions for each behavior to guide the development of locally tailored health promotion messages. Results: The RCBD was implemented, and results were communicated to the community within 1 week. Intentions were high across the 3 behaviors but lowest for staying home as much as possible. Younger participants had lower intentions of maintaining a 6-foot distance than older participants. For each behavior, specific recommendations for health promotion messaging emerged based on how attitudes, norms, and perceived behavioral control related to intentions. Conclusion: In a situation where local community action is paramount for reducing coronavirus transmission, this RCBD process is feasible and useful for informing local health promotion.

Notes: Smith, Philip H. Branscum, Paul W.

2168-6602

URL: <Go to ISI>://WOS:000599911300009

Reference Type: Journal Article

Record Number: 233

Author: Smith, R. M., Burgess, C., Tahtis, V., Marsden, J. and Seemungal, B. M.

Year: 2023

Title: Why are patients with acute traumatic brain injury not routinely assessed or treated for vestibular dysfunction in the UK?

A qualitative study

Journal: Bmj Open

Volume: 13

Issue: 1

Date: Jan

Short Title: Why are patients with acute traumatic brain injury not routinely assessed or treated for vestibular dysfunction in the UK? A qualitative study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-067967

Article Number: e067967

Accession Number: WOS:000924512900007

Abstract: Objectives Vestibular dysfunction is common in patients with acute traumatic brain injury (aTBI). Persisting vestibular symptoms (ie, dizziness and imbalance) are linked to poor physical, psychological and socioeconomic outcomes. However, routine management of vestibular dysfunction in aTBI is not always standard practice. We aimed to identify and explore any healthcare professional barriers or facilitators to managing vestibular dysfunction in aTBI. Design A qualitative approach was used. Data were collected using face to face, semi-structured interviews and analysed using the Framework approach. Setting Two major trauma centres in London, UK. Participants 28 healthcare professionals participated: 11 occupational therapists, 8 physiotherapists and 9 surgical/trauma doctors. Results Vestibular assessment and treatment were not routinely undertaken by trauma ward staff. Uncertainty regarding responsibility for vestibular management on the trauma ward was perceived to lead to gaps in patient care. Interestingly, the term dizziness was sometimes perceived as an 'invisible' and vague phenomenon, leading to difficulties identifying or 'proving' dizziness and a tendency for making non-specific diagnoses. Barriers to routine assessment and treatment included limited knowledge and skills, a lack of local or national guidelines, insufficient training and concerns regarding the practical aspects of managing vestibular dysfunction. Of current trauma ward staff, therapists were identified as appropriate healthcare professionals to adopt new behaviours regarding management of a common form of vestibular dysfunction (benign paroxysmal positional vertigo). Strategies to support this behaviour change include heightened clarity around role, implementation of local or national guidelines, improved access to training and multidisciplinary support from experts in vestibular dysfunction. Conclusions This study has highlighted that role and knowledge barriers exist to multidisciplinary management of vestibular dysfunction in aTBI. Trauma ward therapists were identified as the most appropriate healthcare professionals to adopt new behaviours. Several strategies are proposed to facilitate such behaviour change.

Notes: Smith, Rebecca M. Burgess, Caroline Tahtis, Vassilios

Marsden, Jonathan Seemungal, Barry M.

Smith, Rebecca/0000-0003-2628-9861

URL: <Go to ISI>://WOS:000924512900007

Reference Type: Journal Article

Record Number: 1171

Author: Smith-Turchyn, J., McCowan, M. E., O'Loughlin, E., Fong, A. J., McDonough, M. H., Santa Mina, D., Arbour-Nicitopoulos, K. P., Trinh, L., Jones, J. M., Bender, J. L., Culos-Reed, S. N., Tomasone, J. R., Vani, M. F. and Sabiston, C. M.

Year: 2021

Title: Connecting breast cancer survivors for exercise: protocol for a two-arm randomized controlled trial

Journal: BMC Sports Science Medicine and Rehabilitation

Volume: 13

Issue: 1

Date: Oct

Short Title: Connecting breast cancer survivors for exercise: protocol for a two-arm randomized controlled trial

ISSN: 2052-1847

DOI: 10.1186/s13102-021-00341-w

Article Number: 128

Accession Number: WOS:000707360200001

Abstract: Background Peer-based exercise interventions that cultivate new opportunities for support with a fellow cancer survivor may result in increased exercise volume. It is not clear whether adding qualified exercise professional (QEP) support to peer-based interventions improves health outcomes. Therefore, the purpose of this study is to determine whether breast cancer survivor (BCS) dyads who receive 10 weekly sessions of virtually delivered QEP support have improved outcomes compared to BCS dyads who do not receive QEP support. **Methods** Participants Adult BCS with medical clearance for exercise, who have an internet-connected device, and currently engage in < 150 min of moderate-intensity exercise per week. Intervention BCS will be matched using evidence-based criteria. The intervention group will receive dyadic exercise information sessions and a program tailored by a QEP for 10 weeks (intervention period) and have access to the QEP for an additional 4 weeks (tapering period). The control will not receive any QEP support. **Outcomes** The primary outcome is post-intervention self-reported exercise volume. Secondary outcomes include device-assessed exercise volume (i.e., Fitbit), social support, and health-related quality of life. **Randomization** 108 participants, matched in dyads, will be randomized 1:1 to the MatchQEP or Match groups using a web-based scheme. **Statistical analysis** Outcomes will be measured at baseline, post-intervention, post-tapering, and at 12 weeks post-intervention follow-up. **Discussion** The findings from this RCT will determine if matched BCS dyads who receive 10 weeks of virtually delivered QEP support have higher levels of self-report and device-measured exercise, social support, and health related quality of life compared to matched dyads without QEP-delivered exercise guidance. To our knowledge this will be the first study to assess the combined effect of peer- and QEP support on exercise volume. **Project findings** will inform and optimize intervention methods aimed to increase exercise among BCS through accessible exercise supports. **Trial Registration:** The study is registered on ClinicalTrials.gov (study identifier: NCT04771975, protocol Version Number: 2, date: July 22, 2021).

Notes: Smith-Turchyn, Jenna McCowan, Michelle E. O'Loughlin, Erin Fong, Angela J. McDonough, Meghan H. Santa Mina, Daniel Arbour-Nicitopoulos, Kelly P. Trinh, Linda Jones, Jennifer M. Bender, Jackie L. Culos-Reed, S. Nicole Tomasone, Jennifer R. Vani, Madison F. Sabiston, Catherine M.

Arbour-Nicitopoulos, Kelly/AEY-9487-2022; Smith-Turchyn, Jenna/

ABF-3361-2021; Arbour, Kelly/AER-8296-2022
Arbour-Nicitopoulos, Kelly/0000-0003-1011-3669; Smith-Turchyn,
Jenna/0000-0002-5309-2856; Santa Mina, Daniel/0000-0003-4361-1656
URL: <Go to ISI>://WOS:000707360200001

Reference Type: Journal Article

Record Number: 1853

Author: Smits, S., McCutchan, G., Wood, F., Edwards, A., Lewis, I.,
Robling, M., Paranjothy, S., Carter, B., Townson, J. and Brain, K.
Year: 2018

Title: Development of a Behavior Change Intervention to Encourage
Timely Cancer Symptom Presentation Among People Living in Deprived
Communities Using the Behavior Change Wheel

Journal: Annals of Behavioral Medicine

Volume: 52

Issue: 6

Pages: 474-488

Date: Jun

Short Title: Development of a Behavior Change Intervention to
Encourage Timely Cancer Symptom Presentation Among People Living in
Deprived Communities Using the Behavior Change Wheel

ISSN: 0883-6612

DOI: 10.1007/s12160-016-9849-x

Accession Number: WOS:000436231800004

Abstract: Background Targeted public awareness interventions are
needed to improve earlier cancer diagnosis and reduce socioeconomic
inequalities in cancer outcomes. The health check (intervention) is
a touchscreen questionnaire delivered by trained lay advisors that
aims to raise awareness of cancer symptoms and risk factors and
encourage timely help seeking. Purpose This study aimed to apply the
Behavior Change Wheel to intervention refinement by identifying
barriers and facilitators to timely symptom presentation among
people living in socioeconomically deprived communities. Methods
Primary data (six focus groups with health professionals, community
partners and public) and secondary data (systematic review of
barriers and facilitators to cancer symptom presentation) were
mapped iteratively to the Behavior Change Wheel. Results Barriers
and facilitators were identified from the systematic review and
focus groups comprising 14 members of the public aged over 40, 14
community partners, and 14 healthcare professionals. Barriers
included poor symptom knowledge and lack of motivation to engage in
preventive or proactive behaviors. Facilitators included cues/
prompts to action, general practitioner preparedness to listen, and
social networks. The following behavior change techniques were
selected to address identified barriers and facilitators:
information about health consequences, prompts/cues, credible
sources, restricting physical and social environment, social
support, goal setting, and action planning. Conclusions The Behavior
Change Wheel triangulated findings from primary and secondary data
sources. An intervention combining education and enablement could
encourage timely symptom presentation to primary care among people
living in socioeconomically deprived communities. Social
encouragement and support is needed to increase symptom knowledge,

challenge negative cancer beliefs, and prompt decisions to engage with the healthcare system.

Notes: Smits, Stephanie McCutchan, Grace Wood, Fiona Edwards, Adrian Lewis, Ian Robling, Michael Paranjothy, Shantini Carter, Ben

Townson, Julia Brain, Kate

Wood, Fiona/0000-0001-7397-4074; Carter, Ben/0000-0003-0318-8865;

McCutchan, Grace/0000-0002-8079-2540; Paranjothy, Shantini/

0000-0002-0528-3121

1532-4796

URL: <Go to ISI>://WOS:000436231800004

Reference Type: Journal Article

Record Number: 697

Author: Smyth, W., McArdle, J., Wicking, K., Quayle, K. and Nagle, C.

Year: 2022

Title: Facilitating personal hygiene choices for renal patients with central venous lines: a multi-phase study

Journal: Australian Journal of Advanced Nursing

Volume: 39

Issue: 3

Pages: 24-32

Date: Jun-Aug

Short Title: Facilitating personal hygiene choices for renal patients with central venous lines: a multi-phase study

ISSN: 0813-0531

DOI: 10.37464/2020.393.738

Accession Number: WOS:000863111400004

Abstract: This study explored personal hygiene options of renal patients that maintain the integrity of central venous catheter exit site dressings between dialysis sessions. Background: Infection is a major life-limiting risk for patients undergoing haemodialysis via a central venous catheter. Meticulous attention to keeping the exit site dressings clean and dry is an essential defence in preventing local and systemic infections. It is difficult to maintain the integrity of water-resistant dressings in tropical environments. Study Design: A three-phase exploratory study was

conducted in a northern Australian Renal Service. Methods: Phase 1 employed a cross-sectional, anonymous, online survey of renal nurses about the acceptability and feasibility of two hygiene options for patients: bathing wipes and a waterproof dressing cover. The survey also canvassed their concerns about the options. Descriptive statistics were used to summarise Likert-scale responses and content analysis was used for responses to open-ended survey questions.

Phase 2 used conversational-style interviews with patients about their hygiene preferences, how they endeavoured to keep their dressings dry, and their impressions regarding the proposed options.

Phase 3 was a series of case studies of patients trialling the provided options over a six-week period. Participants were progressively recruited to this phase and were provided with the product/s of their choice at each dialysis session; renal nurses also assessed the integrity of the dressings at each dialysis session. Research nurses discussed with the participants their

experiences with the options. Results: Phase 1: Nurses (N=37, response rate 58.7%) considered both options acceptable and feasible for patients, noting some practical concerns related to their use. Phase 2: Patients (N=27, 100% participation rate) described hygiene preferences and difficulties they encountered with keeping dressings dry. Only one participant had a bath, as per written advice. All were enthusiastic about trying the proposed options. Phase 3: Patients (N=22) appreciated being able to shower without wetting their exit site dressings. Individuals were inventive in modifying the application and use of the waterproof cover according to their body shape and the central venous catheter exit site location. Although participants liked both options, the waterproof covering was most popular and most frequently used. Intactness of the dressings was 83% during the trial; there were no central venous catheter-associated infections during the study. Conclusion: Self-management and choice were motivating factors for participants. Patients embraced being able to keep their dressings dry and intact during personal hygiene in a tropical environment. Implications for research, policy, and practice: Patients demonstrated their willingness to undertake a more active role in their dressing care, while exercising choice with respect to personal hygiene. Studies that further increase patients' participation in other aspects of their self-care warrant further investigation. The organisation is pursuing options for the ongoing provision of the products used in this study and how their use can be monitored in clinical practice. What is already known about the topic? Intact dressings provide an important line of defence against infection in the vulnerable population of patients receiving dialysis via central lines. Hygiene needs are also an important consideration for quality of life, empowerment, and autonomy. Patients' current attempts to meet their own hygiene needs often result in a disruption to the intactness of the dressing site and predispose them to systemic infections. What this paper adds center dot This study facilitated exploration of two feasible hygiene options in an open and culturally safe manner, from both patients' and nurses' perspectives. center dot The opportunity to perform personal hygiene according to individual preferences resulted in a willingness of participants to undertake a more active role in the care of their dressing. center dot The identification of two acceptable and feasible personal hygiene options has the potential of removing one of the many lifestyle modifications faced by people who undergo haemodialysis via a central venous catheter.

Notes: Smyth, Wendy Mcardle, Joleen Wicking, Kristin Quayle, Kimberley Nagle, Cate

Smyth, Wendy/N-6057-2016; Smyth, Wendy/IAM-7520-2023

Smyth, Wendy/0000-0002-2783-3593;

1447-4328

URL: <Go to ISI>://WOS:000863111400004

Reference Type: Journal Article

Record Number: 1570

Author: Smythe, A., Rath, S., Pavlova, N., Littlewood, C., Connell, D., Haines, T. and Malliaras, P.

Year: 2021

Title: Self-reported management among people with rotator cuff related shoulder pain: An observational study

Journal: Musculoskeletal Science and Practice

Volume: 51

Date: Feb

Short Title: Self-reported management among people with rotator cuff related shoulder pain: An observational study

ISSN: 2468-7812

DOI: 10.1016/j.msksp.2020.102305

Article Number: 102305

Accession Number: WOS:000618327100020

Abstract: Background: Rotator cuff related shoulder pain is the most common cause of shoulder pain. Whilst guidelines recommend conservative management prior to imaging, injection or surgical management, recent findings suggest that patients experience management contrary to guideline recommendations. Objectives: The aim of this study was to investigate self-reported management among people with rotator cuff related shoulder pain (RCRSP) and their beliefs towards management. Materials and methods: Cross-sectional survey of people with RCRSP recruited when referred for imaging (n = 120). Electronic survey about demographic factors, management people had had (including imaging, injections, surgery, exercise, adjuncts), and beliefs about treatments. The frequency of various treatments was reported (separately for each cohort and traumatic onset) as well as the timing of interventions related to first-line care. Results: Most people had tried exercise (99/120, 82.5%) but only one in five people reported exercise was helpful, and one in six reported it was unhelpful or made their symptoms worse. Approximately a third of the cohort reported not receiving activity modification advice (34.2%, 41/120), those that did received inconsistent information. People with both traumatic (imaging 31/43, 72.1%; injections 13/24, 54.2%, surgery 8/21, 38.1%) and atraumatic onset pain (imaging 43/77, 55.8%; injections 31/51, 60.8%, surgery 4/19, 21.1%) had similarly high rates of intervention prior to trialling conservative management. Patient beliefs in regards to management showed trends towards interventionalist care. Conclusion: Patient reported management of RCRSP is often inconsistent with guideline recommended management.

Notes: Smythe, A. Rathi, S. Pavlova, N. Littlewood, C. Connell, D. Haines, T. Malliaras, P.

Smythe, Andrew/AAU-4456-2021

Smythe, Andrew/0000-0003-1192-8982

URL: <Go to ISI>://WOS:000618327100020

Reference Type: Journal Article

Record Number: 1672

Author: Sneddon, J., Cooper, L., Afriyie, D. K., Sefah, I. A., Cockburn, A., Kerr, F., Cameron, E., Goldthorpe, J., Kurdi, A. and Seaton, R. A.

Year: 2020

Title: Supporting antimicrobial stewardship in Ghana: evaluation of the impact of training on knowledge and attitudes of healthcare

professionals in two hospitals

Journal: *Jac-Antimicrobial Resistance*

Volume: 2

Issue: 4

Date: Dec

Short Title: Supporting antimicrobial stewardship in Ghana: evaluation of the impact of training on knowledge and attitudes of healthcare professionals in two hospitals

DOI: 10.1093/jacamr/dlaa092

Article Number: dlaa092

Accession Number: WOS:000733835400009

Abstract: Background: A Commonwealth Partnership for Antimicrobial Stewardship was created between the Scottish Antimicrobial Prescribing Group (SAPG), Ghana Police Hospital and Keta Municipal Hospital. During a scoping visit, requirements for implementing antimicrobial stewardship (AMS), areas for improvement and training needs were identified. Methods: A multidisciplinary team from SAPG and health psychologists from The Change Exchange developed and delivered multi-professional evidence-based teaching incorporating behavioural science, supported by partner pharmacists in each hospital. Four sessions were delivered over 2 days to 60 participants across both sites. Before and after the sessions, participants were asked to complete a knowledge quiz and a behaviours survey. Results were analysed using t-tests. Results: Comparison of the participants' pre- and post-test quiz scores (Keta Municipal Hospital 9.4 and 10.9, Ghana Police Hospital 9.2 and 11.1, respectively) demonstrated statistically significant improvement in knowledge of antimicrobial resistance and appropriate use of antibiotics. Comparison of survey responses before and after the education sessions indicated that the education had a positive impact on participants' attitudes towards the issue of antimicrobial resistance, their role in AMS and confidence in using the Ghana Standard Treatment Guidelines. Participants were also more likely to question colleagues about compliance with guidelines. Forty-eight participants (80%) completed a training evaluation and all responded positively. Conclusions: The education sessions appeared to be successful in improving knowledge and behaviours of hospital staff. Cascade of an abbreviated version of the training by partner pharmacists and AMS teams in Ghana will ensure that all staff have the opportunity to develop skills and knowledge to support AMS. Notes: Sneddon, Jacqueline Cooper, Lesley Afriyie, Daniel Kwame Sefah, Israel A. Cockburn, Alison Kerr, Frances Cameron, Elaine Goldthorpe, Joanna Kurdi, Amanj Seaton, R. Andrew
2632-1823

URL: <Go to ISI>://WOS:000733835400009

Reference Type: Journal Article

Record Number: 557

Author: Sneddon, J., Thompson, W., Kpobi, L. N. A., Ade, D. A., Sefah, I. A., Afriyie, D., Goldthorpe, J., Turner, R., Nawaz, S., Wilson, S., Hart, J. and Byrne-Davis, L.

Year: 2022

Title: Exploring the Use of Antibiotics for Dental Patients in a

Middle-Income Country: Interviews with Clinicians in Two Ghanaian Hospitals

Journal: Antibiotics-Basel

Volume: 11

Issue: 8

Date: Aug

Short Title: Exploring the Use of Antibiotics for Dental Patients in a Middle-Income Country: Interviews with Clinicians in Two Ghanaian Hospitals

ISSN: 2079-6382

DOI: 10.3390/antibiotics11081081

Article Number: 1081

Accession Number: WOS:000846408200001

Abstract: Background: Antimicrobial resistance is a global problem driven by the overuse of antibiotics. Dentists are responsible for about 10% of antibiotics usage across healthcare worldwide. Factors influencing dental antibiotic prescribing are numerous, with some differences in low- and middle-income countries compared with high-income countries. This study aimed to explore the antibiotic prescribing behaviour and knowledge of teams treating dental patients in two Ghanaian hospitals. Methods: Qualitative interviews were undertaken with dentists, pharmacists, and other healthcare team members at two hospitals in urban and rural locations. Thematic and behaviour analyses using the Actor, Action, Context, Target, Time framework were undertaken. Results: Knowledge about 'antimicrobial resistance and antibiotic stewardship' and 'people and places' were identified themes. Influences on dental prescribing decisions related to the organisational context (such as the hierarchical influence of colleagues and availability of specific antibiotics in the hospital setting), clinical issues (such as therapeutic versus prophylactic indications and availability of sterile dental instruments), and patient issues such as hygiene in the home environment, delays in seeking professional help, ability to access antibiotics in the community without a prescription and patient's ability to pay for the complete prescription. Conclusions: This work provides new evidence on behavioural factors influencing dental antibiotic prescribing, including resource constraints which affect the availability of certain antibiotics and diagnostic tests. Further research is required to fully understand their influence and inform the development of new approaches to optimising antibiotic use by dentists in Ghana and potentially other low- and middle-income countries.

Notes: Sneddon, Jacqueline Thompson, Wendy Kpobi, Lily N. A. Ade, Diana Abena Sefah, Israel Abebrese Afriyie, Daniel Goldthorpe, Joanna Turner, Rebecca Nawaz, Saher Wilson, Shona Hart, Jo Byrne-Davis, Lucie

Nawaz, Saher/HNQ-5323-2023; Thompson, Wendy/H-7828-2018

Thompson, Wendy/0000-0001-6799-4087; Abebrese Sefah, Israel/0000-0001-6963-0519; Sneddon, Jacqueline/0000-0003-1926-9491;

afriyie, daniel/0000-0001-8859-3565; Byrne-Davis, Lucie/

0000-0002-9658-5394; Goldthorpe, Joanna/0000-0001-7839-7544; Turner, Rebecca/0000-0002-0480-4626

URL: <Go to ISI>://WOS:000846408200001

Reference Type: Journal Article

Record Number: 455

Author: Snoek, H. M., Raaijmakers, I., Lawal, O. M., Reinders, M. J. and Rozyłowicz, L.

Year: 2022

Title: An explorative study with convenience vegetables in urban Nigeria–The Veg-on-Wheels intervention

Journal: Plos One

Volume: 17

Issue: 9

Date: Sep

Short Title: An explorative study with convenience vegetables in urban Nigeria–The Veg-on-Wheels intervention

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0273309

Article Number: e0273309

Accession Number: WOS:000954789800001

Abstract: Nigerian consumers have been found to view vegetables as healthy and health is a principal motivation for consumption; however, consumers also experience barriers related to preparation time and availability of vegetables. We therefore conducted a Veg-on-Wheels intervention, in which ready-to-cook, washed and pre-cut green leafy vegetables (GLV) were kept cool and sold for five weeks at convenient locations near workplaces and on the open market in Akure, Nigeria. Surveys were conducted prior to the intervention with 680 consumers and during the final week of the intervention with 596 consumers near workplaces and 204 consumers at the open market. Both buyers and non-buyers of the intervention were included; 49% buyers in the workplace sample and 47% in the open market sample. The Veg-on-Wheels intervention was successful, with high awareness, positive attitudes and high customer satisfaction. GLV intake was higher for Veg-on-Wheels buyers compared with non-buyers after the intervention, i.e., 10.8 vs. 8.0 portions per week, respectively. Also the intake of other vegetables was higher in the intervention group. The motives and barriers for buyers and non-buyers differed across the selling locations: main barriers were trust in the vendor and GLV source. These trust issues and vendor preferences were viewed as more important to respondents at the market than those near workplaces. This study is the first intervention study on the selling of ready-to-cook convenience vegetables in urban Nigeria. It shows that a market exists for convenience vegetables and that they have the potential to increase vegetable intake. Insights on both the food environment and consumers' motives and behaviour was crucial for designing and evaluating the intervention.

Notes: Snoek, Harriette J. Raaijmakers, Ireen Lawal, Oluranti Reinders, Machiel Rozyłowicz, Laurentiu

URL: <Go to ISI>://WOS:000954789800001

Reference Type: Journal Article

Record Number: 1001

Author: Snow, S., Chadwick, K., Horrocks, N., Chapman, A. and

Glencross, M.

Year: 2022

Title: Do solar households want demand response and shared electricity data? Exploring motivation, ability and opportunity in Australia

Journal: Energy Research & Social Science

Volume: 87

Date: May

Short Title: Do solar households want demand response and shared electricity data? Exploring motivation, ability and opportunity in Australia

ISSN: 2214-6296

DOI: 10.1016/j.erss.2021.102480

Article Number: 102480

Accession Number: WOS:000744094700009

Abstract: The success of Australia's energy transition is dependent on households' motivation, ability and opportunity to participate in it. This involves technologically-mediated participation in demand response, such as sharing control of solar or battery assets or sharing electricity data use/generation data with third parties. Applying the Motivation Opportunity Ability (MOA) framework, this paper uses in-depth interviews and speculative design with 39 Australian solar panel owners ("prosumers") to understand the values and concerns driving their motivation and ability to participate. Fairness, autonomy, control, trust, privacy and collectivism affect participants' motivation to curtail energy use, share control of solar/battery assets and share energy data, yet motivation does not guarantee ability to participate. The paper contributes and operationalises a provisional method for scoring Motivation, Ability in the MOA framework, toward better understanding customers' potential use or participation in future energy technologies and interactions. This quantification overcomes limitations of existing scoring systems which do not adequately account for negative (rather than simply low) motivation. Findings suggest that increasing users' ability with emergent technologies requires first increasing familiarity and further avenues for more involved consumer participation in the design of energy futures.

Notes: Snow, Stephen Chadwick, Kevin Horrocks, Neil Chapman, Archie Glencross, Mashhuda

2214-6326

URL: <Go to ISI>://WOS:000744094700009

Reference Type: Journal Article

Record Number: 1618

Author: Sobri, N. H. M., Ismail, I. Z., Hassan, F., Nadal, I. P., Forbes, A., Ching, S. M., Ali, H., Goldsmith, K., Murphy, H., Guess, N., Yusof, B. N. M., Basri, N. I., Salim, M. S., Azmiyaty, C., Sa'id, I. I. M., Chew, B. H., Ismail, K. and Team, Mygoddess Project
Year: 2021

Title: Protocol for a qualitative study exploring the perception of need, importance and acceptability of a digital diabetes prevention intervention for women with gestational diabetes mellitus during and after pregnancy in Malaysia (Explore-MYGODDESS)

Journal: Bmj Open

Volume: 11

Issue: 8

Short Title: Protocol for a qualitative study exploring the perception of need, importance and acceptability of a digital diabetes prevention intervention for women with gestational diabetes mellitus during and after pregnancy in Malaysia (Explore-MYGODDESS)

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-044878

Article Number: e044878

Accession Number: WOS:000700920300017

Abstract: Introduction Women who develop gestational diabetes mellitus (GDM) have an increased risk of developing type 2 diabetes, and to reduce this risk the women have to adopt healthy behaviour changes. Although previous studies have explored the challenges and facilitators to initiate behaviour change among women with GDM, there is limited data from Malaysian women. Thus, this study will explore the factors affecting the uptake of healthy behaviour changes and the use of digital technology among women and their healthcare providers (HCPs) to support healthy behaviour changes in women with GDM. Methods and analysis The study will be modelled according to the Capability, Opportunity, Motivation and Behaviour and Behaviour Change Wheel techniques, and use the DoTTI framework to identify needs, solutions and testing of a preliminary mobile app, respectively. In phase 1 (design and development), a focus group discussion (FGDs) of 5-8 individuals will be conducted with an estimated 60 women with GDM and 40 HCPs (doctors, dietitians and nurses). Synthesised data from the FGDs will then be combined with content from an expert committee to inform the development of the mobile app. In phase 2 (testing of early iterations), a preview of the mobile app will undergo alpha testing among the team members and the app developers, and beta testing among 30 women with GDM or with a history of GDM, and 15 HCPs using semi-structured interviews. The outcome will enable us to optimise an intervention using the mobile app as a diabetes prevention intervention which will then be evaluated in a randomised controlled trial. Ethics and dissemination The project has been approved by the Malaysia Research Ethics Committee. Informed consent will be obtained from all participants. Outcomes will be presented at both local and international conferences and submitted for publications in peer-reviewed journals.

Notes: Sobri, Nur Hafizah Mahamad Ismail, Irmis Zarina Hassan, Faezah Nadal, Iliatha Papachristou Forbes, Angus Ching, Siew Mooi Ali, Hanifatiah Goldsmith, Kimberley Murphy, Helen Guess, Nicola Yusof, Barakatun Nisak Mohd Basri, Nurul Iftida Salim, Mazatulfazura Sf Azmiyaty, Choiriyatul Sa'id, Iklil Iman Mohd Chew, Boon How Ismail, Khalida

Chew, Boon How/GPS-9821-2022; Yusof, Barakatun Nisak Mohd/J-8414-2014; Chew, Boon-How/B-2385-2010; Goldsmith, Kimberley/B-9107-2011

Yusof, Barakatun Nisak Mohd/0000-0003-0403-5895; Chew, Boon-How/0000-0002-8627-6248; Forbes, Angus/0000-0003-3331-755X; HASSAN, FAEZAH/0000-0002-0891-3934; Ismail, Khalida/0000-0001-6084-449X; Mahamad Sorbi, Nur Hafizah/0000-0003-0857-4407; SA'ID, IKLIL IMAN/

0000-0002-7330-9397; Goldsmith, Kimberley/0000-0002-0620-7868
URL: <Go to ISI>://WOS:000700920300017

Reference Type: Journal Article

Record Number: 476

Author: Sockhill, N. J., Dean, A. J., Oh, R. R. Y. and Fuller, R. A.

Year: 2022

Title: Beyond the ecocentric: Diverse values and attitudes influence engagement in pro-environmental behaviours

Journal: People and Nature

Volume: 4

Issue: 6

Pages: 1500-1512

Date: Dec

Short Title: Beyond the ecocentric: Diverse values and attitudes influence engagement in pro-environmental behaviours

DOI: 10.1002/pan3.10400

Accession Number: WOS:000854582400001

Abstract: Changing human behaviour and social systems are key to reversing the global biodiversity crisis. Pro-environmental behaviour is guided by values and connection with nature, but because they have mostly been studied separately, the interplay between values and nature connection in influencing pro-environmental behaviour remains unclear. In particular, it is uncertain whether people who hold anthropocentric values have a less positive connection with nature than those who hold ecocentric values, and whether nature protection behaviours differ between people with different values or strengths of connection to nature. We used a stratified survey of 2100 respondents across Australia to measure orientation towards nature. We created segments based on individual values and connection with nature and characterised each segment based on demographics, nature-exposure, pro-environmental behaviours, support for environmental policies and political alignment. We discovered that a quarter of respondents had anthropocentric values alongside a strong connection with nature. Moreover, of those with a strong connection with nature, people with anthropocentric values more frequently undertook certain pro-environmental behaviours than those with ecocentric values. Our findings indicate that the strong expression of pro-environmental behaviour is not limited to people with ecocentric values. Rather, people with different values and strengths of connection to nature engage in different types of impactful nature protection behaviours, challenging stereotypes about those with anthropocentric values. These results further suggest that behavioural intervention strategies could be tailored to reach sectors of society with various combinations of values and strengths of connection to nature, thus maximising the expression of pro-environmental behaviour across the entire population. Read the free Plain Language Summary for this article on the Journal blog.

Notes: Sockhill, Nicola J. Dean, Angela J. Oh, Rachel R. Y. Fuller, Richard A.

Oh, Rachel R. Y./HTM-4052-2023; Fuller, Richard/B-7971-2008; Dean, Angela J/D-5618-2011

Fuller, Richard/0000-0001-9468-9678; Dean, Angela J/
0000-0003-4017-4809; Oh, Rui Ying Rachel/0000-0003-2716-7727;
Sockhill, Nicola/0000-0003-2472-6239
2575-8314
URL: <Go to ISI>://WOS:000854582400001

Reference Type: Journal Article

Record Number: 1642

Author: Soderlund, A. and Wagert, P. V.

Year: 2021

Title: Adherence to and the Maintenance of Self-Management Behaviour
in Older People with Musculoskeletal Pain-A Scoping Review and
Theoretical Models

Journal: Journal of Clinical Medicine

Volume: 10

Issue: 2

Date: Jan

Short Title: Adherence to and the Maintenance of Self-Management
Behaviour in Older People with Musculoskeletal Pain-A Scoping Review
and Theoretical Models

DOI: 10.3390/jcm10020303

Article Number: 303

Accession Number: WOS:000611300900001

Abstract: (1) Background: Adherence to and the maintenance of
treatment regimens are fundamental for pain self-management and
sustainable behavioural changes. The first aim was to study older
adults' (>65 years) levels of adherence to and maintenance of
musculoskeletal pain self-management programmes in randomized
controlled trials. The second aim was to suggest theoretical models
of adherence to and maintenance of a behaviour. (2) Methods: The
study was conducted in accordance with the recommendations for a
scoping review and the PRISMA-ScR checklist. Capability, motivation
and opportunity were used to categorize the behavioural change
components in the theoretical models. (3) Results: Among the four
studies included, components targeting adherence were reported in
one study, and maintenance was reported in two studies. Adherence
was assessed by the treatment attendance rates, and maintenance was
assessed by the follow-up data of outcome measures. For adherence,
the capability components were mostly about education and the
supervision, grading and mastery of exercise to increase self-
efficacy. The motivation components included the readiness to
change, self-monitoring and goal setting; and the opportunity
components included booster sessions, feedback and social support.
For maintenance, the capability components consisted of identifying
high-risk situations for relapse and problem-solving skills. The
motivation components included self-regulation and self-efficacy for
problem solving, and the opportunity components included
environmental triggers and problem solving by using social support.
(4) Conclusion: There are several behavioural change components that
should be used to increase older adults' levels of adherence to and
maintenance of a pain self-management behaviour.

Notes: Soderlund, Anne von Heideken Wagert, Petra

Soderlund, Anne/0000-0002-4537-030X

2077-0383

URL: <Go to ISI>://WOS:000611300900001

Reference Type: Journal Article

Record Number: 1392

Author: Soga, M., Evans, M. J., Cox, D. T. C. and Gaston, K. J.

Year: 2021

Title: Impacts of the COVID-19 pandemic on human-nature interactions: Pathways, evidence and implications

Journal: People and Nature

Volume: 3

Issue: 3

Pages: 518-527

Date: Jun

Short Title: Impacts of the COVID-19 pandemic on human-nature interactions: Pathways, evidence and implications

DOI: 10.1002/pan3.10201

Accession Number: WOS:000660704700001

Abstract: The coronavirus (COVID-19) pandemic and the global response have dramatically changed people's lifestyles in much of the world. These major changes, as well as the associated changes in impacts on the environment, can alter the dynamics of the direct interactions between humans and nature (hereafter human-nature interactions) far beyond those concerned with animals as sources of novel human coronavirus infections. There may be a variety of consequences for both people and nature. Here, we suggest a conceptual framework for understanding how the COVID-19 pandemic might affect the dynamics of human-nature interactions. This highlights three different, but not mutually exclusive, pathways: changes in (a) opportunity, (b) capability and (c) motivation. Through this framework, we also suggest that there are several feedback loops by which changes in human-nature interactions induced by the COVID-19 pandemic can lead to further changes in these interactions such that the impacts of the pandemic could persist over the long term, including after it has ended. The COVID-19 pandemic, which has had the most tragic consequences, can also be viewed as a 'global natural experiment' in human-nature interactions that can provide unprecedented mechanistic insights into the complex processes and dynamics of these interactions and into possible strategies to manage them to best effect. A free Plain Language Summary can be found within the Supporting Information of this article.

Notes: Soga, Masashi Evans, Maldwyn J. Cox, Daniel T. C. Gaston, Kevin J.

Gaston, Kevin J./0000-0002-7235-7928; Evans, Maldwyn/

0000-0001-7025-2287; Cox, Daniel/0000-0002-3856-3998

2575-8314

URL: <Go to ISI>://WOS:000660704700001

Reference Type: Journal Article

Record Number: 1071

Author: Soga, M. and Gaston, K. J.

Year: 2022
Title: Towards a unified understanding of human–nature interactions
Journal: Nature Sustainability
Volume: 5
Issue: 5
Pages: 374–383
Date: May
Short Title: Towards a unified understanding of human–nature interactions
ISSN: 2398–9629
DOI: 10.1038/s41893–021–00818–z
Accession Number: WOS:000729644200006
Abstract: Interest in the direct interactions between individual people and nature has grown rapidly. This attention encompasses multiple academic disciplines and practical perspectives. A central challenge thus lies in creating a rich cross–disciplinary understanding of these interactions, rather than one that might become characterized by little conceptual, terminological and methodological unity. Here, to facilitate the former outcome, we bring together concepts and theories about direct human–nature interactions drawn from diverse disciplines within a unified conceptual framework. Using this framework, we discuss the linkages among key concepts and theories, identify important knowledge gaps and suggest directions for future research. Understanding interactions between people and nature is increasingly vital. This Perspective argues that synthesizing concepts and theories from diverse disciplines is crucial, and suggests a conceptual framework for unifying this effort and science.
Notes: Soga, Masashi Gaston, Kevin J.
Gaston, Kevin J./0000–0002–7235–7928
URL: <Go to ISI>://WOS:000729644200006

Reference Type: Journal Article
Record Number: 2193
Author: Sohanpal, R., Rivas, C., Steed, L., MacNeill, V., Kuan, V., Edwards, E., Griffiths, C., Eldridge, S., Taylor, S. and Walton, R.
Year: 2016
Title: Understanding recruitment and retention in the NHS community pharmacy stop smoking service: perceptions of smoking cessation advisers
Journal: Bmj Open
Volume: 6
Issue: 7
Short Title: Understanding recruitment and retention in the NHS community pharmacy stop smoking service: perceptions of smoking cessation advisers
ISSN: 2044–6055
DOI: 10.1136/bmjopen–2015–010921
Article Number: e010921
Accession Number: WOS:000382252100117
Abstract: Objectives: To understand views of pharmacy advisers about smoker recruitment and retention in the National Health Service community pharmacy stop smoking programme. Design: Thematic

framework analysis of semistructured, in-depth interviews applying the Theoretical Domains Framework and COM-B behaviour change model. We aimed to identify aspects of adviser behaviour that might be modified to increase numbers joining and completing the programme. Participants: 25 stop smoking advisers (13 pharmacists and 12 support staff). Setting: 29 community pharmacies in 3 inner east London boroughs. Results: Advisers had preconceived ideas about smokers likely to join or drop out and made judgements about smokers' readiness to quit. Actively recruiting smokers was accorded low priority due in part to perceived insufficient remuneration to the pharmacy and anticipated challenging interactions with smokers. Suggestions to improve smoker recruitment and retention included developing a more holistic and supportive approach using patient-centred communication. Training counter assistants were seen to be important as was flexibility to extend the programme duration to fit better with smokers' needs. Conclusions: Cessation advisers feel they lack the interpersonal skills necessary to engage well with smokers and help them to quit. Addressing advisers' behaviours about active engagement and follow-up of clients, together with regular skills training including staff not formally trained as cessation advisers, could potentially boost numbers recruited and retained in the stop smoking programme. Adjustments to the pharmacy remuneration structure to incentivise recruitment and to allow personalisation of the programme for individual smokers should also be considered. Notes: Sohanpal, Ratna Rivas, Carol Steed, Liz MacNeill, Virginia Kuan, Valerie Edwards, Elizabeth Griffiths, Chris Eldridge, Sandra Taylor, Stephanie Walton, Robert rivas, carol/Q-1196-2015; TAYLOR, STEPHANIE/GYV-4768-2022 rivas, carol/0000-0002-0316-8090; Taylor, Stephanie/0000-0001-7454-6354; Eldridge, Sandra/0000-0001-5638-2317; Walton, Robert/0000-0001-7700-1907 URL: <Go to ISI>://WOS:000382252100117

Reference Type: Journal Article

Record Number: 195

Author: Soltani, A., Jaam, M., Nazar, Z., Stewart, D. and Shaito, A.

Year: 2023

Title: Attitudes and beliefs regarding the use of herbs and supplementary medications with COVID-19: A systematic review

Journal: Research in Social & Administrative Pharmacy

Volume: 19

Issue: 3

Pages: 343-355

Date: Mar

Short Title: Attitudes and beliefs regarding the use of herbs and supplementary medications with COVID-19: A systematic review

ISSN: 1551-7411

DOI: 10.1016/j.sapharm.2022.11.004

Accession Number: WOS:000964736400001

Abstract: Background and aim: There is growing interest in using herbs and supplementary medications to treat and/or prevent COVID-19, evidenced by multiple reports exploring their effectiveness and safety. From a health psychology perspective, the

desire to use herbs and supplementary medications to prevent and/or treat COVID-19 is a health behavior which is attributed to attitudes and beliefs. This systematic review critically appraised and synthesized the data from studies investigating these attitudes and beliefs. Methods: EMBASE, PubMed, ScienceDirect, Scopus, Cochrane (library), and WebOfScience were searched from inception to December 13, 2021 for studies investigating attitudes and beliefs on the use of herbs and supplementary medications to treat and/or prevent COVID-19. Results: A total of 17 articles were identified for inclusion. All except one were of cross-sectional design. Participants across most studies had a positive attitude towards using herbs and supplementary medications. They believed that herbs and supplementary medications were effective and were confident in their value in preventing and/or treating COVID-19 symptoms. The majority of included studies had significant flaws in study design and reporting, including inconsistent definitions of herbs and supplementary medications, a lack of theoretical models and conceptual frameworks underpinning the study of beliefs and attitudes, in addition to methodological issues of robustness affecting the validity and reliability of data. Conclusion: The use of herbs and supplementary medicines to prevent and/or treat COVID-19 could well be driven by a positive attitude stemming from beliefs of effectiveness and safety. There is a need for well-designed studies on attitudes and beliefs that are driven by health behavior theories to permit generalizability of findings and establish more conclusive relationships between beliefs, attitudes and the decision to use herbs and supplementary medications to treat and/or prevent COVID-19.

Notes: Soltani, Abderrezzaq Jaam, Myriam Nazar, Zachariah Stewart, Derek Shaito, Abdullah

Jaam, Myriam/HNB-7238-2023; Shaito, Abdullah/AAJ-4034-2020

Jaam, Myriam/0000-0002-3199-1172; Shaito, Abdullah/

0000-0003-3524-7962

1934-8150

URL: <Go to ISI>://WOS:000964736400001

Reference Type: Journal Article

Record Number: 1789

Author: Sonderlund, A. L., Thilsing, T., Korevaar, J., Hollander, M., Lionis, C., Schellevis, F., Wandell, P., Carlsson, A. C., de Waard, A. K., de Wit, N., Seifert, B., Angelaki, A., Kral, N. and Sondergaard, J.

Year: 2019

Title: An evidence-based toolbox for the design and implementation of selective-prevention primary-care initiatives targeting cardio-metabolic disease

Journal: Preventive Medicine Reports

Volume: 16

Date: Dec

Short Title: An evidence-based toolbox for the design and implementation of selective-prevention primary-care initiatives targeting cardio-metabolic disease

DOI: 10.1016/j.pmedr.2019.100979

Article Number: 100979

Accession Number: WOS:000645563600018

Abstract: Cardio-metabolic diseases (CMD; cardiovascular disease, type 2 diabetes, chronic kidney disease) represent a global public health problem. Worldwide, nearly half a billion people are currently diagnosed with diabetes, and cardiovascular disease is the leading cause of death. Most of these diseases can be assuaged/prevented through behavior change. However, the best way to implement preventive interventions is unclear. We aim to fill this knowledge gap by creating an evidence-based and adaptable "toolbox" for the design and implementation of selective prevention initiatives (SPI) targeting CMD. We built our toolbox based on evidence from a pan-European research project on primary-care SPIs targeting CMD. The evidence includes (1) two systematic reviews and two surveys of patient and general practitioner barriers and facilitators of engaging with SPIs, (2) a consensus meeting with leading experts to establish optimal SPI design, and (3) a feasibility study of a generic, evidence-based primary-care SPI protocol in five European countries. Our results related primarily to the five different national health-care contexts from which we derived our data. On this basis, we generated 12 general recommendations for how best to design and implement CMD-SPIs in primary care. We supplement our recommendations with practical, evidence-based suggestions for how each recommendation might best be heeded. The toolbox is generic and adaptable to various national and systemic settings by clinicians and policy makers alike. However, our product needs to be kept up-to-date to be effective and we implore future research to add relevant tools as they are developed.

Notes: Sonderlund, Anders Larrabee Thilsing, Trine Korevaar, Joke Hollander, Monika Lionis, Christos Schellevis, Francois Wandell, Per Carlsson, Axel C. de Waard, Anne-Karien de Wit, Niek Seifert, Bohumil Angelaki, Agapi Kral, Norbert Sondergaard, Jens Wandell, Per E/H-6251-2011

Larrabee Sonderlund, Anders/0000-0002-6627-3322; Carlsson, Axel C/0000-0001-6113-0472; Wandell, Per/0000-0001-5169-2965; Angelaki, Agapi/0000-0002-8385-8429
2211-3355

URL: <Go to ISI>://WOS:000645563600018

Reference Type: Journal Article

Record Number: 1364

Author: Song, T., Liu, F., Deng, N., Qian, S. Y., Cui, T. R., Guan, Y. P., Arnolda, L., Zhang, Z. Y. and Yu, P.

Year: 2021

Title: A Comprehensive 6A Framework for Improving Patient Self-Management of Hypertension Using mHealth Services: Qualitative Thematic Analysis

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 6

Date: Jun

Short Title: A Comprehensive 6A Framework for Improving Patient Self-Management of Hypertension Using mHealth Services: Qualitative

Thematic Analysis

ISSN: 1438-8871

DOI: 10.2196/25522

Article Number: e25522

Accession Number: WOS:000664310700005

Abstract: Background: Hypertension affects over 15% of the world's population and is a significant global public health and socioeconomic challenge. Mobile health (mHealth) services have been increasingly introduced to support hypertensive patients to improve their self-management behaviors, such as adherence to pharmacotherapy and lifestyle modifications. Objective: This study aims to explore patients' perceptions of mHealth services and the mechanisms by which the services support them to self-manage their hypertension. Methods: A semistructured, in-depth interview study was conducted with 22 outpatients of the General Hospital of Ningxia Medical University from March to May 2019. In 2015, the hospital introduced an mHealth service to support community-dwelling outpatients with self-management of hypertension. Content analysis was conducted by following a grounded theory approach for inductive thematic extraction. Constant comparison and categorization classified the first-level codes with similar meanings into higher-level themes. Results: The patient-perceived mechanisms by which the mHealth service supported their self-management of hypertension were summarized as 6A: access, assessment, assistance, awareness, ability, and activation. With the portability of mobile phones and digitization of information, the mHealth service provided outpatients with easy access to assess their vital signs and self-management behaviors. The assessment results gave the patients real-time awareness of their health conditions and self-management performance, which activated their self-management behaviors. The mHealth service also gave outpatients access to assistance, which included health education and self-management reminders. Both types of assistance could also be activated by abnormal assessment results, that is, uncontrolled or deteriorating blood pressure values, discomfort symptoms, or not using the service for a long period. With its scalable use to handle any possible information and services, the mHealth service provided outpatients with educational materials to learn at their own pace. This led to an improvement in self-management awareness and ability, again activating their self-management behaviors. The patients would like to see further improvements in the service to provide more useful, personalized information and reliable services. Conclusions: The mHealth service extended the traditional hypertension care model beyond the hospital and clinician's office. It provided outpatients with easy access to otherwise inaccessible hypertension management services. This led to process improvement for outpatients to access health assessment and health care assistance and improved their awareness and self-management ability, which activated their hypertension self-management behaviors. Future studies can apply the 6A framework to guide the design, implementation, and evaluation of mHealth services for outpatients to self-manage chronic conditions.

Notes: Song, Ting Liu, Fang Deng, Ning Qian, Siyu Cui, Tingru Guan, Yingping Arnolda, Leonard Zhang, Zhenyu Yu, Ping Qian, Siyu/ABB-5105-2020; Yu, Ping/B-1205-2008

Qian, Siyu/0000-0002-1332-4800; Yu, Ping/0000-0002-7910-9396; Liu, Fang/0000-0002-8579-5134; Song, Ting/0000-0001-5858-6495; Zhang, Zhenyu/0000-0003-1853-4978; Deng, Ning/0000-0002-6573-1061; CUI, TINGRU/0000-0002-7899-1372

URL: <Go to ISI>://WOS:000664310700005

Reference Type: Journal Article

Record Number: 452

Author: Song, X. X., Evans, K. J., Bramley, R. G. V. and Kumar, S.
Year: 2022

Title: Factors influencing intention to apply spatial approaches to on-farm experimentation: insights from the Australian winegrape sector

Journal: Agronomy for Sustainable Development

Volume: 42

Issue: 5

Date: Oct

Short Title: Factors influencing intention to apply spatial approaches to on-farm experimentation: insights from the Australian winegrape sector

ISSN: 1774-0746

DOI: 10.1007/s13593-022-00829-w

Article Number: 96

Accession Number: WOS:000853846100001

Abstract: Grape growers are often constrained by available time and labor to conduct trials that deliver informative results. Spatially distributed trial designs coupled with data collection using sensing technologies can introduce efficiencies and also account for the impact of land variability on trial results. Various spatial approaches have been proposed, yet how farmers perceive them is largely unknown. We collaborated with four wine businesses in Australia to explore how grape growers and viticultural consultants perceive a simplified spatial approach to experimentation involving one or more vineyard rows or "strips." In each case, the simplified strip approach was applied alongside growers' or consultants' own methods to compare the perceived value of different methods. The Theory of Planned Behavior was used as an analytical framework to identify factors influencing participants' intentions towards adopting the strip approach. Our findings show that growers and consultants perceived several advantages of the strip approach over their own methods. Key factors impeding uptake were resource constraints for collecting trial data and lack of skills and knowledge to use and analyze spatial data to position the trial and interpret results. These constraints highlight the need to support growers and consultants who see value in this approach by developing automated and affordable measurements for viticultural variables beyond yield, and by providing training on how to analyze and interpret spatial and response data. This study provides novel insights for private and public sectors on where to focus efforts to facilitate adoption of spatial approaches to On-Farm Experimentation by specific target audiences.

Notes: Song, Xinxin Evans, Katherine J. Bramley, Robert G., V Kumar, Saideepa

Bramley, Robert (Rob)/A-5519-2009
Bramley, Robert (Rob)/0000-0003-0643-7409; Song, Xinxin/
0000-0002-1969-3500
1773-0155
URL: <Go to ISI>://WOS:000853846100001

Reference Type: Journal Article
Record Number: 2500
Author: Sorensen, K. and Brand, H.
Year: 2011
Title: Health Literacy-A Strategic Asset for Corporate Social
Responsibility in Europe
Journal: Journal of Health Communication
Volume: 16
Pages: 322-327
Short Title: Health Literacy-A Strategic Asset for Corporate Social
Responsibility in Europe
ISSN: 1081-0730
DOI: 10.1080/10810730.2011.606072
Accession Number: WOS:000299952500026
Abstract: The European Commission (EU) has launched the strategy
"Europe 2020" aimed to turn the EU into a smart, sustainable and
inclusive economy delivering high levels of employment, productivity
and social cohesion. A prerequisite for the success of Europe 2020
is the availability of a healthy population and a healthy work
force. An action worth highlighting is raising corporate social
responsibility (CSR). The aim of this paper is to present how health
literacy can become a strategic asset in CSR through the
introduction of the Collaborative Venture on Health Literacy and the
development of a business case on health literacy meeting targets of
Europe 2020. A scope study revealed that a majority of companies
within the network of CSR Europe already show health-related
employee programs on their corporate websites, but only a few are
focused specifically on advancing health literacy. The gap leaves
potential opportunities for interventions based on research and good
practices, where businesses through CSR can create a health-friendly
environment and stimulate the workforce to manage their own health,
seek information, and make decisions in terms of promoting health
and well-being, thereby transforming information into knowledge and
increased awareness among employees.
Notes: Sorensen, Kristine Brand, Helmut
Brand, Helmut/F-6368-2013
Brand, Helmut/0000-0002-2755-0673
1087-0415
3
Si
URL: <Go to ISI>://WOS:000299952500026

Reference Type: Journal Article
Record Number: 1348
Author: Sotomayor-Castillo, C., Nahidi, S., Li, C., Hespe, C.,
Burns, P. L. and Shaban, R. Z.

Year: 2021

Title: General practitioners' knowledge, preparedness, and experiences of managing COVID-19 in Australia

Journal: Infection Disease & Health

Volume: 26

Issue: 3

Pages: 166-172

Date: Aug

Short Title: General practitioners' knowledge, preparedness, and experiences of managing COVID-19 in Australia

ISSN: 2468-0451

DOI: 10.1016/j.idh.2021.01.004

Accession Number: WOS:000670343900002

Abstract: Background: COVID-19 has brought unprecedented demands to general practitioners (GPs) worldwide. We examined their knowledge, preparedness, and experiences managing COVID-19 in Australia.

Methods: A cross-sectional online survey of GPs members of the Royal Australian College of General Practitioners (RACGP) was conducted between June and September 2020. Results: Out of 244 survey responses, a majority of GPs (76.6%) indicated having good knowledge of COVID-19, relying mostly on state/territory department of health (84.4%) and the RACGP (76.2%) websites to source up-to-date information. Most felt prepared to manage patients with COVID-19 (75.7%), yet over half reported not receiving training in the use of PPE. The majority were concerned about contracting SARS-CoV-2, more stressed than usual, and have heavier workloads. Their greatest challenges included scarcity of PPE, personal distress, and information overload. Conclusion: Access to PPE, training, accurate information, and preparedness are fundamental for the successful role of general practices during outbreaks. (C) 2021 Australasian College for Infection Prevention and Control. Published by Elsevier B.V. All rights reserved.

Notes: Sotomayor-Castillo, Cristina Nahidi, Shizar Li, Cecilia Hespe, Charlotte Burns, Penelope L. Shaban, Ramon Z.

Hespe, Charlotte/P-5240-2015; Li, Cecilia/AAL-7437-2021

Hespe, Charlotte/0000-0002-4582-7728; Li, Cecilia/

0000-0002-4100-4580; Shaban, Ramon/0000-0002-5203-0557; Burns,

Penelope/0000-0002-2484-043X; Nahidi, Shizar/0000-0003-0443-4626

URL: <Go to ISI>://WOS:000670343900002

Reference Type: Journal Article

Record Number: 962

Author: Soukup, T., Davis, R. E., Lopez, M. B., Healey, A., Estevao, C., Fancourt, D., Dazzan, P., Pariente, C., Dye, H., Osborn, T., Bind, R., Sawyer, K., Rebecchini, L., Hazelgrove, K., Burton, A., Manoharan, M., Perkins, R., Podlowska, A., Chaudhuri, R., Derbyshire-Fox, F., Hartley, A., Woods, A., Crane, N., Bakolis, I. and Sevdalis, N.

Year: 2022

Title: Study protocol: randomised controlled hybrid type 2 trial evaluating the scale-up of two arts interventions for postnatal depression and Parkinson's disease

Journal: Bmj Open

Volume: 12

Issue: 2

Date: Feb

Short Title: Study protocol: randomised controlled hybrid type 2 trial evaluating the scale-up of two arts interventions for postnatal depression and Parkinson's disease

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-055691

Article Number: e055691

Accession Number: WOS:000754603900005

Abstract: Introduction Research on the benefits of 'arts' interventions to improve individuals' physical, social and psychological well-being is growing, but evidence on implementation and scale-up into health and social care systems is lacking. This protocol reports the SHAPER-Implement programme (Scale-up of Health-Arts Programmes Effectiveness-Implementation Research), aimed at studying the impact, implementation and scale-up of: Melodies for Mums (M4M), a singing intervention for postnatal depression; and Dance for Parkinson's (PD-Ballet) a dance intervention for Parkinson's disease. We examine how they could be embedded in clinical pathways to ensure their longer-term sustainability.

Methods and analysis A randomised two-arm effectiveness-implementation hybrid type 2 trial design will be used across M4M/PD-Ballet. We will assess the implementation in both study arms (intervention vs control), and the cost-effectiveness of implementation. The design and measures, informed by literature and previous research by the study team, were refined through stakeholder engagement. Participants (400 in M4M; 160 in PD-Ballet) will be recruited to the intervention or control group (2:1 ratio). Further implementation data will be collected from stakeholders involved in referring to, delivering or supporting M4M/PD-Ballet (N=25-30 for each intervention). A mixed-methods approach (surveys and semi-structured interviews) will be employed.

'Acceptability' (measured by the 'Acceptability Intervention Measure') is the primary implementation endpoint for M4M/PD-Ballet. Relationships between clinical and implementation outcomes, implementation strategies (eg, training) and outcomes will be explored using generalised linear mixed models. Qualitative data will assess factors affecting the acceptability, feasibility and appropriateness of M4M/PD-Ballet, implementation strategies and longer-term sustainability. Costs associated with implementation and future scale-up will be estimated. Ethics and dissemination SHAPER-PND (the M4M trial) and SHAPER-PD (the PD trial) are approved by the West London and GTAC (20/PR/0813) and the HRA and Health and Care Research Wales (REC Reference: 20/WA/0261) Research Ethics Committees. Study findings will be disseminated through scientific peer-reviewed journals and scientific conferences.

Notes: Soukup, Tayana Davis, Rachel E. Lopez, Maria Baldellou Healey, Andy Estevao, Carolina Fancourt, Daisy Dazzan, Paola Pariante, Carmine Dye, Hannah Osborn, Tim Bind, Rebecca Sawyer, Kristi Rebecchini, Lavinia Hazelgrove, Katie Burton, Alexandra Manoharan, Manonmani Perkins, Rosie Podlowska, Aleksandra Chaudhuri, Ray Derbyshire-Fox, Fleur Hartley, Alison Woods, Anthony Crane, Nikki Bakolis, Ioannis Sevdalis, Nick

Woods, Anthony/AAK-9547-2021; Sevdalis, Nick/0-1419-2017
Woods, Anthony/0000-0002-4050-3003; Estevao, Carolina/
0000-0001-7758-0371; Soukup Ascensao, Tayana/0000-0003-0203-7264;
Ray Chaudhuri, K/0000-0003-2815-0505; Davis, Rachel/
0000-0003-2406-7181; Sevdalis, Nick/0000-0001-7560-8924; Dazzan,
Paola/0000-0002-8427-3617; Rebecchini, Lavinia/0000-0002-5973-9075;
Bakolis, Ioannis/0000-0002-4800-1630
URL: <Go to ISI>://WOS:000754603900005

Reference Type: Journal Article

Record Number: 660

Author: Spadola, C., Groton, D. B., Littlewood, K., Hilditch, C.,
Burke, S. and Bertisch, S. M.

Year: 2023

Title: Sleep Health Education to Promote Public Health: Attitudes
and Desired Learning Goals among Social Work Students

Journal: Social Work in Public Health

Volume: 38

Issue: 1

Pages: 11-20

Date: Jan

Short Title: Sleep Health Education to Promote Public Health:
Attitudes and Desired Learning Goals among Social Work Students

ISSN: 1937-1918

DOI: 10.1080/19371918.2022.2093304

Accession Number: WOS:000815830900001

Abstract: Social workers are often front line behavioral health providers for underserved populations, many of whom experience sleep disturbances. Inadequate sleep presents a public health challenge and is associated with many adverse physical health and mental health consequences. Social workers are uniquely positioned to promote sleep health among individuals experiencing health inequities. However, sleep is rarely included as part of the curricula in social work programs in the U.S. We conducted qualitative formative research to investigate social work students' perceptions of sleep education and desired sleep learning objectives. Twenty-five social work students were recruited via a listserv e-mail to participate in one of three focus groups. Participants believed sleep education could be beneficial in promoting client health and well-being. Desired learning goals included: (1) the importance of sleep; (2) identify symptoms of sleep deprivation and sleep disorders; (3) environmental and lifestyle factors that impact sleep; (4) behaviors to promote optimal sleep; and (5) sleep health as it relates to special populations (e.g., homelessness, substance using). Social work students expressed a desire to acquire knowledge on sleep health promotion as part of the social work curricula. Sleep education could be of considerable relevance to social work students, practitioners, and the clients they serve.

Notes: Spadola, Christine Groton, Danielle B. Littlewood, Kerry Hilditch, Cassie Burke, Shanna Bertisch, Suzanne M.

Littlewood, Kerry/GRN-9789-2022; Hilditch, Cassie/HTN-9528-2023

Hilditch, Cassie/0000-0001-8797-4390; Bertisch, Suzanne/

0000-0002-4627-8871; Spadola, Christine/0000-0003-1030-6137
1937-190x
URL: <Go to ISI>://WOS:000815830900001

Reference Type: Journal Article

Record Number: 61

Author: Sparks, F., Dipper, L., Coffey, M. and Hilari, K.

Year: 2023

Title: Approaches to tracheoesophageal voice rehabilitation: a survey of the UK and Irish speech and language therapists' current practice and beliefs

Journal: International Journal of Language & Communication Disorders

Date: 2023 Apr

Short Title: Approaches to tracheoesophageal voice rehabilitation: a survey of the UK and Irish speech and language therapists' current practice and beliefs

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12873

Accession Number: WOS:000961911200001

Abstract: BackgroundAfter total laryngectomy, surgical voice restoration is used to establish communication via tracheoesophageal voice prosthesis. Once voice is established, there is a paucity of information on what speech and language therapists (SLTs) should do to improve tracheoesophageal voice quality to ensure functional communication. No existing surveys or studies investigate this specific question. There is also a disconnect between guidelines, knowledge and clinical practice, whereby clinical guidelines stipulate the requirement for SLT intervention, but do not detail what this entails in the rehabilitation context. Aims(1) To advance understanding of current clinical practice beyond voice prosthesis management and care. (2) To explore what approaches are implemented in clinical practice across the UK and Republic of Ireland to rehabilitate tracheoesophageal voice. (3) To investigate the barriers and facilitators to provision of tracheoesophageal voice therapy. Methods & ProceduresA self-administered 10-min online survey was developed using Qualtrics software and piloted before dissemination. Survey development was informed by the Behaviour Change Wheel to identify barriers, facilitators and additional factors contributing to SLTs' provision of voice therapy to tracheoesophageal speakers. The survey was disseminated via social media and professional networks. Eligibility criteria included SLTs with at least one year post-registration experience and with experience of working with laryngectomy in the past 5 years. Descriptive statistics were used to analyse closed answer questions. Open question responses were analysed using content analysis. Outcomes & ResultsThe survey received 147 responses. Participants were representative of the head and neck cancer SLT workforce. SLTs believe that tracheoesophageal voice therapy is an important aspect of laryngectomy rehabilitation; however, there was a lack of knowledge about therapy approaches and insufficient resources for implementing therapy. SLTs expressed a desire for more training, specific guidelines and a stronger evidence base to inform clinical practice. Some SLTs expressed feelings of frustration and lack of

acknowledgement for the specialist skills required to undertake laryngectomy rehabilitation and tracheoesophageal work in general. Conclusions & Implications The survey identifies the need for a robust training approach and detailed clinical guidelines to promote consistent practice across the profession. The evidence base within this clinical area is emergent, hence there is a need for increased research and clinical audit to inform practice. Under-resourcing was highlighted, which should be considered in service planning to ensure that adequate staff, access to expert practitioners or time ring-fenced for therapy are available for tracheoesophageal speakers to receive the support they require. WHAT THIS PAPER ADDS What is already known on this subject Total laryngectomy results in life-altering changes to communication. Clinical guidelines advocate for speech and language therapy intervention; however, there is no clear information on what SLTs should do to optimize tracheoesophageal voice and the evidence base to support practice is lacking. What this study adds to existing knowledge This survey identifies what interventions SLTs provide in clinical practice to rehabilitate tracheoesophageal voice; and it explores the barriers and facilitators that influence the provision of tracheoesophageal voice therapy. What are the potential or actual clinical implications of this work? Specific training, clinical guidelines, increased research and audit are required to support clinical practice in laryngectomy rehabilitation. Service planning should address the under-resourcing of staff, expert practitioners and therapy allocated time.

Notes: Sparks, Freya Dipper, Lucy Coffey, Margaret Hilari, Katerina Sparks, Freya/0000-0002-2406-4944; Dipper, Lucy/0000-0002-5918-3898 1460-6984

URL: <Go to ISI>://WOS:000961911200001

Reference Type: Journal Article

Record Number: 983

Author: Spelt, H. A. A., Asta, L., Dijk, Etkv, Ham, J., Ijsselsteijn, W. A. and Westerink, Jhdm

Year: 2022

Title: Exploring physiologic reactions to persuasive information

Journal: Psychophysiology

Volume: 59

Issue: 6

Date: Jun

Short Title: Exploring physiologic reactions to persuasive information

ISSN: 0048-5772

DOI: 10.1111/psyp.14001

Article Number: e14001

Accession Number: WOS:000745623500001

Abstract: Persuasion aims at changing peoples' motivations and/or behaviors. This study explores how and when physiology reflects persuasion processes and specifically whether individual differences in motivations and behaviors affect psychophysiological reactions to persuasive information. Participants (N = 70) with medium or high meat consumption patterns watched a persuasive video advocating limited meat consumption, while their electrodermal and

cardiovascular physiology was measured. Results indicated that the video increased participants' moral beliefs, perceived behavioral control, and reduction intentions. This study also found an increase in physiologic arousal during the persuasive video and that people with motivations less aligned to the persuasion objective had more physiologic arousal. The findings encourage further psychophysiological persuasion research, especially as these insights can potentially be used to personalize persuasive messages of behavior change applications.

Notes: Spelt, Hanne A. A. Asta, Luisa Dijk, Els T. Kersten-van Ham, Jaap IJsselsteijn, Wijnand A. Westerink, Joyce H. D. M. Ham, Jaap/H-4754-2011

IJsselsteijn, Wijnand/0000-0001-6856-9269; Ham, Jaap/0000-0003-1703-5165; Spelt, Hanne/0000-0002-5304-4109 1469-8986

URL: <Go to ISI>://WOS:000745623500001

Reference Type: Journal Article

Record Number: 1005

Author: Spelt, H. A. A., Westerink, Jhdm, Frank, L., Ham, J. and IJsselsteijn, W. A.

Year: 2022

Title: Physiology-based personalization of persuasive technology: a user modeling perspective

Journal: User Modeling and User-Adapted Interaction

Volume: 32

Issue: 1-2

Pages: 133-163

Date: Apr

Short Title: Physiology-based personalization of persuasive technology: a user modeling perspective

ISSN: 0924-1868

DOI: 10.1007/s11257-021-09313-8

Accession Number: WOS:000740406500001

Abstract: Persuasive technology (PT) can assist in behavior change. PT systems often rely on user models, based on behavior and self-report data, to personalize their functionalities and thereby increase efficiency. This review paper shows how physiological measurements could be used to further improve user models for personalization of PT by means of bio-cybernetic loops and data-driven approaches. Furthermore, we outline the advantages of using physiological measures for personalization compared to self-report and behavior measurement. Additionally, we show how two types of physiological information-physiological states and physiological reactivity-can be relevant for PT adaptations. To illustrate this, we present a model with two types of physiology-based PT adaptations as part of a bio-cybernetic loop; state-based and reactivity-based. Next, we discuss the implications of physiology-aware PT for persuasive design and theory. And lastly, because of the potential impact of such systems, we also consider important ethical implications of physiology-aware PT.

Notes: Spelt, Hanne A. A. Westerink, Joyce H. D. M. Frank, Lily Ham, Jaap IJsselsteijn, Wijnand A.

Ham, Jaap/H-4754-2011
Spelt, Hanne/0000-0002-5304-4109; IJsselsteijn, Wijnand/
0000-0001-6856-9269; Ham, Jaap/0000-0003-1703-5165
1573-1391
URL: <Go to ISI>://WOS:000740406500001

Reference Type: Journal Article
Record Number: 1980
Author: Spence, J. C., Rhodes, R. E. and Carson, V.
Year: 2017
Title: Challenging the Dual-Hinge Approach to Intervening on
Sedentary Behavior
Journal: American Journal of Preventive Medicine
Volume: 52
Issue: 3
Pages: 403-406
Date: Mar
Short Title: Challenging the Dual-Hinge Approach to Intervening on
Sedentary Behavior
ISSN: 0749-3797
DOI: 10.1016/j.amepre.2016.10.019
Accession Number: WOS:000400434200022
Notes: Spence, John C. Rhodes, Ryan E. Carson, Valerie
Spence, John C/D-1548-2009; Rhodes, Ryan E./ABB-4896-2020; Carson,
Valerie/ABG-2853-2021
Spence, John C/0000-0001-8485-1336; Rhodes, Ryan E./
0000-0003-0940-9040; Carson, Valerie/0000-0002-3009-3282
1873-2607
URL: <Go to ISI>://WOS:000400434200022

Reference Type: Journal Article
Record Number: 1659
Author: Spence, J. C., Rhodes, R. E., McCurdy, A., Mangan, A.,
Hopkins, D. and Mummery, W. K.
Year: 2021
Title: Determinants of physical activity among adults in the United
Kingdom during the COVID-19 pandemic: The DUK-COVID study
Journal: British Journal of Health Psychology
Volume: 26
Issue: 2
Pages: 588-605
Date: May
Short Title: Determinants of physical activity among adults in the
United Kingdom during the COVID-19 pandemic: The DUK-COVID study
ISSN: 1359-107X
DOI: 10.1111/bjhp.12497
Accession Number: WOS:000599527800001
Abstract: Objectives This study examined the impact of the COVID-19
lockdown on the physical activity (PA) of UK adults and potential
motivational determinants of such behaviour. Design and methods A
survey was conducted with 1,521 UK adults recruited through
Prolific.co in early June 2020. Along with demographic information,

questions assessed current PA, changes in PA modalities (i.e., overall, around the home, for transport, in the workplace, in the local neighbourhood, at recreation/sport facilities) related to the lockdown, and beliefs about capabilities, opportunities, and motivations according to the COM-B model. A series of logistic regressions were constructed to examine associations between shifts in the PA modalities and the COM-B components. Results The majority of respondents (57%) had either maintained or increased their levels of PA during the COVID-19 lockdown. However, the proportion meeting PA guidelines (31%) was low and engagement in sedentary-related behaviour for both work and leisure increased substantially during the lockdown. The components of the COM-B model were associated with shifts in PA. In particular, physical opportunity (odds ratios ranging from 1.14 to 1.20) and reflective motivation (odds ratios ranging from 1.11 to 1.25) appeared to be the most consistent predictors of behaviour. Conclusions If UK adults believed they had the physical opportunity and were motivated, they were more likely to have maintained or increased their PA during the COVID-19 lockdown. However, the majority of adults are not meeting the UK guidelines on PA and the prevalence of PA is substantially lower than national surveys prior to the pandemic. Statement of contribution What is already known on this subject? The COVID-19 pandemic has significantly disrupted the daily routines of citizens globally. Engagement in physical activity appears to have declined as a result of the requirement to self-isolate and stay in place. The COM-B model of behaviour change is a useful framework for identifying the correlates and determinants of behaviour. What does this study add? Though most UK adults maintained or increased their engagement in physical activity during the COVID-19 pandemic, the majority did not meet recommended guidelines. Reflective processes and physical opportunity were the primary predictors of change in physical activity.

Notes: Spence, John C. Rhodes, Ryan E. McCurdy, Ashley Mangan, Arnie Hopkins, Debbie Mummery, W. Kerry
Rhodes, Ryan E./ABB-4896-2020; Spence, John C/D-1548-2009
Rhodes, Ryan E./0000-0003-0940-9040; Spence, John C/
0000-0001-8485-1336; McCurdy, Ashley/0000-0001-8337-4099
2044-8287
URL: <Go to ISI>://WOS:000599527800001

Reference Type: Journal Article

Record Number: 1538

Author: Spillane, D., Courtenay, M., Chater, A., Family, H., Whitaker, A. and Acton, J. H.

Year: 2021

Title: Factors influencing the prescribing behaviour of independent prescriber optometrists: a qualitative study using the Theoretical Domains Framework

Journal: Ophthalmic and Physiological Optics

Volume: 41

Issue: 2

Pages: 301-315

Date: Mar

Short Title: Factors influencing the prescribing behaviour of independent prescriber optometrists: a qualitative study using the Theoretical Domains Framework

ISSN: 0275-5408

DOI: 10.1111/opo.12782

Accession Number: WOS:000619769000001

Abstract: Purpose Whilst the number of independent prescriber (IP) optometrists in the United Kingdom is increasing, there is limited evidence describing the experiences of these individuals. The Theoretical Domains Framework (TDF) provides an evidence-based approach to understand determinants of behaviour. This conceptual framework can enable mapping to the COM-B behaviour change model and the wider Behaviour Change Wheel to develop interventions to optimise behaviour-change and healthcare processes more systematically. The study aimed to use the TDF to identify the factors that influence independent prescribing behaviour, and to map these findings to the COM-B system to elucidate the relevant intervention functions, in order to identify the support required by optometrist prescribers. Methods Using a qualitative design, semi-structured interviews based on the TDF were undertaken with independent prescriber optometrists. Thematic analysis was used to identify themes inductively, which were then deductively mapped to the TDF and linked to the COM-B. Results Sixteen participants (9 male, 7 female; median age 45 years, range 28-65 years), based in community (n = 10) and hospital (n = 6) settings, were interviewed. Eleven of the TDF domains were found to influence prescribing behaviour. Findings highlighted the need for good communication with patients (TDF domain: Skills, COM-B: Capability); confidence (TDF domain: Beliefs about capabilities, COM-B: Motivation); good networks and relationships with other healthcare professionals, e.g., general practitioners (TDF domain: Social influences, COM-B: Opportunity; TDF domain: Social/professional role and identity, COM-B: Motivation); the need for appropriate structure for remuneration (TDF domain: Reinforcement, COM-B: Motivation; TDF domain: Social/professional role and identity, COM-B: Motivation) and the provision of professional guidelines (TDF domain: Knowledge, COM-B: Capability; TDF domain: Environmental context and resources, COM-B: Opportunity). Conclusions Having identified theory-derived influencers on prescribing decisions by optometrists, the findings can be used to develop a structured intervention, such as a support package to help optimise prescribing by optometrists, with the ultimate goal of eye care quality improvement.

Notes: Spillane, Daniel Courtenay, Molly Chater, Angel Family, Hannah Whitaker, Angela Acton, Jennifer H.

Acton, Jennifer/AAU-3307-2021

Acton, Jennifer/0000-0002-0347-7651; Family, Hannah/
0000-0003-1243-778X; Chater, Angel Marie/0000-0002-9043-2565
1475-1313

URL: <Go to ISI>://WOS:000619769000001

Reference Type: Conference Proceedings

Record Number: 2342

Author: Splendiani, B. and Ribera, M.

Year of Conference: 2015

Title: A proposal for the inclusion of accessibility criteria in the publishing workflow of images in biomedical academic articles

Conference Name: 6th International Conference on Software

Development and Technologies for Enhancing Accessibility and Fighting Info-Exclusion (DSAI)

Conference Location: Fraunhofer FIT, Sankt Augustin, GERMANY

Volume: 67

Pages: 67-76

Series Title: Procedia Computer Science

Date: Jun 10-12

Sponsor: Fraunhofer, F. I. T.

Short Title: A proposal for the inclusion of accessibility criteria in the publishing workflow of images in biomedical academic articles

DOI: 10.1016/j.procs.2015.09.250

Source: Proceedings of the 6th international conference on software development and technologies for enhancing accessibility and fighting info-exclusion

Year Published:2015

Accession Number: WOS:000373780600008

Abstract: In spite of the importance of visual content in academic publishing, biomedical articles do not offer accessible images, mainly because of the lack of text alternatives. According to a process-oriented accessibility philosophy, this article proposes the use of image-related texts, such as captions or mentions, as text alternatives of images, since they are solutions based on the current practices of authors of biomedical images. We also present two tools created to guide authors in writing comprehensive text alternatives. The aim of this proposal is to increase the opportunities of an actual application of accessibility principles within the biomedical academic publishing. (C) 2015 The Authors. Published by Elsevier B.V.

Notes: Splendiani, Bruno Ribera, Mireia

Ribera, Mireia/H-8101-2015; Ribera, Mireia/Q-4898-2019

Ribera, Mireia/0000-0003-1455-1869; Ribera, Mireia/

0000-0003-1455-1869

1877-0509

1877-0509

URL: <Go to ISI>://WOS:000373780600008

Reference Type: Journal Article

Record Number: 1562

Author: Sporrel, K., De Boer, R. D. D., Wang, S. H., Nibbeling, N., Simons, M., Deutekom, M., Ettema, D., Castro, P. C., Dourado, V. Z. and Krose, B.

Year: 2021

Title: The Design and Development of a Personalized Leisure Time Physical Activity Application Based on Behavior Change Theories, End-User Perceptions, and Principles From Empirical Data Mining

Journal: Frontiers in Public Health

Volume: 8

Date: Feb

Short Title: The Design and Development of a Personalized Leisure Time Physical Activity Application Based on Behavior Change

Theories, End-User Perceptions, and Principles From Empirical Data Mining

DOI: 10.3389/fpubh.2020.528472

Article Number: 528472

Accession Number: WOS:000618224300001

Abstract: Introduction: Many adults do not reach the recommended physical activity (PA) guidelines, which can lead to serious health problems. A promising method to increase PA is the use of smartphone PA applications. However, despite the development and evaluation of multiple PA apps, it remains unclear how to develop and design engaging and effective PA apps. Furthermore, little is known on ways to harness the potential of artificial intelligence for developing personalized apps. In this paper, we describe the design and development of the Playful data-driven Active Urban Living (PAUL): a personalized PA application. **Methods:** The two-phased development process of the PAUL apps rests on principles from the behavior change model; the Integrate, Design, Assess, and Share (IDEAS) framework; and the behavioral intervention technology (BIT) model. During the first phase, we explored whether location-specific information on performing PA in the built environment is an enhancement to a PA app. During the second phase, the other modules of the app were developed. To this end, we first build the theoretical foundation for the PAUL intervention by performing a literature study. Next, a focus group study was performed to translate the theoretical foundations and the needs and wishes in a set of user requirements. Since the participants indicated the need for reminders at a for-them-relevant moment, we developed a self-learning module for the timing of the reminders. To initialize this module, a data-mining study was performed with historical running data to determine good situations for running. **Results:** The results of these studies informed the design of a personalized mobile health (mHealth) application for running, walking, and performing strength exercises. The app is implemented as a set of modules based on the persuasive strategies "monitoring of behavior," "feedback," "goal setting," "reminders," "rewards," and "providing instruction." An architecture was set up consisting of a smartphone app for the user, a back-end server for storage and adaptivity, and a research portal to provide access to the research team. **Conclusions:** The interdisciplinary research encompassing psychology, human movement sciences, computer science, and artificial intelligence has led to a theoretically and empirically driven leisure time PA application. In the current phase, the feasibility of the PAUL app is being assessed.

Notes: Sporrel, Karlijn De Boer, Remi D. D. Wang, Shihan Nibbeling, Nicky Simons, Monique Deutekom, Marije Ettema, Dick Castro, Paula C. Dourado, Victor Zuniga Krose, Ben

Dourado, Victor/E-6784-2012; Ettema, Dick/IQS-9627-2023

Dourado, Victor/0000-0002-6222-3555;
2296-2565

URL: <Go to ISI>://WOS:000618224300001

Reference Type: Journal Article

Record Number: 553

Author: Sporrel, K., Wang, S. H., Ettema, D. D. F., Nibbeling, N., Krose, B. A., Deutekom, M., de Boer, R. D. D. and Simons, M.

Year: 2022

Title: Just-in-Time Prompts for Running, Walking, and Performing Strength Exercises in the Built Environment: 4-Week Randomized Feasibility Study

Journal: Jmir Formative Research

Volume: 6

Issue: 8

Date: Aug

Short Title: Just-in-Time Prompts for Running, Walking, and Performing Strength Exercises in the Built Environment: 4-Week Randomized Feasibility Study

DOI: 10.2196/35268

Article Number: e35268

Accession Number: WOS:000854086000051

Abstract: Background: App-based mobile health exercise interventions can motivate individuals to engage in more physical activity (PA). According to the Fogg Behavior Model, it is important that the individual receive prompts at the right time to be successfully persuaded into PA. These are referred to as just-in-time (JIT) interventions. The Playful Active Urban Living (PAUL) app is among the first to include 2 types of JIT prompts: JIT adaptive reminder messages to initiate a run or walk and JIT strength exercise prompts during a walk or run (containing location-based instruction videos). This paper reports on the feasibility of the PAUL app and its JIT prompts. Objective: The main objective of this study was to examine user experience, app engagement, and users' perceptions and opinions regarding the PAUL app and its JIT prompts and to explore changes in the PA behavior, intrinsic motivation, and the perceived capability of the PA behavior of the participants. Methods: In total, 2 versions of the closed-beta version of the PAUL app were evaluated: a basic version (Basic PAUL) and a JIT adaptive version (Smart PAUL). Both apps send JIT exercise prompts, but the versions differ in that the Smart PAUL app sends JIT adaptive reminder messages to initiate running or walking behavior, whereas the Basic PAUL app sends reminder messages at randomized times. A total of 23 participants were randomized into 1 of the 2 intervention arms. PA behavior (accelerometer-measured), intrinsic motivation, and the perceived capability of PA behavior were measured before and after the intervention. After the intervention, participants were also asked to complete a questionnaire on user experience, and they were invited for an exit interview to assess user perceptions and opinions of the app in depth. Results: No differences in PA behavior were observed ($Z=-1.433$; $P=.08$), but intrinsic motivation for running and walking and for performing strength exercises significantly increased ($Z=-3.342$; $P<.001$ and $Z=-1.821$; $P=.04$, respectively). Furthermore, participants increased their perceived capability to perform strength exercises ($Z=2.231$; $P=.01$) but not to walk or run ($Z=-1.221$; $P=.12$). The interviews indicated that the participants were enthusiastic about the strength exercise prompts. These were perceived as personal, fun, and relevant to their health. The reminders were perceived as important initiators for PA, but participants from both app groups explained that the reminder

messages were often not sent at times they could exercise. Although the participants were enthusiastic about the functionalities of the app, technical issues resulted in a low user experience.

Conclusions: The preliminary findings suggest that the PAUL apps are promising and innovative interventions for promoting PA. Users perceived the strength exercise prompts as a valuable addition to exercise apps. However, to be a feasible intervention, the app must be more stable.

Notes: Sporrel, Karlijn Wang, Shihan Ettema, Dick D. F. Nibbeling, Nicky Krose, Ben J. A. Deutekom, Marije de Boer, Remi D. D. Simons, Monique

Ettema, Dick/IQS-9627-2023

Sporrel, Karlijn/0000-0002-2757-8553; Wang, Shihan/
0000-0001-5971-7522; Krose, Ben/0000-0003-1237-0618; simons,
monique/0000-0002-6475-4616
2561-326x

URL: <Go to ISI>://WOS:000854086000051

Reference Type: Journal Article

Record Number: 1555

Author: Sprange, K., Beresford-Dent, J., Mountain, G., Craig, C., Mason, C., Berry, K., Wright, J., Majid, S., Ben, Thomas and Cooper, C. L.

Year: 2021

Title: Assessing fidelity of a community based psychosocial intervention for people with mild dementia within a large randomised controlled trial

Journal: BMC Geriatrics

Volume: 21

Issue: 1

Date: Feb

Short Title: Assessing fidelity of a community based psychosocial intervention for people with mild dementia within a large randomised controlled trial

DOI: 10.1186/s12877-021-02070-8

Article Number: 119

Accession Number: WOS:000617198100001

Abstract: Background: Understanding intervention delivery as intended, particularly in complex interventions, should be underpinned by good quality fidelity assessment. We present the findings from a fidelity assessment embedded as part of a trial of a complex community-based psychosocial intervention, Journeying through Dementia (JtD). The intervention was designed to equip individuals with the knowledge and skills to successfully self-manage, maintain independence, and live well with dementia and involves both group and individual sessions. The methodological challenges of developing a conceptual framework for fidelity assessment and creating and applying purposely designed measures derived from this framework are discussed to inform future studies.

Methods: A conceptual fidelity framework was created out of core components of the intervention (including the intervention manual and training for delivery), associated trial protocols and pre-defined fidelity standards and criteria against which intervention

delivery and receipt could be measured. Fidelity data collection tools were designed and piloted for reliability and usability. Data collection in four selected sites (fidelity sites) was via non-participatory observations of the group aspect of the intervention, attendance registers and interventionist (facilitator and supervisor) self-report. Results: Interventionists from all four fidelity sites attended intervention training. The majority of group participants at the four sites (71%) received the therapeutic dose of 10 out of 16 sessions. Weekly group meeting attendance (including at 'out of venue' sessions) was excellent at 80%. Additionally, all but one individual session was attended by the participants who completed the intervention. It proved feasible to create tools derived from the fidelity framework to assess in-venue group aspects of this complex intervention. Results of fidelity assessment of the observed groups were good with substantial inter-rater reliability between researchers KAPPA 0.68 95% CI (0.58-0.78). Self-report by interventionists concurred with researcher assessments. Conclusions: There was good fidelity to training and delivery of the group aspect of the intervention at four sites. However, the methodological challenges of assessing all aspects of this complex intervention could not be overcome due to practicalities, assessment methods and ethical considerations. Questions remain regarding how we can assess fidelity in community-based complex interventions without impacting upon intervention or trial delivery.

Notes: Sprange, Kirsty Beresford-Dent, Jules Mountain, Gail Craig, Claire Mason, Clare Berry, Katherine Wright, Jessica Majid, Shazmin Ben Thomas Cooper, Cindy L.

Cooper, Cindy L/A-2670-2010

Craig, Claire Louise/0000-0002-3475-3292; Majid, Shazmin/0000-0002-1061-6525; Cooper, Cindy/0000-0002-2995-5447; Wright, Jessica/0000-0002-1814-3697; Beresford-Dent, Jules/0000-0002-3316-2191; Mountain, Gail/0000-0002-5417-7691 1471-2318

URL: <Go to ISI>://WOS:000617198100001

Reference Type: Journal Article

Record Number: 835

Author: Springer, A. E., Castro, V., Ruiz, F., Luna, E., Martinez, K., McGhee, S., Ranjit, N., Bjornaas, D., Sturup, A., McNeely, K., McGeady, A. and Harrell, B.

Year: 2022

Title: Interweaving Adult Fitness Classes Into Community Settings Via Stronger Austin's Community Partnership Model Increasing Access to Physical Activity and Positive Social Connectedness in Underserved Communities

Journal: Family & Community Health

Volume: 45

Issue: 2

Pages: 125-135

Date: Apr-Jun

Short Title: Interweaving Adult Fitness Classes Into Community Settings Via Stronger Austin's Community Partnership Model Increasing Access to Physical Activity and Positive Social

Connectedness in Underserved Communities

ISSN: 0160-6379

DOI: 10.1097/fch.0000000000000321

Accession Number: WOS:000757900700008

Abstract: The lack of environmental supports for healthy lifestyles is a potent factor in the high prevalence of noncommunicable diseases among communities experiencing economic disadvantage. Stronger Austin aimed to increase access to free physical activity (PA) and fitness programming (eg, Zumba) in underserved communities in Austin, Texas, via a partnership and interweaving into context approach in which classes are interwoven into settings with widespread access for residents, including clinics, city-supported housing, parks, recreation centers, and schools. We aimed to better understand the PA-related benefits and opportunities for improvement when adult fitness classes are interwoven into community settings. A mixed-methods design guided the study, which included SOFIT (Structured Observation of Fitness Instruction Time) assessments of class PA (n = 160 participants) and qualitative assessment of highlights and recommendations for class improvement via participant focus groups (n = 24), open-ended questionnaires (n = 258), and instructor interviews (n = 6). Findings indicated high levels of class PA (76.9%–86.9% of 1-hour class spent in moderate-to-vigorous PA; mean of 18 participants per class), with positive social connectedness cited as a key benefit. Challenges and best practices of community-based fitness classes are explored. Stronger Austin's partnership and interweaving into context approach represents a promising model for increasing access to fitness classes in underserved communities.

Notes: Springer, Andrew E. Castro, Vanessa Ruiz, Felisa Luna, Elena Martinez, Karla McGhee, Shelby Ranjit, Nalini Bjornaas, Davin Sturup, Adrienne McNeely, Kimberly McGeady, Amy Harrell, Baker 1550-5057

URL: <Go to ISI>://WOS:000757900700008

Reference Type: Journal Article

Record Number: 2275

Author: Spruijt-Metz, D., Hekler, E., Saranummi, N., Intille, S., Korhonen, I., Nilsen, W., Rivera, D. E., Spring, B., Michie, S., Asch, D. A., Sanna, A., Salcedo, V. T., Kukakfa, R. and Pavel, M.
Year: 2015

Title: Building new computational models to support health behavior change and maintenance: new opportunities in behavioral research

Journal: Translational Behavioral Medicine

Volume: 5

Issue: 3

Pages: 335-346

Date: Sep

Short Title: Building new computational models to support health behavior change and maintenance: new opportunities in behavioral research

ISSN: 1869-6716

DOI: 10.1007/s13142-015-0324-1

Accession Number: WOS:000368909300012

Abstract: Adverse and suboptimal health behaviors and habits are responsible for approximately 40 % of preventable deaths, in addition to their unfavorable effects on quality of life and economics. Our current understanding of human behavior is largely based on static "snapshots" of human behavior, rather than ongoing, dynamic feedback loops of behavior in response to ever-changing biological, social, personal, and environmental states. This paper first discusses how new technologies (i.e., mobile sensors, smartphones, ubiquitous computing, and cloud-enabled processing/computing) and emerging systems modeling techniques enable the development of new, dynamic, and empirical models of human behavior that could facilitate just-in-time adaptive, scalable interventions. The paper then describes concrete steps to the creation of robust dynamic mathematical models of behavior including: (1) establishing "gold standard" measures, (2) the creation of a behavioral ontology for shared language and understanding tools that both enable dynamic theorizing across disciplines, (3) the development of data sharing resources, and (4) facilitating improved sharing of mathematical models and tools to support rapid aggregation of the models. We conclude with the discussion of what might be incorporated into a "knowledge commons," which could help to bring together these disparate activities into a unified system and structure for organizing knowledge about behavior.

Notes: Spruijt-Metz, Donna Hekler, Eric Saranummi, Niilo Intille, Stephen Korhonen, Ilkka Nilsen, Wendy Rivera, Daniel E. Spring, Bonnie Michie, Susan Asch, David A. Sanna, Alberto Salcedo, Vicente Traver Kukakfa, Rita Pavel, Misha

Korhonen, Ilkka KJ/G-4301-2014; Rivera, Daniel E./AAF-6772-2019; Korhonen, Ilkka/IQX-1662-2023

Korhonen, Ilkka KJ/0000-0002-5322-8469; Rivera, Daniel E./0000-0002-3141-0577; Korhonen, Ilkka/0000-0002-5322-8469; Hekler, Eric B/0000-0002-7434-0775; Spring, Bonnie/0000-0003-0692-9868; Spruijt-Metz, Donna/0000-0002-3884-4300; Asch, David/0000-0002-7970-286X

1613-9860

URL: <Go to ISI>://WOS:000368909300012

Reference Type: Book

Record Number: 2348

Author: Spruijt-Metz, D., Nilsen, W. and Pavel, M.

Year: 2015

Title: mHealth for Behavior Change and Monitoring

Series Editor: Adibi, S.

Series Title: Mhealth Multidisciplinary Verticals

Number of Pages: 119-132

Short Title: mHealth for Behavior Change and Monitoring

ISBN: 978-1-4822-1481-9; 978-1-4822-1480-2

Accession Number: WOS:000355422300009

Notes: Spruijt-Metz, Donna Nilsen, Wendy Pavel, Misha

URL: <Go to ISI>://WOS:000355422300009

Reference Type: Journal Article

Record Number: 2409
Author: Spruijt-Metz, D., O'Reilly, G. A., Cook, L., Page, K. A. and Quinn, C.
Year: 2014
Title: Behavioral Contributions to the Pathogenesis of Type 2 Diabetes
Journal: Current Diabetes Reports
Volume: 14
Issue: 4
Date: Apr
Short Title: Behavioral Contributions to the Pathogenesis of Type 2 Diabetes
ISSN: 1534-4827
DOI: 10.1007/s11892-014-0475-3
Article Number: 475
Accession Number: WOS:000333202500003
Abstract: Behavioral contributions to the pathogenesis of prediabetes and Type 2 diabetes (T2D) include lifestyle behaviors including dietary intake, exercise, sedentariness, sleep, and stress. The purpose of this paper is to review evidence for the metabolic pathways by which the behavior is linked to T2D. Evidence for interventions, which change each of the lifestyle behaviors, is discussed. The article will close with a brief discussion on how new technologies may provide opportunities to better understand relationships between moment-to-moment fluctuations in behaviors and diabetes pathogenesis, as well as provide opportunities to personalize and adapt interventions to achieve successful behavior change and maintenance of that change. Especially promising are new technologies, which assist in tracking lifestyle behaviors along with clinical and metabolic outcomes.
Notes: Spruijt-Metz, Donna O'Reilly, Gillian A. Cook, Lauren Page, Kathleen A. Quinn, Charlene
1539-0829
URL: <Go to ISI>://WOS:000333202500003

Reference Type: Journal Article
Record Number: 583
Author: St Quinton, T. and Trafimow, D.
Year: 2022
Title: The unappreciated relevance of auxiliary assumptions for evaluating theory-based interventions in health psychology
Journal: Theory & Psychology
Volume: 32
Issue: 6
Pages: 915-930
Date: Dec
Short Title: The unappreciated relevance of auxiliary assumptions for evaluating theory-based interventions in health psychology
ISSN: 0959-3543
DOI: 10.1177/09593543221113263
Accession Number: WOS:000829539300001
Abstract: The use of theory in health behavior change interventions has been recently questioned with mixed results found for theory-

based intervention effectiveness. But theory testing in intervention depends on not only theoretical assumptions, but on auxiliary assumptions too. Specifically, auxiliary assumptions are required to traverse the distance from nonobservational terms in theories and observational terms at the level of the empirical hypotheses in interventions. We believe intervention failures are often due to flaws in auxiliary assumptions rather than assumptions at the theoretical level. We use the theory of planned behavior to illustrate how the consideration of these auxiliary assumptions is important to appraise the effectiveness of interventions informed by theory. We hope that bringing attention to the importance of auxiliary assumptions provides a more nuanced and accurate appraisal of theory utility.

Notes: St Quinton, Tom Trafimow, David
St Quinton, Thomas/0000-0002-5014-4729
1461-7447
URL: <Go to ISI>://WOS:000829539300001

Reference Type: Journal Article

Record Number: 333

Author: Stables, R. G., Hannon, M. P., Costello, N. B., McHaffie, S. J., Sodhi, J. S., Close, G. L. and Morton, J. P.

Year: 2022

Title: Acute fuelling and recovery practices of academy soccer players: implications for growth, maturation, and physical performance

Journal: Science and Medicine in Football

Date: 2022 Nov

Short Title: Acute fuelling and recovery practices of academy soccer players: implications for growth, maturation, and physical performance

ISSN: 2473-3938

DOI: 10.1080/24733938.2022.2146178

Accession Number: WOS:000882921500001

Abstract: Academy soccer players frequently train in the evening (i.e. 1700-2000 h), hence limited time to nutritionally prepare and recover due to schooling, travel and sleep schedules. Accordingly, we assessed timing and quantity of energy intake in the pre-training and post-training period. Over a 3-day in-season training period, male players (n=48; n=8 from under (U) 12, 13, 14, 15/16, 18 and 23 players) from an English Premier League academy self-reported dietary intake and physical activity levels (via the remote food photography method and activity diary, respectively) in the four hours pre- and post-training. Timing of pre-training energy intake ranged from 40 +/- 28 mins (U15/U16 players) to 114 +/- 71 mins (U18) before training and mean carbohydrate (CHO) intake ranged from 0.8 +/- 0.4 g.kg⁻¹ (U23) to 1.5 +/- 0.9 g.kg⁻¹ (U12). Timing of post-training energy intake ranged from 39 +/- 27 mins (U14) to 70 +/- 84 mins (U23) and mean CHO intake ranged from 1.6 +/- 0.8 g.kg⁻¹ (U12) to 0.9 +/- 0.5 g.kg⁻¹ (U14). In contrast to CHO, all age groups consumed sufficient protein intake in the post-training period (i.e. > 0.3 g.kg⁻¹). We conclude academy soccer players habitually practice sub-optimal fuelling and recovery strategies,

the consequence of which could impair growth, maturation and physical performance.

Notes: Stables, Reuben G. Hannon, Marcus P. Costello, Nesson B. McHaffie, Sam J. Sodhi, Jazz S. Close, Graeme L. Morton, James P. Hannon, Marcus/0000-0002-4452-6501

2473-4446

URL: <Go to ISI>://WOS:000882921500001

Reference Type: Journal Article

Record Number: 2124

Author: Staddon, S. C., Cycil, C., Goulden, M., Leygue, C. and Spence, A.

Year: 2016

Title: Intervening to change behaviour and save energy in the workplace: A systematic review of available evidence

Journal: Energy Research & Social Science

Volume: 17

Pages: 30-51

Date: Jul

Short Title: Intervening to change behaviour and save energy in the workplace: A systematic review of available evidence

ISSN: 2214-6296

DOI: 10.1016/j.erSS.2016.03.027

Accession Number: WOS:000379436400004

Abstract: Workplaces worldwide are a major source of carbon emissions and changing energy use behaviour in these environments has the capacity for large carbon savings. This paper reviews and synthesises empirical evidence to identify what types of behaviour change intervention are most successful at saving energy in an office-type workplace. We draw on the field of health-related behaviour change interventions and adopt the Behaviour Change Wheel (Michie et al., 2014) as a framework through which to assess the success of the interventions reviewed here (n = 22 studies). We find that interventions creating social and physical opportunities for employees to save energy are the most successful i.e. which constitute Enablement (including direct support and greater control to employees), Environmental Restructuring (particularly automated and retrofitted technologies) and Modelling (various forms of social influence). The communal nature of most workplaces demands scrutiny to understand the effect of social influences. We provide recommendations for future research, including the need to consider forms of intervention not yet researched; Coercion, Restriction, and Training. We conclude by calling for further, well evaluated, energy saving behavioural interventions in a variety of workplaces to identify those techniques which offer the greatest success in saving energy and thus reducing carbon emissions. (C) 2016 The Authors. Published by Elsevier Ltd.

Notes: Staddon, Sam C. Cycil, Chandrika Goulden, Murray Leygue, Caroline Spence, Alexa

Spence, Alexa/D-3646-2009

Spence, Alexa/0000-0003-4014-0430; Goulden, Murray/0000-0003-4005-8752

2214-6326

URL: <Go to ISI>://WOS:000379436400004

Reference Type: Journal Article

Record Number: 1694

Author: Stander, J., Grimmer, K. and Brink, Y.

Year: 2021

Title: Tailored training for physiotherapists on the use of clinical practice guidelines: A mixed methods study

Journal: Physiotherapy Research International

Volume: 26

Issue: 1

Date: Jan

Short Title: Tailored training for physiotherapists on the use of clinical practice guidelines: A mixed methods study

ISSN: 1358-2267

DOI: 10.1002/pri.1883

Article Number: e2174

Accession Number: WOS:000587030200001

Abstract: Introduction: Clinical practice guidelines (CPG) are vehicles for translating evidence into practice, but effective CPG-uptake requires targeted training. This mixed methods research project took a staged evidence-based approach to develop and test a tailored training programme (TTP) that addressed organisational and individual factors influencing CPG-uptake by South African physiotherapists treating patients with low back pain in primary healthcare settings. Methods: This multi-stage mixed methods study reports the development, contextualisation and expert content validation of a TTP to improve CPG-uptake. Finally, the TTP was evaluated for its feasibility and acceptability in its current format. Results: The TTP (delivered online and face-to-face) contained minimal theory, and focussing on practical activities, clinical scenarios and discussions. Pre-TTP, physiotherapists expressed skepticism about the relevance of CPG in daily practice. However, post-TTP they demonstrated improved knowledge, confidence, and commitment to CPG-uptake. Discussion: The phased-construction of the TTP addressed South African primary healthcare physiotherapists' needs and concerns, using validated evidence-based educational approaches. The TTP content, delivered by podcasts and face-to-face contact, was feasible and acceptable in terms of physiotherapists' time constraints, and it appeared to be effective in improving all outcome domains. This TTP is now ready for intervention to a wider audience.

Notes: Stander, Jessica Grimmer, Karen Brink, Yolandi

Stander, Jessica/GSO-3618-2022; Brink, Yolandi/ABB-8739-2020;

Grimmer, Karen/F-3984-2013

Brink, Yolandi/0000-0002-4904-9433; Stander, Jessica/
0000-0003-1686-3882; Grimmer, Karen/0000-0002-9540-458X
1471-2865

URL: <Go to ISI>://WOS:000587030200001

Reference Type: Journal Article

Record Number: 1861

Author: Stansfield, J. and South, J.

Year: 2018

Title: A knowledge translation project on community-centred approaches in public health

Journal: Journal of Public Health

Volume: 40

Pages: I57-I63

Date: Mar

Short Title: A knowledge translation project on community-centred approaches in public health

ISSN: 1741-3842

DOI: 10.1093/pubmed/fox147

Accession Number: WOS:000427179300008

Abstract: This article examines the development and impact of a national knowledge translation project aimed at improving access to evidence and learning on community-centred approaches for health and wellbeing. Structural changes in the English health system meant that knowledge on community engagement was becoming lost and a fragmented evidence base was seen to impact negatively on policy and practice. A partnership started between Public Health England, NHS England and Leeds Beckett University in 2014 to address these issues. Following a literature review and stakeholder consultation, evidence was published in a national guide to community-centred approaches. This was followed by a programme of work to translate the evidence into national strategy and local practice. The article outlines the key features of the knowledge translation framework developed. Results include positive impacts on local practice and national policy, for example adoption within National Institute for Health and Care Evidence (NICE) guidance and Local Authority public health plans and utilization as a tool for local audit of practice and commissioning. The framework was successful in its non-linear approach to knowledge translation across a range of inter-connected activity, built on national leadership, knowledge brokerage, coalition building and a strong collaboration between research institute and government agency.

Notes: Stansfield, J. South, J.

Stansfield, Jude/AAF-3896-2019

Stansfield, Jude/0000-0002-7989-5630

1741-3850

1

Si

URL: <Go to ISI>://WOS:000427179300008

Reference Type: Journal Article

Record Number: 1511

Author: Stanton-Fay, S. H., Hamilton, K., Chadwick, P. M., Lorencatto, F., Gianfrancesco, C., de Zoysa, N., Coates, E., Cooke, D., McBain, H., Heller, S. R., Michie, S. and Grp, D. AFNEplus Study
Year: 2021

Title: The DAFNEplus programme for sustained type 1 diabetes self management: Intervention development using the Behaviour Change Wheel

Journal: Diabetic Medicine

Volume: 38

Issue: 5

Date: May

Short Title: The DAFNEplus programme for sustained type 1 diabetes self management: Intervention development using the Behaviour Change Wheel

ISSN: 0742-3071

DOI: 10.1111/dme.14548

Article Number: e14548

Accession Number: WOS:000626902500001

Abstract: Aims Self-management programmes for type 1 diabetes, such as the UK's Dose Adjustment for Normal Eating (DAFNE), improve short-term clinical outcomes but difficulties maintaining behavioural changes attenuate long-term impact. This study used the Behaviour Change Wheel (BCW) framework to revise the DAFNE intervention to support sustained behaviour change. **Methods** A four-step method was based on the BCW intervention development approach: (1) Identifying self-management behaviours and barriers/enablers to maintain them via stakeholder consultation and evidence synthesis, and mapping barriers/enablers to the Capability, Opportunity, Motivation-Behaviour (COM-B) model. (2) Specifying behaviour change techniques (BCTs) in the existing DAFNE intervention using the Behaviour Change Techniques Taxonomy (BCTTv1). (3) Identifying additional BCTs to target the barriers/enablers using the BCW and BCTTv1. (4) Parallel stakeholder consultation to generate recommendations for intervention revision. Revised materials were co-designed by stakeholders (diabetologists, psychologists, specialist nurses and dieticians). **Results** In all, 34 barriers and 5 enablers to sustaining self-management post-DAFNE were identified. The existing DAFNE intervention contained 24 BCTs, which partially addressed the enablers. In all, 27 BCTs were added, including 'Habit formation', 'Credible source' and 'Conserving mental resources'. In total, 15 stakeholder-agreed recommendations for content and delivery were incorporated into the final DAFNEplus intervention, comprising three co-designed components: (1) face-to-face group learning course, (2) individual structured follow-up sessions and (3) technological support, including blood glucose data management. **Conclusions** This method provided a systematic approach to specifying and revising a behaviour change intervention incorporating stakeholder input. The revised DAFNEplus intervention aims to support the maintenance of behavioural changes by targeting barriers and enablers to sustaining self-management behaviours.

Notes: Stanton-Fay, Stephanie H. Hamilton, Kathryn Chadwick, Paul M. Lorencatto, Fabiana Gianfrancesco, Carla de Zoysa, Nicole Coates, Elizabeth Cooke, Debbie McBain, Hayley Heller, Simon R. Michie, Susan

Cooke, Debbie D/D-6605-2011; Michie, Susan/A-1745-2010

chadwick, paul/0000-0002-7101-5993; Michie, Susan/

0000-0003-0063-6378; Stanton-Fay, Stephanie/0000-0001-5003-8072;

Heller, Simon/0000-0002-2425-9565; Cooke, Debbie/0000-0003-1944-7905
1464-5491

URL: <Go to ISI>://WOS:000626902500001

Reference Type: Journal Article

Record Number: 190

Author: Stavric, V., Saywell, N. L. and Kayes, N. M.

Year: 2023

Title: Perceptions of a self-guided web-based exercise programme for shoulder pain after spinal cord injury: A qualitative study

Journal: Spinal Cord

Volume: 61

Issue: 4

Pages: 238-243

Date: Apr

Short Title: Perceptions of a self-guided web-based exercise programme for shoulder pain after spinal cord injury: A qualitative study

ISSN: 1362-4393

DOI: 10.1038/s41393-023-00877-3

Accession Number: WOS:000918500200001

Abstract: Study designQualitative study.ObjectivesThe benefits of exercise to reduce shoulder pain in people with spinal cord injury (SCI) are well documented. Digital health interventions offer a potential solution to overcome barriers to access rehabilitation support for exercise. The aim of this project was to gain people's perspectives to inform the development of a self-guided web-based exercise intervention. Shoulder Pain Intervention delivered over the interNet (SPIN) is a self-guided web-based intervention to prescribe, monitor, and progress evidence-based exercises for people living with SCI and shoulder pain.SettingCommunity in Auckland, New Zealand.MethodsThe Person-Based Approach was used as the framework. Using an Interpretive Descriptive methodology, data were collected in individual and focus group interviews, exploring participants' perceptions of this intervention idea. Data were analysed using conventional content analysis.ResultsSixteen participants took part and asked Is it right for me?. This had three main sub-themes. Should I use it?, whether I believe it will work for me right now; Can I use it?, whether I can operate the intervention competently and confidently and Will I use it?, whether it will be responsive to my unique needs, and keep me coming back.ConclusionsParticipants expressed their expectations and tipping points when considering using an intervention like this. These findings will inform and guide design and development of an acceptable technology-based intervention to increase the likelihood of engagement with a self-guided web-based exercise programme. The model developed from these themes could be used to inform future self-guided intervention development.

Notes: Stavric, Verna Saywell, Nicola L. Kayes, Nicola M.

Stavric, Verna/0000-0002-9144-4189

1476-5624

URL: <Go to ISI>://WOS:000918500200001

Reference Type: Journal Article

Record Number: 1181

Author: Stearns, J. A., Ren, H., Spence, J. C., Avedzi, H. and Lee, K. K.

Year: 2021

Title: Protocol for an evaluation of the Designing Communities to Support Healthy Living in Aging Residents Study

Journal: Archives of Public Health

Volume: 79

Issue: 1

Date: Oct

Short Title: Protocol for an evaluation of the Designing Communities to Support Healthy Living in Aging Residents Study

ISSN: 0778-7367

DOI: 10.1186/s13690-021-00691-4

Article Number: 172

Accession Number: WOS:000704970800001

Abstract: Background In collaboration with building developers, the Housing for Health team is contributing to the design of community-based congregate living facilities to support healthy living in older adults. There may also be opportunities to improve the surrounding neighbourhoods by collaborating with the municipalities where the developments are located. We will evaluate whether one or more of these comprehensive interventions lead to changes in the perceived, microscale, and macroscale neighbourhood-built environment (BE) and amenities, and impacts on the physical activity (PA), healthy eating, and social connections of residents. In parallel, we will gather qualitative data to provide a more in-depth understanding of how the BE may facilitate or hinder resident's healthy living outcomes. **Methods** This project employs a quasi-experimental pre-post design with at least one or more intervention and control sites. The quantitative BE evaluation will include pre- and post-intervention assessments of neighbourhood macroscale (e.g., layout of communities) and microscale (e.g., street details and characteristics) changes using Geographical Information Systems (GIS) and Microscale Audit Pedestrian Streetscapes (MAPS) audits, respectively. The quantitative resident evaluation will include self-report (i.e., surveys) and objective assessments (i.e., accelerometers, Global Positioning System [GPS]) of residents at baseline (3-6-months pre-move-in) and follow-up (3-6-months and 9-12-months post-move-in if possible). The qualitative resident-environment component will involve in-depth semi-structured interviews post-intervention with building residents, family members, and stakeholders involved in the design/development and/or operation of the intervention site(s). Participant observations will be completed in the building and neighbourhood environments of the intervention site(s). **Discussion** Findings will provide evidence on whether and how comprehensive changes to the BE and amenities of at least one congregate living facility and the surrounding neighbourhood can impact PA, healthy eating, and social connections of older adults. Successful intervention elements will be scaled up in future work. We will disseminate findings to a broad audience including the scientific community via peer-reviewed publications, conference presentations, and discussion panels; and the private, public, and not-for-profit sectors via reports, public presentations, and/or communications via our partners and their networks.

Notes: Stearns, Jodie A. Ren, Hui Spence, John C. Avedzi, Hayford

Lee, Karen K.
Lee, Karen/GVT-9602-2022
Avedzi, PhD, Hayford M./0000-0003-1854-3364
2049-3258
URL: <Go to ISI>://WOS:000704970800001

Reference Type: Journal Article

Record Number: 1473

Author: Steed, L., Heslop-Marshall, K., Sohanpal, R., Saqi-Waseem, S., Kelly, M., Pinnock, H. and Taylor, S.

Year: 2021

Title: Developing a complex intervention whilst considering implementation: the TANDEM (Tailored intervention for ANxiety and DEpression Management) intervention for patients with chronic obstructive pulmonary disease (COPD)

Journal: Trials

Volume: 22

Issue: 1

Date: Apr

Short Title: Developing a complex intervention whilst considering implementation: the TANDEM (Tailored intervention for ANxiety and DEpression Management) intervention for patients with chronic obstructive pulmonary disease (COPD)

DOI: 10.1186/s13063-021-05203-x

Article Number: 252

Accession Number: WOS:000637773100002

Abstract: Background: Guidelines now call for a thorough and comprehensive description of the development of healthcare interventions to aid evaluation and understanding of the processes of change. This was the primary aim of this study but we also recognised that effective interventions are commonly not implemented in clinical practice. It is suggested that insufficient attention is given to the implementation process at the development phase of interventions. This study outlines the 5 step iterative process we adopted for considering both implementation and effectiveness issues from the outset of intervention development. We use the development of a complex intervention Tailored intervention for ANxiety and DEpression Management (TANDEM) in patients with chronic obstructive pulmonary disease to illustrate this process. Methods: Intervention development built upon the Medical Research Council framework for developing complex interventions and the person-based approach for development of behavioural interventions. Building an expert team, specifying theory, qualitative data collection and pre-piloting were all critical steps in our intervention development and are described here. Results: Contact with experts in the field, and explicitly building on previous work, ensured efficiency of design. Qualitative work suggested guiding principles for the intervention such as introducing mood in relation to breathlessness, and providing flexible tailoring to patients' needs, whilst implementation principles focused on training selected respiratory professionals and requiring supervision to ensure standards of care. Subsequent steps of intervention development, pre-piloting and intervention refinement led to an intervention that was deemed acceptable and if

successful will be ready for implementation. Conclusions: The TANDEM study was developed efficiently by building on previous work and considering implementation issues from the outset, with the aim that if shown to be effective it will have more rapid translation in to the health care system with accelerated patient benefits.

Notes: Steed, Liz Heslop-Marshall, Karen Sohanpal, Ratna Saqi-Waseem, Sarah Kelly, Moira Pinnock, Hilary Taylor, Stephanie Taylor, stephanie/gyv-4768-2022

Taylor, Stephanie/0000-0001-7454-6354; Steed, Liz/0000-0003-1926-3196
1745-6215

URL: <Go to ISI>://WOS:000637773100002

Reference Type: Journal Article

Record Number: 728

Author: Steemers, S., Veen, M., van Middelkoop, M., Bierma-Zeinstra, S. M. A. and Stubbe, J. H.

Year: 2022

Title: Multiple Factors Influencing Healthy Performance for Pre-professional and Professional Classical Violinists: An Exploratory Study Focusing on Physical Health

Journal: Frontiers in Psychology

Volume: 13

Date: May

Short Title: Multiple Factors Influencing Healthy Performance for Pre-professional and Professional Classical Violinists: An Exploratory Study Focusing on Physical Health

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2022.791339

Article Number: 791339

Accession Number: WOS:000807106900001

Abstract: Musculoskeletal complaints are common in pre-professional and professional classical violinists and these complaints can affect violinists' performance. Therefore, it is important to identify the factors that contribute to healthy performance in this population. Qualitative studies with a variety of stakeholders are able to provide insights from different perspectives into factors influencing healthy performance for the pre-professional and professional classical violinist. In the current small-scale, exploratory study, semi-structured interviews were conducted with various stakeholders; two classical violin students, one classical violin teacher, a physiotherapist, a professional classical violinist, who is also a performance coach, and a health specialist who also graduated as a professional classical violist. Thematic analysis was conducted using Atlas.ti 9. We identified six themes that were indicated as important by the participants in terms of ensuring healthy performance for the pre-professional and professional classical violinist. The themes were: (1) physical aspects (involved in playing the violin); (2) practice routine and techniques; (3) interaction between physical and mental aspects; (4) culture; (5) role of the main subject teacher; and (6) preventive measures. Furthermore, when asked specifically about the development of a physical screening tool, the participants indicated that such a

tool should include multiple factors covering various regions of the body, the inclusion of a questionnaire on risk-factors, and follow-up measurements. Also, collaborations between health professionals and main subject teachers were recommended as part of the screening tool to increase commitment of participating students. The results of the current study are based on the opinions, attitudes, and ideas of a small, selected group of participants only and cannot be generalized to a wider group of violinists. More research is needed regarding factors influencing healthy performance, before conservatoires and professional orchestras can develop programs for a healthy playing environment for pre-professional and professional violinists.

Notes: Steemers, Suze Veen, Mario van Middelkoop, Marienke Bierma-Zeinstra, Sita M. A. Stubbe, Janine H.

Stubbe, Janine/IAR-9122-2023

van Middelkoop, Marienke/0000-0001-6926-0618

URL: <Go to ISI>://WOS:000807106900001

Reference Type: Journal Article

Record Number: 805

Author: Stefansdottir, N. T., Nilsen, P., Lindstroem, M. B., Andersen, O., Powell, B. J., Tjornhoj-Thomsen, T. and Kirk, J. W.

Year: 2022

Title: Implementing a new emergency department: a qualitative study of health professionals' change responses and perceptions

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Apr

Short Title: Implementing a new emergency department: a qualitative study of health professionals' change responses and perceptions

DOI: 10.1186/s12913-022-07805-w

Article Number: 447

Accession Number: WOS:000778478300005

Abstract: Background The aim of the study is two-fold. It explores how managers and key employees at the Emergency Department (ED) and specialist departments in a university hospital in the Capital Region of Denmark respond to the planned change to a new ED, and how they perceive the change involved in the implementation of the new ED. The study investigates what happens when health professionals are confronted with implementation of policy that changes their organization and everyday work lives. Few studies provide in-depth investigations of health professionals' reactions to the implementation of new EDs, and particularly how they influence the implementation of a nationwide organizational change framed within a political strategy. Methods The study used semi-structured individual interviews with 51 health professionals involved in implementation activities related to an organizational change of establishing a new ED with new patient pathways for acutely ill patients. The data was deductively analyzed using Leon Coetsee's theoretical framework of change responses, but the analysis also allowed for a more inductive reading of the material. Results Fourteen types of responses to establishing a new ED were identified

and mapped onto six of the seven overall change responses in Coetsee's framework. The participants perceived the change as particularly three changes. Firstly, they wished to create the best possible acute patient pathway in relation to their specialty. Whether the planned new ED would redeem this was disputed. Secondly, participants perceived the change as relocation to a new building, which both posed potentials and worries. Thirdly, both hopeful and frustrated statements were given about the newly established medical specialty of emergency medicine (EM), which was connected to the success of the new ED. Conclusions The study showcases how implementation processes within health care are not straightforward and that it is not only the content of the implementation that determines the success of the implementation and its outcomes but also how these are perceived by managers and employees responsible for the process and their context. In this way, managers must recognize that it cannot be pre-determined how implementation will proceed, which necessitates fluid implementation plans and demands implementation managements skills.

Notes: Stefansdottir, Nina Thorny Nilsen, Per Lindstroem, Mette Bendtz Andersen, Ove Powell, Byron J. Tjornhoj-Thomsen, Tine Kirk, Jeanette Wassar

Lindstroem, Mette/GQP-5872-2022; Kirk, Jeanette/R-8671-2017; Andersen, Ove/D-3091-2019

Lindstroem, Mette/0000-0003-3892-6645; Andersen, Ove/0000-0002-2274-548X; Stefansdottir/0000-0002-7748-5347 1472-6963

URL: <Go to ISI>://WOS:000778478300005

Reference Type: Journal Article

Record Number: 284

Author: Stein, K. F., Sawyer, K., Daryan, S., Allen, J. and Taylor, G.

Year: 2023

Title: Service-user experiences of an integrated psychological intervention for depression or anxiety and tobacco smoking in improving access to psychological therapies services: A qualitative investigation into mechanisms of change in quitting smoking

Journal: Health Expectations

Volume: 26

Issue: 1

Pages: 498-509

Date: Feb

Short Title: Service-user experiences of an integrated psychological intervention for depression or anxiety and tobacco smoking in improving access to psychological therapies services: A qualitative investigation into mechanisms of change in quitting smoking

ISSN: 1369-6513

DOI: 10.1111/hex.13684

Accession Number: WOS:000894635100001

Abstract: IntroductionHigh smoking prevalence leads to increased morbidity and mortality in individuals with depression/anxiety. Integrated interventions targeting both smoking and mood have been found to be more effective than those targeting smoking alone, but

the mechanisms of change of these interventions have not been investigated. This qualitative study aimed to understand participants' experiences of the mechanisms underlying change in smoking behaviour following an integrated cognitive behavioural technique-based intervention for smoking cessation and depression/anxiety. Methods This study was embedded within an ongoing randomized-controlled acceptability and feasibility trial (). Semistructured interviews were conducted with 15 IAPT service users. Data were analysed using thematic analysis. During the interviews, participants were asked open-ended questions about their quitting experience and perception of how the intervention aided their behaviour change. Results Five themes were identified. Acquiring an increased awareness of smoking patterns: participants described an increased understanding of how smoking was contributing towards their mental health difficulty. Developing individualized strategies: participants described acquiring 'a couple of tricks up your sleeve' that were helpful in making smoking cessation feel more 'manageable'. Practitioner style as 'supportive but not lecture-y': participants expressed how important the therapeutic alliance was in helping change their smoking behaviour. Importance of regular sessions: participants expressed the importance of 'having someone that's checking in on you'. Having the opportunity to access the intervention at 'the right time': participants described the intervention as the 'push' that they 'needed'. Conclusions Participants identified key factors towards smoking behaviour change. Perceived increased awareness of how smoking negatively impacted participants' mental health, and the opportunity to be offered smoking cessation treatment in a 'non-judgemental', 'supportive' environment, with regular sessions and individualized strategies contributed to successful smoking cessation outcomes. If similar results are found in more diverse samples, these aspects should be embedded within integrated interventions for smoking cessation and depression/anxiety. Patient or Public Contribution Persons with lived experience of depression, anxiety and tobacco addiction contributed towards the design of the interview schedule, participant information sheets and the debriefing process. This was to ensure that interview questions were relevant, nonjudgemental and acceptable for those who did not manage to quit smoking.

Notes: Stein, Kim Fredman Sawyer, Katherine Daryan, Shadi Allen, Jennifer Taylor, Gemma

Allen, Jennifer/K-7677-2019

Allen, Jennifer/0000-0003-3566-3747; Taylor, Gemma/
0000-0003-2185-0162

1369-7625

URL: <Go to ISI>://WOS:000894635100001

Reference Type: Journal Article

Record Number: 1225

Author: Steinman, M. A., Boyd, C. M., Spar, M. J., Norton, J. D. and Tannenbaum, C.

Year: 2021

Title: Deprescribing and deimplementation: Time for transformative

change
Journal: Journal of the American Geriatrics Society
Volume: 69
Issue: 12
Pages: 3693-3695
Date: Dec
Short Title: Deprescribing and deimplementation: Time for
transformative change
ISSN: 0002-8614
DOI: 10.1111/jgs.17441
Accession Number: WOS:000694642200001
Notes: Steinman, Michael A. Boyd, Cynthia M. Spar, Malena J. Norton,
Jonathan D. Tannenbaum, Cara
Steinman, Michael/0000-0002-9564-9480
1532-5415
URL: <Go to ISI>://WOS:000694642200001

Reference Type: Journal Article
Record Number: 2128
Author: Stephan, U., Patterson, M., Kelly, C. and Mair, J.
Year: 2016
Title: Organizations Driving Positive Social Change: A Review and an
Integrative Framework of Change Processes
Journal: Journal of Management
Volume: 42
Issue: 5
Pages: 1250-1281
Date: Jul
Short Title: Organizations Driving Positive Social Change: A Review
and an Integrative Framework of Change Processes
ISSN: 0149-2063
DOI: 10.1177/0149206316633268
Accession Number: WOS:000378425900009
Abstract: Academic and practitioner interest in how market-based
organizations can drive positive social change (PSC) is steadily
growing. This paper helps to recast how organizations relate to
society. It integrates research on projects stimulating PSCthe
transformational processes to advance societal well-beingthat is
fragmented across different streams of research in management and
related disciplines. Focusing on the mechanisms at play in how
organizations and their projects affect change in targets outside of
organizational boundaries, we (1) clarify the nature of PSC as a
process, (2) develop an integrative framework that specifies two
distinct PSC strategies, (3) take stock of and offer a
categorization scheme for change mechanisms and enabling
organizational practices, and (4) outline opportunities for future
research. Our conceptual framework differentiates between surface-
and deep-level PSC strategies understood as distinct combinations of
change mechanisms and enabling organizational practices. These
strategies differ in the nature and speed of transformation
experienced by the targets of change projects and the resulting
quality (pervasiveness and durability), timing, and reach of social
impact. Our findings provide a solid base for integrating and

advancing knowledge across the largely disparate streams of management research on corporate social responsibility, social entrepreneurship, and base of the pyramid and open up important new avenues for future research on organizing for PSC and on unpacking PSC processes.

Notes: Stephan, Ute Patterson, Malcolm Kelly, Ciara Mair, Johanna Stephan, Ute/AAA-9350-2022; Stephan, Ute/HMP-0857-2023
Stephan, Ute/0000-0003-4514-6057; Stephan, Ute/0000-0003-4514-6057; Kelly, Ciara/0000-0001-9648-0720
1557-1211
URL: <Go to ISI>://WOS:000378425900009

Reference Type: Journal Article

Record Number: 354

Author: Stephens, M. and Mankee-Williams, A.

Year: 2022

Title: Research engagement among UK care home staff: a reflection

Journal: International Journal of Care and Caring

Volume: 6

Issue: 4

Pages: 644-649

Date: Nov

Short Title: Research engagement among UK care home staff: a reflection

ISSN: 2397-8821

DOI: 10.1332/239788221x16576131238159

Accession Number: WOS:000912904400012

Abstract: Conducting research in care homes is difficult, and research originating from care homes is lacking. This article provides reflective insights into the determinants that affect research engagement among UK care home staff. The Capability, Opportunity, Motivation, Behaviour (COM-B) model of behaviour has been used to structure and explore our reflections relating to time, funding and skills. Our reflections suggest that wider determinants influence research engagement among care home staff and that a culture of research within care homes remains in its infancy. Our reflections highlight that more needs to be done to enable and empower care home staff to engage in research.

Notes: Stephens, Madison Mankee-Williams, Anna
2397-883x

URL: <Go to ISI>://WOS:000912904400012

Reference Type: Journal Article

Record Number: 905

Author: Stephens, T. J., Beckingham, I. J., Bamber, J. R. and Peden, C. J.

Year: 2022

Title: What Influences the Effectiveness of Quality Improvement in Perioperative Care: Learning From Large Multicenter Studies in Emergency General Surgery?

Journal: Anesthesia and Analgesia

Volume: 134

Issue: 3
Pages: 559-563
Date: Mar
Short Title: What Influences the Effectiveness of Quality Improvement in Perioperative Care: Learning From Large Multicenter Studies in Emergency General Surgery?
ISSN: 0003-2999
DOI: 10.1213/ane.0000000000005879
Accession Number: WOS:000757534900018
Notes: Stephens, Timothy J. Beckingham, Ian J. Bamber, Jonathan Riddell Peden, Carol J.
Stephens, Tim/0000-0002-0206-0280
URL: <Go to ISI>://WOS:000757534900018

Reference Type: Journal Article

Record Number: 2011

Author: Stevens, J., Pratt, C., Boyington, J., Nelson, C., Truesdale, K. P., Ward, D. S., Lytle, L., Sherwood, N. E., Robinson, T. N., Moore, S., Barkin, S., Cheung, Y. K. and Murray, D. M.

Year: 2017

Title: Multilevel Interventions Targeting Obesity: Research Recommendations for Vulnerable Populations

Journal: American Journal of Preventive Medicine

Volume: 52

Issue: 1

Pages: 115-124

Date: Jan

Short Title: Multilevel Interventions Targeting Obesity: Research Recommendations for Vulnerable Populations

ISSN: 0749-3797

DOI: 10.1016/j.amepre.2016.09.011

Accession Number: WOS:000390667400018

Abstract: Introduction: The origins of obesity are complex and multifaceted. To be successful, an intervention aiming to prevent or treat obesity may need to address multiple layers of biological, social, and environmental influences. Methods: NIH recognizes the importance of identifying effective strategies to combat obesity, particularly in high-risk and disadvantaged populations with heightened susceptibility to obesity and subsequent metabolic sequelae. To move this work forward, the National Heart, Lung, and Blood Institute, in collaboration with the NIH Office of Behavioral and Social Science Research and NIH Office of Disease Prevention convened a working group to inform research on multilevel obesity interventions in vulnerable populations. The working group reviewed relevant aspects of intervention planning, recruitment, retention, implementation, evaluation, and analysis, and then made recommendations. Results: Recruitment and retention techniques used in multilevel research must be culturally appropriate and suited to both individuals and organizations. Adequate time and resources for preliminary work are essential. Collaborative projects can benefit from complementary areas of expertise and shared investigations rigorously pretesting specific aspects of approaches. Study designs need to accommodate the social and environmental levels under study,

and include appropriate attention given to statistical power. Projects should monitor implementation in the multiple venues and include a priori estimation of the magnitude of change expected within and across levels. Conclusions: The complexity and challenges of delivering interventions at several levels of the social – ecologic model require careful planning and implementation, but hold promise for successful reduction of obesity in vulnerable populations. (C) 2016 Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine

Notes: Stevens, June Pratt, Charlotte Boyington, Josephine Nelson, Cheryl Truesdale, Kimberly P. Ward, Dianne S. Lytle, Leslie Sherwood, Nancy E. Robinson, Thomas N. Moore, Shirley Barkin, Shari Cheung, Ying Kuen Murray, David M.

Moore, Shirley M./AAB-8911-2019; Lytle, Leslie/AAA-8226-2020

Moore, Shirley M./0000-0003-2712-6896; Sherwood, Nancy/0000-0002-3365-9018; Ward, Dianne Stanton/0000-0001-6389-0168; Murray, David/0000-0003-0797-9269

1873-2607

URL: <Go to ISI>://WOS:000390667400018

Reference Type: Journal Article

Record Number: 325

Author: Stewart, D., Al Hail, M., Al-Shaibi, S., Hussain, T. A., Abdelkader, N. N., Pallivalapila, A., Thomas, B., El Kassem, W., Hanssens, Y. and Nazar, Z.

Year: 2023

Title: A scoping review of theories used to investigate clinician adherence to clinical practice guidelines

Journal: International Journal of Clinical Pharmacy

Volume: 45

Issue: 1

Pages: 52-63

Date: Feb

Short Title: A scoping review of theories used to investigate clinician adherence to clinical practice guidelines

ISSN: 2210-7703

DOI: 10.1007/s11096-022-01490-9

Accession Number: WOS:000884666300001

Abstract: Background Routine utilization of evidence-based clinical practice guidelines (CPGs) is an effective strategy to optimize patient care and reduce practice variation. Healthcare professionals' failure to adhere to CPGs introduces risks to both patients and the sustainability of healthcare systems. The integration of theory to investigate adherence provides greater insight into the often complex reasons for suboptimal behaviors. Aim To determine the coverage of literature surrounding the use of theory in studies of CPG adherence, report the key findings and identify the knowledge gaps. Method In April 2021, three bibliographic databases were searched for studies published since January 2010, adopting theory to investigate health professionals' adherence to CPGs. Two reviewers independently screened the articles for eligibility and charted the data. A narrative approach to synthesis was employed. Results The review includes 12 articles.

Studies were limited to primarily investigations of physicians, quantitative designs, single disease states and few countries. The use of behavioral theories facilitated pooling of data of barriers and facilitators of adherence. The domains and constructs of a number of the reported theories are captured within the Theoretical Domains Framework (TDF); the most common barriers aligned with the TDF domain of environmental context and resources, fewer studies reported facilitators. Conclusion There is emerging use of behavioral theories investigating physicians' adherence to CPGs. Although limited in number, these studies present specific insight into common barriers and facilitators, thus providing valuable evidence for refining existing and future implementation strategies. Similar investigations of other health professionals are warranted. Notes: Stewart, Derek Al Hail, Moza Al-Shaibi, Samaher Hussain, Tarteel Ali Abdelkader, Nada Nabil Pallivalapila, Abdulrouf Thomas, Binny El Kassem, Wessam Hanssens, Yolande Nazar, Zachariah ; Thomas, Binny/H-6129-2017 Hanssens, Yolande/0000-0002-3859-8648; Abdelkader, Nada/0000-0002-4841-4216; Thomas, Binny/0000-0003-1065-8343; Nazar, Zachariah/0000-0003-4104-4221; Stewart, Derek/0000-0001-7360-8592; Elkassem, Wessam/0000-0003-2145-7555 2210-7711 URL: <Go to ISI>://WOS:000884666300001

Reference Type: Journal Article

Record Number: 2249

Author: Stewart, R.

Year: 2015

Title: A theory of change for capacity building for the use of research evidence by decision makers in southern Africa

Journal: Evidence & Policy

Volume: 11

Issue: 4

Pages: 547-557

Date: Nov

Short Title: A theory of change for capacity building for the use of research evidence by decision makers in southern Africa

ISSN: 1744-2648

DOI: 10.1332/174426414x1417545274793

Accession Number: WOS:000367310400005

Abstract: The effective use of public policy to reduce poverty and inequality in southern Africa requires an increased use of research evidence to inform decision making. There is an absence of clear evidence as to how best to encourage evidence-informed decision making, and how to build capacity among decision makers in the use of research. This paper proposes a demand-focused approach for increasing the use of evidence in policy, presenting strategies supporting 'pull' activities and closer linkages and exchanges between producers and users. The paper shares for discussion a people-focused theory of change for building capacity to use research evidence amongst policy makers in southern Africa.

Notes: Stewart, Ruth

1744-2656

URL: <Go to ISI>://WOS:000367310400005

Reference Type: Journal Article

Record Number: 343

Author: Stewart, S. J. F., Moon, Z. and Horne, R.

Year: 2023

Title: Medication nonadherence: health impact, prevalence, correlates and interventions

Journal: Psychology & Health

Volume: 38

Issue: 6

Pages: 726-765

Date: Jun

Short Title: Medication nonadherence: health impact, prevalence, correlates and interventions

ISSN: 0887-0446

DOI: 10.1080/08870446.2022.2144923

Accession Number: WOS:000912054700001

Abstract: Nonadherence to medicines is a global problem compromising health and economic outcomes for individuals and society. This article outlines how adherence is defined and measured, and examines the impact, prevalence and determinants of nonadherence. It also discusses how a psychosocial perspective can inform the development of interventions to optimise adherence and presents a series of recommendations for future research to overcome common limitations associated with the medication nonadherence literature. Nonadherence is best understood in terms of the interactions between an individual and a specific disease/treatment, within a social and environmental context. Adherence is a product of motivation and ability. Motivation comprises conscious decision-making processes but also from more 'instinctive', intuitive and habitual processes. Ability comprises the physical and psychological skills needed to adhere. Both motivation and ability are influenced by environmental and social factors which influence the opportunity to adhere as well as triggers or cues to actions which may be internal (e.g. experiencing symptoms) or external (e.g. receiving a reminder). Systematic reviews of adherence interventions show that effective solutions are elusive, partly because few have a strong theoretical basis. Adherence support targeted at the level of individuals will be more effective if it is tailored to address the specific perceptions (e.g. beliefs about illness and treatment) and practicalities (e.g. capability and resources) influencing individuals' motivation and ability to adhere.

Notes: Stewart, Sarah-Jane F. Moon, Zoe Horne, Rob

Horne, Rob/C-6000-2009

Stewart, Sarah-Jane/0000-0003-2396-9028; Horne, Robert/

0000-0002-3068-8438

1476-8321

Si

URL: <Go to ISI>://WOS:000912054700001

Reference Type: Journal Article

Record Number: 1259
Author: Stilgoe, J. and Cohen, T.
Year: 2021
Title: Rejecting acceptance: learning from public dialogue on self-driving vehicles
Journal: Science and Public Policy
Volume: 48
Issue: 6
Pages: 849-859
Date: Dec
Short Title: Rejecting acceptance: learning from public dialogue on self-driving vehicles
ISSN: 0302-3427
DOI: 10.1093/scipol/scab060
Accession Number: WOS:000736133500009
Abstract: The investment and excitement surrounding self-driving vehicles are huge. We know from earlier transport innovations that technological transitions can reshape lives, livelihoods, and places in profound ways. There is therefore a case for wide democratic debate, but how should this take place? In this paper, we explore the tensions between democratic experiments and technological ones with a focus on policy for nascent self-driving/automated vehicles. We describe a dominant model of public engagement that imagines increased public awareness leading to acceptance and then adoption of the technology. We explore the flaws in this model, particularly in how it treats members of the public as users rather than citizens and the presumption that the technology is well-defined. Analysing two large public dialogue exercises in which we were involved, our conclusion is that public dialogue can contribute to shifting established ideas about both technologies and the public, but that this reframing demands openness on the part of policymakers and other stakeholders. Rather than seeing public dialogues as individual exercises, it would be better to evaluate the governance of emerging technologies in terms of whether it takes place 'in dialogue'.
Notes: Stilgoe, Jack Cohen, Tom
1471-5430
URL: <Go to ISI>://WOS:000736133500009

Reference Type: Journal Article
Record Number: 1387
Author: Stojanovic, J., Boucher, V. G., Gagne, M., Gupta, S., Joyal-Desmarais, K., Paduano, S., Aburub, A. S., Gorin, S. S. N., Kassianos, A. P., Ribeiro, P. A. B., Bacon, S. L. and Lavoie, K. L.
Year: 2021
Title: Global Trends and Correlates of COVID-19 Vaccination Hesitancy: Findings from the iCARE Study
Journal: Vaccines
Volume: 9
Issue: 6
Date: Jun
Short Title: Global Trends and Correlates of COVID-19 Vaccination Hesitancy: Findings from the iCARE Study

DOI: 10.3390/vaccines9060661

Article Number: 661

Accession Number: WOS:000666122400001

Abstract: The success of large-scale COVID-19 vaccination campaigns is contingent upon people being willing to receive the vaccine. Our study explored COVID-19 vaccine hesitancy and its correlates in eight different countries around the globe. We analyzed convenience sample data collected between March 2020 and January 2021 as part of the iCARE cross-sectional study. Univariate and multivariate statistical analyses were conducted to explore the correlates of vaccine hesitancy. We included 32,028 participants from eight countries, and observed that 27% of the participants exhibited vaccine hesitancy, with increases over time. France reported the highest level of hesitancy (47.3%) and Brazil reported the lowest (9.6%). Women, younger individuals (≤ 29 years), people living in rural areas, and those with a lower perceived income were more likely to be hesitant. People who previously received an influenza vaccine were 70% less likely to report COVID-19 vaccine hesitancy. We observed that people reporting greater COVID-19 health concerns were less likely to be hesitant, whereas people with higher personal financial concerns were more likely to be hesitant. Our findings indicate that there is substantial vaccine hesitancy in several countries, with cross-national differences in the magnitude and direction of the trend. Vaccination communication initiatives should target hesitant individuals (women, younger adults, people with lower incomes and those living in rural areas), and should highlight the immediate health, social and economic benefits of vaccination across these settings. Country-level analyses are warranted to understand the complex psychological, socio-environmental, and cultural factors associated with vaccine hesitancy.

Notes: Stojanovic, Jovana Boucher, Vincent G. Gagne, Myriam Gupta, Samir Joyal-Desmarais, Keven Paduano, Stefania Aburub, Ala' S. Sheinfeld Gorin, Sherri N. Kassianos, Angelos P. Ribeiro, Paula A. B. Bacon, Simon L. Lavoie, Kim L.

Joyal-Desmarais, Keven/ACT-8417-2022; Paduano, Stefania/

AAB-8183-2020; Gosselin Boucher, Vincent/AAZ-7569-2021

Joyal-Desmarais, Keven/0000-0003-0657-8367; Paduano, Stefania/

0000-0003-3640-9177; Gosselin Boucher, Vincent/0000-0002-3030-6022;

Gagne, Myriam/0000-0002-0559-5731; Ribeiro, Paula/

0000-0003-0513-5812; Aburub, Ala' S./0000-0003-3573-7304

2076-393x

URL: <Go to ISI>://WOS:000666122400001

Reference Type: Journal Article

Record Number: 1688

Author: Stork, M. J., Williams, T. L. and Ginis, K. A. M.

Year: 2020

Title: Unpacking the debate: A qualitative investigation of first-time experiences with interval exercise

Journal: Psychology of Sport and Exercise

Volume: 51

Date: Nov

Short Title: Unpacking the debate: A qualitative investigation of

first-time experiences with interval exercise

ISSN: 1469-0292

DOI: 10.1016/j.psychsport.2020.101788

Article Number: 101788

Accession Number: WOS:000579940200007

Abstract: Objective: There has been compelling debate about whether interval exercise should be promoted in public health strategies as a means of eliciting the health and fitness adaptations associated with physical activity behavior, particularly among individuals who are inactive. Despite a rapidly growing body of quantitative research, there is a notable absence of qualitative research on the topic. This study used a series of interviews conducted over time to develop a richer understanding of inactive adults' experiences and perceptions of moderate-intensity continuous training (MICT), high-intensity interval training (HIIT), and sprint interval training (SIT) over time and factors that may influence their participation in these types of exercise. Methods: Thirty inactive young adults (18 women, 12 men) completed three lab-based trials of cycling exercise in a random order on separate days: MICT, HIIT, and SIT, and subsequently logged their free-living exercise over four weeks. Interviews were conducted at five timepoints and subjected to a reflexive thematic analysis. Results: Three overarching themes were constructed: (1) interval exercise sounds appealing, but is it for me? (2) exercise trade-offs – the value of interval vs. traditional exercise, and (3) real-world exercise adaptations to make it on your own. Conclusions: The findings emphasize that people respond differently to different forms of exercise and the factors that influence participation in interval or continuous exercise are far more complex than can be captured by quantitative methodologies alone. Results suggest there is indeed a place for interval exercise in exercise plans and programs for the general population and interval exercise can be used concurrently with continuous exercise. Notes: Stork, Matthew J. Williams, Toni L. Ginis, Kathleen A. Martin Stork, Matthew/0000-0002-9600-9119 1878-5476 URL: <Go to ISI>://WOS:000579940200007

Reference Type: Journal Article

Record Number: 1855

Author: Street, T. D. and Lacey, S. J.

Year: 2018

Title: Employee Perceptions of Workplace Health Promotion Programs: Comparison of a Tailored, Semi-Tailored, and Standardized Approach

Journal: International Journal of Environmental Research and Public Health

Volume: 15

Issue: 5

Date: May

Short Title: Employee Perceptions of Workplace Health Promotion Programs: Comparison of a Tailored, Semi-Tailored, and Standardized Approach

DOI: 10.3390/ijerph15050881

Article Number: 881

Accession Number: WOS:000435197300049

Abstract: In the design of workplace health promotion programs (WHPPs), employee perceptions represent an integral variable which is predicted to translate into rate of user engagement (i.e., participation) and program loyalty. This study evaluated employee perceptions of three workplace health programs promoting nutritional consumption and physical activity. Programs included: (1) an individually tailored consultation with an exercise physiologist and dietitian; (2) a semi-tailored 12-week SMS health message program; and (3) a standardized group workshop delivered by an expert. Participating employees from a transport company completed program evaluation surveys rating the overall program, affect, and utility of: consultations (n = 19); SMS program (n = 234); and workshops (n = 86). Overall, participants' affect and utility evaluations were positive for all programs, with the greatest satisfaction being reported in the tailored individual consultation and standardized group workshop conditions. Furthermore, mode of delivery and the physical presence of an expert health practitioner was more influential than the degree to which the information was tailored to the individual. Thus, the synergy in ratings between individually tailored consultations and standardized group workshops indicates that low-cost delivery health programs may be as appealing to employees as tailored, and comparatively high-cost, program options. Notes: Street, Tamara D. Lacey, Sarah J. 1660-4601 URL: <Go to ISI>://WOS:000435197300049

Reference Type: Journal Article

Record Number: 661

Author: Strong, S., Letts, L., Gillespie, A., Martin, M. L. and McNeely, H. E.

Year: 2023

Title: Preparing an integrated self-management support intervention for people living with schizophrenia: Creating collaborative spaces

Journal: Journal of Evaluation in Clinical Practice

Volume: 29

Issue: 1

Pages: 22-31

Date: Feb

Short Title: Preparing an integrated self-management support intervention for people living with schizophrenia: Creating collaborative spaces

ISSN: 1356-1294

DOI: 10.1111/jep.13728

Accession Number: WOS:000815348700001

Abstract: Introduction This article describes the planning and development of a novel self-management support protocol, self-management engaging together (SET) for Health, purposefully designed and embedded within traditional case management services to be accessible to people living with schizophrenia and comorbidities. Drawing on established self-management principles, SET for Health was codesigned by researchers, healthcare providers and clients, to create a practical and meaningful intervention to support the target

group to manage their own health and wellness. Decision making is described behind tailoring the self-management innovation to meet the needs of an at risk, disadvantaged group served by tertiary, public health care in Canada. Method This integrated knowledge translation (IKT) study used a descriptive approach to document the process of planning and operationalizing the SET for Health intervention as a part of routine care in two community-based teams providing predominantly schizophrenia services. Diffusion of innovations literature informed planning. The setting was strategically prepared for organizational change. A situational assessment and theoretical frameworks identified contextual elements to be addressed. Existing established self-management approaches for mental illness were appraised. Results When a review of established approaches revealed incongruence with the aims and context of service delivery, common essential elements were distilled. To facilitate collaborative client-provider self-management conversations and self-management learning opportunities, core components were operationalized by the use of tailored interactive tools. The materials coproduced by clients and providers offered joint reference tools, foundational for capacity-building and recognition of progress. Conclusion Planning and developing a model of self-management support for integration into traditional schizophrenia case management services required attention to the complex social ecological nature of the treatment approach and the workplace context. Demonstration of proof of concept is described in a separate paper.

Notes: Strong, Susan Letts, Lori Gillespie, Alycia Martin, Mary-Lou McNeely, Heather E.

Strong, Susan/0000-0003-1723-3540; McNeely, Heather/
0000-0002-1554-476X
1365-2753

URL: <Go to ISI>://WOS:000815348700001

Reference Type: Journal Article

Record Number: 860

Author: Struik, L., Rodberg, D. and Sharma, R. H.

Year: 2022

Title: The Behavior Change Techniques Used in Canadian Online Smoking Cessation Programs: Content Analysis

Journal: Jmir Mental Health

Volume: 9

Issue: 3

Date: Mar

Short Title: The Behavior Change Techniques Used in Canadian Online Smoking Cessation Programs: Content Analysis

ISSN: 2368-7959

DOI: 10.2196/35234

Article Number: e35234

Accession Number: WOS:000787096500006

Abstract: Background: Smoking rates in Canada remain unacceptably high, and cessation rates have stalled in recent years. Online cessation programs, touted for their ability to reach many different populations anytime, have shown promise in their efficacy. The

Government of Canada has therefore funded provincial and national smoking cessation websites countrywide. However, little is known about the behavior change techniques (BCTs) that underpin the content of these websites, which is key to establishing the quality of the websites, as well as a way forward for evaluation. Objective: The purpose of this study, therefore, is to apply the BCTTv1 taxonomy to Canadian provincial and federal websites, and to determine which BCTs they use. Methods: A total of 12 government-funded websites across Canada were included for analysis. Using deductive content analysis and through training in applying the BCTTv1 taxonomy, the website content was coded according to the 93 BCTs across the 16 BCT categories. Results: Of the 16 BCT categories, 14 were present within the websites. The most widely represented BCT categories (used in all 12 websites) included goals and planning, social support, natural consequences, and regulation. Implementation of BCTs within these categories varied across the sites. Conclusions: Analyzing the content of online smoking cessation websites using the BCTTv1 taxonomy is an appropriate method for identifying the behavior change content of these programs. The findings offer programmers and researchers tangible directions for prioritizing and enhancing provincial and national smoking cessation programs, and an evaluation framework to assess smoking cessation outcomes in relation to the web-based content. Notes: Struik, Laura Rodberg, Danielle Sharma, Ramona H. Sharma, Ramona H./0000-0001-5907-7035; Struik, Laura/0000-0001-7175-7308; Rodberg, Danielle/0000-0003-2297-8459 URL: <Go to ISI>://WOS:000787096500006

Reference Type: Journal Article

Record Number: 1455

Author: Stuart, G. and D'Lima, D.

Year: 2022

Title: Perceived barriers and facilitators to attendance for cervical cancer screening in EU member states: a systematic review and synthesis using the Theoretical Domains Framework

Journal: Psychology & Health

Volume: 37

Issue: 3

Pages: 279-330

Date: Mar

Short Title: Perceived barriers and facilitators to attendance for cervical cancer screening in EU member states: a systematic review and synthesis using the Theoretical Domains Framework

ISSN: 0887-0446

DOI: 10.1080/08870446.2021.1918690

Accession Number: WOS:000661323900001

Abstract: Aims To identify and synthesise peer-reviewed, published literature reporting perceived barriers and facilitators associated with cervical cancer screening attendance in EU member states with organised population-based screening programmes. Methods

Quantitative and qualitative studies reporting perceived barriers/facilitators to attendance for cervical cancer screening were searched for in databases Embase, HMIC, Medline and PsycInfo. Data

were extracted and deductively coded to the Theoretical Domains Framework domains and inductive thematic analysis within domains was employed to identify specific barriers or facilitators to attendance for cervical cancer screening. Results 38 studies were included for data extraction. Five theoretical domains ['Emotion' (89% of the included studies), 'Social influences' (79%), 'Knowledge' (76%), 'Environmental Context and Resources' (74%) and 'Beliefs about Consequences' (68%)] were identified as key domains influencing cervical cancer screening attendance. Conclusion Five theoretical domains were identified as prominent influences on cervical cancer screening attendance in EU member states with organised population-based screening programmes. Further research is needed to identify the relative importance of different influences for different sub-populations and to identify the influences that are most appropriate and feasible to address in future interventions.

Notes: Stuart, Gabriella D'Lima, Danielle
1476-8321

URL: <Go to ISI>://WOS:000661323900001

Reference Type: Journal Article

Record Number: 1792

Author: Subramanian, L., Kirk, R., Cuttitta, T., Bryant, N., Fox, K., McCall, M., Perry, E., Swartz, J., Restovic, Y., Jeter, A., Bernardo, A., Robinson, B., Perl, J., Pisoni, R. and Perlman, R. L.
Year: 2019

Title: Remote Management for Peritoneal Dialysis: A Qualitative study of Patient, Care Partner, and Clinician Perceptions and Priorities in the United States and the United Kingdom

Journal: Kidney Medicine

Volume: 1

Issue: 6

Pages: 354-365

Date: Nov-Dec

Short Title: Remote Management for Peritoneal Dialysis: A Qualitative study of Patient, Care Partner, and Clinician Perceptions and Priorities in the United States and the United Kingdom

ISSN: 2590-0595

DOI: 10.1016/j.xkme.2019.07.014

Accession Number: WOS:000659950100009

Abstract: Rationale & Objective: Peritoneal dialysis (PD) is a home-based kidney replacement therapy used by a growing number of patients with kidney failure. This qualitative study explores the impact of remote management technologies on PD treatment priorities of patients, their care partners, and clinicians. Study Design: Qualitative study, designed and conducted in collaboration with a stakeholder panel that included patients, patient advocates, care partners, and health care professionals. Setting & Participants: 13 health care providers, 13 patients, and 4 care partners with at least 3 months experience with PD were recruited from the United States and United Kingdom through postings in PD clinics, websites, and social media. Methodology: Semi-structured telephone interviews with a purposive sample of participants. Analytical Approach:

Inductive thematic development adapted from a grounded theory approach through analysis of interview transcripts by 3 independent coders. Results: 4 main themes about PD treatments emerged that enabled evaluation of remote management: (1) impact of PD on everyday life, (2) simplifying treatment processes, (3) awareness and visibility of at-home treatments, and (4) support for managing treatments. The relative importance of these themes differed between patients/care partners and health care providers and by use of remote management cyclers. Limitations: Remote management is new to PD, mirrored in the limited penetration of use in the study sample, suggestive of findings reflecting early adoption. Conclusions: Participants welcomed technological advances such as remote management for PD, although priorities differed by stakeholder group. Remote management could potentially influence health care provider decisions about patient suitability for PD, while patients/care partners prioritized pre-emptive and early treatment adjustments. Currently, decisions about access to remote management are outside the control of patients and families, but this may change with more widespread use.

Notes: Subramanian, Lalita Kirk, Rosalind Cuttitta, Tony Bryant, Nicole Fox, Kimberly McCall, Margie Perry, Erica Swartz, June Restovic, Yanko Jeter, Allison Bernardo, Angelito Robinson, Bruce Perl, Jeffrey Pisoni, Ronald Perlman, Rachel L.

Robinson, Bruce/0000-0003-0749-1714

URL: <Go to ISI>://WOS:000659950100009

Reference Type: Journal Article

Record Number: 440

Author: Suderman, K., Skene, T., Sellar, C., Dolgoy, N., Pituskin, E., Joy, A. A., Culos-Reed, S. N. and McNeely, M. L.

Year: 2022

Title: Virtual or In-Person: A Mixed Methods Survey to Determine Exercise Programming Preferences during COVID-19

Journal: Current Oncology

Volume: 29

Issue: 10

Pages: 6735-6748

Date: Oct

Short Title: Virtual or In-Person: A Mixed Methods Survey to Determine Exercise Programming Preferences during COVID-19

ISSN: 1198-0052

DOI: 10.3390/currenol29100529

Accession Number: WOS:000872626800001

Abstract: A survey was conducted to identify barriers and facilitators to engaging in virtual and in-person cancer-specific exercise during COVID-19. A theory-informed, multi-method, cross-sectional survey was electronically distributed to 192 individuals with cancer investigating preferences towards exercise programming during COVID-19. Respondents had previously participated in an exercise program and comprised two groups: those who had experience with virtual exercise programming ('Virtual') and those who had only taken part in in-person exercise ('In-Person'). Quantitative data were summarized descriptively. Qualitative data were thematically

categorized using framework analysis and findings were mapped to an implementation model. The survey completion response rate was 66% (N = 127). All respondents identified barriers to attending in-person exercise programming during COVID-19 with concerns over the increased risk of viral exposure. Virtual respondents (n = 39) reported: (1) feeling confident in engaging in virtual exercise; and (2) enhanced motivation, accessibility and effectiveness as facilitators to virtual exercise. In-Person respondents (n = 88) identified: (1) technology as a barrier to virtual exercise; and (2) low motivation, accessibility and exercise effectiveness as barriers towards virtual exercise. Sixty-six percent (n = 58) of In-Person respondents reported that technology support would increase their willingness to exercise virtually. With appropriately targeted support, perceived barriers to accessing virtual exercise—including motivation, accessibility and effectiveness—may become facilitators. The availability of technology support may increase the engagement of individuals with cancer towards virtual exercise programming. Notes: Suderman, Kirsten Skene, Tara Sellar, Christopher Dolgoy, Naomi Pituskin, Edith Joy, Anil A. Culos-Reed, Susan Nicole McNeely, Margaret L.

McNeely, Margaret/0000-0003-4376-4847
1718-7729

URL: <Go to ISI>://WOS:000872626800001

Reference Type: Journal Article

Record Number: 226

Author: Sudholz, B., Ayala, A. M. C., Timperio, A., Dunstan, D. W., Conroy, D. E., Abbott, G., Holland, B., Arundell, L. and Salmon, J.
Year: 2023

Title: The impact of height-adjustable desks and classroom prompts on classroom sitting time, social, and motivational factors among adolescents

Journal: Journal of Sport and Health Science

Volume: 12

Issue: 1

Pages: 97-105

Date: Jan

Short Title: The impact of height-adjustable desks and classroom prompts on classroom sitting time, social, and motivational factors among adolescents

ISSN: 2095-2546

DOI: 10.1016/j.jshs.2020.05.002

Accession Number: WOS:000959651000001

Abstract: Purpose: This quasi-experimental study examined the impact of height-adjustable desks in combination with prompts to break up prolonged sit-ting time during class time and identified social and motivational factors associated with breaking up sitting time among adolescents. Teachers' perceptions of strategies were also examined. Methods: Over 17 weeks, 1 classroom in a government secondary school in Melbourne, Australia, was equipped with 27 height-adjustable desks and prompts (posters and desk stickers) to break up classroom sitting time. Teachers received professional development in the use of the desks and prompts. One group of adolescents (n = 55) had 2-5

lessons/week using the height-adjustable desks in an intervention classroom, and a comparison group matched by year level and subject (n = 50) was taught in traditional "seated" classrooms. Adolescents wore an activPAL monitor at baseline (T0), 4 weeks (T1), and 17 weeks (T2) and completed a survey at T0 and T2. Six teachers participated in interviews at T2. Effect sizes were calculated (d). Results: Linear mixed models found that, compared to the traditional "seated" classrooms, the adolescents in the intervention classroom had significantly lower sitting time (T1: -9.7 min/lesson, d = -0.96; T2: -6.7 min/lesson, d = -0.70) and time spent in sitting bouts >15 min (T2: -11.2 min/lesson, d = -0.62), and had significantly higher standing time (T1: 7.3 min/lesson, d = 0.84; T2: 5.8 min/lesson, d = 0.91), number of breaks from sitting (T1: 1.3 breaks/lesson, d = 0.49; T2: 1.8 breaks/lesson, d = 0.67), and stepping time (T1: 2.5 min/lesson, d = 0.66). Intervention classroom adolescents reported greater habit strength (d = 0.58), self-efficacy for breaking up sitting time (d = 0.75), and indicated that having a teacher/classmate remind them to stand as helpful (d = 0.50). Conclusion: This intervention shows promise for targeting sitting behaviors in the classroom and indicates that incorporating social and motivational strategies may further enhance outcomes. Notes: Sudholz, Bronwyn Ayala, Ana Mari Contardo Timperio, Anna Dunstan, David W. Conroy, David E. Abbott, Gavin Holland, Bernie Arundell, Lauren Salmon, Jo Timperio, Anna/A-3086-2013 Timperio, Anna/0000-0002-8773-5012; Abbott, Gavin/0000-0003-4014-0705 2213-2961 URL: <Go to ISI>://WOS:000959651000001

Reference Type: Journal Article

Record Number: 1845

Author: Sugiyama, T., Carver, A., Koohsari, M. J. and Veitch, J.

Year: 2018

Title: Advantages of public green spaces in enhancing population health

Journal: Landscape and Urban Planning

Volume: 178

Pages: 12-17

Date: Oct

Short Title: Advantages of public green spaces in enhancing population health

ISSN: 0169-2046

DOI: 10.1016/j.landurbplan.2018.05.019

Accession Number: WOS:000442710400002

Abstract: Since the burden of chronic diseases is rising globally, there is an urgent need to develop population-level approaches to reducing the risk of chronic diseases. Neighborhood environments, where people spend much of their time, are relevant in this context because they can influence residents' daily behaviors related to health. In particular, public green spaces (PGS) can confer health benefits through facilitating physical activity, contact with nature, and social interaction. PGS may also mitigate socio-economic

inequalities in health. However, despite growing evidence, PGS are generally not fully utilized as a resource for physical activity. Thus, there is substantial scope for enhancing population health through increased visits and active use of PGS. This essay argues that PGS are not only health-enhancing but also practical and workable environmental resources to promote population health. We discuss three "advantages" of using PGS as health promotion initiatives: PGS are easier to modify (than are other structural environmental features); PGS can involve programs to help residents initiate physical activity; and PGS are valued by residents. The essay concludes with a discussion of future research topics, the result of which can be used to convince and assist local authorities and other key stakeholders to use PGS as readily available resources for health promotion.

Notes: Sugiyama, Takemi Carver, Alison Koohsari, Mohammad Javad Veitch, Jenny

Koohsari, Javad/A-4613-2009; Carver, Alison/S-3105-2017; Veitch, Jenny/I-5934-2014; Sugiyama, Takemi/F-4013-2013; Carver, Alison/GOV-4311-2022

Koohsari, Javad/0000-0001-9384-5456; Carver, Alison/0000-0001-5166-3574; Sugiyama, Takemi/0000-0002-8859-5269; Veitch, Jenny/0000-0001-8962-0887
1872-6062

URL: <Go to ISI>://WOS:000442710400002

Reference Type: Journal Article

Record Number: 1876

Author: Sulaiman, I., Greene, G., MacHale, E., Seheult, J., Mokoka, M., D'Arcy, S., Taylor, T., Murphy, D. M., Hunt, E., Lane, S. J., Diette, G. B., FitzGerald, J. M., Boland, F., Bhreathnach, A. S., Cushen, B., Reilly, R. B., Doyle, F. and Costello, R. W.

Year: 2018

Title: A randomised clinical trial of feedback on inhaler adherence and technique in patients with severe uncontrolled asthma

Journal: European Respiratory Journal

Volume: 51

Issue: 1

Date: Jan

Short Title: A randomised clinical trial of feedback on inhaler adherence and technique in patients with severe uncontrolled asthma

ISSN: 0903-1936

DOI: 10.1183/13993003.01126-2017

Article Number: 1701126

Accession Number: WOS:000424355100006

Abstract: In severe asthma, poor control could reflect issues of medication adherence or inhaler technique, or that the condition is refractory. This study aimed to determine if an intervention with (bio) feedback on the features of inhaler use would identify refractory asthma and enhance inhaler technique and adherence. Patients with severe uncontrolled asthma were subjected to a stratified-by-site random block design. The intensive education group received repeated training in inhaler use, adherence and disease management. The intervention group received the same

intervention, enhanced by (bio) feedback-guided training. The primary outcome was rate of actual inhaler adherence. Secondary outcomes included a pre-defined assessment of clinical outcome. Outcome assessors were blinded to group allocation. Data were analysed on an intention-to-treat and per-protocol basis. The mean rate of adherence during the third month in the (bio) feedback group (n=111) was higher than that in the enhanced education group (intention-to-treat, n=107; 73% versus 63%; 95% CI 2.8%–17.6%; p=0.02). By the end of the study, asthma was either stable or improved in 54 patients (38%); uncontrolled, but poorly adherent in 52 (35%); and uncontrolled, but adherent in 40 (27%). Repeated feedback significantly improved inhaler adherence. After a programme of adherence and inhaler technique assessment, only 40 patients (27%) were refractory and adherent, and might therefore need add-on therapy.

Notes: Sulaiman, Imran Greene, Garrett MacHale, Elaine Seheult, Jansen Mokoka, Matshediso D'Arcy, Shona Taylor, Terence Murphy, Desmond M. Hunt, Eoin Lane, Stephen J. Diette, Gregory B. FitzGerald, J. Mark Boland, Fiona Bhreathnach, Aoife Sartini Cushen, Breda Reilly, Richard B. Doyle, Frank Costello, Richard W. Reilly, Richard B/F-7034-2011; Boland, Fiona/HTQ-1342-2023; Taylor, Terence/M-2158-2019; Seheult, Jansen/AAB-6713-2020; Reilly, Richard/N-1080-2019; Doyle, Frank/C-2750-2012; costello, richard w/C-3777-2012

Reilly, Richard B/0000-0001-8578-1245; Seheult, Jansen/0000-0002-6850-7495; Reilly, Richard/0000-0001-8578-1245; Doyle, Frank/0000-0002-3785-7433; Taylor, Terence/0000-0003-2366-3969; Costello, Richard/0000-0003-1179-6692; Cushen, Breda/0000-0003-4954-5354; Boland, Dr Fiona/0000-0003-3228-0046; Sulaiman, Imran/0000-0003-1992-0280; Greene, Garrett/0000-0001-8531-3142 1399-3003

URL: <Go to ISI>://WOS:000424355100006

Reference Type: Journal Article

Record Number: 716

Author: Sun, K., Corneli, A. L., Dombeck, C., Swezey, T., Rogers, J. L., Criscione-Schreiber, L. G., Sadun, R. E., Eudy, A. M., Doss, J., Bosworth, H. B. and Clowse, M. E. B.

Year: 2022

Title: Barriers to Taking Medications for Systemic Lupus Erythematosus: A Qualitative Study of Racial Minority Patients, Lupus Providers, and Clinic Staff

Journal: Arthritis Care & Research

Volume: 74

Issue: 9

Pages: 1459-1467

Date: Sep

Short Title: Barriers to Taking Medications for Systemic Lupus Erythematosus: A Qualitative Study of Racial Minority Patients, Lupus Providers, and Clinic Staff

ISSN: 2151-464X

DOI: 10.1002/acr.24591

Accession Number: WOS:000804021700001

Abstract: Objective Underrepresented racial and ethnic minorities are disproportionately affected by systemic lupus erythematosus (SLE). Racial and ethnic minorities also have more severe SLE manifestations that require use of immunosuppressive medications, and often have lower rates of medication adherence. We aimed to explore barriers of adherence to SLE immunosuppressive medications among minority SLE patients. Methods We conducted a qualitative descriptive study using in-depth interviews with a purposive sample of racial minority SLE patients taking oral immunosuppressants (methotrexate, azathioprine, or mycophenolate), and lupus clinic providers and staff. Interviews were audiorecorded, transcribed, and analyzed using applied thematic analysis. We grouped themes using the Capability, Opportunity, Motivation, Behavior conceptual model. Results We interviewed 12 SLE patients (4 adherent, 8 nonadherent) and 12 providers and staff. We identified capability barriers to include external factors related to acquiring medications, specifically cost-, pharmacy-, and clinic-related issues; opportunity barriers to include external barriers to taking medications, specifically logistic- and medication-related issues; and motivation factors to include intrinsic barriers, encompassing patients' knowledge, beliefs, attitudes, and physical and mental health. The most frequently described barriers were cost, side effects, busyness/forgetting, and lack of understanding, although barriers differed by patient and adherence level, with logistic and intrinsic barriers described predominantly by nonadherent patients and side effects described predominantly by adherent patients. Conclusion Our findings suggest that interventions may be most impactful if they are designed to facilitate logistics of taking medications and increase patients' motivation while allowing for personalization to address the individual differences in adherence barriers.

Notes: Sun, Kai Corneli, Amy L. Dombeck, Carrie Swezey, Teresa Rogers, Jennifer L. Criscione-Schreiber, Lisa G. Sadun, Rebecca E. Eudy, Amanda M. Doss, Jayanth Bosworth, Hayden B. Clowse, Megan E. B.

Eudy, Amanda/ACU-6011-2022

Sun, Kai/0000-0002-8406-2932; Rogers, Jennifer/0000-0001-5524-8642
2151-4658

URL: <Go to ISI>://WOS:000804021700001

Reference Type: Journal Article

Record Number: 1270

Author: Sundaraja, C. S., Hine, D. W., Alex, A., Cosh, S. M. and Lykins, A. D.

Year: 2021

Title: Can Consumers Do It All? An Exploration of Factors that Influence the Purchase of Sustainable Palm Oil Products

Journal: Journal of Food Products Marketing

Volume: 27

Issue: 5

Pages: 223-242

Date: Jun

Short Title: Can Consumers Do It All? An Exploration of Factors that

Influence the Purchase of Sustainable Palm Oil Products

ISSN: 1045-4446

DOI: 10.1080/10454446.2021.1965063

Accession Number: WOS:000684403600001

Abstract: Green consumption refers to consumer decision-making that prioritizes the environmental impacts of purchases. The aim of the current research was to identify factors that influence consumers to purchase sustainable palm oil (SPO) products. Semi-structured interviews were conducted with 13 adult residents of Australia, transcribed, and subjected to framework analysis, with sub-themes classified under main themes of capability, opportunity, and motivation. While several sub-themes emerged, those barriers unique to SPO purchasing behavior included a lack of knowledge combined with contradictory information on the best course of action, palm oil being a hidden ingredient that is often not labeled such, and reduced availability and/or visibility of SPO containing products. These barriers are difficult for consumers to overcome on their own. Policy and structural modifications to procurement and labeling, as well as widespread awareness campaigns with a uniform message, could assist in providing a platform for consumer reform.

Notes: Sundaraja, Cassandra Shruti Hine, Donald W. Alex, Anoop Cosh, Suzanne M. Lykins, Amy D.

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Hine, Donald/0000-0002-3905-7026; Cosh, Suzanne/0000-0002-8003-3704; Sundaraja, Cassandra/0000-0003-1980-6867; Lykins, Amy/0000-0003-2930-3964

1540-4102

URL: <Go to ISI>://WOS:000684403600001

Reference Type: Journal Article

Record Number: 659

Author: Sundaraja, C. S., Hine, D. W., Thorsteinsson, E. B. and Lykins, A. D.

Year: 2022

Title: Purchasing products with sustainable palm oil: designing and evaluating an online intervention for Australian consumers

Journal: Australian Journal of Environmental Education

Date: 2022 Jun

Short Title: Purchasing products with sustainable palm oil: designing and evaluating an online intervention for Australian consumers

ISSN: 0814-0626

DOI: 10.1017/aee.2022.27

Accession Number: WOS:000815719400001

Abstract: Widespread tropical deforestation and biodiversity loss in Southeast Asia due to the oil palm industry can be addressed by encouraging consumers to purchase sustainable palm oil (SPO). An online experiment was conducted to assess whether addressing barriers relating to education, motivation and product availability would increase purchasing of SPO. Australian adults (n = 628) were randomly assigned to either: (1) a newly developed interactive educational website on palm oil and SPO; (2) an existing educational video on SPO; or (3) an interactive website on differentiating

between real and fake news (an attentional control condition). All participants completed pre-intervention and immediate post-intervention measures. Most participants (n = 403) completed follow-up measures two weeks later. Multivariate analysis revealed that the interactive website and educational video increased both knowledge and the intention to purchase SPO (compared to the attentional control), but neither significantly impacted follow-up self-reported SPO purchasing behaviour. Low perceived product availability might help explain the intention behaviour gap. Our results suggest that, in addition to increasing consumer knowledge and motivation, promoting sustainable consumption requires creating opportunities for people to engage in the desired behaviour.

Notes: Sundaraja, Cassandra Shruti Hine, Donald W. Thorsteinsson, Einar B. Lykins, Amy D.

Lykins, Amy/GNW-6014-2022; Thorsteinsson, Einar B./B-3182-2009
Thorsteinsson, Einar B./0000-0003-2065-1989; Hine, Donald/
0000-0002-3905-7026; Lykins, Amy/0000-0003-2930-3964; Sundaraja,
Cassandra/0000-0003-1980-6867
2049-775x

URL: <Go to ISI>://WOS:000815719400001

Reference Type: Journal Article

Record Number: 964

Author: Sung, K. Y. E., Cooper, T. and Kettley, S.

Year: 2022

Title: Adapting Darnton's Nine Principles Framework for Behaviour Change: The UK Upcycling Case Study

Journal: Sustainability

Volume: 14

Issue: 3

Date: Feb

Short Title: Adapting Darnton's Nine Principles Framework for Behaviour Change: The UK Upcycling Case Study

DOI: 10.3390/su14031919

Article Number: 1919

Accession Number: WOS:000756289200001

Abstract: Design practitioners and academics have increasingly recognised the potential value of design for behaviour change. On the one hand, while existing studies address product or communication design as main interventions, there is a growing interest in design as a useful tool for policy development and service innovation. On the other hand, the interplay between social research, design, and policy development in behaviour intervention is not a new concept or practice, yet studies to suggest and evaluate particular general approaches to policy and design interventions are relatively new and rare. To fill this knowledge gap, this paper adapts Darnton's Nine Principles framework as one promising generic approach, demonstrates how the adapted framework can be applied to the upcycling case study in the UK and evaluates the usefulness of the adapted framework. The study results show that the adapted framework is useful for exploring behaviour and developing interventions in small-scale, exploratory studies, and that it can be applied to other behaviour domains and contexts. The

main contribution of this paper is the demonstration of the potential of Darnton's original and adapted frameworks as a promising general approach useful for policy and design interventions.

Notes: Sung, Kyungeun Cooper, Tim Kettle, Sarah COOPER, TIM/0000-0001-8623-2918; Sung, Kyungeun/0000-0001-9570-7225 2071-1050

URL: <Go to ISI>://WOS:000756289200001

Reference Type: Journal Article

Record Number: 1386

Author: Suntornsut, P., Teparrukkul, P., Wongsuvan, G., Chaowagul, W., Michie, S., Day, N. P. J. and Limmathurotsakul, D.

Year: 2021

Title: Effectiveness of a multifaceted prevention programme for melioidosis in diabetics (PREMEL): A stepped-wedge cluster-randomised controlled trial

Journal: Plos Neglected Tropical Diseases

Volume: 15

Issue: 6

Date: Jun

Short Title: Effectiveness of a multifaceted prevention programme for melioidosis in diabetics (PREMEL): A stepped-wedge cluster-randomised controlled trial

ISSN: 1935-2735

DOI: 10.1371/journal.pntd.0009060

Article Number: e0009060

Accession Number: WOS:000666598000001

Abstract: Background Melioidosis, an often-fatal infectious disease caused by the environmental Gram-negative bacillus *Burkholderia pseudomallei*, is endemic in tropical countries. Diabetes mellitus and environmental exposure are important risk factors for melioidosis acquisition. We aim to evaluate the effectiveness of a multifaceted prevention programme for melioidosis in diabetics in northeast Thailand. Methodology/Principal findings From April 2014 to December 2018, we conducted a stepped-wedge cluster-randomized controlled behaviour change trial in 116 primary care units (PCUs) in Ubon Ratchathani province, northeast Thailand. The intervention was a behavioural support group session to help diabetic patients adopt recommended behaviours, including wearing rubber boots and drinking boiled water. We randomly allocated the PCUs to receive the intervention starting in March 2016, 2017 and 2018. All diabetic patients were contacted by phone yearly, and the final follow-up was December 2018. Two primary outcomes were hospital admissions involving infectious diseases and culture-confirmed melioidosis. Of 9,056 diabetics enrolled, 6,544 (72%) received a behavioural support group session. During 38,457 person-years of follow-up, we observed 2,195 (24%) patients having 3,335 hospital admissions involved infectious diseases, 80 (0.8%) melioidosis, and 485 (5%) deaths. In the intention-to-treat analysis, implementation of the intervention was not associated with primary outcomes. In the per-protocol analysis, patients who received a behavioural support group session had lower incidence rates of hospital admissions involving

infectious diseases (incidence rate ratio [IRR] 0.89; 95%CI 0.80–0.99, $p = 0.03$) and of all-cause mortality (IRR 0.54; 95%CI 0.43–0.68, $p < 0.001$). However, the incidence rate of culture-confirmed melioidosis was not significantly lower (IRR 0.96, 95%CI 0.46–1.99, $p = 0.66$). Conclusions/Significance Clear benefits of this multifaceted prevention programme for melioidosis were not observed. More compelling invitations for the intervention, modification of or addition to the behaviour change techniques used, and more frequent intervention may be needed.

Notes: Suntornsut, Pornpan Teparrukkul, Prapit Wongsuvan, Gumphol Chaowagul, Wipada Michie, Susan Day, Nicholas P. J.

Limmathurotsakul, Direk

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Limmathurotsakul, Direk/0000-0001-7240-5320; /0000-0002-1075-4135

URL: <Go to ISI>://WOS:000666598000001

Reference Type: Journal Article

Record Number: 2129

Author: Suntornsut, P., Wongsuvan, N., Malasit, M., Kitphati, R., Michie, S., Peacock, S. J. and Limmathurotsakul, D.

Year: 2016

Title: Barriers and Recommended Interventions to Prevent Melioidosis in Northeast Thailand: A Focus Group Study Using the Behaviour Change Wheel

Journal: Plos Neglected Tropical Diseases

Volume: 10

Issue: 7

Date: Jul

Short Title: Barriers and Recommended Interventions to Prevent Melioidosis in Northeast Thailand: A Focus Group Study Using the Behaviour Change Wheel

ISSN: 1935-2735

DOI: 10.1371/journal.pntd.0004823

Article Number: e0004823

Accession Number: WOS:000381017800031

Abstract: Background Melioidosis, an often fatal infectious disease in Northeast Thailand, is caused by skin inoculation, inhalation or ingestion of the environmental bacterium, *Burkholderia pseudomallei*. The major underlying risk factor for melioidosis is diabetes mellitus. Recommendations for melioidosis prevention include using protective gear such as rubber boots and gloves when in direct contact with soil and environmental water, and consuming bottled or boiled water. Only a small proportion of people follow such recommendations. Methods Nine focus group discussions were conducted to evaluate barriers to adopting recommended preventive behaviours. A total of 76 diabetic patients from northeast Thailand participated in focus group sessions. Barriers to adopting the recommended preventive behaviours and future intervention strategies were identified using two frameworks: the Theoretical Domains Framework and the Behaviour Change Wheel. Results Barriers were identified in the following five domains: (i) knowledge, (ii) beliefs about

consequences, (iii) intention and goals, (iv) environmental context and resources, and (v) social influence. Of 76 participants, 72 (95%) had never heard of melioidosis. Most participants saw no harm in not adopting recommended preventive behaviours, and perceived rubber boots and gloves to be hot and uncomfortable while working in muddy rice fields. Participants reported that they normally followed the behaviour of friends, family and their community, the majority of whom did not wear boots while working in rice fields and did not boil water before drinking. Eight intervention functions were identified as relevant for the intervention: (i) education, (ii) persuasion, (iii) incentivisation, (iv) coercion, (v) modeling, (vi) environmental restructuring, (vii) training, and (viii) enablement. Participants noted that input from role models in the form of physicians, diabetic clinics, friends and families, and from the government via mass media would be required for them to change their behaviours. Conclusion There are numerous barriers to the adoption of behaviours recommended for melioidosis prevention. We recommend that a multifaceted intervention at community and government level is required to achieve the desired behaviour changes.

Notes: Suntornsut, Pornpan Wongsuwan, Nittayasee Malasit, Mayura Kitphati, Rungreung Michie, Susan Peacock, Sharon J.

Limmathurotsakul, Direk

Peacock, Sharon J/ABE-6331-2020; Malasit, Mayura/HJB-2270-2022

Suntornsut, Pornpan/0000-0001-6698-6966; Limmathurotsakul, Direk/0000-0001-7240-5320; Peacock, Sharon/0000-0002-1718-2782

URL: <Go to ISI>://WOS:000381017800031

Reference Type: Journal Article

Record Number: 1361

Author: Sutherland, R., Brown, A., Nathan, N., Yoong, S., Janssen, L., Chooi, A., Hudson, N., Wiggers, J., Kerr, N., Evans, N., Gillham, K., Oldmeadow, C., Searles, A., Reeves, P., Davies, M., Reilly, K., Cohen, B. and Wolfenden, L.

Year: 2021

Title: A Multicomponent mHealth-Based Intervention (SWAP IT) to Decrease the Consumption of Discretionary Foods Packed in School Lunchboxes: Type I Effectiveness-Implementation Hybrid Cluster Randomized Controlled Trial

Journal: Journal of Medical Internet Research

Volume: 23

Issue: 6

Date: Jun

Short Title: A Multicomponent mHealth-Based Intervention (SWAP IT) to Decrease the Consumption of Discretionary Foods Packed in School Lunchboxes: Type I Effectiveness-Implementation Hybrid Cluster Randomized Controlled Trial

ISSN: 1438-8871

DOI: 10.2196/25256

Article Number: e25256

Accession Number: WOS:000667060200003

Abstract: Background: There is significant opportunity to improve the nutritional quality of foods packed in children's school lunchboxes. Interventions that are effective and scalable targeting

the school and home environment are therefore warranted. Objective: This study aimed to assess the effectiveness of a multicomponent, mobile health-based intervention, SWAP IT, in reducing the energy contribution of discretionary (ie, less healthy) foods and drinks packed for children to consume at school. Methods: A type I effectiveness-implementation hybrid cluster randomized controlled trial was conducted in 32 primary schools located across 3 local health districts in New South Wales, Australia, to compare the effects of a 6-month intervention targeting foods packed in children's lunchboxes with those of a usual care control. Primary schools were eligible if they were not participating in other nutrition studies and used the required school communication app. The Behaviour Change Wheel was used to co-design the multicomponent SWAP IT intervention, which consisted of the following: school lunchbox nutrition guidelines, curriculum lessons, information pushed to parents digitally via an existing school communication app, and additional parent resources to address common barriers to packing healthy lunchboxes. The primary outcome, mean energy (kilojoules) content of discretionary lunchbox foods and drinks packed in lunchboxes, was measured via observation using a validated school food checklist at baseline (May 2019) and at 6-month follow-up (October 2019). Additional secondary outcomes included mean lunchbox energy from discretionary foods consumed, mean total lunchbox energy packed and consumed, mean energy content of core lunchbox foods packed and consumed, and percentage of lunchbox energy from discretionary and core foods, all of which were also measured via observation using a validated school food checklist. Measures of school engagement, consumption of discretionary foods outside of school hours, and lunchbox cost were also collected at baseline and at 6-month follow-up. Data were analyzed via hierarchical linear regression models, with controlling for clustering, socioeconomic status, and remoteness. Results: A total of 3022 (3022/7212, 41.90%) students consented to participate in the evaluation (mean age 7.8 years; 1487/3022, 49.22% girls). There were significant reductions between the intervention and control groups in the primary trial outcome, mean energy (kilojoules) content of discretionary foods packed in lunchboxes (-117.26 kJ; 95% CI -195.59 to -39.83; P=.003). Relative to the control, the intervention also significantly reduced secondary outcomes regarding the mean total lunchbox energy (kilojoules) packed (-88.38 kJ; 95% CI -172.84 to -3.92; P=.04) and consumed (-117.17 kJ; 95% CI -233.72 to -0.62; P=.05). There was no significant difference between groups in measures of student engagement, consumption of discretionary foods outside of school hours, or cost of foods packed in children's lunchboxes. Conclusions: The SWAP IT intervention was effective in reducing the energy content of foods packed for and consumed by primary school-aged children at school. Dissemination of the SWAP IT program at a population level has the potential to influence a significant proportion of primary school-aged children, impacting weight status and associated health care costs.

Notes: Sutherland, Rachel Brown, Alison Nathan, Nicole Yoong, Serene Janssen, Lisa Chooi, Amelia Hudson, Nayerra Wiggers, John Kerr, Nicola Evans, Nicole Gillham, Karen Oldmeadow, Christopher Searles, Andrew Reeves, Penny Davies, Marc Reilly, Kathryn Cohen, Brad

Wolfenden, Luke
Oldmeadow, Chris/HKF-3685-2023; Reilly, Kathryn/ABC-2167-2021;
Sutherland, Rachel/AEH-9206-2022; Brown, Alison/IRZ-7107-2023
Kajons, Nicole/0000-0003-2739-9632; Kerr, Nicola/
0000-0002-9448-9905; Chooi, Amelia/0000-0003-2772-3471; Hudson,
Nayerra/0000-0002-0069-1564; Janssen, Lisa/0000-0003-3583-2491;
Reilly, Kathryn/0000-0002-2862-956X; Nathan, Nicole/
0000-0002-7726-1714
URL: <Go to ISI>://WOS:000667060200003

Reference Type: Journal Article

Record Number: 1728

Author: Sutherland, R., Campbell, E., McLaughlin, M., Nathan, N.,
Wolfenden, L., Lubans, D. R., Morgan, P. J., Gillham, K., Oldmeadow,
C., Searles, A., Reeves, P., Williams, M., Kajons, N., Bailey, A.,
Boyer, J., Lecathelinais, C., Davies, L., McKenzie, T., Hollis, J.
and Wiggers, J.

Year: 2020

Title: Scale-up of the Physical Activity 4 Everyone (PA4E1)
intervention in secondary schools: 12-month implementation outcomes
from a cluster randomized controlled trial

Journal: International Journal of Behavioral Nutrition and Physical
Activity

Volume: 17

Issue: 1

Date: Aug

Short Title: Scale-up of the Physical Activity 4 Everyone (PA4E1)
intervention in secondary schools: 12-month implementation outcomes
from a cluster randomized controlled trial

DOI: 10.1186/s12966-020-01000-y

Article Number: 100

Accession Number: WOS:000561259700002

Abstract: Background: 'Physical Activity 4 Everyone' (PA4E1) was an
efficacious multi-component school-based physical activity (PA)
program targeting adolescents. PA4E1 has seven PA practices. It is
essential to scale-up, evaluate effectiveness and assess
implementation of such programs. Therefore, the aim is to assess the
impact of implementation support on school practice uptake of the
PA4E1 program at 12 and 24 months. Methods: A cluster randomised
controlled trial, utilising a type III hybrid implementation-
effectiveness design, was conducted in 49 randomly selected
disadvantaged Australian Government and Catholic secondary schools.
A blinded statistician randomly allocated schools to a usual
practice control (n = 25) or the PA4E1 program group (n = 24), with
the latter receiving seven implementation support strategies to
support school PA practice uptake of the seven practices retained
from the efficacy trial. The primary outcome was the proportion of
schools adopting at least four of the seven practices, assessed via
telephone surveys with Head Physical Education Teachers and analysed
using exact logistic regression modelling. This paper reports the
12-month outcomes. Results: Schools were recruited from May to
November 2017. At baseline, no schools implemented four of the seven
practices. At 12 months significantly more schools in the program

group had implemented four of the seven practices (16/24, 66.7%) than the control group (1/25, 4%) (OR = 33.0[4.15-1556.4], p < 0.001). The program group implemented on average 3.2 (2.5-3.9) more practices than the control group (p < 0.001, mean 3.9 (SD 1.5) vs 0.7 (1.0)). Fidelity and reach of the implementation support intervention were high (both > 80%). Conclusions: Through the application of multiple implementation support strategies, secondary schools were able to overcome commonly known barriers to implement evidence based school PA practices. As such practices have been shown to result in an increase in adolescent PA and improvements in weight status, policy makers and practitioners responsible for advocating PA in schools should consider this implementation approach more broadly when working with schools. Follow-up is required to determine whether practice implementation is sustained. Notes: Sutherland, Rachel Campbell, Elizabeth McLaughlin, Matthew Nathan, Nicole Wolfenden, Luke Lubans, David R. Morgan, Philip J. Gillham, Karen Oldmeadow, Chris Searles, Andrew Reeves, Penny Williams, Mandy Kajons, Nicole Bailey, Andrew Boyer, James Lecathelinais, Christophe Davies, Lynda McKenzie, Tom Hollis, Jenna Wiggers, John McLaughlin, Matthew/AAC-1123-2019; Lubans, David Revalds/G-7436-2013; Sutherland, Rachel/AEH-9206-2022; Morgan, Philip J/G-7072-2013 McLaughlin, Matthew/0000-0003-2870-8556; Morgan, Philip J/0000-0002-5632-8529; Nathan, Nicole/0000-0002-7726-1714; Campbell, Elizabeth/0000-0002-7265-5407; Lubans, David/0000-0002-0204-8257; Wolfenden, Luke/0000-0002-6178-3868 1479-5868 URL: <Go to ISI>://WOS:000561259700002

Reference Type: Journal Article

Record Number: 92

Author: Suutari, A. M., Thor, J., Nordin, A. and Josefsson, K. A.

Year: 2023

Title: Improving heart failure care with an Experience-Based Co-Design approach: what matters to persons with heart failure and their family members?

Journal: BMC Health Services Research

Volume: 23

Issue: 1

Date: Mar

Short Title: Improving heart failure care with an Experience-Based Co-Design approach: what matters to persons with heart failure and their family members?

DOI: 10.1186/s12913-023-09306-w

Article Number: 294

Accession Number: WOS:000962498500004

Abstract: Background Heart failure is a chronic heart condition. Persons with heart failure often have limited physical capability, cognitive impairments, and low health literacy. These challenges can be barriers to healthcare service co-design with family members and professionals. Experience-Based Co-Design is a participatory healthcare quality improvement approach drawing on patients', family

members' and professionals' experiences to improve healthcare. The overall aim of this study was to use Experience-Based Co-Design to identify experiences of heart failure and its care in a Swedish cardiac care setting, and to understand how these experiences can translate into heart failure care improvements for persons with heart failure and their families. Methods A convenience sample of 17 persons with heart failure and four family members participated in this single case study as a part of an improvement initiative within cardiac care. In line with Experienced-Based Co-Design methodology, field notes from observations of healthcare consultations, individual interviews and meeting minutes from stakeholders' feedback events, were used to gather participants' experiences of heart failure and its care. Reflexive thematic analysis was used to develop themes from data. Results Twelve service touchpoints, organized within five overarching themes emerged. The themes told a story about persons with heart failure and family members struggling in everyday life due to a poor quality of life, lack of support networks, and difficulties understanding and applying information about heart failure and its care. To be recognized by professionals was reported to be a key to good quality care. Opportunities to be involved in healthcare varied. Further, participants' experiences translated into proposed changes to heart failure care such as improved information about heart failure, continuity of care, improved relations, and communication, and being invited to be involved in healthcare. Conclusions Our study findings offer knowledge about experiences of life with heart failure and its care, translated into heart failure service touchpoints. Further research is warranted to explore how these touchpoints can be addressed to improve life and care for persons with heart failure and other chronic conditions.

Notes: Suutari, Anne-Marie Thor, Johan Nordin, Annika Josefsson, Kristina Areskoug

Thor, Johan/M-1765-2016; Josefsson, Kristina Areskoug/H-2910-2019

Thor, Johan/0000-0003-1814-4478; Josefsson, Kristina Areskoug/0000-0002-7669-4702

1472-6963

URL: <Go to ISI>://WOS:000962498500004

Reference Type: Journal Article

Record Number: 570

Author: Suvan, J. E., Sabalic, M., Araujo, M. R. and Ramseier, C. A.

Year: 2022

Title: Behavioral strategies for periodontal health

Journal: Periodontology 2000

Volume: 90

Issue: 1

Pages: 247-261

Date: Oct

Short Title: Behavioral strategies for periodontal health

ISSN: 0906-6713

DOI: 10.1111/prd.12462

Accession Number: WOS:000834282000001

Abstract: The impact of lifestyle factors has been increasingly

studied and discussed in oral healthcare. Positive lifestyle factors are important in maintaining oral health or controlling disease, but they are not easy to adopt over the long term. Along with public health initiatives within communities and groups, there is a role for behavior change interventions delivered in dental practice settings to improve the periodontal health of individuals. Behavior management is now seen as a part of both prevention and therapy of periodontal diseases. This article summarizes the evidence on behavioral strategies for periodontal health to inform and assist oral healthcare professionals in implementing behavior change in their practice. In addition, strategies for education and training in communication and behavior change techniques are considered.

Notes: Suvan, Jean E. Sabalic, Maja Araujo, Mario R. Ramseier, Christoph A.

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0000-0001-8947-3469
1600-0757

URL: <Go to ISI>://WOS:000834282000001

Reference Type: Journal Article

Record Number: 978

Author: Svendsen, M. J., Sandal, L. F., Kjaer, P., Nicholl, B. I., Cooper, K., Mair, F., Hartvigsen, J., Stochkendahl, M. J., Sogaard, K., Mork, P. J. and Rasmussen, C.

Year: 2022

Title: Using Intervention Mapping to Develop a Decision Support System-Based Smartphone App (selfBACK) to Support Self-management of Nonspecific Low Back Pain: Development and Usability Study

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 1

Date: Jan

Short Title: Using Intervention Mapping to Develop a Decision Support System-Based Smartphone App (selfBACK) to Support Self-management of Nonspecific Low Back Pain: Development and Usability Study

ISSN: 1438-8871

DOI: 10.2196/26555

Article Number: e26555

Accession Number: WOS:000766783700001

Abstract: Background: International guidelines consistently endorse the promotion of self-management for people with low back pain (LBP); however, implementation of these guidelines remains a challenge. Digital health interventions, such as those that can be provided by smartphone apps, have been proposed as a promising mode of supporting self-management in people with chronic conditions, including LBP. However, the evidence base for digital health interventions to support self-management of LBP is weak, and detailed descriptions and documentation of the interventions are lacking. Structured intervention mapping (IM) constitutes a 6-step process that can be used to guide the development of complex interventions. Objective: The aim of this paper is to describe the IM process for designing and creating an app-based intervention

designed to support self-management of nonspecific LBP to reduce pain-related disability. Methods: The first 5 steps of the IM process were systematically applied. The core processes included literature reviews, brainstorming and group discussions, and the inclusion of stakeholders and representatives from the target population. Over a period of >2 years, the intervention content and the technical features of delivery were created, tested, and revised through user tests, feasibility studies, and a pilot study. Results: A behavioral outcome was identified as a proxy for reaching the overall program goal, that is, increased use of evidence-based self-management strategies. Physical exercises, education, and physical activity were the main components of the self-management intervention and were designed and produced to be delivered via a smartphone app. All intervention content was theoretically underpinned by the behavior change theory and the normalization process theory. Conclusions: We describe a detailed example of the application of the IM approach for the development of a theory-driven, complex, and digital intervention designed to support self-management of LBP. This description provides transparency in the developmental process of the intervention and can be a possible blueprint for designing and creating future digital health interventions for self-management.

Notes: Svendsen, Malene Jagd Sandal, Louise Fleng Kjaer, Per Nicholl, Barbara, I Cooper, Kay Mair, Frances Hartvigsen, Jan Stochkendahl, Mette Jensen Sogaard, Karen Mork, Paul Jarle Rasmussen, Charlotte

Kjaer, Per/C-1210-2009; Sogaard, Karen/B-7933-2008; Cooper, Kay/A-8593-2018

Kjaer, Per/0000-0001-5340-8649; Sandal, Louise Fleng/0000-0001-8436-1046; Sogaard, Karen/0000-0003-3968-6364; Cooper, Kay/0000-0001-9958-2511; Svendsen, Malene Jagd/0000-0001-9718-9425; Nicholl, Barbara/0000-0001-5639-0130; Hartvigsen, Jan/0000-0002-5876-7410; Mair, Frances/0000-0001-9780-1135; Stochkendahl, Mette Jensen/0000-0003-0297-8267

URL: <Go to ISI>://WOS:000766783700001

Reference Type: Journal Article

Record Number: 1629

Author: Swardh, E., Opava, C. and Brodin, N.

Year: 2021

Title: Physical activity in patients with rheumatoid arthritis-an agile lifelong behaviour: a qualitative meta-synthesis

Journal: Rmd Open

Volume: 7

Issue: 2

Short Title: Physical activity in patients with rheumatoid arthritis-an agile lifelong behaviour: a qualitative meta-synthesis

ISSN: 2056-5933

DOI: 10.1136/rmdopen-2021-001635

Article Number: e001635

Accession Number: WOS:000648915000001

Abstract: Background Physical activity (PA) in rheumatoid arthritis (RA) is considered a cornerstone in the treatment. To highlight

aspects involved in supporting a positive PA behaviour, it is important to understand the patients' perceptions of the phenomenon. Objective The aim of this qualitative meta-synthesis was to explore and synthesise patient perceptions of PA in RA. Methods A purposeful search was conducted across three online databases (PubMed, CINAHL and Web of Science). The methodological quality of the included studies was appraised, and data were extracted and analysed using an interpretive inductive thematic synthesis. Results Fifteen studies met the inclusion criteria and were included. PA was identified as an agile lifelong behaviour, with one main theme: The disease as a persistent catalyst for or against PA illustrating how the constant presence of the disease itself underlies the entire process of a life with or without regular PA. Seven subthemes: 'considering aggravated symptoms', 'acknowledging the impact on health', 'becoming empowered and taking action', 'keeping informed to increase awareness', 'creating body awareness', 'dealing with social support' and 'feeling satisfied with circumstances and achievements' were interpreted as facilitators and/or challenges. Conclusion This synthesis has identified PA as an agile lifelong behaviour in which the disease pervades all aspects of an individuals' perception of PA. Placed in a theoretical context, our findings outline a model for tailoring PA support to the drivers and determinants of a certain individual, which will improve clinical practice for the benefit of both health professionals and patients with RA. Notes: Swardh, Emma Opava, Christina Brodin, Nina Brodin, Nina/G-7954-2016 URL: <Go to ISI>://WOS:000648915000001

Reference Type: Journal Article
Record Number: 170
Author: Sweetman, A., Lovato, N., Chai-Coetzer, C. L. and Saini, B.
Year: 2023
Title: Deprescribing long-term use of benzodiazepines in primary care practice: where to next?
Journal: Sleep
Volume: 46
Issue: 4
Date: Apr
Short Title: Deprescribing long-term use of benzodiazepines in primary care practice: where to next?
ISSN: 0161-8105
DOI: 10.1093/sleep/zsad015
Accession Number: WOS:000941192200001
Notes: Sweetman, Alexander Lovato, Nicole Chai-Coetzer, Ching Li Saini, Bandana Lovato, Nicole/U-5681-2019
Lovato, Nicole/0000-0001-8990-6658; Sweetman, Alexander/0000-0002-7900-1414
1550-9109
URL: <Go to ISI>://WOS:000941192200001

Reference Type: Journal Article

Record Number: 414

Author: Syafhan, N. F., Donnelly, R., Harper, R., Harding, J., Mulligan, C., Hogg, A., Scott, M., Fleming, G., Scullin, C., Hawwa, A. F., Chen, G. Y., Parsons, C. and McElnay, J. C.

Year: 2022

Title: Adherence to metformin in adults with type 2 diabetes: a combined method approach

Journal: Journal of Pharmaceutical Policy and Practice

Volume: 15

Issue: 1

Date: Oct

Short Title: Adherence to metformin in adults with type 2 diabetes: a combined method approach

DOI: 10.1186/s40545-022-00457-5

Article Number: 61

Accession Number: WOS:000866472500001

Abstract: Background Medication adherence, one of the most important aspects in the process of optimal medicines use, is unfortunately still a major challenge in modern healthcare, and further research is required into how adherence can be assessed and optimised. The aim of this study was to use a combined method approach of self-report and dried blood spot (DBS) sampling coupled with population pharmacokinetic (PopPK) modelling, to assess adherence to metformin in adult patients with type 2 diabetes. Further aims were to assess metformin exposure levels in patients, determine factors associated with non-adherence with prescribed metformin, and to explore the relationship between adherence and therapeutic outcomes. Methods A combined method approach was used to evaluate metformin adherence in patients with type 2 diabetes who had been prescribed metformin for a minimum period of 6 months. Patients were recruited from consultant-led diabetic outpatient clinics at three hospitals in Northern Ireland, UK. Data collection involved self-reported questionnaires [Medication Adherence Report Scale (MARS), Beliefs about Medicines Questionnaire and Centre for Epidemiologic Studies Depression Scale], direct measurement of metformin concentration in DBS samples, and researcher-led patient interviews. The DBS sampling approach was coupled with population pharmacokinetic (PopPK) modelling, which took account of patient characteristics, metformin dosage and type of formulation prescribed (immediate or sustained release). Results The proportion of patients considered to be adherent to their prescribed metformin, derived from self-reported MARS scores and metformin concentration in DBS samples, was 61.2% (74 out of 121 patients). The majority (n = 103, 85.1%) of recruited patients had metformin exposure levels that fell within the therapeutic range. However, 17 patients (14.1%) had low exposure to metformin and one patient (0.8%) had undetectable metformin level in their blood sample (non-exposure). Metformin self-administration and use of a purchased adherence pill box significantly increased the probability of a patient being classified as adherent based on logistic regression analysis. Both HbA1c and random glucose levels (representing poor glycaemic control) in the present research were, however, not statistically linked to non-adherence to metformin ($P > 0.05$). Conclusions A significant proportion of participating patients were not fully adherent with their therapy. DBS sampling

together with the use of a published PopPK model was a useful, novel, direct, objective approach to estimate levels of adherence in adult patients with type 2 diabetes (61.2%).

Notes: Syafhan, Nadia Farhanah Donnelly, Rosemary Harper, Roy Harding, Janet Mulligan, Ciara Hogg, Anita Scott, Michael Fleming, Glenda Scullin, Claire Hawwa, Ahmed F. Chen, Gaoyun Parsons, Carole McElnay, James C.

Syafhan, Nadia Farhanah/0000-0002-3535-0209
2052-3211

URL: <Go to ISI>://WOS:000866472500001

Reference Type: Journal Article

Record Number: 1391

Author: Syeda, R., Lundgren, P. T., Kasza, G., Truninger, M., Brown, C., Lacroix-Hugues, V., Izso, T., Teixeira, P., Eley, C., Ferre, N., Kunszabo, A., Nunes, C., Hayes, C., Gennimata, D., Szakos, D. and McNulty, C. A. M.

Year: 2021

Title: Young People's Views on Food Hygiene and Food Safety: A Multicentre Qualitative Study

Journal: Education Sciences

Volume: 11

Issue: 6

Date: Jun

Short Title: Young People's Views on Food Hygiene and Food Safety: A Multicentre Qualitative Study

DOI: 10.3390/educsci11060261

Article Number: 261

Accession Number: WOS:000665468700001

Abstract: Foodborne diseases are a global burden, are preventable, and young people are a key population for behaviour change as they gain autonomy. This study aimed to explore young people's needs across several European countries in relation to learning about and implementing food hygiene and food safety. Qualitative focus groups and interviews were conducted in rural and city regions across England, France, Hungary and Portugal. Data were collected to attain data saturation, transcribed, thematically analysed, and mapped to the Theoretical Domains Framework. Twenty-five out of 84 schools approached (29.8%) participated, with data collected from 156 11-18-year-old students. Students had good knowledge of personal hygiene but did not always follow hygiene rules due to forgetfulness, lack of facilities or lack of concern for consequences. Students had limited understanding of foodborne microbes, underestimated the risks and consequences of foodborne illness and perceived the "home" environment as the safest. Young people preferred interactive educational methods. Addressing gaps in young people's food safety knowledge is essential to improve their lack of concern towards foodborne illness and motivate them to follow food hygiene and safety behaviours consistently. Findings have been used to develop educational resources to address gaps in knowledge, skills, attitudes and beliefs.

Notes: Syeda, Rowshonara Touboul Lundgren, Pia Kasza, Gyula Truninger, Monica Brown, Carla Lacroix-Hugues, Virginie Izso, Tekla

Teixeira, Paula Eley, Charlotte Ferre, Noemie Kunszabo, Atilla Nunes, Cristina Hayes, Catherine Gennimata, Dimitra Szakos, David McNulty, Cliodna Ann Miriam
Nunes, Cristina/AIC-7928-2022; Teixeira, Paula/AAG-3634-2021;
Teixeira, Paula/J-8678-2014
Nunes, Cristina/0000-0003-4667-7060; Teixeira, Paula/
0000-0002-6296-5137; Teixeira, Paula/0000-0002-6296-5137; Kasza,
Gyula/0000-0003-3120-2820; Truninger, Monica/0000-0002-4251-2261;
McNulty, Cliodna Ann Miriam/0000-0003-4969-5360; Hayes, Catherine/
0000-0001-6411-1023; Szakos, David/0000-0002-0280-0090
2227-7102
URL: <Go to ISI>://WOS:000665468700001

Reference Type: Journal Article
Record Number: 2217
Author: Syrowatka, A., Kromker, D., Meguerditchian, A. N. and
Tamblyn, R.
Year: 2016
Title: Features of Computer-Based Decision Aids: Systematic Review,
Thematic Synthesis, and Meta-Analyses
Journal: Journal of Medical Internet Research
Volume: 18
Issue: 1
Date: Jan
Short Title: Features of Computer-Based Decision Aids: Systematic
Review, Thematic Synthesis, and Meta-Analyses
ISSN: 1438-8871
DOI: 10.2196/jmir.4982
Article Number: e20
Accession Number: WOS:000371405200009
Abstract: Background: Patient information and education, such as
decision aids, are gradually moving toward online, computer-based
environments. Considerable research has been conducted to guide
content and presentation of decision aids. However, given the
relatively new shift to computer-based support, little attention has
been given to how multimedia and interactivity can improve upon
paper-based decision aids. Objective: The first objective of this
review was to summarize published literature into a proposed
classification of features that have been integrated into computer-
based decision aids. Building on this classification, the second
objective was to assess whether integration of specific features was
associated with higher-quality decision making. Methods: Relevant
studies were located by searching MEDLINE, Embase, CINAHL, and
CENTRAL databases. The review identified studies that evaluated
computer-based decision aids for adults faced with preference-
sensitive medical decisions and reported quality of decision-making
outcomes. A thematic synthesis was conducted to develop the
classification of features. Subsequently, meta-analyses were
conducted based on standardized mean differences (SMD) from
randomized controlled trials (RCTs) that reported knowledge or
decisional conflict. Further subgroup analyses compared pooled SMDs
for decision aids that incorporated a specific feature to other
computer-based decision aids that did not incorporate the feature,

to assess whether specific features improved quality of decision making. Results: Of 3541 unique publications, 58 studies met the target criteria and were included in the thematic synthesis. The synthesis identified six features: content control, tailoring, patient narratives, explicit values clarification, feedback, and social support. A subset of 26 RCTs from the thematic synthesis was used to conduct the meta-analyses. As expected, computer-based decision aids performed better than usual care or alternative aids; however, some features performed better than others. Integration of content control improved quality of decision making (SMD 0.59 vs 0.23 for knowledge; SMD 0.39 vs 0.29 for decisional conflict). In contrast, tailoring reduced quality of decision making (SMD 0.40 vs 0.71 for knowledge; SMD 0.25 vs 0.52 for decisional conflict). Similarly, patient narratives also reduced quality of decision making (SMD 0.43 vs 0.65 for knowledge; SMD 0.17 vs 0.46 for decisional conflict). Results were varied for different types of explicit values clarification, feedback, and social support. Conclusions: Integration of media rich or interactive features into computer-based decision aids can improve quality of preference-sensitive decision making. However, this is an emerging field with limited evidence to guide use. The systematic review and thematic synthesis identified features that have been integrated into available computer-based decision aids, in an effort to facilitate reporting of these features and to promote integration of such features into decision aids. The meta-analyses and associated subgroup analyses provide preliminary evidence to support integration of specific features into future decision aids. Further research can focus on clarifying independent contributions of specific features through experimental designs and refining the designs of features to improve effectiveness. Notes: Syrowatka, Ania Kroemker, Doerthe Meguerditchian, Ari N. Tamblyn, Robyn Tamblyn/L-6010-2016; Core, CHAI/AAD-5240-2022 Syrowatka, Ania/0000-0002-7161-9770 URL: <Go to ISI>://WOS:000371405200009

Reference Type: Journal Article

Record Number: 1527

Author: Szeszulski, J., Lanza, K., Dooley, E. E., Johnson, A. M., Knell, G., Walker, T. J., Craig, D. W., Robertson, M. C., Salvo, D. and Kohl, H. W.

Year: 2021

Title: Y-PATHS: A Conceptual Framework for Classifying the Timing, How, and Setting of Youth Physical Activity

Journal: Journal of Physical Activity & Health

Volume: 18

Issue: 3

Pages: 310-317

Date: Mar

Short Title: Y-PATHS: A Conceptual Framework for Classifying the Timing, How, and Setting of Youth Physical Activity

ISSN: 1543-3080

DOI: 10.1123/jpah.2020-0603

Accession Number: WOS:000625174100010

Abstract: Background: Multiple models and frameworks exist for the measurement and classification of physical activity in adults that are applied broadly across populations but have limitations when applied to youth. The authors propose a conceptual framework specifically designed for classifying youth physical activity. Methods: The Youth Physical Activity Timing, How, and Setting (Y-PATHS) framework is a conceptualization of the when (timing), how, and where (setting) of children's and adolescents' physical activity patterns. The authors developed Y-PATHS using the design thinking process, which includes 3 stages: inspiration, ideation, and implementation. Results: The Y-PATHS includes 3 major components (timing, how, and setting) and 13 subcomponents. Timing subcomponents include (1) school days: in-school, (2) school days: out-of-school, and (3) non-school days. How subcomponents include: (1) functional, (2) transportation, (3) organized, and (4) free play. Setting subcomponents include: (1) natural areas, (2) schools, (3) home, (4) recreational facilities, (5) shops and services, and (6) travel infrastructure. Conclusions: The Y-PATHS is a comprehensive classification framework that can help researchers, practitioners, and policymakers to better understand youth physical activity. Specifically, Y-PATHS can help to identify the domains of youth physical activity for surveillance and research and to inform the planning/evaluation of more comprehensive physical activity programming.

Notes: Szeszulski, Jacob Lanza, Kevin Dooley, Erin E. Johnson, Ashleigh M. Knell, Gregory Walker, Timothy J. Craig, Derek W. Robertson, Michael C. Salvo, Deborah Kohl, Harold W., III Johnson, Ashleigh/ABG-6095-2021; Lanza, Kevin/ABD-8011-2020; Dooley, Erin/ABH-4906-2020

Johnson, Ashleigh/0000-0001-6638-9352; Lanza, Kevin/0000-0002-5259-6745; Dooley, Erin/0000-0001-9881-5053; Salvo, Deborah/0000-0002-9726-0882
1543-5474

URL: <Go to ISI>://WOS:000625174100010

Reference Type: Journal Article

Record Number: 1807

Author: Szymusiak, J., Walk, T. J., Benson, M., Hamm, M., Zickmund, S., Gonzaga, A. M. and Bump, G. M.

Year: 2019

Title: Encouraging Resident Adverse Event Reporting: A Qualitative Study of Suggestions from the Front Lines

Journal: Pediatric Quality & Safety

Volume: 4

Issue: 3

Date: May-Jun

Short Title: Encouraging Resident Adverse Event Reporting: A Qualitative Study of Suggestions from the Front Lines

DOI: 10.1097/pq9.000000000000167

Article Number: e167

Accession Number: WOS:000714175900011

Abstract: Introduction: Little is known about what motivates

residents to report adverse events. The goals of the qualitative study were to: (1) better understand facilitators to residents' event reporting and (2) identify effective interventions that encourage residents to report. Methods: The authors conducted focus groups of upper-level residents from 4 training programs (2 internal medicine, a pediatric, and a combined medicine-pediatric) who rotated at 3 institutions within a large healthcare system in 2016. Quantitative data on reporting experience were gathered. Focus groups were audio recorded and transcribed. Two coders reviewed transcripts using the editing approach and organized codes into themes. Results: Sixty-four residents participated in 8 focus groups. Residents were universally exposed to reportable events and knew how to report. Residents' reporting behavior varied by site according to local culture, with residents filing more reports at the pediatric hospital compared to other sites, but all groups expressed similar general views about facilitators to reporting. Facilitators included familiarity with the investigation process, reporting via telephone, and routine safety educational sessions with safety administrators. Residents identified specific interventions that encouraged reporting at the pediatric hospital, including incorporating an attending physician review of events into sign-out and training on error disclosure. Conclusions: This study provides insight into what motivates resident event reporting and describes concrete interventions to increase reporting. Our findings are consistent with the Theoretical Domains Framework of behavioral change. These strategies could prove successful at other pediatric hospitals to build a culture that values reporting and prepares residents as patient safety champions.

Notes: Szymusiak, John Walk, Thomas J. Benson, Maggie Hamm, Megan Zickmund, Susan Gonzaga, Alda Maria Bump, Gregory M.
2472-0054

URL: <Go to ISI>://WOS:000714175900011

Reference Type: Journal Article

Record Number: 1710

Author: Taak, K., Brown, J. and Perski, O.

Year: 2021

Title: Exploring views on alcohol consumption and digital support for alcohol reduction inUK-basedPunjabi-Sikhmen: A think aloud and interview study

Journal: Drug and Alcohol Review

Volume: 40

Issue: 2

Pages: 231-238

Date: Feb

Short Title: Exploring views on alcohol consumption and digital support for alcohol reduction inUK-basedPunjabi-Sikhmen: A think aloud and interview study

ISSN: 0959-5236

DOI: 10.1111/dar.13172

Accession Number: WOS:000571161600001

Abstract: Introduction and Aims We aimed to explore UK-based Punjabi-Sikh men's views on: (i) alcohol consumption within the

community; (ii) available support for alcohol reduction; and (iii) an evidence-informed alcohol reduction app. Design and Methods Semi-structured interviews and a think aloud method were employed. Participants (n= 15) were male, aged 18-27 years, identified as Punjabi-Sikh, were hazardous or harmful drinkers (i.e. had an Alcohol Use Disorders Identification Test-Consumption score of ≥ 5) and interested in using an app to reduce drinking. Interviews were audio-recorded, transcribed verbatim and analysed with inductive thematic analysis. Results Six themes were developed: (i) fear of drinking to cope; (ii) clash between religious and cultural norms (i.e. an internal conflict between important values); (iii) stigmatisation of mental health issues and lack of knowledge as barriers to help seeking; (iv) perceived usefulness of goal setting, monitoring and feedback (i.e. beliefs about the utility of the app's components for reducing drinking); (v) concerns about accessibility of the app within the Punjabi-Sikh community; and (vi) desire for human support for continued app engagement. Discussion and Conclusions Among UK-based, Punjabi-Sikh men, clashing religious and cultural norms give rise to internal conflict about drinking. Stigmatisation of mental health issues and lack of knowledge of available support leads to reduced help seeking. Respondents believed an evidence-informed alcohol reduction app could be useful, but were concerned about accessibility within the wider community and wanted an element of human support. The potential for a combination of digital and face-to-face support should be explored.

Notes: Taak, Karamjeet Brown, Jamie Perski, Olga
1465-3362

URL: <Go to ISI>://WOS:000571161600001

Reference Type: Conference Proceedings

Record Number: 2033

Author: Tabatabaei, S. A. and Treur, J.

Year of Conference: 2017

Title: Advertisement and Expectation in Lifestyle Changes: A Computational Model

Conference Name: International Conference on Brain Informatics (BI)

Conference Location: Beijing, PEOPLES R CHINA

Volume: 10654

Pages: 14-25

Series Title: Lecture Notes in Artificial Intelligence

Date: Nov 16-18

Sponsor: Beijing Univ Technol, Chinese Acad Sci Inst Automat Res Ctr Brain Inspired Intelligence Web Intelligence Consortium Ieee

Computat Intelligence Soc Task Force Brain Informat Beijing Adv

Innovat Ctr Future Internet Technol Fac Informat Technol Chinese Soc

Cognit Sci Chinese Assoc Artificial Intelligence Int Neural Network

Soc Allen Inst Brain Sci Springer Lncs Lnai PsyTech Elect Technol Co

Ltd Beijing Invensun Technol Co Ltd John Wiley and Sons Inc, Synced Technol Inc

Short Title: Advertisement and Expectation in Lifestyle Changes: A Computational Model

ISBN: 978-3-319-70772-3; 978-3-319-70771-6

DOI: 10.1007/978-3-319-70772-3_2

Source: Brain informatics, bi 2017

Year Published:2017

Accession Number: WOS:000768467300002

Abstract: Inspired by elements from neuroscience and psychological literature, a computational model of forming and changing of behaviours is presented which can be used as the basis of a human-aware assistance system. The presented computational model simulates the dynamics of mental states of a human during formation and change of behaviour. The application domain focuses on sustainable behavior.

Notes: Tabatabaei, Seyed Amin Treur, Jan
2945-9133

URL: <Go to ISI>://WOS:000768467300002

Reference Type: Journal Article

Record Number: 1276

Author: Tack, C.

Year: 2021

Title: A model of integrated remote monitoring and behaviour change for osteoarthritis

Journal: BMC Musculoskeletal Disorders

Volume: 22

Issue: 1

Date: Aug

Short Title: A model of integrated remote monitoring and behaviour change for osteoarthritis

DOI: 10.1186/s12891-021-04555-4

Article Number: 669

Accession Number: WOS:000685081300011

Abstract: Background The National Institute for Health and Care Excellence recommends the use of digital and mobile health technologies to facilitate behaviour change interventions. Due to its high prevalence and dependence upon patient self-management strategies, osteoarthritis is one musculoskeletal condition which may benefit from such approaches. This is particularly pertinent due to the increasing use of remote monitoring technologies to collect patient data and facilitate self-management in individuals outside of hospital clinics. In practice however, application of digital behaviour change interventions is difficult due to insufficient reporting of behaviour change theories in the current literature. When digital technologies are employed to alter behaviour change in osteoarthritis, they often focus on physical activity. Currently, such interventions focus on self-efficacy but do not often explicitly report the behaviour change techniques they use to facilitate these changes. Methods This paper proposes a new model of integrating specific behaviour change principles (persuasive design) in an integrated model of remote monitoring and digital behaviour change interventions for osteoarthritis. Results There is potential to combine remote monitoring systems of patient data through digital and mobile technologies with behaviour change principles to improve physical activity behaviours in individuals with osteoarthritis. The use of persuasive design principles (e.g. prompts or nudges) through mobile notifications and strategic system design can be directed to

enhance behaviour change. A validated measure of behaviour change, such as the patient activation measure, will allow effective evaluation of such systems. Conclusions Digital behaviour change interventions should be directed towards the underlying principles of behaviour change they employ, although this is not commonly reported in practice. Such interventions can be integrated within remote monitoring pathways using persuasive design techniques to enhance patient activation. This approach can enhance self-management in individuals with musculoskeletal conditions, such as osteoarthritis.

Notes: Tack, Christopher

1471-2474

URL: <Go to ISI>://WOS:000685081300011

Reference Type: Journal Article

Record Number: 1657

Author: Taggart, L., Doherty, A. J., Chauhan, U. and Hassiotis, A.

Year: 2021

Title: An exploration of lifestyle/obesity programmes for adults with intellectual disabilities through a realist lens: Impact of a 'context, mechanism and outcome' evaluation

Journal: Journal of Applied Research in Intellectual Disabilities

Volume: 34

Issue: 2

Pages: 578-593

Date: Mar

Short Title: An exploration of lifestyle/obesity programmes for adults with intellectual disabilities through a realist lens: Impact of a 'context, mechanism and outcome' evaluation

ISSN: 1360-2322

DOI: 10.1111/jar.12826

Accession Number: WOS:000600255600001

Abstract: Background Obesity is higher in people with intellectual disabilities. Aims There are two aims of this explorative paper. Firstly, using a realist lens, to go beyond 'what works' and examine the 'context, mechanisms and outcomes' (CMO) of lifestyle/obesity programmes for this population. Second, using a logic model framework to inform how these programmes could be implemented within practice. Method We explored six-review papers and the individual lifestyle/obesity programmes that these papers reviewed using the CMO framework. Results There were few theoretically underpinned, multi-component programmes that were effective in the short to long-term and many failed to explore the 'context and mechanisms'. We developed a logic model and engaged in two co-production workshops to refine this model. Discussion Using a realist approach, programmes need to be underpinned by both individual and systems change theories, be multi-component, have a closer understanding of the interplay of the 'context and mechanisms', and co-designed using a logic model framework.

Notes: Taggart, Laurence Doherty, Alison Jayne Chauhan, Umesh

Hassiotis, Angela

Hassiotis, Angela/A-8803-2012; Chauhan, Umesh/R-1361-2018

Taggart, Laurence/0000-0002-0954-2127; Chauhan, Umesh/

0000-0002-0747-591X; Doherty, Alison/0000-0003-3593-8069; Hassiotis, Angela/0000-0002-9800-3909
1468-3148
URL: <Go to ISI>://WOS:000600255600001

Reference Type: Journal Article
Record Number: 450
Author: Taiminen, H.
Year: 2022
Title: Combining the COM-B Model and Habit Theory to Leverage Understanding of Adolescents' Tooth-Brushing Behavior
Journal: Journal of Nonprofit & Public Sector Marketing
Date: 2022 Oct
Short Title: Combining the COM-B Model and Habit Theory to Leverage Understanding of Adolescents' Tooth-Brushing Behavior
ISSN: 1049-5142
DOI: 10.1080/10495142.2022.2130495
Accession Number: WOS:000862007300001
Abstract: Although brushing teeth twice a day is not difficult, a surprisingly large proportion of adolescents do not behave accordingly. This paper brings together the COM-B model and the habit formation theory in order to create a basis for a more comprehensive, customer-oriented, theory-based understanding of the issue. A total of nine focus group interviews were conducted among adolescents to further understand underlying aspects and develop solutions. In findings, barriers related to adolescents tooth brushing behavior were identified in all areas of COM-B model. Especially the role of automatic motivation was highlighted as in mornings tooth brushing seemed not to have a stable place in daily routines. To further understand this issue and develop suitable solutions, habit formation theory together with identified enablers provided effective starting point. This also demonstrated how these two theories can complement each other. The study provides actionable insights for public sector marketers to understand and assists adolescents' tooth-brushing behavior.
Notes: Taiminen, Heini
1540-6997
URL: <Go to ISI>://WOS:000862007300001

Reference Type: Journal Article
Record Number: 1609
Author: Taira, B. R., Onofre, L., Yaggi, C., Orue, A., Thyne, S. and Kim, H.
Year: 2021
Title: An Implementation Science Approach Improves Language Access in the Emergency Department
Journal: Journal of Immigrant and Minority Health
Volume: 23
Issue: 6
Pages: 1214-1222
Date: Dec
Short Title: An Implementation Science Approach Improves Language

Access in the Emergency Department

ISSN: 1557-1912

DOI: 10.1007/s10903-020-01127-x

Accession Number: WOS:000604243200004

Abstract: Background The underuse of interpreters for limited English proficiency (LEP) patient encounters is pervasive, particularly in the emergency department (ED). Objective To measure the outcome of strategies to improve the use of interpreters by ED providers. Methods Pre- and post- intervention evaluation of the unmet need for language assistance (LA) in a public ED. Informed by the Behavior Change Wheel (BCW), strategies included: education, training, technology-based facilitators, local champions and environmental cues. Results Pre-intervention, of the 110 patient charts with interpreter requests, 17 (15.5%) had documentation of an interpreter-mediated encounter or were seen by a certified bilingual provider (unmet need = 84.5%). Post intervention, of the 159 patient charts with interpreter requests, 47 (29.6%) had documentation of an interpreter-mediated encounter or were seen by a certified bilingual provider (unmet need = 70.4%), difference + 0.14 (95% CI = 0.03-0.23). Conclusion In this pilot study, we found a statistically significant increase in the met need for language assistance.

Notes: Taira, Breena R. Onofre, Laura Yaggi, Catherine Orue, Aristides Thyne, Shannon Kim, Hyung

Taira, Breena/0000-0002-2510-651X

1557-1920

URL: <Go to ISI>://WOS:000604243200004

Reference Type: Journal Article

Record Number: 976

Author: Talat, U., Schmidtke, K. A., Khanal, S., Chan, A. M. Y., Turner, A., Horne, R., Chadborn, T., Gold, N., Sallis, A. and Vlaev, I.

Year: 2022

Title: A Systematic Review of Nudge Interventions to Optimize Medication Prescribing

Journal: Frontiers in Pharmacology

Volume: 13

Date: Jan

Short Title: A Systematic Review of Nudge Interventions to Optimize Medication Prescribing

DOI: 10.3389/fphar.2022.798916

Article Number: 798916

Accession Number: WOS:000752681600001

Abstract: Background: The benefits of medication optimization are largely uncontroversial but difficult to achieve. Behavior change interventions aiming to optimize prescriber medication-related decisions, which do not forbid any option and that do not significantly change financial incentives, offer a promising way forward. These interventions are often referred to as nudges. Objective: The current systematic literature review characterizes published studies describing nudge interventions to optimize medication prescribing by the behavioral determinants they intend to influence and the techniques they apply. Methods: Four databases

were searched (MEDLINE, Embase, PsychINFO, and CINAHL) to identify studies with nudge-type interventions aiming to optimize prescribing decisions. To describe the behavioral determinants that interventionists aimed to influence, data were extracted according to the Theoretical Domains Framework (TDF). To describe intervention techniques applied, data were extracted according to the Behavior Change Techniques (BCT) Taxonomy version 1 and MINDSPACE. Next, the recommended TDF-BCT mappings were used to appraise whether each intervention applied a sufficient array of techniques to influence all identified behavioral determinants. Results: The current review located 15 studies comprised of 20 interventions. Of the 20 interventions, 16 interventions (80%) were effective. The behavior change techniques most often applied involved prompts (n = 13). The MINDSPACE contextual influencer most often applied involved defaults (n = 10). According to the recommended TDF-BCT mappings, only two interventions applied a sufficient array of behavior change techniques to address the behavioral determinants the interventionists aimed to influence. Conclusion: The fact that so many interventions successfully changed prescriber behavior encourages the development of future behavior change interventions to optimize prescribing without mandates or financial incentives. The current review encourages interventionists to understand the behavioral determinants they are trying to affect, before the selection and application of techniques to change prescribing behaviors. Systematic Review Registration: [<https://www.crd.york.ac.uk/prospero/>], identifier [CRD42020168006]. Notes: Talat, Usman Schmidtke, Kelly Ann Khanal, Saval Chan, Amy Turner, Alice Horne, Robert Chadborn, Tim Gold, Natalie Sallis, Anna Vlaev, Ivo Horne, Rob/C-6000-2009; Khanal, Saval/I-2561-2019 Khanal, Saval/0000-0001-5201-0612; Turner, Alice/0000-0002-5947-3254; talat, usman/0000-0002-4725-1339; Horne, Robert/0000-0002-3068-8438 1663-9812 URL: <Go to ISI>://WOS:000752681600001

Reference Type: Journal Article
Record Number: 446
Author: Tallis, J., Richardson, D. L. and Eyre, E. L. J.
Year: 2022
Title: The Influence of Easing COVID-19 Restrictions on the Physical Activity Intentions and Perceived Barriers to Physical Activity in UK Older Adults
Journal: International Journal of Environmental Research and Public Health
Volume: 19
Issue: 19
Date: Oct
Short Title: The Influence of Easing COVID-19 Restrictions on the Physical Activity Intentions and Perceived Barriers to Physical Activity in UK Older Adults
DOI: 10.3390/ijerph191912521
Article Number: 12521

Accession Number: WOS:000867931900001

Abstract: COVID-19 has had profound effects on physical activity behaviours of older adults, and understanding this impact is essential to driving public health policies to promote healthy ageing. The present study aimed to determine; (1) intended physical activity behaviours of older adults following the easing of UK COVID-19 restrictions; (2) the relationship between self-reported physical activity and intended physical activity behaviour; (3) perceived barriers to achieving the intended physical activity goal. Ninety-six participants (74.8 +/- 4.4 years; 52 female) from a longitudinal study examining the impact of COVID-19 on physical activity were recruited. Participants outlined their future physical activity intentions and completed the COM-B Self Evaluation Questionnaire. Participants were split into groups based on their intention to 'Maintain' (n = 29), 'Increase' (n = 38) or 'Return' (n = 29) to pre-COVID-19 physical activity. Self-reported physical activity undulated over the pandemic but was mostly equivalent between groups. Intended physical activity behaviour was independent of self-report physical activity. Capability and motivation factors were the most frequently cited barriers to the intended physical activity behaviour, with a greater number of capability barriers in the 'Return' group. Such barriers should be considered in the COVID-19 recovery public health physical activity strategy for promoting healthy ageing.

Notes: Tallis, Jason Richardson, Darren L. Eyre, Emma L. J. Eyre, Emma/0000-0002-4040-5921; Tallis, Jason/0000-0001-8904-2693 1660-4601

URL: <Go to ISI>://WOS:000867931900001

Reference Type: Journal Article

Record Number: 2059

Author: Tam-Tham, H., King-Shier, K. M., Thomas, C. M., Quinn, R. R., Fruetel, K., Davison, S. N. and Hemmelgarn, B. R.

Year: 2016

Title: Prevalence of Barriers and Facilitators to Enhancing Conservative Kidney Management for Older Adults in the Primary Care Setting

Journal: Clinical Journal of the American Society of Nephrology

Volume: 11

Issue: 11

Pages: 2012-2021

Date: Nov

Short Title: Prevalence of Barriers and Facilitators to Enhancing Conservative Kidney Management for Older Adults in the Primary Care Setting

ISSN: 1555-9041

DOI: 10.2215/cjn.04510416

Accession Number: WOS:000386864300015

Abstract: Background and objectives Conservative management of adults with stage 5 CKD (eGFR<15 ml/min per 1.73 m²) is increasingly being provided in the primary care setting. We aimed to examine perceived barriers and facilitators for conservative management of older adults by primary care physicians. Design,

setting, participants, & measurements In 2015, we conducted a cross sectional, population based survey of all primary care physicians in Alberta, Canada. Eligible participants had experience caring for adults ages years old with stage 5 CKD not planning on initiating dialysis. Questionnaire items were on the basis of a qualitative descriptive study informed by the Behavior Change Wheel and tested for face and content validity. Physicians were contacted via postal mail and/or fax on the basis of a modified Dillman method. Results Four hundred nine eligible primary care physicians completed the questionnaire (9.6% response rate). The majority of respondents were men (61.6%), were ages 40–60 years old (62.6%), and practiced in a large/medium population center (68.0%). The most common barrier to providing conservative care in the primary care setting was the inability to access support to maintain patients in the home setting (39.1% of respondents; 95% confidence interval, 34.6% to 43.6%). The second most common barrier was working with nonphysician providers with limited kidney specific clinical expertise (32.3%; 95% confidence interval, 28.0% to 36.7%). Primary care physicians indicated that the two most common strategies that would enhance their ability to provide conservative management would be the ability to use the telephone to contact a nephrologist or clinical staff from the conservative care clinic (86.9%; 95% confidence interval, 83.7% to 90.0% and 85.6%; 95% confidence interval, 82.4% to 88.9%, respectively). Conclusions We identified important areas to inform clinical programs to reduce barriers and enhance facilitators to improve primary care physicians' provision of conservative kidney care. In particular, primary care physicians require additional resources for maintaining patients in their home and telephone access to nephrologists and conservative care specialists.

Notes: Tam–Tham, Helen King–Shier, Kathryn M. Thomas, Chandra M. Quinn, Robert R. Fruetel, Karen Davison, Sara N. Hemmelgarn, Brenda R.

Quinn, Robert R/E–7017–2011
1555–905x

URL: <Go to ISI>://WOS:000386864300015

Reference Type: Journal Article

Record Number: 496

Author: Tan, A., Koh, E., Sankari, U., Tang, J. S., Goh, C. K. and Tan, N. C.

Year: 2022

Title: Effects of a serious game on knowledge, attitude and practice in vector control and dengue prevention among adults in primary care: A randomised controlled trial

Journal: Digital Health

Volume: 8

Date: Sep

Short Title: Effects of a serious game on knowledge, attitude and practice in vector control and dengue prevention among adults in primary care: A randomised controlled trial

ISSN: 2055–2076

DOI: 10.1177/20552076221129099

Article Number: 20552076221129099

Accession Number: WOS:000861960500001

Abstract: Objective Dengue is endemic but vaccination against it is optional in tropical Singapore. Despite vector control measures to curb mosquito breeding, dengue infection continues to be prevalent. A serious game has been developed to raise the community awareness of dengue vector control programme among residents in Singapore. The study aimed to evaluate the effectiveness of this serious game on the knowledge, attitude and practice (KAP) in dengue prevention among adults. It also determined their willingness to be vaccinated against dengue. **Methods** A randomised controlled trial was conducted among volunteer adults who were visiting a regional primary care clinic in Sengkang, Singapore. 400 participants were randomly allocated to receive information regarding dengue prevention from either playing a serious game (intervention) or visiting a dengue prevention website (control). Before and after receiving information on dengue prevention, participants completed a self-administered online questionnaire within a two-week interval to assess the KAP score and their interest to vaccinate against dengue. Participants, who played serious game, evaluated the game with the System Usability Scale (SUS). **Results** A total of 374 participants, comprising of 178 participants (89%) from intervention group and 196 participants (98%) from control group, completed both questionnaires. 157 (78.5%) participants in the intervention group completed playing the serious game. Participants in both groups had increased KAP score from baseline, but the mean difference in score (SD) was greater when assessing participants' daily practice towards dengue prevention in the serious game group compared to the control group (1.0 (2.8) vs 0.3 (1.9), $p = .009$). There was a positive correlation ($\rho = 0.275$) between mean change in KAP score and highest achievement attained within serious game ($p = .001$). The mean SUS (SD) was 61.8 (19.2) among participants who played the serious game. 84.2% of the study population was willing to undertake the dengue vaccination at baseline. Participants in both groups had increased proportion of participants who showed interest in dengue vaccination from baseline but the difference between serious game group and control group were not significant (5.6% vs 2.6%, $p = .131$). **Conclusions** Serious game is at least equally effective compared to conventional web-based learning in promoting dengue prevention measures and vaccination intention among adults, and may be considered as a feasible alternative to digitally engage local residents.

Notes: Tan, Alon Koh, Eileen Sankari, Usha Tang, Jiasheng Goh, Chi Keong Tan, Ngiap Chuan

URL: <Go to ISI>://WOS:000861960500001

Reference Type: Journal Article

Record Number: 1616

Author: Tan, B. K., Chong, P., Chua, S. S. and Chen, L. C.

Year: 2021

Title: Monitoring and Improving Adherence to Tyrosine Kinase Inhibitors in Patients with Chronic Myeloid Leukemia: A Systematic Review

Journal: Patient Preference and Adherence

Volume: 15

Pages: 2563–2575

Short Title: Monitoring and Improving Adherence to Tyrosine Kinase Inhibitors in Patients with Chronic Myeloid Leukemia: A Systematic Review

ISSN: 1177–889X

DOI: 10.2147/ppa.S269355

Accession Number: WOS:000720914300001

Abstract: Purpose: Suboptimal adherence to tyrosine kinase inhibitors (TKIs) is a widely recognized issue compromising the disease control and survival of patients with chronic myeloid leukemia (CML). A recently published review by Heiney et al reported inconclusive findings on the effects of a broad range of adherence enhancing interventions. The current systematic review aimed to identify studies that evaluated adherence-enhancing interventions implemented by healthcare professionals and determine their effect on CML patients' medication adherence and clinical outcomes.

Methods: A systematic literature search was performed in 5 databases for articles published between 2002 and 2021. Studies that compared adherence enhancing interventions implemented by healthcare professionals with a comparison group were included. Relevant data on study characteristics were extracted. Medication adherence and clinical outcomes between intervention and control arms were compared. Results: Nine studies were included in two randomised controlled trials, four cohort studies, and three before-and-after comparison studies. All the included studies incorporated complex interventions, including intensive education or consultation with pharmacists, nurses or multidisciplinary team, in combination with one or more other strategies such as structured follow-up, written materials or video, psychotherapy, medication reminder or treatment diary, with the overall goal of monitoring and improving TKI adherence. Most (7 out of 9) studies demonstrated significantly better adherence to TKIs in the intervention group than the comparison group. The relative proportion of participants who adhered to TKIs ranged from 1.22 to 2.42. The improvement in the rate of TKI doses taken/received ranged from 1.5% to 7.1%. Only one study showed a significant association between intervention and clinical outcomes, with a 22.6% higher major molecular response rate and improvement in 6 out of 20 subscales of health-related quality-of-life. Conclusion: Complex interventions delivered by healthcare professionals showed improvement in adherence to TKIs in CML patients. Further studies are required to clarify the costeffectiveness of adherence-enhancing interventions.

Notes: Tan, Bee Kim Chong, Ping Chua, Siew Siang Chen, Li-Chia Chen, Li-Chia/C-5950-2009

Chen, Li-Chia/0000-0002-6158-6645

URL: <Go to ISI>://WOS:000720914300001

Reference Type: Journal Article

Record Number: 1697

Author: Tan, B. K., Chua, S. S., Chen, L. C., Chang, K. M., Balashanker, S. and Bee, P. C.

Year: 2021

Title: Acceptability of pharmacist-led interventions to resolve drug-related problems in patients with chronic myeloid leukaemia

Journal: Journal of Oncology Pharmacy Practice

Volume: 27

Issue: 7

Pages: 1644-1656

Date: Oct

Short Title: Acceptability of pharmacist-led interventions to resolve drug-related problems in patients with chronic myeloid leukaemia

ISSN: 1078-1552

DOI: 10.1177/1078155220964539

Article Number: 1078155220964539

Accession Number: WOS:000578596800001

Abstract: Purpose Chronic myeloid leukaemia (CML) patients on long-term tyrosine kinase inhibitor (TKI) therapy are susceptible to drug-related problems (DRPs). This study aimed to evaluate the acceptability and outcomes of pharmacist-led interventions on DRPs encountered by CML patients. Methods This study included participants from the intervention arm of a randomised controlled trial which was conducted to evaluate the effects of pharmacist-led interventions on CML patients treated with TKIs. Participants were recruited and followed up in the haematology clinics of two hospitals in Malaysia from March 2017 to January 2019. A pharmacist identified DRPs and helped to resolve them. Patients were followed-up for six months, and their DRPs were assessed based on the Pharmaceutical Care Network Europe Classification for DRP v7.0. The identified DRPs, the pharmacist's interventions, and the acceptance and outcomes of the interventions were recorded. A Poisson multivariable regression model was used to analyse factors associated with the number of identified DRPs per participant. Results A total of 198 DRPs were identified from 65 CML patients. The median number of DRPs per participants was 3 (interquartile range: 2, 4). Most participants (97%) had at least one DRP, which included adverse drug events (45.5%), treatment ineffectiveness (31.5%) and patients' treatment concerns or dissatisfaction (23%). The 228 causes of DRPs identified comprised the following: lack of disease or treatment information, or outcome monitoring (47.8%), inappropriate drug use processes (23.2%), inappropriate patient behaviour (19.9%), suboptimal drug selection (6.1%), suboptimal dose selection (2.6%) and logistic issues in dispensing (0.4%). The number of concomitant medications was significantly associated with the number of DRPs (adjusted Odds Ratio: 1.100; 95% CI: 1.005, 1.205; $p = 0.040$). Overall, 233 interventions were made. These included providing patient education on disease states or TKI-related side effects (75.1%) and recommending appropriate instructions for taking medications (7.7%). Of the 233 interventions, 94.4% were accepted and 83.7% were implemented by the prescriber or patient. A total of 154 DRPs (77.3%) were resolved. Conclusions The pharmacist-led interventions among CML patients managed to identify various DRPs, were well accepted by both TKI prescribers and patients, and had a high success rate of resolving the DRPs.

Notes: Tan, Bee Kim Chua, Siew Siang Chen, Li-Chia Chang, Kian Meng Balashanker, Sharmini Bee, Ping Chong
BEE, PING CHONG/B-5373-2010; Chua, Siew Siang/AAH-9218-2021
Bee, ping chong/0000-0003-4253-760x;
1477-092x
URL: <Go to ISI>://WOS:000578596800001

Reference Type: Journal Article

Record Number: 1509

Author: Tanay, M. A. L., Armes, J., Moss-Morris, R., Rafferty, A. M. and Robert, G.

Year: 2023

Title: A systematic review of behavioural and exercise interventions for the prevention and management of chemotherapy-induced peripheral neuropathy symptoms

Journal: Journal of Cancer Survivorship

Volume: 17

Issue: 1

Pages: 254-277

Date: Feb

Short Title: A systematic review of behavioural and exercise interventions for the prevention and management of chemotherapy-induced peripheral neuropathy symptoms

ISSN: 1932-2259

DOI: 10.1007/s11764-021-00997-w

Accession Number: WOS:000628090700001

Abstract: Background Chemotherapy-induced peripheral neuropathy (CIPN) can result in functional difficulties. Pharmacological interventions used to prevent CIPN either show low efficacy or lack evidence to support their use and to date, duloxetine remains the only recommended treatment for painful CIPN. Non-pharmacological interventions such as exercise and behavioural interventions for CIPN exist. Purpose The aims were to (1) identify and appraise evidence on existing behavioural and exercise interventions focussed on preventing or managing CIPN symptoms, (2) describe psychological mechanisms of action by which interventions influenced CIPN symptoms, (3) determine the underpinning conceptual models that describe how an intervention may create behaviour change, (4) identify treatment components of each intervention and contextual factors, (5) determine the nature and extent of patient and clinician involvement in developing existing interventions and (6) summarise the relative efficacy or effectiveness of interventions to lessen CIPN symptoms and to improve quality of life, balance and muscle strength. Methods A systematic search of Ovid Medline, Cochrane Library, EMBASE, PsycINFO, Health Management Information Consortium, Global Health and CINAHL was performed to identify articles published between January 2000 to May 2020, followed by OpenGrey search and hand-searching of relevant journals. Studies that explored behavioural and/or exercise interventions designed to prevent or improve symptoms of CIPN in adults who had received or were receiving neurotoxic chemotherapy for any type of cancer, irrespective of when delivered within the cancer pathway were included. Results Nineteen randomised controlled trials and quasi-

experimental studies which explored behavioural (n=6) and exercise (n=13) interventions were included. Four studies were rated as methodologically strong, ten were moderate and five were weak. Ten exercise and two behavioural interventions, including those that improved CIPN knowledge and self-management resources and facilitated symptom self-reporting, led to reduced CIPN symptoms during and/or after chemotherapy treatment. Conclusions The extent of potential benefits from the interventions was difficult to judge, due to study limitations. Future interventions should incorporate a clear theoretical framework and involve patients and clinicians in the development process. Implications for Cancer Survivors Our findings show exercise interventions have beneficial effects on CIPN symptoms although higher quality research is warranted. Behavioural interventions that increase patient's CIPN knowledge, improve self-management capacity and enable timely access to symptom management led to reduced CIPN symptoms.

Notes: Tanay, Mary Anne Lagmay Armes, Jo Moss-Morris, Rona Rafferty, Anne Marie Robert, Glenn

Tanay, Mary Anne/AF0-3664-2022; Robert, Glenn/ABD-6477-2021

Tanay, Mary Anne Lagmay/0000-0002-3637-6742; Moss-Morris, Rona/0000-0002-2927-3446; Armes, Jo/0000-0002-7994-0796; Robert, Glenn/0000-0001-8781-6675

1932-2267

Si

URL: <Go to ISI>://WOS:000628090700001

Reference Type: Journal Article

Record Number: 739

Author: Tang, D. N., Macniven, R., Bender, N., Jones, C. and Gopinath, B.

Year: 2022

Title: Development, implementation and evaluation of the online Movement, Interaction and Nutrition for Greater Lifestyles in the Elderly (MINGLE) program: The protocol for a pilot trial

Journal: Plos One

Volume: 17

Issue: 5

Date: May

Short Title: Development, implementation and evaluation of the online Movement, Interaction and Nutrition for Greater Lifestyles in the Elderly (MINGLE) program: The protocol for a pilot trial

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0267581

Article Number: e0267581

Accession Number: WOS:000868164600027

Abstract: Introduction People with age-related macular degeneration (AMD) are more likely to experience loneliness, have poorer diets and be less physically active than people without AMD. The online Movement, Interaction and Nutrition for Greater Lifestyles in the Elderly (MINGLE) program is a holistic evidence-based intervention aiming to support people with AMD by incorporating physical activity, social interaction and nutrition education components all delivered via a COVID-19-safe Zoom platform. This study will involve

two phases: 1) a formative qualitative study with AMD patients to identify the barriers and facilitators to participating in the proposed MINGLE program; and 2) a 10-week pilot study to evaluate the feasibility, acceptability and preliminary efficacy of MINGLE. Methods and analysis Phase 1 involves AMD patients who will be recruited from an eye clinic in Western Sydney, Australia to participate in audio-recorded semi-structured interviews. Verbatim interview transcripts will be coded using the Capability, Opportunity, Motivation and Behaviour (COM-B) model and themes established. These themes will be used as a guide to specifically tailor the proposed MINGLE program to people with AMD. Phase 2 involves 52 AMD patients who will then be recruited from the same clinic to participate in the MINGLE program. Pre-post questionnaires will be administered to intervention participants to collect information on the following variables: demographics, socioeconomic status, vision function, loneliness, quality of life (including depression), falls risk, physical activity (level), and dietary intake. The acceptability and feasibility of the MINGLE program will also be evaluated using descriptive statistics.

Notes: Tang, Diana Macniven, Rona Bender, Nicholas Jones, Charlotte Gopinath, Bamini

Macniven, rona/hpg-7521-2023

Tang, Diana/0000-0003-2007-9054; Macniven, Rona/0000-0002-2967-7977

URL: <Go to ISI>://WOS:000868164600027

Reference Type: Journal Article

Record Number: 143

Author: Tang, H., Dong, S. Q., Wang, S., Du, R. F., Yang, X., Cui, P. P., Liu, W. and Chen, C. Y.

Year: 2023

Title: Perceived Participation in Decision-Making on Primary Surgery and Associated Factors Among Early Breast Cancer Patients A Cross-sectional Study

Journal: Cancer Nursing

Volume: 46

Issue: 2

Pages: 111-119

Date: Mar-Apr

Short Title: Perceived Participation in Decision-Making on Primary Surgery and Associated Factors Among Early Breast Cancer Patients A Cross-sectional Study

ISSN: 0162-220X

DOI: 10.1097/ncc.0000000000001071

Accession Number: WOS:000933411300009

Abstract: BackgroundBreast cancer patients wish to participate in the treatment decision-making, but the perceived participation was inconsistent with the willingness, leading to poor patient outcomes.ObjectiveThe aims of this study were to explore the perceived participation in the primary surgery decision-making among Chinese patients with early-stage breast cancer (BCa) and to analyze the relationships of demographic and clinical factors, participation competence, self-efficacy, social support, and doctors' promotion of participation with the guidance of the capability, opportunity,

motivation-behavior system (the COM-B system). Methods Paper surveys were used to collect data from 218 participants. The participation competence, self-efficacy, social support, and the doctor facilitation of involvement were evaluated to measure factors related to perceived participation among early-stage BCa. Results Perceived participation was low, and participants with a high level of participation competence, self-efficacy, and social support and who were employed and had a higher education level and higher family income perceived higher participation in primary surgery decision-making. Conclusions Perceived participation was low and may be facilitated by patients' internal and external factors during the decision-making process. Health professionals should be aware that patient participation in decision-making is a type of self-care health behavior, and targeted decision support interventions should be provided to facilitate participation. Implications for Practice Patient-perceived participation may be evaluated from the perspective of self-care management behaviors among BCa patients. Nurse practitioners should emphasize their important roles in providing information, patient education, and psychological support to better contribute to the course of the treatment decision-making process for BCa patients who faced primary surgery.

Notes: Tang, Han Dong, Shiqi Wang, Shang Du, Ruofei Yang, Xiao Cui, Panpan Liu, Wei Chen, Changying

Tang, Han/AFY-7192-2022

Tang, Han/0000-0001-9783-9416

1538-9804

URL: <Go to ISI>://WOS:000933411300009

Reference Type: Journal Article

Record Number: 1369

Author: Tang, J., Kerklaan, J., Wong, G., Howell, M., Scholes-Robertson, N., Guha, C., Kelly, A. and Tong, A.

Year: 2021

Title: Perspectives of solid organ transplant recipients on medicine-taking: Systematic review of qualitative studies

Journal: American Journal of Transplantation

Volume: 21

Issue: 10

Pages: 3369-3387

Date: Oct

Short Title: Perspectives of solid organ transplant recipients on medicine-taking: Systematic review of qualitative studies

ISSN: 1600-6135

DOI: 10.1111/ajt.16613

Accession Number: WOS:000661520300001

Abstract: Medicine-taking among transplant recipients is a complex and ubiquitous task with significant impacts on outcomes. This study aimed to describe the perspectives and experiences of medicine-taking in adult solid organ transplant recipients. Electronic databases were searched to July 2020, and thematic synthesis was used to analyze the data. From 119 studies (n = 2901), we identified six themes: threats to identity and ambitions (impaired self-image,

restricting goals and roles, loss of financial independence); navigating through uncertainty and distrust (lacking tangible/perceptible benefits, unprepared for side effects, isolation in decision-making); alleviating treatment burdens (establishing and mastering routines, counteracting side effects, preparing for the unexpected); gaining and seeking confidence (clarity with knowledge, reassurance through collective experiences, focusing on the future outlook); recalibrating to a new normal posttransplant (adjusting to ongoing dependence on medications, in both states of illness and health, unfulfilled expectations); and preserving graft survival (maintaining the ability to participate in life, avoiding rejection, enacting a social responsibility of giving back). Transplant recipients take medications to preserve graft function, but dependence on medications jeopardizes their sense of normality. Interventions supporting the adaptation to medicine-taking and addressing treatment burdens may improve patient satisfaction and capacities to take medications for improved outcomes.

Notes: Tang, James Kerklaan, Jasmijn Wong, Germaine Howell, Martin Scholes-Robertson, Nicole Guha, Chandana Kelly, Ayano Tong, Allison Scholes-Robertson, Nicole Jane/ABB-9461-2021

Tong, Allison/0000-0001-8973-9538; Wong, Germaine/0000-0001-8422-7269; Kelly, Ayano/0000-0003-3325-3840; Howell, Martin/0000-0001-9740-712X; Scholes-Robertson, Nicole/0000-0001-8260-0453; Kerklaan, Jasmijn/0000-0001-9145-9914 1600-6143

URL: <Go to ISI>://WOS:000661520300001

Reference Type: Journal Article

Record Number: 1174

Author: Tang, J. Y., Lun, P., Teng, P. H. J., Ang, W., Tan, K. T. and Ding, Y. Y.

Year: 2022

Title: Intervention elements and behavior change techniques to improve prescribing for older adults with multimorbidity in Singapore: a modified Delphi study

Journal: European Geriatric Medicine

Volume: 13

Issue: 3

Pages: 531-539

Date: Jun

Short Title: Intervention elements and behavior change techniques to improve prescribing for older adults with multimorbidity in Singapore: a modified Delphi study

ISSN: 1878-7649

DOI: 10.1007/s41999-021-00566-5

Accession Number: WOS:000706907900001

Abstract: Key Summary pointsAims A modified Delphi study was conducted to (1) identify intervention elements that are considered by geriatricians to be important in optimizing prescribing for older adults with multimorbidity, and (2) to select the accompanying behavior change techniques to be incorporated into a context-relevant intervention to support prescribing. Findings Intervention elements such as medication review identified by the Delphi panel

mirrored results from a previous scoping review. Statements involving roles of pharmacists selected by the panel validated findings in the literature that pharmacists play important collaborative roles to help reduce potentially inappropriate prescribing among older adults with multimorbidity. Message We identified relevant intervention elements and their accompanying behavior change techniques to aid in the development of a context-specific intervention. Purpose Potentially inappropriate prescribing among older adults is a rising concern, attributed mainly by polypharmacy and multimorbidity. We aimed to identify key components and strategies for construction of a context-relevant intervention to facilitate appropriate prescribing in outpatient clinics in Singapore. Methods The modified Delphi study was conducted in two rounds with 20 geriatricians from seven public hospitals in Singapore. Round one survey presented 69 statements formulated from a scoping review, while round two presented 23 statements with some modifications based on round one comments. The statements were rated against a 7-point Likert scale on their importance and impact on prescribing for older adults with multimorbidity. Results Consensus were achieved for 90% of the statements. Seven intervention elements were identified as being important: medication review, training, medication therapy management, shared decision making, patient interview, medication reconciliation, comprehensive geriatric assessment. In addition, some commonly identified behavior change techniques included goal setting (behavior), goal setting (outcome) and problem solving. Conclusions This study identified important intervention elements and their potential strategies that could be adopted in an intervention to optimize appropriate prescribing for older adults with multimorbidity.

Notes: Tang, Jia Ying Lun, Penny Teng, Poh Hoon June Ang, Wendy Tan, Keng Teng Ding, Yew Yoong

Ding, Yuyan/HWQ-3664-2023; ding, yy/HHS-9589-2022

Tang, Jia Ying/0000-0001-7024-8288; Lun, Penny/0000-0001-8125-7411 1878-7657

URL: <Go to ISI>://WOS:000706907900001

Reference Type: Journal Article

Record Number: 288

Author: Tankasem, P., Satiennam, T., Satiennam, W., Jaensirisak, S. and Rujopakarn, W.

Year: 2022

Title: Effects of automated speed control on speeding intention and behavior on mixed-traffic urban arterial roads

Journal: Iatss Research

Volume: 46

Issue: 4

Pages: 492-498

Date: Dec

Short Title: Effects of automated speed control on speeding intention and behavior on mixed-traffic urban arterial roads

ISSN: 0386-1112

DOI: 10.1016/j.iatssr.2022.08.002

Accession Number: WOS:000907572800006

Abstract: Although the effectiveness of automated speed control (ASC) has been proven, the mechanism of behavioral change in developing countries remains unclear. The objective of this study was to elucidate the effect of ASC on drivers' speeding intention and behavior on mixed-traffic urban arterial roads. Before and during the implementation of ASC, questionnaires based on the theory of planned behavior (TPB) were administered to local passenger-vehicle drivers. A total of 200 participants with an average age of 38.4 years completed both survey waves. To explain the mechanism of behavioral change, the multiple indicators multiple causes (MIMIC) structural equation modeling (SEM) time-invariant was used simultaneously for both waves. The model explained 49% and 55% of the variance in intention, and 40% and 56% of the variance in self-reported speeding behavior, respectively, before and during the ASC implementation period. The findings reveal that ASC altered the cognitive factors of speeding behavior. Speeding became less favorable, had lower approval, and was more difficult to control. Drivers reported lower speeding tendency and diminished speeding behavior. Furthermore, the ASC changed the relative impact of the factors, boosted the influence of family members and close friends on drivers' speeding motivation, and increased the influence of intention and perceived control on speeding behavior. This paper provides recommendations for the implementation of ASCs on mixed-traffic urban arterial roads in developing countries. (c) 2022 International Association of Traffic and Safety Sciences. Production and hosting by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Notes: Tankasem, Phongphan Satiennam, Thaned Satiennam, Wichuda Jaensirisak, Sittha Rujopakarn, Wiroj 2210-4240

URL: <Go to ISI>://WOS:000907572800006

Reference Type: Journal Article

Record Number: 1292

Author: Tanna, N. K., Alexander, E. C., Lee, C., Lakhanpaul, M., Popat, R. M., Almeida-Meza, P., Tuck, A., Manikam, L. and Blair, M. Year: 2021

Title: Interventions to improve vitamin D status in at-risk ethnic groups during pregnancy and early childhood: a systematic review
Journal: Public Health Nutrition

Volume: 24

Issue: 11

Pages: 3498-3519

Date: Aug

Short Title: Interventions to improve vitamin D status in at-risk ethnic groups during pregnancy and early childhood: a systematic review

ISSN: 1368-9800

DOI: 10.1017/s1368980021000756

Article Number: Pii s1368980021000756

Accession Number: WOS:000679049000036

Abstract: Objective: To systematically review the literature with

the primary aim of identifying behavioural interventions to improve vitamin D stores in children from at-risk ethnic groups. Design: Review based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. PROSPERO registration number: CRD42017080932. Health Behaviour Model and Behaviour Change Wheel framework constructs used to underpin evaluation of interventions. Methodological quality evaluated using Cochrane Risk of Bias, Cochrane ROBINS-I and NHLBI tools. Setting: Databases Cochrane Library, MEDLINE, EMBASE, CINAHL with secondary search of Google Scholar. No country limits set. Papers between January 1990 and February 2018, published in English included. Anticipating study heterogeneity, outcome measures not pre-specified and identified from individual full papers. Updated literature search November 2020. Participants: Patient or population including pregnant women, newborns and children aged under 18 years, from Asian or African ethnic groups. Results: Of 10 690 articles screened, 298 underwent full-text review, with 24 ultimately included for data extraction. All identified studies conducted a vitamin D pharmacological supplementation intervention, with two also incorporating a behavioural intervention strategy. No study explicitly defined a primary aim of evaluating a behavioural intervention, undertaken to study its effect on vitamin D supplement uptake. Conclusions: There is a need to address the paucity of data in ethnic at-risk children on how behavioural interventions ideally developed and co-produced with the community under study, affect and help improve vitamin D uptake, within the antenatal and pregnancy phase as well as during childhood.

Notes: Tanna, Nuttan K. Alexander, Emma C. Lee, Charlotte Lakhanpaul, Monica Papat, Rickin M. Almeida-Meza, Pamela Tuck, Alice Manikam, Logan Blair, Mitch

Blair, Mitch E/D-5612-2013

Lee, Charlotte/0000-0001-8252-9538; Blair, Mitch/

0000-0001-7442-0188; Tanna, Nuttan/0000-0003-1637-283X

1475-2727

URL: <Go to ISI>://WOS:000679049000036

Reference Type: Journal Article

Record Number: 1976

Author: Tannenbaum, C., Farrell, B., Shaw, J., Morgan, S., Trimble, J., Currie, J., Turner, J., Rochon, P. and Silvius, J.

Year: 2017

Title: An Ecological Approach to Reducing Potentially Inappropriate Medication Use: Canadian Deprescribing Network

Journal: Canadian Journal on Aging-*Revue Canadienne Du Vieillissement*

Volume: 36

Issue: 1

Pages: 97-107

Date: Mar

Short Title: An Ecological Approach to Reducing Potentially Inappropriate Medication Use: Canadian Deprescribing Network

ISSN: 0714-9808

DOI: 10.1017/s0714980816000702

Accession Number: WOS:000395400900008

Abstract: Polypharmacy is growing in Canada, along with adverse drug events and drug-related costs. Part of the solution may be deprescribing, the planned and supervised process of dose reduction or stopping of medications that may be causing harm or are no longer providing benefit. Deprescribing can be a complex process, involving the intersection of patients, health care providers, and organizational and policy factors serving as enablers or barriers. This article describes the justification, theoretical foundation, and process for developing a Canadian Deprescribing Network (CaDeN), a network of individuals, organizations, and decision-makers committed to promoting the appropriate use of medications and non-pharmacological approaches to care, especially among older people in Canada. CaDeN will deploy multiple levels of action across multiple stakeholder groups simultaneously in an ecological approach to health system change. CaDeN proposes a unique model that might be applied both in national settings and for different transformational challenges in health care.

Notes: Tannenbaum, Cara Farrell, Barbara Shaw, James Morgan, Steve Trimble, Johanna Currie, Jane Turner, Justin Rochon, Paula Silvius, James

Rochon, Paula A/J-2918-2016; Turner, Justin P/J-6607-2015

Rochon, Paula A/0000-0002-5973-4151; Turner, Justin P/
0000-0003-0613-108X

1710-1107

URL: <Go to ISI>://WOS:000395400900008

Reference Type: Journal Article

Record Number: 2186

Author: Tansey, R. and Donald, H.

Year: 2016

Title: The timing of energy intake and its link to obesity

Journal: Proceedings of the Nutrition Society

Volume: 75

Issue: OCE1

Pages: E12-E12

Date: Jan

Short Title: The timing of energy intake and its link to obesity

ISSN: 0029-6651

DOI: 10.1017/s0029665115004450

Accession Number: WOS:000398399800013

Notes: Tansey, R. Donald, H.

1475-2719

URL: <Go to ISI>://WOS:000398399800013

Reference Type: Journal Article

Record Number: 971

Author: Tapia-Serrano, M. A., Sevil-Serrano, J., Sanchez-Oliva, D.,
Vaquero-Solis, M. and Sanchez-Miguel, P. A.

Year: 2022

Title: Effects of a school-based intervention on physical activity,
sleep duration, screen time, and diet in children

Journal: Revista De Psicodidactica

Volume: 27

Issue: 1

Pages: 56-65

Date: Jan-Jun

Short Title: Effects of a school-based intervention on physical activity, sleep duration, screen time, and diet in children

ISSN: 1136-1034

DOI: 10.1016/j.psicod.2021.05.002

Accession Number: WOS:000742136700007

Abstract: Multiple health-risk behaviors such as physical inactivity, sedentary behaviors or unhealthy diet represent a public health problem among adolescents. The aim of this study is to examine the effects of a school-based intervention on 24-hour movement behaviors (i.e., physical activity, screen-based behaviors, and sleep), Mediterranean diet, and self-rated health status. A quasi-experimental design has been carried out for two months and a half in a sample of 121 children, aged 8-9 years ($M = 9.01 \pm .09$ years old; 47.11% girls), from two elementary schools. Sixty-six students from one of the schools has been assigned to the control group and 55 students from the other school has been included in the experimental group. In the experimental group, ten one-hour weekly sessions about knowledge, awareness, and practices of health-related behaviors have been implemented by a research group member through the tutorial action plan. 24-hour movement behaviors, Mediterranean diet, and self-rated health status has been measured before and after the school-based intervention using self-reported questionnaires. Experimental group children show a significant increase in adherence to the Mediterranean diet and being physically active during the weekdays compared to their baseline values. Moreover, the greater baseline values in the adherence to the Mediterranean diet, as well as being physically active during weekend days in the control group, disappear between both groups after the intervention. Ten one-hour sessions of a school-based intervention conducted through the tutorial action plan seem effective in improving children's adherence to the Mediterranean diet and the proportion of active children, but not other health-related behaviors. (C) 2021 Published by Elsevier Espana, S.L.U. on behalf of Universidad de Pais Vasco.

Notes: Tapia-Serrano, Miguel Angel Sevil-Serrano, Javier Sanchez-Oliva, David Vaquero-Solis, Mikel Sanchez-Miguel, Pedro Antonio Vaquero Solís, Miguel/GLV-3263-2022; Sevil-Serrano, Javier/Q-4653-2016; Serrano, Miguel Ángel Tapia/ABA-5834-2020 Vaquero Solís, Miguel/0000-0002-7513-4121; Sevil-Serrano, Javier/0000-0002-2077-1983; Serrano, Miguel Ángel Tapia/0000-0003-2954-2375 2254-4372

URL: <Go to ISI>://WOS:000742136700007

Reference Type: Journal Article

Record Number: 935

Author: Tapper, K., Yarrow, K., Farrar, S. T. and Mandeville, K. L.

Year: 2022

Title: Effects of calorie labelling and contextual factors on

hypothetical coffee shop menu choices

Journal: Appetite

Volume: 172

Date: May

Short Title: Effects of calorie labelling and contextual factors on hypothetical coffee shop menu choices

ISSN: 0195-6663

DOI: 10.1016/j.appet.2022.105963

Article Number: 105963

Accession Number: WOS:000821882300016

Abstract: This study examined the effects of calorie labelling and two key contextual factors (reflective motivation and habits) on the calorie content of hypothetical coffee-shop menu choices. In one exploratory (n = 70) and one preregistered (n = 300) laboratory study (Studies 1 and 2 respectively), participants viewed a hypothetical calorie-labelled or non calorie-labelled menuboard and selected their preferred item(s). Coffee shop drinking habits were measured using the Self-Report Habit Index, and reflective motivation (relating to calorie intake) was assessed with three items asking about watching weight, eating healthily, and reading calorie labels. In Study 2, participants also estimated calories contained in a subset of the menuboard drinks. Results of both studies showed that labelling did not significantly affect the total calorie content of items selected. However, in Study 2, as predicted, there was a trend toward moderation by reflective motivation (p = .056) with less motivated participants showing relatively greater calorie selection when exposed to labelling. Participants with weaker habits took longer to select items (p = .002) but, contrary to predictions, were not more influenced by labelling. Higher reflective motivation was associated with selecting fewer calories (p = .002), correctly recalling the presence/ absence of labelling (p = .016) and better estimating calorie content (p < .001). Overall, participants significantly underestimated calories in higher calorie drinks but overestimated calories in lower calorie drinks. The results highlight the importance of contextual factors such as habits and reflective motivation for obesity interventions and are relevant for the UK's introduction of selective mandatory calorie labelling. In some instances, labelling may actually increase intake among those less motivated by health and weight concerns, but further research is needed to substantiate this concern.

Notes: Tapper, Katy Yarrow, Kielan Farrar, Stephanie T. Mandeville, Kate L.

Tapper, Katy/0000-0001-9097-6311; Yarrow, Kielan/0000-0003-0666-2163; Mandeville, Kate/0000-0002-5525-1574
1095-8304

URL: <Go to ISI>://WOS:000821882300016

Reference Type: Journal Article

Record Number: 823

Author: Tardif, A. D., Gogovor, A., Guay-Belanger, S., Audet, D., Parent, N., Gaudreau, A., Remy-Lamarche, D., Vigneault, L., Ngueta, G., Bilodeau, A., Legare, F. and m, ATriCES- F. Grp

Year: 2022

Title: Integration of sex and gender in a continuing professional development course on diabetes and depression: a mixed methods feasibility study

Journal: Bmj Open

Volume: 12

Issue: 4

Date: Apr

Short Title: Integration of sex and gender in a continuing professional development course on diabetes and depression: a mixed methods feasibility study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-050890

Article Number: e050890

Accession Number: WOS:000787543100021

Abstract: Objectives Assess the feasibility and impact of a continuous professional development (CPD) course on type 2 diabetes and depression on health professionals' intention to include sex and gender considerations in patient care. Design and setting In collaboration with CPD organisations and patient-partners, we conducted a mixed-methods feasibility controlled trial with postintervention measures in three Canadian provinces. Participants Of 178 eligible health professionals, 127 completed questionnaires and 67 participated in semistructured group discussions.

Intervention and comparator An interactive 1 hour CPD course, codesigned with patient-partners, on diabetes and depression that included sex and gender considerations (innovation) was compared with a similar course that did not include them (comparator).

Outcomes Feasibility of recruitment and retention of CPD organisations and patient-partners throughout the study; adherence to planned activities; health professionals' intention to include sex and gender considerations in patient care as measured by the CPD-Reaction questionnaire; and barriers and facilitators using the Theoretical Domains Framework. Results All recruited CPD organisations and patient-partners remained engaged throughout the study. All planned CPD courses occurred. Overall, 71% of eligible health professionals participated (63% under 44 years old; 79.5% women; 67.7% practising in French; 66.9% practising in Quebec; 78.8% in urban practice). After training, mean intention scores for the innovation (n=49) and control groups (n=78) were 5.65 +/- 0.19 and 5.19 +/- 0.15, respectively. Mean difference was -0.47 (CI -0.95 to 0.01; p=0.06). Adjusted for age, gender and practice settings, mean difference was -0.57 (CI -1.09 to -0.05; p=0.03). We identified eight theoretical domains related to barriers and six related to facilitators for providing sex-adapted and gender-adapted diabetes and depression care. Conclusions CPD training on diabetes and depression that includes sex and gender considerations is feasible and, compared with CPD training that does not, may prompt health professionals to modify their care. Addressing identified barriers and facilitators could increase intention.

Notes: Deom Tardif, Alexe Gogovor, Amede Guay-Belanger, Sabrina Audet, Denis Parent, Nicole Gaudreau, Andre Remy-Lamarche, Daniele Vigneault, Luc Ngueta, Gerard Bilodeau, Andre Legare, France Roch, Genevieve/0000-0003-1695-1401; gaudreau, andre/

0000-0003-0377-7440

URL: <Go to ISI>://WOS:000787543100021

Reference Type: Journal Article

Record Number: 2021

Author: Tarzia, L., Iyer, D., Thrower, E. and Hegarty, K.

Year: 2017

Title: "Technology Doesn't Judge You": Young Australian Women's Views on Using the Internet and Smartphones to Address Intimate Partner Violence

Journal: Journal of Technology in Human Services

Volume: 35

Issue: 3

Pages: 199-218

Short Title: "Technology Doesn't Judge You": Young Australian Women's Views on Using the Internet and Smartphones to Address Intimate Partner Violence

ISSN: 1522-8835

DOI: 10.1080/15228835.2017.1350616

Accession Number: WOS:000416747100003

Abstract: Intimate partner violence (IPV) is a pervasive social issue. Younger women tend to experience the highest rates of violence, associated with a range of negative health outcomes. Although interventions in health settings have shown promise, younger women may be reluctant to access services or discuss relationships with a health professional. Delivering an IPV intervention online or via a smartphone has the potential to overcome some of these barriers. Little is known, however, about how young women might perceive such an intervention, or what factors might influence its uptake. Drawing on focus groups interviews, we explore the views of young Australian women on using a website or application to address IPV. Azjen's Theory of Planned Behavior is used to help understand the beliefs and norms around technology and help-seeking for IPV. Findings highlight the potential for technological interventions to become a valuable addition to the resources available to young women.

Notes: Tarzia, Laura Iyer, Deepthi Thrower, Emily Hegarty, Kelsey Hegarty, Kelsey/0000-0002-7532-5147; Iyer, Deepthi/0000-0003-2801-1767

1522-8991

URL: <Go to ISI>://WOS:000416747100003

Reference Type: Journal Article

Record Number: 2304

Author: Tavender, E. J., Bosch, M., Gruen, R. L., Green, S. E., Michie, S., Brennan, S. E., Francis, J. J., Ponsford, J. L., Knott, J. C., Meares, S., Smyth, T. and O'Connor, D. A.

Year: 2015

Title: Developing a targeted, theory-informed implementation intervention using two theoretical frameworks to address health professional and organisational factors: a case study to improve the management of mild traumatic brain injury in the emergency

department

Journal: Implementation Science

Volume: 10

Date: May

Short Title: Developing a targeted, theory-informed implementation intervention using two theoretical frameworks to address health professional and organisational factors: a case study to improve the management of mild traumatic brain injury in the emergency department

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0264-7

Article Number: 74

Accession Number: WOS:000355164600001

Abstract: Background: Despite the availability of evidence-based guidelines for the management of mild traumatic brain injury in the emergency department (ED), variations in practice exist. Interventions designed to implement recommended behaviours can reduce this variation. Using theory to inform intervention development is advocated; however, there is no consensus on how to select or apply theory. Integrative theoretical frameworks, based on syntheses of theories and theoretical constructs relevant to implementation, have the potential to assist in the intervention development process. This paper describes the process of applying two theoretical frameworks to investigate the factors influencing recommended behaviours and the choice of behaviour change techniques and modes of delivery for an implementation intervention. Methods: A stepped approach was followed: (i) identification of locally applicable and actionable evidence-based recommendations as targets for change, (ii) selection and use of two theoretical frameworks for identifying barriers to and enablers of change (Theoretical Domains Framework and Model of Diffusion of Innovations in Service Organisations) and (iii) identification and operationalisation of intervention components (behaviour change techniques and modes of delivery) to address the barriers and enhance the enablers, informed by theory, evidence and feasibility/acceptability considerations. We illustrate this process in relation to one recommendation, prospective assessment of post-traumatic amnesia (PTA) by ED staff using a validated tool. Results: Four recommendations for managing mild traumatic brain injury were targeted with the intervention. The intervention targeting the PTA recommendation consisted of 14 behaviour change techniques and addressed 6 theoretical domains and 5 organisational domains. The mode of delivery was informed by six Cochrane reviews. It was delivered via five intervention components : (i) local stakeholder meetings, (ii) identification of local opinion leader teams, (iii) a train-the-trainer workshop for appointed local opinion leaders, (iv) local training workshops for delivery by trained local opinion leaders and (v) provision of tools and materials to prompt recommended behaviours. Conclusions: Two theoretical frameworks were used in a complementary manner to inform intervention development in managing mild traumatic brain injury in the ED. The effectiveness and cost-effectiveness of the developed intervention is being evaluated in a cluster randomised trial, part of the Neurotrauma Evidence Translation (NET) program.

Notes: Tavender, Emma J. Bosch, Marije Gruen, Russell L. Green,

Sally E. Michie, Susan Brennan, Sue E. Francis, Jill J. Ponsford, Jennie L. Knott, Jonathan C. Meares, Sue Smyth, Tracy O'Connor, Denise A.

Francis, Jill/AHE-6998-2022; O'Connor, Denise/ABC-6655-2020
O'Connor, Denise/0000-0002-6836-122X; Tavender, Emma/
0000-0002-7230-712X; Meares, Susanne/0000-0002-3859-9974; Francis,
Jill/0000-0001-5784-8895; Brennan, Sue/0000-0003-1789-8809; Green,
Sally Elizabeth/0000-0002-9564-9050
URL: <Go to ISI>://WOS:000355164600001

Reference Type: Journal Article

Record Number: 517

Author: Tavender, E. J., Wilson, C. L., Dalziel, S., Oakley, E., Borland, M., Ballard, D. W., Cotterell, E., Phillips, N. and Babl, F. E.

Year: 2023

Title: Qualitative study of emergency clinicians to inform a national guideline on the management of children with mild-to-moderate head injuries

Journal: Emergency Medicine Journal

Volume: 40

Issue: 3

Pages: 195-199

Date: Mar

Short Title: Qualitative study of emergency clinicians to inform a national guideline on the management of children with mild-to-moderate head injuries

ISSN: 1472-0205

DOI: 10.1136/emered-2021-212198

Accession Number: WOS:000844720500001

Abstract: Background Head injury is a common reason children present to EDs. Guideline development to improve care for paediatric head injuries should target the information needs of ED clinicians and factors influencing its uptake. Methods We conducted semi-structured qualitative interviews (November 2017-November 2018) with a stratified purposive sample of ED clinicians from across Australia and New Zealand. We identified clinician information needs, used the Theoretical Domains Framework (TDF) to explore factors influencing the use of head CT and clinical decision rules/guidelines in CT decision-making, and explored ways to improve guideline uptake. Two researchers coded the interview transcripts using thematic content analysis. Results A total of 43 clinicians (28 doctors, 15 nurses), from 19 hospitals (5 tertiary, 8 suburban, 6 regional/rural) were interviewed. Clinicians sought guidance for scenarios including ED management of infants, children with underlying medical issues, delayed or representations and potential non-accidental injuries. Improvements to the quality and content of discharge communication and parental discussion materials were suggested. Known risks of radiation from head CTs has led to a culture of observation over use of CT in Australasia (TDF domain: beliefs about consequences). Formal and informal policies have resulted in senior clinicians making most head CT decisions in children (TDF domain: behavioural regulation). Senior clinicians consider their gestalt to be more

accurate and outperform existing guidance (TDF domain: beliefs about capabilities), although they perceive guidelines as useful for training and supporting junior staff. Summaries, flow charts, publication in ED-specific journals and scripted training materials were suggestions to improve uptake. Conclusion Information needs of ED clinicians, factors influencing use of head CT in children with head injuries and the role of guidelines were identified. These findings informed the scope and implementation strategies for an Australasian guideline for mild-to-moderate head injuries in children.

Notes: Tavender, Emma J. Wilson, Catherine L. Dalziel, Stuart Oakley, Ed Borland, Meredith Ballard, Dustin W. Cotterell, Elizabeth Phillips, Natalie Babl, Franz E.

Wilson, Catherine/0000-0001-5893-4226; Tavender, Emma/
0000-0002-7230-712X
1472-0213

URL: <Go to ISI>://WOS:000844720500001

Reference Type: Journal Article

Record Number: 1741

Author: Taylor, C., Bhavnani, V., Zasada, M., Ussher, M., Bick, D. and team, Swan trial

Year: 2020

Title: Barriers and facilitators to uptake and retention of inner-city ethnically diverse women in a postnatal weight management intervention: a mixed-methods process evaluation within a feasibility trial in England

Journal: Bmj Open

Volume: 10

Issue: 7

Date: Jul

Short Title: Barriers and facilitators to uptake and retention of inner-city ethnically diverse women in a postnatal weight management intervention: a mixed-methods process evaluation within a feasibility trial in England

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2019-034747

Article Number: e034747

Accession Number: WOS:000729832600035

Abstract: Objectives To understand the barriers and facilitators to uptake and retention of postnatal women randomised to a commercial group weight management intervention using the COM-B (capability, opportunity, motivation and behaviour) behaviour change model. Design Concurrent mixed-methods (qualitative dominant) process evaluation nested within a feasibility randomised controlled trial, comprising questionnaires and interviews at 6 and 12 months postbirth. Setting One National Health Service maternity unit in an inner city area in the south of England. Participants 98 postnatal women with body mass indices >25 kg/m² (overweight/obese) at pregnancy commencement. Intervention Twelve-week Slimming World (SW) commercial group weight management programme, commencing anytime from 8 to 16 weeks postnatally. Primary and secondary outcome measures Data regarding uptake and retention from questionnaires and

interviews conducted 6 and 12 months postbirth analysed thematically and mapped to the COM-B model. Results Barriers to SW uptake mostly concerned opportunity issues (eg, lack of time or childcare support) though some women also lacked motivation, not feeling that weight reduction was a priority, and a few cited capability issues such as lacking confidence. Weight loss aspirations were also a key factor explaining retention, as were social opportunity issues, particularly in relation to factors such as the extent of group identity and relationship with the group consultant; and physical opportunity such as perceived support from and fit with family lifestyle. In addition, barriers relating to beliefs and expectations about the SW programme were identified, including concerns regarding compatibility with breastfeeding and importance of exercise. Women's understanding of the SW approach, and capability to implement into their lifestyles, appeared related to level of attendance (dose-response effect). Conclusions Uptake and retention in commercial weight management programmes may be enhanced by applying behaviour change techniques to address the barriers impacting on women's perceived capability, motivation and opportunity to participate.

Notes: Taylor, Cath Bhavnani, Vanita Zasada, Magdalena Ussher, Michael Bick, Debra ; Bick, Debra/P-9575-2018 Poston, Lucilla/0000-0003-1100-2821; Zasada, Magdalena/0000-0002-4701-0359; Bick, Debra/0000-0002-8557-7276; Ussher, Michael/0000-0002-0995-7955; Taylor, Cath/0000-0001-6239-4744 URL: <Go to ISI>://WOS:000729832600035

Reference Type: Journal Article

Record Number: 1656

Author: Taylor, G. M. J., Sawyer, K., Kessler, D., Munafo, M. R., Aveyard, P. and Shaw, A.

Year: 2021

Title: Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: A multi-perspective qualitative study

Journal: Health Expectations

Volume: 24

Issue: 2

Pages: 411-420

Date: Apr

Short Title: Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: A multi-perspective qualitative study

ISSN: 1369-6513

DOI: 10.1111/hex.13182

Accession Number: WOS:000602712700001

Abstract: Background Tobacco smoking rates are significantly higher in people with common mental illness compared to those without.

Smoking cessation treatment could be offered as part of usual outpatient psychological care, but currently is not. Objective To understand patient and health care professionals' views about integrating smoking cessation treatment into outpatient

psychological services for common mental illness. Design Qualitative in-depth interviews, with thematic analysis. Participants Eleven Improving Access to Psychological Therapies (IAPT) psychological wellbeing practitioners (PWPs), six IAPT patients, and six stop smoking advisors were recruited from English smoking cessation, and IAPT services. Results Patients reported psychological benefits from smoking, and also described smoking as a form of self-harm. Stop smoking advisors displayed therapeutic pessimism and stigmatizing attitudes towards helping people with mental illness to quit smoking. PWPs have positive attitudes towards smoking cessation treatment for people with common mental illness. PWPs and patients accept evidence that smoking tobacco may harm mental health, and quitting might benefit mental health. PWPs report expertise in helping people with common mental illness to make behavioural changes in the face of mood disturbances and low motivation. PWPs felt confident in offering smoking cessation treatments to patients, but suggested a caseload reduction may be required to deliver smoking cessation support in IAPT. Conclusions IAPT appears to be a natural environment for smoking cessation treatment. PWPs may need additional training, and a caseload reduction. Integration of smoking cessation treatment into IAPT services should be tested in a pilot and feasibility study. Patient or public contribution Service users and members of the public were involved in study design and interpretation of data.

Notes: Taylor, Gemma M. J. Sawyer, Katherine Kessler, David Munafo, Marcus R. Aveyard, Paul Shaw, Alison

Munafo, Marcus/AAE-2306-2020; Kessler, david/ABB-6489-2021

Munafo, Marcus/0000-0002-4049-993X; Aveyard, Paul/

0000-0002-1802-4217; Taylor, Gemma/0000-0003-2185-0162

1369-7625

URL: <Go to ISI>://WOS:000602712700001

Reference Type: Journal Article

Record Number: 483

Author: Taylor, H. L., Garabello, G., Pugh, J., Morton, J., Langan-Evans, C., Louis, J., Borgersen, R. and Areta, J. L.

Year: 2022

Title: Patterns of energy availability of free-living athletes display day-to-day variability that is not reflected in laboratory-based protocols: Insights from elite male road cyclists

Journal: Journal of Sports Sciences

Volume: 40

Issue: 16

Pages: 1849-1856

Date: Aug

Short Title: Patterns of energy availability of free-living athletes display day-to-day variability that is not reflected in laboratory-based protocols: Insights from elite male road cyclists

ISSN: 0264-0414

DOI: 10.1080/02640414.2022.2115676

Accession Number: WOS:000850127800001

Abstract: The physiological effects of low energy availability (EA) have been studied using a homogenous daily EA pattern in laboratory

settings. However, whether this daily EA pattern represents those of free-living athletes and is therefore ecologically valid is unknown. To investigate this, we assessed daily exercise energy expenditure, energy intake and EA in 10 free-living elite male road cyclists (20 min Mean Maximal Power: 5.27 +/- 0.25 W center dot kg(-1)) during 7 consecutive days of late pre-season training. Energy intake was measured using the remote-food photography method and exercise energy expenditure estimated from cycling crank-based power-metres. Seven-day mean +/- SD energy intake and exercise energy expenditure was 57.9 +/- 10.4 and 38.4 +/- 8.6 kcal center dot kg FFM-1 center dot day(-1), respectively. EA was 19.5 +/- 9.1 kcal center dot kg FFM-1 center dot day(-1). Within-participants correlation between daily energy intake and exercise energy expenditure was .62 (95% CI: .43 - .75; P < .001), and .60 (95% CI: .41 - .74; P < .001) between carbohydrate intake and exercise energy expenditure. However, energy intake only partially compensated for exercise energy expenditure, increasing 210 kcal center dot day(-1) per 1000 kcal center dot day(-1) increase in expenditure. EA patterns displayed marked day-to-day fluctuation (range: -22 to 76 kcal center dot kg FFM-1 center dot day(-1)). The validity of research using homogenous low EA patterns therefore requires further investigation.

Notes: Taylor, Harry L. Garabello, Giacomo Pugh, Jamie Morton, James Langan-Evans, Carl Louis, Julien Borgersen, Reidar Areta, Jose L. Langan-Evans, Carl/0-4881-2019

Langan-Evans, Carl/0000-0003-1120-6592
1466-447x

URL: <Go to ISI>://WOS:000850127800001

Reference Type: Journal Article

Record Number: 212

Author: Taylor, I., Bull, J. W., Ashton, B., Biggs, E., Clark, M., Gray, N., Grub, H. M. J., Stewart, C. and Milner-Gulland, E. J.

Year: 2023

Title: Nature-positive goals for an organization's food consumption

Journal: Nature Food

Volume: 4

Issue: 1

Pages: 96-108

Date: Jan

Short Title: Nature-positive goals for an organization's food consumption

DOI: 10.1038/s43016-022-00660-2

Accession Number: WOS:000913344100001

Abstract: Organizations are increasingly committing to biodiversity protection targets with focus on 'nature-positive' outcomes, yet examples of how to feasibly achieve these targets are needed. Here we propose an approach to achieve nature-positive targets with respect to the embodied biodiversity impacts of an organization's food consumption. We quantify these impacts using a comprehensive database of life-cycle environmental impacts from food, and map exploratory strategies to meet defined targets structured according to a mitigation and conservation hierarchy. By considering the

varying needs and values across the organization's internal community, we identify a range of targeted approaches towards mitigating impacts, which balance top-down and bottom-up actions to different degrees. Delivering ambitious nature-positive targets within current constraints will be challenging, particularly given the need to mitigate cumulative impacts. Our results evidence that however committed an organization is to being nature positive in its food provision, this is unachievable in the absence of systems change.

Notes: Taylor, I. Bull, J. W. Ashton, B. Biggs, E. Clark, M. Gray, N. Grub, H. M. J. Stewart, C. Milner-Gulland, E. J.

Milner-Gulland, E.J./0000-0003-0324-2710; Biggs, Elizabeth/0000-0002-6100-5695; Stewart, Cristina/0000-0002-3060-5874 2662-1355

URL: <Go to ISI>://WOS:000913344100001

Reference Type: Journal Article

Record Number: 2397

Author: Taylor, J.

Year: 2014

Title: Motivation and prevention of cardiovascular disease

Journal: European Heart Journal

Volume: 35

Issue: 21

Pages: 1356-1357

Date: Jun

Short Title: Motivation and prevention of cardiovascular disease

ISSN: 0195-668X

Accession Number: WOS:000337976300004

Notes: Taylor, Jennifer

Cupples, Margaret/0000-0002-4248-9700

1522-9645

URL: <Go to ISI>://WOS:000337976300004

Reference Type: Journal Article

Record Number: 62

Author: Taylor, J. C., Heuer, H. W., Clark, A. L., Wise, A. B., Manoochehri, M., Forsberg, L., Mester, C., Rao, M. G. A., Brushaber, D., Kramer, J., Welch, A. E., Kornak, J., Kremers, W., Appleby, B., Dickerson, B. C., Domoto-Reilly, K., Fields, J. A., Ghoshal, N., Graff-Radford, N., Grossman, M., Hall, M. G., Huey, E. D., Irwin, D., Lapid, M. I., Litvan, I., Mackenzie, I. R., Masdeu, J. C., Mendez, M. F., Nevler, N., Onyike, C. U., Pascual, B., Pressman, P., Rankin, K. P., Ratnasiri, B., Rojas, J. C., Tartaglia, M. C., Wong, B. N., Gorno-Tempini, M. L., Boeve, B. F., Rosen, H. J., Boxer, A. L. and Staffaroni, A. M.

Year: 2023

Title: Feasibility and acceptability of remote smartphone cognitive testing in frontotemporal dementia research

Journal: Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring

Volume: 15

Issue: 2

Date: Apr

Short Title: Feasibility and acceptability of remote smartphone cognitive testing in frontotemporal dementia research

DOI: 10.1002/dad2.12423

Article Number: e12423

Accession Number: WOS:000985064500001

Abstract: Introduction Remote smartphone assessments of cognition, speech/language, and motor functioning in frontotemporal dementia (FTD) could enable decentralized clinical trials and improve access to research. We studied the feasibility and acceptability of remote smartphone data collection in FTD research using the ALLFTD Mobile App (ALLFTD-mApp). Methods A diagnostically mixed sample of 214 participants with FTD or from familial FTD kindreds (asymptomatic: CDR (R)+NACC-FTLD = 0 [N = 101]; prodromal: 0.5 [N = 49]; symptomatic ≥ 1 [N = 51]; not measured [N = 13]) were asked to complete ALLFTD-mApp tests on their smartphone three times within 12 days. They completed smartphone familiarity and participation experience surveys. Results It was feasible for participants to complete the ALLFTD-mApp on their own smartphones. Participants reported high smartphone familiarity, completed similar to 70% of tasks, and considered the time commitment acceptable (98% of respondents). Greater disease severity was associated with poorer performance across several tests. Discussion These findings suggest that the ALLFTD-mApp study protocol is feasible and acceptable for remote FTD research. **HIGHLIGHTS** The ALLFTD Mobile App is a smartphone-based platform for remote, self-administered data collection. The ALLFTD Mobile App consists of a comprehensive battery of surveys and tests of executive functioning, memory, speech and language, and motor abilities. Remote digital data collection using the ALLFTD Mobile App was feasible in a multicenter research consortium that studies FTD. Data was collected in healthy controls and participants with a range of diagnoses, particularly FTD spectrum disorders. Remote digital data collection was well accepted by participants with a variety of diagnoses.

Notes: Taylor, Jack Carson Heuer, Hilary W. Clark, Annie L. Wise, Amy B. Manoochehri, Masood Forsberg, Leah Mester, Carly Rao, Meghana Brushaber, Daniell Kramer, Joel Welch, Ariane E. Kornak, John Kremers, Walter Appleby, Brian Dickerson, Bradford C. Domoto-Reilly, Kimiko Fields, Julie A. Ghoshal, Nupur Graff-Radford, Neill Grossman, Murray Hall, Matthew G. H. Huey, Edward D. Irwin, David Lapid, Maria I. Litvan, Irene Mackenzie, Ian R. Masdeu, Joseph C. Mendez, Mario F. Nevler, Naomi Onyike, Chiadi U. Pascual, Belen Pressman, Peter Rankin, Katherine P. Ratnasiri, Buddhika Rojas, Julio C. Tartaglia, Maria Carmela Wong, Bonnie Gorno-Tempini, Maria Luisa Boeve, Bradley F. Rosen, Howard J. Boxer, Adam L. Staffaroni, Adam M.

Taylor, Jack/0000-0002-6431-9956

2352-8729

URL: <Go to ISI>://WOS:000985064500001

Reference Type: Journal Article

Record Number: 2215

Author: Taylor, M. J., Arriscado, D., Vlaev, I., Taylor, D., Gately, P. and Darzi, A.

Year: 2016

Title: Measuring perceived exercise capability and investigating its relationship with childhood obesity: a feasibility study

Journal: International Journal of Obesity

Volume: 40

Issue: 1

Pages: 34-38

Date: Jan

Short Title: Measuring perceived exercise capability and investigating its relationship with childhood obesity: a feasibility study

ISSN: 0307-0565

DOI: 10.1038/ijo.2015.210

Accession Number: WOS:000367628700006

Abstract: BACKGROUND/OBJECTIVES: According to the COM-B ('Capability', 'Opportunity', 'Motivation' and 'Behaviour') model of behaviour, three factors are essential for behaviour to occur: capability, opportunity and motivation. Obese children are less likely to feel capable of exercising. The implementation of a new methodological approach to investigate the relationship between perceived exercise capability (PEC) and childhood obesity was conducted, which involved creating a new instrument, and demonstrating how it can be used to measure obesity intervention outcomes. SUBJECTS/METHODS: A questionnaire aiming to measure perceived exercise capability, opportunity and motivation was systematically constructed using the COM-B model and administered to 71 obese children (aged 9-17 years (12.24 +/- 0.2.01), body mass index (BMI) standard deviation scores (SDS) 2.80 +/- 0.660) at a weight-management camp in northern England. Scale validity and reliability was assessed. Relationships between PEC, as measured by the questionnaire, and BMI SDS were investigated for the children at the weight-management camp, and for 45 Spanish schoolchildren (aged 9-13 years, (10.52 +/- 1.23), BMI SDS 0.80 +/- 0.99). A pilot study, demonstrating how the questionnaire can be used to measure the effectiveness of an intervention aiming to bring about improved PEC for weight-management camp attendees, was conducted. No participants withdrew from these studies. RESULTS: The questionnaire domain (exercise capability, opportunity and motivation) composite scales were found to have adequate internal consistency ($\alpha = 0.712-0.796$) and construct validity ($\chi^2/\text{degrees of freedom} = 1.55$, root mean square error of approximation = 0.072, comparative fit index = 0.92). Linear regression revealed that low PEC was associated with higher baseline BMI SDS for both UK ($b = -0.289$, $P = 0.010$) and Spanish ($b = -0.446$, $P = 0.047$) participants. Pilot study findings provide preliminary evidence for PEC improvements through intervention being achievable, and measurable using the questionnaire. CONCLUSIONS: Evidence is presented for reliability and validity of the questionnaire, and for feasibility of its use in the context of a childhood obesity intervention. Future research could investigate the link between PEC and childhood obesity further.

Notes: Taylor, M. J. Arriscado, D. Vlaev, I. Taylor, D. Gately, P.

Darzi, A.
Taylor, Matthew/HMP-1929-2023; ARRISCADO, DANIEL/ABG-4503-2021
Arriscado, daniel/0000-0001-8882-700x
1476-5497
URL: <Go to ISI>://WOS:000367628700006

Reference Type: Journal Article

Record Number: 841

Author: Taylor, R., Rollo, M. E., Baldwin, J. N., Hutchesson, M.,
Aguiar, E. J., Wynne, K., Young, A., Callister, R. and Collins, C.
E.

Year: 2022

Title: Evaluation of a Type 2 diabetes risk reduction online program
for women with recent gestational diabetes: a randomised trial

Journal: International Journal of Behavioral Nutrition and Physical
Activity

Volume: 19

Issue: 1

Date: Mar

Short Title: Evaluation of a Type 2 diabetes risk reduction online
program for women with recent gestational diabetes: a randomised
trial

DOI: 10.1186/s12966-022-01275-3

Article Number: 35

Accession Number: WOS:000773933700003

Abstract: Background: To evaluate the preliminary efficacy,
feasibility and acceptability of the 3-month Body Balance Beyond
(BBB) online program among Australian women with overweight/obesity
and recent gestational diabetes mellitus. Methods: Women were
randomised into either: 1) High Personalisation (HP) (access
to 'BBB' website, video coaching sessions, text message support); 2)
Medium Personalisation (MP) (website and text message support); or
3) Low Personalisation (LP) (website only). Generalised linear mixed
models were used to evaluate preliminary efficacy, weight, diet
quality, physical activity levels, self-efficacy and quality of life
(QoL) at baseline and 3-months. Feasibility was assessed by
recruitment and retention metrics and acceptability determined via
online process evaluation survey at 3-months. Results: Eighty three
women were randomised, with 76 completing the study. Self-efficacy
scores showed significant improvements in confidence to resist
eating in a variety of situations from baseline to 3-months in HP
compared to MP and LP groups ($P=.03$). The difference in mean QoL
scores favoured the HP compared to MP and LP groups ($P=.03$). Half of
the women (HP $n=17$ [81%], MP $n=12$ [75%], LP $n=9$ [56%]) lost weight at
3-months. No significant group-by-time effect were reported for
other outcomes. Two-thirds of women in the HP group were satisfied
with the program overall and 86% would recommend it to others,
compared with 25% and 44% in the MP group, and 14% and 36% in the LP
group, respectively. Conclusions: Video coaching sessions were
associated with improvements in QoL scores and self-efficacy,
however further refinement of the BBB website and text messages
support could improve program acceptability.

Notes: Taylor, Rachael Rollo, Megan E. Baldwin, Jennifer N.

Hutchesson, Melinda Aguiar, Elroy J. Wynne, Katie Young, Ashley Callister, Robin Collins, Clare E. Wynne, Katie/P-9465-2019
Wynne, Katie/0000-0002-7980-3337; Aguiar, Elroy/0000-0003-4763-0491 1479-5868
URL: <Go to ISI>://WOS:000773933700003

Reference Type: Journal Article

Record Number: 735

Author: Teggart, K., Ganann, R., Sihota, D., Moore, C., Keller, H., Senson, C., Phillips, S. M. and Neil-Sztramko, S. E.

Year: 2022

Title: Group-based nutrition interventions to promote healthy eating and mobility in community-dwelling older adults: a systematic review

Journal: Public Health Nutrition

Volume: 25

Issue: 10

Pages: 2920-2951

Date: Oct

Short Title: Group-based nutrition interventions to promote healthy eating and mobility in community-dwelling older adults: a systematic review

ISSN: 1368-9800

DOI: 10.1017/s136898002200115x

Article Number: Pii s136898002200115x

Accession Number: WOS:000804452500001

Abstract: Objective: To identify the efficacy of group-based nutrition interventions to increase healthy eating, reduce nutrition risk, improve nutritional status and improve physical mobility among community-dwelling older adults. Design: Systematic review.

Electronic databases MEDLINE, CINAHL, EMBASE, PsycINFO and Sociological Abstracts were searched on July 15, 2020 for studies published in English since January 2010. Study selection, critical appraisal (using the Joanna Briggs Institute's tools) and data extraction were performed in duplicate by two independent reviewers.

Setting: Nutrition interventions delivered to groups in community-based settings were eligible. Studies delivered in acute or long-term care settings were excluded. Participants: Community-dwelling older adults aged 55+ years. Studies targeting specific disease populations or promoting weight loss were excluded. Results: Thirty-one experimental and quasi-experimental studies with generally unclear to high risk of bias were included. Interventions included nutrition education with behaviour change techniques (BCT) (e.g. goal setting, interactive cooking demonstrations) (n 21), didactic nutrition education (n 4), interactive nutrition education (n 2), food access (n 2) and nutrition education with BCT and food access (n 2). Group-based nutrition education with BCT demonstrated the most promise in improving food and fluid intake, nutritional status and healthy eating knowledge compared with baseline or control. The impact on mobility outcomes was unclear. Conclusions: Group-based nutrition education with BCT demonstrated the most promise for improving healthy eating among community-dwelling older adults. Our findings should be interpreted with caution related to generally low

certainty, unclear to high risk of bias and high heterogeneity across interventions and outcomes. Higher quality research in group-based nutrition education for older adults is needed.

Notes: Teggart, Kylie Ganann, Rebecca Sihota, Davneet Moore, Caroline Keller, Heather Senson, Christine Phillips, Stuart M. Neil-Sztramko, Sarah E.

Phillips, Stuart/B-2343-2009

Phillips, Stuart/0000-0002-1956-4098; Teggart, Kylie/0000-0001-5527-8593; Ganann, Rebecca/0000-0002-7566-8932; Neil-Sztramko, Sarah E/0000-0002-9600-3403
1475-2727

URL: <Go to ISI>://WOS:000804452500001

Reference Type: Journal Article

Record Number: 2019

Author: Teixeira, P. J. and Marques, M. M.

Year: 2017

Title: Health Behavior Change for Obesity Management

Journal: Obesity Facts

Volume: 10

Issue: 6

Pages: 666-673

Short Title: Health Behavior Change for Obesity Management

ISSN: 1662-4025

DOI: 10.1159/000484933

Accession Number: WOS:000424915600009

Abstract: Health behavior change is central in obesity management. Due to its complexity, there has been a growing body of research on: i) the factors that predict the adoption and maintenance of health behaviors, ii) the development and testing of theories that conceptualize relationships among these factors and with health behaviors, and iii) how these factors can be implemented in effective behavior change interventions, considering characteristics of the content (techniques) and delivery. This short review provides an overview of advances in behavior change science theories and methods, focusing on obesity management, and includes a discussion of the main challenges imposed by this research field. (c) 2017 The Author(s) Published by S. Karger GmbH, Freiburg

Notes: Teixeira, Pedro J. Marques, Marta M.

Marques, Marta M/W-3303-2018; Teixeira, Pedro J./AAA-9438-2021

Teixeira, Pedro J./0000-0001-7202-0527; M. Marques, Marta/
0000-0002-4797-9557

1662-4033

URL: <Go to ISI>://WOS:000424915600009

Reference Type: Journal Article

Record Number: 1178

Author: Telzak, A., Chambers, E. C., Gutnick, D., Flattau, A., Chaya, J., McAuliff, K. and Rapkin, B.

Year: 2022

Title: Health Care Worker Burnout and Perceived Capacity to Address Social Needs

Journal: Population Health Management

Volume: 25

Issue: 3

Pages: 352-361

Date: Jun

Short Title: Health Care Worker Burnout and Perceived Capacity to Address Social Needs

ISSN: 1942-7891

DOI: 10.1089/pop.2021.0175

Accession Number: WOS:000706452800001

Abstract: Health care organizations are increasingly incorporating social care programs into medical care delivery models. Recent studies have identified burnout as a potential unintended consequence of this expansion. Successful implementation of these programs requires investment in the health care team, although understanding the impact of this expansion on nonphysician team members remains limited. Utilizing a theory-informed model for organizational behavior change, the authors aim to characterize the perceived elements of capacity to address patients' social needs within a heterogeneous group of health care workers, and to examine the association of these behavioral conditions with burnout. A cross-sectional analysis was conducted of a survey of similar to 1900 health care staff from 46 organizations in a large delivery system. Exploratory factor analysis identified factors contributing to the "Perceived Capacity to Address Social Needs" domain; Motivation, Organizational Reinforcement, and 3 task-specific capacities (Identification of social needs, Providing care for patients with social needs, and Linkage to social needs resources). Logistic regression found both a lower sense of motivation (OR 0.71, 95% CI 0.59-0.86), and organizational reinforcement (OR 0.51, 95% CI 0.42-0.62) associated with a higher rate of burnout. These associations with burnout differed by organizational role, suggesting role-specific relationships between these behavioral conditions. As health care has evolved into team-based interventions, staff across the care spectrum are now tasked with addressing larger social issues that affect their patients. A systems approach, aligning organizational priorities and staff motivations, in addition to task-specific skill sets is likely necessary to prevent burnout in this setting.

Notes: Telzak, Andrew Chambers, Earle C. Gutnick, Damara Flattau, Anna Chaya, Joan McAuliff, Kathleen Rapkin, Bruce
1942-7905

URL: <Go to ISI>://WOS:000706452800001

Reference Type: Journal Article

Record Number: 2183

Author: Templeton, A. R., Young, L., Bish, A., Gnich, W., Cassie, H., Treweek, S., Bonetti, D., Stirling, D., Macpherson, L., McCann, S., Clarkson, J., Ramsay, C. and Team, P. M. C. Study

Year: 2016

Title: Patient-, organization-, and system-level barriers and facilitators to preventive oral health care: a convergent mixed-methods study in primary dental care

Journal: Implementation Science

Volume: 11

Date: Jan

Short Title: Patient-, organization-, and system-level barriers and facilitators to preventive oral health care: a convergent mixed-methods study in primary dental care

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0366-2

Article Number: 5

Accession Number: WOS:000368142200002

Abstract: Background: Dental caries is the most common chronic disease of adult and childhood, a largely preventable yet widespread, costly public health problem. This study identified patient-, organization-, and system-level factors influencing routine delivery of recommended care for prevention and management of caries in primary dental care. Methods: A convergent mixed-methods design assessed six guidance-recommended behaviours to prevent and manage caries (recording risk, risk-based recall intervals, applying fluoride varnish, placing preventive fissure sealants, demonstrating oral health maintenance, taking dental x-rays). A diagnostic questionnaire assessing current practice, beliefs, and practice characteristics was sent to a random sample of 651 dentists in National Health Service (NHS) Scotland. Eight in-depth case studies comprising observation of routine dental visits and dental team member interviews were conducted. Patient feedback was collected from adult patients with recent checkups at case study practices. Key informant interviews were conducted with decision makers in policy, funding, education, and regulation. The Theoretical Domains Framework within the Behaviour Change Wheel was used to identify and describe patient-, organization-, and system-level barriers and facilitators to care. Findings were merged into a matrix describing theoretical domains salient to each behaviour. The matrix and Behaviour Change Wheel were used to prioritize behaviours for change and plan relevant intervention strategies. Results: Theoretical domains associated with best practice were identified from the questionnaire (N=196), case studies (N = 8 practices, 29 interviews), and patient feedback (N = 19). Using the study matrix, key stakeholders identified priority behaviours (use of preventive fissure sealants among 6-12-year-olds) and strategies (audit and feedback, patient informational campaign) to improve guidance implementation. Proposed strategies were assessed as appropriate for immediate implementation and suitable for development with remaining behaviours. Conclusions: Specific, theoretically based, testable interventions to improve caries prevention and management were coproduced by patient-, practice-, and policy-level stakeholders. Findings emphasize duality of behavioural determinants as barriers and facilitators, patient influence on preventive care delivery, and benefits of integrating multi-level interests when planning interventions in a dynamic, resource-constrained environment. Interventions identified in this study are actively being used to support ongoing implementation initiatives including guidance, professional development, and oral health promotion.

Notes: Templeton, Anna Rose Young, Linda Bish, Alison Gnich, Wendy Cassie, Heather Treweek, Shaun Bonetti, Debbie Stirling, Douglas

Macpherson, Lorna McCann, Sharon Clarkson, Jan Ramsay, Craig
Treweek, Shaun/AAE-8006-2019; Ramsay, Craig/AAD-8249-2021
Treweek, Shaun/0000-0002-7239-7241; Ramsay, Craig/
0000-0003-4043-7349; Cassie, Heather/0000-0002-9677-2886; Gnich,
Wendy/0000-0002-4065-7205; Clarkson, Jan/0000-0001-5940-2926;
bonetti, debbie/0000-0003-3547-3361
URL: <Go to ISI>://WOS:000368142200002

Reference Type: Journal Article

Record Number: 941

Author: Teo, J. L., Zheng, Z. and Bird, S. R.

Year: 2022

Title: Identifying the factors affecting 'patient engagement' in
exercise rehabilitation

Journal: BMC Sports Science Medicine and Rehabilitation

Volume: 14

Issue: 1

Date: Feb

Short Title: Identifying the factors affecting 'patient engagement'
in exercise rehabilitation

ISSN: 2052-1847

DOI: 10.1186/s13102-022-00407-3

Article Number: 18

Accession Number: WOS:000752345600002

Abstract: Background Despite the proven benefits of exercise
rehabilitation for numerous health conditions, musculoskeletal
injuries and recovery from surgery, patient adherence to such
programs is reported to often be less than 35%. Increasing patient
engagement therefore has the potential to improve patient health
outcomes, benefiting the patient, their carers and the services that
support them. The aims of this review were to identify the factors
that contribute to 'patient' engagement in prescribed exercise
rehabilitation using the COM-B (capability, opportunity, motivation-
behaviour) framework of behavioural analysis. Methods Five
electronic databases (PubMed, Embase, Cochrane, Web of Science, and
ClinicalTrials.gov) were searched. 'COM-B' was the key word searched
for specifically within titles and abstracts, combined with either
'physical activity' OR 'exercise' included using the 'AND'
operation. Records were then filtered and excluded following full-
text screening based on the predetermined eligibility criteria.
Results Twenty studies were included in the review. The main COM-B
themes highlighted for improving patient engagement were:
capability-improving patient knowledge and cognitive skills for
behavioural regulation, such as 'action planning' and 'action
control', which could also benefit time-management; opportunity-a
balanced life situation that enabled time to be devoted to the
exercise program, social support, easily accessible and affordable
resources and services; and motivation-increasing patient levels of
self-efficacy and autonomous motivation, which were noted to be
influenced by levels of perceived 'capability', additionally
'motivation' was noted to be influenced by patients perceiving the
benefits of the exercise, and adherence to the program was promoted
by 'goal-setting'. Other issues in the 'capability' domain included

a fear and/or dislike of exercise. Conclusion Patient engagement behavior has been shown to be influenced by both external (opportunity) and intrapersonal variables (capability and motivation). Those prescribing exercises within a rehabilitation program need to discuss these factors with their patients and co-design the exercise rehabilitation program in partnership with the patient, since this is likely to improve patient engagement, and thereby result in superior health outcomes. Furthermore, these factors need to be a consideration in clinical trials, if the findings from such trials are to translate into mainstream healthcare settings.

Notes: Teo, Junsheng L. Zheng, Zhen Bird, Stephen R.

Bird, Stephen R/E-6908-2012

Bird, Stephen Richard/0000-0002-3047-7390

URL: <Go to ISI>://WOS:000752345600002

Reference Type: Journal Article

Record Number: 176

Author: Teoh, K. W., Ng, C. M., Chong, C. W., Bell, S., Cheong, W. L. and Lee, S. W. H.

Year: 2023

Title: Knowledge, attitude, and practice toward pre-diabetes among the public, patients with pre-diabetes and healthcare professionals: a systematic review

Journal: Bmj Open Diabetes Research & Care

Volume: 11

Issue: 1

Date: Feb

Short Title: Knowledge, attitude, and practice toward pre-diabetes among the public, patients with pre-diabetes and healthcare professionals: a systematic review

DOI: 10.1136/bmjdr-2022-003203

Article Number: e003203

Accession Number: WOS:000939400300002

Abstract: The prevalence of pre-diabetes is increasing globally, affecting an estimated 552 million people by 2030. While lifestyle interventions are the first line of defense against progression toward diabetes, information on barriers toward pre-diabetes management and how to overcome these barriers are scarce. This systematic review describes the publics' and healthcare professionals' knowledge, attitude and practice (KAP) toward pre-diabetes and determines the barriers toward pre-diabetes management. A systematic search for studies examining KAP towards pre-diabetes was conducted in six databases from inception to September 2022. Studies that quantitatively assessed at least two KAP elements using questionnaires were included. The quality of studies was assessed using the NIH Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies. Barriers and enablers were identified and mapped onto the Capability, Motivation, and Behaviour model to identify factors that influence behavior change. Twenty-one articles that surveyed 8876 participants were included in this review. Most of the reviews (n=13) were directed to healthcare professionals. Overall, positive attitudes toward diabetes prevention efforts were

observed, although there were still knowledge deficits and poor behavior toward pre-diabetes management. Barriers and enablers were detected at patients (eg, goals and intention), healthcare professionals (eg, clinical judgement) and system (eg, access and resources) levels. The use of different survey instruments to assess KAP prevented a head-to-head comparison between studies. Most studies conducted among patients were from middle-income countries, while among healthcare professionals (HCPs) were from high-income countries, which may produce some biasness. Nevertheless, the development of pre-diabetes intervention should focus on: (1) increasing knowledge on pre-diabetes and its management; (2) imparting practical skills to manage pre-diabetes; (3) providing resources for lifestyle management; (4) improving the accessibility of lifestyle management programs; and (5) other HCPs and human support to pre-diabetes management.

Notes: Teoh, Kah Woon Ng, Choon Ming Chong, Chun Wie Bell, Simon Cheong, Wing Loong Lee, Shaun Wen Huey Lee, Shaun/E-9934-2014

Lee, Shaun/0000-0001-7361-6576; Ng, Choon Ming/0000-0002-1754-1909; Cheong, Mark Wing Loong/0000-0002-8652-7369; Teoh, Kah Woon/0000-0001-7503-0018
2052-4897

URL: <Go to ISI>://WOS:000939400300002

Reference Type: Journal Article

Record Number: 473

Author: Tessier, D., Nicaise, V. and Sarrazin, P.

Year: 2022

Title: The effects of a cluster-randomized control trial manipulating exercise goal content and planning on physical activity among low-active adolescents

Journal: Frontiers in Psychology

Volume: 13

Date: Sep

Short Title: The effects of a cluster-randomized control trial manipulating exercise goal content and planning on physical activity among low-active adolescents

ISSN: 1664-1078

DOI: 10.3389/fpsyg.2022.950107

Article Number: 950107

Accession Number: WOS:000861754500001

Abstract: The purpose of the present two studies was to investigate whether in framing messages that target salient beliefs of youth, the type of goal framed matter to promote physical activity (PA) participation among low-active adolescents (i.e., participating in less than 1 h/day of moderate-to-vigorous PA). More specifically, the main trial (study 2) compared the effect of intrinsic and extrinsic-goal framing messages alongside planning (IMC + P and EMC + P) to a control condition (CC) on low-active adolescents' physical activity (PA), intention, attitude, and exercise goals, and examined the potential mediational effect of these variables between condition and PA. Low-active students (n = 193; M age = 16.89) from fifteen classes were assigned to one of these three conditions. PA

was assessed using an accelerometer, and the socio-cognitive mediators were measured at baseline (i.e., 2 weeks before the intervention) and post-test, and the intention was measured again at follow-up (i.e., 2 weeks after the intervention). Results showed that compared to adolescents in the CC group, those in the experimental conditions did not do more moderate PA, but carried out more light PA, and yielded an increase in attitude and intention. Mediation analysis revealed no significant effect of the potential mediators.

Notes: Tessier, Damien Nicaise, Virginie Sarrazin, Philippe Tessier, Damien/HJP-8201-2023
Tessier, Damien/0000-0002-0728-585X
URL: <Go to ISI>://WOS:000861754500001

Reference Type: Journal Article

Record Number: 136

Author: Theodore, F. L., Bonvecchio, A., Tequeanes, A. L. L., Alvarado, R., Garcia-Guerra, A., Borbolla, M. A. V. and Brero, M.
Year: 2023

Title: Challenges around Child-Feeding Practices with 'Comida Chatarra': A Qualitative Study to Understand the Role of Sociocultural Factors in Caregiver Feeding Decisions

Journal: Nutrients

Volume: 15

Issue: 6

Date: Mar

Short Title: Challenges around Child-Feeding Practices with 'Comida Chatarra': A Qualitative Study to Understand the Role of Sociocultural Factors in Caregiver Feeding Decisions

DOI: 10.3390/nu15061317

Article Number: 1317

Accession Number: WOS:000958554800001

Abstract: A massive incorporation of ultra-processed products into young children's diets worldwide and in Mexico has been documented. The aim of this study is to understand the role of sociocultural factors in principal caregivers' decisions to give a type of ultra-processed food to children under age five, called 'comida chatarra' ('junk food' in English), usually includes sugar-sweetened beverages, sweet and salty snacks, and sweet breakfast cereals. We conducted a descriptive, observational qualitative study. The research was conducted in urban and rural communities in two Mexican states. Twenty-four principal caregivers were equally distributed between the two states and types of communities. They were interviewed in person. Phenomenology underpinned this study. Results highlight the preponderant role of culture in food choices and feeding practices with junk food. Local culture influences child-feeding with ultra-processed products through social norms, knowledge, or socially constructed attitudes. These social norms, built in the context of abundant ultra-processed products and omnipresent marketing, 'justify' children's consumption of junk food. They acquire these products from the principal caregivers, family members, and neighbors, among others, who reward and pamper them. These actors also define what amount (small amounts) and when

(after meals as snacks) children are given these products. Cultural factors must be considered in the development of effective public policies and programs that aim to change the culture around ultra-processed products among children and avoid their consumption.

Notes: Theodore, Florence L. Bonvecchio, Anabelle Tequeanes, Ana Lilia Lozada Alvarado, Rocio Garcia-Guerra, Armando Borbolla, Maria Angeles Villanueva Brero, Mauro

Garcia Guerra, Armando/0000-0003-0377-8136; Bonvecchio, Anabelle/0000-0002-2765-0818; Theodore, Florence L./0000-0002-8111-0871; Lozada-Tequeanes, Ana Lilia/0000-0002-7371-3525
2072-6643

URL: <Go to ISI>://WOS:000958554800001

Reference Type: Journal Article

Record Number: 509

Author: Thogersen-Ntoumani, C., Litster, J., Del Casale, R. and Stenling, A.

Year: 2022

Title: Is a female physical empowerment campaign effective in improving positive body image, motivation for physical activity, and physical activity behavior in young female adults? A two-study experimental test of 'This Girl Can?'

Journal: Body Image

Volume: 42

Pages: 150-159

Date: Sep

Short Title: Is a female physical empowerment campaign effective in improving positive body image, motivation for physical activity, and physical activity behavior in young female adults? A two-study experimental test of 'This Girl Can?'

ISSN: 1740-1445

DOI: 10.1016/j.bodyim.2022.06.001

Accession Number: WOS:000822678500013

Abstract: This Girl Can is a campaign designed to empower women to increase physical activity. The campaign uses images/videos of women of diverse body weights/shapes, ages and ethnicities being physically active, emphasizing body functionality. First, we examined the effects of multi-session (N = 3) exposures to This Girl Can on body functionality, body appreciation and self-compassion (Study 1). Second, we explored if autonomous motivation for physical activity mediated effects of This Girl Can on physical activity (Study 2). Women (Study 1: N = 186, M (SD) age = 27.55 (14.01); Study 2: N = 153, M (SD) age = 28.31 (11.70)) were randomized to This Girl Can, or control videos/images depicting idealized women of thin/athletic body types being physically active (Study 1), or control videos highlighting physical activity benefits (Study 2). Outcomes were measured at baseline, post-test and 1-week follow-up. Study 1 results showed significant group by time interactions for body functionality (decreasing in the control group), body appreciation and self-compassion (both increased only in the experimental conditions). In Study 2, path analysis revealed no statistically significant mediation effect (ab = 13.18, 95 % CI [-107.92, 152.59]) of autonomous motivation. Future interventions

designed to promote positive body image and self-compassion should incorporate media focusing on diverse women engaging in self-chosen physical activity.(c) 2022 The Author(s). Published by Elsevier Ltd. CC_BY_4.0

Notes: Thogersen-Ntoumani, C. Litster, J. Del Casale, R. Stenling, A.

Thogersen-Ntoumani, Cecilie/0000-0003-0255-1263
1873-6807

URL: <Go to ISI>://WOS:000822678500013

Reference Type: Journal Article

Record Number: 1041

Author: Thomas, J. A., Miller, E. R. and Ward, P. R.

Year: 2022

Title: Lifestyle Interventions through Participatory Research: A Mixed-Methods Systematic Review of Alcohol and Other Breast Cancer Behavioural Risk Factors

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 2

Date: Jan

Short Title: Lifestyle Interventions through Participatory Research: A Mixed-Methods Systematic Review of Alcohol and Other Breast Cancer Behavioural Risk Factors

DOI: 10.3390/ijerph19020980

Article Number: 980

Accession Number: WOS:000760291000001

Abstract: Breast cancer is one of the most frequently diagnosed cancers in women globally. Sex and advancing age represent the dominant risk factors, with strong evidence of alcohol as a modifiable risk factor. The carcinogenic nature of alcohol has been known for over twenty years; however, this has failed to translate into significant behavioural, practice, or policy change. As a result, women have not benefitted from this research and, by extension, have been exposed to unnecessary breast cancer risk. Participatory research presents a solution to research translation in public health through the collaboration of impacted populations with academics in research. This systematic review examines peer-reviewed research studies where participants were involved in the research process and the outcomes related to breast cancer prevention (either alcohol or broader lifestyle modification). Seven of the eight studies reported positive effects, and the collaboration between academic researchers and impacted populations may have supported positive outcomes. Women were receptive and responsive to participatory approaches, and their participation is important to address socially entrenched behaviours such as alcohol consumption. Participatory research presents opportunities for future interventions to improve (or address) modifiable risk factors for breast cancer.

Notes: Thomas, Jessica A. Miller, Emma R. Ward, Paul R.

Ward, Paul R/A-1368-2008

Miller, Emma/0000-0002-6373-5720; Thomas, Jessica A/

0000-0001-6245-6060; Ward, Paul/0000-0002-5559-9714
1660-4601
URL: <Go to ISI>://WOS:000760291000001

Reference Type: Journal Article
Record Number: 2376
Author: Thomas, K., Bendtsen, P. and Krevers, B.
Year: 2014
Title: Implementation of healthy lifestyle promotion in primary care: Patients as coproducers
Journal: Patient Education and Counseling
Volume: 97
Issue: 2
Pages: 283-290
Date: Nov
Short Title: Implementation of healthy lifestyle promotion in primary care: Patients as coproducers
ISSN: 0738-3991
DOI: 10.1016/j.pec.2014.07.033
Accession Number: WOS:000344824800020
Abstract: Objectives: To explore and theorize how patients perceive, interpret, and react in healthy lifestyle promotion situations in primary care and to investigate patients' role in implementation of lifestyle promotion illustrated by typologies. Methods: Grounded theory was used to assess qualitative interview data from 22 patients with varied experience of healthy lifestyle promotion. Data were analyzed by constant comparative analysis. Results: A substantive theory of being healthy emerged from the data. The theory highlights the processes that are important for implementation before, during, and after lifestyle promotion. Three interconnected categories emerged from the data: conditions for being healthy, managing being healthy, and interactions about being healthy; these formed the core category: being healthy. A typology proposed four patient trajectories on being healthy: resigned, receivers, coworkers, and leaders. Conclusion: Patients coproduced the implementation of lifestyle promotion through the degree of transparency, which was a result of patients' expectations and situation appraisals. Practice implications: Different approaches are needed during lifestyle promotion depending on a variety of patient-related factors. The typology could guide practitioners in their lifestyle promotion practice. (C) 2014 Elsevier Ireland Ltd. All rights reserved.
Notes: Thomas, Kristin Bendtsen, Preben Krevers, Barbro Thomas, Kristin/0000-0001-6434-4855
1873-5134
URL: <Go to ISI>://WOS:000344824800020

Reference Type: Journal Article
Record Number: 118
Author: Thomas, R., Berry, A., Swales, C. and Cramp, F.
Year: 2023
Title: Strategies to enhance physical activity in people with

Rheumatoid Arthritis: A Delphi survey

Journal: Musculoskeletal Care

Date: 2023 Mar

Short Title: Strategies to enhance physical activity in people with Rheumatoid Arthritis: A Delphi survey

ISSN: 1478-2189

DOI: 10.1002/msc.1745

Accession Number: WOS:000945817000001

Abstract: Introduction Managing symptoms, resisting functional decline and maintaining health and independence are key motivators for people with Rheumatoid Arthritis (RA) who successfully engage with physical activity (PA). To inform PA support for people with RA the aim was to determine whether the broader RA population share similar beliefs and strategies regarding PA to those who report successful engagement. Methods A modified two-stage Delphi approach. 200 patients from four National Health Service rheumatology departments received a postal questionnaire containing statements relating to engagement with PA derived from prior interview data from physically active individuals with RA. Statements rated as agree or strongly agree by > 50% of respondents were retained and the same respondents asked to rate and prioritize potential PA intervention components. Ethical approval: Oxford C Research Ethics Committee (ref 13/SC/0418). Results Questionnaire one received 49 responses (11 males, 37 females, 1 unknown), mean age 65 years (range 29-82). Low levels of PA were reported by 60% of respondents. Questionnaire two responses (n = 36) indicated that a PA intervention should include information about prevention of RA symptoms worsening and benefits of PA for joints; help participants to achieve improved pain management and a feeling of being in control of their RA. For PA maintenance it was important that medication controlled symptoms, and PA instructors understood RA to ensure safety. Conclusions A key factor to consider when designing a PA intervention for people with RA is that education from a knowledgeable instructor should underpin programme delivery alongside effective medication. Programmes may need tailoring based on demographics; this should be explored in future studies.

Notes: Thomas, Rachel Berry, Alice Swales, Caroline Cramp, Fiona Cramp, Fiona/0000-0001-8035-9758; Thomas, Rachel/0000-0003-3726-5179; Berry, Alice/0000-0002-3863-6835 1557-0681

URL: <Go to ISI>://WOS:000945817000001

Reference Type: Journal Article

Record Number: 2378

Author: Thomas, S. and Mackintosh, S.

Year: 2014

Title: Use of the Theoretical Domains Framework to Develop an Intervention to Improve Physical Therapist Management of the Risk of Falls After Discharge

Journal: Physical Therapy

Volume: 94

Issue: 11

Pages: 1660-1675

Date: Nov

Short Title: Use of the Theoretical Domains Framework to Develop an Intervention to Improve Physical Therapist Management of the Risk of Falls After Discharge

ISSN: 0031-9023

DOI: 10.2522/ptj.20130412

Accession Number: WOS:000343794800012

Abstract: Background and Purpose. Older adults have an increased risk of falls after discharge from the hospital. Guidelines to manage this risk of falls are well documented but are not commonly implemented. The aim of this case report is to describe the novel approach of using the Theoretical Domains Framework (TDF) to develop an intervention to change the clinical behavior of physical therapists. Case Description. This project had 4 phases: identifying the evidence-practice gap, identifying barriers and enablers that needed to be addressed, identifying behavior change techniques to overcome the barriers, and determining outcome measures for evaluating behavior change. Outcomes. The evidence-practice gap was represented by the outcome that few patients who had undergone surgery for hip fracture were recognized as having a risk of falls or had a documented referral to a community agency for follow-up regarding the prevention of falls. Project aims aligned with best practice guidelines were established; 12 of the 14 TDF domains were considered to be relevant to behaviors in the project, and 6 behavior change strategies were implemented. Primary outcome measures included the proportion of patients who had documentation of the risk of falls and were referred for a comprehensive assessment of the risk of falls after discharge from the hospital. Discussion. A systematic approach involving the TDF was useful for designing a multifaceted intervention to improve physical therapist management of the risk of falls after discharge of patients from an acute care setting in South Australia, Australia. This framework enabled the identification of targeted intervention strategies that were likely to influence health care professional behavior. Early case note audit results indicated that positive changes were being made to reduce the evidence-practice gap.

Notes: Thomas, Susie Mackintosh, Shylie

Mackintosh, Shylie/A-9152-2008

Mackintosh, Shylie/0000-0003-4200-5363

1538-6724

URL: <Go to ISI>://WOS:000343794800012

Reference Type: Journal Article

Record Number: 1721

Author: Thomas-Walters, L., Hinsley, A., Bergin, D., Burgess, G., Doughty, H., Eppel, S., MacFarlane, D., Meijer, W., Lee, T. M., Phelps, J., Smith, R. J., Wan, A. K. Y. and Verissimo, D.

Year: 2021

Title: Motivations for the use and consumption of wildlife products

Journal: Conservation Biology

Volume: 35

Issue: 2

Pages: 483-491

Date: Apr

Short Title: Motivations for the use and consumption of wildlife products

ISSN: 0888-8892

DOI: 10.1111/cobi.13578

Accession Number: WOS:000562562400001

Abstract: The dominant approach to combating the illegal wildlife trade has traditionally been to restrict the supply of wildlife products. Yet conservationists increasingly recognize the importance of implementing demand-side interventions that target the end consumers in the trade chain. Their aim is to curb the consumption of wildlife or shift consumption to more sustainable alternatives. However, there are still considerable knowledge gaps in understanding of the diversity of consumer motivations in the context of illegal wildlife trade, which includes hundreds of thousands of species, different uses, and diverse contexts. Based on consultation with multiple experts from a diversity of backgrounds, nationalities, and focal taxa, we developed a typology of common motivations held by wildlife consumers that can be used to inform conservation interventions. We identified 5 main motivational categories for wildlife use: experiential, social, functional, financial, and spiritual, each containing subcategories. This framework is intended to facilitate the segmentation of consumers based on psychographics and allow the tailoring of interventions—whether behavior change campaigns, enforcement efforts, or incentive programs—to the specific context in which they will be used.

Underlining the importance of consumer research and collaborating with local actors is an important step toward promoting a more systematic approach to the design of demand reduction interventions.

Notes: Thomas-Walters, Laura Hinsley, Amy Bergin, Daniel Burgess, Gayle Doughty, Hunter Eppel, Sara MacFarlane, Douglas Meijer, Wander Lee, Tien Ming Phelps, Jacob Smith, Robert J. Wan, Anita K. Y.

Verissimo, Diogo

Hinsley, Amy/J-3199-2019

Hinsley, Amy/0000-0002-5590-7617; Thomas-Walters, Laura/0000-0002-3250-2799; Lee, Tien Ming/0000-0003-2698-9358; Doughty, Hunter/0000-0001-5203-5115

1523-1739

URL: <Go to ISI>://WOS:000562562400001

Reference Type: Journal Article

Record Number: 234

Author: Thompson, D., Rattu, S., Tower, J., Egerton, T., Francis, J. and Merolli, M.

Year: 2023

Title: Mobile app use to support therapeutic exercise for musculoskeletal pain conditions may help improve pain intensity and self-reported physical function: a systematic review

Journal: Journal of Physiotherapy

Volume: 69

Issue: 1

Pages: 23-34

Date: Jan

Short Title: Mobile app use to support therapeutic exercise for musculoskeletal pain conditions may help improve pain intensity and self-reported physical function: a systematic review

ISSN: 1836-9553

DOI: 10.1016/j.jphys.2022.11.012

Accession Number: WOS:000923613200001

Abstract: Question: What is the effect of therapeutic exercise or tailored physical activity programs supported by a mobile app (compared with exercise or physical activity programs delivered using other modes) for people with musculoskeletal pain conditions? Design: Systematic review of published randomised controlled trials with meta-analysis. Participants: People of all ages with musculoskeletal pain conditions. Intervention: Therapeutic exercise or tailored physical activity programs supported by a mobile app. Outcome measures: Pain intensity, pain interference, self-reported physical function, physical performance, adherence, psychosocial outcomes, health-related quality of life, work participation, physical activity, goal attainment and satisfaction. Results: Eleven studies were eligible for inclusion, with a total of 845 participants. There was low certainty evidence that using mobile apps to deliver exercise programs helps to reduce pain intensity to a worthwhile extent (SMD -0.60, 95% CI -0.93 to -0.27). There was low certainty evidence that using mobile apps to deliver exercise programs helps to improve self-reported physical function to a worthwhile extent (SMD -0.92, 95% CI -1.57 to -0.27). Although the effect of using mobile apps to deliver exercise programs on pain interference was also estimated to be a worthwhile benefit (SMD -0.66), this estimate came with marked uncertainty (95% CI -1.52 to 0.19) so the effect remains unclear. The remainder of the outcomes were unclear due to sparse evidence. The most common behaviour change intervention functions in the mobile app interventions were: training, enablement and environmental restructuring. Conclusion: Mobile apps supporting therapeutic exercise or tailored physical activity programs for musculoskeletal pain conditions may help in reducing pain intensity and improving physical function. The mobile apps utilised a limited range of behaviour change intervention functions. Registration: CRD42021248046 [Thompson D, Rattu S, Tower J, Egerton T, Francis J, Merolli M (2023) Mobile app use to support therapeutic exercise for musculoskeletal pain conditions may help improve pain intensity and self-reported physical function: a systematic review. Journal of Physiotherapy 69:23-34](c) 2022 Australian Physiotherapy Association. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Notes: Thompson, Debra Rattu, Samuel Tower, Jared Egerton, Thorlene Francis, Jill Merolli, Mark
1836-9561

URL: <Go to ISI>://WOS:000923613200001

Reference Type: Journal Article

Record Number: 1218

Author: Thompson, L., Vipham, J., Hok, L. and Ebner, P.

Year: 2021

Title: Towards improving food safety in Cambodia: Current status and emerging opportunities
Journal: Global Food Security–Agriculture Policy Economics and Environment
Volume: 31
Date: Dec
Short Title: Towards improving food safety in Cambodia: Current status and emerging opportunities
ISSN: 2211-9124
DOI: 10.1016/j.gfs.2021.100572
Article Number: 100572
Accession Number: WOS:000705398800005
Abstract: Cambodia has made significant efforts to improve nutritional outcomes while demonstrating increasing interest in ensuring that food safety challenges do not negate these efforts. This integrative review examines food safety in Cambodia to identify areas where efforts, both existing and recommended, could focus to best limit Cambodians' exposure to foodborne disease. The review considers: 1) documented foodborne disease outbreaks in Cambodia; 2) aggregated food safety research taking place in Cambodia; 3) current food safety regulatory structures in the country; and 4) gaps in food safety knowledge or practices. Lastly, the review proposes an framework to bridge food safety gaps through the integration of improved surveillance, targeted intervention research informed, and a comprehensive understanding of Cambodians motivations, opportunities, and capabilities to adopt food safety practices.
Notes: Thompson, Leah Vipham, Jessie Hok, Lyda Ebner, Paul
URL: <Go to ISI>://WOS:000705398800005

Reference Type: Journal Article
Record Number: 1144
Author: Thompson, W., Sandoe, J., Pavitt, S., Walsh, T. and Byrne-Davis, L.
Year: 2021
Title: Co-Developing an Antibiotic Stewardship Tool for Dentistry: Shared Decision-Making for Adults with Toothache or Infection
Journal: Antibiotics–Basel
Volume: 10
Issue: 11
Date: Nov
Short Title: Co-Developing an Antibiotic Stewardship Tool for Dentistry: Shared Decision-Making for Adults with Toothache or Infection
ISSN: 2079-6382
DOI: 10.3390/antibiotics10111345
Article Number: 1345
Accession Number: WOS:000807203200001
Abstract: Dentistry is responsible for around 10% of antibiotic prescribing across global healthcare, with up to 80% representing inappropriate use. Facilitating shared decision-making has been shown to optimise antibiotic prescribing (antibiotic stewardship) in primary medical care. Our aim was to co-develop a shared decision-making antibiotic stewardship tool for dentistry. Dentists, patients

and other stakeholders prioritised factors to include in the new tool, based on previous research (a systematic review and ethnographic study) about dentists' decision-making during urgent appointments. Candidate behaviour-change techniques were identified using the Behaviour Change Wheel and selected based on suitability for a shared decision-making approach. A 'think aloud' study helped fine-tune the tool design and Crystal Marking ensured clarity of messaging. The resulting paper-based worksheet for use at point-of-care incorporated various behaviour change techniques, such as: 'information about (and salience of) health consequences', 'prompts and cues', 'restructuring the physical (and social) environment' and 'credible sources'. The think aloud study confirmed the tool's acceptability to dentists and patients, and resulted in the title: 'Step-by-step guide to fixing your toothache.' Further testing will be necessary to evaluate its efficacy at safely reducing dental antibiotic prescribing during urgent dental appointments in England and, with translation, to other dental contexts globally.

Notes: Thompson, Wendy Sandoe, Jonathan Pavitt, Sue Walsh, Tanya Byrne-Davis, Lucie

Thompson, Wendy/H-7828-2018

Thompson, Wendy/0000-0001-6799-4087; Walsh, Tanya/
0000-0001-7003-8854; Byrne-Davis, Lucie/0000-0002-9658-5394

URL: <Go to ISI>://WOS:000807203200001

Reference Type: Journal Article

Record Number: 2277

Author: Thornton, L. E., Lamb, K. E., Tseng, M., Crawford, D. A. and Ball, K.

Year: 2015

Title: Does food store access modify associations between intrapersonal factors and fruit and vegetable consumption?

Journal: European Journal of Clinical Nutrition

Volume: 69

Issue: 8

Pages: 902-906

Date: Aug

Short Title: Does food store access modify associations between intrapersonal factors and fruit and vegetable consumption?

ISSN: 0954-3007

DOI: 10.1038/ejcn.2014.287

Accession Number: WOS:000359264100007

Abstract: BACKGROUND/OBJECTIVES: Existing theoretical frameworks suggest that healthy eating is facilitated by an individual's ability, motivation and environmental opportunities. It is plausible, although largely untested, that the importance of factors related to ability and motivation differ under varied environmental conditions. This study aimed to determine whether the magnitude of associations between fruit and vegetable consumption and intrapersonal factors (ability and motivation) were modified by differences in access to stores selling these items (environmental opportunities). SUBJECTS/METHODS: Cross-sectional analysis of 4335 women from socioeconomically disadvantaged neighbourhoods in the state of Victoria, Australia. Self-reported fruit and vegetable

consumption was assessed against a number of ability- and motivation-related factors. To examine whether associations were modified by store access, interactions with access to supermarkets and greengrocers within 2 km of participants' households were tested. RESULTS: Of the two factors related to ability and seven factors related to motivation, almost all were associated with fruit and vegetable consumption. In general, associations were not modified by store access suggesting that these factors were not tempered by environmental opportunities. CONCLUSIONS: This study provides little support for the hypothesis that the importance of intra-personal factors to fruit and vegetable consumption is modified by food store access. Further research on this topic is required to inform behaviour change interventions.

Notes: Thornton, L. E. Lamb, K. E. Tseng, M. Crawford, D. A. Ball, K.

Crawford, David A/K-6301-2015; Lamb, Karen/P-4988-2016; Thornton, Lukar E/C-9554-2014; Ball, Kylie/B-5866-2015; Tseng, Marilyn/B-9334-2016

Crawford, David A/0000-0002-2467-7556; Lamb, Karen/0000-0001-9782-8450; Ball, Kylie/0000-0003-2893-8415; Tseng, Marilyn/0000-0002-9969-9055; Thornton, Lukar/0000-0001-8759-8671 1476-5640

URL: <Go to ISI>://WOS:000359264100007

Reference Type: Journal Article

Record Number: 966

Author: Thorpe, J.

Year: 2022

Title: Understanding Behaviour Change in Theory-Based Evaluation of Market Systems Development Programmes

Journal: Ids Bulletin-Institute of Development Studies

Volume: 53

Issue: 1

Pages: 141-163

Date: Feb

Short Title: Understanding Behaviour Change in Theory-Based Evaluation of Market Systems Development Programmes

ISSN: 0265-5012

DOI: 10.19088/1968-2022.109

Accession Number: WOS:000752278300008

Abstract: Market systems development (MSD) programmes aim to influence private actor behaviour to promote markets that work better for the poor. This article aims to inform theory-based evaluation (TBE) of such programmes, arguing that a stronger analysis of market actor behaviour change is needed. It proposes a 'behaviour change framework' (BCF), building on recent advances in the TBE literature. These focus attention on behaviour change as contingent on the alignment of actor capability, motivation, and opportunity, influenced by the meso and macro contexts. The article applies the BCF to three theory-based MSD evaluations to illustrate its applicability and draw lessons on its use. The BCF can be used to identify evidence gaps and support more compelling explanations of what worked and under what conditions. Such evidence can inform

future MSD programmes, and enable them to better stimulate systemic change in line with poverty reduction.

Notes: Thorpe, Jodie
1759-5436

URL: <Go to ISI>://WOS:000752278300008

Reference Type: Journal Article

Record Number: 1766

Author: Tiitinen, S., Ilomaki, S., Laitinen, J., Korkiakangas, E. E., Hannonen, H. and Ruusuvoori, J.

Year: 2020

Title: Developing theory- and evidence-based counseling for a health promotion intervention: A discussion paper

Journal: Patient Education and Counseling

Volume: 103

Issue: 1

Pages: 234-239

Date: Jan

Short Title: Developing theory- and evidence-based counseling for a health promotion intervention: A discussion paper

ISSN: 0738-3991

DOI: 10.1016/j.pec.2019.08.015

Accession Number: WOS:000499688200030

Abstract: Although the use of theories and evidence is often stressed in the development of health promotion interventions, this does not guarantee the success of an intervention. Thus, we need to reflect on intervention development processes that use different types of theories and evidence. In this paper, we provide a reflective discussion on how we identified evidence-based behavior change techniques and counseling themes for a health promotion intervention. In addition, we discuss the challenges that we encountered and what we learned during the process: a) a lack of previous research and meta-analyses, b) inconsistencies in evidence, c) integrating evidence and theories that have different starting points, and d) collaborating with researchers who represent different evidence and theories. During the process, we benefitted from having the clear goal of conducting evidence- and theory-based work. We solved the challenges by, for example, utilizing different types of evidence and being reflective about the reasons behind any inconsistencies in the evidence. In retrospect, we would have benefitted from closer collaboration between the teams that worked separately with different evidence. These kinds of reflective descriptions of development processes and the challenges encountered during them may help other researchers and professionals avoid encountering the same challenges. (c) 2019 Elsevier B.V. All rights reserved.

Notes: Tiitinen, Sanni Ilomaki, Sakari Laitinen, Jaana Korkiakangas, Eveliina Elisabet Hannonen, Heli Ruusuvoori, Johanna

Tiitinen, Sanni/ABG-2258-2020

Tiitinen, Sanni/0000-0002-2567-9182; Ilomaki, Sakari/
0000-0003-1791-7117

1873-5134

URL: <Go to ISI>://WOS:000499688200030

Reference Type: Journal Article

Record Number: 2145

Author: Tilson, J. K., Mickan, S., Howard, R., Sum, J. C., Zibell, M., Cleary, L., Mody, B. and Michener, L. A.

Year: 2016

Title: Promoting physical therapists' use of research evidence to inform clinical practice: part 3—long term feasibility assessment of the PEAK program

Journal: BMC Medical Education

Volume: 16

Date: May

Short Title: Promoting physical therapists' use of research evidence to inform clinical practice: part 3—long term feasibility assessment of the PEAK program

DOI: 10.1186/s12909-016-0654-9

Article Number: 144

Accession Number: WOS:000375685500002

Abstract: Background: Evidence is needed to develop effective educational programs for promoting evidence based practice (EBP) and knowledge translation (KT) in physical therapy. This study reports long-term outcomes from a feasibility assessment of an educational program designed to promote the integration of research evidence into physical therapist practice. Methods: Eighteen physical therapists participated in the 6-month Physical therapist-driven Education for Actionable Knowledge translation (PEAK) program. The participant-driven active learning program consisted of four consecutive, interdependent components: 1) acquiring managerial leadership support and electronic resources in three clinical practices, 2) a 2-day learner-centered EBP training workshop, 3) 5 months of guided small group work synthesizing research evidence into a locally relevant list of, actionable, evidence-based clinical behaviors for therapists treating persons with musculoskeletal lumbar conditions—the Best Practices List, and 4) review and revision of the Best Practices List, culminating in participant agreement to implement the behaviors in practice. Therapists' EBP learning was assessed with standardized measures of EBP-related attitudes, self-efficacy, knowledge and skills, and self-reported behavior at baseline, immediately-post, and 6 months following conclusion of the program (long-term follow-up). Therapist adherence to the Best Practice List before and after the PEAK program was assessed through chart review. Results: Sixteen therapists completed the long-term follow-up assessment. EBP self-efficacy and self-reported behaviors increased from baseline to long-term follow-up ($p < 0.001$ and $p = 0.002$, respectively). EBP-related knowledge and skills showed a trend for improvement from baseline to long-term follow-up ($p = 0.05$) and a significant increase from immediate-post to long-term follow-up ($p = 0.02$). Positive attitudes at baseline were sustained throughout ($p = 0.208$). Eighty-nine charts were analyzed for therapist adherence to the Best Practices List. Six clinical behaviors had sufficient pre- and post-PEAK charts to justify analysis. Of those, one behavior showed a statistically significant increase in adherence, one had high pre-and post-PEAK

adherence, and four were change resistant, starting with low adherence and showing no meaningful improvement. Conclusions: This study supports the feasibility of the PEAK program to produce long-term improvements in physical therapists' EBP-related self-efficacy and self-reported behavior. EBP knowledge and skills showed improvement from post-intervention to long-term follow-up and a trend toward long-term improvements. However, chart review of therapists' adherence to the participant generated Best Practices List in day-to-day patient care indicates a need for additional support to facilitate behavior change. Future versions of the PEAK program and comparable multi-faceted EBP and KT educational programs should provide ongoing monitoring, feedback, and problem-solving to successfully promote behavior change for knowledge translation. Notes: Tilson, Julie K. Mickan, Sharon Howard, Robbin Sum, Jonathan C. Zibell, Maria Cleary, Lyssa Mody, Bella Michener, Lori A. Michener, Lori/Q-7186-2018; Mickan, Sharon/AAZ-6262-2021 Michener, Lori/0000-0001-9469-0732; Mickan, Sharon/0000-0002-5690-1997 1472-6920 URL: <Go to ISI>://WOS:000375685500002

Reference Type: Journal Article

Record Number: 1345

Author: Timm, I., Rapp, S., Jeuter, C., Bachert, P., Reichert, M., Woll, A. and Wasche, H.

Year: 2021

Title: Interorganizational Networks in Physical Activity Promotion: A Systematic Review

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 14

Date: Jul

Short Title: Interorganizational Networks in Physical Activity

Promotion: A Systematic Review

DOI: 10.3390/ijerph18147306

Article Number: 7306

Accession Number: WOS:000676834500001

Abstract: Public health challenges such as physical inactivity are multiplex and cannot be effectively addressed by single organizations or sectors. For this reason, public health policies have to involve various sectors and foster partnerships among organizations. Social network analysis (SNA) provides a methodological toolkit that enables the investigation of relationships between organizations to reveal information about the structure and cooperation within networks. This systematic review provides an overview of studies utilizing SNA to analyze the structure of networks that promote physical activity, including the structural set-up, types, and conditions of cooperation, the existence or absence of key actors, the characteristics of organizations working together, and potential barriers limiting collaboration. In total, eight eligible studies were identified. To evaluate the quality of these studies, a quality assessment tool for

SNA was created. Relevant aspects from each study were systematically outlined using a data extraction template developed for network studies. The studies reported low to moderate density scores with many ties not being realized. Organizations tend to work side by side than as real partners, whereas organizations of the same type are more strongly connected. Most of the studies identified governmental health organizations as key players in their networks. Network maturity influences network outcomes. Shared goals and geographic proximity are potential facilitators for network development. For future research, more sophisticated methods and longitudinal studies are required to describe how networks, with the aim of promoting physical activity, develop and change to identify predicting factors for an effective network structure.

Notes: Timm, Irina Rapp, Simone Jeuter, Christian Bachert, Philip Reichert, Markus Woll, Alexander Waesche, Hagen , Hagen/0000-0002-2799-9411; Bachert, Philip/0000-0002-7667-3258; Woll, Alexander/0000-0002-5736-2980; Timm, Irina/0000-0002-2957-242X 1660-4601

URL: <Go to ISI>://WOS:000676834500001

Reference Type: Journal Article

Record Number: 2169

Author: Timmings, C., Khan, S., Moore, J. E., Marquez, C., Pyka, K. and Straus, S. E.

Year: 2016

Title: Ready, Set, Change! Development and usability testing of an online readiness for change decision support tool for healthcare organizations

Journal: BMC Medical Informatics and Decision Making

Volume: 16

Date: Feb

Short Title: Ready, Set, Change! Development and usability testing of an online readiness for change decision support tool for healthcare organizations

DOI: 10.1186/s12911-016-0262-y

Article Number: 24

Accession Number: WOS:000370693700001

Abstract: Background: To address challenges related to selecting a valid, reliable, and appropriate readiness assessment measure in practice, we developed an online decision support tool to aid frontline implementers in healthcare settings in this process. The focus of this paper is to describe a multi-step, end-user driven approach to developing this tool for use during the planning stages of implementation. Methods: A multi-phase, end-user driven approach was used to develop and test the usability of a readiness decision support tool. First, readiness assessment measures that are valid, reliable, and appropriate for healthcare settings were identified from a systematic review. Second, a mapping exercise was performed to categorize individual items of included measures according to key readiness constructs from an existing framework. Third, a modified Delphi process was used to collect stakeholder ratings of the included measures on domains of feasibility, relevance, and likelihood to recommend. Fourth, two versions of a decision support

tool prototype were developed and evaluated for usability. Results: Nine valid and reliable readiness assessment measures were included in the decision support tool. The mapping exercise revealed that of the nine measures, most measures (78 %) focused on assessing readiness for change at the organizational versus the individual level, and that four measures (44 %) represented all constructs of organizational readiness. During the modified Delphi process, stakeholders rated most measures as feasible and relevant for use in practice, and reported that they would be likely to recommend use of most measures. Using data from the mapping exercise and stakeholder panel, an algorithm was developed to link users to a measure based on characteristics of their organizational setting and their readiness for change assessment priorities. Usability testing yielded recommendations that were used to refine the Ready, Set, Change! decision support tool. Conclusions: Ready, Set, Change! decision support tool is an implementation support that is designed to facilitate the routine incorporation of a readiness assessment as an early step in implementation. Use of this tool in practice may offer time and resource-saving implications for implementation. Notes: Timmings, Caitlyn Khan, Sobia Moore, Julia E. Marquez, Christine Pyka, Kasha Straus, Sharon E. 1472-6947
URL: <Go to ISI>://WOS:000370693700001

Reference Type: Journal Article

Record Number: 1140

Author: To, Q. G., Green, C. and Vandelanotte, C.

Year: 2021

Title: Feasibility, Usability, and Effectiveness of a Machine Learning-Based Physical Activity Chatbot: Quasi-Experimental Study

Journal: Jmir Mhealth and Uhealth

Volume: 9

Issue: 11

Date: Nov

Short Title: Feasibility, Usability, and Effectiveness of a Machine Learning-Based Physical Activity Chatbot: Quasi-Experimental Study

ISSN: 2291-5222

DOI: 10.2196/28577

Article Number: e28577

Accession Number: WOS:000726402500014

Abstract: Background: Behavioral eHealth and mobile health interventions have been moderately successful in increasing physical activity, although opportunities for further improvement remain to be discussed. Chatbots equipped with natural language processing can interact and engage with users and help continuously monitor physical activity by using data from wearable sensors and smartphones. However, a limited number of studies have evaluated the effectiveness of chatbot interventions on physical activity.

Objective: This study aims to investigate the feasibility, usability, and effectiveness of a machine learning-based physical activity chatbot. Methods: A quasi-experimental design without a control group was conducted with outcomes evaluated at baseline and 6 weeks. Participants wore a Fitbit Flex 1 (Fitbit LLC) and

connected to the chatbot via the Messenger app. The chatbot provided daily updates on the physical activity level for self-monitoring, sent out daily motivational messages in relation to goal achievement, and automatically adjusted the daily goals based on physical activity levels in the last 7 days. When requested by the participants, the chatbot also provided sources of information on the benefits of physical activity, sent general motivational messages, and checked participants' activity history (ie, the step counts/min that were achieved on any day). Information about usability and acceptability was self-reported. The main outcomes were daily step counts recorded by the Fitbit and self-reported physical activity. Results: Among 116 participants, 95 (81.9%) were female, 85 (73.3%) were in a relationship, 101 (87.1%) were White, and 82 (70.7%) were full-time workers. Their average age was 49.1 (SD 9.3) years with an average BMI of 32.5 (SD 8.0) kg/m². Most experienced technical issues were due to an unexpected change in Facebook policy (93/113, 82.3%). Most of the participants scored the usability of the chatbot (101/113, 89.4%) and the Fitbit (99/113, 87.6%) as at least "OK." About one-third (40/113, 35.4%) would continue to use the chatbot in the future, and 53.1% (60/113) agreed that the chatbot helped them become more active. On average, 6.7 (SD 7.0) messages/week were sent to the chatbot and 5.1 (SD 7.4) min/day were spent using the chatbot. At follow-up, participants recorded more steps (increase of 627, 95% CI 219–1035 steps/day) and total physical activity (increase of 154.2 min/week; 3.58 times higher at follow-up; 95% CI 2.28–5.63). Participants were also more likely to meet the physical activity guidelines (odds ratio 6.37, 95% CI 3.31–12.27) at follow-up. Conclusions: The machine learning-based physical activity chatbot was able to significantly increase participants' physical activity and was moderately accepted by the participants. However, the Facebook policy change undermined the chatbot functionality and indicated the need to use independent platforms for chatbot deployment to ensure successful delivery of this type of intervention.

Notes: To, Quyen G. Green, Chelsea Vandelanotte, Corneel Vandelanotte, Corneel/ABF-5580-2020; To, Quyen G/F-1938-2015
To, Quyen G/0000-0002-3355-6326
URL: <Go to ISI>://WOS:000726402500014

Reference Type: Journal Article

Record Number: 48

Author: Tobin, M. M., Jones, T. L., Ho, Y. S. H. and Short, C. E.

Year: 2023

Title: Using photovoice to explore young women's experiences of behaviour change techniques in physical activity mobile apps

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 20

Issue: 1

Date: Apr

Short Title: Using photovoice to explore young women's experiences of behaviour change techniques in physical activity mobile apps

DOI: 10.1186/s12966-023-01447-9

Article Number: 43

Accession Number: WOS:000968206200001

Abstract: Background Research shows that inactive young women are attracted to using mobile phone applications (apps) to increase physical activity. Apps can promote physical activity by delivering a range of behaviour change techniques to influence determinants of user behaviour. Previous qualitative research has examined user experiences with techniques in physical activity apps, however there is little research specifically among young women. This study aimed to explore young women's experiences using commercial physical activity apps to change their behaviour. Methods Young women were recruited online to use a randomly assigned app for two weeks to achieve a personal goal. Using photovoice, a qualitative participatory research method, participants generated insights about their experiences through photographs and semi-structured interviews. Thematic analysis was conducted on photograph and interview data. Results Thirty-two female participants, aged 18-24 years, completed the study. Behaviour change techniques tended to cluster around four key themes: logging and monitoring physical activity; reminders and prompts; workout videos and written instructions; and social features. Social support also strongly influenced participants' experiences. Conclusions Results suggest that behaviour change techniques influenced physical activity in line with social cognitive models, and these models are useful to understand how apps can target user behaviour for young women. The findings identified factors important for young women that seemed to moderate their experiences, such as social norms about women's appearance, which should be further explored within the context of behaviour change models and app design.

Notes: Tobin, Mollie M. Jones, Tamara L. Ho, Yui Sum Haylie Short, Camille E.

Jones, Tamara/0000-0002-4854-0968
1479-5868

URL: <Go to ISI>://WOS:000968206200001

Reference Type: Journal Article

Record Number: 2112

Author: Toftegaard, B. S., Bro, F., Falborg, A. Z. and Vedsted, P.
Year: 2016

Title: Impact of continuing medical education in cancer diagnosis on GP knowledge, attitude and readiness to investigate - a before-after study

Journal: BMC Family Practice

Volume: 17

Date: Jul

Short Title: Impact of continuing medical education in cancer diagnosis on GP knowledge, attitude and readiness to investigate - a before-after study

DOI: 10.1186/s12875-016-0496-x

Article Number: 95

Accession Number: WOS:000380281900002

Abstract: Background: Continuing medical education (CME) in earlier cancer diagnosis was launched in Denmark in 2012 as part of the

Danish National Cancer Plan. The CME programme was introduced to improve the recognition among general practitioners (GPs) of symptoms suggestive of cancer and improve the selection of patients requiring urgent investigation. This study aims to explore the effect of CME on GP knowledge about cancer diagnosis, attitude towards own role in cancer detection, self-assessed readiness to investigate and cancer risk assessment of urgently referred patients. Methods: We conducted a before-after study in the Central Denmark Region including 831 GPs assigned to one of eight geographical clusters. All GPs were invited to participate in the CME at three-week intervals between clusters. A questionnaire focusing on knowledge, attitude and clinical vignettes was sent to each GP one month before and seven months after the CME. The GPs were also asked to assess the risk of cancer in patients urgently referred to a fast-track cancer pathway during an eight-month period. CME-participating GPs were compared with reference (non participating) GPs by analysing before-after differences. Results: One quarter of all GPs participated in the CME. 202 GPs (24.3 %) completed both the baseline and the follow-up questionnaires. 532 GPs (64.0 %) assessed the risk of cancer before the CME and 524 GPs (63.1 %) assessed the risk of cancer after the CME in urgently referred consecutive patients. Compared to the reference group, CME-participating GPs statistically significantly improved their understanding of a rational probability of diagnosing cancer among patients urgently referred for suspected cancer, increased their knowledge of cancer likelihood in a 50 year old referred patient and lowered the assessed risk of cancer in urgently referred patients. Conclusions: The standardised CME lowered the GP-assessed cancer risk of urgently referred patients, whereas the effect on knowledge about cancer diagnosis and attitude towards own role in cancer detection was limited. No effect was found on the GPs' readiness to investigate. CME may be effective for optimising the interpretation of cancer symptoms and thereby improve the selection of patients for urgent cancer referral.

Notes: Toftegaard, Berit Skjodeberg Bro, Flemming Falborg, Alina Zalounina Vedsted, Peter

Vedsted, Peter/C-2583-2008

Vedsted, Peter/0000-0003-2113-5599; Bro, Flemming/

0000-0001-5011-950X; falborg, alina zalounina/0000-0002-1616-9455
1471-2296

URL: <Go to ISI>://WOS:000380281900002

Reference Type: Journal Article

Record Number: 2375

Author: Toftegaard, B. S., Bro, F. and Vedsted, P.

Year: 2014

Title: A geographical cluster randomised stepped wedge study of continuing medical education and cancer diagnosis in general practice

Journal: Implementation Science

Volume: 9

Date: Nov

Short Title: A geographical cluster randomised stepped wedge study

of continuing medical education and cancer diagnosis in general practice

ISSN: 1748-5908

DOI: 10.1186/s13012-014-0159-z

Article Number: 159

Accession Number: WOS:000347431100001

Abstract: Background: Denmark has inferior cancer survival rates compared with many European countries. The main reason for this is suggested to be late diagnosis at advanced cancer stages. Cancer diagnostic work-up begins in general practice in 85% of all cancer cases. Thus, general practitioners (GPs) play a key role in the diagnostic process. The latest Danish Cancer Plan included continuing medical education (CME) on early cancer diagnosis in general practice to improve early diagnosis. This dual aims of this protocol are, first, to describe the conceptualisation, operationalisation and implementation of the CME and, second, to describe the study design and outcomes chosen to evaluate the effects of the CME. **Methods/Design:** The intervention is a CME in early cancer diagnosis targeting individual GPs. It was developed by a step-wise approach. Barriers for early cancer diagnosis at GP level were identified systematically and analysed using the behaviour system involving capability, opportunity and motivation described by Michie et al. The study will be designed as a geographical cluster randomised stepped wedge study. The study population counts 836 GPs from 417 general practices in the Central Denmark Region, geographically divided into eight clusters. GPs from each cluster will be invited to a CME meeting at a certain date three weeks apart. The primary outcomes will be primary care interval and GP referral rate on cancer suspicion. Data will be obtained from national registries, GP-completed forms on patients referred to cancer fast-track pathways and GP-completed online questionnaires before and after the intervention. **Discussion:** To our knowledge, this will be the first study to measure the effect of a theory-based CME in early cancer diagnosis at three levels: GP knowledge and attitude, GP activity and patient outcomes. The achieved knowledge will contribute to the understanding of whether and how general practice's ability to perform cancer diagnosis may be improved.

Notes: Toftegaard, Berit Skjodeberg Bro, Flemming Vedsted, Peter Vedsted, Peter/C-2583-2008

Vedsted, Peter/0000-0003-2113-5599; Bro, Flemming/0000-0001-5011-950X

URL: <Go to ISI>://WOS:000347431100001

Reference Type: Journal Article

Record Number: 458

Author: Tomas, V., Kingsnorth, S., Kirsh, B., Anagnostou, E. and Lindsay, S.

Year: 2022

Title: Using the COM-B Model and Theoretical Domains Framework to Understand Workplace Disclosure Experiences, Influencers, and Needs Among Autistic Young Adults

Journal: Journal of Autism and Developmental Disorders

Date: 2022 Sep

Short Title: Using the COM-B Model and Theoretical Domains Framework to Understand Workplace Disclosure Experiences, Influencers, and Needs Among Autistic Young Adults

ISSN: 0162-3257

DOI: 10.1007/s10803-022-05766-x

Accession Number: WOS:000861184800002

Abstract: For autistic young adults, deciding whether to disclose their autism at work is complex. Minimal research explores what they need to support disclosure and what influences decisions. To understand disclosure needs and influencers, we explored (i) disclosure decision-making experiences and (ii) perceptions of the disclosure process among autistic young adults. We conducted focus groups using the Capability, Opportunity, Motivation, Behaviour Model and Theoretical Domains Framework (TDF). We analyzed data from 23 participants and mapped onto the TDF to develop five themes: (1) workplace environment, (2) perceptions of disclosure outcomes, (3) personal factors and identity, (4) disclosure-related ambitions and determination, and (5) know-hows of disclosure. Future work should prioritize developing disclosure decision-making supports and investigate employer roles in fostering inclusive workplaces.

Notes: Tomas, Vanessa Kingsnorth, Shauna Kirsh, Bonnie Anagnostou, Evdokia Lindsay, Sally

Tomas, Vanessa/0000-0002-1127-6577; Kingsnorth, Shauna/0000-0002-2051-7221

1573-3432

URL: <Go to ISI>://WOS:000861184800002

Reference Type: Journal Article

Record Number: 2053

Author: Tombor, I., Shahab, L., Brown, J., Crane, D., Michie, S. and West, R.

Year: 2016

Title: Development of SmokeFree Baby: a smoking cessation smartphone app for pregnant smokers

Journal: Translational Behavioral Medicine

Volume: 6

Issue: 4

Pages: 533-545

Date: Dec

Short Title: Development of SmokeFree Baby: a smoking cessation smartphone app for pregnant smokers

ISSN: 1869-6716

DOI: 10.1007/s13142-016-0438-0

Accession Number: WOS:000393296000005

Abstract: Pregnant smokers may benefit from digital smoking cessation interventions, but few have been designed for this population. The aim was to transparently report the development of a smartphone app designed to aid smoking cessation during pregnancy. The development of a smartphone app ('SmokeFree Baby') to help pregnant women stop smoking was guided by frameworks for developing complex interventions, including the Medical Research Council (MRC), Multiphase Optimization Strategy (MOST) and Behaviour Change Wheel

(BCW). Two integrative behaviour change theories provided the theoretical base. Evidence from the scientific literature and behaviour change techniques (BCTs) from the BCT Taxonomy v1 informed the intervention content. The app was developed around five core modules, each with a distinct intervention target (identity change, stress management, health information, promoting use of face-to-face support and behavioural substitution) and available in a 'control' or 'full' version. SmokeFree Baby has been developed as part of a multiphase intervention optimization to identify the optimum combination of intervention components to include in smartphone apps to help pregnant smokers stop smoking.

Notes: Tombor, Ildiko Shahab, Lion Brown, Jamie Crane, David Michie, Susan West, Robert

Shahab, Lion/B-5835-2009; West, Robert/B-5414-2009; West, Robert/B-5414-2009; Brown, Jamie/F-4413-2011

Shahab, Lion/0000-0003-4033-442X; West, Robert/0000-0002-0291-5760;

West, Robert/0000-0001-6398-0921; Brown, Jamie/0000-0002-2797-5428 1613-9860

URL: <Go to ISI>://WOS:000393296000005

Reference Type: Journal Article

Record Number: 1472

Author: Tomsic, I., Ebadi, E., Gosse, F., Hartlep, I., Schipper, P., Krauth, C., Schock, B., Chaberny, I. F. and von Lengerke, T.

Year: 2021

Title: Determinants of orthopedic physicians' self-reported compliance with surgical site infection prevention: results of the WACH-trial's pilot survey on COM-B factors in a German university hospital

Journal: Antimicrobial Resistance and Infection Control

Volume: 10

Issue: 1

Date: Apr

Short Title: Determinants of orthopedic physicians' self-reported compliance with surgical site infection prevention: results of the WACH-trial's pilot survey on COM-B factors in a German university hospital

ISSN: 2047-2994

DOI: 10.1186/s13756-021-00932-9

Article Number: 67

Accession Number: WOS:000637760700001

Abstract: Background: Prevention of surgical site infections (SSIs), which due to their long-term consequences are especially critical in orthopedic surgery, entails compliance with over 20 individual measures. However, little is known about the psychosocial determinants of such compliance among orthopedic physicians, which impedes efforts to tailor implementation interventions to improve compliance. Thus, for this professional group, this pilot survey examined psychosocial determinants of self-reported compliance, which have been theoretically derived from the COM-B (Capability, Opportunity, Motivation and Behavior) model. Methods: In 2019, a cross-sectional survey was conducted in a tertiary care university orthopedic clinic in Hannover, Germany, as a pilot for the WACH-

trial ("Wundinfektionen und Antibiotikaverbrauch in der Chirurgie" [Wound Infections and Antibiotics Consumption in Surgery]). Fifty-two physicians participated (38 surgeons, 14 anesthesiologists; response rate: 73.2%). The questionnaire assessed self-reported compliance with 26 SSI preventive measures, and its psychosocial determinants (COM-B). Statistical analyses included descriptive, correlational, and linear multiple regression modeling. Results: Self-reported compliance rates for individual measures varied from 53.8 to 100%, with overall compliance (defined for every participant as the mean of his or her self-reported rates for each individual measure) averaging at 88.9% (surgeons: 90%, anesthesiologists: 85.9%; $p = 0.097$). Of the components identified in factor analyses of the COM-B items, planning, i.e., self-formulated conditional plans to comply, was the least pronounced (mean = 4.3 on the 7-point Likert scale), while motivation was reported to be the strongest (mean = 6.3). Bi-variately, the overall compliance index co-varied with all four COM-B-components, i.e., capabilities ($r = 0.512$, $p < 0.001$), opportunities ($r = 0.421$, $p = 0.002$), planning ($r = 0.378$, $p = 0.007$), and motivation ($r = 0.272$, $p = 0.051$). After mutual adjustment and adjustment for type of physician and the number of measures respondents felt responsible for, the final backward regression model included capabilities (beta = 0.35, $p = 0.015$) and planning (beta = 0.29, $p = 0.041$) as COM-B-correlates. Conclusion: Though based on a small sample of orthopedic physicians in a single hospital (albeit in conjunction with a high survey response rate), this study found initial evidence for positive correlations between capabilities and planning skills with self-reported SSI preventive compliance in German orthopedic physicians. Analyses of the WACH-trial will further address the role of these factors in promoting SSI preventive compliance in orthopedic surgery.

Notes: Tomsic, Ivonne Ebadi, Ella Gosse, Frank Hartlep, Ina Schipper, Pamela Krauth, Christian Schock, Bettina Chaberny, Iris F. von Lengerke, Thomas Chaberny, Iris F./P-5579-2019
Chaberny, Iris F./0000-0001-5859-3660; Tomsic, Ivonne/0000-0002-3066-8824; von Lengerke, Thomas/0000-0002-1269-3479
URL: <Go to ISI>://WOS:000637760700001

Reference Type: Journal Article

Record Number: 406

Author: Tong, L. K., Zhu, M. X., Wang, S. C., Cheong, P. L. and Van, I. K.

Year: 2022

Title: Factors influencing caring behaviour among registered nurses during the COVID-19 pandemic in China: A qualitative study using the COM-B framework

Journal: Journal of Nursing Management

Volume: 30

Issue: 8

Pages: 4071-4079

Date: Nov

Short Title: Factors influencing caring behaviour among registered

nurses during the COVID-19 pandemic in China: A qualitative study using the COM-B framework

ISSN: 0966-0429

DOI: 10.1111/jonm.13855

Accession Number: WOS:000868570100001

Abstract: Aim The aim of this work is to explore the influencing factors of nurses' caring behaviour during the COVID-19 pandemic based on the Capability, Opportunity, Motivation as determinants of Behaviour (COM-B) theoretical framework. Background Nurse caring behaviour is vital to reduce and speed up the healing process of COVID-19 patients. It is important to understand the factors that influence caring behaviour among nurses during the COVID-19 pandemic. Research suggests that when it comes to understanding behaviour, using a theoretical framework is likely to be most effective, and the COM-B framework is a recommended approach. Methods Semistructured interviews with 42 nurses working in 11 Chinese cities were conducted, and their verbatim statements were transcribed and analysed using thematic analysis. The results were mapped to COM-B framework. Results Ten key themes emerged: Capability (professional knowledge and skills, emotional intelligence, cross-cultural care competence); opportunity (resources, organizational culture, social culture); motivation (past experience, character, role, beliefs). Conclusions Ten factors were found to influence nurses' caring behaviour. This study added two new influencing factors, social culture and past experiences, that further contributed to the understanding of nurses' care behaviours. Implications for Nursing Management Nurses' caring behaviour is influenced not only by themselves but also by institutions and society, so interventions aiming to improve their caring behaviour should consider these elements. The negative impact of the pandemic on capability factors that influence nurses' caring behaviour should be counteracted as soon as possible.

Notes: Tong, Lai-Kun Zhu, Ming-Xia Wang, Si-Chen Cheong, Pak-Leng Van, Iat-Kio

Cheong, Pak Leng/0000-0002-3658-0778

1365-2834

URL: <Go to ISI>://WOS:000868570100001

Reference Type: Journal Article

Record Number: 449

Author: Tong, M., Gilmore-Bykovskiy, A., Block, L., Ramly, E., White, D. W., Messina, M. L. and Bartels, C. M.

Year: 2022

Title: Rheumatology Clinic Staff Needs Barriers and Strategies to Addressing High Blood Pressure and Smoking Risk

Journal: Jcr-Journal of Clinical Rheumatology

Volume: 28

Issue: 7

Pages: 354-361

Date: Oct

Short Title: Rheumatology Clinic Staff Needs Barriers and Strategies to Addressing High Blood Pressure and Smoking Risk

ISSN: 1076-1608

DOI: 10.1097/rhu.0000000000001868

Accession Number: WOS:000862006800005

Abstract: Objective Patients with rheumatologic conditions are at elevated risk of cardiovascular disease (CVD) due to inflammatory and traditional risk factors, such as high blood pressure (BP) and smoking. However, rheumatology clinics rarely address traditional risk factors, although they are routinely assessed and modifiable in primary care. The present study sought to (1) characterize rheumatology clinic staff's work process for addressing high BP and smoking and (2) identify barriers and strategies for effective management of these risk factors. **Methods** We conducted 7 focus groups with medical assistants, nurses, and scheduling staff from 4 adult rheumatology clinics across 2 health systems (BP focus groups, n = 23; smoking, n = 20). Transcripts were analyzed using thematic analysis to elucidate barriers and strategies. **Results** We found 3 clinic work processes for the management of high BP and smoking risk: (1) risk identification, (2) follow-up within the clinic, and (3) follow-up with primary care and community resources. Within these processes, we identified barriers and strategies grouped into themes: (1) time, (2) clinic workflows, (3) technology and resources, (4) staff's attitudes and knowledge, and (5) staff's perceptions of patients. The most pervasive barriers were (1) no structured system for follow-up and (2) staff confidence and skill in initiating conversations about health-related behavior change. **Conclusions** Our study identified generalizable gaps in rheumatology staff's work processes and competencies for addressing high BP and smoking in patients. Future efforts to support staff needs should target (1) systems for follow-up within and outside the clinic and (2) conversation support tools.

Notes: Tong, Michelle Gilmore-Bykovskiy, Andrea Block, Laura Ramly, Edmond White, Douglas W. Messina, Monica L. Bartels, Christie M. 1536-7355

URL: <Go to ISI>://WOS:000862006800005

Reference Type: Journal Article

Record Number: 1977

Author: Tonkin, E., Brimblecombe, J. and Wycherley, T. P.

Year: 2017

Title: Characteristics of Smartphone Applications for Nutrition Improvement in Community Settings: A Scoping Review

Journal: Advances in Nutrition

Volume: 8

Issue: 2

Pages: 308-322

Date: Mar

Short Title: Characteristics of Smartphone Applications for Nutrition Improvement in Community Settings: A Scoping Review

ISSN: 2161-8313

DOI: 10.3945/an.116.013748

Accession Number: WOS:000398109500009

Abstract: Smartphone applications are increasingly being used to support nutrition improvement in community settings. However, there is a scarcity of practical literature to support researchers and

practitioners in choosing or developing health applications. This work maps the features, key content, theoretical approaches, and methods of consumer testing of applications intended for nutrition improvement in community settings. A systematic, scoping review methodology was used to map published, peer-reviewed literature reporting on applications with a specific nutrition-improvement focus intended for use in the community setting. After screening, articles were grouped into 4 categories: dietary selfmonitoring trials, nutrition improvement trials, application description articles, and qualitative application development studies. For mapping, studies were also grouped into categories based on the target population and aim of the application or program. Of the 4818 titles identified from the database search, 64 articles were included. The broad categories of features found to be included in applications generally corresponded to different behavior change support strategies common to many classic behavioral change models. Key content of applications generally focused on food composition, with tailored feedback most commonly used to deliver educational content. Consumer testing before application deployment was reported in just over half of the studies. Collaboration between practitioners and application developers promotes an appropriate balance of evidence-based content and functionality. This work provides a unique resource for program development teams and practitioners seeking to use an application for nutrition improvement in community settings.

Notes: Tonkin, Emma Brimblecombe, Julie Wycherley, Thomas Philip Wycherley, Tom/E-5593-2011

Brimblecombe, Julie/0000-0002-1977-276X; Tonkin, Emma/0000-0001-9941-4251; Wycherley, Thomas/0000-0003-3096-1796 2156-5376

URL: <Go to ISI>://WOS:000398109500009

Reference Type: Journal Article

Record Number: 1498

Author: Toomey, M. and Jalbert, I.

Year: 2021

Title: Knowledge translation for the everyday optometrist

Journal: Clinical and Experimental Optometry

Volume: 104

Issue: 7

Pages: 744-755

Date: Oct

Short Title: Knowledge translation for the everyday optometrist

ISSN: 0816-4622

DOI: 10.1080/08164622.2021.1898275

Accession Number: WOS:000638227600001

Abstract: A gap exists between best evidence and actual clinical care provided to patients. The advent of evidence-based practice was meant to address this gap by providing practitioners with a method to search, evaluate and incorporate evidence into practice. However, the gap continues to exist. The health research fields of knowledge translation and implementation science have evolved over the last few decades to assist practitioners in embedding research findings

and best evidence into routine practice. Knowledge translation seeks to improve public health outcomes by facilitating the movement of best evidence from the bench to clinical practice. Implementation science is the study of methods to integrate research findings and evidence-based practice into routine practice. This literature review aims to revisit the concepts of evidence-based practice and to introduce knowledge translation and implementation science by exploring their roles and influences in the delivery of appropriate glaucoma care by optometrists.

Notes: Toomey, Melinda Jalbert, Isabelle

Toomey, Melinda/AAF-6913-2021; Jalbert, Isabelle/T-5888-2017

Toomey, Melinda/0000-0002-9552-4768; Jalbert, Isabelle/

0000-0002-1351-0072

1444-0938

URL: <Go to ISI>://WOS:000638227600001

Reference Type: Journal Article

Record Number: 869

Author: Toropova, A., Bjorklund, C., Bergstrom, G., Elinder, L. S., Stigmar, K., Wahlin, C., Jensen, I. and Kwak, L.

Year: 2022

Title: Effectiveness of a multifaceted implementation strategy for improving adherence to the guideline for prevention of mental ill-health among school personnel in Sweden: a cluster randomized trial

Journal: Implementation Science

Volume: 17

Issue: 1

Date: Mar

Short Title: Effectiveness of a multifaceted implementation strategy for improving adherence to the guideline for prevention of mental ill-health among school personnel in Sweden: a cluster randomized trial

ISSN: 1748-5908

DOI: 10.1186/s13012-022-01196-6

Article Number: 23

Accession Number: WOS:000767925600001

Abstract: Background: There is limited research on prevention of mental ill-health of school personnel and the systematic management of school work environments. The aim of this study was to assess the effectiveness of implementing the guideline recommendations for the prevention of mental ill-health in schools, in particular, whether there was a difference in adherence to guideline recommendations between a multifaceted (group 1) and single implementation strategy (group 2) from baseline to 6 and to 12 months. Method: We conducted a cluster-randomized controlled trial with a 6- and 12-month follow-up. Data was collected from nearly 700 participants in 19 Swedish schools. Participants were school personnel working under the management of a school principal. The single implementation strategy consisted of one educational meeting, while the multifaceted implementation strategy comprised an educational meeting, an ongoing training in the form of workshops, implementation teams and Plan-Do-Study-Act cycles. Adherence was measured with a self-reported questionnaire. Generalized Linear Mixed Models were used to assess

the difference between groups in adherence to the guideline between baseline, 6-, and 12-months follow-up. Results: There were no statistically significant differences between the groups in improvements in adherence to the guideline between baseline, 6-, and 12-months follow-up. However, among those schools that did not undergo any organizational changes during the 12 months of the study significant differences between groups were observed at 12 months for one of the indicators. Conclusions: The multifaceted strategy was no more effective than the single strategy in improving guideline adherence. There are some limitations to the study, such as the measurement of the implementation outcome measure of adherence. The outcome measure was developed in a systematic manner by the research team, assessing specific target behaviors relevant to the guideline recommendations, however not psychometrically tested, which warrants a careful interpretation of the results. Notes: Toropova, Anna Bjorklund, Christina Bergstrom, Gunnar Elinder, Liselotte Schafer Stigmar, Kjerstin Wahlin, Charlotte Jensen, Irene Kwak, Lydia
URL: <Go to ISI>://WOS:000767925600001

Reference Type: Journal Article

Record Number: 26

Author: Torres-Vitolas, C. A., Trienekens, S. C. M., Zaadnoordijk, W. and Gouvras, A. N.

Year: 2023

Title: Behaviour change interventions for the control and elimination of schistosomiasis: A systematic review of evidence from low- and middle-income countries

Journal: Plos Neglected Tropical Diseases

Volume: 17

Issue: 5

Date: May

Short Title: Behaviour change interventions for the control and elimination of schistosomiasis: A systematic review of evidence from low- and middle-income countries

ISSN: 1935-2735

DOI: 10.1371/journal.pntd.0011315

Article Number: e0011315

Accession Number: WOS:000984078500002

Abstract: Author summary Modifying people's risk practices through behaviour change (BC) interventions can strengthen schistosomiasis control. Disease transmission can be interrupted by controlling peoples' exposure to infected water, open defaecation practices, and by fostering treatment acceptance. We reviewed peer-reviewed publications released before June 2021 to assess the effectiveness of BC projects in decreasing risk practices and disease prevalence. 32 publications reporting on 31 projects based in Low- and Middle-Income countries were fully examined. Projects used four approaches: health education (HEIs), social-environmental (SEIs), physical-environmental (PEIs), and incentives-centred interventions (ICIs). Available data could not assert which approach was most effective in reducing risk behaviour. Structural barriers limited HEIs' effects, whilst community social and material conditions affected those of

SEIs. Both demanded comprehensive infrastructure investments. The cost-effectiveness of ICIs, in turn, remain unclear. Limited evidence of independent epidemiological impacts from BC was found. Indicative evidence, however, shows that BC projects could sustain gains attained through treatment activities. Overall, investment in integrated interventions appear needed to address exposure and transmission behaviour, whilst a context-driven strategic use of HEIs or SEIs appears useful to prompt treatment uptake. Despite BC's potential, treatment activities appear essential for epidemiological effects. BackgroundFor the last two decades, schistosomiasis control efforts have focussed on preventive treatment. The disease, however, still affects over 200 million people worldwide. Behaviour change (BC) interventions can strengthen control by interrupting transmission through modifying exposure behaviour (water contact) or transmission practices (open urination/defaecation); or through fostering treatment seeking or acceptance. This review examines these interventions to assess their effectiveness in modifying risk practices and affecting epidemiological trends. Methodology/ Principal findingsA systematic multi-database literature search (PROSPERO CRD42021252368) was conducted for peer-reviewed publications released at any time before June 2021 assessing BC interventions for schistosomiasis control in low- and middle-income countries. 2,593 unique abstracts were identified, 66 were assigned to full text review, and 32 met all inclusion criteria. A typology of intervention models was outlined according to their use of behaviour change techniques and overarching rationale: health education (HEIs), social-environmental (SEIs), physical-environmental (PEIs), and incentives-centred interventions (ICIs). Available evidence does not allow to identify which BC approach is most effective in controlling risk behaviour to prevent schistosomiasis transmission. HEIs' impacts were observed to be limited by structural considerations, like infrastructure underdevelopment, economic obligations, socio-cultural traditions, and the natural environment. SEIs may address those challenges through participatory planning and implementation activities, which enable social structures, like governance and norms, to support BC. Their effects, however, appear context-sensitive. The importance of infrastructure investments was highlighted by intervention models. To adequately support BC, however, they require users' inputs and complementary services. Whilst ICIs reported positive impacts on treatment uptake, there are cost-effectiveness and sustainability concerns. Evaluation studies yielded limited evidence of independent epidemiological impacts from BC, due to limited use of suitable indicators and comparators. There was indicative evidence, however, that BC projects could sustain gains through treatment campaigns. Conclusions/SignificanceThere is a need for integrated interventions combining information provision, community-based planning, and infrastructure investments to support BC for schistosomiasis control. Programmes should carefully assess local conditions before implementation and consider that long-term support is likely needed. Available evidence indicates that BC interventions may contribute towards schistosomiasis control when accompanied by treatment activities. Further methodologically robust evidence is needed to ascertain the direct epidemiological benefits of BC.

Notes: Torres-Vitolas, Carlos A. Trienekens, Suzan C. M.
Zaadnoordijk, Willemijn Gouvras, Anouk N.
URL: <Go to ISI>://WOS:000984078500002

Reference Type: Journal Article

Record Number: 207

Author: Town, R., Hayes, D., March, A., Fonagy, P. and Stapley, E.

Year: 2023

Title: Self-management, self-care, and self-help in adolescents with emotional problems: a scoping review

Journal: European Child & Adolescent Psychiatry

Date: 2023 Jan

Short Title: Self-management, self-care, and self-help in adolescents with emotional problems: a scoping review

ISSN: 1018-8827

DOI: 10.1007/s00787-022-02134-z

Accession Number: WOS:000914037200001

Abstract: This study aimed to review the existing published and grey literature describing the concepts of self-management, self-care, and self-help, and to capture strategies or techniques related to these concepts, for adolescents with emotional problems. Emotional problems are rising amongst adolescents, yet timely access to specialist mental health treatment is limited to those with greater severity of mental health difficulties. Self-management, self-care, and self-help strategies may be used by adolescents with emotional problems both in terms of those waiting for treatment and to prevent relapse. Given the overlap in existing definitions and the lack of clarity around these concepts in an adolescent mental health context, a scoping review of the literature is warranted to provide clarity. Eligible studies were those involving adolescents aged 10 to 19 years with symptoms of emotional problems. Studies referenced self-management, self-care, or self-help, not involving a professional, in this population. Quantitative, qualitative, economic, and mixed methods studies, as well as systematic, scoping, and literature reviews, from 2000 onwards and in the English language, were eligible for inclusion. A systematic search was conducted of both published and grey literature. Databases searched included PsycINFO, Medline, Embase, Web of Science, and CINAHL Plus. Mednar was also searched for unpublished studies and grey literature. Tables of themes, terms, and associated strategies are presented alongside a thematic analysis of the results. 62 articles were included. These were 20 quantitative studies, 14 systematic reviews, 10 qualitative studies, five review papers, four book chapters, four mixed methods studies, two dissertations, two meta-analyses and one scoping review and systematic review. Most of the included articles referenced self-help (n = 51), followed by self-management (n = 17) and self-care (n = 6). A total of 12 themes were identified from a reflexive thematic analysis of descriptions (and associated strategies) of self-management, self-help, or self-care in included texts. This scoping review provides clarity on the similarities and differences between how these concepts are discussed, and the strategies which are associated with each of these concepts in the relevant literature. Implications for policy

and intervention development for adolescents' self-management, self-help, and self-care of their mental health are discussed. There is considerable overlap in both the ways in which these concepts are described, and the strategies or approaches proposed in relation to them, supporting previous research suggesting these strategies should be grouped under a single term, such as "self or community approaches." More research is needed for self-management, self-help, and self-care amongst marginalized groups as these adolescents may have the highest unmet need for mental health support.

Notes: Town, Rosa Hayes, Daniel March, Anna Fonagy, Peter Stapley, Emily

Fonagy, Peter/0000-0003-0229-0091; March, Anna/0000-0002-1811-6090;

Town, Rosa/0000-0002-0524-6996

1435-165x

URL: <Go to ISI>://WOS:000914037200001

Reference Type: Journal Article

Record Number: 2251

Author: Toye, C., Jiwa, M., Holloway, K., Horner, B. J., Andrews, S., McInerney, F. and Robinson, A. L.

Year: 2015

Title: Can a community of practice enhance a palliative approach for people drawing close to death with dementia?

Journal: International Journal of Palliative Nursing

Volume: 21

Issue: 11

Pages: 548-556

Date: Nov

Short Title: Can a community of practice enhance a palliative approach for people drawing close to death with dementia?

ISSN: 1357-6321

DOI: 10.12968/ijpn.2015.21.11.548

Accession Number: WOS:000389315500006

Abstract: This action research study was conducted to trial a strategy intended to support a consistent, high-quality, palliative approach for people with dementia drawing close to death—the implementation of a community of practice. Professionals from community/residential care and hospitals formed this community of practice, which took on the role of an action research group. The group was supported to identify and address practice problems. Four action plans were implemented; outcomes from two are reported. When actioning the plan 'providing education and information for the staff', the staff's ratings of sessions and resources were positive but impacts upon knowledge, views, or confidence were small. When actioning 'supporting families', families providing care in non-hospital settings received information about severe dementia from suitably prepared staff, plus contact details to access support. Family feedback was primarily positive. Reference to additional practice change frameworks and inclusion of specialist palliative care professionals are recommendations for future initiatives; also focusing on targeted, achievable goals over longer timeframes.

Notes: Toye, Christine Jiwa, Moyez Holloway, Kristi Horner, Barbara J. Andrews, Sharon McInerney, Fran Robinson, Andrew L.

Toye, Christine M/I-4288-2012; Andrews, Sharon/AAE-7858-2019
Toye, Christine M/0000-0003-4932-0016; Andrews, Sharon/
0000-0002-0996-0118
URL: <Go to ISI>://WOS:000389315500006

Reference Type: Journal Article

Record Number: 141

Author: Tran, M., Wearne, S., Fielding, A., Moad, D., Tapley, A., Holliday, E., Ball, J., Davey, A., van Driel, M., FitzGerald, K., Spike, N., Bentley, M., Kirby, C. and Magin, P.

Year: 2023

Title: Early-career general practitioners' perceptions of the utility of vocational training for subsequent independent practice

Journal: Education for Primary Care

Volume: 34

Issue: 2

Pages: 74-82

Date: Mar

Short Title: Early-career general practitioners' perceptions of the utility of vocational training for subsequent independent practice

ISSN: 1473-9879

DOI: 10.1080/14739879.2023.2176264

Accession Number: WOS:000941874700001

Abstract: Purpose To evaluate Australian early-career general practitioners' perceptions of the utility of their prior vocational training in preparing them for independent specialist practice. We hypothesised that in-practice teaching would be perceived as more useful than formal education delivered by Regional Training Organisations (RTOs). Methods and materials A cross-sectional questionnaire-based study of early-career general practitioners (RTO 'alumni'). The outcomes were Likert scale ratings of alumni's perceived impact of RTO education versus in-practice training on their preparedness for independent practice. Ratings were compared using Wilcoxon signed-rank tests. Multivariable linear regression was used to establish alumni characteristics associated with perceptions of utility of in-practice versus RTO-delivered education. Results Three hundred and fifty-four alumni responded (response rate 28%). In-practice training was rated statistically significantly higher than RTO education for minor procedural skills, teaching skills, professional responsibilities, tolerating clinical uncertainty, and preparing for managing child and adolescent health, aged care, chronic disease, multi-morbidity and mental health. RTO education rated higher than in-practice training for practising evidence-based medicine and Aboriginal and Torres Strait Islander health. For a number of further areas, there was no statistically significant difference in alumni ratings of utility. Conclusions In-practice or RTO-led teaching was perceived as more useful for some components of independent practice, whilst for others there was no significant difference. The findings support recognition of the individual educational components of a blended education/training structure.

Notes: Tran, Michael Wearne, Susan Fielding, Alison Moad, Dominica Tapley, Amanda Holliday, Elizabeth Ball, Jean Davey, Andrew van

Driel, Mieke FitzGerald, Kristen Spike, Neil Bentley, Michael Kirby,
Catherine Magin, Parker
Bentley, Michael W/J-2804-2013
Bentley, Michael W/0000-0003-3016-6194; Moad, Dominica/
0000-0002-2593-6038; FitzGerald, Kristen/0000-0002-7280-2278;
Tapley, Amanda/0000-0002-1536-5518; Ball, Jean/0000-0001-5402-6415;
Wearne, Susan/0000-0002-8079-9304; Fielding, Alison/
0000-0001-5884-3068; Davey, Andrew/0000-0002-7547-779X; Tran,
Michael/0000-0001-7530-8462
1475-990x
URL: <Go to ISI>://WOS:000941874700001

Reference Type: Journal Article

Record Number: 3

Author: Trask, S., Lockyer, P., Hildreth, J., D'Souza, E., Buklijas,
T., Menzies, R., Vickers, M. and Bay, J. L.

Year: 2023

Title: Sustaining youth physical activity in times of challenge and
change: lessons from COVID-19

Journal: Health Promotion International

Volume: 38

Issue: 3

Date: Jun

Short Title: Sustaining youth physical activity in times of
challenge and change: lessons from COVID-19

ISSN: 0957-4824

DOI: 10.1093/heapro/daad038

Article Number: daad038

Accession Number: WOS:000981149600001

Abstract: Physical activity (PA) is recognized as essential for positive physical and mental well-being in young people. However, participation in PA is known to decline as adolescents emerge into adulthood under the influence of complex social and structural factors. Globally, COVID-19 restrictions resulted in changes to PA and PA participation levels in youth populations, providing a unique opportunity for gaining insight into PA barriers and enablers in circumstances of challenge, limitation and change. This article details young people's self-reported PA behaviours during the 4-week 2020 COVID-19 lockdown in New Zealand. Taking a strengths-based view and drawing on the COM-B (capabilities, opportunity and motivation behaviour) model for behaviour change, the study explores factors enabling young people to sustain or increase PA during lockdown. Findings are drawn from qualitative-dominant mixed-methods analyses of responses to an online questionnaire: New Zealand Youth Voices Matter (16-24 years; N = 2014). Key insights included the importance of habit and routine, time and flexibility, social connections, incidental exercise and awareness of links between PA and well-being. Of note were the positive attitudes, creativity and resiliency demonstrated as young people substituted or invented alternatives to their usual PA. PA needs to change to adapt to new circumstances over the life course, and youth understanding and knowledge of modifiable factors may provide support for this. Thus these findings have implications for sustaining PA during late

adolescence and emerging adulthood, a life phase that can be associated with significant challenge and change.

Notes: Trask, Suzanne Lockyer, Peg Hildreth, Jillian D'Souza, Erica Buklijas, Tatjana Menzies, Rochelle Vickers, Mark Bay, Jacquie L. ; Bay, Jacqueline Lindsay/AGH-5823-2022

Trask, Suzanne/0000-0001-6712-6378; Bay, Jacqueline Lindsay/0000-0003-0139-1050; Vickers, Mark/0000-0003-4876-9356; Hildreth, Jillian Rae/0000-0002-6796-0781; Buklijas, Tatjana/0000-0002-7170-5417
1460-2245

URL: <Go to ISI>://WOS:000981149600001

Reference Type: Journal Article

Record Number: 269

Author: Trebilcock, M., Shrubsole, K., Worrall, L. and Ryan, B.

Year: 2022

Title: Pilot trial of the online implementation intervention Aphasia

Nexus: Connecting Evidence to Practice

Journal: International Journal of Speech-Language Pathology

Date: 2022 Dec

Short Title: Pilot trial of the online implementation intervention

Aphasia Nexus: Connecting Evidence to Practice

ISSN: 1754-9507

DOI: 10.1080/17549507.2022.2153918

Accession Number: WOS:000901901100001

Abstract: Purpose Aphasia Nexus: Connecting Evidence to Practice is a theoretically-based online implementation intervention designed to overcome the barriers related to the implementation of intensive and comprehensive aphasia services. The objective was to establish the feasibility of incorporating Aphasia Nexus within routine clinical practice through an evaluation of: (1) its potential to positively influence the intensity and/or comprehensiveness of aphasia services; (2) the ability of selected outcome measures to capture changes to factors influencing implementation; and (3) the acceptability of the website to on-site speech-language pathologists (SLPs). Method A single arm pre-post pilot trial was conducted within an Australian health service. The design collected qualitative and quantitative pre-post data in the form of therapy logs, behaviour change questionnaires, and a post-intervention focus group. Data were collected one week prior to, and one week following, a 12 week implementation period where participating SLPs (n = 5) were provided access to the Aphasia Nexus website. Result Quantitative data revealed improvements in the median time per patient with aphasia from 65 to 115 minutes per week (intensity/dose), an additional 50 minutes per week. SLPs trialled at least one new therapy approach (Attentive Reading and Constrained Summarisation) and service delivery model (group therapy) representing an increase in the comprehensiveness of their services to patients. SLPs perceived a reduction in the barriers associated with the promotion of new aphasia services. Qualitative analysis of focus group discussion revealed that participants considered Aphasia Nexus in the overarching theme of practice efficiency (obtaining the best outcome from the least amount of effort) and the sub-themes of accessible therapy resources

and the prioritisation of time. Conclusion Overall, Aphasia Nexus was considered a useful clinical tool with the potential to positively influence clinical aphasia practice. These results will inform further implementation intervention refinements and will inform the methodology of future research.

Notes: Trebilcock, Megan Shrubsole, Kirstine Worrall, Linda Ryan, Brooke

Shrubsole, Kirstine/AAF-7596-2021

Shrubsole, Kirstine/0000-0002-7805-2447; Trebilcock, Megan/0000-0002-2303-9288

1754-9515

URL: <Go to ISI>://WOS:000901901100001

Reference Type: Journal Article

Record Number: 1422

Author: Trebilcock, M., Shrubsole, K., Worrall, L. and Ryan, B.

Year: 2022

Title: Development of an online implementation intervention for aphasia clinicians to increase the intensity and comprehensiveness of their service

Journal: Disability and Rehabilitation

Volume: 44

Issue: 17

Pages: 4629-4638

Date: Aug

Short Title: Development of an online implementation intervention for aphasia clinicians to increase the intensity and comprehensiveness of their service

ISSN: 0963-8288

DOI: 10.1080/09638288.2021.1910867

Accession Number: WOS:000648178300001

Abstract: Purpose To describe the process and outcome of a user and theory informed online intervention for speech pathologists targeting the implementation of intensive and comprehensive aphasia services. Methods The design process followed the eight steps outlined by the Behaviour Change Wheel and incorporated the principles of Integrated Knowledge Translation (IKT). Eight speech pathology researchers and clinicians from four countries (Australia, Canada, the United Kingdom and Ireland) contributed to three focus groups via videoconference. Results The online platform, Aphasia Nexus: Connecting Evidence to Practice, provides resources, guidance and support for speech pathologists seeking to improve the intensity and comprehensiveness of their aphasia service. A collaborative and iterative design process facilitated the creation of an intervention envisioned by participants. Conclusions The website contains both interactive elements and resource links which have been arranged under the three headings of resources, action and support. The inclusion of multi-national researchers and clinicians benefitted a design process to make implementation more likely.

Notes: Trebilcock, Megan Shrubsole, Kirstine Worrall, Linda Ryan, Brooke

Shrubsole, Kirstine/AAF-7596-2021; Trebilcock, Megan/GQI-3442-2022

Trebilcock, Megan/0000-0002-2303-9288; Shrubsole, Kirstine/

0000-0002-7805-2447; Worrall, Linda/0000-0002-3283-7038; Ryan,
Brooke/0000-0002-6053-7614
1464-5165
URL: <Go to ISI>://WOS:000648178300001

Reference Type: Journal Article

Record Number: 317

Author: Trebilcock, M., Shrubsole, K., Worrall, L. and Ryan, B.

Year: 2023

Title: A survey of speech pathologists' opinions about the prospective acceptability of an online implementation platform for aphasia services

Journal: International Journal of Language & Communication Disorders

Volume: 58

Issue: 2

Pages: 390-405

Date: Mar

Short Title: A survey of speech pathologists' opinions about the prospective acceptability of an online implementation platform for aphasia services

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12796

Accession Number: WOS:000888482300001

Abstract: BackgroundOnline knowledge translation (KT) approaches are becoming increasingly prevalent within healthcare due to their accessibility and facilitation of international support networks. Online platforms enable timely and far-reaching dissemination of current evidence and best-practice recommendations. Although there is potential to improve the uptake of rehabilitation guidelines, it is essential to consider the acceptability of online approaches to healthcare professionals to ensure their successful integration within everyday clinical settings. AimsTo establish the prospective acceptability of a theoretically informed online intervention for speech pathologists, Aphasia Nexus: Connecting Evidence to Practice, that aims to facilitate the implementation of aphasia best practice. Methods & ProceduresA mixed-methods multinational electronic survey based on the Theoretical Framework of Acceptability (TFA) completed by aphasia researchers and clinicians. Outcomes & ResultsA total of 43 participants completed the survey with 91% (n = 39) indicating that they would use Aphasia Nexus. Understanding the intervention and how it works (intervention coherence as per the TFA) was the key factor influencing the likelihood of integration within everyday clinical practice. Participants identified potential areas where the intervention could influence service change and also recommended further design and content changes to improve the intervention. Conclusions & ImplicationsAphasia Nexus is an acceptable platform for further feasibility testing in the form of a pilot trial within an Australian-based health service. The study progresses the theory of TFA as it was a valuable framework facilitating the identification of prominent factors influencing acceptability. The study also informs further intervention refinements in preparation for the next stage of research. WHAT THIS PAPER ADDSWhat is already known on the subjectOnline strategies have the potential to enhance

KT and promote the uptake of rehabilitation guidelines. An online intervention, however, can only be effective if implemented well. For this reason, it is essential to establish the acceptability of online interventions to the intended recipients and therefore increase the likelihood of successful implementation. What this paper adds to existing knowledgeThis study used a theoretically based framework to establish the acceptability of an online implementation intervention, Aphasia Nexus, to multinational aphasia clinicians and researchers. It demonstrated the value in identifying the prominent factors influencing acceptability to inform further intervention refinements and warrant continuing research. What are the potential or actual clinical implications of this work?Speech pathologists should use online platforms to drive the implementation of best practice on an international scale. It is important for clinicians to have an in-depth understanding of online interventions and how they work to enhance their successful uptake into routine clinical practice. Aphasia Nexus is an acceptable online platform for implementing best practice in aphasia.

Notes: Trebilcock, Megan Shrubsole, Kirstine Worrall, Linda Ryan, Brooke

Shrubsole, Kirstine/AAF-7596-2021

Shrubsole, Kirstine/0000-0002-7805-2447; Trebilcock, Megan/
0000-0002-2303-9288

1460-6984

URL: <Go to ISI>://WOS:000888482300001

Reference Type: Journal Article

Record Number: 715

Author: Treneman-Evans, G., Ali, B., Denison-Day, J., Clegg, T., Yardley, L., Denford, S. and Essery, R.

Year: 2022

Title: The Rapid Adaptation and Optimisation of a Digital Behaviour-Change Intervention to Reduce the Spread of COVID-19 in Schools

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 11

Date: Jun

Short Title: The Rapid Adaptation and Optimisation of a Digital Behaviour-Change Intervention to Reduce the Spread of COVID-19 in Schools

DOI: 10.3390/ijerph19116731

Article Number: 6731

Accession Number: WOS:000809039400001

Abstract: The rapid transmission of COVID-19 in school communities has been a major concern. To ensure that mitigation systems were in place and support was available, a digital intervention to encourage and facilitate infection-control behaviours was rapidly adapted and optimised for implementation as a whole-school intervention. Using the person-based approach, 'Germ Defence' was iteratively adapted, guided by relevant literature, co-production with Patient and Public Involvement representatives, and think-aloud interviews with forty-five school students, staff, and parents. Suggested infection-

control behaviours deemed feasible and acceptable by the majority of participants included handwashing/hand-sanitising and wearing a face covering in certain contexts, such as crowded public spaces. Promoting a sense of collective responsibility was reported to increase motivation for the adoption of these behaviours. However, acceptability and willingness to implement recommended behaviours seemed to be influenced by participants' perceptions of risk. Barriers to the implementation of recommended behaviours in school and at home primarily related to childcare needs and physical space. We conclude that it was possible to rapidly adapt Germ Defence to provide an acceptable resource to help mitigate against infection transmission within and from school settings. Adapted content was considered acceptable, persuasive, and accessible.

Notes: Treneman-Evans, Georgia Ali, Becky Denison-Day, James Clegg, Tara Yardley, Lucy Denford, Sarah Essery, Rosie Ali, Dr Becky (Behiye)/0000-0002-8991-9616; Yardley, Lucy/0000-0002-3853-883X; Essery, Rosie/0000-0002-2702-6951 1660-4601

URL: <Go to ISI>://WOS:000809039400001

Reference Type: Journal Article

Record Number: 2182

Author: Trevena, H., Thow, A. M., Dunford, E., Wu, J. H. Y. and Neal, B.

Year: 2016

Title: Protocol for a cluster-randomised trial to determine the effects of advocacy actions on the salt content of processed foods

Journal: BMC Public Health

Volume: 16

Date: Jan

Short Title: Protocol for a cluster-randomised trial to determine the effects of advocacy actions on the salt content of processed foods

DOI: 10.1186/s12889-016-2743-4

Article Number: 75

Accession Number: WOS:000368585000001

Abstract: Background: Corporate decisions affecting the composition of processed foods are a potent factor shaping the nutritional quality of the food supply. The addition of large quantities of salt to foods is incompatible with Australian Dietary Guidelines and the reformulation of processed foods to have less salt is a focus of non-governmental organisations (NGOs). There is evidence that advocacy can influence corporate behaviour but there are few data to define the effects of NGOs working in the food space. The aim of this study is to quantify the effects of advocacy delivered by a local NGO on the salt content of food products produced or marketed by companies in Australia. Methods/Design: This is a cluster-randomised controlled trial that will be done in Australia from 2013 to 2015 which includes 45 food companies. The 23 companies in the control group will receive no specific intervention whilst the 22 companies in the intervention group will receive an advocacy program based upon an established theory of change model. The primary outcome will be the mean change in sodium content (mg/100 g) of

processed foods produced or marketed by intervention compared to control companies assessed at 24 months. Interim outcomes (statements of support, published nutrition policies, level of engagement, knowledge and use of technology to reduce salt, salt reduction plans, and support for national initiatives) will also be assessed and a qualitative evaluation will provide more detailed insight. Discussion: This novel study will provide robust randomised evidence about the effects of advocacy on food company behaviour and the quality of the processed food supply. A finding of improved food company behaviour will highlight the potential for greater investment in advocacy whilst the opposite result will reinforce the importance of government-led initiatives for the improvement of the food supply.

Notes: Trevena, Helen Thow, Anne Marie Dunford, Elizabeth Wu, Jason H. Y. Neal, Bruce Wu, Jason/J-2936-2019
Wu, Jason/0000-0003-2073-3562; Neal, Bruce/0000-0002-0490-7465
1471-2458
URL: <Go to ISI>://WOS:000368585000001

Reference Type: Journal Article

Record Number: 985

Author: Trewern, J., Chenoweth, J. and Christie, I.

Year: 2022

Title: Sparking Change: Evaluating the effectiveness of a multi-component intervention at encouraging more sustainable food behaviors

Journal: Appetite

Volume: 171

Date: Apr

Short Title: Sparking Change: Evaluating the effectiveness of a multi-component intervention at encouraging more sustainable food behaviors

ISSN: 0195-6663

DOI: 10.1016/j.appet.2022.105933

Article Number: 105933

Accession Number: WOS:000821760900014

Abstract: Facilitating the adoption of more sustainable food behaviors is key in order to reduce pressure on nature and improve public health. Food businesses that interact directly with consumers are well placed to enable a positive change in food behaviors. The present study evaluates the effectiveness of a 9-week multi-component behavioral intervention implemented by a large UK food retailer. Three food behaviors were explored: meat consumption, food waste and scratch cooking. Evaluation methods comprise of surveys issued pre-intervention, at intervention end and at delayed follow-up (3 months after intervention end), and focus groups where participants were divided according to life-stage (pre-family, family, retired). Results show the intervention mitigated individual barriers to change and had a positive impact on awareness, intention and behavior which lasted beyond intervention-end. Participants reported reducing their meat consumption and food waste and cooking more frequently from scratch. Findings indicate that the online

community, 'ask the expert' videos and product samples were the most impactful intervention components, while recipes and cook-alongs were less effective. This study provides an effective and feasible intervention which could be implemented and scaled by food companies. While behavioral interventions offer a positive opportunity for companies to drive consumer behavior change, structural and cultural changes to the food environment will be needed to facilitate long-term change at scale.

Notes: Trewern, Joanna Chenoweth, Jonathan Christie, Ian Trewern, Joanna/0000-0001-6035-5143; Chenoweth, Jonathan/0000-0001-7579-9951; Christie, Ian/0000-0003-0475-2405 1095-8304

URL: <Go to ISI>://WOS:000821760900014

Reference Type: Journal Article

Record Number: 1878

Author: Trickey, H., Thomson, G., Grant, A., Sanders, J., Mann, M., Murphy, S. and Paranjothy, S.

Year: 2018

Title: A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings

Journal: Maternal and Child Nutrition

Volume: 14

Issue: 1

Date: Jan

Short Title: A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings

ISSN: 1740-8695

DOI: 10.1111/mcn.12559

Article Number: e12559

Accession Number: WOS:000418336700053

Abstract: The World Health Organisation guidance recommends breastfeeding peer support (BFPS) as part of a strategy to improve breastfeeding rates. In the UK, BFPS is supported by National Institute for Health and Care Excellence guidance and a variety of models are in use. The experimental evidence for BFPS in developed countries is mixed and traditional methods of systematic review are ill-equipped to explore heterogeneity, complexity, and context influences on effectiveness. This review aimed to enhance learning from the experimental evidence base for one-to-one BFPS intervention. Principles of realist review were applied to intervention case studies associated with published experimental studies. The review aimed (a) to explore heterogeneity in theoretical underpinnings and intervention design for one-to-one BFPS intervention; (b) inform design decisions by identifying transferable lessons developed from cross-case comparison of context-mechanism-outcome relationships; and (c) inform evaluation design by identifying context-mechanism-outcome relationships associated with experimental conditions. Findings highlighted poor attention to intervention theory and considerable heterogeneity in BFPS intervention design. Transferable mid-range theories to inform design emerged, which could be grouped into seven categories: (a) congruence with local infant feeding norms, (b) integration with the

existing system of health care, (c) overcoming practical and emotional barriers to access, (d) ensuring friendly, competent, and proactive peers, (e) facilitating authentic peer-mother interactions, (f) motivating peers to ensure positive within-intervention amplification, and (g) ensuring positive legacy and maintenance of gains. There is a need to integrate realist principles into evaluation design to improve our understanding of what forms of BFPS work, for whom and under what circumstances.

Notes: Trickey, Heather Thomson, Gill Grant, Aimee Sanders, Julia Mann, Mala Murphy, Simon Paranjothy, Shantini

; Mann, Mala/C-2934-2015

Paranjothy, Shantini/0000-0002-0528-3121; Sanders, Julia/

0000-0001-5712-9989; Grant, Aimee/0000-0001-7205-5869; Thomson,

Gill/0000-0003-3392-8182; Mann, Mala/0000-0002-2554-9265

1740-8709

URL: <Go to ISI>://WOS:000418336700053

Reference Type: Journal Article

Record Number: 1751

Author: Tripathi, V., Arnoff, E., Bellows, B. and Sripad, P.

Year: 2020

Title: Use of interactive voice response technology to address barriers to fistula care in Nigeria and Uganda

Journal: Mhealth

Volume: 6

Issue: 2

Date: Apr

Short Title: Use of interactive voice response technology to address barriers to fistula care in Nigeria and Uganda

DOI: 10.21037/mhealth.2019.12.04

Article Number: 12

Accession Number: WOS:000850463700002

Abstract: Background: The use of digital health technologies has expanded across low-resource settings, including in programs seeking to improve maternal health care seeking and service usage. However, there has been limited use of these technologies for screening and referral within maternal health, and many interventions have relied on SMS tools, which may have limited impact in settings with low female literacy. Digital health technologies have the potential to increase access to care for chronic maternal morbidities, such as obstetric fistula, and for women facing stigma, geographic isolation, and other sociocultural barriers to care seeking. This study documented the process of developing and implementing an innovative fistula screening and referral hotline using interactive voice response (IVR) technology, and described the service usage results and stakeholder perspectives associated with the hotline. Methods: The IVR hotline was introduced within the context of a broader Fistula Treatment Barriers Reduction Intervention implemented by the USAID-funded Fistula Care Plus project in Ebonyi and Katsina states in Nigeria and Kalungu district in Uganda. The intervention used three communication pathways to disseminate fistula information and conduct fistula screening: trained community agents, trained primary health care providers, and the IVR hotline

paired with mass media messaging. All positively-screened women were eligible to receive vouchers for free transportation to an accredited fistula treatment center. Quantitative and qualitative data on intervention implementation and use across all three communication pathways were gathered during intervention implementation, at baseline, midline, and endline; as well as through ongoing program monitoring. This study presents findings specifically on service usage and stakeholder perspectives related to the IVR hotline. Results: Over a period of ten to twelve months of implementation, depending on the intervention area, a total of 566 women completed the IVR hotline screening process. Across the areas, 415 (73%) hotline callers screened positive for fistula symptoms. Hotline users and implementation partners reported positive impressions of the hotline, particularly the ability to preserve anonymity in seeking information and referral for fistula symptoms. Challenges to hotline use included limited mobile phone ownership and poor cellular network connectivity, affecting operability by women and community agents. Conclusions: Implementation of the fistula screening hotline suggests that IVR-based interventions may be useful in expanding access to health services for stigmatized conditions, particularly in settings where literacy is limited. In the current context, such IVR tools require pairing with community and health system partners to complete referral and support clients. Further program experience and evaluation research is required to understand the options for integrating the IVR hotline or other interventions similarly using mobile technologies for screening and referral into broader digital health platforms that are sustained by national health systems or commercial business models.

Notes: Tripathi, Vandana Arnoff, Elly Bellows, Benjamin Sripad, Pooja

Bellows, Ben/HKW-2007-2023

Bellows, Ben/0000-0001-9205-6623
2306-9740

URL: <Go to ISI>://WOS:000850463700002

Reference Type: Journal Article

Record Number: 1168

Author: Tristani, L., Sweet, S., Tomasone, J. and Bassett-Gunter, R.

Year: 2022

Title: Examining Theoretical Factors That Influence Teachers'

Intentions to Implement Inclusive Physical Education

Journal: Research Quarterly for Exercise and Sport

Volume: 93

Issue: 3

Pages: 564-577

Date: Jul

Short Title: Examining Theoretical Factors That Influence Teachers'

Intentions to Implement Inclusive Physical Education

ISSN: 0270-1367

DOI: 10.1080/02701367.2021.1877605

Accession Number: WOS:000709165300001

Abstract: Purpose: The purpose of the current study was to apply the

Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation, and Behavior model (COM-B) to examine theoretical predictors of teachers' intentions to implement inclusive physical education. Methods: Ontario primary and secondary teachers (n = 383) completed an online questionnaire which assessed potential factors associated with intentions toward implementation of inclusive physical education. Results: The final statistical model explained 72% of variance in intentions to implement inclusive physical education with the following theoretical domains identified as significant (p<.05) predictors: knowledge (beta .09), professional role and identity (beta .22), memory, attention, and decision making (beta .14), social influence (beta .37), and emotion (beta -.20). Regarding the COM-B, the component Motivation explained the greatest amount of variance in intentions to implement inclusive physical education. Conclusions: The application of the TDF and COM-B model in this study work to extend current literature through advancing understanding regarding cognitive, affective, and social factors related to teachers' intentions to implement inclusive physical education. Teacher training strategies should take into consideration multidimensional approaches to support teachers' motivations to implement inclusive physical education. Future research and intervention should seek to target and foster factors such as social influences, social/professional role and identity, and knowledge. These factors, in turn, may improve teachers' intentions to implement inclusive physical education.

Notes: Tristani, L. Sweet, S. Tomasone, J. Bassett-Gunter, R. Sweet, Shane/0000-0002-6172-3769
2168-3824

URL: <Go to ISI>://WOS:000709165300001

Reference Type: Journal Article

Record Number: 208

Author: Trottier, N., Hurtubise, K., Camden, C., Cloutier, W. and Gaboury, I.

Year: 2023

Title: Barriers and facilitators influencing parental adherence to prevention strategies for deformational plagiocephaly: Results from a scoping review

Journal: Child Care Health and Development

Date: 2023 Jan

Short Title: Barriers and facilitators influencing parental adherence to prevention strategies for deformational plagiocephaly: Results from a scoping review

ISSN: 0305-1862

DOI: 10.1111/cch.13095

Accession Number: WOS:000913013200001

Abstract: BackgroundDeformational plagiocephaly can be prevented in many healthy infants if strategies are implemented early after birth. However, despite efforts to disseminate accurate information, parental adherence to evidence-based prevention strategies is a challenge. To date, factors – barriers and facilitators – influencing parental adherence to strategies have yet to be identified in a comprehensive manner. ObjectivesThis scoping review

aims to identify and synthesize current evidence on barriers and facilitators impacting adherence of parents of newborns to deformational plagiocephaly prevention strategies. Methods This review followed the Joanna Briggs Institute (JBI) process guidelines. Seven electronic (Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, SPORTDiscus, Academic Search Complete, AMED, PsychINFO and Scopus) and two grey literature (Health Systems Evidence and Grey Literature Report) databases were searched. Studies published between 2001 and 2022 were included. The deductive thematic data analysis used was guided by the Capability, Opportunity, Motivation Behavioral Model (COM-B) of health behaviour change. Results From a total of 1172 articles, 15 met the eligibility criteria. All components of the COM-B framework were identified. Capability-psychological and opportunity-environmental factors dominated the literature, whereas capability-physical, motivation and, in particular, opportunity-social factors were understudied. The most often reported barriers were a lack of knowledge of deformational plagiocephaly and the associated prevention strategies, ambiguous or inconsistent messaging, intolerance of babies to prone positioning and a lack of time. The most frequently reported facilitators were an awareness of deformational plagiocephaly, postural asymmetry and prevention strategies, skill acquisition with practice, accurate convincing information, scheduled time and environmental organization to position the baby at home. Discussion Recommendations focused on diffusing accurate and detailed information for parents. Our review also suggests a gap regarding the comprehensive identification of factors influencing parental adherence to deformational plagiocephaly prevention strategies. Further studies exploring comprehensive opportunity-social and motivation factors influencing parental adherence to deformational plagiocephaly prevention strategies are warranted to inform prevention programmes and foster better infant outcomes. Notes: Trottier, Nathalie Hurtubise, Karen Camden, Chantal Cloutier, Windy Gaboury, Isabelle Gaboury, Isabelle/0000-0002-2881-4714; Camden, Chantal/0000-0002-5503-3403; Trottier, Nathalie/0000-0002-6624-9875; Cloutier, Windy/0000-0001-5050-3317 1365-2214 URL: <Go to ISI>://WOS:000913013200001

Reference Type: Journal Article

Record Number: 545

Author: Truby, H., Edwards, B. A., Day, K., O'Driscoll, D. M., Young, A., Ghazi, L., Bristow, C., Roem, K., Bonham, M. P., Murgia, C., Haines, T. P. and Hamilton, G. S.

Year: 2022

Title: A 12-month weight loss intervention in adults with obstructive sleep apnoea: is timing important? A step wedge randomised trial

Journal: European Journal of Clinical Nutrition

Volume: 76

Issue: 12

Pages: 1762-1769

Date: Dec

Short Title: A 12-month weight loss intervention in adults with obstructive sleep apnoea: is timing important? A step wedge randomised trial

ISSN: 0954-3007

DOI: 10.1038/s41430-022-01184-5

Accession Number: WOS:000836066400003

Abstract: Background/Objectives Continuous positive airway pressure (CPAP) concomitant with weight loss is a recommended treatment approach for adults with moderate-severe obstructive sleep apnoea (OSA) and obesity. This requires multiple synchronous behaviour changes. The aim of this study was to examine the effectiveness of a 6-month lifestyle intervention and to determine whether the timing of starting a weight loss attempt affects weight change and trajectory after 12 months in adults newly diagnosed with moderate-severe OSA and treated at home with overnight CPAP. Methods Using a stepped-wedge design, participants were randomised to commence a six-month lifestyle intervention between one and six-months post-enrolment, with a 12-month overall follow-up. Adults (n = 60, 75% males, mean age 49.4 SD 10.74 years) newly diagnosed with moderate-severe OSA and above a healthy weight (mean BMI 34.1 SD 4.8) were recruited. Results After 12 months, exposure to the intervention (CPAP and lifestyle) resulted in a 3.7 (95% CI: 2.6 to 4.8, p < 0.001) kg loss of weight compared to the control condition (CPAP alone). Timing of the weight loss attempt made no difference to outcomes at 12 months. When exposed to CPAP only (control period) there was no change in body weight (Coef, [95% CI] 0.03, [-0.3 to 0.36], p = 0.86). Conclusions The lifestyle intervention resulted in a modest reduction in body weight, while timing of commencement did not impact the degree of weight loss at 12 months. These findings support the recommendation of adjunctive weight-loss interventions within six-months of starting CPAP.

Notes: Truby, Helen Edwards, Bradley A. Day, Kaitlin O'Driscoll, Denise M. Young, Alan Ghazi, Ladan Bristow, Claire Roem, Kerry Bonham, Maxine P. Murgia, Chiara Haines, Terry P. Hamilton, Garun S. Young, Alan/HOH-5698-2023

Truby, Helen/0000-0002-1992-1649

1476-5640

URL: <Go to ISI>://WOS:000836066400003

Reference Type: Journal Article

Record Number: 1662

Author: Truelove, S., Vanderloo, L. M., Tucker, P., Di Sebastiano, K. M. and Faulkner, G.

Year: 2020

Title: The use of the behaviour change wheel in the development of ParticipACTION's physical activity app

Journal: Preventive Medicine Reports

Volume: 20

Date: Dec

Short Title: The use of the behaviour change wheel in the development of ParticipACTION's physical activity app

DOI: 10.1016/j.pmedr.2020.101224

Article Number: 101224

Accession Number: WOS:000645566100053

Abstract: The purpose of this study was to provide a detailed and systematic outline of how a theoretical behaviour change framework was applied in the development of ParticipACTION's app to support a more active Canada. The app development process was guided by the Behaviour Change Wheel (BCW) framework, a theoretically-based approach for intervention development, in collaboration with the commercial app industry. Specifically, a behavioural diagnosis was used to understand what needs to change for the targeted behaviour to occur. Current literature, along with a series of surveys, and market research informed app development. Additionally, a validated app behaviour change scale, was consulted throughout development to help ensure app features maximized behaviour change potential. The behavioural diagnosis revealed that the app needed to target individuals' physical and psychological capabilities, physical and social opportunities, and reflective and automatic motivations in order to increase physical activity levels. To accomplish this, 6 of a possible 9 intervention functions and 2 of 7 policy categories were selected from the BCW to be included in the app. Goals and planning, feedback and monitoring, behaviour identification, action planning and knowledge shaping were selected as the main behaviour change techniques for the app. Collaboration with a mobile app development firm helped to embed the selected behaviour change techniques, policy categories, intervention functions, and sources of behaviour within the app. Using a systematic approach, this study used the BCW to ensure the health promotion app was theoretically informed. Future research will evaluate its effectiveness in increasing the physical activity of Canadians.

Notes: Truelove, Stephanie Vanderloo, Leigh M. Tucker, Patricia Di Sebastiano, Katie M. Faulkner, Guy Vanderloo, Leigh/0000-0003-4621-3717 2211-3355

URL: <Go to ISI>://WOS:000645566100053

Reference Type: Journal Article

Record Number: 1645

Author: Tsang, P. M. and Prost, A.

Year: 2021

Title: Boundaries of solidarity: a meta-ethnography of mask use during past epidemics to inform SARS-CoV-2 suppression

Journal: Bmj Global Health

Volume: 6

Issue: 1

Short Title: Boundaries of solidarity: a meta-ethnography of mask use during past epidemics to inform SARS-CoV-2 suppression

ISSN: 2059-7908

DOI: 10.1136/bmjgh-2020-004068

Article Number: e004068

Accession Number: WOS:000610064900003

Abstract: Background Many countries aiming to suppress SARS-CoV-2 recommend the use of face masks by the general public. The social meanings attached to masks may influence their use, but remain

underinvestigated. Methods We systematically searched eight databases for studies containing qualitative data on public mask use during past epidemics, and used meta-ethnography to explore their social meanings. We compared key concepts within and across studies, then jointly wrote a critical synthesis. Results We found nine studies from China (n=5), Japan (n=1), Mexico (n=1), South Africa (n=1) and the USA (n=1). All studies describing routine mask use during epidemics were from East Asia. Participants identified masks as symbols of solidarity, civic responsibility and an allegiance to science. This effect was amplified by heightened risk perception (eg, during SARS in 2003), and by seeing masks on political leaders and in outdoor public spaces. Masks also acted as containment devices to manage threats to identity at personal and collective levels. In China and Japan, public and corporate campaigns framed routine mask use as individual responsibility for disease prevention in return for state- or corporate-sponsored healthcare access. In most studies, mask use waned as risk perception fell. In contexts where masks were mostly worn by patients with specific diseases (eg, for patients with tuberculosis in South Africa), or when trust in government was low (eg, during H1N1 in Mexico), participants described masks as stigmatising, uncomfortable or oppressive. Conclusion Face masks can take on positive social meanings linked to solidarity and altruism during epidemics. Unfortunately, these positive meanings can fail to take hold when risk perception falls, rules are seen as complex or unfair, and trust in government is low. At such times, ensuring continued use is likely to require additional efforts to promote locally appropriate positive social meanings, simplifying rules for use and ensuring fair enforcement. Notes: Tsang, Po Man Prost, Audrey
Tsang, Po Man/0000-0002-5957-3861
URL: <Go to ISI>://WOS:000610064900003

Reference Type: Journal Article

Record Number: 714

Author: Tshimologo, M., Allen, K., Coyle, D., Damery, S., Dikomitis, L., Fotheringham, J., Hill, H., Lambie, M., Phillips-Darby, L., Solis-Trapala, I., Williams, I. and Davies, S. J.

Year: 2022

Title: Intervening to eliminate the centre-effect variation in home dialysis use: protocol for Inter-CEPt-a sequential mixed-methods study designing an intervention bundle

Journal: Bmj Open

Volume: 12

Issue: 6

Date: Jun

Short Title: Intervening to eliminate the centre-effect variation in home dialysis use: protocol for Inter-CEPt-a sequential mixed-methods study designing an intervention bundle

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-060922

Article Number: e060922

Accession Number: WOS:000810036900018

Abstract: Introduction Use of home dialysis by centres in the UK

varies considerably and is decreasing despite attempts to encourage greater use. Knowing what drives this unwarranted variation requires in-depth understanding of centre cultural and organisational factors and how these relate to quantifiable centre performance, accounting for competing treatment options. This knowledge will be used to identify components of a practical and feasible intervention bundle ensuring this is realistic and cost-effective. Methods and analysis Underpinned by the non-adoption, abandonment, scale-up, spread and sustainability framework, our research will use an exploratory sequential mixed-methods approach. Insights from multisited focused team ethnographic and qualitative research at four case study sites will inform development of a national survey of 52 centres. Survey results, linked to patient-level data from the UK Renal Registry, will populate a causal graph describing patient and centre-level factors, leading to uptake of home dialysis and multistate models incorporating patient-level treatment modality history and mortality. This will inform a contemporary economic evaluation of modality cost-effectiveness that will quantify how modification of factors facilitating home dialysis, identified from the ethnography and survey, might yield the greatest improvements in costs, quality of life and numbers on home therapies. Selected from these factors, using the capability, opportunity and motivation for behaviour change framework (COM-B) for intervention design, the optimal intervention bundle will be developed through workshops with patients and healthcare professionals to ensure acceptability and feasibility. Patient and public engagement and involvement is embedded throughout the project. Ethics and dissemination Ethics approval has been granted by the Health Research Authority reference 20-WA-0249. The intervention bundle will comprise components for all stakeholder groups: commissioners, provider units, recipients of dialysis, their caregivers and families. To reach all these groups, a variety of knowledge exchange methods will be used: short guides, infographics, case studies, National Institute for Health and Care Excellence guidelines, patient conferences, 'Getting it Right First Time' initiative, Clinical Reference Group (dialysis).

Notes: Tshimologo, Maatla Allen, Kerry Coyle, David Damery, Sarah Dikomitis, Lisa Fotheringham, James Hill, Harry Lambie, Mark Phillips-Darby, Louise Solis-Trapala, Ivonne Williams, Iestyn Davies, Simon J.

Williams, Iestyn/AAH-6405-2021; Damery, Sarah/ABA-8641-2021

Williams, Iestyn/0000-0002-9462-9488; Damery, Sarah/
0000-0003-3681-8608; Lambie, Mark/0000-0002-6285-5368; Dikomitis,
Professor Lisa/0000-0002-5752-3270; Solis-Trapala, Ivonne/
0000-0002-1264-1396

URL: <Go to ISI>://WOS:000810036900018

Reference Type: Journal Article

Record Number: 1725

Author: Tsindos, T., Ayton, D., Soh, S. E. and Ackerman, I. N.

Year: 2022

Title: Perceptions of falls risk and falls prevention among people with osteoarthritis

Journal: Disability and Rehabilitation

Volume: 44
Issue: 10
Pages: 1839–1846
Date: May
Short Title: Perceptions of falls risk and falls prevention among people with osteoarthritis
ISSN: 0963–8288
DOI: 10.1080/09638288.2020.1806364
Accession Number: WOS:000561823400001
Abstract: Purpose To understand the perceptions of falls risk and falls prevention, and the perceived enablers and barriers to engaging in falls prevention strategies/activities among people with doctor–diagnosed hip and/or knee osteoarthritis. Methods A qualitative study utilising semi–structured telephone interviews. Researchers independently analysed qualitative data using an inductive method guided by the COM–B framework. Interviews were analysed thematically using open, axial, and selective coding. Recruitment ceased at 20 interviews, once data saturation was evident. Results Participants were 18 women and two men aged 52–84 years and half had fallen in the last 12 months. Main themes were the absence of recommendations to access activities after having a fall, inconsistencies between perceptions of the relationship between OA and falls, and individual beliefs of not being at risk of falling because of taking precautions. Knowledge about falls prevention programs was limited, the term "falls prevention" was considered stigmatising and only applicable to older frail people. Home modifications were perceived as broadcasting negativity; participants felt falls terminology should be changed from a negative to a positive focus. Conclusions Falls were often seen as inevitable consequence of keeping active. Re–framing the language used to discuss falls is recommended to promote uptake of falls prevention activities.
Notes: Tsindos, Tess Ayton, Darshini Soh, Sze–Ee Ackerman, Ilana N. Ayton, Darshini/0000–0002–2754–2024
1464–5165
URL: <Go to ISI>://WOS:000561823400001

Reference Type: Journal Article
Record Number: 1676
Author: Tuckerman, J. L., Kaufman, J., Danchin, M. and Marshall, H. S.
Year: 2020
Title: Influenza vaccination: A qualitative study of practice level barriers from medical practitioners caring for children with special risk medical conditions
Journal: Vaccine
Volume: 38
Issue: 49
Pages: 7806–7814
Date: Nov
Short Title: Influenza vaccination: A qualitative study of practice level barriers from medical practitioners caring for children with special risk medical conditions

ISSN: 0264-410X

DOI: 10.1016/j.vaccine.2020.10.020

Accession Number: WOS:000588128100014

Abstract: Background: Understanding the influenza vaccination practices of general practitioners (GP) and paediatric hospital specialists caring for children with special risk medical conditions (SRMC) is imperative for designing interventions to improve uptake. This study aimed to identify the vaccination decision making, provider practices and perceived barriers and facilitators to recommending or delivering influenza vaccine for children with SRMCs at the tertiary and primary care levels. Methods: Nominated GPs and hospital specialists from a single tertiary hospital were interviewed to explore influenza vaccination practices and challenges for children with confirmed SRMCs. Interviews were digitally recorded, transcribed verbatim and thematic analysis was used to inductively code these data. Resulting themes were mapped across the COM-B ('capability', 'opportunity', 'motivation' and 'behaviour') theoretical framework to understanding barriers and potential interventions. Results: Twenty-six medical practitioners (21 GPs and 5 hospital specialists) completed semi-structured interviews. Barriers, and facilitators for influenza vaccine recommendation (the intended behaviour) were thematically grouped. Opportunity themes included structural barriers (e.g. limited use of systems and processes to support the identification of children with SRMCs); recommendation as standard practice; vaccination inconvenience; lack of communication and educational resources; social acceptance and normalisation; and media messaging. Capability themes included provider communication with parents; knowledge of influenza vaccine recommendations; and professional boundaries to implement the recommendation. Themes in the Motivation category included provider clinical prioritisation and responsibility towards providing a recommendation. Conclusions: The main barriers to influenza recommendation raised by our study participants were structural. These included lack of processes to identify children with SRMCs, limited use of reminder systems and unclear delineation of role responsibility between hospital specialists and GPs. An important driver that emerged was GPs' responsibility for providing a recommendation. To increase influenza vaccine coverage for children with SRMCs, consideration should be given to addressing practice level structural barriers and improving collaboration. (C) 2020 Published by Elsevier Ltd.

Notes: Tuckerman, Jane L. Kaufman, Jessica Danchin, Margie Marshall, Helen S.

Marshall, Helen S/G-3603-2013; Danchin, Margie/ABE-3391-2020

Danchin, Margie/0000-0002-7624-5691; Kaufman, Jessica/

0000-0001-5139-4183

1873-2518

URL: <Go to ISI>://WOS:000588128100014

Reference Type: Journal Article

Record Number: 710

Author: Tudor, K., Brooks, J., Howick, J., Fox, R. and Aveyard, P.

Year: 2022

Title: Unblinded and Blinded N-of-1 Trials Versus Usual Care: A Randomized Controlled Trial to Increase Statin Uptake in Primary Care

Journal: Circulation-Cardiovascular Quality and Outcomes

Volume: 15

Issue: 6

Pages: 393-402

Date: Jun

Short Title: Unblinded and Blinded N-of-1 Trials Versus Usual Care: A Randomized Controlled Trial to Increase Statin Uptake in Primary Care

ISSN: 1941-7705

DOI: 10.1161/circoutcomes.120.007793

Article Number: e007793

Accession Number: WOS:000812359000007

Abstract: BACKGROUND: The aim was to assess whether an intervention incorporating a practicable open-label n-of-1 trial would lead to greater uptake of statin than usual care and comparable uptake to a closed-label gold-standard n-of-1 trial. METHODS: We enrolled patients who had stopped or declined statins into a 3-arm trial (usual care, unblinded, and blinded n-of-1 intervention arms). Physicians advised participants randomized to usual care to take statin therapy to prevent cardiovascular disease. In both intervention arms, physicians delivered a theoretically informed informed intervention endorsing the value of experimenting with medication in n-of-1 trials to assess whether it caused side-effects. In these trials, participants alternated between 4 weeks of medication and no medication (unblinded arm) or randomly sorted active and placebo (blinded arm) and recorded symptoms and symptom attributions for 6 months. Thereafter, physicians discussed participants' symptom reports during active/inactive treatment periods and asked participants to resume statins if appropriate. RESULTS: Seventy-three were randomized to the intervention arms and 20 to the control group. Fifty-six of 73 (77%) attempted the n-of-1 experiment; 28/36 (78%) in the unblinded arm; and 28/37 (76%) in the blinded arm. Forty-three of 56 (77%) completed the 6-month experiment and received feedback from the physician; 20/28 (71%) in the unblinded arm and 23/28 (82%) in the blinded arm. Thirty-three of 76 (45%) people restarted statins in the n-of-1 arms compared with 4/20 (20%) in the control arm, difference 24% (95% CI, 5%-43%; P=0.041). There was no evidence this differed between blinded and unblinded arms, difference 2% (95% CI, -20% to 24%; P3.86). Adverse events occurred at a similar rate on and off statin. CONCLUSIONS: In patients refusing or intolerant of statin, supporting experimentation with n-of-1 trials increases medication uptake compared with usual care. Alternating on-off medication in unblinded n-of-1 experiments appears as effective as a blinded experiment. Notes: Tudor, Kate Brooks, Jenny Howick, Jeremy Fox, Robin Aveyard, Paul

Howick, Jeremy/ADP-7644-2022

FOX, ROBIN/0000-0003-1131-5545; Aveyard, Paul/0000-0002-1802-4217;

Howick, Jeremy/0000-0003-0280-7206

1941-7713

URL: <Go to ISI>://WOS:000812359000007

Reference Type: Journal Article

Record Number: 690

Author: Tugaut, B., Shah, S., Dolgin, K., Seror, H. R., Arnould, B., Laporte, M. E., Lee, A., Nabec, L., Kayyali, R., Wells, J., Piette, J. D. and Hubert, G.

Year: 2022

Title: Development of the SPUR tool: a profiling instrument for patient treatment behavior

Journal: Journal of Patient-Reported Outcomes

Volume: 6

Issue: 1

Date: Jun

Short Title: Development of the SPUR tool: a profiling instrument for patient treatment behavior

DOI: 10.1186/s41687-022-00470-x

Article Number: 61

Accession Number: WOS:000806740300001

Abstract: Background Long-term treatment adherence is a worldwide concern, with nonadherence resulting from a complex interplay of behaviors and health beliefs. Determining an individual's risk of nonadherence and identifying the drivers of that risk are crucial for the development of successful interventions for improving adherence. Here, we describe the development of a new tool assessing a comprehensive set of characteristics predictive of patients' treatment adherence based on the Social, Psychological, Usage and Rational (SPUR) adherence framework. Concepts from existing self-reporting tools of adherence-related behaviors were identified following a targeted MEDLINE literature review and a subset of these concepts were then selected for inclusion in the new tool. SPUR tool items, simultaneously generated in US English and in French, were tested iteratively through two rounds of cognitive interviews with US and French patients taking long-term treatments for chronic diseases. The pilot SPUR tool, resulting from the qualitative analysis of patients' responses, was then adapted to other cultural settings (China and the UK) and subjected to further rounds of cognitive testing. Results The literature review identified 27 relevant instruments, from which 49 concepts were included in the SPUR tool (Social: 6, Psychological: 13, Usage: 11, Rational: 19). Feedback from US and French patients suffering from diabetes, multiple sclerosis, or breast cancer (n = 14 for the first round; n = 16 for the second round) indicated that the SPUR tool was well accepted and consistently understood. Minor modifications were implemented, resulting in the retention of 45 items (Social: 5, Psychological: 14, Usage: 10, Rational: 16). Results from the cognitive interviews conducted in China (15 patients per round suffering from diabetes, breast cancer or chronic obstructive pulmonary disease) and the UK (15 patients suffering from diabetes) confirmed the validity of the tool content, with no notable differences being identified across countries or chronic conditions. Conclusion Our qualitative analyses indicated that the pilot SPUR tool is a promising model that may help clinicians and health systems to predict patient treatment behavior. Further steps using

quantitative methods are needed to confirm its predictive validity and other psychometric properties.

Notes: Tugaut, Beatrice Shah, Selam Dolgin, Kevin Seror, Hanna Rebibo Arnould, Benoit Laporte, Marie-Eve Lee, Aaron Nabec, Lydiane Kayyali, Reem Wells, Joshua Piette, John D. Hubert, Guillaume Tugaut, Beatrice/0000-0002-6525-2845

2509-8020

URL: <Go to ISI>://WOS:000806740300001

Reference Type: Journal Article

Record Number: 1552

Author: Tulloch, A. I. T., Miller, A. and Dean, A. J.

Year: 2021

Title: Does scientific interest in the nature impacts of food align with consumer information-seeking behavior?

Journal: Sustainability Science

Volume: 16

Issue: 3

Pages: 1029-1043

Date: May

Short Title: Does scientific interest in the nature impacts of food align with consumer information-seeking behavior?

ISSN: 1862-4065

DOI: 10.1007/s11625-021-00920-3

Accession Number: WOS:000618130200001

Abstract: Global food supply has substantial impacts on nature including environmental degradation from chemicals, greenhouse gas emissions and biodiversity loss through agricultural land conversion. Over the past decade, public demand for information on sustainable consumption choices has increased. Meanwhile, development and expansion of the life cycle assessment literature has improved scientific evidence on supply chain impacts on the environment. However, data gaps and biases lead to uncertainty and undermine development of effective impact mitigation actions or behavior change policies. This study evaluates whether scientific research into the nature-related impacts of agri-food systems aligns with the needs of the public, as indicated by patterns of information seeking. We compare the relative volume of public Google queries to scientific articles related to agri-food systems and three major impacts: chemical pollution, greenhouse gas emissions or biodiversity loss. We discover that biodiversity is systematically overlooked in scientific studies on agri-food system impacts in favor of research on emissions and to a lesser extent chemical impacts. In contrast, total relative volumes of public queries on agri-food systems and biodiversity equal those for emissions impacts at global and Australian scales. Public interest in biodiversity impacts of agri-food systems increased significantly between 2009 and 2019, despite no significant change in the relative volume of biodiversity-focused scientific articles. Global public attention on chemical impacts declined significantly over this time period, with no significant change in the relative representation of this topic in scientific outputs. We recommend strategic investment into the biodiversity impacts of agri-food systems to build a knowledge base

that allows the public to learn about the impacts of their choices and be inspired to change to more sustainable behaviors.

Notes: Tulloch, Ayesha I. T. Miller, Alice Dean, Angela J.

Dean, Angela J/D-5618-2011; Tulloch, Ayesha/E-4408-2012

Dean, Angela J/0000-0003-4017-4809; Tulloch, Ayesha/

0000-0002-5866-1923

1862-4057

Si

URL: <Go to ISI>://WOS:000618130200001

Reference Type: Journal Article

Record Number: 410

Author: Tully, L., Arthurs, N., Wyse, C., Browne, S., Case, L., McCrea, L., O'Connell, J. M., O'Gorman, C. S., Smith, S. M., Walsh, A., Ward, F. and O'Malley, G.

Year: 2022

Title: Guidelines for treating child and adolescent obesity: A systematic review

Journal: Frontiers in Nutrition

Volume: 9

Date: Oct

Short Title: Guidelines for treating child and adolescent obesity: A systematic review

ISSN: 2296-861X

DOI: 10.3389/fnut.2022.902865

Article Number: 902865

Accession Number: WOS:000877096300001

Abstract: Obesity is a chronic disease that compromises the physical and mental health of an increasing proportion of children globally.

In high-income countries, prevalence of paediatric obesity is increasing faster in those from marginalised populations such as low-income households, suggesting the disease as one that is largely systemic. Appropriate treatment should be prioritised in these settings to prevent the development of complications and co-morbidities and manage those that already exist. An array of clinical practice guidelines are available for managing overweight and obesity in children and adolescents, but no systematic review has yet compared their quality or synthesised their recommendations.

We aimed to narratively review clinical practice guidelines published in English for treating child and adolescent obesity, to identify the highest quality guidelines, and assess similarities, conflicts, and gaps in recommendations. We systematically searched academic databases and grey literature for guidelines published. We used the AGREE II tool to assess the quality, and identified nine high quality guidelines for inclusion in a narrative review of recommendations. Guidelines predominantly recommended the delivery of multi-component behaviour-change interventions aimed at improving nutrition and physical activity. Treatment outcomes were generally focussed on weight, with less emphasis on managing complications or improving quality-of-life. There was no evidence-based consensus on the best mode of delivery, setting, or treatment format. The guidelines rarely included recommendations for addressing the practical or social barriers to behaviour change, such as cooking

skills or supervised physical activity. There is insufficient evidence to evaluate pharmaceutical and surgical interventions in children, and these were generally not recommended. It should be noted that this review addressed documents published in English only, and therefore the included guidelines were applicable predominantly to high-resource settings.

Notes: Tully, Louise Arthurs, Niamh Wyse, Cathy Browne, Sarah Case, Lucinda McCrea, Lois O'Connell, Jean M. O'Gorman, Clodagh S. Smith, Susan M. Walsh, Aisling Ward, Fiona O'Malley, Grace O'Connell, Jean/0000-0001-7241-8025
URL: <Go to ISI>://WOS:000877096300001

Reference Type: Journal Article

Record Number: 868

Author: Tung, C. Y., Chang, C. C., Jian, J. W., Du, Y. S. and Wu, C. T.

Year: 2022

Title: Studying wearable health technology in the workplace using the Behavior Change Wheel: a systematic literature review and content analysis

Journal: Informatics for Health & Social Care

Volume: 47

Issue: 4

Pages: 434-443

Date: Oct

Short Title: Studying wearable health technology in the workplace using the Behavior Change Wheel: a systematic literature review and content analysis

ISSN: 1753-8157

DOI: 10.1080/17538157.2022.2042303

Accession Number: WOS:000767615400001

Abstract: Wearable Health Technology (WHT) is considered to be fast, feasible, and effective in workplace health promotion programs. This study aims to analyze behavior change strategies applied to WHT products used by employees in health promotion programs. A systematic literature review of WHT in workplace health promotion between 2006 and 2020 was conducted. The Behavior Change Wheel (BCW) was used to undertake the content analysis. We identified 14 articles of WHT in the workplace. First, physical activity and weight management were the most common health issue. Second, using the BCW, we found guidelines, regulation and communication were the most frequently applied policy categories. Third, education, enablement and training were the most common intervention functions. For example, the promoter could provide health education information by WHT. Moreover, encouraging online would motivate employees to improve health behavior. There has been a growing interest in WHT with increasing complexity in research designs and specifications. While using WHT can be an appropriate strategy to adopt as employee health projects, other interventions should be considered, for incentivization and modeling, etc. The results of this study suggest using WHT should take related health behavior theories or variables into consideration to form a comprehensive health promotion programs.

Notes: Tung, Chen-Yin Chang, Chia-Chen Jian, Jang-Wei Du, Yu-Syuan Wu, Cai-Ting
1753-8165
URL: <Go to ISI>://WOS:000767615400001

Reference Type: Journal Article

Record Number: 1844

Author: Tuovinen, E. L., Saarni, S. E., Kinnunen, T. H., Ollila, H., Ruokolainen, O., Patja, K., Mannisto, S., Jousilahti, P., Kaprio, J. and Korhonen, T.

Year: 2018

Title: Weight concerns as a predictor of smoking cessation according to nicotine dependence A population-based study

Journal: Nordic Studies on Alcohol and Drugs

Volume: 35

Issue: 5

Pages: 344-356

Date: Oct

Short Title: Weight concerns as a predictor of smoking cessation according to nicotine dependence A population-based study

ISSN: 1455-0725

DOI: 10.1177/1455072518800217

Accession Number: WOS:000453327900003

Abstract: Background: Nicotine-dependent smokers find it difficult to quit smoking. Additionally, smoking-specific weight concerns may affect smoking cessation although the evidence is controversial. We investigated whether smoking-specific weight concerns predict the probability of cessation and, if so, whether the effect varies according to the level of nicotine dependence. Methods: The study was conducted with a population-based sample of 355 adult daily smokers who participated in the baseline examination in 2007 and in the 2014 follow-up. Baseline nicotine dependence was classified as low or high (Fagerstrom Test for Nicotine Dependence; 0-3 vs. 4-10 points). Within these groups, we examined whether baseline weight concerns predict smoking status (daily, occasional, ex-smoker) at follow-up by using multinomial logistic regression with adjustment for multiple covariates. Results: Among low-dependent participants at baseline, 28.5% had quit smoking, while among highly dependent participants 26.1% had quit smoking. The interaction between weight concerns and nicotine dependence on follow-up smoking status was significant. Among participants with low nicotine dependence per the fully adjusted model, greater weight concerns predicted a lower likelihood of both smoking cessation (relative risk ratio 0.93 [95% CI 0.87-1.00]) and smoking reduction to occasional occurrence (0.89 [95% CI 0.81-0.98]). Weight concerns were not associated with follow-up smoking status among participants with high nicotine dependence. Conclusions: Weight concerns are associated with a smaller likelihood of quitting among smokers with low nicotine dependence. Weight concerns should be addressed in smoking cessation interventions, especially with smokers who have low nicotine dependence.

Notes: Tuovinen, Eeva-Liisa Saarni, Suoma E. Kinnunen, Taru H. Ollila, Hanna Ruokolainen, Otto Patja, Kristiina Mannisto, Satu

Jousilahti, Pekka Kaprio, Jaakko Korhonen, Tellervo
Tuovinen, Eeva-Liisa/0-8327-2016; Saarni, Suoma E/AFZ-4971-2022;
Ruokolainen, Otto/AAF-2231-2021; Kaprio, Jaakko/A-1820-2008; Ollila,
Hanna/AAX-6073-2021; Patja, Kristiina/AAC-8005-2021; Patja,
Kristiina/AAA-3513-2021; Ollila, Hanna/I-8552-2017
Tuovinen, Eeva-Liisa/0000-0002-7476-9766; Saarni, Suoma E/
0000-0003-3555-9958; Kaprio, Jaakko/0000-0002-3716-2455; Ollila,
Hanna/0000-0002-8814-1021; Patja, Kristiina/0000-0002-8353-1055;
Ollila, Hanna/0000-0002-5302-6429
1458-6126
URL: <Go to ISI>://WOS:000453327900003

Reference Type: Journal Article

Record Number: 917

Author: Turner, G. M., Aquino, Mrjv, Atkins, L., Foy, R., Mant, J.
and Calvert, M.

Year: 2022

Title: Factors influencing follow-up care post-TIA and minor stroke:
a qualitative study using the theoretical domains framework

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Feb

Short Title: Factors influencing follow-up care post-TIA and minor
stroke: a qualitative study using the theoretical domains framework

DOI: 10.1186/s12913-022-07607-0

Article Number: 235

Accession Number: WOS:000758788900003

Abstract: Background Follow-up care after transient ischaemic attack
(TIA) and minor stroke has been found to be sub-optimal, with
individuals often feeling abandoned. We aimed to explore factors
influencing holistic follow-up care after TIA and minor stroke.

Methods Qualitative semi-structured interviews with 24 healthcare
providers (HCPs): 5 stroke doctors, 4 nurses, 9 allied health
professionals and 6 general practitioners. Participants were
recruited from three TIA clinics, seven general practices and one
community care trust in the West Midlands, England. Interview
transcripts were deductively coded using the Theoretical Domains
Framework and themes were generated from coded data. Results There
was no clear pathway for supporting people with TIA or minor stroke
after rapid specialist review in hospital; consequently, these
patients had limited access to HCPs from all settings

('Environmental context and resources'). There was lack of
understanding of potential needs post-TIA/minor stroke, in
particular residual problems such as anxiety/fatigue ('Knowledge').
Identification and management of needs was largely influenced by
HCPs' perceived role, professional training ('Social professional
role and identity') and time constraints ('Environmental context and
resources'). Follow-up was often passive - with onerous on patients
to seek support - and predominantly focused on acute medical
management ('Intentions'/'Goal'). Conclusions Follow-up care post-
TIA/minor stroke is currently sub-optimal. Through identifying
factors which influence follow-up, we can inform guidelines and

practical strategies to improve holistic healthcare.

Notes: Turner, Grace M. Aquino, Maria Raisa Jessica, V Atkins, Lou Foy, Robbie Mant, Jonathan Calvert, Melanie

Atkins, Louise/C-7740-2011; Turner, Grace/K-6073-2014

Atkins, Louise/0000-0001-9322-7869; Turner, Grace/
0000-0002-9783-9413; Mant, Jonathan/0000-0002-9531-0268; Aquino,

Maria Raisa Jessica/0000-0002-3989-1221; Foy, Robbie/
0000-0003-0605-7713

1472-6963

URL: <Go to ISI>://WOS:000758788900003

Reference Type: Journal Article

Record Number: 374

Author: Turner, G. M., Heron, N., Crow, J., Kontou, E. and Hughes, S.

Year: 2022

Title: Stroke and TIA Survivors' Perceptions of the COVID-19 Vaccine and Influences on Its Uptake: Cross Sectional Survey

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 21

Date: Nov

Short Title: Stroke and TIA Survivors' Perceptions of the COVID-19 Vaccine and Influences on Its Uptake: Cross Sectional Survey

DOI: 10.3390/ijerph192113861

Article Number: 13861

Accession Number: WOS:000882256500001

Abstract: Background: People who have experienced a stroke or transient ischaemic attack (TIA) have greater risks of complications from COVID-19. Therefore, vaccine uptake in this vulnerable population is important. To prevent vaccine hesitancy and maximise compliance, we need to better understand individuals' views on the vaccine. Objectives: We aimed to explore perspectives of the COVID-19 vaccine and influences on its uptake from people who have experienced a stroke or TIA. Method: A cross-sectional, electronic survey comprising multiple choice and free text questions.

Convenience sampling was used to recruit people who have experienced a stroke/TIA in the UK/Ireland. Results: The survey was completed by 377 stroke/TIA survivors. 87% (328/377) had either received the first vaccine dose or were booked to have it. The vaccine was declined by 2% (7/377) and 3% (11/377) had been offered the vaccine but not yet taken it up. 8% (30/377) had not been offered the vaccine despite being eligible. Some people expressed concerns around the safety of the vaccine (particularly risk of blood clots and stroke) and some were hesitant to have the second vaccine.

Societal and personal benefits were motivations for vaccine uptake. There was uncertainty and lack of information about risk of COVID-19 related complications specifically for people who have experienced a stroke or TIA. Conclusion: Despite high uptake of the first vaccine, some people with stroke and TIA have legitimate concerns and information needs that should be addressed. Our findings can be used to identify targets for behaviour change to improve vaccine uptake

specific to stroke/TIA patients.

Notes: Turner, Grace M. Heron, Neil Crow, Jennifer Kontou, Eirini Hughes, Sally

; Turner, Grace/K-6073-2014

Kontou, Eirini/0000-0001-5837-9891; Turner, Grace/

0000-0002-9783-9413; Crow, Jennifer/0000-0003-4692-1799; Heron,

Neil/0000-0002-4123-9806

1660-4601

URL: <Go to ISI>://WOS:000882256500001

Reference Type: Journal Article

Record Number: 220

Author: Turner, J., Clanchy, K. and Vincze, L.

Year: 2023

Title: Telehealth interventions for physical activity and exercise participation in postpartum women: A quantitative systematic review

Journal: Preventive Medicine

Volume: 167

Date: Feb

Short Title: Telehealth interventions for physical activity and exercise participation in postpartum women: A quantitative systematic review

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2022.107413

Article Number: 107413

Accession Number: WOS:000917304400001

Abstract: Postpartum women are one of the least physically active vulnerable populations globally and telehealth has been proposed as a potential method of delivering effective exercise interventions for this population. However, clinical practice guidelines are based upon the recommendations for the general population and therefore, the most efficacious exercise dose and the delivery method for this population is unclear. This quantitative systematic review will examine the implementation and outcomes of telehealth exercise interventions in the postpartum population to synthesise the degree to which these outcomes have been assessed and evaluated. Five databases were searched from January 2001 to March 2022. Studies implementing synchronous telehealth exercise interventions for postpartum women were included. Interventions were examined against the Template for Intervention Description and Replication (TIDieR) checklist that assesses intervention reporting completeness and replicability. Of the 1036 records identified, 16 studies progressed to data extraction. Six interventions provided individualised exercise prescription, and only four were delivered by university-level exercise practitioners. Physical activity participation was well reported, however health-related outcomes (i.e., muscular strength and aerobic capacity) were very minimally assessed. Only one intervention utilised modern video conferencing as the primary telehealth communication method. With the minimal assessment of health-related outcomes, there is limited scope to assess the effectiveness of these interventions for postpartum women. Future research interventions need to be reported according to a validated trial reporting system and focus on relevant health related outcomes

including postpartum depressive symptoms, quality of life, cardiovascular fitness, muscular strength and body composition.

Notes: Turner, Jemma Clanchy, Kelly Vincze, Lisa

Turner, Jemma/0000-0002-7942-250X

1096-0260

URL: <Go to ISI>://WOS:000917304400001

Reference Type: Journal Article

Record Number: 291

Author: Turner, N., Wahid, A., Oliver, P., Gardiner, C., Chapman, H., Khan, D., Boyd, K., Dale, J., Barclay, S., Mayland, C. R. and Mitchell, S. J.

Year: 2023

Title: Role and response of primary healthcare services in community end-of-life care during COVID-19: Qualitative study and recommendations for primary palliative care delivery

Journal: Palliative Medicine

Volume: 37

Issue: 2

Pages: 235-243

Date: Feb

Short Title: Role and response of primary healthcare services in community end-of-life care during COVID-19: Qualitative study and recommendations for primary palliative care delivery

ISSN: 0269-2163

DOI: 10.1177/02692163221140435

Accession Number: WOS:000893311200001

Abstract: Background: The need for end-of-life care in the community increased significantly during the COVID-19 pandemic. Primary care services, including general practitioners and community nurses, had a critical role in providing such care, rapidly changing their working practices to meet demand. Little is known about primary care responses to a major change in place of care towards the end of life, or the implications for future end-of-life care services. Aim: To gather general practitioner and community nurse perspectives on factors that facilitated community end-of-life care during the COVID-19 pandemic, and to use this to develop recommendations to improve future delivery of end-of-life care. Design: Qualitative interview study with thematic analysis, followed by refinement of themes and recommendations in consultation with an expert advisory group. Participants: General practitioners (n = 8) and community nurses (n = 17) working in primary care in the UK. Results: General practitioner and community nurse perspectives on factors critical to sustaining community end-of-life care were identified under three themes: (1) partnership working is key, (2) care planning for end-of-life needs improvement, and (3) importance of the physical presence of primary care professionals. Drawing on participants' experiences and behaviour change theory, recommendations are proposed to improve end-of-life care in primary care. Conclusions: To sustain and embed positive change, an increased policy focus on primary care in end-of-life care is required. Targeted interventions developed during COVID-19, including online team meetings and education, new prescribing systems and unified guidance, could

increase capacity and capability of the primary care workforce to deliver community end-of-life care.

Notes: Turner, Nicola Wahid, Aysha Oliver, Phillip Gardiner, Clare Chapman, Helen Khan (ppi Co-author), Dena Boyd, Kirsty Dale, Jeremy Barclay, Stephen Mayland, Catriona R. Mitchell, Sarah J.

Gardiner, Clare/E-8947-2010

turner, nicola/0000-0002-0870-8324; Dale, Jeremy/
0000-0001-9256-3553; Mayland, Catriona/0000-0002-1440-9953
1477-030x

URL: <Go to ISI>://WOS:000893311200001

Reference Type: Journal Article

Record Number: 2028

Author: Twigg, M. J. and Wright, D. J.

Year: 2017

Title: Community pharmacy COPD services: what do researchers and policy makers need to know?

Journal: Integrated Pharmacy Research and Practice

Volume: 6

Pages: 53-59

Short Title: Community pharmacy COPD services: what do researchers and policy makers need to know?

ISSN: 2230-5254

DOI: 10.2147/iprp.S105279

Accession Number: WOS:000393852400001

Abstract: COPD is a leading cause of morbidity and mortality across the world and is responsible for a disproportionate use of health care resources. It is a progressive condition that is largely caused by smoking. Identification of early stage COPD provides an opportunity for interventions, such as smoking cessation, which prevent its progression. Once diagnosed, ongoing support services potentially provide an opportunity to assist the patient in managing their condition and working more closely with the rest of the primary care team. While there are a number of robust studies which have demonstrated the role which pharmacists could undertake to identify and prevent disease progression, adoption of such services is currently limited. As a service that would seem to be appropriate for adoption in all societies where smoking is prevalent, we have performed a review of reported approaches that have been used when setting up and evaluating such services, and therefore aim to inform researchers and policy makers in other countries on how best to proceed. Implementation science has been used to further contextualize the findings of the review in terms of components that are likely to enhance the likelihood of implementation. With reference to screening services, we have made clear recommendations as to the identification of patients, structure and smoking cessation elements of the program. Further work needs to be undertaken by policy makers to determine the approaches that can be used to motivate pharmacists to provide this service. In terms of ongoing support services, there is some evidence to suggest that these would be effective and cost-effective to the health service in which they are implemented. However, the capability, opportunity and motivation of pharmacists to provide these, more complex, services

need to be the focus for researchers before implementation by policy makers.

Notes: Twigg, Michael J. Wright, David J.

Twigg, Michael/0000-0003-0910-3850

URL: <Go to ISI>://WOS:000393852400001

Reference Type: Journal Article

Record Number: 526

Author: Tyler, C., Finch, E., Shrubsole, K., Ryan, B., Soroli, E., Martinez-Ferreiro, S. and Wallace, S. J.

Year: 2022

Title: Aphasia outcome measurement in clinical practice: An international survey

Journal: Aphasiology

Date: 2022 Aug

Short Title: Aphasia outcome measurement in clinical practice: An international survey

ISSN: 0268-7038

DOI: 10.1080/02687038.2022.2112143

Accession Number: WOS:000841834500001

Abstract: Background Outcome measurement is recommended in stroke clinical practice guidelines, however there is considerable variability in how this activity is performed in clinical practice. Factors driving clinician behaviour have been explored in English-speaking countries, but little is known about the factors influencing clinical practice in non-English-speaking populations. Aims (1) To explore barriers and facilitators to aphasia outcome measurement from the perspective of international aphasia clinicians. (2) To determine whether barriers and facilitators to outcome measurement differ in English- and non-English- speaking countries. The primary hypothesis was that clinicians working with people with aphasia in non-English-speaking countries would experience more barriers to outcome measurement than those in English-speaking countries. Methods and Procedures An international sample of aphasia clinicians completed an online survey informed by the Theoretical Domains Framework. Quantitative data were analysed using descriptive statistics and a Mann-Whitney U Test to compare English- and non-English- speaking groups. TDF domains identified as influencing clinician behaviour were mapped to the Behaviour Change Wheel, producing theory-informed strategies to improve practice. Outcomes and Results A total of 208 clinicians from 25 countries completed the survey. Almost all (93.7%) reported measuring outcomes to some extent, most commonly to measure client progress. Facilitators to outcome measurement included "social/professional role and identity" (understanding that measuring outcomes is part of the clinicians' role), "optimism" (feeling positive about measuring outcomes), and "emotion" (enjoying, and feeling comfortable measuring outcomes). Barriers were "environmental context and resources" (time and resource limitations, and competing caseload priorities), "behavioural regulation" (a lack of personal and workplace systems to measure outcomes) and "skills" (having insufficient training and experience in outcome measurement). There was no significant difference between the barriers and facilitators

experienced by clinicians in English- and non-English- speaking countries. Implementation strategies, informed by Behaviour Change Techniques, were created to improve clinical practice. Conclusions Internationally, clinicians working with people with aphasia measure outcomes and believe that this is part of their role, and a positive aspect of their work. Common barriers to outcome measurement included insufficient time and access to resources, inadequate personal and workplace systems, and insufficient skills necessary for performing outcome measurement. Preliminary, theory-informed strategies (e.g., improving access to culturally and linguistically appropriate measurement instruments; developing protocols, templates or checklists guided by recommended practice; and providing training in outcome measurement) would assist with uptake of clinical practice guidelines in this area.

Notes: Tyler, Chloe Finch, Emma Shrubsole, Kirstine Ryan, Brooke Soroli, Efstathia Martinez-Ferreiro, Silvia Wallace, Sarah J. Shrubsole, Kirstine/AAF-7596-2021; Martinez Ferreiro, Silvia/B-4743-2019; Soroli, Efstathia/W-7482-2019
Martinez Ferreiro, Silvia/0000-0003-2393-1214; Shrubsole, Kirstine/0000-0002-7805-2447; Wallace, Sarah J./0000-0002-0600-9343; Soroli, Efstathia/0000-0003-2747-9368
1464-5041

URL: <Go to ISI>://WOS:000841834500001

Reference Type: Journal Article

Record Number: 1245

Author: Tyler, N., Daker-White, G., Grundy, A., Quinlivan, L., Armitage, C., Campbell, S. and Panagioti, M.

Year: 2021

Title: Effects of the first COVID-19 lockdown on quality and safety in mental healthcare transitions in England

Journal: *Bjpsych Open*

Volume: 7

Issue: 5

Date: Aug

Short Title: Effects of the first COVID-19 lockdown on quality and safety in mental healthcare transitions in England

ISSN: 2056-4724

DOI: 10.1192/bjo.2021.996

Article Number: e156

Accession Number: WOS:000691354900001

Abstract: Background The COVID-19 pandemic forced the rapid implementation of changes to practice in mental health services, in particular transitions of care. Care transitions pose a particular threat to patient safety. Aims This study aimed to understand the perspectives of different stakeholders about the impact of temporary changes in practice and policy of mental health transitions as a result of coronavirus disease 2019 (COVID-19) on perceived healthcare quality and safety. Method Thirty-four participants were interviewed about quality and safety in mental health transitions during May and June 2020 (the end of the first UK national lockdown). Semi-structured remote interviews were conducted to generate in-depth information pertaining to various stakeholders

(patients, carers, healthcare professionals and key informants). Results were analysed thematically. Results The qualitative data highlighted six overarching themes in relation to practice changes: (a) technology-enabled communication; (b) discharge planning and readiness; (c) community support and follow-up; (d) admissions; (e) adapting to new policy and guidelines; (f) health worker safety and well-being. The COVID-19 pandemic exacerbated some quality and safety concerns such as tensions between teams, reduced support in the community and increased threshold for admissions. Also, several improvement interventions previously recommended in the literature, were implemented locally. Discussion The practice of mental health transitions has transformed during the COVID-19 pandemic, affecting quality and safety. National policies concerning mental health transitions should concentrate on converting the mostly local and temporary positive changes into sustainable service quality improvements and applying systematic corrective policies to prevent exacerbations of previous quality and safety concerns.

Notes: Tyler, Natasha Daker-White, Gavin Grundy, Andrew Quinlivan, Leah Armitage, Chris Campbell, Stephen Panagioti, Maria Quinlivan, Leah M/M-8678-2013

Quinlivan, Leah M/0000-0002-3944-3613; Campbell, Stephen/0000-0002-2328-4136; Armitage, Christopher/0000-0003-2365-1765; Tyler, Natasha/0000-0001-8257-1090; Panagioti, Maria/0000-0002-7153-5745

URL: <Go to ISI>://WOS:000691354900001

Reference Type: Journal Article

Record Number: 337

Author: Tynan, A., Pighills, A., White, W., Eden, A. and Mickan, S.
Year: 2023

Title: Implementing best practice occupational therapist-led environmental assessment and modification to prevent falls: A qualitative study of two regional and rural public health services in Australia

Journal: Australian Occupational Therapy Journal

Volume: 70

Issue: 2

Pages: 202-217

Date: Apr

Short Title: Implementing best practice occupational therapist-led environmental assessment and modification to prevent falls: A qualitative study of two regional and rural public health services in Australia

ISSN: 0045-0766

DOI: 10.1111/1440-1630.12849

Accession Number: WOS:000881736600001

Abstract: Background Occupational therapist-led environmental assessment and modification (EAM) is effective in reducing falls for populations at high risk. Two regional and rural public health services in Queensland devised an implementation strategy to embed best practice occupational therapist-led EAM. Methods A qualitative study was conducted to compare the determinants of implementation success across the different health services, using the COM-B model

of behaviour change. Six semi-structured interviews were completed with occupational therapists involved at each site, following 12 months of implementation. Interview data were triangulated with minutes from three combined site steering committee meetings, eight local steering committee meetings, and field notes. Thematic analysis was completed to compare barriers and facilitators to best practice uptake of EAM and differences in outcomes between the two sites. Results Both sites commenced implementation with similar states of capability and motivation. After 12 months, one site considered that practice change had been embedded as noted in steering committee minutes and comments; however, the other site observed limited progress. According to the COM-B analysis, opportunity (the factors that lie outside the individual's control) had a significant influence on how both sites were able to respond to the practice change and navigate some of the unexpected challenges that emerged, including the COVID-19 pandemic. Existing team structure, multiple responsibilities of key stakeholders, differences in access to resources, and lack of connection between complementary services meant that COVID-19 disruptions were only a catalyst for unveiling other systemic issues. Conclusion This study highlights the power of external factors on influencing behaviour change for best practice implementation. Learnings from the study will provide deeper understanding of completing implementation projects in regional and rural contexts and support the future implementation of EAM in occupational therapy clinical settings.

Notes: Tynan, Anna Pighills, Alison White, Wendy Eden, Alicia Mickan, Sharon

Tynan, Anna/0000-0002-5809-675X
1440-1630

URL: <Go to ISI>://WOS:000881736600001

Reference Type: Journal Article

Record Number: 1429

Author: Tyson, L., Hardeman, W., Stratton, G., Wilson, A. M. and Semlyen, J.

Year: 2022

Title: The effects of social distancing and self-isolation during the COVID-19 pandemic on adults diagnosed with asthma: A qualitative study

Journal: Journal of Health Psychology

Volume: 27

Issue: 6

Pages: 1408-1420

Date: May

Short Title: The effects of social distancing and self-isolation during the COVID-19 pandemic on adults diagnosed with asthma: A qualitative study

ISSN: 1359-1053

DOI: 10.1177/13591053211012766

Article Number: 13591053211012766

Accession Number: WOS:000652319400001

Abstract: This study aimed to explore how social distancing and self-isolation measures, aimed at protecting vulnerable groups from

COVID-19, affected the wellbeing and physical activity levels among adults diagnosed with asthma. Twenty-seven participants took part across four online focus groups. Transcripts were analysed using thematic analysis. Participants reported becoming more health conscious due to being labelled as vulnerable. Their relationship with the severity of their asthma was altered and they reported making positive changes to increase their physical activity levels. Findings suggest there is a window of opportunity to engage with people diagnosed with asthma to promote beneficial lifestyle changes and self-management.

Notes: Tyson, Leanne Hardeman, Wendy Stratton, Gareth Wilson, Andrew M. Semlyen, Joanna

Hardeman, Wendy/H-1497-2012

SEMLYEN, JOANNA/0000-0001-5372-1344; Tyson, Leanne/
0000-0001-7119-1535; Hardeman, Wendy/0000-0002-6498-9407
1461-7277

Si

URL: <Go to ISI>://WOS:000652319400001

Reference Type: Journal Article

Record Number: 826

Author: Unni, E. and Bae, S.

Year: 2022

Title: Exploring a New Theoretical Model to Explain the Behavior of Medication Adherence

Journal: Pharmacy

Volume: 10

Issue: 2

Date: Apr

Short Title: Exploring a New Theoretical Model to Explain the Behavior of Medication Adherence

DOI: 10.3390/pharmacy10020043

Article Number: 43

Accession Number: WOS:000787423800001

Abstract: Medication adherence is essential for optimal therapeutic outcomes. However, non-adherence with long-term therapy is at 50%. Several theoretical models have identified several key factors that could explain medication adherence. Though numerous interventions have been developed based on these theoretical models, the success rates with interventions are not the best. This paper proposes a new Hierarchical Model for Medication Adherence. In this model, we propose medication adherence as a five-tier model with medication adherence as the desirable behavior on the top of the pyramid. From the bottom of the hierarchy upwards, the skills/beliefs/behaviors to be achieved are: health literacy, belief in illness (impacted by perceived susceptibility and severity of illness), belief in medicines (impacted by treatment satisfaction), and self-efficacy (impacted by social support). The model further proposes that each individual will achieve or already have these skills/beliefs/behaviors at various levels. Screening patients for these benchmarks will enable providers to decide where to target interventions.

Notes: Unni, Elizabeth Bae, Sun

Unni, Elizabeth/U-9985-2017

Unni, Elizabeth/0000-0001-9968-4366
2226-4787
URL: <Go to ISI>://WOS:000787423800001

Reference Type: Journal Article
Record Number: 1289
Author: Uribe, A. L. M., Rudt, H. G. and Leak, T. M.
Year: 2021
Title: Stakeholders' Views on Mobile Applications to Deliver Infant and Toddler Feeding Education to Latina Mothers of Low Socioeconomic Status
Journal: Nutrients
Volume: 13
Issue: 8
Date: Aug
Short Title: Stakeholders' Views on Mobile Applications to Deliver Infant and Toddler Feeding Education to Latina Mothers of Low Socioeconomic Status
DOI: 10.3390/nu13082569
Article Number: 2569
Accession Number: WOS:000689893200001
Abstract: Infant- and toddler-feeding (ITF) practices are critical to long-term health and chronic disease prevention. Using mobile applications (apps) to promote desirable ITF practices shows promise for overcoming challenges of in-person education. However, the viability of ITF apps for Latina mothers of low-socioeconomic status (SES) remains unclear. The objective of this study was to characterize stakeholders' views on Latina mothers' capability, motivation, and barriers to using ITF apps. New York City-based health professionals who frequently engage with Latina mothers of low SES completed in-depth interviews. Directed content analysis was used to identify themes through theoretical and inductive codes. Participants included dietitians, nutrition educators, and physicians (n = 17). The following themes were identified: (1) Most Latina mothers of low-SES are tech-savvy (i.e., high capability and experience using smartphones and apps); (2) Apps are an appealing way to deliver ITF education; (3) There are challenges to using apps that must be carefully considered for ITF education development. Overall, ITF apps are a viable option as skills and use appear high among Latina mothers. Key considerations for app development include targeted app promotion; detailed instructions for obtaining and using app; more visuals, less text for low literacy and multiple dialects; making key features available offline.
Notes: Uribe, Alexandra L. MacMillan Rudt, Hannah G. Leak, Tashara M.
MacMillan Uribe, Alexandra/0000-0003-3160-3050
2072-6643
URL: <Go to ISI>://WOS:000689893200001

Reference Type: Journal Article
Record Number: 1043
Author: Vachon, B., Giasson, G., Gaboury, I., Gaid, D., De Tilly, V.

N., Houle, L., Bourbeau, J. and Pomey, M. P.

Year: 2022

Title: Challenges and Strategies for Improving COPD Primary Care Services in Quebec: Results of the Experience of the COMPAS plus Quality Improvement Collaborative

Journal: International Journal of Chronic Obstructive Pulmonary Disease

Volume: 17

Pages: 259-272

Short Title: Challenges and Strategies for Improving COPD Primary Care Services in Quebec: Results of the Experience of the COMPAS plus Quality Improvement Collaborative

ISSN: 1178-2005

DOI: 10.2147/copd.S341905

Accession Number: WOS:000753042800001

Abstract: Introduction: Management of chronic obstructive pulmonary disease (COPD) remains a challenge in primary care and multiple barriers can limit implementation of COPD guidelines. Since 2016, a quality improvement (QI) collaborative, called COMPAS+, has been implemented across the province of Quebec (Canada) to support improvement of chronic disease management in primary care. The aim of this study was to describe the main COPD quality problems reported by participating teams and the strategies they proposed and implemented to improve COPD primary care services in Quebec.

Methods: Sixteen sites in four different regions of Quebec were engaged in the COMPAS+ intervention to improve primary care services delivered to people living with COPD. A total of 14 workshop reports, 31 QI action plans and 4 regional final reports underwent content analysis. Key COPD quality problems were first identified and, for each of them, root causes were classified according to the domains and constructs of the Consolidated Framework for Implementation Research. Proposed strategies were organized according to the intervention function types described in the Behavior Change Wheel. Results: Four key COPD quality problems were identified: 1) lack of organization/coordination of COPD services, 2) lack of screening services coordination, 3) lack of interprofessional communication and collaboration and 4) lack of treatment adherence. Main root causes explaining these quality gaps were 1) lack of awareness of COPD, 2) lack of professional knowledge, 3) lack of definition of professional roles, 4) lack of resources and tools for COPD prevention, diagnosis, and follow-up, 5) lack of communication tools, 6) lack of integration of the patient-as-partner approach, and 7) lack of adaptation of patient education to their specific needs. Multiple strategies were proposed to improve healthcare professionals' education and interprofessional collaboration and communication. Conclusion: QI collaborative activities can support achieving understanding of QI challenges healthcare organizations face to improve COPD services.

Notes: Vachon, Brigitte Giasson, Guylaine Gaboury, Isabelle Gaid, Dina De Tilly, Veronique Noel Houle, Lise Bourbeau, Jean Pomey, Marie-Pascale

Gaboury, Isabelle/0000-0002-2881-4714; Gaid, Dina/0000-0003-3419-941X; Pomey, Marie-Pascale/0000-0001-5180-8139

URL: <Go to ISI>://WOS:000753042800001

Reference Type: Journal Article

Record Number: 191

Author: Vallis, M.

Year: 2023

Title: Behaviour Change to Promote Diabetes Outcomes: Getting More From What We Have Through Dissemination and Scalability

Journal: Canadian Journal of Diabetes

Volume: 47

Issue: 1

Pages: 85-89

Date: Feb

Short Title: Behaviour Change to Promote Diabetes Outcomes: Getting More From What We Have Through Dissemination and Scalability

ISSN: 1499-2671

DOI: 10.1016/j.jcjd.2022.08.008

Accession Number: WOS:000924826400001

Abstract: The potential benefits of advanced medical treatments (pharmacotherapies) and technologies (diagnostics, devices and apps) are unrealized due to lack of sustained behaviour change in individuals living with type 2 diabetes. The lack of scale-up of effective health behaviour change interventions limits health improvement. Identification of mediators of behaviour change (adherence, self-efficacy, intrinsic motivation) can address this limitation by shifting the focus of behaviour change from input (which behaviour change strategy to choose) to output (what can the person adhere to and sustain). Technology and accessing the workplace environment to promote change offer scalable opportunities for facilitating health behaviour change in populations.(c) 2022 Canadian Diabetes Association.

Notes: Vallis, Michael

2352-3840

URL: <Go to ISI>://WOS:000924826400001

Reference Type: Journal Article

Record Number: 942

Author: Vallis, M. and Holt, R. I. G.

Year: 2022

Title: User-driven open-source artificial pancreas systems and patient-reported outcomes: A missed opportunity?

Journal: Diabetic Medicine

Volume: 39

Issue: 5

Date: May

Short Title: User-driven open-source artificial pancreas systems and patient-reported outcomes: A missed opportunity?

ISSN: 0742-3071

DOI: 10.1111/dme.14797

Article Number: e14797

Accession Number: WOS:000751779500001

Abstract: Aim: This paper aims to highlight the attributes of engagement and urgency to act to control diabetes demonstrated by

open-source artificial pancreas system users with the view that increased user involvement in research and practice can capitalize on these self-management traits; and to outline the challenges of researching outcomes in the context of unlicensed therapies. Methods: A group of technically minded people with type 1 diabetes have reverse-engineered commercially available diabetes devices to help them achieve the diabetes outcomes they desire. Although studies have reported improved biomedical outcomes with these artificial pancreas systems, there are only a few studies examining patient-reported outcomes. Results: The investigation of patient-reported outcomes for open-source artificial pancreas system users has been hampered by the rapid advances in the technology, the lack of randomized controlled trials and the ethical challenges of researching unregulated technologies. There is an on-going debate about the most appropriate types of measures to evaluate patient-related outcomes. Conclusions: The early adopters of open-source artificial pancreas systems exhibit many of the characteristics that predict optimal diabetes outcomes through engagement and urgency regarding self-management. These qualities should be harnessed to improve research in this and other areas of diabetes management. Notes: Vallis, Michael Holt, Richard I. G. Holt, Richard/0000-0001-8911-6744 1464-5491 URL: <Go to ISI>://WOS:000751779500001

Reference Type: Journal Article

Record Number: 1880

Author: Vallis, M., Lee-Baggle, D., Sampalli, T., Ryer, A., Ryan-Carson, S., Kumanan, K. and Edwards, L.

Year: 2018

Title: Equipping providers with principles, knowledge and skills to successfully integrate behaviour change counselling into practice: a primary healthcare framework

Journal: Public Health

Volume: 154

Pages: 70-78

Date: Jan

Short Title: Equipping providers with principles, knowledge and skills to successfully integrate behaviour change counselling into practice: a primary healthcare framework

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2017.10.022

Accession Number: WOS:000418563900011

Abstract: Objectives: There is an urgent need for healthcare providers and healthcare systems to support productive interactions with patients that promote sustained health behaviour change in order to improve patient and population health outcomes. Behaviour change theories and interventions have been developed and evaluated in experimental contexts; however, most healthcare providers have little training, and therefore low confidence in, behaviour change counselling. Particularly important is how to integrate theory and method to support healthcare providers to engage in behaviour change counselling competently. In this article, we describe a general

training model developed from theory, evidence, experience and stakeholder engagement. This model will set the stage for future evaluation research on training needed to achieve competency, sustainability of competency, as well as effectiveness/cost-effectiveness of training in supporting behaviour change. Design and Methods: A framework to support competency based training in behaviour change counselling is described in this article. This framework is designed to be integrative, sustainable, scalable and capable of being evaluated in follow-up studies. Results and Discussion: Effective training in behaviour change counselling is critical to meet the current and future healthcare needs of patients living with, or at risk of, chronic diseases. Increasing competency in establishing change-based relationships, assessing and promoting readiness to change, implementing behaviour modification and addressing psychosocial issues will be value added to the healthcare system. (C) 2017 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Notes: Vallis, M. Lee-Baggley, D. Sampalli, T. Ryer, A. Ryan-Carson, S. Kumanan, K. Edwards, L.

Vallis, Michael/R-8965-2019

Vallis, Michael/0000-0002-0165-5936

1476-5616

URL: <Go to ISI>://WOS:000418563900011

Reference Type: Journal Article

Record Number: 1156

Author: van Beurden, S. B., Greaves, C. J., Abraham, C., Lawrence, N. S. and Smith, J. R.

Year: 2021

Title: ImpulsePal: The systematic development of a smartphone app to manage food temptations using intervention mapping

Journal: Digital Health

Volume: 7

Date: Nov

Short Title: ImpulsePal: The systematic development of a smartphone app to manage food temptations using intervention mapping

ISSN: 2055-2076

DOI: 10.1177/20552076211057667

Article Number: 20552076211057667

Accession Number: WOS:000724517800001

Abstract: Background Impulsive processes driving eating behaviour can often undermine peoples' attempts to change their behaviour, lose weight and maintain weight loss. Aim To develop an impulse management intervention to support weight loss in adults. Methods Intervention Mapping (IM) was used to systematically develop the "ImpulsePal" intervention. The development involved: (1) a needs assessment including a qualitative study, Patient and Public advisory group and expert group consultations, and a systematic review of impulse management techniques; (2) specification of performance objectives, determinants, and change objectives; (3) selection of intervention strategies (mapping of change techniques to the determinants of change); (4) creation of programme materials; (5) specification of adoption and implementation plans; (6) devising

an evaluation plan. Results Application of the IM Protocol resulted in a smartphone app that could support reductions in unhealthy (energy dense) food consumption, overeating, and alcoholic and sugary drink consumption. ImpulsePal includes inhibition training, mindfulness techniques, implementation intentions (if-then planning), visuospatial loading, use of physical activity for craving management, and context-specific reminders. An "Emergency Button" was also included to provide access to in-the-moment support when temptation is strong. Conclusions ImpulsePal is a novel, theory- and evidence-informed, person-centred app that aims to support impulse management for healthier eating. Intervention Mapping facilitated the incorporation of app components that are practical operationalisations of change techniques targeting our specific change objectives and their associated theoretical determinants. Using IM enabled transparency and provided a clear framework for evaluation, and enhances replicability and the potential of the intervention to accomplish the desired outcome of facilitating weight loss through dietary change.

Notes: van Beurden, Samantha B. Greaves, Colin J. Abraham, Charles Lawrence, Natalia S. Smith, Jane R.

Lawrence, Natalia S/A-1588-2010; Greaves, Colin/AAY-1555-2020; van Beurden, Samantha B/J-3287-2016

Greaves, Colin/0000-0003-4425-2691; van Beurden, Samantha B/0000-0001-7848-2159; Lawrence, Natalia/0000-0003-1969-6637

URL: <Go to ISI>://WOS:000724517800001

Reference Type: Journal Article

Record Number: 920

Author: van Dam, M., van Weeghel, J., Stiekema, A., Castelein, S., Pijnenborg, M. and van der Meer, L.

Year: 2022

Title: Barriers and facilitators to implementation of cognitive adaptation training in long-term inpatient facilities for people diagnosed with severe mental illness: A nursing perspective

Journal: Journal of Psychiatric and Mental Health Nursing

Volume: 29

Issue: 4

Pages: 568-577

Date: Aug

Short Title: Barriers and facilitators to implementation of cognitive adaptation training in long-term inpatient facilities for people diagnosed with severe mental illness: A nursing perspective

ISSN: 1351-0126

DOI: 10.1111/jpm.12821

Accession Number: WOS:000757458400001

Abstract: Accessible Summary What is known on the subject? To date, the majority of the research regarding innovative psychosocial interventions in psychiatry focuses upon the development and effectiveness of the interventions. Despite the fact that these are important clinical and scientific contributions, only a small percentage of the evidence-based interventions reach clinical practice. Cognitive Adaptation Training (CAT) is an effective psychosocial intervention to increase daily functioning and

cognitive functioning in people diagnosed with severe mental illness (SMI) in inpatient and outpatient psychiatric care. Despite knowledge on the intervention's effectiveness, systematic use of CAT in the daily routine of mental health nurses is insufficient. What the paper adds to existing knowledge? To date, no research is available that describes the factors associated to the implementation of CAT from a nursing perspective. This research also adds to the literature on rehabilitation in people diagnosed with SMI in an inpatient setting. The results contribute to the science of implementing interventions in long-term psychiatric care and may help future interventions in their implementation process. What are the implications for practice? This study highlights that multiple factors need to be considered when implementing an intervention in routine care and that it is a complicated process. Future implementation initiatives require ongoing training and supervision of CAT specialists, appointment of local champions to increase commitment among nursing staff and inclusion and commitment of management to overcome organizational barriers. Without acknowledging the presence of barriers to implementation and considering strategies to overcome these barriers, sustainable implementation is likely to be unsuccessful. Introduction Evidence-based interventions in psychiatry often fail to reach clinical practice. Cognitive Adaptation Training (CAT) is an evidence-based psychosocial intervention that aims to improve daily functioning of people diagnosed with a severe mental illness. Implementation of CAT remains challenging, despite demonstrated effectiveness. Aim Identifying facilitators and barriers of CAT on the intervention, nursing, and organizational levels, and investigating relationships between capability, opportunity, motivation, and appraisal using the COM-B model. Method The Measurement Instrument for Determinants of Innovations and CAT-specific questions were administered to 46 nurses. The relationship among capability, opportunity, motivation and appraisal was calculated using the Pearson's r correlation coefficient. Results Nine barriers (mostly organizational level) and 13 facilitators (mostly intervention and nursing level) were identified. Significant moderate correlations were found between capability and opportunity, capability and motivation, capability and appraisal and a strong correlation between motivation and appraisal. Discussion The results suggest that barriers at the organizational level should be removed and facilitators at intervention and nursing levels may be exploited to improve implementation. Implications for practice Future implementation initiatives require ongoing training and supervision of CAT specialists, appointment of local champions to increase commitment among nursing staff and inclusion and commitment of management to overcome organizational barriers.

Notes: van Dam, Michelle van Weeghel, Jaap Stiekema, Annemarie Castelein, Stynke Pijnenborg, Marieke van der Meer, Lisette van der meer, lisette/IQV-1680-2023
Castelein, Stynke/0000-0002-8419-568X; van Weeghel, Jaap/
0000-0002-8537-6167; van Dam, Michelle/0000-0001-5574-5657;
Stiekema, Annemarie/0000-0002-6739-3772
1365-2850

URL: <Go to ISI>://WOS:000757458400001

Reference Type: Journal Article

Record Number: 513

Author: van den Broek, A. K., de la Court, J. R., Groot, T., van Hest, R. M., Visser, C. E., Sigaloff, K. C. E., Schade, R. P. and Prins, J. M.

Year: 2022

Title: Detecting inappropriate total duration of antimicrobial therapy using semi-automated surveillance

Journal: Antimicrobial Resistance and Infection Control

Volume: 11

Issue: 1

Date: Aug

Short Title: Detecting inappropriate total duration of antimicrobial therapy using semi-automated surveillance

ISSN: 2047-2994

DOI: 10.1186/s13756-022-01147-2

Article Number: 110

Accession Number: WOS:000847332000003

Abstract: Objectives: Evaluation of the appropriateness of the duration of antimicrobial treatment is a cornerstone of antibiotic stewardship programs, but it is time-consuming. Furthermore, it is often restricted to antibiotics prescribed during hospital admission. This study aimed to determine whether mandatory prescription-indication registration at the moment of prescribing antibiotics enables reliable automated assessment of the duration of antibiotic therapy, including post-discharge duration, limiting the need for manual chart review to data validation. **Methods:** Antibiotic prescription and admission data, from 1-6-2020 to 31-12-2021, were electronically extracted from the Electronic Medical Record of two hospitals using mandatory indication registration. All consecutively prescribed antibiotics of adult patients who received empiric therapy in the first 24 h of admission were merged to calculate the total length of therapy (LOT) per patient, broken down per registered indication. Endpoints were the accuracy of the data, evaluated by comparing the extracted LOT and registered indication with the clinical notes in 400 randomly selected records, and guideline adherence of treatment duration. Data were analysed using a reproducible syntax, allowing semi-automated surveillance.

Results: A total of 3,466 antibiotic courses were analysed. LOT was accurately retrieved in 96% of the 400 evaluated antibiotic courses. The registered indication did not match chart review in 17% of antibiotic courses, of which only half affected the assessment of guideline adherence. On average, in 44% of patients treatment was continued post-discharge, accounting for 60% (+/- 19%) of their total LOT. Guideline adherence ranged from 26 to 75% across indications. **Conclusions:** Mandatory prescription-indication registration data can be used to reliably assess total treatment course duration, including post-discharge antibiotic duration, allowing semi-automated surveillance.

Notes: van den Broek, Annemieke K. de la Court, Jara R. Groot, Thomas van Hest, Reinier M. Visser, Caroline E. Sigaloff, Kim C. E. Schade, Rogier P. Prins, Jan M.

schade, rogie/HJA-2547-2022
schade, rogie/0000-0002-9487-4467; van Hest, Reinier/
0000-0002-2506-8795
URL: <Go to ISI>://WOS:000847332000003

Reference Type: Journal Article

Record Number: 235

Author: van der Groef, R., de Jong, P. H., Hijnen, D. J., van der Woude, C. J., van Laar, J. A. M., van der Kuy, P. H. M., Brugma, J. D. and Pasma, A.

Year: 2023

Title: Impact of the First SARS-CoV-2 Lockdown on Adherence to Biological Treatment in Patients with Immune-Mediated Inflammatory Diseases in the Netherlands

Journal: Patient Preference and Adherence

Volume: 17

Pages: 167-174

Short Title: Impact of the First SARS-CoV-2 Lockdown on Adherence to Biological Treatment in Patients with Immune-Mediated Inflammatory Diseases in the Netherlands

ISSN: 1177-889X

DOI: 10.2147/ppa.S392290

Accession Number: WOS:000922345700001

Abstract: Purpose: During the SARS-CoV-2 pandemic, national and international societies have recommended continuing biological agents in patients with immune-mediated inflammatory diseases (IMID) in the absence of SARS-CoV-2 symptoms. However, adherence to biological treatment might decrease, because these recommendations contradict patients' beliefs. Especially an increased concern about side effects could have influenced the adherence to biological treatment during the first lockdown. The primary objective was to investigate the impact of the first SARS-CoV-2 lockdown on adherence to biological treatment in IMID patients. Patients and Methods: In this prospective cohort study, IMID patients who received a biological agent before and during the first SARS-CoV-2 lockdown (March 2020-June 2020) were included. Patients were excluded if they did not complete the medication adherence report scale-5 (MARS-5) questionnaire at ≥ 1 visit before the lockdown and ≥ 1 visit during the lockdown. Adherence to biological treatment was measured with the MARS-5 and Medication Possession Ratio (MPR). Results: We included 157 IMID patients. The percentage of adherent patients, defined as MARS-5 score >21 , was significantly lower during the lockdown compared to the period before the lockdown (88.5% vs 84.1%, $p < 0.001$). Additionally, the overall percentage of adherent patients during the lockdown based on the MPR $\geq 90\%$ was significantly lower compared to adherence based upon the MARS-5 (65.1% vs 84.1%, $p < 0.001$). Conclusion: This study showed that the first SARS-CoV-2 lockdown negatively impacts adherence to biological treatment in IMID patients. Therefore, treating physicians should be aware of this problem to minimize the potential harmful effects of non-adherence.

Notes: van der Groef, Romy de Jong, Pascal H. P. Hijnen, Dirk Jan van der Woude, Christien J. van Laar, Jan A. M. van der Kuy, P. Hugo

M. Brugma, Jan-Dietert Pasma, Annelieke
van der Kuy, hugo/AAU-1973-2020; de Jong, Pascal/AAA-5360-2022
van der Kuy, hugo/0000-0002-7128-8801;
URL: <Go to ISI>://WOS:000922345700001

Reference Type: Journal Article
Record Number: 1704
Author: van der Klerj, R., Wijn, R. and Hof, T.
Year: 2020
Title: An application and empirical test of the Capability
Opportunity Motivation-Behaviour model to data leakage prevention in
financial organizations
Journal: Computers & Security
Volume: 97
Date: Oct
Short Title: An application and empirical test of the Capability
Opportunity Motivation-Behaviour model to data leakage prevention in
financial organizations
ISSN: 0167-4048
DOI: 10.1016/j.cose.2020.101970
Article Number: 101970
Accession Number: WOS:000567774600001
Abstract: is widely agreed that technology alone cannot prevent
cyber incidents. Organizations often need to rely the cooperation of
employees, for instance to report cyber incidents and to follow
security policies. This research article presents a model of how the
psychological constructs capability, opportunity and motivation
interact to produce employee security behaviours that are assumed to
help prevent data leakage incidents. To validate this model we
surveyed 384 bank employees about their data leakage prevention
behaviour. Results generally show that capability (i.e., knowledge)
is uniquely related to data leakage prevention behaviour, and that
motivation and opportunity are uniquely related to capability. Our
findings suggest that although knowledge is pivotal for achieving
desired behaviour, increasing motivation and opportunity may be key
to influence knowledge acquiring and consequently data leakage
prevention behaviour. Implications for information security practice
are discussed. (c) 2020 Elsevier Ltd. All rights reserved.
Notes: van der Klerj, Rick Wijn, Remco Hof, Tineke
1872-6208
URL: <Go to ISI>://WOS:000567774600001

Reference Type: Journal Article
Record Number: 718
Author: van der Nat, D. J., Huiskes, V. J. B., Taks, M., van den
Bemt, B. J. F. and van Onzenoort, H. A. W.
Year: 2022
Title: Barriers and facilitators for the usage of a personal health
record for medication reconciliation: A qualitative study among
patients
Journal: British Journal of Clinical Pharmacology
Volume: 88

Issue: 11

Pages: 4751-4762

Date: Nov

Short Title: Barriers and facilitators for the usage of a personal health record for medication reconciliation: A qualitative study among patients

ISSN: 0306-5251

DOI: 10.1111/bcp.15409

Accession Number: WOS:000802920800001

Abstract: Aims Personal health records (PHRs) are more often used for medication reconciliation (MR). However, patients' adoption rate is low. We aimed to provide insight into patients' barriers and facilitators for the usage of a PHR for MR prior to an in- or outpatient visit. Methods A qualitative study was conducted among PHR users and non-users who had a planned visit at the outpatient rheumatology department or the inpatient cardiology or neurology department. About 1 week after the hospital visit, patients were interviewed about barriers and facilitators for the usage of a PHR for MR using a semi-structured interview guide based on the theoretical domains framework. Afterwards, data were analysed following thematic analysis. Results Ten PHR users and non-users were interviewed. Barriers and facilitators were classified in four domains: patient, application, process and context. We identified 14 barriers including limited (health) literacy and/or computer skills, practical and technical issues, ambiguity about who is responsible (the patient or the healthcare provider) and lack of data exchange and connectivity between applications. Besides that, ten facilitators were identified including being place and time independent, improve usability, target patients who benefit most and/or have sufficient skills, and integration of different applications. Conclusion Barriers and facilitators identified at the patient, application, process and context level, need to be addressed to effectively develop and implement PHRs for MR.

Notes: van der Nat, Denise J. Huiskes, Victor J. B. Taks, Margot van den Bemt, Bart J. F. van Onzenoort, Hein A. W.

van der Nat, Denise/0000-0001-7790-9712; Huiskes, Victor/0000-0002-2120-354X

1365-2125

URL: <Go to ISI>://WOS:000802920800001

Reference Type: Journal Article

Record Number: 839

Author: van der Vliet, N., den Broeder, L., Romeo-Velilla, M., Staatsen, B., Kruize, H., Friedrich, B. and Schuit, A. J.

Year: 2022

Title: Facilitators and barriers of intersectoral co-operation to promote healthier and more environmentally friendly behaviour: a qualitative evaluation through focus groups for the INHERIT project

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Mar

Short Title: Facilitators and barriers of intersectoral co-operation

to promote healthier and more environmentally friendly behaviour: a qualitative evaluation through focus groups for the INHERIT project
DOI: 10.1186/s12889-022-12974-8

Article Number: 617

Accession Number: WOS:000774960500018

Abstract: Background Tackling challenges related to health, environmental sustainability and equity requires many sectors to work together. This "intersectoral co-operation" can pose a challenge on its own. Research commonly focuses on one field or is conducted within one region or country. The aim of this study was to investigate facilitators and barriers regarding intersectoral co-operative behaviour as experienced in twelve distinct case studies in ten European countries. The COM-B behavioural system was applied to investigate which capabilities, opportunities and motivational elements appear necessary for co-operative behaviour. Method Twelve focus groups were conducted between October 2018 and March 2019, with a total of 76 participants (policymakers, case study coordinators, governmental institutes and/or non-governmental organisations representing citizens or citizens). Focus groups were organised locally and held in the native language using a common protocol and handbook. One central organisation coordinated the focus groups and analysed the results. Translated data were analysed using deductive thematic analysis, applying previous intersectoral co-operation frameworks and the COM-B behavioural system. Results Amongst the main facilitators experienced were having highly motivated partners who find common goals and see mutual benefits, with good personal relationships and trust (Motivation). In addition, having supportive environments that provide opportunities to co-operate in terms of support and resources facilitated co-operation (Opportunity), along with motivated co-operation partners who have long-term visions, create good external visibility and who have clear agreements and clarity on roles from early on (Capability). Barriers included not having necessary and/or structural resources or enough time, and negative attitudes from specific stakeholders. Conclusions This study on facilitators and barriers to intersectoral co-operation in ten European countries confirms findings of earlier studies. This study also demonstrates that the COM-B model can serve as a relatively simple tool to understand co-operative behaviour in terms of the capability, opportunity and motivation required amongst co-operation partners from different sectors. Results can support co-operators' and policymakers' understanding of necessary elements of intersectoral co-operation. It can help them in developing more successful intersectoral co-operation when dealing with challenges of health, environmental sustainability and equity.

Notes: van der Vliet, Nina den Broeder, Lea Romeo-Velilla, Maria Staatsen, Brigit Kruize, Hanneke Friedrich, Bettina Schuit, A. Jantine

Schuit, Albertine J/I-3148-2018

Schuit, Jantine/0000-0002-7499-1391
1471-2458

URL: <Go to ISI>://WOS:000774960500018

Reference Type: Journal Article

Record Number: 2463

Author: van der Wees, P. J., Zagers, C. A. M., de Die, S. E., Hendriks, E. J. M., Nijhuis-van der Sanden, M. W. G. and de Bie, R. A.

Year: 2013

Title: Developing a questionnaire to identify perceived barriers for implementing the Dutch physical therapy COPD clinical practice guideline

Journal: BMC Health Services Research

Volume: 13

Date: May

Short Title: Developing a questionnaire to identify perceived barriers for implementing the Dutch physical therapy COPD clinical practice guideline

DOI: 10.1186/1472-6963-13-159

Article Number: 159

Accession Number: WOS:000318527800001

Abstract: Background: Clinical practice guidelines have been developed to assist healthcare practitioners in clinical decision making. Publication of clinical practice guidelines does not automatically lead to their uptake and barrier identification has been recognized as an important step in implementation planning. This study aimed at developing a questionnaire to identify perceived barriers for implementing the Dutch COPD guideline for physical therapists and its recommended measurement instruments. Methods: An overall questionnaire, based on two existing questionnaires, was constructed to identify barriers and facilitators for implementing the COPD guideline. The construct of the questionnaire was assessed in a cross-sectional study among 246 chest physical therapists. Factor analysis was conducted to explore underlying dimensions. Psychometric properties were analyzed using Cronbach's alpha. Barriers and facilitators were assessed using descriptive statistics. Results: Some 139 physical therapists (57%) responded. Factor analysis revealed 4-factor and 5-factor solutions with an explained variance of 36% and 39% respectively. Cronbach's alpha of the overall questionnaire was 0.90, and varied from 0.66 to 0.92 for the different factors. Underlying domains of the 5-factor solution were characterized as: attitude towards using measurement instruments, knowledge and skills of the physical therapist, applicability of the COPD guideline, required investment of time & money, and patient characteristics. Physical therapists showed a positive attitude toward using the COPD guideline. Main barriers for implementation were required time investment and financial constraints. Conclusions: The construct of the questionnaire revealed relevant underlying domains for the identification of barriers and facilitators for implementing the COPD guideline. The questionnaire allowed for tailoring to the target group and may be used across health care professionals as basis for in-depth analysis of barriers to specific recommendations in guidelines. The results of the questionnaire alone do not provide sufficient information to inform the development of an implementation strategy. The infrastructure for developing the guideline can be used for addressing key barriers by the guideline development group, using

the questionnaire as well as in-depth analysis such as focus group interviews. Further development of methods for prospective identification of barriers and consequent tailoring of implementation interventions is required.

Notes: van der Wees, Philip J. Zagers, Cor A. M. de Die, Sara E. Hendriks, Erik J. M. Nijhuis-van der Sanden, Maria W. G. de Bie, Rob A.

van der Wees, Philip Jan/L-4748-2015; der Sanden, Maria WG Nijhuis-van/B-3463-2012

der Sanden, Maria WG Nijhuis-van/0000-0003-2637-6877
1472-6963

URL: <Go to ISI>://WOS:000318527800001

Reference Type: Journal Article

Record Number: 1123

Author: van Dijk, L. M., Meulman, M. D., van Eikenhorst, L., Merten, H., Schutijser, Bcfm and Wagner, C.

Year: 2021

Title: Can using the functional resonance analysis method, as an intervention, improve patient safety in hospitals?: a stepped wedge design protocol

Journal: BMC Health Services Research

Volume: 21

Issue: 1

Date: Nov

Short Title: Can using the functional resonance analysis method, as an intervention, improve patient safety in hospitals?: a stepped wedge design protocol

DOI: 10.1186/s12913-021-07244-z

Article Number: 1228

Accession Number: WOS:000718096600005

Abstract: Background: Healthcare professionals are sometimes forced to adjust their work to varying conditions leading to discrepancies between hospital protocols and daily practice. We will examine the discrepancies between protocols, 'Work As Imagined' (WAI), and daily practice 'Work As Done' (WAD) to determine whether these adjustments are deliberate or accidental. The discrepancies between WAI and WAD can be visualised using the Functional Resonance Analysis Method (FRAM). FRAM will be applied to three patient safety themes: risk screening of the frail older patients; the administration of high-risk medication; and performing medication reconciliation at discharge. Methods: A stepped wedge design will be used to collect data over 16 months. The FRAM intervention consists of constructing WAI and WAD models by analysing hospital protocols and interviewing healthcare professionals, and a meeting with healthcare professionals in each ward to discuss the discrepancies between WAI and WAD. Safety indicators will be collected to monitor compliance rates. Additionally, the potential differences in resilience levels among nurses before and after the FRAM intervention will be measured using the Employee Resilience Scale (EmpRes) questionnaire. Lastly, we will monitor whether gaining insight into differences between WAI and WAD has led to behavioural and organisational change.

Discussion: This article will assess whether using FRAM to reveal

possible discrepancies between hospital protocols (WAI) and daily practice (WAD) will improve compliance with safety indicators and employee resilience, and whether these insights will lead to behavioural and organisational change.

Notes: van Dijk, Liselotte M. Meulman, Meggie D. van Eikenhorst, Linda Merten, Hanneke Schutijser, Bernadette C. F. M. Wagner, Cordula

Meulman, Meggie/HNJ-0490-2023

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1472-6963

URL: <Go to ISI>://WOS:000718096600005

Reference Type: Journal Article

Record Number: 152

Author: van Dijk, M. L., te Loo, L. M., Vrijzen, J., van den Akkerscheek, I., Westerveld, S., Annema, M., van Beek, A., van den Berg, J., Boerboom, A. L., Bouma, A., de Bruijne, M., Crasborn, J., van Dongen, J. M., Driessen, A., Eijkelenkamp, K., Goelema, N., Holla, J., de Jong, J., de Joode, A., Kievit, A., Klooster, J. V., Kruizenga, H., van der Leeden, M., Linders, L., Marks-Vieveen, J., Mulder, D. J., Muller, F., van Nassau, F., Nauta, J., Oostvogels, S., Sogtoen, J. O., van der Ploeg, H. P., Rijnbeek, P., Schouten, L., Schuling, R., Serne, E. H., Smuling, S., Soeters, M. R., Verhagen, Ealm, Zwerver, J., Dekker, R., van Mechelen, W. and Jelsma, J. G. M.

Year: 2023

Title: LOFIT (Lifestyle front Office For Integrating lifestyle medicine in the Treatment of patients): a novel care model towards community-based options for lifestyle change-study protocol

Journal: Trials

Volume: 24

Issue: 1

Date: Feb

Short Title: LOFIT (Lifestyle front Office For Integrating lifestyle medicine in the Treatment of patients): a novel care model towards community-based options for lifestyle change-study protocol

DOI: 10.1186/s13063-022-06960-z

Article Number: 114

Accession Number: WOS:000936877900001

Abstract: BackgroundA healthy lifestyle is indispensable for the prevention of noncommunicable diseases. However, lifestyle medicine is hampered by time constraints and competing priorities of treating physicians. A dedicated lifestyle front office (LFO) in secondary/tertiary care may provide an important contribution to optimize patient-centred lifestyle care and connect to lifestyle initiatives from the community. The LOFIT study aims to gain insight into the (cost-)effectiveness of the LFO. MethodsTwo parallel pragmatic randomized controlled trials will be conducted for (cardio)vascular disorders (i.e. (at risk of) (cardio)vascular disease, diabetes) and musculoskeletal disorders (i.e. osteoarthritis, hip or knee prosthesis). Patients from three outpatient clinics in the Netherlands will be invited to participate in the study. Inclusion criteria are body mass index (BMI) ≥ 25 (kg/m²) and/or smoking.

Participants will be randomly allocated to either the intervention group or a usual care control group. In total, we aim to include 552 patients, 276 in each trial divided over both treatment arms. Patients allocated to the intervention group will participate in a face-to-face motivational interviewing (MI) coaching session with a so-called lifestyle broker. The patient will be supported and guided towards suitable community-based lifestyle initiatives. A network communication platform will be used to communicate between the lifestyle broker, patient, referred community-based lifestyle initiative and/or other relevant stakeholders (e.g. general practitioner). The primary outcome measure is the adapted Fuster-BEWAT, a composite health risk and lifestyle score consisting of resting systolic and diastolic blood pressure, objectively measured physical activity and sitting time, BMI, fruit and vegetable consumption and smoking behaviour. Secondary outcomes include cardiometabolic markers, anthropometrics, health behaviours, psychological factors, patient-reported outcome measures (PROMs), cost-effectiveness measures and a mixed-method process evaluation. Data collection will be conducted at baseline, 3, 6, 9 and 12 months follow-up. Discussion This study will gain insight into the (cost-)effectiveness of a novel care model in which patients under treatment in secondary or tertiary care are referred to community-based lifestyle initiatives to change their lifestyle.

Notes: van Dijk, Marlinde L. te Loo, Leonie M. Vrijzen, Joyce van den Akker-scheek, Inge Westerveld, Sanne Annema, Marjan van Beek, Andre van den Berg, Jip Boerboom, Alexander L. Bouma, Adrie de Bruijne, Martine Crasborn, Jeroen van Dongen, Johanna M. Driessen, Anouk Eijkelenkamp, Karin Goelema, Nies Holla, Jasmijn de Jong, Johan de Joode, Anouk Kievit, Arthur Klooster, Josine van't Kruizenga, Hinke van der Leeden, Marike Linders, Lilian Marks-Vieveen, Jenny Mulder, Douwe Johannes Muller, Femmy van Nassau, Femke Nauta, Joske Oostvogels, Suzanne Oude Sogtoen, Jessica van der Ploeg, Hidde P. Rijnbeek, Patrick Schouten, Linda Schuling, Rhoda Serne, Erik H. Smuling, Simone Soeters, Maarten R. Verhagen, Evert A. L. M. Zwerver, Johannes Dekker, Rienk van Mechelen, Willem Jelsma, Judith G. M.

, Karin/0000-0003-3597-1803; de Jong, Johan/0000-0001-8300-3861; Mulder, Douwe/0000-0003-3715-6474; van Dijk, Marlinde/0000-0002-9008-6615; van den Akker-Scheek, Inge/0000-0002-1614-8419; van Dongen, Johanna Maria/0000-0002-1606-8742; Westerveld, Sanne/0000-0002-2147-0357; Vrijzen, Joyce/0000-0003-1506-2266; Zwerver, Johannes/0000-0002-8499-2806
1745-6215

URL: <Go to ISI>://WOS:000936877900001

Reference Type: Journal Article

Record Number: 1802

Author: van Dongen, B. M., Ridder, M. A. M., Steenhuis, I. H. M. and Renders, C. M.

Year: 2019

Title: Background and evaluation design of a community-based health-promoting school intervention: Fit Lifestyle at School and at Home (FLASH)

Journal: BMC Public Health

Volume: 19

Date: Jun

Short Title: Background and evaluation design of a community-based health-promoting school intervention: Fit Lifestyle at School and at Home (FLASH)

DOI: 10.1186/s12889-019-7088-3

Article Number: 784

Accession Number: WOS:000472845800004

Abstract: Background A community-based approach can be a promising strategy for implementing school-based health promotion aimed at stimulating healthy physical activity and dietary behaviour. Such an approach builds on the community capacity of multiple stakeholders, empowering them to design and implement tailored activities, supported by the whole school community. This paper describes the background and evaluation design of the community-based school intervention 'Fit Lifestyle at School and at Home' (FLASH) in four pre-vocational schools. FLASH includes four strategies for building the community capacity of students, school personnel and parents: 1) identifying leaders in each stakeholder group, 2) stimulating a school culture of participation, 3) having stakeholders design and implement tailored activities and 4) creating a network of local partners for structural embedding. The objective is to monitor the capacity-building processes of the FLASH intervention and to explore if these processes contribute to changes in community capacity. In addition, we will explore if the FLASH intervention is related to changes in PA, dietary behaviours and BMI of students. **Methods:** This study has a mixed methods design and uses a participatory action-oriented approach to monitor and evaluate changes in community capacity, tailored health-promotion activities and implementation processes. Methods include semi-structured interviews, focus groups, journals, document analysis and observational scans of the physical environment. In addition, changes in BMI, physical activity and dietary behaviours of pre-vocational students will be explored by comparing the four intervention schools to four control schools. Data are collected by questionnaires and anthropometric measurements. **Discussion:** The main strength of this study is its use of mixed methods to evaluate real-life processes of creating a healthy-school community. This will provide valuable information on capacity-building strategies for the structural embedding of health-promotion activities within school settings. The results could help schools become more empowered to adapt and adopt integral health-promotion interventions in daily practice that suit the needs of their communities, that are expected to be sustainable and that could lead to favourable changes in the PA and dietary behaviour of students. **Trial registration:** ISRCTN67201841; date registered: 09-05-2019, retrospectively registered.

Notes: van Dongen, Bonnie Maria Ridder, Monica Antonia Maria Steenhuis, Ingrid Hendrika Margaretha Renders, Carry Mira Renders, Carry/0000-0001-6688-1312; van Dongen, Bonnie/0000-0001-6718-3081
1471-2458

URL: <Go to ISI>://WOS:000472845800004

Reference Type: Journal Article

Record Number: 724

Author: van Eeden, L. M., Geschke, A., Hames, F., Squires, Z. E. and Weston, M. A.

Year: 2022

Title: The leashing behavior of dog owners in different types of natural areas

Journal: Human Dimensions of Wildlife

Date: 2022 May

Short Title: The leashing behavior of dog owners in different types of natural areas

ISSN: 1087-1209

DOI: 10.1080/10871209.2022.2077482

Accession Number: WOS:000800213900001

Abstract: Encouraging compliance with dog leashing regulations in natural areas is a priority for land managers seeking to protect wildlife. We surveyed residents of Victoria, Australia, to document self-reported leashing behavior by dog owners in different habitat types, exploring demographic, attitudinal, and belief variables as predictors of compliance. We found support for leashing regulations among dog owners (n = 313) and those without dogs (n = 711), but generally low reported compliance by owners. Social norms about leashing predicted leashing at all areas, and habits (i.e., leashing where leashing was not regulated) predicted compliance with regulations. Older age and beliefs about wildlife protection predicted compliance in water-based areas (e.g., beaches, wetlands) and beliefs that off-leash roaming is beneficial to dogs predicted compliance in other natural areas (e.g., hiking trails). Exploring these context-based differences allows managers to identify and understand target groups to design tailored messaging and other behavior change interventions.

Notes: van Eeden, Lily M. Geschke, Andrew Hames, Fern Squires, Zoe E. Weston, Michael A.

Weston, Michael/0000-0002-8717-0410; van Eeden, Lily/
0000-0002-0456-9670

1533-158x

URL: <Go to ISI>://WOS:000800213900001

Reference Type: Journal Article

Record Number: 2245

Author: van Eerd, E. A. M., Risor, M. B., van Rossem, C. R., van Schayck, O. C. P. and Kotz, D.

Year: 2015

Title: Experiences of tobacco smoking and quitting in smokers with and without chronic obstructive pulmonary disease—a qualitative analysis

Journal: BMC Family Practice

Volume: 16

Date: Nov

Short Title: Experiences of tobacco smoking and quitting in smokers with and without chronic obstructive pulmonary disease—a qualitative analysis

DOI: 10.1186/s12875-015-0382-y

Article Number: 164

Accession Number: WOS:000364184400001

Abstract: Background: Smokers with chronic obstructive pulmonary disease (COPD) seem to be a special subgroup of smokers that have a more urgent need to quit smoking but might find it more difficult to do so. This study aimed to explore which justifications for tobacco smoking and experiences of quitting were commonly shared in smokers with and without COPD, and which, if any, were specific to smokers with COPD. Methods: In ten primary healthcare centres in the Netherlands, we conducted semi-structured, in-depth interviews in 10 smokers with and 10 smokers without COPD. Results: Three themes were generated: 'balancing the impact on health of smoking', 'challenging of autonomy by social interference', 'prerequisites for quitting'. All participants trivialized health consequences of smoking; those with COPD seemed to be less knowledgeable about smoking and health. Both groups of smokers found autonomy very important. Smokers with COPD were indignant about a perceived lack of empathy in their communication with doctors. Furthermore, smokers with COPD in particular had little faith in the efficacy of smoking cessation aids. Lastly, motivation for quitting was dominated by fluctuation and smokers with COPD specifically maintained that their vision of life was linked with quitting. Conclusions: The participants showed many similarities in their reasoning about smoking and quitting. The corresponding themes argue for a less paternalistic regime in the communication with smokers with attention required for the motivational stage and room made for smokers' own views, and with clear information and education. Furthermore, addressing social interactions, health perceptions and moral agendas in the communication with smokers with COPD may help to make smoking cessation interventions more suitable for them.

Notes: van Eerd, Eva A. M. Risor, Mette Bech van Rossem, Carolien R. van Schayck, Onno C. P. Kotz, Daniel

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0000-0002-7912-5804

1471-2296

URL: <Go to ISI>://WOS:000364184400001

Reference Type: Journal Article

Record Number: 76

Author: van Erck, D., Dolman, C. D., Henriques, J. P., Schoufour, J. D., Delewi, R., op Reimer, Wjms and Snaterse, M.

Year: 2023

Title: Exploring barriers and facilitators of behavioural changes in dietary intake and physical activity: a qualitative study in older adults undergoing transcatheter aortic valve implantation

Journal: European Geriatric Medicine

Date: 2023 Apr

Short Title: Exploring barriers and facilitators of behavioural changes in dietary intake and physical activity: a qualitative study in older adults undergoing transcatheter aortic valve implantation

ISSN: 1878-7649

DOI: 10.1007/s41999-023-00774-1

Accession Number: WOS:000961733700001

Abstract: Key summary points **Aim** To explore barriers and facilitators regarding dietary intake and physical activity behaviour change in older patients undergoing transcatheter aortic valve implantation. **Findings** Three following themes were identified as barriers: (1) low physical capability, (2) healthy dietary intake and physical activity are not a priority at an older age and (3) ingrained habits and preferences. Three themes were identified as facilitators: (1) knowledge that dietary intake and physical activity are important for maintaining health, (2) norms set by family, friends and caregivers and (3) support from the social environment. **Message** Given the prevalent ambivalence among older cardiac patients towards behaviour change, healthcare professionals should address this mindset before implementing interventions to promote behaviour modification. **Purpose** The majority of older patients, scheduled for a cardiac procedure, do not adhere to international dietary intake and physical activity guidelines. The purpose of this study was to explore barriers and facilitators regarding dietary intake and physical activity behaviour change in older patients undergoing transcatheter aortic valve implantation (TAVI). **Methods** We conducted a qualitative study using semi-structured interviews with patients undergoing TAVI. Interviews were analysed by two independent researchers using thematic analysis, the capability, opportunity and motivation behaviour model was used as a framework. **Results** The study included 13 patients (82 +/- 6 years old, 6 females) until data saturation was reached. Six themes were identified, which were all applicable to both dietary intake and physical activity. Three following themes were identified as barriers: (1) low physical capability, (2) healthy dietary intake and physical activity are not a priority at an older age and (3) ingrained habits and preferences. Three following themes were identified as facilitators: (1) knowledge that dietary intake and physical activity are important for maintaining health, (2) norms set by family, friends and caregivers and (3) support from the social environment. **Conclusion** Our study found that older patients had mixed feelings about changing their behaviour. The majority initially stated that dietary intake and physical activity were not a priority at older age. However, with knowledge that behaviour could improve health, patients also stated willingness to change, leading to a state of ambivalence. Healthcare professionals may consider motivational interviewing techniques to address this ambivalence.

Notes: van Erck, Dennis Dolman, Christine D. D. Henriques, Jose P. Schoufour, Josje D. D. Delewi, Ronak op Reimer, Wilma J. M. Scholte Snaterse, Marjolein

van Erck, Dennis/0000-0001-5396-1903

1878-7657

URL: <Go to ISI>://WOS:000961733700001

Reference Type: Journal Article

Record Number: 304

Author: van Erck, D., Dolman, C. D., Reimer, Wjms, Henriques, J. P.,

Weijs, P. J. M., Delewi, R. and Schoufour, J. D.

Year: 2022

Title: The Trajectory of Nutritional Status and Physical Activity before and after Transcatheter Aortic Valve Implantation

Journal: Nutrients

Volume: 14

Issue: 23

Date: Dec

Short Title: The Trajectory of Nutritional Status and Physical Activity before and after Transcatheter Aortic Valve Implantation

DOI: 10.3390/nu14235137

Article Number: 5137

Accession Number: WOS:000896484000001

Abstract: It is suggested that older patients waiting for an elective surgical procedure have a poor nutritional status and low physical activity level. It is unknown if this hypothesis is true and if these conditions improve after a medical procedure. We aimed to determine the trajectory of both conditions before and after transcatheter aortic valve implantation (TAVI). Included patients (n = 112, age 81 +/- 5 years, 58% male) received three home visits (preprocedural, one and six months postprocedural). Nutritional status was determined with the mini nutritional assessment-short form (MNA-SF) and physical activity using an ankle-worn monitor (Stepwatch). The median MNA-SF score was 13 (11-14), and 27% of the patients were at risk of malnutrition before the procedure. Physical activity was 6273 +/- 3007 steps/day, and 69% of the patients did not meet the physical activity guidelines (>7100 steps/day). We observed that nutritional status and physical activity did not significantly change after the procedure (beta 0.02 [95% CI -0.03, 0.07] points/months on the MNA-SF and beta 16 [95% CI -47, 79] steps/month, respectively). To conclude, many preprocedural TAVI patients should improve their nutritional status or activity level. Both conditions do not improve naturally after a cardiac procedure.

Notes: van Erck, Dennis Dolman, Christine D. Op Reimer, Wilma J. M. Scholte Henriques, Jose P. Weijs, Peter J. M. Delewi, Ronak Schoufour, Josje D.

van Erck, Dennis/0000-0001-5396-1903; Henriques, Jose PS/0000-0002-8969-7929; Weijs, Peter/0000-0001-8281-0426 2072-6643

URL: <Go to ISI>://WOS:000896484000001

Reference Type: Journal Article

Record Number: 1081

Author: van Gestel, L. C., Adriaanse, M. A. and de Ridder, D. T. D.

Year: 2021

Title: Who accepts nudges? nudge acceptability from a self-regulation perspective

Journal: Plos One

Volume: 16

Issue: 12

Date: Dec

Short Title: Who accepts nudges? nudge acceptability from a self-regulation perspective

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0260531

Article Number: e0260531

Accession Number: WOS:000754686900005

Abstract: Background Public acceptability of nudging is receiving increasingly more attention, but studies remain limited to evaluations of aspects of the nudge itself or (inferred intentions) of the nudger. Yet, it is important to investigate which individuals are likely to accept nudges, as those who are supposed to benefit from the implementation should not oppose it. The main objective of this study was to integrate research on self-regulation and nudging, and to examine acceptability of nudges as a function of self-regulation capacity and motivation. **Method** Participants (N = 301) filled in questionnaires about several components of self-regulation capacity (self-control, proactive coping competence, self-efficacy, perceived control and perceived difficulty) and motivation (autonomous motivation and controlled motivation). To evaluate nudge acceptability, we used three vignettes describing three types of nudges (default, portion size, and rearrangement) that stimulated either a pro-self behavior (healthy eating) or pro-social behavior (sustainable eating) and asked participants to rate the nudges on (aspects of) acceptability. **Results** Results revealed that there were substantial differences in acceptability between the three types of nudges, such that the default nudge was seen as less acceptable and the rearrangement nudge as most acceptable. The behavior that was stimulated did not affect acceptability, even though the nudges that targeted healthy eating were seen as more pro-self than the nudges targeting sustainable eating. From all self-regulation components, autonomous motivation was the only measure that was consistently associated with nudge acceptability across the three nudges. For self-regulatory capacity, only some elements were occasionally related to acceptability for some nudges. **Conclusion** The current study thus shows that people are more inclined to accept nudges that target behaviors that they are autonomously motivated for, while people do not meaningfully base their judgments of acceptability on self-regulatory capacity.

Notes: van Gestel, Laurens C. Adriaanse, Marieke A. de Ridder, Denise T. D.

van Gestel, Laurens/GQI-2264-2022; Adriaanse, Marieke/AFQ-8371-2022
Adriaanse, Marieke/0000-0002-2218-4723; van Gestel, Laurens/
0000-0002-2461-4301

URL: <Go to ISI>://WOS:000754686900005

Reference Type: Journal Article

Record Number: 249

Author: Van Heerden, A., Humphries, H. and Geng, E. L.

Year: 2023

Title: Whole person HIV services: a social science approach

Journal: Current Opinion in Hiv and Aids

Volume: 18

Issue: 1

Pages: 46-51

Date: Jan

Short Title: Whole person HIV services: a social science approach
ISSN: 1746-630X

DOI: 10.1097/coh.0000000000000773

Accession Number: WOS:000897624700006

Abstract: Purpose of review Globally, approximately 38.4 million people who are navigating complex lives, are also living with HIV, while HIV incident cases remain high. To improve the effectiveness of HIV prevention and treatment service implementation, we need to understand what drives human behaviour and decision-making around HIV service use. This review highlights current thinking in the social sciences, emphasizing how understanding human behaviour can be leveraged to improve HIV service delivery. Recent findings The social sciences offer rich methodologies and theoretical frameworks for investigating how factors synergize to influence human behaviour and decision-making. Social-ecological models, such as the Behavioural Drivers Model (BDM), help us conceptualize and investigate the complexity of people's lives. Multistate and group-based trajectory modelling are useful tools for investigating the longitudinal nature of peoples HIV journeys. Successful HIV responses need to leverage social science approaches to design effective, efficient, and high-quality programmes. To improve our HIV response, implementation scientists, interventionists, and public health officials must respond to the context in which people make decisions about their health. Translating biomedical efficacy into real-world effectiveness is not simply finding a way around contextual barriers but rather engaging with the social context in which communities use HIV services.

Notes: Van Heerden, Alastair Humphries, Hilton Geng, Elvin

Van Heerden, Alastair/AAY-6262-2020

Van Heerden, Alastair/0000-0003-2530-6885; Geng, Elvin/

0000-0002-0825-1424

1746-6318

URL: <Go to ISI>://WOS:000897624700006

Reference Type: Journal Article

Record Number: 1167

Author: Van Ho, B., Van der Maarel-Wierink, C. D., Rollman, A., Weijenberg, R. A. F. and Lobbezoo, F.

Year: 2021

Title: 'Don't forget the mouth!': a process evaluation of a public oral health project in community-dwelling frail older people

Journal: BMC Oral Health

Volume: 21

Issue: 1

Date: Oct

Short Title: 'Don't forget the mouth!': a process evaluation of a public oral health project in community-dwelling frail older people

ISSN: 1472-6831

DOI: 10.1186/s12903-021-01884-7

Article Number: 536

Accession Number: WOS:000708473500001

Abstract: Background: Older people are encouraged to remain community dwelling, even when they become care-dependent. Not every

dental practice is prepared or able to provide care to community-dwelling frail older people, while their ability to maintain oral health and to visit a dentist is decreasing, amongst others due to multiple chronic diseases and/or mobility problems. The public oral health project 'Don't forget the mouth! (DFTM!) aimed to improve the oral health of this population, by means of early recognition of decreased oral health as well as by establishing interprofessional care. A process evaluation was designed to scientifically evaluate the implementation of this project. Methods: The project was implemented in 14 towns in The Netherlands. In each town, health care professionals from a general practice, a dental practice, and a homecare organization participated. The process evaluation framework focused on fidelity, dose, adaptation, and reach. Each of the items were examined on levels of implementation: macro-level, meso-level, and micro-level. Mixed methods (i.e., quantitative and qualitative methods) were used for data collection. Results: The experiences of 50 health care professionals were evaluated with questionnaires, 22 semi-structured interviews were conducted, and the oral health of 407 community-dwelling frail older people was assessed. On each level of implementation, oral health care was integrated in the daily routine. On macro-level, education was planned (dose, adaptation), and dental practices organized home visits (adaptation). On meso-level, health care professionals attended meetings of the project (fidelity), worked interprofessionally, and used a screening-referral tool of the project DFTM! in daily practice (dose, adaptation, reach). On micro-level, the frail older people participated in the screening of oral health (fidelity, dose), had their daily oral hygiene care observed (adaptation) and supported if necessary, and some had themselves referred to a dental practice (reach). The semi-structured interviews also showed that the project increased the oral health awareness amongst health care professionals. Conclusions: The project DFTM! was, in general, implemented and delivered as planned. Factors that contributed positively to the implementation were identified. With large-scale implementation, attention is needed regarding the poor accessibility of the oral health care professional, financial issues, and increased work pressure.

Notes: Van Ho, Bach Van der Maarel-Wierink, Claar Debora Rollman, Annemiek Weijenberg, Roxane Anthea Francesca Lobbezoo, Frank
URL: <Go to ISI>://WOS:000708473500001

Reference Type: Journal Article

Record Number: 1382

Author: Van Hoyer, A., Johnson, S., Geidne, S., Donaldson, A., Rostan, F., Lemonnier, F. and Vuillemin, A.

Year: 2021

Title: The health promoting sports club model: an intervention planning framework

Journal: Health Promotion International

Volume: 36

Issue: 3

Pages: 811-823

Date: Jun

Short Title: The health promoting sports club model: an intervention planning framework

ISSN: 0957-4824

DOI: 10.1093/heapro/daaa093

Accession Number: WOS:000693258500021

Abstract: Researchers and policymakers acknowledge sports clubs (SCs) as health promoting settings. Limited research links the health promoting sports club (HPSC) concept with evidence-driven strategies to provide SCs guidance to develop health promotion (HP) interventions. As implementation science insists on theoretically grounded interventions, the present work's objective was to provide SCs an evidence-driven intervention framework for planning, developing and implementing HP initiatives. Four iteratively sequenced steps were undertaken: (i) investigation of 'health promoting' indicators, (ii) adaptation of the HPSC concept to create the HPSC model, (iii) formulation of published evidence-driven guidelines into strategies and implementable intervention components (ICs) and (iv) merging the HPSC model with the ICs to create an intervention planning framework for SCs. First, researchers drafted five HPSC indicators. Second, they defined three SC levels (macro, meso and micro) and four health determinants (organizational, environmental, economic and social) to create an HPSC model. Third, researchers used published guidelines to develop 14 strategies with 55 ICs. Fourth, three workshops (one each with French master-level sport students, French sport and health professionals and Swedish sport and health professionals) had participants classify the ICs into the model. The HPSC model and intervention framework are starting points to plan, select and deliver interventions to increase SC HP. This planning framework is usable in several ways: (i) clubs can apply strategies to achieve specific goals, (ii) clubs can target specific levels with corresponding ICs and (iii) ICs can be used to address particular health determinants.

Notes: Van Hoyer, Aurelie Johnson, Stacey Geidne, Susanna Donaldson, Alex Rostan, Florence Lemonnier, Fabienne Vuillemin, Anne Johnson, Stacey/0000-0002-2188-7873
1460-2245

URL: <Go to ISI>://WOS:000693258500021

Reference Type: Journal Article

Record Number: 1017

Author: Van Hoyer, A., Mastagli, M., Hayotte, M. and D'Arripe-Longueville, F.

Year: 2022

Title: Keeping active for your health: A narrative review of theoretical models on the adoption and maintenance of physical activity behavior using a socio-ecological approach

Journal: Staps-Sciences Et Techniques Des Activites Physiques Et Sportives

Issue: 137

Pages: 35-56

Short Title: Keeping active for your health: A narrative review of theoretical models on the adoption and maintenance of physical activity behavior using a socio-ecological approach

ISSN: 0247-106X

DOI: 10.3917/sta.137.0035

Accession Number: WOS:000940221000003

Abstract: Despite growing evidence surrounding the benefits of physical activity, a high percentage of the population still do not achieve the recommended amount of physical activity, and interventions to counter this have been ineffective. To shed light on the engagement and maintenance factors of physical activity practice, we have conducted a review of existing theoretical models using a socio-ecological approach, considered in the present work as a meta-model, to describe their applications to physical activity, as well as their uses and limitations. Currently, the complexity of physical activity behavior has not been widely studied in the literature, as theoretical models are centered on the intra- and inter-individual levels and not on system approaches. Models mobilising a single level of the socio-ecological approach, which limits our understanding of its complexity, as it is supported by both implicit and explicit processes, as well as by individual-environment interactions. These are studied using linear statistical models and not dynamic, retroactive approaches, preventing the consideration of a whole system. Looking to the future, these gaps in our knowledge will have to be filled in order to advance our explanation of physical activity behavior change and maintenance.

Notes: Van Hoya, Aurelie Mastagli, Maxime Hayotte, Meggy D'Arripe-Longueville, Fabienne

1782-1568

URL: <Go to ISI>://WOS:000940221000003

Reference Type: Journal Article

Record Number: 2188

Author: van Koperen, T. M., Renders, C. M., Spierings, E. J. M., Hendriks, A. M., Westerman, M. J., Seidell, J. C. and Schuit, A. J.

Year: 2016

Title: Recommendations and Improvements for the Evaluation of Integrated Community-Wide Interventions Approaches

Journal: Journal of Obesity

Volume: 2016

Short Title: Recommendations and Improvements for the Evaluation of Integrated Community-Wide Interventions Approaches

ISSN: 2090-0708

DOI: 10.1155/2016/2385698

Article Number: 2385698

Accession Number: WOS:000392098500001

Abstract: Background. Integrated community-wide intervention approaches (ICIAs) are implemented to prevent childhood obesity. Programme evaluation improves these ICIAs, but professionals involved often struggle with performance. Evaluation tools have been developed to support Dutch professionals involved in ICIAs. It is unclear how useful these tools are to intended users. We therefore researched the facilitators of and barriers to ICIA programme evaluation as perceived by professionals and their experiences of the evaluation tools. Methods. Focus groups and interviews with 33 public health professionals. Data were analysed using a thematic

content approach. Findings. Evaluation is hampered by insufficient time, budget, and experience with ICIAs, lack of leadership, and limited advocacy for evaluation. Epidemiologists are regarded as responsible for evaluation but feel incompetent to perform evaluation or advocate its need in a political environment. Managers did not prioritise process evaluations, involvement of stakeholders, and capacity building. The evaluation tools are perceived as valuable but too comprehensive considering limited resources. Conclusion. Evaluating ICIAs is important but most professionals are unfamiliar with it and management does not prioritise process evaluation nor incentivize professionals to evaluate. To optimise programme evaluation, more resources and coaching are required to improve professionals' evaluation capabilities and specifically the use of evaluation.

Notes: van Koperen, Tessa M. Renders, Carry M. Spierings, Eline J. M. Hendriks, Anna-Marie Westerman, Marjan J. Seidell, Jacob C. Schuit, Albertine J.

seidell, jacob/AAF-5362-2019; Schuit, Albertine J/I-3148-2018

seidell, jacob/0000-0002-9262-9062; Schuit, Jantine/
0000-0002-7499-1391; Renders, Carry/0000-0001-6688-1312; Hendriks,
Anne/0000-0002-4373-6646; Westerman, Marjan J./0000-0002-9827-6958
2090-0716

URL: <Go to ISI>://WOS:000392098500001

Reference Type: Journal Article

Record Number: 1169

Author: van Rijssen, M., Isaksen, J., Vandenborre, D., Veldkamp, M., Bryon, E., Remijn, L., Visser-Meily, A., Gerrits, E. and van Ewijk, L.

Year: 2023

Title: Ways to improve communication and support in healthcare centres according to people with aphasia and their relatives: a Dutch perspective

Journal: Aphasiology

Volume: 37

Issue: 1

Pages: 69-82

Date: Jan

Short Title: Ways to improve communication and support in healthcare centres according to people with aphasia and their relatives: a Dutch perspective

ISSN: 0268-7038

DOI: 10.1080/02687038.2021.1988505

Accession Number: WOS:000708245000001

Abstract: Background There is an increasing amount of research that investigates the needs and wishes of people with aphasia and their relatives with regards to improving the accessibility of communication with healthcare professionals (HCP). An important way to improve this is by training HCP to use supportive conversation techniques and tools. Objectives This study aimed to inform the development of such a training, by adding to previous findings in the literature regarding the experiences, needs and wishes of people with aphasia and their relatives. We were interested in their

experiences with the accessibility of communication and support from HCP and how they believed this can be improved. Methods An exploratory qualitative research design was chosen. Data was collected through qualitative semi-structured interviews with 20 people with aphasia and 12 relatives. The time post stroke ranged from 3 months to 41 years. Results Four themes described the data. According to people with aphasia and relatives (1) information transfer in healthcare settings and (2) the use of supported conversation techniques by HCP are inadequate, (3) there is a lack of shared decision-making in healthcare settings, and (4) support, guidance, counseling and education is mainly targeted at the person with aphasia. Conclusions People with aphasia and relatives reported a variety of positive and negative experiences in all themes. Even though guidelines and interventions have been developed to improve healthcare for people with aphasia and their relatives, we found that people still encounter substantial challenges in access to- and provision of information, shared decision-making, support and communication with HCP. The findings in this study provide some important recommendations for improvement, including the improvement of transfer of information, shared decision-making and individual support for the relatives.

Notes: van Rijssen, Maren Isaksen, Jytte Vandendorre, Dorien Veldkamp, Marloes Bryon, Els Remijn, Lianne Visser-Meily, Anne Gerrits, Ellen van Ewijk, Lizet van Ewijk, Lizet/0000-0002-8916-8023; Isaksen, Jytte Kjaergaard/0000-0002-2502-029X; Vandendorre, Dorien/0000-0002-9833-0168 1464-5041

URL: <Go to ISI>://WOS:000708245000001

Reference Type: Journal Article

Record Number: 1277

Author: van Rijssen, M., Ketelaar, M., Vandendorre, D., Oostveen, J., Veldkamp, M., van Ewijk, L., Visser-Meily, J. M. A. and Gerrits, E.

Year: 2021

Title: Evaluating communication partner training in healthcare centres: Understanding the mechanisms of behaviour change

Journal: International Journal of Language & Communication Disorders

Volume: 56

Issue: 6

Pages: 1190-1203

Date: Nov

Short Title: Evaluating communication partner training in healthcare centres: Understanding the mechanisms of behaviour change

ISSN: 1368-2822

DOI: 10.1111/1460-6984.12659

Accession Number: WOS:000683017800001

Abstract: Background Communication between people with aphasia and their healthcare professionals (HCPs) can be greatly improved when HCPs are trained in using supportive conversation techniques and tools. Communication partner training (CPT) is an umbrella term that covers a range of interventions that train the conversation partners of people with aphasia. Several CPT interventions for HCPs have been

developed and used to support HCPs to interact successfully with people with aphasia. Aims The objective of this study was to identify the mechanisms of change as a result of a Dutch CPT intervention, named CommuniCare, in order to evaluate and optimise the intervention. Methods & procedures A total of 254 HCPs from five different healthcare centres received CommuniCare. An explorative qualitative research design was chosen. Two interviews were conducted with 24 HCPs directly after and 4 months after receiving the training that was part of CommuniCare. Two conceptual frameworks were used to deductively code the interviews. HCPs' perspectives were coded into a four-part sequence following CIMO logic: the self-reported use of supportive conversation techniques or tools pre-intervention (Context), the intervention elements (Intervention) that evoked certain mechanisms (Mechanisms), resulting in the self-reported use of supportive conversation techniques and tools post-intervention (Outcomes). The Capabilities Opportunities Motivation-Behaviour (COM-B) model was used to fill in the Mechanisms component. Outcomes & results Three themes were identified to describe the mechanisms of change that led to an increase in the use of supportive conversation techniques and tools. According to HCPs, (i) information, videos, e-learning modules, role-play, feedback during training and coaching on the job increased their psychological capabilities; (ii) information and role-play increased their automatic motivations; and (iii) information, videos and role-play increased their reflective motivations. Remaining findings show HCPs' perspectives on various barriers to use supportive conversation techniques and tools. Conclusions & implications HCPs in this study identified elements in our CPT intervention that positively influenced their behaviour change. Of these, role-play and coaching on the job were particularly important. HCPs suggested this last element should be better implemented. Therefore, healthcare settings wishing to enhance HCPs' communication skills should first consider enhancing HCPs' opportunities for experiential learning. Second, healthcare settings should determine which HCPs are suitable to have a role as implementation support practitioners, to support their colleagues in the use of supportive conversation techniques and tools. What this paper adds What is already known on this subject? Several communication partner training (CPT) interventions for healthcare professionals (HCPs) have been developed and used to support HCPs to interact successfully with people with aphasia. To date, there is limited evidence of the mechanisms of change that explain exactly what changes in HCPs' behaviour after CPT and why these changes take place. What this paper adds to existing knowledge Evaluating our CPT intervention by identifying mechanisms of change from the perspectives of HCPs provided us with: (i) a better understanding of the elements that should be included in CPT interventions in different contexts; and (ii) an understanding of the important remaining barriers identified by HCPs to use supportive conversation techniques, even after CPT is implemented. What are the potential or actual clinical implications of this work? This study shows the different intervention elements in our CPT intervention that improve HCPs' capabilities, motivations or opportunities to use supportive conversation techniques and tools. Essential ingredients of CPT according to HCPs in this study

were role-play and coaching on the job by an expert and were linked to an increase in HCPs' motivations or beliefs about self-competency. Healthcare settings wishing to enhance HCPs' communication skills should therefore consider appointing implementation support practitioners to coach and support HCPs, and facilitate these practitioners to fulfil this role.

Notes: van Rijssen, Maren Ketelaar, Marjolijn Vandenborre, Dorien Oostveen, Judith Veldkamp, Marloes van Ewijk, Lizet Visser-Meily, Johanna M. A. Gerrits, Ellen Vandenborre, Dorien/0000-0002-9833-0168; van Ewijk, Lizet/0000-0002-8916-8023 1460-6984

URL: <Go to ISI>://WOS:000683017800001

Reference Type: Journal Article

Record Number: 1753

Author: van Wagenberg, C. P. A., van Asseldonk, Mapm, Bouwknecht, M. and Wisselink, H. J.

Year: 2020

Title: Behavioural factors of Dutch pig producers related to control of toxoplasma gondii infections in pigs

Journal: Preventive Veterinary Medicine

Volume: 176

Date: Mar

Short Title: Behavioural factors of Dutch pig producers related to control of toxoplasma gondii infections in pigs

ISSN: 0167-5877

DOI: 10.1016/j.prevetmed.2020.104899

Article Number: 104899

Accession Number: WOS:000524340500007

Abstract: *Toxoplasma gondii* (*T. gondii*) is a food safety hazard which causes a substantial human disease burden. Infected pig meat is a common risk source of toxoplasmosis. Therefore, it is important to control *T. gondii* infections in pigs. Improving farm management to control the introduction risk likely contributes to that aim. A pig producer only implements control measures when he or she is aware of the underlying problem, wants to solve it, and is able to solve it. If a pig producer is not implementing appropriate control measures, behavioural change interventions can be introduced to overcome constraining behavioural factors. To aid in designing behaviour change interventions, this study analysed behavioural factors of Dutch pig producers in terms of capability, opportunity and motivation to control *T. gondii* infections in pigs. Key risk sources analysed focused on the life cycle of *T. gondii*, with cats as primary host, rodents as intermediate host, and uncovered feed as an important risk source. A survey was conducted among Dutch pig producers. Responses were analysed using descriptive and cluster analysis. Results showed that around 80% of the 67 responding pig producers was aware of key risk sources of *T. gondii* infections in pigs. Respondents also rated risk sources that are not known to increase the risk of *T. gondii* infections in pigs as somewhat important. Many respondents did not know about potential consequences of a *T. gondii* infection in pigs on human health. Two

third expected some impact on pig performance, which is incorrect because *T. gondii* generally does not make pigs ill. Most respondents indicated to have the motivation and opportunity to control the risk sources cats, rodents and uncovered feed. Three pig producer clusters were identified: one with higher capability to control rodents, one with lower motivation to control rodents and cats and to cover feed storages, and one with lower scores on the importance of rodent control for pigs, human health and farm profit. We conclude that, although many pig producers have knowledge about risk sources for and consequences of *T. gondii* infections in pigs, the public health impact and risks of *T. gondii* infections in pigs are not yet common knowledge among all Dutch pig producers. Furthermore, Dutch pig producers differ in opportunity and motivation to control *T. gondii* infections. Targeted interventions to address these specific constraining behavioural factors can help to improve the control of *T. gondii* infections in pigs.

Notes: van Wagenberg, Coen P. A. van Asseldonk, Marcel A. P. M. Bouwknecht, Martijn Wisselink, Henk J.

van Wagenberg, Coen/0000-0002-8813-3742; Wisselink, Henk/0000-0002-3747-8054

1873-1716

URL: <Go to ISI>://WOS:000524340500007

Reference Type: Journal Article

Record Number: 332

Author: Van Wier, M. F., Urry, E., Lissenberg-Witte, B. I. and Kramer, S. E.

Year: 2022

Title: User characteristics associated with use of wrist-worn wearables and physical activity apps by adults with and without impaired speech-in-noise recognition: a cross-sectional analysis

Journal: International Journal of Audiology

Date: 2022 Nov

Short Title: User characteristics associated with use of wrist-worn wearables and physical activity apps by adults with and without impaired speech-in-noise recognition: a cross-sectional analysis

ISSN: 1499-2027

DOI: 10.1080/14992027.2022.2135031

Accession Number: WOS:000883315800001

Abstract: Objective: To study weekly use of smartwatches, fitness watches and physical activity apps among adults with and without impaired speech-in-noise (SIN) recognition, to identify subgroups of users. Design: Cross-sectional study. Study sample: Adults (aged 28-80 years) with impaired (n = 384) and normal SIN recognition (n = 341) as measured with a web-based digits-in-noise test, from the Netherlands Longitudinal Study on Hearing. Multiple logistic regression analyses were used to study differences and to build an association model. Results: Employed adults in both groups are more likely to use each type of fitness technology (all ORs >3.4, all p-values < 0.004). Specific to fitness watch use, adults living with others use it more (OR 2.5, 95%CI 1.1;5.8, p = 0.033) whereas those abstaining from alcohol (OR 0.3, 95%CI 0.1;0.6) or consuming >2 glasses/week (OR 0.4, 95%CI 0.2;0.81, overall p = 0.006) and hearing

aid users (OR 0.5, 95%CI 0.2;0.9, p = 0.024) make less use.
Conclusions: Subgroups of adults more and less likely to use fitness technology exist, but do not differ between adults with and without impaired SIN recognition. More research is needed to confirm these results and to develop interventions to increase physical activity levels among adults with hearing loss.

Notes: Van Wier, Marieke F. Urry, Emily Lissenberg-Witte, Birgit, I Kramer, Sophia E.

van Wier, Marieke F./0000-0002-6464-1291; Lissenberg-Witte, Birgit/0000-0001-9448-1826

1708-8186

URL: <Go to ISI>://WOS:000883315800001

Reference Type: Journal Article

Record Number: 166

Author: Vandervelde, S., Vlaeyen, E., de Casterle, B. D., Flamaing, J., Valy, S., Meurrens, J., Poels, J., Himpe, M., Belaen, G. and Milisen, K.

Year: 2023

Title: Strategies to implement multifactorial falls prevention interventions in community-dwelling older persons: a systematic review

Journal: Implementation Science

Volume: 18

Issue: 1

Date: Feb

Short Title: Strategies to implement multifactorial falls prevention interventions in community-dwelling older persons: a systematic review

ISSN: 1748-5908

DOI: 10.1186/s13012-022-01257-w

Article Number: 4

Accession Number: WOS:000926697200001

Abstract: Background One-third of the community-dwelling older persons fall annually. Guidelines recommend the use of multifactorial falls prevention interventions. However, these interventions are difficult to implement into the community. This systematic review aimed to explore strategies used to implement multifactorial falls prevention interventions into the community. Methods A systematic search in PubMed (including MEDLINE), CINAHL (EBSCO), Embase, Web of Science (core collection), and Cochrane Library was performed and updated on the 25th of August, 2022. Studies reporting on the evaluation of implementation strategies for multifactorial falls prevention interventions in the community setting were included. Two reviewers independently performed the search, screening, data extraction, and synthesis process (PRISMA flow diagram). The quality of the included reports was appraised by means of a sensitivity analysis, assessing the relevance to the research question and the methodological quality (Mixed Method Appraisal Tool). Implementation strategies were reported according to Proctor et al.'s (2013) guideline for specifying and reporting implementation strategies and the Taxonomy of Behavioral Change Methods of Kok et al. (2016). Results Twenty-

three reports (eighteen studies) met the inclusion criteria, of which fourteen reports scored high and nine moderate on the sensitivity analysis. All studies combined implementation strategies, addressing different determinants. The most frequently used implementation strategies at individual level were "tailoring," "active learning," "personalize risk," "individualization," "consciousness raising," and "participation." At environmental level, the most often described strategies were "technical assistance," "use of lay health workers, peer education," "increasing stakeholder influence," and "forming coalitions." The included studies did not describe the implementation strategies in detail, and a variety of labels for implementation strategies were used. Twelve studies used implementation theories, models, and frameworks; no studies described neither the use of a determinant framework nor how the implementation strategy targeted influencing factors. Conclusions This review highlights gaps in the detailed description of implementation strategies and the effective use of implementation frameworks, models, and theories. The review found that studies mainly focused on implementation strategies at the level of the older person and healthcare professional, emphasizing the importance of "tailoring," "consciousness raising," and "participation" in the implementation process. Studies describing implementation strategies at the level of the organization, community, and policy/society show that "technical assistance," "actively involving stakeholders," and "forming coalitions" are important strategies.

Notes: Vandervelde, Sara Vlaeyen, Ellen de Casterle, Bernadette Dierckx Flamaing, Johan Valy, Sien Meurrens, Julie Poels, Joris Himpe, Margot Belaen, Goedele Milisen, Koen Vandervelde, Sara/0000-0001-7133-0478; Milisen, Koen/0000-0001-9230-1246
URL: <Go to ISI>://WOS:000926697200001

Reference Type: Journal Article

Record Number: 1189

Author: VanSpronsen, A. D., Zychla, L., Villatoro, V., Yuan, Y., Turley, E. and Ohinmaa, A.

Year: 2022

Title: Engaging Laboratory Staff in Stewardship: Barriers Experienced by Medical Laboratory Technologists in Canada

Journal: Journal of Applied Laboratory Medicine

Volume: 7

Issue: 2

Pages: 480-494

Date: Mar

Short Title: Engaging Laboratory Staff in Stewardship: Barriers Experienced by Medical Laboratory Technologists in Canada

ISSN: 2576-9456

DOI: 10.1093/jalm/jfab103

Accession Number: WOS:000779919400009

Abstract: Background: Laboratory stewardship programs aim to improve the use of laboratory resources, including reducing inappropriate testing. These programs should engage all healthcare stakeholder

groups, including all levels of laboratory staff. Medical laboratory technologists (MLTs) are highly skilled professionals and are well positioned to play a supportive role in stewardship but may be overlooked. The aim of this study is to identify the barriers to MLT participation in stewardship activities. Methods: We developed and disseminated a self-administered survey to MLTs in Canada to assess their knowledge and attitudes toward inappropriate laboratory utilization and explore perceived barriers to taking on an active role in stewardship initiatives. Themes were identified in open-ended responses and mapped to the Theoretical Domains Framework (TDF). Results: MLTs feel accountable for helping ensure appropriate resource use and recognize that it is an important issue to address. However, they experience significant barriers and have low intention to act. The self-reported barrier most frequently described was lack of time arising from excessive workloads, but other constraints exist. Themes mapped to the TDF most strongly in the domain of environmental context and resources, supporting evidence that workplace structure and culture play key roles in impacting this group. Conclusions: To meaningfully engage MLTs in stewardship activities, these barriers should be addressed. Highlighting MLT expertise and creating communication structures and opportunities for their unique contributions may be fruitful.

Notes: VanSpronsen, Amanda D. Zychla, Laura Villatoro, Valentin Yuan, Yan Turley, Elona Ohinmaa, Arto
2475-7241

URL: <Go to ISI>://WOS:000779919400009

Reference Type: Journal Article

Record Number: 897

Author: Vanstone, J. R., Patel, S., Berry, W., Degelman, M. L., Hanson, C., Phillips, C. and Parker, R.

Year: 2022

Title: Using audit and feedback to encourage primary healthcare prescribers to record indications for antimicrobial prescriptions: a quality improvement initiative

Journal: Bmj Open Quality

Volume: 11

Issue: 1

Date: Mar

Short Title: Using audit and feedback to encourage primary healthcare prescribers to record indications for antimicrobial prescriptions: a quality improvement initiative

DOI: 10.1136/bmjopen-2021-001760

Article Number: e001760

Accession Number: WOS:000768387900001

Notes: Vanstone, Jason Robert Patel, Shivani Berry, Warren Degelman, Michelle Leigh Hanson, Caitlin Phillips, Casey Parker, Robert

Vanstone, Jason/0000-0001-8411-2664

2399-6641

URL: <Go to ISI>://WOS:000768387900001

Reference Type: Journal Article

Record Number: 1418

Author: Vanstone, J. R., Patel, S., Degelman, M. L., Abubakari, I. W., McCann, S., Parker, R. and Ross, T.

Year: 2022

Title: Development and implementation of a clinician report to reduce unnecessary urine drug screen testing in the ED: a quality improvement initiative

Journal: Emergency Medicine Journal

Volume: 39

Issue: 6

Pages: 471--

Date: Jun

Short Title: Development and implementation of a clinician report to reduce unnecessary urine drug screen testing in the ED: a quality improvement initiative

ISSN: 1472-0205

DOI: 10.1136/emered-2020-210009

Accession Number: WOS:000728295000001

Abstract: Background Unnecessary testing is a problem-facing healthcare systems around the world striving to achieve sustainable care. Despite knowing this problem exists, clinicians continue to order tests that do not contribute to patient care. Using behavioural and implementation science can help address this problem. Locally, audit and feedback are used to provide information to clinicians about their performance on relevant metrics. However, this is often done without evidence-based methods to optimise uptake. Our objective was to improve the appropriate use of laboratory tests in the ED using evidence-based audit and feedback and behaviour change techniques. Methods Using the behaviour change wheel, we implemented an audit and feedback tool that provided information to ED physicians about their use of laboratory tests; specifically, we focused on education and review of the appropriate use of urine drug screen tests. The report was designed in collaboration with end users to help maximise engagement. Following development of the report, audit and feedback sessions were delivered over an 18-month period. Results Data on urine drug screen testing were collected continually throughout the intervention period and showed a sustained decrease among ED physicians. Test use dropped from a monthly departmental average of 26 urine drug screen tests per 1000 patient visits to only eight tests per 1000 patient visits following the initiation of the audit and feedback intervention. Conclusion Audit and feedback reduced unnecessary urine drug screen testing in the ED. Regular feedback sessions continuously engaged physicians in the audit and feedback intervention and allowed the implementation team to react to changing priorities and feedback from the clinical group. It was important to include the end users in the design of audit and feedback tools to maximise physician engagement. Inclusion in this process can help ensure physicians adopt a sense of ownership regarding which metrics to review and provides a key component for the motivation aspect of behaviour change. Departmental leadership is also critical to the process of implementing a successful audit and feedback initiative and achieving sustained behaviour change.

Notes: Vanstone, Jason Robert Patel, Shivani Degelman, Michelle L.

Abubakari, Ibrahim W. McCann, Shawn Parker, Robert Ross, Terry
Vanstone, Jason/0000-0001-8411-2664
1472-0213
URL: <Go to ISI>://WOS:000728295000001

Reference Type: Journal Article

Record Number: 1713

Author: Varisco, T. J., Downs, C. G., Rathburn, K. R., Fleming, M.
L. and Thornton, J. D.

Year: 2020

Title: Applying the capability, opportunity, motivation, and
behavior model to identify opportunities to increase pharmacist
comfort dispensing naloxone in Texas: A structural equation modeling
approach

Journal: International Journal of Drug Policy

Volume: 83

Date: Sep

Short Title: Applying the capability, opportunity, motivation, and
behavior model to identify opportunities to increase pharmacist
comfort dispensing naloxone in Texas: A structural equation modeling
approach

ISSN: 0955-3959

DOI: 10.1016/j.drugpo.2020.102827

Article Number: 102827

Accession Number: WOS:000614426400016

Abstract: Background: The prevalence of opioid use and misuse in the
United States contributed to 48,000 opioid related deaths in 2018.
Naloxone, a potent opioid reversal agent, can be dispensed by
pharmacists without a prescription, however few do so. Previous
studies on naloxone dispensing have contributed to our understanding
of the determinants of naloxone in community pharmacy, however, none
have focused on comprehensive behavioral change. This study utilized
the Capability, Opportunity, Motivation, and Behavior (COM-B) model,
a behavioral change and intervention design framework, to examine
community pharmacists' comfort dispensing naloxone. Methods: A 48-
item questionnaire grounded in the COM-B and theoretical domains
framework was developed and mailed to 1,000 community pharmacists in
Texas, USA using a modified Dillman cross-sectional survey design.
Confirmatory factor analysis was used to refine and establish
dimensionality of the hypothesized scales and structural equation
modeling was used to estimate the fit of the COM-B in explaining
pharmacists' comfort dispensing naloxone. Results: The usable
response rate was 19.4%. Of surveyed pharmacists, 29.7% had ever had
a patient request naloxone and 35.1% had dispensed naloxone without
a prescription. Capability and opportunity explained 60% of the
variance in motivation. Opportunity and motivation were the most
salient predictors of comfort dispensing naloxone. Together,
capability, opportunity, and motivation explained 78.1% of variance
in pharmacists' comfort dispensing naloxone, indicating that the
COM-B model is useful in this setting. Conclusion: Despite previous
findings, policy interventions to increase naloxone dispensing
should go beyond providing additional education to the pharmacy
workforce. Rather, these results suggest that a complex intervention

designed with pharmacist input that enables them to act autonomously and evaluate whether patients need naloxone may increase their comfort dispensing. Without collaboration from pharmacy and managed care corporations, dissemination efforts will continue to be limited.

Notes: Varisco, Tyler J. Downs, Callie G. Rathburn, Kaycie R. Fleming, Marc L. Thornton, J. Douglas

Varisco, Tyler/0000-0001-9795-8837; Thornton, J. Douglas/
0000-0001-6017-7500
1873-4758

URL: <Go to ISI>://WOS:000614426400016

Reference Type: Journal Article

Record Number: 1388

Author: Vasanthakumar, M. A., Upjohn, M. M., Watson, T. L. and Dwyer, C. M.

Year: 2021

Title: 'All My Animals Are Equal, but None Can Survive without the Horse'. The Contribution of Working Equids to the Livelihoods of Women across Six Communities in the Chimaltenango Region of Guatemala

Journal: Animals

Volume: 11

Issue: 6

Date: Jun

Short Title: 'All My Animals Are Equal, but None Can Survive without the Horse'. The Contribution of Working Equids to the Livelihoods of Women across Six Communities in the Chimaltenango Region of Guatemala

ISSN: 2076-2615

DOI: 10.3390/ani11061509

Article Number: 1509

Accession Number: WOS:000665428000001

Abstract: Simple Summary Working equids are often absent from higher level policy interventions, and the global standard of their welfare is low. Understanding the social and cultural context of their contributions to human livelihoods generates evidence supporting the importance of their inclusion in livestock welfare programmes. Although there is increasing evidence globally that working equids contribute to women's livelihoods and that women facilitate equid welfare, there is a well recognised gender gap in access to extension services. This study aims to investigate how working equids contribute to women's livelihoods in six communities in Guatemala, using information from 34 face-to-face interviews. Results show that working equids support women's livelihoods by generating income, saving time, feeding livestock and reducing domestic drudgery. Thirty-two women played a major role in the daily husbandry of working equids, and 31 expressed an interest in gaining more knowledge in equid care. This study explores the relationship between working equids and women in a local context, using the concept of 'One Welfare', and investigates the knowledge gaps that exist in the daily husbandry of horses, donkeys and mules. It emphasises the need for equid welfare organisations to understand

women's roles in their target communities and recognise what prevents women from accessing educational resources. It is widely assumed that working equid husbandry is carried out by men, and women are often not recognised as facilitating equid welfare. The aim of this study is to investigate how working equids contribute to women's livelihoods in six of the World Horse Welfare programme target communities in Guatemala and determine what roles women have in their care. Thirty-four face-to-face interviews were carried out and data were analysed using both quantitative and qualitative methods. This study found that working equids support women by reducing domestic drudgery, generating income, feeding livestock and saving time. Thirty-two women played a major role in the care of one or more equids, and overall, women did not feel that they knew enough about equid husbandry. Thirty-one women said they would attend training opportunities if the advertising was clear and they felt that women were able to join. This study recognises the contribution of working equids to women's livelihoods, describes the roles women play in equid husbandry and addresses the discrepancies between women's roles and their capacity to undertake these tasks. This emphasises the need for extension services to include and cater for women, improving equid welfare and their ability to continue supporting women's livelihoods.

Notes: Vasanthakumar, Molly A. Upjohn, Melissa M. Watson, Tamlin L. Dwyer, Cathy M. Watson/0000-0002-2751-5149; Dwyer, Cathy/0000-0001-7511-2056 URL: <Go to ISI>://WOS:000665428000001

Reference Type: Journal Article

Record Number: 2167

Author: Vayro, C. and Hamilton, K.

Year: 2016

Title: Using three-phase theory-based formative research to explore healthy eating in Australian truck drivers

Journal: Appetite

Volume: 98

Pages: 41-48

Date: Mar

Short Title: Using three-phase theory-based formative research to explore healthy eating in Australian truck drivers

ISSN: 0195-6663

DOI: 10.1016/j.appet.2015.12.015

Accession Number: WOS:000369471600006

Abstract: In Australia, fruit and vegetable consumption is lower than recommended while discretionary foods (i.e., foods high in fat, sugar, and salt) are eaten in excess. Long-haul truck drivers are a group at risk of unhealthy eating but have received limited attention in the health literature. We aimed to examine long haul truck drivers eating decisions in order to develop theory-based and empirically-driven health messages to improve their healthy food choices. Drawing on the Theory of Planned Behavior, three phased formative research was conducted using self-report surveys. Phase 1 (N = 30, M-age = 39.53, SDage = 10.72) identified modal salient beliefs about fruit and vegetable (FV) intake and limiting

discretionary choices (DC). There were nine behavioral and seven normative beliefs elicited for both FV and DC; while nine and five control beliefs were elicited for FV and DC, respectively. Phase 2 (N = 148, M-age = 44.23, SDage = 12.08) adopted a prospective design with one week follow-up to examine the predictors of FV and DC intention and behavior. A variety of behavioral and control beliefs were predictive of FV and DC intention and behavior. Normative beliefs were predictive of FV intention and behavior and DC intention only. Phase 3 (N = 20, M-age = 46.9, SDage = 12.85) elicited the reasons why each belief is held/solutions to negative beliefs, that could be used as health messages. In total, 40 reasons/solutions were identified: 26 for FV and 14 for DC. In summary, we found that specific behavioral, normative and control beliefs influenced FV and DC eating decisions. These results have implications for truck driver's health and provide formative research to inform future interventions to improve the food choices of a unique group who are at risk of unhealthy eating behaviors. (C) 2015 Elsevier Ltd. All rights reserved.

Notes: Vayro, Caitlin Hamilton, Kyra

Vayro, Caitlin/AAP-6432-2021

Vayro, Caitlin/0000-0001-9332-2575; Hamilton, Kyra/
0000-0001-9975-685X

1095-8304

URL: <Go to ISI>://WOS:000369471600006

Reference Type: Journal Article

Record Number: 1434

Author: Vazou, S., Bai, Y., McLoughlin, G. M. and Welk, G. J.

Year: 2021

Title: Self-Regulations for Educators Questionnaire (SREQ) for implementation programming

Journal: Translational Behavioral Medicine

Volume: 11

Issue: 5

Pages: 1078-1087

Date: May

Short Title: Self-Regulations for Educators Questionnaire (SREQ) for implementation programming

ISSN: 1869-6716

DOI: 10.1093/tbm/ibaa092

Accession Number: WOS:000732777000004

Abstract: The adoption and dissemination of evidence-based programs is predicated on multiple factors, including the degree to which key stakeholders are motivated to implement program best practices. The present study focuses on the development of indicators that capture motivations of teachers to adopt school wellness programming since personal motivations are central to achieving sustainable impacts in these settings. The study specifically describes the measurement development and validation of the Self-Regulations for Educators Questionnaire (SREQ), designed to measure educators' autonomous and controlled motivation for adopting evidence-based programming in their schools. A naturalistic design to study motivation to adopt aspects of NFL PLAY60 programming through the NFL PLAY60 FitnessGram

Partnership Project was used. A total of 1,106 teachers completed the SREQ online. Internal validity was assessed through exploratory and confirmatory factor analysis, and predictive validity using structural equation modeling (SEM). The results supported the two factor solution with separate items capturing aspects of autonomous and controlled motivation. Both factors had good internal reliability and the item-total correlation coefficients were above 0.40 for both factors. The results also supported the predictive validity as autonomous motivation positively predicted the level of overall engagement, teaching effectiveness, fitness testing reports sent home, and completion of fitness testing with students ($p < .05$). Controlled motivation positively predicted whether the teachers conducted fitness testing and the engagement of Play 60 Challenge ($p < .05$). Findings suggest that the SREQ displays a number of psychometric characteristics that make the instrument useful for examining motivation of providers to implement evidence-based best practices.

Notes: Vazou, Spyridoula Bai, Yang McLoughlin, Gabriella M. Welk, Gregory J.

Vazou, Spyridoula/AA0-8391-2021

Vazou, Spyridoula/0000-0003-2524-1268
1613-9860

URL: <Go to ISI>://WOS:000732777000004

Reference Type: Journal Article

Record Number: 1128

Author: Verma, A. A., Murray, J., Greiner, R., Cohen, J. P., Shojania, K. G., Ghassemi, M., Straus, S. E., Pou-Prom, C. and Mamdani, M.

Year: 2021

Title: Implementing machine learning in healthcare

Journal: Canadian Medical Association Journal

Volume: 193

Issue: 44

Pages: E1708-E1715

Date: Nov

Short Title: Implementing machine learning in healthcare

ISSN: 0820-3946

DOI: 10.1503/cmaj.202434-f

Accession Number: WOS:000717200000001

Notes: Verma, Amol A. Murray, Joshua Greiner, Russell Cohen, Joseph Paul Shojania, Kaveh G. Ghassemi, Marzyeh Straus, Sharon E. Pou-Prom, Chloe Mamdani, Muhammad

1488-2329

URL: <Go to ISI>://WOS:000717200000001

Reference Type: Journal Article

Record Number: 1462

Author: Verot, E., Denois, V. R. and Chauvin, F.

Year: 2021

Title: Current perceptions of cancer nurses in France about their role and the evolution of nursing practices: Findings and

perspectives

Journal: Social Science & Medicine

Volume: 277

Date: May

Short Title: Current perceptions of cancer nurses in France about their role and the evolution of nursing practices: Findings and perspectives

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2021.113896

Article Number: 113896

Accession Number: WOS:000668752500025

Abstract: Background: Florence Nightingale lamented that nurses were seen as merely obedient and devoted. Our two previous oncology studies demonstrated the continuum of strictly curative care and paternalistic care practices among healthcare professionals. At a time when France has just formalized the nursing sciences, this article seeks to shed light on the specifics of the nursing role in oncology and the evolution of standard nursing practices in a rapidly changing environment. Methods: We performed a secondary qualitative analysis, on the same dataset, focusing only on the nursing population (n = 20), to answer a question not excavated through the two previous studies. The COREQ guidelines were used to ensure the rigorous reporting of this study. Findings: The data analysis show that the inherent role and application of medical directives characterise the profession of nursing in oncology. The former is essentially an intermediary role, whereby the nurse directs the patient to a professional specialist for a problem identified through clinical nursing expertise. The latter is expressed through the application of various medical instructions. The results highlight a minor evolution in nursing practices, despite an evolving environment. Oncology nurses do not seem to authorise themselves to become agents of change. Conclusion: Various reforms and studies of the nursing profession, as well as public funding of programmes dedicated to nursing research were designed to facilitate the integration of Evidence Based Practice to encourage the autonomy of nurses in their practices. Education in research is fundamental to awakening critical thinking and considering scientific validity as vital. Continuing education and leadership by advanced practice nurses are two strong levers to acculturate registered nurses to gaining empowerment, improving their ability to question practices, helping them adapt to increasing the quality of care and making oncology nursing care more efficient. For cancer nurses in France, research education is the challenge to be met.

Notes: Verot, Elise Denois, Veronique Regnier Chauvin, Franck

verot, elise/AGS-4790-2022; verot, elise/AAM-3414-2021

verot, elise/0000-0003-3274-8868; Regnier, veronique/

0000-0002-0293-5606

1873-5347

URL: <Go to ISI>://WOS:000668752500025

Reference Type: Journal Article

Record Number: 388

Author: Verrier, B., Li, P. H., Pye, S. and Strachan, N.

Year: 2022
Title: Incorporating social mechanisms in energy decarbonisation modelling
Journal: Environmental Innovation and Societal Transitions
Volume: 45
Pages: 154–169
Date: Dec
Short Title: Incorporating social mechanisms in energy decarbonisation modelling
ISSN: 2210-4224
DOI: 10.1016/j.eist.2022.10.003
Accession Number: WOS:000879159100001
Abstract: The achievement of national pledges that are compatible with the Paris Agreements warming limit of 1.5C is a massive challenge, as it requires not only an acceleration of technological innovation, but also a socio-economic and cultural transformation. Reducing uncertainties demands a better integration of behavioural evolutions in models exploring future energy pathways, including non-monetary barriers and drivers to technology diffusion. This study provides suggestions on incorporating social mechanisms of change such as resistance to change and the diffusion of environmental values into a UK-focused probabilistic energy system model, with a focus on people's attitudes towards residential heating technologies. We also offer a comprehensive literature review on interdisciplinary energy transitions modelling and exploratory scenarios embedding climate risks perceptions. We argue that efficient policy-making to meeting netzero emissions targets must fully embrace whole-system approaches, support the more constrained segments of society, and account for interconnected socio-political factors.
Notes: Verrier, Brunilde Li, Pei-Hao Pye, Steve Strachan, Neil
2210-4232
URL: <Go to ISI>://WOS:000879159100001

Reference Type: Journal Article
Record Number: 2489
Author: Vickerman, P., Martin, N., Turner, K. and Hickman, M.
Year: 2012
Title: Can needle and syringe programmes and opiate substitution therapy achieve substantial reductions in hepatitis C virus prevalence? Model projections for different epidemic settings
Journal: Addiction
Volume: 107
Issue: 11
Pages: 1984–1995
Date: Nov
Short Title: Can needle and syringe programmes and opiate substitution therapy achieve substantial reductions in hepatitis C virus prevalence? Model projections for different epidemic settings
ISSN: 0965-2140
DOI: 10.1111/j.1360-0443.2012.03932.x
Accession Number: WOS:000309596900016
Abstract: Aims To investigate the impact of scaling-up opiate

substitution therapy (OST) and high coverage needle and syringe programmes (100%NSPobtaining more sterile syringes than you inject) on HCV prevalence among injecting drug users (IDUs). Design Hepatitis C virus HCV transmission modelling using UK estimates for effect of OST and 100%NSP on individual risk of HCV infection. Setting Range of chronic HCV prevalent (20/40/60%) settings with no OST/100%NSP, and UK setting with 50% coverage of both OST and 100%NSP. Participants Injecting drug users. Measurements Decrease in HCV prevalence after 520 years due to scale-up of OST and 100%NSP to 20/40/60% coverage in no OST/100%NSP settings, or from 50% to 60/70/80% coverage in the UK setting. Findings For 40% chronic HCV prevalence, scaling-up OST and 100%NSP from 0% to 20% coverage reduces HCV prevalence by 13% after 10 years. This increases to a 24/33% relative reduction at 40/60% coverage. Marginally less impact occurs in higher prevalence settings over 10 years, but this becomes more pronounced over time. In the United Kingdom, without current coverage levels of OST and 100%NSP the chronic HCV prevalence could be 65% instead of 40%. However, increasing OST and 100%NSP coverage further is unlikely to reduce chronic prevalence to less than 30% over 10 years unless coverage becomes =80%. Conclusions Scaling-up opiate substitution therapy and high coverage needle and syringe programmes can reduce hepatitis C prevalence among injecting drug users, but reductions can be modest and require long-term sustained intervention coverage. In high coverage settings, other interventions are needed to further decrease hepatitis C prevalence. In low coverage settings, sustained scale-up of both interventions is needed.

Notes: Vickerman, Peter Martin, Natasha Turner, Katy Hickman, Matthew

Turner, Katy/R-3853-2019; Hickman, Matthew/Y-2400-2019

Turner, Katy/0000-0002-8152-6017; Hickman, Matthew/

0000-0001-9864-459X; Martin, Natasha/0000-0001-8344-1810; Vickerman, Peter/0000-0002-8291-5890

1360-0443

URL: <Go to ISI>://WOS:000309596900016

Reference Type: Journal Article

Record Number: 2482

Author: Vidotto, G., Bertolotti, G., Zotti, A., Marchi, S. and Tavazzi, L.

Year: 2013

Title: Cognitive and Emotional Factors Affecting Avoidable Decision-Making Delay in Acute Myocardial Infarction Male Adults

Journal: International Journal of Medical Sciences

Volume: 10

Issue: 9

Pages: 1174-1180

Short Title: Cognitive and Emotional Factors Affecting Avoidable Decision-Making Delay in Acute Myocardial Infarction Male Adults

ISSN: 1449-1907

DOI: 10.7150/ijms.5800

Accession Number: WOS:000324409200013

Abstract: Background: To study the potentially avoidable decision-

making delay in acute myocardial infarction (AMI) adults male with different psychological characteristics a nationwide multicentre study was conducted in Italy by the 118 Coronary Care Units (CCUs). Method: 929 AMI patients consecutively presented to the CCU in a conscious condition less than two hours, 2–6 hours, 6–12 hours, and more than 12 hours after symptom onset and completing the Disease Distress Questionnaire (DDQ) were enrolled in a multicentre case-control study. The DDQ collects information regarding the decision time to seek help, and includes a set of items assessing psychological factors and pain-related symptoms. The relationship between the perceived threat and the delay due to decision-making was evaluated by means of a multivariate model using LISREL 8 structural equation modelling. Results: The delay significantly correlated with perceived threat, which was mainly related to somatic awareness. It was only slightly related to pain and was not associated with any of the other variables. Perceived threat was also related to psychological upset, fear and health worries, the first of which was considerably influenced by emotional instability. Conclusion: Somatic awareness is the main dimension affecting perceived threat, but subjective pain intensity affects the delay both directly and indirectly. The core of the model is the relationship between perceived threat and the delay due to decision-making. The importance of subjective pain intensity is well documented, but it is still not clear how subjective and objective pain interact.

Notes: Vidotto, Giulio Bertolotti, Giorgio Zotti, AnnaMaria Marchi, Stefano Tavazzi, Luigi

Bertolotti, Giorgio/AAJ-2692-2021; Vidotto, Giulio/B-9314-2009;

Tavazzi, Luigi/ABD-5119-2020

Bertolotti, Giorgio/0000-0002-3079-1945; Vidotto, Giulio/

0000-0002-3854-5087; Tavazzi, Luigi/0000-0003-0336-8356

URL: <Go to ISI>://WOS:000324409200013

Reference Type: Journal Article

Record Number: 131

Author: Villano, R. A., Koomson, I., Nengovhela, N. B., Mudau, L., Burrow, H. M. and Bhullar, N.

Year: 2023

Title: Relationships between Farmer Psychological Profiles and Farm Business Performance amongst Smallholder Beef and Poultry Farmers in South Africa

Journal: Agriculture-Basel

Volume: 13

Issue: 3

Date: Mar

Short Title: Relationships between Farmer Psychological Profiles and Farm Business Performance amongst Smallholder Beef and Poultry Farmers in South Africa

DOI: 10.3390/agriculture13030548

Article Number: 548

Accession Number: WOS:000983472400001

Abstract: Beef cattle and poultry are critically important livestock for improving household food security and alleviating poverty

amongst smallholder farmers in South Africa. In this paper, our goal is to examine the relationships between farmer psychological profiles and farm business performance of commercially oriented beef cattle and poultry smallholder farmers in South Africa. We employ a multipronged interdisciplinary approach to test the theory of planned behaviour and its relationship to farm business performance. First, a behavioural science-informed survey instrument was employed to collect data from randomly selected farmer participants in two major beef and poultry projects undertaken by the authors. Second, a latent profile analysis was used to identify the psychological profiles of those farmers. Third, traditional and estimated indicators of farm business performance were obtained using descriptive and econometric-based approaches, including logistic regression and stochastic frontier analyses. The estimated farm business performance indicators were correlated with the psychological profiles of farmers. Results from the latent profile analysis showed three distinct profiles of beef and poultry farmers clearly differentiated by their ability to control and succeed in their farm business enterprises; criteria included attitude, openness to ideas, personality, perceived capabilities, self-efficacy, time orientation, and farm- and personal-related concerns. Profile 1 ('Fatalists') scored themselves negatively on their ability to control and succeed in their business enterprises. The majority of farmers were generally neutral about their ability to control and succeed in their businesses (Profile 2, 'Traditionalists'), while a relatively small group of farmers were confident of their ability to succeed (Profile 3, 'Entrepreneurs'). We found evidence of significant differences in farm business performance amongst the different profiles of farmers. As far as we can determine, this is the only study to have assessed farm business performance based on a differentiation of farmers' psychological profiles. Our results provide a framework to further investigate whether particular types of on-farm interventions and training methods can be customised for different segments of farmers based on their preferred learning styles.

Notes: Villano, Renato A. Koomson, Isaac Nengovhela, Nkhanedzeni B. Mudau, Livhuwani Burrow, Heather M. Bhullar, Navjot ; Bhullar, Navjot/F-8613-2011; Villano, Renato Andrin/I-3680-2017 Koomson, PhD, Isaac/0000-0002-2929-4992; Nengovhela, Nkhanedzeni Baldwin/0000-0002-2944-5789; Bhullar, Navjot/0000-0002-1616-6094; Villano, Renato Andrin/0000-0003-2581-6623 2077-0472

URL: <Go to ISI>://WOS:000983472400001

Reference Type: Journal Article

Record Number: 1065

Author: Vinther, A. S.

Year: 2023

Title: Harnessing the global expertise in drug use and drug prevention in physical activity settings: results from the Anabolic Steroid Prevention Survey

Journal: Drugs-Education Prevention and Policy

Volume: 30

Issue: 3

Pages: 269-282

Date: May

Short Title: Harnessing the global expertise in drug use and drug prevention in physical activity settings: results from the Anabolic Steroid Prevention Survey

ISSN: 0968-7637

DOI: 10.1080/09687637.2021.2010658

Accession Number: WOS:000734227900001

Abstract: Recent decades have seen increased efforts internationally to prevent the use of anabolic androgenic steroids (AAS) and other image and performance-enhancing drugs (IPEDs) in gyms and fitness environments. Yet, very little is known about effective prevention strategies. This study aimed to identify key risk factors for AAS use and assess the relevance of these risk factors as targets of intervention. Seventy four (n = 74) IPED experts participated in the Anabolic Steroid Prevention Survey (response rate: 62.4%). A total of 18 psychosocial and two behavioral risk factors identified in a literature review were rated by participants along two dimensions: importance and preventability. The results show that most IPED experts (91%) believe that preventing AAS use in gyms is important to public health, and that AAS use can be prevented to a certain degree (91%), but not eliminated altogether (85%). Based on participants' assessment, six risk factors were categorised as very promising (e.g. the descriptive norm and poor knowledge on AAS alternatives), 10 as promising (e.g. body dissatisfaction and drive for muscularity), and four as unpromising but worthy of consideration (e.g. AAS-using peers and perceived benefits of AAS use). To effectively prevent AAS use in gyms, interventions should attempt to reduce these risk factors.

Notes: Vinther, Anders Schmidt

1465-3370

URL: <Go to ISI>://WOS:000734227900001

Reference Type: Journal Article

Record Number: 2273

Author: Visscher, T. L. S. and Kremers, S. P. J.

Year: 2015

Title: How Can We Better Prevent Obesity in Children?

Journal: Current Obesity Reports

Volume: 4

Issue: 3

Pages: 371-378

Date: Sep

Short Title: How Can We Better Prevent Obesity in Children?

ISSN: 2162-4968

DOI: 10.1007/s13679-015-0167-6

Accession Number: WOS:000214755200009

Abstract: The aim of this review is to discuss the state of the art regarding the field of health promotion in the context of childhood obesity prevention in order to learn how we can better prevent childhood obesity. Challenges have been identified that exist within the different steps of health promotion programme development and

implementation. Important steps forward include studying behaviours and determinants of behaviours as clusters, upgrading the importance of distal environmental factors in modelling determinants and understanding determinants as a dynamic system: a complex of interacting elements. An important note is that the process of implementation and the analysis thereof should more often come before the analysis of behaviours and the determinants of behaviour. In applied research, the expertise from the 'real world' practitioners should be used in an early stage to find out whether the answers on research questions really help us in preventing childhood obesity.

Notes: Visscher, Tommy L. S. Kremers, Stef P. J.

Visscher, Tommy/AHE-5878-2022

URL: <Go to ISI>://WOS:000214755200009

Reference Type: Journal Article

Record Number: 707

Author: Visseren, F. L. J., Mach, F., Smulders, Y. M., Carballo, D., Koskinas, K. C., Back, M., Benetos, A., Biffi, A., Boavida, J. M., Capodanno, D., Cosyns, B., Crawford, C., Davos, C. H., Desormais, I., Di Angelantonio, E., Franco, O. H., Halvorsen, S., Hobbs, F. D. R., Hollander, M., Jankowska, E. A., Michal, M., Sacco, S., Sattar, N., Tokgozoglu, L., Tonstad, S., Tsioufis, K. P., van Dis, I., van Gelder, I. C., Wanner, C., Williams, B. and Grp, E. S. C. Sci Document

Year: 2022

Title: ESC 2021 guidelines for the prevention of diseases cardiovascular disease in clinical practice

Journal: Giornale Italiano Di Cardiologia

Volume: 23

Issue: 6

Pages: E3-E115

Date: Jun

Short Title: ESC 2021 guidelines for the prevention of diseases cardiovascular disease in clinical practice

ISSN: 1827-6806

Accession Number: WOS:000806640800001

Notes: Visseren, Frank L. J. Mach, Francois Smulders, Yvo M. Carballo, David Koskinas, Konstantinos C. Back, Maria Benetos, Athanase Biffi, Alessandro Boavida, Jose-Manuel Capodanno, Davide Cosyns, Bernard Crawford, Carolyn Davos, Constantinos H. Desormais, Ileana Di Angelantonio, Emanuele Franco, Oscar H. Halvorsen, Sigrun Hobbs, F. D. Richard Hollander, Monika Jankowska, Ewa A. Michal, Matthias Sacco, Simona Sattar, Naveed Tokgozoglu, Lale Tonstad, Serena Tsioufis, Konstantinos P. van Dis, Ineke van Gelder, Isabelle C. Wanner, Christoph Williams, Bryan

Bäck, Maria/HKM-5226-2023

Bäck, Maria/0000-0002-6031-7478; Williams, Bryan/0000-0002-8094-1841 1972-6481

1

URL: <Go to ISI>://WOS:000806640800001

Reference Type: Journal Article
Record Number: 2120
Author: Vlaev, I., King, D., Dolan, P. and Darzi, A.
Year: 2016
Title: The Theory and Practice of "Nudging": Changing Health Behaviors
Journal: Public Administration Review
Volume: 76
Issue: 4
Pages: 550-561
Date: Jul-Aug
Short Title: The Theory and Practice of "Nudging": Changing Health Behaviors
ISSN: 0033-3352
DOI: 10.1111/puar.12564
Accession Number: WOS:000379761300009
Abstract: Many of the most significant challenges in health care—such as smoking, overeating, and poor adherence to evidence-based guidelines—will only be resolved if we can influence behavior. The traditional policy tools used when thinking about influencing behavior include legislation, regulation, and information provision. Recently, policy analysts have shown interest in policies that "nudge" people in particular directions, drawing on advances in understanding that behavior is strongly influenced in largely automatic ways by the context within which it is placed. This article considers the theoretical basis for why nudges might work and reviews the evidence in health behavior change. The evidence is structured according to the Mindspace framework for behavior change. The conclusion is that insights from behavioral economics offer powerful policy tools for influencing behavior in health care. This article provides public administration practitioners with an accessible summary of this literature, putting these insights into practical use.
Notes: Vlaev, Ivo King, Dominic Dolan, Paul Darzi, Ara
1540-6210
URL: <Go to ISI>://WOS:000379761300009

Reference Type: Journal Article
Record Number: 2326
Author: Vlaev, I., Nieboer, J., Martin, S. and Dolan, P.
Year: 2015
Title: How behavioural science can improve financial advice services
Journal: Journal of Financial Services Marketing
Volume: 20
Issue: 1
Pages: 74-88
Date: Mar
Short Title: How behavioural science can improve financial advice services
ISSN: 1363-0539
DOI: 10.1057/fsm.2015.1
Accession Number: WOS:000363401600007
Abstract: Evidence from the behavioural sciences, notably economics

and psychology, has profoundly changed the way policymakers and practitioners view expert advice to consumers. In this article, we take stock of the behavioural science evidence on financial advice and explore its implications for the profession. We organise the evidence in a comprehensive theoretical framework that also serves a practical purpose: the design of behaviour change interventions. We suggest various ways in which financial advisers can use the insights from behavioural science to improve the take-up and effectiveness of their advice. Finally, we discuss ethical and practical considerations for the financial advisor wishing to put behavioural science knowledge to use.

Notes: Vlaev, Ivo Nieboer, Jeroen Martin, Steve Dolan, Paul
1479-1846

URL: <Go to ISI>://WOS:000363401600007

Reference Type: Journal Article

Record Number: 2055

Author: Vogel, J. P., Moore, J. E., Timmings, C., Khan, S., Khan, D. N., Defar, A., Hadush, A., Terefe, M. M., Teshome, L., Ba-Thike, K., Than, K. K., Makuwani, A., Mbaruku, G., Mrisho, M., Mugerwa, K. Y., Ritchie, L. M. P., Rashid, S., Straus, S. E. and Gulmezoglu, A. M.
Year: 2016

Title: Barriers, Facilitators and Priorities for Implementation of WHO Maternal and Perinatal Health Guidelines in Four Lower-Income Countries: A GREAT Network Research Activity

Journal: Plos One

Volume: 11

Issue: 11

Date: Nov

Short Title: Barriers, Facilitators and Priorities for Implementation of WHO Maternal and Perinatal Health Guidelines in Four Lower-Income Countries: A GREAT Network Research Activity

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0160020

Article Number: e0160020

Accession Number: WOS:000386715500004

Abstract: Background Health systems often fail to use evidence in clinical practice. In maternal and perinatal health, the majority of maternal, fetal and newborn mortality is preventable through implementing effective interventions. To meet this challenge, WHO's Department of Reproductive Health and Research partnered with the Knowledge Translation Program at St. Michael's Hospital (SMH), University of Toronto, Canada to establish a collaboration on knowledge translation (KT) in maternal and perinatal health, called the GREAT Network (Guideline-driven, Research priorities, Evidence synthesis, Application of evidence, and Transfer of knowledge). We applied a systematic approach incorporating evidence and theory to identifying barriers and facilitators to implementation of WHO maternal health recommendations in four lower-income countries and to identifying implementation strategies to address these. Methods We conducted a mixed-methods study in Myanmar, Uganda, Tanzania and Ethiopia. In each country, stakeholder surveys, focus group discussions and prioritization exercises were used, involving

multiple groups of health system stakeholders (including administrators, policymakers, NGOs, professional associations, frontline healthcare providers and researchers). Results Despite differences in guideline priorities and contexts, barriers identified across countries were often similar. Health system level factors, including health workforce shortages, and need for strengthened drug and equipment procurement, distribution and management systems, were consistently highlighted as limiting the capacity of providers to deliver high-quality care. Evidence-based health policies to support implementation, and improve the knowledge and skills of healthcare providers were also identified. Stakeholders identified a range of tailored strategies to address local barriers and leverage facilitators. Conclusion This approach to identifying barriers, facilitators and potential strategies for improving implementation proved feasible in these four lower-income country settings. Further evaluation of the impact of implementing these strategies is needed.

Notes: Vogel, Joshua P. Moore, Julia E. Timmings, Caitlyn Khan, Sobia Khan, Dina N. Defar, Atkure Hadush, Azmach Terefe, Marta Minwelet Teshome, Luwam Ba-Thike, Katherine Than, Kyu Kyu Makuwani, Ahmad Mbaruku, Godfrey Mrisho, Mwifadhi Mugerwa, Kidza Yvonne Ritchie, Lisa M. Puchalski Rashid, Shusmita Straus, Sharon E. Gulmezoglu, A. Metin

Ritchie, Lisa Puchalski/AAI-3717-2021; Vogel, Joshua/K-7649-2019
Ritchie, Lisa Puchalski/0000-0002-1791-5368; Vogel, Joshua/
0000-0002-3214-7096

URL: <Go to ISI>://WOS:000386715500004

Reference Type: Journal Article

Record Number: 201

Author: Vogel, J. P., Pingray, V., Althabe, F., Gibbons, L., Berrueta, M., Pujar, Y., Somannavar, M., Vernekar, S. S., Ciganda, A., Rodriguez, R., Welling, S. A., Revankar, A., Bendigeri, S., Kumar, J. A., Patil, S. B., Karinagannanavar, A., Anteen, R. R., Pavithra, M. R., Shetty, S., Latha, B., Megha, H. M., Gaddi, S. S., Chikkagowdra, S., Raghavendra, B., Armari, E., Scott, N., Eddy, K., Homer, C. S. E. and Goudar, S. S.

Year: 2023

Title: Implementing the WHO Labour Care Guide to reduce the use of Caesarean section in four hospitals in India: protocol and statistical analysis plan for a pragmatic, stepped-wedge, cluster-randomized pilot trial

Journal: Reproductive Health

Volume: 20

Issue: 1

Date: Jan

Short Title: Implementing the WHO Labour Care Guide to reduce the use of Caesarean section in four hospitals in India: protocol and statistical analysis plan for a pragmatic, stepped-wedge, cluster-randomized pilot trial

DOI: 10.1186/s12978-022-01525-4

Article Number: 18

Accession Number: WOS:000916086800001

Abstract: BackgroundThe World Health Organization (WHO) Labour Care Guide (LCG) is a paper-based labour monitoring tool designed to facilitate the implementation of WHO's latest guidelines for effective, respectful care during labour and childbirth. Implementing the LCG into routine intrapartum care requires a strategy that improves healthcare provider practices during labour and childbirth. Such a strategy might optimize the use of Caesarean section (CS), along with potential benefits on the use of other obstetric interventions, maternal and perinatal health outcomes, and women's experience of care. However, the effects of a strategy to implement the LCG have not been evaluated in a randomised trial. This study aims to: (1) develop and optimise a strategy for implementing the LCG (formative phase); and (2) To evaluate the implementation of the LCG strategy compared with usual care (trial phase).

MethodsIn the formative phase, we will co-design the LCG strategy with key stakeholders informed by facility assessments and provider surveys, which will be field tested in one hospital. The LCG strategy includes a LCG training program, ongoing supportive supervision from senior clinical staff, and audit and feedback using the Robson Classification. We will then conduct a stepped-wedge, cluster-randomized pilot trial in four public hospitals in India, to evaluate the effect of the LCG strategy intervention compared to usual care (simplified WHO partograph). The primary outcome is the CS rate in nulliparous women with singleton, term, cephalic pregnancies in spontaneous labour (Robson Group 1). Secondary outcomes include clinical and process of care outcomes, as well as women's experience of care outcomes. We will also conduct a process evaluation during the trial, using standardized facility assessments, in-depth interviews and surveys with providers, audits of completed LCGs, labour ward observations and document reviews. An economic evaluation will consider implementation costs and cost-effectiveness.

DiscussionFindings of this trial will guide clinicians, administrators and policymakers on how to effectively implement the LCG, and what (if any) effects the LCG strategy has on process of care, health and experience outcomes. The trial findings will inform the rollout of LCG internationally.

Trial registration: CTRI/2021/01/030695 (Protocol version 1.4, 25 April 2022). Plain language summary

The new WHO Labour Care Guide (LCG) is an innovative partograph that emphasises women-centred, evidence-based care during labour and childbirth. Together with clinicians working at four hospitals in India, we will develop and test a strategy to implement the LCG into routine care in labour wards of these hospitals. We will use a randomised trial design where this LCG strategy is introduced sequentially in each of the four hospitals, in a random order. We will collect data on all women giving birth and their newborns during this period and analyse whether the LCG strategy has any effects on the use of Caesarean section, women's and newborn's health outcomes, and women's experiences during labour and childbirth. While the trial is being conducted, we will also collect qualitative and quantitative data from doctors, nurses and midwives working in these hospitals, to understand their perspectives and experiences of using the LCG in their day-to-day work. In addition, we will collect economic data to understand how much the LCG strategy costs, and how much money it might save if it is effective.

Through this study, our international collaboration will generate critical evidence and innovative tools to support implementation of the LCG in other countries.

Notes: Vogel, Joshua P. Pingray, Veronica Althabe, Fernando Gibbons, Luz Berrueta, Mabel Pujar, Yeshita Somannavar, Manjunath Vernekar, Sunil S. Ciganda, Alvaro Rodriguez, Rocio Welling, Saraswati A. Revankar, Amit Bendigeri, Savitri Kumar, Jayashree Ashok Patil, Shruti Bhavi Karinagannanavar, Aravind Anteen, Raveendra R. Pavithra, M. R. Shetty, Shukla Latha, B. Megha, H. M. Gaddi, Suman S. Chikkagowdra, Shaila Raghavendra, Bellara Armari, Elizabeth Scott, Nick Eddy, Katherine Homer, Caroline S. E. Goudar, Shivaprasad S.

Homer, Caroline S. E./J-2101-2014

Homer, Caroline S. E./0000-0002-7454-3011; Eddy, Katherine Elise/0000-0002-2106-4746
1742-4755

URL: <Go to ISI>://WOS:000916086800001

Reference Type: Journal Article

Record Number: 1121

Author: Volkmer, A., Spector, A., Swinburn, K., Warren, J. D. and Beeke, S.

Year: 2021

Title: Using the Medical Research Council framework and public involvement in the development of a communication partner training intervention for people with primary progressive aphasia (PPA): Better Conversations with PPA

Journal: BMC Geriatrics

Volume: 21

Issue: 1

Date: Nov

Short Title: Using the Medical Research Council framework and public involvement in the development of a communication partner training intervention for people with primary progressive aphasia (PPA): Better Conversations with PPA

DOI: 10.1186/s12877-021-02561-8

Article Number: 642

Accession Number: WOS:000718836300001

Abstract: Background Primary progressive aphasia is a language-led dementia resulting in a gradual dissolution of language. Primary progressive aphasia has a significant psychosocial impact on both the person and their families. Speech and language therapy is one of the only available management options, and communication partner training interventions offer a practical approach to identify strategies to support conversation. The aim of this study was to define and refine a manual and an online training resource for speech and language therapists to deliver communication partner training to people with primary progressive aphasia and their communication partners called Better Conversations with primary progressive aphasia. Methods The Better Conversations with primary progressive aphasia manual and training program were developed using the Medical Research Council framework for developing complex interventions. The six-stage development process included 1.

Exploratory review of existing literature including principles of applied Conversation Analysis, behaviour change theory and frameworks for chronic disease self-management, 2. Consultation and co-production over 12 meetings with the project steering group comprising representatives from key stakeholder groups, 3. Development of an initial draft, 4. Survey feedback followed by a consensus meeting using the Nominal Group Techniques with a group of speech and language therapists, 5. Two focus groups to gather opinions from people with PPA and their families were recorded, transcribed and Thematic Analysis used to examine the data, 6. Refinement. Results Co-production of the Better Conversations with primary progressive aphasia resulted in seven online training modules, and a manual describing four communication partner training intervention sessions with accompanying handouts. Eight important components of communication partner training were identified in the aggregation process of the Nominal Group Technique undertaken with 36 speech and language therapists, including use of video feedback to focus on strengths as well as areas of conversation breakdown. Analysis of the focus groups held with six people with primary progressive aphasia and seven family members identified three themes 1) Timing of intervention, 2) Speech and language therapists' understanding of types of dementia, and 3) Knowing what helps. These data informed refinements to the manual including additional practice activities and useful strategies for the future. Conclusions Using the Medical Research Council framework to develop an intervention that is underpinned by a theoretical rationale of how communication partner training causes change allows for the key intervention components to be strengthened. Co-production of the manual and training materials ensures the intervention will meet the needs of people with primary progressive aphasia and their communication partners. Gathering further data from speech and language therapists and people living with primary progressive aphasia and their families to refine the manual and the training materials enhances the feasibility of delivering this in preparation for a phase II NHS-based randomised controlled pilot-feasibility study, currently underway.

Notes: Volkmer, Anna Spector, Aimee Swinburn, Kate Warren, Jason D. Beeke, Suzanne

Volkmer, Anna/0000-0002-4149-409X
1471-2318

URL: <Go to ISI>://WOS:000718836300001

Reference Type: Journal Article

Record Number: 99

Author: Voorheis, P., Hasnain, S. M., Tiznado-Aitken, I., Widener, M. J. and Silver, M. P.

Year: 2023

Title: Understanding and supporting active travel in older adults using behavioural science: Systematic scoping review and strategic behavioural analysis

Journal: Journal of Transport & Health

Volume: 30

Date: May

Short Title: Understanding and supporting active travel in older adults using behavioural science: Systematic scoping review and strategic behavioural analysis

ISSN: 2214-1405

DOI: 10.1016/j.jth.2023.101602

Article Number: 101602

Accession Number: WOS:000958661700001

Abstract: Introduction: Encouraging older adults to active travel can lead to improved health outcomes in this population. Behavioural science theories, models, and frameworks can help us to understand the determinants of older adult active travel and to identify appropriate support strategies. This review paper uses behavioural science to: (i) understand the types of behavioural determinants being measured in the literature, (ii) identify the types of behavioural determinants found to significantly impact older adult active travel, (iii) map the most relevant behaviour change intervention strategies, and (iv) appraise current intervention strategies. Methods: We conducted a scoping review of the literature and a strategic behavioural analysis to address our research objectives. Studies were identified from PsychInfo, Web of Science, Scopus, AgeLine using search terms related active travel and older adults. Included studies had to evaluate determinants of older adult active travel or describe an intervention influencing older adult active travel. Two reviewers screened the studies for inclusion and completed the data extraction. A strategic behavioural analysis was conducted. Results: A total of 102 papers met the inclusion criteria. The most commonly measured determinants of older adult active travel were in the "environmental context and resource" domain. A wide range of determinants were found to significantly impact older adult active travel, especially in the domains of "environmental context and resource", "social influences and social-professional role", "emotions", "beliefs about capabilities" and "beliefs about consequences". A wide range of intervention strategies may be relevant to support older adult active travel, especially those related to social support, prompts and cues, and restructuring the built environment. Conclusions: Behavioural science offers an important lens to understand the determinants of older adult active travel and to plan evidence-based interventions. This paper contributes to the literature by reviewing the older adult active travel literature using a strategic behavioural analysis.

Notes: Voorheis, Paula Hasnain, Syeda Mariam Tiznado-Aitken, Ignacio Widener, Michael J. Silver, Michelle P.

Silver, Michelle Pannor/U-3183-2017

Silver, Michelle Pannor/0000-0003-3870-7434; Widener, Michael/0000-0003-3312-6710; Tiznado Aitken, Ignacio/0000-0002-7385-2357

URL: <Go to ISI>://WOS:000958661700001

Reference Type: Journal Article

Record Number: 232

Author: Vorlet, J. and Carrard, I.

Year: 2023

Title: Barriers and facilitators of intuitive eating in postmenopausal women: A qualitative study

Journal: Health Psychology Open

Volume: 10

Issue: 1

Date: Jan

Short Title: Barriers and facilitators of intuitive eating in postmenopausal women: A qualitative study

DOI: 10.1177/20551029231157515

Article Number: 20551029231157515

Accession Number: WOS:000934925700001

Abstract: This qualitative descriptive research explored barriers and facilitators of the intuitive eating (IE) implementation process, as experienced by six postmenopausal women classified as 'overweight' or 'obese'. The data was analysed using deductive and inductive thematic analysis and six themes were identified. IE implementation included developing scepticism about weight loss diets, dealing with hunger and satiety cues, making nutritious food choices for one's body, struggling with emotional eating, learning to accept one's body and challenging weight stigma and sociocultural norms of beauty and thinness. IE allowed women to develop a more peaceful relationship with their diet, and was accepted as a welcome alternative to dieting.

Notes: Vorlet, Jeanne Carrard, Isabelle

Carrard, Isabelle/0000-0002-2384-6696

2055-1029

URL: <Go to ISI>://WOS:000934925700001

Reference Type: Journal Article

Record Number: 2062

Author: Voshaar, M., Vriezekolk, J., van Dulmen, S., van den Bemt, B. and van de Laar, M.

Year: 2016

Title: Barriers and facilitators to disease-modifying antirheumatic drug use in patients with inflammatory rheumatic diseases: a qualitative theory-based study

Journal: BMC Musculoskeletal Disorders

Volume: 17

Date: Oct

Short Title: Barriers and facilitators to disease-modifying antirheumatic drug use in patients with inflammatory rheumatic diseases: a qualitative theory-based study

DOI: 10.1186/s12891-016-1289-z

Article Number: 442

Accession Number: WOS:000395031500004

Abstract: Background: Although disease-modifying anti-rheumatic drugs (DMARDs) are the cornerstone of treatment for inflammatory rheumatic diseases, medication adherence to DMARDs is often suboptimal. Effective interventions to improve adherence to DMARDs are lacking, and new targets are needed to improve adherence. The aim of the present study was to explore patients' barriers and facilitators of optimal DMARD use. These factors might be used as targets for adherence interventions. Methods: In a mixed method study design, patients (n = 120) with inflammatory arthritis (IA) completed a questionnaire based on an existing adapted Theoretical

Domains Framework (TDF) to identify facilitators and barriers of DMARD use. A subgroup of these patients (n = 21) participated in focus groups to provide insights into their facilitators and barriers. The answers to the questionnaires and responses of the focus groups were thematically coded by three researchers independently and subsequently categorized. Results: The barriers and facilitators that were reported by IA patients presented large inter-individual variations. The identified barriers and facilitators could be captured in the following domains based on an adapted TDF: (i) knowledge, (ii) emotions, (iii) attention, memory, and decision processes, (iv) social influences, (v) beliefs about capability, (vi) beliefs about consequences, (vii) motivation and goals, (viii) goal conflict, (ix) environmental context and resources, and (x) skills. Conclusions: Patients with IA have a variety of barriers and facilitators with regard to their DMARD use. All of these barriers and facilitators could be categorized into adapted domains of the TDF. Interventions that address individual facilitators and barriers, based on capability, opportunity, and motivation, are needed to develop strategies for medication adherence that are tailored to individual patient needs.

Notes: Voshaar, Marieke Vriezekolk, Johanna van Dulmen, Sandra van den Bemt, Bart van de Laar, Mart

Van den Bemt, Bart/Q-2740-2015; Vriezekolk, Johanna/J-8684-2016; van Dulmen, A.M./L-4287-2015

Van den Bemt, Bart/0000-0002-8560-9514; van Dulmen, A.M./0000-0002-1651-7544

1471-2474

URL: <Go to ISI>://WOS:000395031500004

Reference Type: Journal Article

Record Number: 999

Author: Voshaar, M. J. H., Van den Bemt, B. J. F., Van de Laar, Mafj, Van Dulmen, A. M. and Vriezekolk, J. E.

Year: 2022

Title: Healthcare professionals' perceptions on barriers and facilitators to DMARD use in rheumatoid arthritis

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Jan

Short Title: Healthcare professionals' perceptions on barriers and facilitators to DMARD use in rheumatoid arthritis

DOI: 10.1186/s12913-021-07459-0

Article Number: 62

Accession Number: WOS:000741998100002

Abstract: Background Disease-modifying anti-rheumatic drugs (DMARDs) are the cornerstone of rheumatoid arthritis (RA) treatment. However, the full benefits of DMARDs are often not realized because many patients are sub-optimally adherent to their medication. In order to optimize adherence, it is essential that healthcare professionals (HCPs) understand patients' barriers and facilitators for medication use. Insight in these barriers and facilitators may foster the dialogue about adequate medication use between HCPs and patients.

What HCPs perceive as barriers and facilitators has, so far, scarcely been investigated. This study aimed to identify the perceptions of HCPs on patients' barriers and facilitators that might influence their adherence. Methods This qualitative study was performed using semi structured in-depth interviews with HCPs. An interview guide was used, based on an adjusted version of the Theoretical Domains Framework (TDF). Thematic analysis was conducted to identify factors that influence barriers and facilitators to DMARD use according to HCPs. Results Fifteen HCPs (5 rheumatologists, 5 nurses and 5 pharmacists) were interviewed. They mentioned a variety of factors that, according to their perceptions, influence DMARD adherence in patients with RA. Besides therapy-related factors, such as (onset of) medication effectiveness and side-effects, most variation was found within patient-related factors and reflected patients' beliefs, ways of coping, and (self-management) skills toward medication and their condition. In addition, factors related to the condition (e.g., level of disease activity), healthcare team and system (e.g., trust in HCP), and social and economic context (e.g. support, work shifts) were reported. Conclusions This study provided insights in HCPs' perceptions of the barriers and facilitators to DMARD use patients with RA. Most factors that were mentioned were patient-related and potentially modifiable. When physicians understand patients' perceptions on medication use, adherence to DMARDs can probably be optimized in patients with RA leading to more effectiveness of treatment outcomes.

Notes: Voshaar, M. J. H. van den Bemt, B. J. F. van de Laar, M. A. F. J. van Dulmen, A. M. Vriezekolk, J. E. van Dulmen, A.M./L-4287-2015
van Dulmen, A.M./0000-0002-1651-7544
1472-6963
URL: <Go to ISI>://WOS:000741998100002

Reference Type: Journal Article

Record Number: 377

Author: Vrkatic, A., Grujicic, M., Jovicic-Bata, J. and Novakovic, B.

Year: 2022

Title: Nutritional Knowledge, Confidence, Attitudes towards Nutritional Care and Nutrition Counselling Practice among General Practitioners

Journal: Healthcare

Volume: 10

Issue: 11

Date: Nov

Short Title: Nutritional Knowledge, Confidence, Attitudes towards Nutritional Care and Nutrition Counselling Practice among General Practitioners

DOI: 10.3390/healthcare10112222

Article Number: 2222

Accession Number: WOS:000881165300001

Abstract: Nutritional care represents any practice provided by a health professional, aimed to improve the patient's health outcomes

by influencing patient's dietary habits. Clearly, dietitians are the ones supposed to provide top-quality nutrition care, but their services are often inaccessible to many for various reasons. This obliges general practitioners (GPs) in primary health care to provide nutritional counselling to their patients to a certain extent. Preconditions to successful nutritional counselling are GPs with adequate nutritional knowledge, positive attitudes towards nutrition and nutritional care, self-confident and competent in nutritional counselling. Therefore, the aim of this review is to summarise currently available information on nutritional knowledge, confidence and attitudes towards nutritional care and nutrition counselling practice of GPs, as well as barriers towards provision of nutritional counselling. GPs do not consistently obtain satisfying results in nutrition knowledge assessments and their self-confidence in nutrition counselling skills varies. Studies suggest that nutritional counselling practice still has not met its full potential, and GPs frequently report various barriers that impair nutritional counselling practice. Thus, health policies that help overcome barriers and create stimulating environment for GPs to implement nutrition counselling strategies efficiently are the key to improving quality and quantity of nutritional counselling.

Notes: Vrkatic, Aleksandra Grujicic, Maja Jovicic-Bata, Jelena Novakovic, Budimka

Novakovic, Budimka D/A-6190-2010

Vrkatic, Aleksandra/0000-0001-8358-5742

2227-9032

URL: <Go to ISI>://WOS:000881165300001

Reference Type: Journal Article

Record Number: 2041

Author: Vuong, K., Hermiz, O., Razei, H., Richmond, R. and Zwar, N.

Year: 2016

Title: The experiences of smoking cessation among patients with chronic obstructive pulmonary disease in Australian general practice: a qualitative descriptive study

Journal: Family Practice

Volume: 33

Issue: 6

Pages: 715-720

Date: Dec

Short Title: The experiences of smoking cessation among patients with chronic obstructive pulmonary disease in Australian general practice: a qualitative descriptive study

ISSN: 0263-2136

DOI: 10.1093/fampra/cmw083

Accession Number: WOS:000392738200023

Abstract: Background. It is important to understand the experiences surrounding smoking cessation among patients with chronic obstructive pulmonary disease (COPD) to improve the likely success of future smoking cessation programs. Objective. To explore the personal experiences surrounding smoking cessation among general practice patients with COPD. Methods. A purposive sample of 33 general practice patients with COPD, 28 ex-smokers and 5 smokers,

participated in the semi-structured telephone interviews. Thematic analysis was conducted using a predominantly deductive approach guided by the Behaviour Change Wheel framework. Results. Three inter-related themes were generated: the motivation, opportunities and capabilities among the participants to quit and maintain smoking cessation. Most quit attempts occurred without explanation or prior planning, though some attempts were motivated by the participants' family, peers or GP. Internet-based smoking cessation support programs led by general practices and involving the practice nurse were perceived as opportunities to engage in quit attempts. Most participants, both ex-smokers and smokers, demonstrated capacity to engage in multiple quit attempts. However, for many smokers, boredom, mood disturbances, the strong sense of identity as a smoker, peer reinforcement, irritability, cravings, hunger and weight gain limited capability to maintain smoking cessation. Conclusions. Patients with COPD have motivation to quit and have demonstrated capacity to engage in multiple quit attempts. GPs and other primary care practitioners need to recognize the patients' spontaneity around quit attempts and to meet the needs of the individual patient by being ready to offer support for each attempt once the patient has made their decision to quit.

Notes: Vuong, Kylie Hermiz, Oshana Razee, Husna Richmond, Robyn Zwar, Nicholas

Vuong, Kylie/AAB-1779-2019; Richmond, Robyn L/K-8464-2014

Vuong, Kylie/0000-0002-2671-9473; Richmond, Robyn L/0000-0003-2897-4109; Zwar, Nicholas/0000-0001-6462-9121; Razee, Husna/0000-0002-6845-8136

1460-2229

URL: <Go to ISI>://WOS:000392738200023

Reference Type: Journal Article

Record Number: 1294

Author: Waddell, A., Lennox, A., Spassova, G. and Bragge, P.

Year: 2021

Title: Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review

Journal: Implementation Science

Volume: 16

Issue: 1

Date: Jul

Short Title: Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review

ISSN: 1748-5908

DOI: 10.1186/s13012-021-01142-y

Article Number: 74

Accession Number: WOS:000679791000001

Abstract: Background: Involving patients in their healthcare using shared decision-making (SDM) is promoted through policy and research, yet its implementation in routine practice remains slow. Research into SDM has stemmed from primary and secondary care contexts, and research into the implementation of SDM in tertiary care settings has not been systematically reviewed. Furthermore, perspectives on SDM beyond those of patients and their treating

clinicians may add insights into the implementation of SDM. This systematic review aimed to review literature exploring barriers and facilitators to implementing SDM in hospital settings from multiple stakeholder perspectives. Methods: The search strategy focused on peer-reviewed qualitative studies with the primary aim of identifying barriers and facilitators to implementing SDM in hospital (tertiary care) settings. Studies from the perspective of patients, clinicians, health service administrators, and decision makers, government policy makers, and other stakeholders (for example researchers) were eligible for inclusion. Reported qualitative results were mapped to the Theoretical Domains Framework (TDF) to identify behavioural barriers and facilitators to SDM. Results: Titles and abstracts of 8724 articles were screened and 520 were reviewed in full text. Fourteen articles met inclusion criteria. Most studies (n = 12) were conducted in the last four years; only four reported perspectives in addition to the patient-clinician dyad. In mapping results to the TDF, the dominant themes were Environmental Context and Resources, Social/Professional Role and Identity, Knowledge and Skills, and Beliefs about Capabilities. A wide range of barriers and facilitators across individual, organisational, and system levels were reported. Barriers specific to the hospital setting included noisy and busy ward environments and a lack of private spaces in which to conduct SDM conversations. Conclusions: SDM implementation research in hospital settings appears to be a young field. Future research should build on studies examining perspectives beyond the clinician-patient dyad and further consider the role of organisational- and system-level factors. Organisations wishing to implement SDM in hospital settings should also consider factors specific to tertiary care settings in addition to addressing their organisational and individual SDM needs. Notes: Waddell, Alex Lennox, Alyse Spassova, Gerri Bragge, Peter Waddell, Alex/0000-0002-4900-4163; Bragge, Peter/0000-0003-0745-5131 URL: <Go to ISI>://WOS:000679791000001

Reference Type: Journal Article

Record Number: 184

Author: Waddell, A., Spassova, G., Sampson, L., Jungbluth, L., Dam, J. and Bragge, P.

Year: 2023

Title: Co-designing a theory-informed intervention to increase shared decision-making in maternity care

Journal: Health Research Policy and Systems

Volume: 21

Issue: 1

Date: Jan

Short Title: Co-designing a theory-informed intervention to increase shared decision-making in maternity care

ISSN: 1478-4505

DOI: 10.1186/s12961-023-00959-x

Article Number: 15

Accession Number: WOS:000940785900002

Abstract: Background Shared decision-making (SDM) has been shown to improve healthcare outcomes and is a recognized right of patients.

Policy requires health services to implement SDM. However, there is limited research into what interventions work and for what reasons. The aim of the study was to develop a series of interventions to increase the use of SDM in maternity care with stakeholders. Methods Interventions to increase the use of SDM in the setting of pregnancy care were developed using Behaviour Change Wheel and Theoretical Domains Framework and building on findings of an in-depth qualitative study which were inductively analysed. Intervention development workshops involved co-design, with patients, clinicians, health service administrators and decision-makers, and government policy makers. Workshops focused on identifying viable SDM opportunities and tailoring interventions to the local context (the Royal Women's Hospital) and salient qualitative themes. Results Pain management options during labour were identified by participants as a high priority for application of SDM, and three interventions were developed including patient and clinician access to the Victorian Government's maternity record via the patient portal and electronic medical records (EMR); a multi-layered persuasive communications campaign designed; and clinical champions and SDM simulation training. Factors identified by participants for successful implementation included having alignment with strategic direction of the service, support of leaders, using pre-standing resources and workflows, using clinical champions, and ensuring equity. Conclusion Three interventions co-designed to increase the use of SDM for pain management during labour address key barriers and facilitators to SDM in maternity care. This study exemplifies how health services can use behavioural science and co-design principles to increase the use of SDM. Insights into the co-design of interventions to implement SDM in routine practice provide a framework for other health services, policy makers and researchers.

Notes: Waddell, Alex Spassova, Gerri Sampson, Louise Jungbluth, Lena Dam, Jennifer Bragge, Peter

Waddell, Alex/0000-0002-4900-4163

URL: <Go to ISI>://WOS:000940785900002

Reference Type: Journal Article

Record Number: 691

Author: Wadhvani, S., Barrera, A. G., Shifman, H., Baker, E., Bucuvalas, J., Gottlieb, L., Kotagal, U., Rhee, S., Lai, J. and Lyles, C.

Year: 2022

Title: Caregiver perspectives on the everyday medical and social needs of long-term pediatric liver transplant patients

Journal: Liver Transplantation

Volume: 28

Issue: 11

Pages: 1735-1746

Date: Nov

Short Title: Caregiver perspectives on the everyday medical and social needs of long-term pediatric liver transplant patients

ISSN: 1527-6465

DOI: 10.1002/lt.26498

Accession Number: WOS:000805997300001

Abstract: Using in-depth interviews, we sought to characterize the everyday medical and social needs of pediatric liver transplant caregivers to inform the future design of solutions to improve care processes. Participants (parents/caregivers of pediatric liver transplant recipients) completed a survey (assessing socioeconomic status, economic hardship, health literacy, and social isolation). We then asked participants to undergo a 60-min virtual, semistructured qualitative interview to understand the everyday medical and social needs of the caregiver and their household. We intentionally oversampled caregivers who reported a social or economic hardship on the survey. Transcripts were analyzed using thematic analysis and organized around the Capability, Opportunity, Motivation-Behavior model. A total of 18 caregivers participated. Of the participants, 50% reported some form of financial strain, and about half had less than 4 years of college education. Caregivers had high motivation and capability in executing transplant-related tasks but identified several opportunities for improving care. Caregivers perceived the health system to lack capability in identifying and intervening on specific family social needs. Caregiver interviews revealed multiple areas in which family supports could be strengthened, including (1) managing indirect costs of prolonged hospitalizations (e.g., food, parking), (2) communicating with employers to support families' needs, (3) coordinating care across hospital departments, and (4) clarifying care team roles in helping families reduce both medical and social barriers. This study highlights the caregiver perspective on barriers and facilitators to posttransplant care. Future work should identify whether these themes are present across transplant centers. Caregiver perspectives should help inform future interventions aimed at improving long-term outcomes for children after liver transplantation.

Notes: Wadhvani, Sharad Barrera, Ana-Gabriela Shifman, Holly Baker, Ethel Bucuvalas, John Gottlieb, Laura Kotagal, Uma Rhee, Sue Lai, Jennifer Lyles, Courtney

Lai, Jennifer/0000-0003-2092-6380; bucuvalas, john/
0000-0002-6767-8874; Wadhvani, Sharad/0000-0001-5565-6670
1527-6473

URL: <Go to ISI>://WOS:000805997300001

Reference Type: Journal Article

Record Number: 2126

Author: Wadsworth, E., Neale, J., McNeill, A. and Hitchman, S. C.

Year: 2016

Title: How and Why Do Smokers Start Using E-Cigarettes? Qualitative Study of Vapers in London, UK

Journal: International Journal of Environmental Research and Public Health

Volume: 13

Issue: 7

Date: Jul

Short Title: How and Why Do Smokers Start Using E-Cigarettes?

Qualitative Study of Vapers in London, UK

DOI: 10.3390/ijerph13070661

Article Number: 661

Accession Number: WOS:000380759800037

Abstract: The aims of the study were to (1) describe how and why smokers start to vape and what products they use; (2) relate findings to the COM-B theory of behaviour change (three conditions are necessary for behaviour change (B): capability (C), opportunity (O), and motivation (M)); and (3) to consider implications for e-cigarette policy research. Semi-structured interviews (n = 30) were conducted in London, UK, with smokers or ex-smokers who were currently using or had used e-cigarettes. E-cigarette initiation (behaviour) was facilitated by: capability (physical capability to use an e-cigarette and psychological capability to understand that using e-cigarettes was less harmful than smoking); opportunity (physical opportunity to access e-cigarettes in shops, at a lower cost than cigarettes, and to vape in "smoke-free" environments, as well as social opportunity to vape with friends and family); and motivation (automatic motivation including curiosity, and reflective motivation, including self-conscious decision-making processes related to perceived health benefits). The application of the COM-B model identified multiple factors that may lead to e-cigarette initiation, including those that could be influenced by policy, such as price relative to cigarettes and use in smoke-free environments. The effects of these policies on initiation should be further investigated along with the possible moderating/mediating effects of social support.

Notes: Wadsworth, Elle Neale, Joanne McNeill, Ann Hitchman, Sara C. McNeill, Ann M/A-3581-2009

Neale, Joanne/0000-0003-1502-5983; hitchman, sara/
0000-0001-6155-6916; McNeill, Ann/0000-0002-6223-4000
1660-4601

URL: <Go to ISI>://WOS:000380759800037

Reference Type: Journal Article

Record Number: 527

Author: Waelitalo, L., Robert, K. H. and Broman, G.

Year: 2022

Title: An approach to involve municipal leaders into strategic decision-making for sustainability-A case study

Journal: Frontiers in Sustainable Cities

Volume: 4

Date: Aug

Short Title: An approach to involve municipal leaders into strategic decision-making for sustainability-A case study

DOI: 10.3389/frsc.2022.895962

Article Number: 895962

Accession Number: WOS:000911597800001

Abstract: In a previous study we tested a model for implementation of methodological support for cross-sectoral collaboration for strategic transition toward sustainability. To make the model viable long-term, practitioners emphasized the importance to recruit and engage leaders into the process upfront, however, this was also the key missing element according to the ten municipalities and regions

in the action research project. Nevertheless, if addressed sufficiently, active leadership could favor other needed support, such as capacity building and merging with ongoing work. Therefore, this study aimed to design, test and evaluate an approach to better involve leaders into strategic decision-making for sustainability early on in the collaboration processes. The approach evolved as an in-depth study in one of the municipalities. A pre-assessment based on semi-structured interviews and desktop review was compiled and presented back to municipal top management during a session that included a focus group discussion to capture the leaders' feedback on the assessment as well as advice on how to make the implementation model viable long-term. Results gave that the leaders reached a good understanding of the implementation model and how current practice in the municipality related or could be related to it. As an indicator of spurred engagement and hence, a successful result, one outcome from the session was a strategic decision to carry out a thorough sustainability analysis according to the methodology that the model is supposed to implement. This work is ongoing. In addition, support for alignment with existing management systems was asked for. An evaluation of the approach itself was positive, however, pointed at the extensive work needed for the assessment. Alternative ways, such as self-assessment or peer-assessment was discussed. Forthcoming research will test and further refine the applied approach of this study to enhance strategic decision-making for sustainability while also considering the role of academia in municipal practices for sustainability.

Notes: Waelitalo, Lisa Robert, Karl-Henrik Broman, Goeran
2624-9634

URL: <Go to ISI>://WOS:000911597800001

Reference Type: Journal Article

Record Number: 385

Author: Waite, F., Marlow, L. A. V., Nemec, M. and Waller, J.

Year: 2022

Title: Do age-targeted messages increase cervical screening intentions in women aged 50-64 years with weak positive intentions? A randomised control trial in Great Britain

Journal: Preventive Medicine

Volume: 164

Date: Nov

Short Title: Do age-targeted messages increase cervical screening intentions in women aged 50-64 years with weak positive intentions? A randomised control trial in Great Britain

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2022.107322

Article Number: 107322

Accession Number: WOS:000880088800003

Abstract: Over 20% of women aged 50-64 in Britain have not attended cervical screening within the recommended 5-year interval. The aim of the present study was to investigate the impact of five messages, informed using strategies from the Behaviour Change Wheel, on strength of intention to attend cervical screening in women aged 50-64 with weak positive intentions to be screened when next

invited. Women were randomised (2:2:1), into one of two intervention groups or a control group. The control group saw basic information about cervical screening. Intervention group 1 saw a social norms message and an outcome expectancy message. Intervention group 2 saw a risk reduction message and a response efficacy message. There was further randomisation within the two intervention groups (1:1) to test the effectiveness of message framing and age-targeted information. Lastly, both intervention groups were randomised (1:1) to see a message acknowledging the possible discomfort associated with screening and offering support, or the support message only. Data were included from 475 women, collected using an online survey in March 2022. Adjusting for baseline intention, social norms ($p = .84$), outcome expectancy ($p = .51$), risk reduction ($p = .19$), response efficacy ($p = .23$) and discomfort acknowledgement messages ($p = .71$) had no effect on intention strength. However, there was a significant increase in intention after reading multiple messages. These results suggest that although no single message has a significant impact on intentions, when combined, they may act together to increase intention strength. Further research will understand the impact of these messages when combined in information materials.

Notes: Waite, Frances Marlow, Laura A. V. Nemeč, Martin Waller, Jo Waller, Jo/0000-0003-4025-9132; Marlow, Laura A.V/0000-0003-1709-2397
1096-0260

URL: <Go to ISI>://WOS:000880088800003

Reference Type: Journal Article

Record Number: 2090

Author: Waldorff, F. B., Nicolaisdottir, D. R., Kousgaard, M. B., Reventlow, S., Sondergaard, J., Thorsen, T., Andersen, M. K., Pedersen, L. B., Bisgaard, L., Hutter, C. L. and Bro, F.

Year: 2016

Title: Almost half of the Danish general practitioners have negative a priori attitudes towards a mandatory accreditation programme

Journal: Danish Medical Journal

Volume: 63

Issue: 9

Date: Sep

Short Title: Almost half of the Danish general practitioners have negative a priori attitudes towards a mandatory accreditation programme

Article Number: A5266

Accession Number: WOS:000389033300001

Abstract: INTRODUCTION: The objective of this study was to analyse Danish general practitioners' (GPs) a priori attitudes and expectations towards a nationwide mandatory accreditation programme. METHODS: This study is based on a nationwide electronic survey comprising all Danish GPs ($n = 3,403$). RESULTS: A total of 1,906 (56%) GPs completed the questionnaire. In all, 861 (45%) had a negative attitude towards accreditation, whereas 429 (21%) were very positive or positive. The negative attitudes towards accreditation were associated with being older, male and with working in a single-

handed practice. A regional difference was observed as well. GPs with negative expectations were more likely to agree that accreditation was a tool meant for external control (odds ratio (OR) = 1.87 (95% confidence interval (CI): 1.18–2.95)), less likely to agree that accreditation was a tool for quality improvement (OR = 0.018 (95% CI: 0.013–0.025)), more likely to agree that it would affect job satisfaction negatively (OR = 21.88 (95% CI: 16.10–29.72)), and they were generally less satisfied with their present job situation (OR = 2.51 (95% CI: 1.85–3.41)). CONCLUSION: Almost half of the GPs had negative attitudes towards accreditation. Notes: Waldorff, Frans Boch Nicolaisdottir, Dagny Ros Kousgaard, Marius Brostrom Reventlow, Susanne Sondergaard, Jens Thorsen, Thorkil Andersen, Merethe Kirstine Pedersen, Line Bjornskov Bisgaard, Louise Hutters, Cecilie Lybeck Bro, Flemming Søndergaard, Jens js/F-3031-2013 Søndergaard, Jens js/0000-0002-1629-1864 2245-1919 URL: <Go to ISI>://WOS:000389033300001

Reference Type: Journal Article

Record Number: 1923

Author: Walker, M. F., Hoffmann, T. C., Brady, M. C., Dean, C. M., Eng, J. J., Farrin, A. J., Felix, C., Forster, A., Langhorne, P., Lynch, E. A., Radford, K. A., Sunnerhagen, K. S. and Watkins, C. L. Year: 2017

Title: Improving the development, monitoring and reporting of stroke rehabilitation research: Consensus-based core recommendations from the Stroke Recovery and Rehabilitation Roundtable

Journal: International Journal of Stroke

Volume: 12

Issue: 5

Pages: 472–479

Date: Jul

Short Title: Improving the development, monitoring and reporting of stroke rehabilitation research: Consensus-based core recommendations from the Stroke Recovery and Rehabilitation Roundtable

ISSN: 1747-4930

DOI: 10.1177/1747493017711815

Accession Number: WOS:000405516500005

Abstract: Recent reviews have demonstrated that the quality of stroke rehabilitation research has continued to improve over the last four decades but despite this progress, there are still many barriers in moving the field forward. Rigorous development, monitoring and complete reporting of interventions in stroke trials are essential in providing rehabilitation evidence that is robust, meaningful and implementable. An international partnership of stroke rehabilitation experts committed to develop consensus-based core recommendations with a remit of addressing the issues identified as limiting stroke rehabilitation research in the areas of developing, monitoring and reporting stroke rehabilitation interventions. Work exploring each of the three areas took place via multiple teleconferences and a two-day meeting in Philadelphia in May 2016. A total of 15 recommendations were made. To validate the need for the

recommendations, the group reviewed all stroke rehabilitation trials published in 2015 (n=182 papers). Our review highlighted that the majority of publications did not clearly describe how interventions were developed or monitored during the trial. In particular, under-reporting of the theoretical rationale for the intervention and the components of the intervention call into question many interventions that have been evaluated for efficacy. More trials were found to have addressed the reporting of interventions recommendations than those related to development or monitoring. Nonetheless, the majority of reporting recommendations were still not adequately described. To progress the field of stroke rehabilitation research and to ensure stroke patients receive optimal evidence-based clinical care, we urge the research community to endorse and adopt our recommendations.

Notes: Walker, Marion F. Hoffmann, Tammy C. Brady, Marian C. Dean, Catherine M. Eng, Janice J. Farrin, Amanda J. Felix, Cynthia Forster, Anne Langhorne, Peter Lynch, Elizabeth A. Radford, Kathryn A. Sunnerhagen, Katharina S. Watkins, Caroline L.

Lynch, Elizabeth/AEM-7500-2022; Brady, Marian C/ABA-4241-2021; Sunnerhagen, Katharina Stibrant/AE-2405-2020; Hoffmann, Tammy/E-8029-2010; Radford, Kate A/F-8571-2013; Brady, marian C/AHB-3737-2022; Dean, Catherine M/H-2115-2011; Lynch, Elizabeth/0-5416-2014

Sunnerhagen, Katharina Stibrant/0000-0002-5940-4400; Hoffmann, Tammy/0000-0001-5210-8548; Radford, Kate A/0000-0001-6246-3180; Brady, marian C/0000-0002-4589-7021; Dean, Catherine M/0000-0001-7502-1138; Walker, Marion/0000-0002-3534-591X; Lynch, Elizabeth/0000-0001-8756-1051; Farrin, Amanda/0000-0002-2876-0584; Forster, Anne/0000-0001-7466-4414
1747-4949

URL: <Go to ISI>://WOS:000405516500005

Reference Type: Journal Article

Record Number: 511

Author: Walker, R., Quong, S., Olivier, P., Wu, L., Xie, J. and Boyle, J.

Year: 2022

Title: Empowerment for behaviour change through social connections: a qualitative exploration of women's preferences in preconception health promotion in the state of Victoria, Australia

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Aug

Short Title: Empowerment for behaviour change through social connections: a qualitative exploration of women's preferences in preconception health promotion in the state of Victoria, Australia

DOI: 10.1186/s12889-022-14028-5

Article Number: 1642

Accession Number: WOS:000847690100010

Abstract: Background: Health behaviours in the preconception period have the potential to impact on fertility and pregnancy outcomes, and the health of all women regardless of pregnancy intention.

Public awareness of this is low and interventions that promote behaviour change have not been integrated into real-world settings. Aims were to explore women's understandings of health and health behaviours and what supports are important to promote behaviour change in the preconception period. Methods: This qualitative study is the first phase of a broader co-design project set in the state of Victoria, Australia. Over 3 months, a series of in-depth interviews were conducted with female participants who were intending to become pregnant in the next 2 years (n = 6) and participants who were not intending to become pregnant in the next 2 years (n = 6). Community advisors (n = 8) aged 18-45 years provided feedback throughout the process. Coding of transcripts from interviews and meetings was undertaken by two researchers before a deductive process identified themes mapped to the COM-B framework. Results: Nine themes and eight sub-themes were identified. Participants had a holistic view of health with nutrition, physical activity and sleep being most valued. Social connections were considered as being important for overall health and wellbeing and for promoting health behaviours. The only difference between groups was that pregnancy was an additional motivator for women who were planning to become pregnant in the next 2 years. A range of health information is available from health professionals and other sources. Unlimited access to information was empowering but sometimes overwhelming. Being listened to and shared experiences were aspects of social connections that validated participants and guided them in their decision-making. Conclusions: Women valued their health and had a holistic view that includes physical, mental and social dimensions. Women viewed social connections with others as an opportunity to be listened to and to gain support that empowers behaviour change. Future interventions to promote behaviour change in preconception women should consider the importance all women placed on social connections and leverage off existing resources to connect women.

Notes: Walker, Ruth Quong, Sara Olivier, Patrick Wu, Ling Xie, Jue Boyle, Jacqueline

Olivier, Patrick/B-2909-2011

Olivier, Patrick/0000-0003-2841-7580; Xie, Jue/0000-0003-4549-1627
1471-2458

URL: <Go to ISI>://WOS:000847690100010

Reference Type: Journal Article

Record Number: 430

Author: Walker, R. A. J. and Harada, K.

Year: 2022

Title: The Development of the Psychological Determinants of Exercise Questionnaire for Japanese Older Adults: A Questionnaire Based Upon the Theoretical Domains Framework

Journal: Journal of Aging and Physical Activity

Volume: 30

Issue: 5

Pages: 857-871

Date: Oct

Short Title: The Development of the Psychological Determinants of

Exercise Questionnaire for Japanese Older Adults: A Questionnaire Based Upon the Theoretical Domains Framework

ISSN: 1063-8652

DOI: 10.1123/japa.2021-0218

Accession Number: WOS:000908424200014

Abstract: Japan has become a super-aged society. To overcome the negative implications of this, practitioners are increasingly using exercise-based interventions to reduce the requirement for long-term care among Japanese older adults. However, no comprehensive means of assessing the wide range of exercise behavioral determinants exists for this population. Thus, the principle aim of this study was to develop a questionnaire based upon the theoretical domains framework—a framework that has synthesized a wide range of behavior change theories. Completed responses were received from 1,000 Japanese older adults who resided in the Kansai area of Japan. Findings were suggestive of good reliability and validity for seven unique psychological determinants of exercise. This study was the first to provide a measurement tool related to a distinct range of psychological determinants of exercise among Japanese older adults.

Notes: Walker, Robert A. J. Harada, Kazuhiro

Walker, Robert/0000-0001-9901-5285

1543-267x

URL: <Go to ISI>://WOS:000908424200014

Reference Type: Journal Article

Record Number: 1592

Author: Walker, R. M., Boorman, R. J., Vaux, A., Cooke, M., Aitken, L. M. and Marshall, A. P.

Year: 2021

Title: Identifying barriers and facilitators to recognition and response to patient clinical deterioration by clinicians using a behaviour change approach: A qualitative study

Journal: Journal of Clinical Nursing

Volume: 30

Issue: 5-6

Pages: 803-818

Date: Mar

Short Title: Identifying barriers and facilitators to recognition and response to patient clinical deterioration by clinicians using a behaviour change approach: A qualitative study

ISSN: 0962-1067

DOI: 10.1111/jocn.15620

Accession Number: WOS:000606965700001

Abstract: Background: Failure of clinicians to recognise and respond to patient clinical deterioration is associated with increased hospital mortality. Emergency response teams are implemented throughout hospitals to support direct-care clinicians in managing patient deterioration, but patient clinical deterioration is often not identified or acted upon by clinicians in ward settings. To date, no studies have used an integrative theoretical framework in multiple sites to examine why clinicians' delay identification and action on patients' clinical deterioration. Aim: To identify barriers and facilitators that influence clinicians' absent or

delayed response to patient clinical deterioration using the Theoretical Domains Framework. Methods: The Theoretical Domains Framework guided: (a) semi-structured interviews with clinicians, health consumers and family members undertaken at two sites; (b) deductive analyses of inductive themes to identify barriers and facilitators to optimal care. This study complied with the COREQ research guidelines. Findings: Seven themes identified: (a) information transfer; (b) ownership of patient care; (c) confidence to respond; (d) knowledge and skills; (e) culture; (f) emotion; and (g) environmental context and resources. Discussion: The Theoretical Domains Framework identified traditional social and professional hierarchies and limitations due to environmental contexts and resources as contributors to diminished interprofessional recognition and impediments to the development of effective relationships between professional groups. Communication processes were impacted by these restraints and further confounded by inadequate policy development and limited access to regular effective team-based training. As a result, patient safety was compromised, and clinicians frustrated. Conclusions: These results inform the development, implementation and evaluation of a behaviour change intervention and increase knowledge about barriers and facilitators to timely response to patient clinical deterioration. Relevance to clinical practice: Results contribute to understanding of why clinicians delay responding to patient clinical deterioration and suggest key recommendations to identify and challenge traditional hierarchies and practices that prevent interdisciplinary collaboration and decision-making.

Notes: Walker, Rachel M. Boorman, Rhonda J. Vaux, Amanda Cooke, Marie Aitken, Leanne M. Marshall, Andrea P.

Aitken, Leanne M/B-9222-2008

Walker, Rachel/0000-0002-6089-8225; Aitken, Leanne M/
0000-0001-5722-9090; Boorman, Rhonda/0000-0002-4025-9741
1365-2702

URL: <Go to ISI>://WOS:000606965700001

Reference Type: Journal Article

Record Number: 23

Author: Walklin, C. G., Young, H. M. L., Asghari, E., Bhandari, S., Billany, R. E., Bishop, N., Bramham, K., Briggs, J., Burton, J. O., Campbell, J., Castle, E. M., Chilcot, J., Cooper, N., Deelchand, V., Graham-Brown, M. P. M., Hamilton, A., Jesky, M., Kalra, P. A., Koufaki, P., McCafferty, K., Nixon, A. C., Noble, H., Saynor, Z. L., Sothinathan, C., Taal, M. W., Tollitt, J., Wheeler, D. C., Wilkinson, T. J., Macdonald, J. H. and Greenwood, S. A.

Year: 2023

Title: The effect of a novel, digital physical activity and emotional well-being intervention on health-related quality of life in people with chronic kidney disease: trial design and baseline data from a multicentre prospective, wait-list randomised controlled trial (kidney BEAM)

Journal: BMC Nephrology

Volume: 24

Issue: 1

Date: May

Short Title: The effect of a novel, digital physical activity and emotional well-being intervention on health-related quality of life in people with chronic kidney disease: trial design and baseline data from a multicentre prospective, wait-list randomised controlled trial (kidney BEAM)

DOI: 10.1186/s12882-023-03173-7

Article Number: 122

Accession Number: WOS:000979511600001

Abstract: Background Physical activity and emotional self-management has the potential to enhance health-related quality of life (HRQoL), but few people with chronic kidney disease (CKD) have access to resources and support. The Kidney BEAM trial aims to evaluate whether an evidence-based physical activity and emotional wellbeing self-management programme (Kidney BEAM) leads to improvements in HRQoL in people with CKD. **Methods** This was a prospective, multicentre, randomised waitlist-controlled trial, with health economic analysis and nested qualitative studies. In total, three hundred and four adults with established CKD were recruited from 11 UK kidney units. Participants were randomly assigned to the intervention (Kidney BEAM) or a wait list control group (1:1). The primary outcome was the between-group difference in Kidney Disease Quality of Life (KDQoL) mental component summary score (MCS) at 12 weeks. Secondary outcomes included the KDQoL physical component summary score, kidney-specific scores, fatigue, life participation, depression and anxiety, physical function, clinical chemistry, healthcare utilisation and harms. All outcomes were measured at baseline and 12 weeks, with long-term HRQoL and adherence also collected at six months follow-up. A nested qualitative study explored experience and impact of using Kidney BEAM. **Results** 340 participants were randomised to Kidney BEAM (n = 173) and waiting list (n = 167) groups. There were 96 (55%) and 89 (53%) males in the intervention and waiting list groups respectively, and the mean (SD) age was 53 (14) years in both groups. Ethnicity, body mass, CKD stage, and history of diabetes and hypertension were comparable across groups. The mean (SD) of the MCS was similar in both groups, 44.7 (10.8) and 45.9 (10.6) in the intervention and waiting list groups respectively. **Conclusion** Results from this trial will establish whether the Kidney BEAM self management programme is a cost-effective method of enhancing mental and physical wellbeing of people with CKD.

Notes: Walklin, C. G. Young, Hannah M. L. Asghari, E. Bhandari, S. Billany, R. E. Bishop, N. Bramham, K. Briggs, J. Burton, J. O. Campbell, J. Castle, E. M. Chilcot, J. Cooper, N. Deelchand, V. Graham-Brown, M. P. M. Hamilton, A. Jesky, M. Kalra, P. A. Koufaki, P. McCafferty, K. Nixon, A. C. Noble, H. Saynor, Z. L. Sothinathan, C. Taal, M. W. Tollitt, J. Wheeler, D. C. Wilkinson, T. J. Macdonald, J. H. Greenwood, S. A.

Billany, Roseanne/0000-0001-9610-4717; Walklin, Christy/0009-0003-9542-8842; Campbell, Jackie/0000-0002-1456-7994 1471-2369

URL: <Go to ISI>://WOS:000979511600001

Reference Type: Journal Article
Record Number: 722
Author: Wallace, K. J., Wagner, C., Pannell, D. J., Kim, M. K. and Rogers, A. A.

Year: 2022

Title: Tackling communication and analytical problems in environmental planning: Expert assessment of key definitions and their relationships

Journal: Journal of Environmental Management

Volume: 317

Date: Sep

Short Title: Tackling communication and analytical problems in environmental planning: Expert assessment of key definitions and their relationships

ISSN: 0301-4797

DOI: 10.1016/j.jenvman.2022.115352

Article Number: 115352

Accession Number: WOS:000811228100006

Abstract: Inadequate definition of key terms and their relationships generates significant communication and analytical problems in environmental planning. In this work, we evaluate an ontological framework for environmental planning designed to combat these problems. After outlining the framework and issues addressed, we describe its evaluation by a group of experts representing a range of expertise and institutions. Experts rated their level of agreement with 12 propositions concerning the definitions and models underpinning the framework. These propositions, in turn, were used to assess three assumptions regarding the expected effectiveness of the framework and its contribution to addressing the abovementioned planning problems. In addition to point-based best estimates of their agreement with propositions, expert ratings were also captured on a continuous interval-valued scale. The use of intervals addresses the challenge of measuring and modelling uncertainty associated with complex assessments such as those provided by experts. Combined with written anonymous expert comments, these data provide multiple perspectives on the level of support for the approach. We conclude that the framework can complement existing planning approaches and strengthen key definitions and related models, thus helping avoid communication and analytical problems in environmental planning. Finally, experts highlighted areas that require further development, and we provide recommendations for improving the framework.

Notes: Wallace, Kenneth J. Wagner, Christian Pannell, David J. Kim, Milena Kiatkoski Rogers, Abbie A.

Rogers, Abbie A/H-5739-2014

Rogers, Abbie A/0000-0002-7611-7593; Kiatkoski Kim, Milena/0000-0002-9462-4185; Pannell, David/0000-0001-5420-9908; Wallace, Kenneth/0000-0002-9259-930X
1095-8630

URL: <Go to ISI>://WOS:000811228100006

Reference Type: Journal Article

Record Number: 426

Author: Wallbank, G., Haynes, A., Tiedemann, A., Sherrington, C. and Grunseit, A. C.

Year: 2022

Title: Designing physical activity interventions for women aged 50+: a qualitative study of participant perspectives

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Oct

Short Title: Designing physical activity interventions for women aged 50+: a qualitative study of participant perspectives

DOI: 10.1186/s12889-022-14237-y

Article Number: 1855

Accession Number: WOS:000863835900005

Abstract: Background The Active Women over 50 trial tested a scalable program for increasing physical activity among women aged 50+. The program included information, activity tracker and email support. This study sought to describe the participant perspectives of the Active Women over 50 program and considerations for designing physical activity interventions for this demographic. Methods Women who completed the Active Women over 50 trial were purposively recruited for maximum variation in age, employment, carer responsibility, medical conditions and physical activity. Individual semi-structured interviews explored their perspectives on physical activity, Active Women over 50 program components and suggestions for future iterations. Data were thematically analysed. Results Participants' capacity to be physically active was shaped by an interplay of factors. Our analysis generated four main themes relating to physical activity in general and to the program: Age and gender matters, Physical activity is social, Strategising for physical activity and the Self-responsibility discourse. At this midlife stage, physical activity participation was challenged by personal, life-stage and cultural factors, alongside a tension of the self-responsibility discourse which also impacted the program experience. Social factors and finding a suitable strategy for motivation were deemed integral aspects of being active. Future programs could consider facilitation of social networks and accountability, life-stage health information and positive framing to support self-responsibility. Conclusion A range of strategies is key to supporting women over 50 to be more physically active due to the variety of circumstances and levels of agency experienced. We offer suggestions that do not need to be resource intensive but could be incorporated into a scaled program.

Notes: Wallbank, Geraldine Haynes, Abby Tiedemann, Anne Sherrington, Catherine Grunseit, Anne C.

; Haynes, Abby/D-3618-2016

Wallbank, Geraldine/0000-0001-7914-6149; Grunseit, Anne/0000-0003-1250-3265; Sherrington, Catherine/0000-0001-8934-4368;

Haynes, Abby/0000-0001-5703-5683

1471-2458

URL: <Go to ISI>://WOS:000863835900005

Reference Type: Journal Article

Record Number: 923

Author: Wallbank, G., Sherrington, C., Hassett, L., Kwasnicka, D., Chau, J. Y., Phongsavan, P., Grunseit, A., Martin, F., Canning, C. G., Baird, M., Shepherd, R. and Tiedemann, A.

Year: 2022

Title: Acceptability and feasibility of an online physical activity program for women over 50: a pilot trial

Journal: Translational Behavioral Medicine

Volume: 12

Issue: 2

Pages: 225-236

Date: Feb

Short Title: Acceptability and feasibility of an online physical activity program for women over 50: a pilot trial

ISSN: 1869-6716

DOI: 10.1093/tbm/ibab161

Accession Number: WOS:000755952100005

Abstract: Lay Summary Regular physical activity benefits health at all ages. Women in middle-age years often juggle carer and work responsibilities. We investigated the acceptability, feasibility, and effect of a scalable physical activity program targeting this group. Participants were randomly assigned to immediate access to the [Active Women over 50 Online] program or after a 3-month wait. [Active Women over 50 Online] program included: (1) study-specific website with information, case studies and links to physical activity opportunities, (2) email or SMS motivation-based messages, (3) telephone health-coaching session. We recruited 62 participants, who were on average aged 59 years, active, and had at least two medical conditions. At the 3-month follow-up, 83% of participants would recommend study participation. Participants who received the program immediately agreed to receive health coaching (81%) and messages (87%). They accessed an average of five web sessions each in a 3-month period and reported the program supported their physical activity. These participants were also more likely to take an average of 2000+ daily steps more than at baseline, and increased their physical activity at light, moderate, and vigorous intensities more than those who had not received the program. The high uptake, engagement, positive recommendation, and promising impact on physical activity warrants further program testing in a larger trial. Regular physical activity benefits health across the lifespan. Women in middle-age often juggle carer and work responsibilities, are often inactive, and may benefit from tailored support to increase physical activity. Establish the acceptability, feasibility, and impact on physical activity of a scalable program for women 50+ years. This pilot trial randomized participants to immediate program access, or to a wait-list control. [Active Women over 50 Online] program included: (1) study-specific website, (2) 8 emails or 24 SMS motivation-based messages, (3) one telephone health-coaching session. Outcomes, at 3 months, were acceptability (recommend study participation, intervention uptake), feasibility (recruitment, reach, completion), intervention impact (physical activity), intervention impressions. At baseline, 62 participants of mean (SD) age 59 (+/- 7) years took 7459 (+/- 2424) steps/day and most (92%) reported >= 2 medical conditions. At 3 months,

acceptability and impact data were available for 52 (84%) and 57 (92%) participants, respectively. Study participation was recommended by 83% of participants. Participants mostly agreed to receive health coaching (81%) and messages (87%: email = 56%, SMS = 44%), opened 82% of emails and accessed the website 4.8 times on average. Respondents reported the intervention supported their physical activity. Intervention participants were more likely to increase steps from baseline by 2000+/day (OR: 6.31, 95% CI: 1.22 to 32.70, $p = .028$) than controls, and trended toward more light-intensity ($p = .075$) and moderate-vigorous intensity physical activity ($p = .11$). The [Active Women over 50 Online] program demonstrated acceptability and feasibility among the target population, and effectiveness in some domains in the short term. Results warrant further testing in a full-scale RCT. Regular physical activity benefits health at all ages. Women in middle-age years often juggle carer and work responsibilities. We investigated the acceptability, feasibility, and effect of a scalable physical activity program targeting this group. Participants were randomly assigned to immediate access to the Active Women over 50 Online program or after a 3-month wait. Active Women over 50 Online program included: 1) study-specific website with information, case studies and links to physical activity opportunities, 2) email or SMS motivation-based messages, 3) telephone health-coaching session. We recruited 62 participants, who were on average aged 59 years, active, and had at least 2 medical conditions. At the 3-month follow-up, 83% of participants would recommend study participation. Participants who received the program immediately agreed to receive health coaching (81%) and messages (87%). They accessed an average of 5 web sessions each in a 3-month period and reported the program supported their physical activity. These participants were also more likely to take an average of 2000+ daily steps more than at baseline, and increased their physical activity at light, moderate, and vigorous intensities more than those who had not received the program. The high uptake, engagement, positive recommendation, and promising impact on physical activity warrants further program testing in a larger trial.

Notes: Wallbank, Geraldine Sherrington, Catherine Hasset, Leanne Kwasnicka, Dominika Chau, Josephine Y. Phongsavan, Philayrath Grunseit, Anne Martin, Fiona Canning, Colleen G. Baird, Marian Shepherd, Roberta Tiedemann, Anne Kwasnicka, Dominika/AAA-4393-2020 Kwasnicka, Dominika/0000-0002-5961-837X; Sherrington, Catherine/0000-0001-8934-4368; Wallbank, Geraldine/0000-0001-7914-6149; Chau, Josephine/0000-0001-6261-2545; Canning, Colleen/0000-0001-7746-0505 1613-9860

URL: <Go to ISI>://WOS:000755952100005

Reference Type: Journal Article

Record Number: 117

Author: Wallbank, G., Voukelatos, A., Taki, S., Hughes, J. K., Gammack, S., Pokhrel, R., Bedford, K., Simone, L. and Wen, L. M.

Year: 2023

Title: Health promotion programs for middle-aged adults that promote

physical activity or healthy eating and involve local governments and health services: A rapid review

Journal: Health Promotion Journal of Australia

Date: 2023 Mar

Short Title: Health promotion programs for middle-aged adults that promote physical activity or healthy eating and involve local governments and health services: A rapid review

ISSN: 1036-1073

DOI: 10.1002/hpja.707

Accession Number: WOS:000945331400001

Abstract: Background Noncommunicable diseases can be prevented or delayed through health promotion programs. Little is known about programs delivered by partnership organisations that address lifestyle behaviours. The study's purpose was to review the literature on physical activity or healthy eating health promotion programs, delivered in partnership by the local government and local health services, to describe characteristics of programs and their impact on physical activity, healthy eating or related health outcomes among middle-aged adults. Methods This rapid review was conducted from November 2021 to June 2022, informed by the Cochrane Rapid Reviews Methods guidance for conducting rapid reviews.

Articles published in English since 2000 were identified in Medline, Embase, CINAHL, AgeLine and Scopus databases. A narrative synthesis was performed. Results Ten articles involving 19 802 participants were identified from a total of 4847 articles identified from the search. The primary role of the partnership was providing funds. Other roles were facilitating stakeholder involvement, program development, delivery and recruitment. Positive outcomes were likely if programs were developed by collaborative stakeholder partnerships, informed by previous research or a behaviour change framework. The heterogeneity of study designs and reported outcomes did not permit meta-analysis. Conclusion This review highlights the lack of evidence of local government-health service partnerships delivering physical activity or healthy eating health promotion programs for middle-aged adults. Programs designed collaboratively with an evidence base or a theory base are recommended and can guide future work investigating strategies for partnership development. So What? Physical activity or healthy eating health promotion programs need early stakeholder collaborative input designed with a theory/evidence base. This can guide future work for investigating strategies for partnership development.

Notes: Wallbank, Geraldine Voukelatos, Alexander Taki, Sarah Hughes, Jessica K. Gammack, Stephen Pokhrel, Ruby Bedford, Karen Simone, Lisa Wen, Li Ming

Voukelatos, Alexander/0000-0003-3131-761X; Wallbank, Geraldine/0000-0001-7914-6149

2201-1617

URL: <Go to ISI>://WOS:000945331400001

Reference Type: Journal Article

Record Number: 948

Author: Walsh, D. and Foster, J.

Year: 2022

Title: Where does research design fall short? Mental health related-stigma as example
Journal: Journal for the Theory of Social Behaviour
Volume: 52
Issue: 3
Pages: 494-514
Date: Sep
Short Title: Where does research design fall short? Mental health related-stigma as example
ISSN: 0021-8308
DOI: 10.1111/jtsb.12337
Accession Number: WOS:000750480100001
Abstract: Efforts to challenge mental health-related stigma have been limited by an insufficient conceptualization of the problem space. As is common in health communication, practitioners have neglected the multiple tacit understandings the public embody in everyday life. Using the example of our recent research into the public's social representations of mental health and illness, in this paper, we will work through the theoretical-methodological considerations involved in how we approached expanding the problem space. Using social theory, we tailored thematic analysis and natural language processing techniques to examine the public's polyphasic sense-making processes. The approach is novel, as it diverges from standard methods in understanding health communication and the possibilities for behaviour change. Instead, we root our approach in a dynamic and relational epistemology to iteratively reveal in greater complexity some of the contents and processes that sustain mental health-related stigma.
Notes: Walsh, Daniel Foster, Juliet
Foster, Juliet/0000-0002-0801-4429; Walsh, Daniel/
0000-0002-2132-7956
1468-5914
URL: <Go to ISI>://WOS:000750480100001

Reference Type: Journal Article
Record Number: 2127
Author: Walsh, J. C., Corbett, T., Hogan, M., Duggan, J. and McNamara, A.
Year: 2016
Title: An mHealth Intervention Using a Smartphone App to Increase Walking Behavior in Young Adults: A Pilot Study
Journal: Jmir Mhealth and Uhealth
Volume: 4
Issue: 3
Date: Jul-Sep
Short Title: An mHealth Intervention Using a Smartphone App to Increase Walking Behavior in Young Adults: A Pilot Study
ISSN: 2291-5222
DOI: 10.2196/mhealth.5227
Article Number: e109
Accession Number: WOS:000391887800011
Abstract: Background: Physical inactivity is a growing concern for society and is a risk factor for cardiovascular disease, obesity,

and other chronic diseases. Objective: This study aimed to determine the efficacy of the Accupedo-Pro Pedometer mobile phone app intervention, with the goal of increasing daily step counts in young adults. Methods: Mobile phone users (n=58) between 17–26 years of age were randomized to one of two conditions (experimental and control). Both groups downloaded an app that recorded their daily step counts. Baseline data were recorded and followed-up at 5 weeks. Both groups were given a daily walking goal of 30 minutes, but the experimental group participants were told the equivalent goal in steps taken, via feedback from the app. The primary outcome was daily step count between baseline and follow-up. Results: A significant time x group interaction effect was observed for daily step counts (P=.04). Both the experimental (P<.001) and control group (P=.03) demonstrated a significant increase in daily step counts, with the experimental group walking an additional 2000 steps per day. Conclusions: The results of this study demonstrate that a mobile phone app can significantly increase physical activity in a young adult sample by setting specific goals, using self-monitoring, and feedback.

Notes: Walsh, Jane C. Corbett, Teresa Hogan, Michael Duggan, Jim McNamara, Abra

Corbett, Teresa/J-2545-2019; Hogan, Michael/AAW-6943-2021; Walsh, Jane/AAP-6870-2021

Walsh, Jane/0000-0001-5476-1348; Duggan, Jim/0000-0002-7507-8617; McNamara, Abra/0000-0002-3435-3686; Hogan, Michael/

0000-0001-6227-0530; Corbett, Teresa/0000-0002-5620-5377

URL: <Go to ISI>://WOS:000391887800011

Reference Type: Journal Article

Record Number: 1336

Author: Walsh, J. C., Richmond, J., Mc Sharry, J., Groarke, A., Glynn, L., Kelly, M. G., Harney, O. and Groarke, J. M.

Year: 2021

Title: Examining the Impact of an mHealth Behavior Change Intervention With a Brief In-Person Component for Cancer Survivors With Overweight or Obesity: Randomized Controlled Trial

Journal: Jmir Mhealth and Uhealth

Volume: 9

Issue: 7

Date: Jul

Short Title: Examining the Impact of an mHealth Behavior Change Intervention With a Brief In-Person Component for Cancer Survivors With Overweight or Obesity: Randomized Controlled Trial

ISSN: 2291-5222

DOI: 10.2196/24915

Article Number: e24915

Accession Number: WOS:000672858500001

Abstract: Background: Cancer survivorship in Ireland is increasing in both frequency and longevity. However, a significant proportion of cancer survivors do not reach the recommended physical activity levels and have overweight. This has implications for both physical and psychological health, including an increased risk of subsequent and secondary cancers. Mobile health (mHealth) interventions

demonstrate potential for positive health behavior change, but there is little evidence for the efficacy of mobile technology in improving health outcomes in cancer survivors with overweight or obesity. Objective: This study aims to investigate whether a personalized mHealth behavior change intervention improves physical and psychological health outcomes in cancer survivors with overweight or obesity. Methods: A sample of 123 cancer survivors (BMI \geq 25 kg/m²) was randomly assigned to the standard care control (n=61) or intervention (n=62) condition. Group allocation was unblinded. The intervention group attended a 4-hour tailored lifestyle education and information session with physiotherapists, a dietician, and a clinical psychologist to support self-management of health behavior. Over the following 12 weeks, participants engaged in personalized goal setting to incrementally increase physical activity (with feedback and review of goals through SMS text messaging contact with the research team). Direct measures of physical activity were collected using a Fitbit accelerometer. Data on anthropometric, functional exercise capacity, dietary behavior, and psychological measures were collected at face-to-face assessments in a single hospital site at baseline (T₀), 12 weeks (T₁; intervention end), and 24 weeks (T₂; follow-up). Results: The rate of attrition was 21% (13/61) for the control condition and 14% (9/62) for the intervention condition. Using intent-to-treat analysis, significant reductions in BMI (F=2, F=242=4.149; P=.02; η^2 (2)=0.033) and waist circumference (F=2, F=242=3.342; P=.04; η^2 (2)=0.027) were observed in the intervention group. Over the 24-week study, BMI was reduced by 0.52 in the intervention condition, relative to a nonsignificant reduction of 0.11 in the control arm. Waist circumference was reduced by 3.02 cm in the intervention condition relative to 1.82 cm in the control condition. Physical activity level was significantly higher in the intervention group on 8 of the 12 weeks of the intervention phase and on 5 of the 12 weeks of the follow-up period, accounting for up to 2500 additional steps per day (mean 2032, SD 270). Conclusions: The results demonstrate that for cancer survivors with a BMI \geq 25 kg/m², lifestyle education and personalized goal setting using mobile technology can yield significant changes in clinically relevant health indicators. Further research is needed to elucidate the mechanisms of behavior change and explore the capacity for mHealth interventions to improve broader health and well-being outcomes in the growing population of cancer survivors.

Notes: Walsh, Jane C. Richmond, Janice Mc Sharry, Jenny Groarke, AnnMarie Glynn, Liam Kelly, Mary Grace Harney, Owen Groarke, Jenny M.

Glynn, Liam G/C-1586-2009; Walsh, Jane/AAP-6870-2021

Walsh, Jane/0000-0001-5476-1348; Groarke, Jenny/0000-0001-6370-7116;

Glynn, Liam/0000-0002-6153-9363

URL: <Go to ISI>://WOS:000672858500001

Reference Type: Journal Article

Record Number: 1901

Author: Walsh, K. A., Dennehy, R., Sinnott, C., Browne, J., Byrne, S., McSharry, J., Coughlan, E. and Timmons, S.

Year: 2017

Title: Influences on Decision-Making Regarding Antipsychotic Prescribing in Nursing Home Residents With Dementia: A Systematic Review and Synthesis of Qualitative Evidence

Journal: Journal of the American Medical Directors Association

Volume: 18

Issue: 10

Date: Oct

Short Title: Influences on Decision-Making Regarding Antipsychotic Prescribing in Nursing Home Residents With Dementia: A Systematic Review and Synthesis of Qualitative Evidence

ISSN: 1525-8610

DOI: 10.1016/j.jamda.2017.06.032

Article Number: 897.e1-897.e12

Accession Number: WOS:000411335700016

Abstract: Background: Antipsychotic prescribing is prevalent in nursing homes for the management of behavioral and psychological symptoms of dementia (BPSD), despite the known risks and limited effectiveness. Many studies have attempted to understand this continuing phenomenon, using qualitative research methods, and have generated varied and sometimes conflicting findings. To date, the totality of this qualitative evidence has not been systematically collated and synthesized. Aims: To synthesize the findings from individual qualitative studies on decision-making and prescribing behaviors for antipsychotics in nursing home residents with dementia, with a view to informing intervention development and quality improvement in this field. Methods: A systematic review and synthesis of qualitative evidence was conducted (PROSPERO protocol registration CRD42015029141). Six electronic databases were searched systematically from inception through July 2016 and supplemented by citation, reference, and gray literature searching. Studies were included if they used qualitative methods for both data collection and analysis, and explored antipsychotic prescribing in nursing homes for the purpose of managing BPSD. The Critical Appraisal Skills Program assessment tool was used for quality appraisal. A meta-ethnography was conducted to synthesize included studies. The Confidence in the Evidence from Reviews of Qualitative research approach was used to assess the confidence in individual review findings. All stages were conducted by at least 2 independent reviewers. Results: Of 1534 unique records identified, 18 met the inclusion criteria. Five key concepts emerged as influencing decision-making: organizational capacity; individual professional capability; communication and collaboration; attitudes; regulations and guidelines. A "line of argument" was synthesized and a conceptual model constructed, comparing this decision-making process to a dysfunctional negative feedback loop. Our synthesis indicates that when all stakeholders come together to communicate and collaborate as equal and empowered partners, this can result in a successful reduction in inappropriate antipsychotic prescribing. Conclusions: Antipsychotic prescribing in nursing home residents with dementia occurs in a complex environment involving the interplay of various stakeholders, the nursing home organization, and external influences. To improve the quality of antipsychotic prescribing in this cohort, a more holistic approach to BPSD

management is required. Although we have found the issue of antipsychotic prescribing has been extensively explored using qualitative methods, there remains a need for research focusing on how best to change the prescribing behaviors identified. (C) 2017 AMDA – The Society for Post-Acute and Long-Term Care Medicine.

Notes: Walsh, Kieran A. Dennehy, Rebecca Sinnott, Carol Browne, John Byrne, Stephen McSharry, Jennifer Coughlan, Eoin Timmons, Suzanne Walsh, Kieran A/H-9729-2019

Walsh, Kieran A/0000-0002-4386-3012; Timmons, Suzanne/0000-0001-7790-9552; Sinnott, Carol/0000-0002-8620-7461
1538-9375

URL: <Go to ISI>://WOS:000411335700016

Reference Type: Journal Article

Record Number: 1565

Author: Walsh, K. A., Timmons, S., Byrne, S., Browne, J. and Mc Sharry, J.

Year: 2021

Title: Identifying behavior change techniques for inclusion in a complex intervention targeting antipsychotic prescribing to nursing home residents with dementia

Journal: Translational Behavioral Medicine

Volume: 11

Issue: 2

Pages: 470-483

Date: Feb

Short Title: Identifying behavior change techniques for inclusion in a complex intervention targeting antipsychotic prescribing to nursing home residents with dementia

ISSN: 1869-6716

DOI: 10.1093/tbm/ibaa053

Accession Number: WOS:000649397000018

Abstract: Nursing home residents with dementia are commonly prescribed antipsychotics despite the associated increased risk of harms. Interventions to optimize prescribing practice have been found to be effective in the short term, but there is a lack of evidence to support sustainability of effects, along with a lack of theory, public involvement, and transparency in the intervention development process. Using theory has been advocated as a means of improving intervention sustainability. The aim of this study was, therefore, to identify behavior change techniques (BCTs) for inclusion in a complex intervention targeting antipsychotic prescribing to nursing home residents with dementia. A comprehensive approach to identifying a long list of all potential BCTs from three different sources was undertaken. The most appropriate BCTs were then selected through a two-round Delphi consensus survey with a broad range of experts (n = 18 panelists). Advisory groups of people with dementia, family carers, and professional stakeholders provided feedback on the final BCTs included. After two Delphi survey rounds, agreement was reached on 22 BCTs. Further refinement of the selected BCTs based on advisory group and panelists' feedback, along with use of the APEASE criteria (Affordability, Practicability, Effectiveness, Acceptability, Side effects/safety, and Equity)

resulted in a final list of 16 BCTs. The next step in intervention development will be to identify the most appropriate mode of delivery of the 16 BCTs identified for inclusion. The study provides a case example of a systematic approach to incorporating evidence with stakeholder views in the identification of appropriate BCTs.

Notes: Walsh, Kieran A. Timmons, Suzanne Byrne, Stephen Browne, John Mc Sharry, Jenny

Walsh, Kieran/0000-0002-4386-3012

1613-9860

URL: <Go to ISI>://WOS:000649397000018

Reference Type: Journal Article

Record Number: 113

Author: Walshe, N., Burrell, A., Kenny, U., Mulcahy, G., Duggan, V. and Regan, A.

Year: 2023

Title: A qualitative study of perceived barriers and facilitators to sustainable parasite control on thoroughbred studs in Ireland

Journal: Veterinary Parasitology

Volume: 317

Date: May

Short Title: A qualitative study of perceived barriers and facilitators to sustainable parasite control on thoroughbred studs in Ireland

ISSN: 0304-4017

DOI: 10.1016/j.vetpar.2023.109904

Article Number: 109904

Accession Number: WOS:000951521900001

Abstract: In view of the rising threat of anthelmintic resistance in parasite populations and the planned change of classification of anthelmintics in Ireland for food animals to prescription-only medicines, there is a need for increased focus on parasite control strategies for horses. Effective parasite control programs (PCPs) are complex, necessitating the application of risk-assessment based on host immune status, infection pressure, type of parasite and seasonality to determine the requirement for anthelmintic administration and an understanding of parasite biology to employ effective, non-therapeutic, parasite control measures. The aim of this study was to explore horse breeders' attitudes and behaviours towards general parasite control practices and anthelmintic use on thoroughbred studs in Ireland using qualitative research methods, in order to help identify barriers to the implementation of sustainable equine PCPs supported by veterinary involvement. One-to-one, qualitative, semi-structured interviews were conducted with 16 breeders, using an interview topic guide that allowed for an open questioning style. The topic guide facilitated discussion around the following areas: (i) parasite control measures (general approach, (ii) veterinary involvement, (iii) use of anthelmintics, (iv) use of diagnostics, pasture management), (v) recording of anthelmintic use and (vi) anthelmintic resistance. Convenience, purposive (subjective selection) sampling was used to select a small group of participants that reflected the characteristics of current thoroughbred breeders in Ireland taking into account farm type, farm size, geographical

location. The interviews were transcribed, and a method of inductive thematic analysis (a data driven identification and analysis of themes) was performed. Assessment of current behaviours by these participants found that PCPs were primarily based on the prophylactic use of anthelmintics without a strategic rationale. A key driver of behaviour regarding parasite prevention practices was localised routine, dictated by tradition, that gave breeders a sense of confidence and protection regarding parasite control. The perceptions of the benefits of parasitology diagnostics were varied and their application to control was poorly understood. Anthelmintic resistance was recognised as an industry threat but not an issue for individual farms. By using a qualitative approach, this study offers insights into the possible barriers to the adoption of sustainable PCPs on Irish thoroughbred farms and highlights the need for end-user involvement in the preparation of future guidelines.

Notes: Walshe, Nicola Burrell, Alison Kenny, Ursula Mulcahy, Grace Duggan, Vivienne Regan, Aine

Duggan, Vivienne/P-2733-2015

Duggan, Vivienne/0000-0003-2012-066X; Burrell, Alison/
0000-0001-6813-5321

1873-2550

URL: <Go to ISI>://WOS:000951521900001

Reference Type: Journal Article

Record Number: 701

Author: Walton, C. and Reid, M.

Year: 2022

Title: The NHS England Low-Calorie Diet Programme

Journal: British Journal of Diabetes

Volume: 22

Issue: 1

Pages: 7-8

Date: Jun

Short Title: The NHS England Low-Calorie Diet Programme

ISSN: 2397-6233

DOI: 10.15277/bjd.2022.340

Accession Number: WOS:000822267000003

Notes: Walton, C. Reid, M.

URL: <Go to ISI>://WOS:000822267000003

Reference Type: Journal Article

Record Number: 617

Author: Walton, H., Vindrola-Padros, C., Crellin, N. E., Sidhu, M. S., Herlitz, L., Litchfield, I., Ellins, J., Ng, P. L., Massou, E., Tomini, S. M. and Fulop, N. J.

Year: 2022

Title: Patients' experiences of, and engagement with, remote home monitoring services for COVID-19 patients: A rapid mixed-methods study

Journal: Health Expectations

Volume: 25

Issue: 5

Pages: 2386–2404

Date: Oct

Short Title: Patients' experiences of, and engagement with, remote home monitoring services for COVID-19 patients: A rapid mixed-methods study

ISSN: 1369–6513

DOI: 10.1111/hex.13548

Accession Number: WOS:000821560000001

Abstract: Introduction Remote home monitoring models were implemented during the COVID-19 pandemic to shorten hospital length of stay, reduce unnecessary hospital admission, readmission and infection and appropriately escalate care. Within these models, patients are asked to take and record readings and escalate care if advised. There is limited evidence on how patients and carers experience these services. This study aimed to evaluate patient experiences of, and engagement with, remote home monitoring models for COVID-19. Methods A rapid mixed-methods study was carried out in England (conducted from March to June 2021). We remotely conducted a cross-sectional survey and semi-structured interviews with patients and carers. Interview findings were summarized using rapid assessment procedures sheets and data were grouped into themes (using thematic analysis). Survey data were analysed using descriptive statistics. Results We received 1069 surveys (18% response rate) and conducted interviews with patients (n = 59) or their carers (n = 3). 'Care' relied on support from staff members and family/friends. Patients and carers reported positive experiences and felt that the service and human contact reassured them and was easy to engage with. Yet, some patients and carers identified problems with engagement (e.g., hesitancy to self-escalate care). Engagement was influenced by patient factors such as health and knowledge, support from family/friends and staff, availability and ease of use of informational and material resources (e.g., equipment) and service factors. Conclusion Remote home monitoring models place responsibility on patients to self-manage symptoms in partnership with staff; yet, many patients required support and preferred human contact (especially for identifying problems). Caring burden and experiences of those living alone and barriers to engagement should be considered when designing and implementing remote home monitoring services. Patient or Public Contribution The study team met with service users and public members of the evaluation teams throughout the project in a series of workshops. Workshops informed study design, data collection tools and data interpretation and were conducted to also discuss study dissemination. Public patient involvement (PPI) members helped to pilot patient surveys and interview guides with the research team. Some members of the public also piloted the patient survey. Members of the PPI group were given the opportunity to comment on the manuscript, and the manuscript was amended accordingly.

Notes: Walton, Holly Vindrola-Padros, Cecilia Crellin, Nadia E. Sidhu, Manbinder S. Herlitz, Lauren Litchfield, Ian Ellins, Jo Ng, Pei Li Massou, Efthalia Tomini, Sonila M. Fulop, Naomi J. Massou, Efthalia (Lina)/0000-0003-0488-482X; Litchfield, Ian/0000-0002-1169-5392; Walton, Holly/0000-0002-8746-059X; Herlitz, Lauren/0000-0003-2497-9041; Ng, Pei Li/0000-0001-8411-220X

1369-7625

URL: <Go to ISI>://WOS:000821560000001

Reference Type: Journal Article

Record Number: 1450

Author: Wang, H. Q., Blake, H. and Chattopadhyay, K.

Year: 2021

Title: Development of a School-Based Intervention to Increase Physical Activity Levels Among Chinese Children: A Systematic Iterative Process Based on Behavior Change Wheel and Theoretical Domains Framework

Journal: Frontiers in Public Health

Volume: 9

Date: Apr

Short Title: Development of a School-Based Intervention to Increase Physical Activity Levels Among Chinese Children: A Systematic Iterative Process Based on Behavior Change Wheel and Theoretical Domains Framework

DOI: 10.3389/fpubh.2021.610245

Article Number: 610245

Accession Number: WOS:000648896300001

Abstract: Regular physical activity has a range of benefits for children's health, academic achievement, and behavioral development, yet they face barriers to participation. The aim of the study was to systematically develop an intervention for improving Chinese children's physical activity participation, using the Behavior Change Wheel (BCW) and Theoretical Domains Framework (TDF). The BCW and TDF were used to (i) understand the behavior (through literature review), (ii) identify intervention options (through the TDF-intervention function mapping table), (iii) select content and implementation options [through behavior change technique (BCT) taxonomy and literature review], and (iv) finalize the intervention content (through expert consultation, patient and public involvement and engagement, and piloting). A systematic iterative process was followed to design the intervention by following the steps recommended by the BCW. This systematic process identified 10 relevant TDF domains to encourage engagement in physical activity among Chinese children: knowledge, memory, attention and decision processes, social influences, environmental context and resources, beliefs about capabilities, beliefs about consequences, social/professional role and identity, emotions, and physical skills. It resulted in the selection of seven intervention functions (education, persuasion, environmental restricting, modeling, enablement, training, and incentivization) and 21 BCTs in the program, delivered over a period of 16 weeks. The BCW and TDF allowed an in-depth consideration of the physical activity behavior among Chinese children and provided a systematic framework for developing the intervention. A feasibility study is now being undertaken to determine its acceptability and utility.

Notes: Wang, Haiquan Blake, Holly Chattopadhyay, Kaushik

Blake, Holly/B-8855-2008

Blake, Holly/0000-0003-3080-2306; Wang, Haiquan/0000-0003-2874-766X;

Nathan, Nicole/0000-0002-7726-1714

2296-2565

URL: <Go to ISI>://WOS:000648896300001

Reference Type: Journal Article

Record Number: 395

Author: Wang, M. C., Marshman, Z., Chen, W. H. and Shih, W. Y.

Year: 2022

Title: A qualitative study of barriers and facilitators to the implementation of a pilot school-based, toothbrushing programme

Journal: BMC Oral Health

Volume: 22

Issue: 1

Date: Oct

Short Title: A qualitative study of barriers and facilitators to the implementation of a pilot school-based, toothbrushing programme

ISSN: 1472-6831

DOI: 10.1186/s12903-022-02494-7

Article Number: 451

Accession Number: WOS:000871407900001

Abstract: Background While supervised toothbrushing programmes have been established in many countries of the world, little is known about different perspectives on their implementation. The aim of the study was to explore stakeholders' barriers and facilitators to implementation of a school-based toothbrushing programme in Taiwan. Methods Focus groups and interviews were used to explore the views of elementary school students, teachers, staff, and nurses in a piloted school-based toothbrushing programme. The topic guides were developed according to the Theoretical Domains Framework (TDF) to cover the behavioural factors systematically and comprehensively. Data were analysed with content analysis. Results Overall, 36 students, 29 teachers/staff, and five school nurses (N = 65) were included. The overarching theme was the importance of habit formation for both staff and children to ensure that toothbrushing as part of the programme was embedded into the school schedule and routine. While children did not necessarily appear to retain the dental knowledge which was taught in the programme, the provision of fluoride toothpaste and toothbrush for their use in schools allowing teachers and staff to choose the timing of the brushing and engaging classmates to supervise each other were found to be key factors. Conclusions Implementing a school-based toothbrushing programme with the support of staff and active engagement of children can help children to develop a toothbrushing habit. Classmate-supervised toothbrushing may reduce the burden on teachers and staff to implement the programme.

Notes: Wang, Ming-Ching Marshman, Zoe Chen, Wei-Han Shih, Wen-Yu Marshman, Zoe/0000-0003-0943-9637

URL: <Go to ISI>://WOS:000871407900001

Reference Type: Journal Article

Record Number: 456

Author: Wang, Q., Zhu, Y., Xie, S. T., Kibria, M. G., Guo, Q. Q., Belal, A. A., Li, Y. F., Zhang, J. Y., Chen, Y. L., Schunemann, H.

J., Wilson, M. G., Yang, K. H. and Lavis, J. N.

Year: 2022

Title: Facilitators, barriers and strategies for health-system guidance implementation: a critical interpretive synthesis protocol

Journal: Health Research Policy and Systems

Volume: 20

Issue: 1

Date: Sep

Short Title: Facilitators, barriers and strategies for health-system guidance implementation: a critical interpretive synthesis protocol

ISSN: 1478-4505

DOI: 10.1186/s12961-022-00908-0

Article Number: 105

Accession Number: WOS:000861894800003

Abstract: Background As systematically developed statements regarding possible courses of action, health system guidance (HSG) can assist with making decisions about addressing problems or achieving goals in health systems. However, there are conceptual and methodological challenges in HSG implementation due to the complexity of health-system policy-making, the diversity of available evidence and vast differences in contexts. To address these gaps, we aim to develop a theoretical framework for supporting HSG implementation as part of a broader effort to promote evidence-informed policy-making in health systems. Methods To develop a theoretical framework about facilitators, barriers and strategies for HSG implementation, we will apply a critical interpretive synthesis (CIS) approach to synthesize the findings from a range of relevant literature. We will search 11 electronic databases and seven organizational websites to identify relevant published and grey literature. We will check the references of included studies and contact experts to identify additional eligible papers. Finally, we will conduct purposively sampling of the literature to fill any identified conceptual gaps. We will use relevance and five quality criteria to assess included papers. A standardized form will be developed for extracting information. We will use an interpretive analytic approach to synthesize the findings, including a constant comparative method throughout the analysis. Two independent reviewers will conduct the literature screening and relevance assessment, and disagreements will be resolved through discussion. The principal investigator will conduct data extraction and synthesis, and a second reviewer will check the sample of extracted data for consistency and accuracy. Discussion A new theoretical framework about facilitators, barriers and strategies for HSG implementation will be developed using a CIS approach. The HSG implementation framework could be widely used for supporting the implementation of HSG covering varied topics and in different contexts (including low-, middle- and high-income countries). In later work, we will develop a tool for supporting HSG implementation based on the theoretical framework. Registration PROSPERO CRD42020214072. Date of Registration: 14 December 2020.

Notes: Wang, Qi Zhu, Ying Xie, Shitong Kibria, Mohammad Golam Guo, Qiangqiang Belal, Ahmed Atef Li, Yanfei Zhang, Jingyi Chen, Yaolong Schunemann, Holger J. Wilson, Michael G. Yang, Kehu Lavis, John N. Lavis, John N/I-7555-2013

Lavis, John N/0000-0001-7917-3657; Schunemann, Holger/
0000-0003-3211-8479
URL: <Go to ISI>://WOS:000861894800003

Reference Type: Journal Article

Record Number: 1400

Author: Wang, S. A., Sporrel, K., van Hoof, H., Simons, M., de Boer, R. D. D., Ettema, D., Nibbeling, N., Deutekom, M. and Krose, B.

Year: 2021

Title: Reinforcement Learning to Send Reminders at Right Moments in Smartphone Exercise Application: A Feasibility Study

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 11

Date: Jun

Short Title: Reinforcement Learning to Send Reminders at Right Moments in Smartphone Exercise Application: A Feasibility Study

DOI: 10.3390/ijerph18116059

Article Number: 6059

Accession Number: WOS:000659979100001

Abstract: Just-in-time adaptive intervention (JITAI) has gained attention recently and previous studies have indicated that it is an effective strategy in the field of mobile healthcare intervention. Identifying the right moment for the intervention is a crucial component. In this paper the reinforcement learning (RL) technique has been used in a smartphone exercise application to promote physical activity. This RL model determines the 'right' time to deliver a restricted number of notifications adaptively, with respect to users' temporary context information (i.e., time and calendar). A four-week trial study was conducted to examine the feasibility of our model with real target users. JITAI reminders were sent by the RL model in the fourth week of the intervention, while the participants could only access the app's other functionalities during the first 3 weeks. Eleven target users registered for this study, and the data from 7 participants using the application for 4 weeks and receiving the intervening reminders were analyzed. Not only were the reaction behaviors of users after receiving the reminders analyzed from the application data, but the user experience with the reminders was also explored in a questionnaire and exit interviews. The results show that 83.3% reminders sent at adaptive moments were able to elicit user reaction within 50 min, and 66.7% of physical activities in the intervention week were performed within 5 h of the delivery of a reminder. Our findings indicated the usability of the RL model, while the timing of the moments to deliver reminders can be further improved based on lessons learned.

Notes: Wang, Shihan Sporrel, Karlijn van Hoof, Herke Simons, Monique de Boer, Remi D. D. Ettema, Dick Nibbeling, Nicky Deutekom, Marije Krose, Ben

Ettema, Dick/IQS-9627-2023; van Hoof, Herke/N-7775-2017

Krose, Ben/0000-0003-1237-0618; van Hoof, Herke/0000-0002-1583-3692;

Nibbeling, Nicky/0000-0002-3982-2349; Sporrel, Karlijn/

0000-0002-2757-8553
1660-4601
URL: <Go to ISI>://WOS:000659979100001

Reference Type: Journal Article
Record Number: 547
Author: Wang, T. T., Giunti, G., Melles, M. and Goossens, R.
Year: 2022
Title: Digital Patient Experience: Umbrella Systematic Review
Journal: Journal of Medical Internet Research
Volume: 24
Issue: 8
Date: Aug
Short Title: Digital Patient Experience: Umbrella Systematic Review
ISSN: 1438-8871
DOI: 10.2196/37952
Article Number: e37952
Accession Number: WOS:000862701700010
Abstract: Background: The adoption and use of technology have significantly changed health care delivery. Patient experience has become a significant factor in the entire spectrum of patient-centered health care delivery. Digital health facilitates further improvement and empowerment of patient experiences. Therefore, the design of digital health is served by insights into the barriers to and facilitators of digital patient experience (PEX). Objective: This study aimed to systematically review the influencing factors and design considerations of PEX in digital health from the literature and generate design guidelines for further improvement of PEX in digital health. Methods: We performed an umbrella systematic review following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) methodology. We searched Scopus, PubMed, and Web of Science databases. Two rounds of small random sampling (20%) were independently reviewed by 2 reviewers who evaluated the eligibility of the articles against the selection criteria. Two-round interrater reliability was assessed using the Fleiss-Cohen coefficient ($k_1 = 0.88$ and $k_2 = 0.80$). Thematic analysis was applied to analyze the extracted data based on a small set of a priori categories. Results: The search yielded 173 records, of which 45 (26%) were selected for data analysis. Findings and conclusions showed a great diversity; most studies presented a set of themes (19/45, 42%) or descriptive information only (16/45, 36%). The digital PEX-related influencing factors were classified into 9 categories: patient capability, patient opportunity, patient motivation, intervention technology, intervention functionality, intervention interaction design, organizational environment, physical environment, and social environment. These can have three types of impacts: positive, negative, or double edged. We captured 4 design constructs (personalization, information, navigation, and visualization) and 3 design methods (human-centered or user-centered design, co-design or participatory design, and inclusive design) as design considerations. Conclusions: We propose the following definition for digital PEX: "Digital patient experience is the sum of all interactions affected by a patient's behavioral determinants,

framed by digital technologies, and shaped by organizational culture, that influence patient perceptions across the continuum of care channeling digital health." In this study, we constructed a design and evaluation framework that contains 4 phases—define design, define evaluation, design ideation, and design evaluation—and 9 design guidelines to help digital health designers and developers address digital PEx throughout the entire design process. Finally, our review suggests 6 directions for future digital PEx-related research.

Notes: Wang, Tingting Giunti, Guido Melles, Marijke Goossens, Richard

Goossens, Richard H.M./E-3080-2016; Giunti, Guido/P-4460-2016

Giunti, Guido/0000-0003-0836-9825; Wang, Tingting/
0000-0002-1031-6346

URL: <Go to ISI>://WOS:000862701700010

Reference Type: Journal Article

Record Number: 2468

Author: Ward, D. S., Vaughn, A. and Story, M.

Year: 2013

Title: Expert and Stakeholder Consensus on Priorities for Obesity Prevention Research in Early Care and Education Settings

Journal: Childhood Obesity

Volume: 9

Issue: 2

Pages: 116-124

Date: Apr

Short Title: Expert and Stakeholder Consensus on Priorities for Obesity Prevention Research in Early Care and Education Settings

ISSN: 2153-2168

DOI: 10.1089/chi.2012.0125

Accession Number: WOS:000336846200005

Abstract: Background: Early childhood is a formative period for many weight-related behaviors (diet and activity), but little obesity prevention research targeting this age group has been conducted. Early care and education settings are a useful avenue for interventions targeting young children, but the limited research provides insufficient evidence upon which to base policy decisions, practice guidelines, or mobilized efforts to improve healthy eating and physical activity, and ultimately healthy weight development in these settings. Methods: In September of 2011, prominent researchers, young investigators, and leaders in early care and education came together to examine past research and to explore challenges and priorities for future research on healthy weight development in children aged 2-5 years. During this meeting, experts presented and attendees discussed key issues around measurement of diet and physical activity, policy and environment measurement, intervention approaches, policy research, and capacity development. Following the meeting, attendees were invited to participate in an online voting exercise to select top research priorities. Results: A total of 64 research issues were identified, and voting narrowed this list to 24 issues. Highest-rated issues included: Assessment of the quality of children's meals and snacks, use of financial

incentives, interventions that include healthcare providers, the role of screen time, and need for multilevel interventions. Conclusions: The presentations within this meeting highlighted the importance of research to address the unique challenges for those working in early care and education settings. Expert and stakeholder consensus of priorities identified significant and innovative areas where future obesity prevention research efforts should be focused. Notes: Ward, Dianne S. Vaughn, Amber Story, Mary Ward, Dianne Stanton/0000-0001-6389-0168 2153-2176 URL: <Go to ISI>://WOS:000336846200005

Reference Type: Journal Article
Record Number: 1894
Author: Ward, G., Walker-Clarke, A. and Holliday, N.
Year: 2017
Title: Evaluation of a web-based app to assist home-hazard modification in falls prevention
Journal: British Journal of Occupational Therapy
Volume: 80
Issue: 12
Pages: 735-744
Date: Dec
Short Title: Evaluation of a web-based app to assist home-hazard modification in falls prevention
ISSN: 0308-0226
DOI: 10.1177/0308022617726243
Accession Number: WOS:000416824700006
Abstract: Introduction: Given the impact falls can have on older people and their families, many health and social care services are focused on preventing falls and implementing interventions to reduce future falls. FallCheck is a web app that supports identification of home-hazards and directs users towards self-management strategies to reduce risk of falling. Method: A survey by clinical experts of a beta version of FallCheck was conducted, producing quantitative and qualitative data including issues and attributes identified by respondents. Thirty-six individuals signed up to take part in the study, and 27 respondents took part in the final evaluation survey. Findings: Testing by health and social care professionals found there is scope for using the app as a digital self-assessment tool by people at risk of falls. It has further potential as an effective tool to support environmental/behavioural change to reduce risk of falls. Conclusion: FallCheck was developed from a sound evidence-base to support home-hazard modification as an effective intervention component within a multifactorial intervention to prevent falls. Health and social care professionals found it had good acceptability for use in practice, justifying further testing of the usability and effectiveness of the app in supporting behavioural changes and environmental modifications with people at risk of falling and carers. Notes: Ward, Gillian Walker-Clarke, Aimee Holliday, Nikki Ward, Gillian/0000-0003-2441-9482; Holliday, Nikki/0000-0001-7837-3817

1477-6006

URL: <Go to ISI>://WOS:000416824700006

Reference Type: Journal Article

Record Number: 67

Author: Warsi, S. K., Nielsen, S. M., Franklin, B. A. K., Abdullaev, S., Ruzmetova, D., Raimjanov, R., Nagiyeva, K. and Safaeva, K.

Year: 2023

Title: Formative Research on HPV Vaccine Acceptance among Health Workers, Teachers, Parents, and Social Influencers in Uzbekistan

Journal: Vaccines

Volume: 11

Issue: 4

Date: Apr

Short Title: Formative Research on HPV Vaccine Acceptance among Health Workers, Teachers, Parents, and Social Influencers in Uzbekistan

DOI: 10.3390/vaccines11040754

Article Number: 754

Accession Number: WOS:000977884600001

Abstract: Human papillomavirus (HPV) vaccines effectively prevent cervical cancer, most of which results from undetected long-term HPV infection. HPV vaccine introduction is particularly sensitive and complicated given widespread misinformation and vaccination of young girls before their sexual debut. Research has examined HPV vaccine introduction in lower- and middle-income countries (LMICs), but almost no studies attend to HPV vaccine attitudes in central Asian countries. This article describes the results of a qualitative formative research study to develop an HPV vaccine introduction communication plan in Uzbekistan. Data collection and analysis were designed using the Capability, Opportunity, and Motivation for Behaviour change (COM-B) mode for understanding health behaviours. This research was carried out with health workers, parents, grandparents, teachers, and other social influencers in urban, semi-urban, and rural sites. Information was collected using focus group discussions (FGDs) and semi-structured in-depth interviews (IDIs), and data in the form of participants' words, statements, and ideas were thematically analysed to identify COM-B barriers and drivers for each target group's HPV vaccine-related behaviour. Represented through exemplary quotations, findings were used to inform the development of the HPV vaccine introduction communication plan. Capability findings indicated that participants understood cervical cancer was a national health issue, but HPV and HPV vaccine knowledge was limited among non-health professionals, some nurses, and rural health workers. Results on an opportunity for accepting the HPV vaccine showed most participants would do so if they had access to credible information on vaccine safety and evidence. Regarding motivation, all participant groups voiced concern about the potential effects on young girls' future fertility. Echoing global research, the study results highlighted that trust in health workers and the government as health-related information sources and collaboration among schools, municipalities, and polyclinics could support potential vaccine acceptance and uptake. Resource

constraints precluded including vaccine target-aged girls in research and additional field sites. Participants represented diverse social and economic backgrounds reflective of the country context, and the communication plan developed using research insights contributed to the Ministry of Health (MoH) of the Republic of Uzbekistan HPV vaccine introduction efforts that saw high first dose uptake.

Notes: Warsi, Sahil Khan Nielsen, Siff Malue Franklin, Barbara A. K. Abdullaev, Shukhrat Ruzmetova, Dilfuza Raimjanov, Ravshan Nagiyeva, Khalida Safaeva, Kamola

Warsi, Sahil/0000-0002-0600-4235

2076-393x

URL: <Go to ISI>://WOS:000977884600001

Reference Type: Journal Article

Record Number: 1683

Author: Waschkau, A., Flagel, K., Goetz, K. and Steinhauser, J.

Year: 2020

Title: Evaluation of attitudes towards telemedicine as a basis for successful implementation: A cross-sectional survey among postgraduate trainees in family medicine in Germany

Journal: Zeitschrift Fur Evidenz Fortbildung Und Qualitaet Im Gesundheitswesen

Volume: 156-157

Pages: 75-81

Date: Nov

Short Title: Evaluation of attitudes towards telemedicine as a basis for successful implementation: A cross-sectional survey among postgraduate trainees in family medicine in Germany

ISSN: 1865-9217

DOI: 10.1016/j.zefq.2020.07.001

Accession Number: WOS:000595301700010

Abstract: Background: By comparison with other countries of the European Union Germany is only middle-ranking in terms of telemedicine usage. There is a relevant gap between the legal framework and the actual state of implementation. Healthcare providers play an important role in this implementation process as they are increasingly confronted with the application of telemedical scenarios. Therefore, the aim of this survey was to determine attitudes towards telemedicine of postgraduate trainees in Family Medicine (FM) in Germany. Methods: A cross-sectional survey was conducted between July and October 2016 among postgraduate trainees in FM throughout Germany. The questionnaire covered four topics: attitudes towards telemedicine, barriers for the implementation of telemedicine, assessment of useful telemedical applications and telemedicine scenarios. A descriptive approach was used to analyze the data in order to derive determinants for the implementation of telemedicine. Results: In total, 388 postgraduate trainees from 13 of the 16 federal states in Germany answered the survey. Seventy-eight percent were female. Participants' mean age was 36 years. The majority of participants believed that only a fraction of the already existing technology in telemedicine is being used (70 %). The largest perceived barrier to telemedicine was data safety

concerns. More than half of the participants (54 %) believed that telemedicine would change the doctor-patient relationship. 51 % of the participants were interested in training in telemedicine. In this respect, it is important to note that 27 % of the postgraduate trainees said their willingness to practice in rural areas might be facilitated through the availability of telemedical backup for family physicians. Conclusions: Participating trainees in FM in Germany think that the potential for telemedicine is not yet fully exploited. Based on the results of this survey the next steps to be taken for the implementation of telemedicine applications can be addressed.

Notes: Waschkau, Alexander Flaegel, Kristina Goetz, Katja Steinhäuser, Jost

2212-0289

URL: <Go to ISI>://WOS:000595301700010

Reference Type: Journal Article

Record Number: 1850

Author: Wastling, T., Charnley, F. and Moreno, M.

Year: 2018

Title: Design for Circular Behaviour: Considering Users in a Circular Economy

Journal: Sustainability

Volume: 10

Issue: 6

Date: Jun

Short Title: Design for Circular Behaviour: Considering Users in a Circular Economy

DOI: 10.3390/su10061743

Article Number: 1743

Accession Number: WOS:000436570100055

Abstract: In a linear economy, a product is manufactured and sold to a customer. Then, little concern is given to what the user actually does with it when they have it. However, in a circular economy where the aim is to circulate products at their highest level of value, the customer's behaviour can become an important part of the system. Circular design strategies have tended to focus on the physical aspects of a product (e.g., disassembly, material selection), but the design of products and services can also have an influence on user behaviour and, to date, this aspect of circular design has not been fully explored. This project aims to define what key user behaviours are required for circular business models to work and to outline how design can enable these circular behaviours'. This research project consists of a literature review, case study analysis and expert interviews with practitioners. A theoretical framework for designing products and services to encourage circular behaviour is developed. This work provides an initial step towards a better understanding of the user's role in the transition to a circular economy as well as a preliminary model for how design for behaviour change strategies could be implemented in this context.

Notes: Wastling, Thomas Charnley, Fiona Moreno, Mariale

Moreno, Mariale/0000-0002-1264-639X; Charnley, Fiona/

0000-0001-5533-5375

2071-1050

URL: <Go to ISI>://WOS:000436570100055

Reference Type: Journal Article

Record Number: 12

Author: Waters, A. R., Weir, C., Kramer, H. S., Berghuijs, K. V. M., Wu, Y. L. A., Kepka, D. and Kirchhoff, A. C.

Year: 2023

Title: Implementation barriers and considerations for recommending and administering the human papillomavirus (HPV) vaccination in oncology settings

Journal: Journal of Cancer Survivorship

Date: 2023 May

Short Title: Implementation barriers and considerations for recommending and administering the human papillomavirus (HPV) vaccination in oncology settings

ISSN: 1932-2259

DOI: 10.1007/s11764-023-01391-4

Accession Number: WOS:000982383900001

Abstract: BackgroundSurvivors of childhood and adolescent cancer experience low human papillomavirus (HPV) vaccination rates—a crucial form of cancer prevention. Oncology provider recommendations may increase young survivors HPV vaccine intent, but HPV vaccination is not typically provided in the oncology setting. Thus, we explored the implementation barriers of providing the HPV vaccine in oncology.MethodsWe interviewed oncology providers in a variety of specialty areas about their perceptions of the HPV vaccine and to explore barriers to recommending and administering the vaccine in their clinics. Interviews were audio recorded, quality checked, and thematically analyzed. Emergent themes were then mapped onto the Capability, Opportunity, Motivation, and Behavior (COM-B) Model and the Theoretical Domains Framework.ResultsA total of N=24 oncology providers were interviewed. Most provided direct clinical care (87.5%) and most commonly specialized in pediatric oncology (20.8%), medical oncology (16.7%), bone marrow transplant (16.7%), and nurse coordination (16.7%). Two themes emerged within each COM-B domain. Capability: 1) educational barriers to HPV vaccination and 2) complicated post treatment HPV vaccination guidelines. Motivation: 1) perceived importance of HPV vaccine and 2) concern about blurred scope of practice. Opportunity: 1) hospital administration and time concern barriers and 2) clinical workflow integration concerns.ConclusionImplementing HPV vaccination in the oncology setting has the potential to increase HPV vaccination rates among young survivors. Multi-level barriers to providing the HPV vaccine in the oncology setting were identified by participants. Leveraging existing implementation strategies may be an effective way to mitigate provider identified barriers and increase vaccination rates.

Notes: Waters, Austin R. Weir, Charlene Kramer, Heidi S. van Thiel Berghuijs, Karely M. Wu, Yelena Kepka, Deanna Kirchhoff, Anne C.

1932-2267

URL: <Go to ISI>://WOS:000982383900001

Reference Type: Journal Article

Record Number: 2254

Author: Watkins, K., Wood, H., Schneider, C. R. and Clifford, R.

Year: 2015

Title: Effectiveness of implementation strategies for clinical guidelines to community pharmacy: a systematic review

Journal: Implementation Science

Volume: 10

Date: Oct

Short Title: Effectiveness of implementation strategies for clinical guidelines to community pharmacy: a systematic review

ISSN: 1748-5908

DOI: 10.1186/s13012-015-0337-7

Article Number: 151

Accession Number: WOS:000364002200001

Abstract: Background: The clinical role of community pharmacists is expanding, as is the use of clinical guidelines in this setting. However, it is unclear which strategies are successful in implementing clinical guidelines and what outcomes can be achieved. The aim of this systematic review is to synthesise the literature on the implementation of clinical guidelines to community pharmacy. The objectives are to describe the implementation strategies used, describe the resulting outcomes and to assess the effectiveness of the strategies. Methods: A systematic search was performed in six electronic databases (Medline, EMBASE, CINAHL, Web of Science, Informit, Cochrane Library) for relevant articles. Studies were included if they reported on clinical guidelines implementation strategies in the community pharmacy setting. Two researchers completed the full-search strategy, data abstraction and quality assessments, independently. A third researcher acted as a moderator. Quality assessments were completed with three validated tools. A narrative synthesis was performed to analyse results. Results: A total of 1937 articles were retrieved and the titles and abstracts were screened. Full-text screening was completed for 36 articles resulting in 19 articles (reporting on 22 studies) included for review. Implementation strategies were categorised according to a modified version of the EPOC taxonomy. Educational interventions were the most commonly utilised strategy (n = 20), and computerised decision support systems demonstrated the greatest effect (n = 4). Most studies were multifaceted and used more than one implementation strategy (n = 18). Overall outcomes were moderately positive (n = 17) but focused on process (n = 22) rather than patient (n = 3) or economic outcomes (n = 3). Most studies (n = 20) were rated as being of low methodological quality and having low or very low quality of evidence for outcomes. Conclusions: Studies in this review did not generally have a well thought-out rationale for the choice of implementation strategy. Most utilised educational strategies, but the greatest effect on outcomes was demonstrated using computerised clinical decision support systems. Poor methodology, in the majority of the research, provided insufficient evidence to be conclusive about the best implementation strategies or the benefit of clinical guidelines in this setting. However, the generally positive outcomes across studies and strategies indicate that implementing clinical

guidelines to community pharmacy might be beneficial. Improved methodological rigour in future research is required to strengthen the evidence for this hypothesis.

Notes: Watkins, Kim Wood, Helen Schneider, Carl R. Clifford, Rhonda Schneider, Carl R/ABB-5567-2021; Clifford, Rhonda M/C-3791-2013 Schneider, Carl R/0000-0002-2921-5609; Clifford, Rhonda M/0000-0002-7789-5717; Wood, Helen/0000-0002-7596-0108; Watkins, Kim/0000-0002-2836-4637

URL: <Go to ISI>://WOS:000364002200001

Reference Type: Journal Article

Record Number: 475

Author: Watkins, S., Barnett, J., Standage, M., Kasprzyk-Hordern, B. and Barden, R.

Year: 2022

Title: Household disposal of pharmaceuticals: attitudes and risk perception in a UK sample

Journal: Journal of Material Cycles and Waste Management

Volume: 24

Issue: 6

Pages: 2455-2469

Date: Nov

Short Title: Household disposal of pharmaceuticals: attitudes and risk perception in a UK sample

ISSN: 1438-4957

DOI: 10.1007/s10163-022-01494-7

Accession Number: WOS:000854737900003

Abstract: Pharmaceuticals can enter the environment through disposal in toilets, sinks and general waste. In the UK, household medicines are correctly disposed of by returning them to a pharmacy. This study examined household patterns of medicine waste, storage and disposal practices via a cross-sectional survey with 663 UK adults. Multiple regression was used to explore the contribution of key variables on self-reported medicines disposal behaviour. Analysis demonstrated that age, information, awareness, probability, attitude and intention all predicted correct disposal behaviour. Results indicate that multiple factors influence different disposal destinations uniquely. Affect and age increase disposal in sink/toilet but reduce disposal in bin. Presence of children increase bin and sink/toilet disposal but decrease pharmacy returns. Awareness and received information on correct disposal reduce bin disposal and increase pharmacy returns. The results suggest people use different mental models for each destination with disposal in sink/toilets and bins considered quicker and safer in the presence of children or for those feeling anxious. It is important to understand the capability, opportunity and motivation people have to return medicines to the pharmacy in addition to raising awareness of correct medicine disposal.

Notes: Watkins, Scott Barnett, Julie Standage, Martyn Kasprzyk-Hordern, Barbara Barden, Ruth

Kasprzyk-Hordern, Barbara/D-4351-2011; Standage, Martyn/0-5545-2015

Kasprzyk-Hordern, Barbara/0000-0002-6809-2875; Standage, Martyn/0000-0002-9683-8590; Barnett, Julie/0000-0001-5740-0863

1611-8227

URL: <Go to ISI>://WOS:000854737900003

Reference Type: Journal Article

Record Number: 1615

Author: Watson, D., Mushamiri, P., Beerli, P., Rouamba, T., Jenner, S., Kehoe, S. H., Ward, K. A., Barker, M., Lawrence, W. and Grp, I. NPreP Study

Year: 2021

Title: Behaviour change interventions improve maternal and child nutrition in sub-Saharan Africa: a systematic review

Journal: Proceedings of the Nutrition Society

Volume: 80

Issue: OCE5

Short Title: Behaviour change interventions improve maternal and child nutrition in sub-Saharan Africa: a systematic review

ISSN: 0029-6651

DOI: 10.1017/s0029665121002949

Accession Number: WOS:000721288600058

Notes: Watson, D. Mushamiri, P. Beerli, P. Rouamba, T. Jenner, S. Kehoe, S. H. Ward, K. A. Barker, M. Lawrence, W.

Ward, Katherine/HKV-3840-2023

1475-2719

Si

URL: <Go to ISI>://WOS:000721288600058

Reference Type: Journal Article

Record Number: 1371

Author: Watson, J., Cumming, O., MacDougall, A., Czerniewska, A. and Dreibelbis, R.

Year: 2021

Title: Effectiveness of behaviour change techniques used in hand hygiene interventions targeting older children-A systematic review

Journal: Social Science & Medicine

Volume: 281

Date: Jul

Short Title: Effectiveness of behaviour change techniques used in hand hygiene interventions targeting older children-A systematic review

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2021.114090

Article Number: 114090

Accession Number: WOS:000670372200014

Abstract: Background: Promoting good hand hygiene in older children is an important measure to reduce the burden of common diseases such as diarrhoea and acute respiratory infections. The evidence around what works to change this behaviour, however, is unclear.

Objectives: To aid future intervention design and effective use of resources, this review aims to identify the individual components used in hand hygiene interventions and assesses their contribution to intended behavioural change. Methods: We systematically searched seven databases for experimental studies evaluating hand hygiene

interventions targeting children (age 5–12) and quantitatively reporting hand hygiene behaviour. Interventions in each study were categorised as 'promising', or 'non-promising' according to whether they led to a positive change in the targeted behaviour. Behaviour change techniques (BCTs) were identified across interventions using a standard taxonomy and a novel promise ratio calculated for each (the ratio of promising to non-promising interventions featuring the BCT). 'Promising' BCTs were those with a promise ratio of >2. BCTs were ranked from most to least promising. Results: Our final analysis included 19 studies reporting 22 interventions across which 32 unique BCTs were identified. The most frequently used were 'demonstration of the behaviour', 'instruction on how to perform the behaviour' and 'adding objects to the environment'. Eight BCTs had a promise ratio of >2 and the five most promising were 'demonstration of the behaviour', 'information about social and environmental consequences', 'salience of consequences', 'adding objects to the environment', and 'instruction on how to perform the behaviour'. Conclusions: Our findings suggest that hand hygiene interventions targeting older children should employ a combination of promising BCTs that ensure children understand the behaviour and the consequences of their hand hygiene habits, appropriate hardware is available, and social support is provided. Researchers are encouraged to consistently and transparently describe evaluated interventions to allow promising components to be identified and replicated.

Notes: Watson, Julie Cumming, Oliver MacDougall, Amy Czerniewska, Alexandra Dreibelbis, Robert Cumming, Oliver/0000-0002-5074-8709; Watson, Julie/0000-0003-1487-2443 1873-5347
URL: <Go to ISI>://WOS:000670372200014

Reference Type: Journal Article

Record Number: 1048

Author: Watson, J. S., Jordan, R. E., Adab, P., Vlaev, I., Enocson, A. and Greenfield, S.

Year: 2022

Title: Investigating primary healthcare practitioners' barriers and enablers to referral of patients with COPD to pulmonary rehabilitation: a mixed-methods study using the Theoretical Domains Framework

Journal: Bmj Open

Volume: 12

Issue: 1

Date: Jan

Short Title: Investigating primary healthcare practitioners' barriers and enablers to referral of patients with COPD to pulmonary rehabilitation: a mixed-methods study using the Theoretical Domains Framework

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-046875

Article Number: e046875

Accession Number: WOS:000745075200013

Abstract: Objectives Pulmonary rehabilitation (PR) is a highly effective, recommended intervention for patients with chronic obstructive pulmonary disease (COPD). Using behavioural theory within mixed-methods research to understand why referral remains low enables the development of targeted interventions in order to improve future PR referral. Design A multiphase sequential mixed-methods study. Setting United Kingdom (UK). Participants 252 multiprofessional primary healthcare practitioners (PHCPs). Measures Phase 1: semistructured interviews. Phase 2: a 54-item paper and online questionnaire, based on the Theoretical Domains Framework (TDF). Content and descriptive analysis utilised. Data mixed at two points: instrument design and interpretation. Results 19 PHCPs took part in interviews and 233 responded to the survey. Integrated results revealed that PHCPs with a post qualifying respiratory qualification (154/241; 63.9%) referred more frequently (91/154; 59.1%) than those without (28/87; 32.2%). There were more barriers than enablers for referral in all 13 TDF domains. Key barriers included: infrequent engagement from PR provider to referrer, concern around patient's physical ability and access to PR (particularly for those in work), assumed poor patient motivation, no clear practice referrer and few referral opportunities. These mapped to domains: belief about capabilities, social influences, environment, optimism, skills and social and professional role. Enablers to referral were observed in knowledge, social influences memory and environment domains. Many PHCPs believed in the physical and psychological value of PR. Helpful enablers were out-of-practice support from respiratory interested colleagues, dedicated referral time (annual review) and on-screen referral prompts. Conclusions Referral to PR is complex. Barriers outweighed enablers. Aligning these findings to behaviour change techniques will identify interventions to overcome barriers and strengthen enablers, thereby increasing referral of patients with COPD to PR.

Notes: Watson, Jane Suzanne Jordan, Rachel Elizabeth Adab, Peymane Vlaev, Ivo Enocson, Alexandra Greenfield, Sheila Jordan, Rachel/ABG-1892-2021; Adab, Peymane/B-5360-2013 Jordan, Rachel/0000-0002-0747-6883; Adab, Peymane/0000-0001-9087-3945
URL: <Go to ISI>://WOS:000745075200013

Reference Type: Journal Article

Record Number: 1190

Author: Watt, M., Spence, J. C. and Tandon, P.

Year: 2021

Title: Development of a Theoretically Informed Web-Based Mind-Body Wellness Intervention for Patients With Primary Biliary Cholangitis: Formative Study

Journal: Jmir Formative Research

Volume: 5

Issue: 10

Date: Oct

Short Title: Development of a Theoretically Informed Web-Based Mind-Body Wellness Intervention for Patients With Primary Biliary Cholangitis: Formative Study

DOI: 10.2196/29064

Article Number: e29064

Accession Number: WOS:000853674500010

Abstract: Background: Mind-body interventions have the potential to positively impact the symptom burden associated with primary biliary cholangitis (PBC). Interventions are more likely to be effective if they are informed by a theoretical framework. The Behaviour Change Wheel (BCW) and the behaviour change technique taxonomy version 1 (BCTv1) provide frameworks for intervention development. Objective: This study describes how theory has guided the development of a 12-week multicomponent mind-body wellness intervention for PBC.

Methods: The steps involved in developing the BCW intervention included specifying the target behavior; explaining barriers and facilitators using the Capability, Opportunity, Motivation, and Behaviour and the theoretical domains framework; identifying intervention functions to target explanatory domains; and selecting relevant behavior change techniques to address intervention functions. Qualitative data from patients with inflammatory bowel disease using an earlier version of the program and feedback from a PBC patient advisory team were used to guide intervention development. Results: Barriers and facilitators to intervention participation associated with capability, opportunity, and motivation were identified. Intervention functions and behavior change techniques were identified to target each barrier and facilitator. Conclusions: The Peace Power Pack PBC intervention was developed to help individuals with PBC manage their symptom burden. The theoretical frameworks employed in this intervention provide direction on targeting antecedents of behavior and allow standardized reporting of intervention components.

Notes: Watt, Makayla Spence, John C. Tandon, Puneeta

Spence, John C/D-1548-2009; Rhodes, Ryan E./ABB-4896-2020

Spence, John C/0000-0001-8485-1336; Rhodes, Ryan E./

0000-0003-0940-9040; Watt, Makayla/0000-0003-2610-5188; Tandon,

Puneeta/0000-0003-0486-0174

2561-326x

URL: <Go to ISI>://WOS:000853674500010

Reference Type: Journal Article

Record Number: 2411

Author: Watt, R. G., Draper, A. K., Ohly, H. R., Rees, G., Pikhart, H., Cooke, L., Moore, L., Crawley, H., Pettinger, C., McGlone, P. and Hayter, A. K. M.

Year: 2014

Title: Methodological development of an exploratory randomised controlled trial of an early years' nutrition intervention: the CHERRY programme (Choosing Healthy Eating when Really Young)

Journal: Maternal and Child Nutrition

Volume: 10

Issue: 2

Pages: 280-294

Date: Apr

Short Title: Methodological development of an exploratory randomised controlled trial of an early years' nutrition intervention: the

CHERRY programme (Choosing Healthy Eating when Really Young)

ISSN: 1740-8695

DOI: 10.1111/mcn.12061

Accession Number: WOS:000333255400012

Abstract: Good nutrition in the early years of life is vitally important for a child's development, growth and health. Children's diets in the United Kingdom are known to be poor, particularly among socially disadvantaged groups, and there is a need for timely and appropriate interventions that support parents to improve the diets of young children. The Medical Research Council has highlighted the importance of conducting developmental and exploratory research prior to undertaking full-scale trials to evaluate complex interventions, but have provided very limited detailed guidance on the conduct of these initial phases of research. This paper describes the initial developmental stage and the conduct of an exploratory randomised controlled trial undertaken to determine the feasibility and acceptability of a family-centred early years' nutrition intervention. Choosing Healthy Eating when Really Young (CHERRY) is a programme for families with children aged 18 months to 5 years, delivered in children's centres in one urban (Islington) and one rural (Cornwall) location in the United Kingdom. In the development stage, a mixed-methods approach was used to investigate the nature of the problem and options for support. A detailed review of the evidence informed the theoretical basis of the study and the creation of a logic model. In the feasibility and pilot testing stage of the exploratory trial, 16 children's centres, with a sample of 394 families were recruited onto the study. We hope that the methodology, which we present in this paper, will inform and assist other researchers in conducting community-based, exploratory nutrition research in early years settings.

Notes: Watt, Richard Geddie Draper, Alizon K. Ohly, Heather R. Rees, Gail Pikhart, Hynek Cooke, Lucy Moore, Laurence Crawley, Helen Pettinger, Clare McGlone, Pauline Hayter, Arabella K. M.

Ohly, Heather/GWD-0344-2022; Pikhart, Hynek/E-3074-2010

Pikhart, Hynek/0000-0001-5277-4049; Watt, Richard/
0000-0001-6229-8584; Moore, Laurence/0000-0003-2182-823X
1740-8709

URL: <Go to ISI>://WOS:000333255400012

Reference Type: Journal Article

Record Number: 1949

Author: Weatherburn, P., Hickson, F., Reid, D., Torres-Rueda, S. and Bourne, A.

Year: 2017

Title: Motivations and values associated with combining sex and illicit drugs ('chemsex') among gay men in South London: findings from a qualitative study

Journal: Sexually Transmitted Infections

Volume: 93

Issue: 3

Date: May

Short Title: Motivations and values associated with combining sex and illicit drugs ('chemsex') among gay men in South London:

findings from a qualitative study

ISSN: 1368-4973

DOI: 10.1136/sextrans-2016-052695

Accession Number: WOS:000401935600016

Abstract: Objectives There is considerable public health concern about the combining of sex and illicit drugs (chemsex) among gay men. With a view to inform supportive therapeutic and clinical interventions, we sought to examine the motivations for engaging in chemsex among gay men living in South London. Methods Community advertising recruited 30 gay men for qualitative semi-structured interview. Aged between 21 and 53 years, all lived in South London in the boroughs of Lambeth, Southwark and Lewisham and all had combined crystal methamphetamine, mephedrone and/or gamma-hydroxybutyric acid/gamma-butyrolactone with sex in the past 12 months. Transcripts were subjected to a thematic analysis. Results We broadly distinguished two groups of reasons for combining sex and drugs, within which we described eight distinct motivations. The first major group of motivations for combining drugs with sex was that drugs provide the means by which men can have the sex they desire by increasing libido, confidence, disinhibition and stamina. The second major group of motivations for chemsex was that drugs enhance the qualities of the sex that men value. Drugs made other men seem more attractive, increased physical sensations, intensified perceptions of intimacy and facilitated a sense of sexual adventure. Conclusion Analysis revealed that sexualised drug use provides both motivation and capability to engage in the kinds of sex that some gay men value: sex that explores and celebrates adventurism. Those services providing (talking) interventions to men engaging in chemsex should consider these benefits of sexualised drug use alongside the harms arising.

Notes: Weatherburn, P. Hickson, F. Reid, D. Torres-Rueda, S. Bourne, A.

Weatherburn, Peter/AAC-2701-2019

Weatherburn, Peter/0000-0002-4950-6163
1472-3263

URL: <Go to ISI>://WOS:000401935600016

Reference Type: Journal Article

Record Number: 2158

Author: Webb, J., Foster, J. and Poulter, E.

Year: 2016

Title: Increasing the frequency of physical activity very brief advice for cancer patients. Development of an intervention using the behaviour change wheel

Journal: Public Health

Volume: 133

Pages: 45-56

Date: Apr

Short Title: Increasing the frequency of physical activity very brief advice for cancer patients. Development of an intervention using the behaviour change wheel

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2015.12.009

Accession Number: WOS:000373734600006

Abstract: Background: Being physically active has multiple benefits for cancer patients. Despite this only 23% are active to the national recommendations and 31% are completely inactive. A cancer diagnosis offers a teachable moment in which patients might be more receptive to lifestyle changes. Nurses are well placed to offer physical activity advice, however, only 9% of UK nurses involved in cancer care talk to all cancer patients about physical activity. A change in the behaviour of nurses is needed to routinely deliver physical activity advice to cancer patients. As recommended by the Medical Research Council, behavioural change interventions should be evidenced-based and use a relevant and coherent theoretical framework to stand the best chance of success. Objective: This paper presents a case study on the development of an intervention to improve the frequency of delivery of very brief advice (VBA) on physical activity by nurses to cancer patients, using the Behaviour Change Wheel (BCW). Method: The eight composite steps outlined by the BCW guided the intervention development process. An iterative approach was taken involving key stakeholders (n = 45), with four iterations completed in total. This was not defined a priori but emerged during the development process. Results: A 60 min training intervention, delivered in either a face-to-face or online setting, with follow-up at eight weeks, was designed to improve the capability, opportunity and motivation of nurses to deliver VBA on physical activity to people living with cancer. This intervention incorporates seven behaviour change techniques of goal setting coupled with commitment; instructions on how to perform the behaviour; salience of the consequences of delivering VBA; a demonstration on how to give VBA, all delivered via a credible source with objects added to the environment to support behavioural change. Conclusion: The BCW is a time consuming process, however, it provides a useful and comprehensive framework for intervention development and greater control over intervention replication and evaluation. (C) 2016 The Authors. Published by Elsevier Ltd.

Notes: Webb, J. Foster, J. Poulter, E.

Webb, Justin/0000-0001-7637-068X
1476-5616

URL: <Go to ISI>://WOS:000373734600006

Reference Type: Journal Article

Record Number: 2073

Author: Webb, J., Hall, J., Hall, K. and Fabunmi-Alade, R.

Year: 2016

Title: Increasing the frequency of physical activity very brief advice by nurses to cancer patients. A mixed methods feasibility study of a training intervention

Journal: Public Health

Volume: 139

Pages: 121-133

Date: Oct

Short Title: Increasing the frequency of physical activity very brief advice by nurses to cancer patients. A mixed methods feasibility study of a training intervention

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2016.05.015

Accession Number: WOS:000386189500016

Abstract: Objectives: To examine the impact, acceptability, practicability and implementation of a training intervention, designed using the Behaviour Change Wheel, on the delivery of very brief advice on physical activity, by nurses to cancer patients. Study design: A mixed methods feasibility study. Method: A purposeful sample of nurses (n = 62) were recruited across two delivery arms, face-to-face (n = 55) and online (n = 7). Frequency of delivery of physical activity advice was collected at baseline with follow-up at 12 weeks. The 'capability, opportunity and motivation' of nurses to deliver very brief advice was measured via questionnaire. Semi structured phone interviews (n = 14) were completed and analyzed thematically. A cost consequence analysis was undertaken. Results: The intervention improved the 'capability, opportunity and motivation' of nurses resulting in a change in knowledge, attitudes and beliefs towards physical activity. The intervention was both acceptable and practical. Face-to-face was the preferred mode of delivery, however there was also value in the online option. The cost of delivery per participant was 33.87 for face-to-face delivery, and 103.83 for online delivery inflated due to low recruitment numbers. A significant improvement was seen in delivery of very brief advice at 12 weeks (Z = 4.39, P <= 0.01). Conclusion: The intervention is acceptable, practical and improves delivery of very brief advice on physical activity by nurses to cancer patients in the short-term. Both face-to-face and online delivery should be considered. (C) 2016 The Author(s). Published by Elsevier Ltd on behalf of The Royal Society for Public Health. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Notes: Webb, J. Hall, J. Hall, K. Fabunmi-Alade, R.

Hall, Jennifer/D-3453-2019

Hall, Jennifer/0000-0001-8379-5555; Webb, Justin/0000-0001-7637-068X 1476-5616

URL: <Go to ISI>://WOS:000386189500016

Reference Type: Journal Article

Record Number: 808

Author: Webb, J., Horlock, R., Ahlquist, A., Hall, A., Brisby, K., Hills, S. and Stewart, D.

Year: 2023

Title: The reach and benefits of a digital intervention to improve physical activity in people with a musculoskeletal condition delivered during the COVID-19 pandemic in the UK

Journal: Perspectives in Public Health

Volume: 143

Issue: 2

Pages: 97-104

Date: Mar

Short Title: The reach and benefits of a digital intervention to improve physical activity in people with a musculoskeletal condition delivered during the COVID-19 pandemic in the UK

ISSN: 1757-9139

DOI: 10.1177/17579139221085098

Article Number: 17579139221085098

Accession Number: WOS:000778217100001

Abstract: Aim: To evaluate a digital intervention to improve physical activity in people in the UK with a musculoskeletal condition delivered during movement restrictions brought about because of the COVID-19 pandemic. Method: Service evaluation data collected from 26,041 participants over 5 months was assessed against national datasets to understand the reach and representativeness of the digital physical activity intervention. Measures to restrict the movement and interaction of people were in place during these 5 months. Cross-sectional data from 2752 participants across different stages of the 12-week programme assessed levels of physical activity and the components of behaviour as defined by the COM-B model (Capability, Opportunity, Motivation = Behaviour). Regression analysis investigated the relationship between programme stage and physical activity and the components of behaviour. Results: In comparison to the UK population of people with a musculoskeletal condition, the intervention participants were over-represented by females, White, and inactive people. A cross-sectional analysis suggested that the number of participants regularly active increased by programme stage. Scores for the behavioural components of automatic and reflective motivation, physical and psychological capability, and physical opportunity were also improved by programme stage. Conclusion: The service evaluation suggests that the digital intervention, designed to improve physical activity in people with a musculoskeletal condition, could be beneficial during measures to restrict movement to slow the spread of infectious disease in those who are already motivated to become or stay active.

Notes: Webb, J. Horlock, R. Ahlquist, A. Hall, A. Brisby, K. Hills, S. Stewart, D.

Webb, Justin/0000-0001-7637-068X
1757-9147

URL: <Go to ISI>://WOS:000778217100001

Reference Type: Journal Article

Record Number: 78

Author: Webb, J. and Stewart, D.

Year: 2023

Title: Let's Move with Leon. A randomised controlled trial of a UK digital intervention to improve physical activity in people with a musculoskeletal condition

Journal: Public Health

Volume: 217

Pages: 125-132

Date: Apr

Short Title: Let's Move with Leon. A randomised controlled trial of a UK digital intervention to improve physical activity in people with a musculoskeletal condition

ISSN: 0033-3506

DOI: 10.1016/j.puhe.2023.01.030

Accession Number: WOS:000954882900001

Abstract: Objective: This article presents a real-world evaluation of a digital intervention, 'Let's Move with Leon', designed to improve physical activity and health-related quality of life (HRQoL) in people with a musculoskeletal condition. Study design: A pragmatic randomised controlled trial. Methods: After randomisation and withdrawals were removed, 184 participants were assigned to receive the digital intervention with 185 assigned to a control group. Self-reported physical activity was the primary outcome. Health-related quality of life, the number of days completing strength-based exercises per week, the capability, opportunity, and motivation to be active, and step count were secondary outcomes. Outcomes were assessed over 4, 8 and 13 weeks. Results: Significant improvements were seen for self-reported physical activity at 13 weeks, reported strength days at 8 weeks, perceptions of physical capability and automatic motivation to be active at 4 and 8 weeks. No improvements were seen in step count or HRQoL over the control group. Conclusion: Digital interventions such as 'Let's Move with Leon' have the potential to increase physical activity in people with a musculoskeletal condition; however, improvements are likely to be small. Small improvements in physical activity may not be enough to improve HRQoL. (c) 2023 The Author(s). Published by Elsevier Ltd on behalf of The Royal Society for Public Health. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Notes: Webb, Justin Stewart, Duncan

Webb, Justin/0000-0001-7637-068X
1476-5616

URL: <Go to ISI>://WOS:000954882900001

Reference Type: Journal Article

Record Number: 2092

Author: Webster, R., Cpsychol, S. M., Estcourt, C., Gerressu, M., Bailey, J. V. and Men, S. S. Trial Grp

Year: 2016

Title: Increasing condom use in heterosexual men: development of a theory-based interactive digital intervention

Journal: Translational Behavioral Medicine

Volume: 6

Issue: 3

Pages: 418-427

Date: Sep

Short Title: Increasing condom use in heterosexual men: development of a theory-based interactive digital intervention

ISSN: 1869-6716

DOI: 10.1007/s13142-015-0338-8

Accession Number: WOS:000385261500010

Abstract: Increasing condom use to prevent sexually transmitted infections is a key public health goal. Interventions are more likely to be effective if they are theory- and evidence based. The Behaviour Change Wheel (BCW) provides a framework for intervention development. To provide an example of how the BCW was used to develop an intervention to increase condom use in heterosexual men

(the MenSS website), the steps of the BCW intervention development process were followed, incorporating evidence from the research literature and views of experts and the target population. Capability (e.g. knowledge) and motivation (e.g. beliefs about pleasure) were identified as important targets of the intervention. We devised ways to address each intervention target, including selecting interactive features and behaviour change techniques. The BCW provides a useful framework for integrating sources of evidence to inform intervention content and deciding which influences on behaviour to target.

Notes: Webster, R. CPsychol, S. Michie Estcourt, C. Gerressu, M. Bailey, J. V.

1613-9860

URL: <Go to ISI>://WOS:000385261500010

Reference Type: Journal Article

Record Number: 2291

Author: Webster, R., Gerressu, M., Michie, S., Estcourt, C., Anderson, J., Ang, C. S., Murray, E., Rait, G., Stephenson, J., Bailey, J. V. and Men, S. S. Trial Grp

Year: 2015

Title: Defining the Content of an Online Sexual Health Intervention: The MenSS Website

Journal: Jmir Research Protocols

Volume: 4

Issue: 3

Date: Jul-Sep

Short Title: Defining the Content of an Online Sexual Health Intervention: The MenSS Website

ISSN: 1929-0748

DOI: 10.2196/resprot.4316

Article Number: e82

Accession Number: WOS:000362730300017

Abstract: Background: Health promotion and risk reduction are essential components of sexual health care. However, it can be difficult to prioritize these within busy clinical services. Digital interventions may provide a new method for supporting these.

Objective: The MenSS (Men's Safer Sex) website is an interactive digital intervention developed by a multidisciplinary team, which aims to improve condom use in men who have sex with women (MSW). This paper describes the content of this intervention, and the rationale for it. Methods: Content was informed by a literature review regarding men's barriers to condom use, workshops with experts in sexual health and technology (N=16) and interviews with men in sexual health clinics (N=20). Data from these sources were analyzed thematically, and synthesized using the Behavior Change Wheel framework. Results: The MenSS intervention is a website optimized for delivery via tablet computer within a clinic waiting room setting. Key targets identified were condom use skills, beliefs about pleasure and knowledge about risk. Content was developed using behavior change techniques, and interactive website features provided feedback tailored for individual users. Conclusions: This paper provides a detailed description of an evidence-based

interactive digital intervention for sexual health, including how behavior change techniques were translated into practice within the design of the MenSS web site. Triangulation between a targeted literature review, expert workshops, and interviews with men ensured that a range of potential influences on condom use were captured. Notes: Webster, Rosie Gerressu, Makeda Michie, Susan Estcourt, Claudia Anderson, Jane Ang, Chee Siang Murray, Elizabeth Rait, Greta Stephenson, Judith Bailey, Julia V. Rait, Greta/C-5577-2009; Anderson, Jane/A-1632-2012 Anderson, Jane/0000-0001-5294-8707; Rait, Greta/0000-0002-7216-7294; Estcourt, Claudia/0000-0001-5523-5630; Webster, Rosie/0000-0002-3946-5783; Murray, Elizabeth/0000-0002-8932-3695 URL: <Go to ISI>://WOS:000362730300017

Reference Type: Journal Article

Record Number: 1451

Author: Webster, R., Usherwood, T., Joshi, R., Saini, B., Armour, C., Critchley, S., Di Tanna, G. L., Galgey, S., Hespe, C. M., Jan, S., Karia, A., Kaur, B., Krass, I., Laba, T. L., Li, Q., Lo, S., Peiris, D. P., Reid, C., Rodgers, A., Shiel, L., Strathdee, J., Zamora, N. and Patel, A.

Year: 2021

Title: An electronic decision support-based complex intervention to improve management of cardiovascular risk in primary health care: a cluster randomised trial (INTEGRATE)

Journal: Medical Journal of Australia

Volume: 214

Issue: 9

Pages: 420-427

Date: May

Short Title: An electronic decision support-based complex intervention to improve management of cardiovascular risk in primary health care: a cluster randomised trial (INTEGRATE)

ISSN: 0025-729X

DOI: 10.5694/mja2.51030

Accession Number: WOS:000643675500001

Abstract: Objectives To determine whether a multifaceted primary health care intervention better controlled cardiovascular disease (CVD) risk factors in patients with high risk of CVD than usual care. Design, setting Parallel arm, cluster randomised trial in 71 Australian general practices, 5 December 2016 - 13 September 2019. Participants General practices that predominantly used an electronic medical record system compatible with the HealthTracker electronic decision support tool, and willing to implement all components of the INTEGRATE intervention. Intervention Electronic point-of-care decision support for general practices; combination cardiovascular medications (polypills); and a pharmacy-based medication adherence program. Main outcome measures Proportion of patients with high CVD risk not on an optimal preventive medication regimen at baseline who had achieved both blood pressure and low-density lipoprotein (LDL) cholesterol goals at study end. Results After a median 15 months' follow-up, primary outcome data were available for 4477 of 7165 patients in the primary outcome cohort (62%). The proportion of

patients who achieved both treatment targets was similar in the intervention (423 of 2156; 19.6%) and control groups (466 of 2321; 20.1%; relative risk, 1.06; 95% CI, 0.85–1.32). Further, no statistically significant differences were found for a number of secondary outcomes, including risk factor screening, preventive medication prescribing, and risk factor levels. Use of intervention components was low; it was highest for HealthTracker, used at least once for 347 of 3236 undertreated patients with high CVD risk (10.7%). Conclusions Despite evidence for the efficacy of its individual components, the INTEGRATE intervention was not broadly implemented and did not improve CVD risk management in participating Australian general practices. Trial registration Australian New Zealand Clinical Trials Registry, ACTRN12616000233426 (prospective). Notes: Webster, Ruth Usherwood, Tim Joshi, Rohina Saini, Bandana Armour, Carol Critchley, Sue Di Tanna, Gian Luca Galgey, Shane Hespe, Charlotte M. Jan, Stephen Karia, Ajay Kaur, Baldeep Krass, Ines Laba, Tracey-Lea Li, Qiang Lo, Serigne Peiris, David P. Reid, Christopher Rodgers, Anthony Shiel, Louise Strathdee, Jessica Zamora, Nuria Patel, Anushka Lo, Serigne N/L-6220-2018; Laba, Tracey-Lea/H-8908-2013; Reid, Christopher M/AAP-8135-2021; Hespe, Charlotte/P-5240-2015 Lo, Serigne N/0000-0001-5092-5544; Laba, Tracey-Lea/0000-0002-5182-9092; Hespe, Charlotte/0000-0002-4582-7728; Jan, Stephen/0000-0003-2839-1405; Karia, Ajay M./0000-0001-5300-4062; Joshi, Rohina/0000-0002-3374-401X; Galgey, Shane/0000-0001-7567-6433; Webster, Ruth/0000-0002-7444-3037; Reid, Christopher/0000-0001-9173-3944; Di Tanna, Gian Luca/0000-0002-5470-3567; Patel, Anushka/0000-0003-3825-4092; Peiris, David/0000-0002-6898-3870 1326-5377 URL: <Go to ISI>://WOS:000643675500001

Reference Type: Journal Article

Record Number: 416

Author: Weerasinghe, A. S., Onyeizu, E. and Rotimi, J. O. B.

Year: 2022

Title: Environmental and socio-psychological drivers of building users' behaviours: a case study of tertiary institutional offices in Auckland

Journal: Journal of Facilities Management

Date: 2022 Oct

Short Title: Environmental and socio-psychological drivers of building users' behaviours: a case study of tertiary institutional offices in Auckland

ISSN: 1472-5967

DOI: 10.1108/jfm-01-2022-0011

Accession Number: WOS:000865116200001

Abstract: Purpose Better identification of comfort preferences and occupant behaviour drivers is expected to improve buildings' user-centred designs and energy operations. To understand the underline drivers of occupant behaviours in office buildings, this study aims to evaluate the inter-relationships among occupant energy behaviours, indoor environmental quality satisfaction, user control

and social-psychological factors influencing occupant behaviours in New Zealand offices. Design/methodology/approach Using an occupant perception survey, this study identifies the occupant behaviour patterns based on multi-domain comfort preferences. A case study was conducted in five office spaces of a university in Auckland, New Zealand. Data were collected from 52 occupants and analysed using descriptive and binary logistic regression analysis. Indoor environmental quality, user control, motivational, opportunity and ability factors were the independent variables considered. A model to predict the behaviours using environmental, building and social-psychological aspects was developed. Findings The results showed that the primary sources of indoor environmental quality discomfort were related to thermal and air quality, while occupants' indoor environmental quality satisfaction correlated with their comfort preferences. The outcomes emphasise how the connection between building systems and occupants' comfort preferences affect the choice of occupant behaviours in offices. Also, the primary occupant behaviours were drinking hot and cold beverages, opening/closing windows and internal doors and adjusting clothing. The binary logistic regression analysis showed that occupants' perceived user control satisfaction is the main driver for increasing window actions. No other independent variable showed a statistically significant association with other behaviours. Originality/value This study adopted a novel approach to assess the combined effects of comfort preferences, occupant energy behaviours and various environmental, building and socio-psychological factors for modelling energy-saving behaviours in office buildings.

Notes: Weerasinghe, Achini Shanika Onyeizu, Eziaku Rotimi, James Olabode Bamidele

Weerasinghe, Achini Shanika/D-5065-2018

Weerasinghe, Achini Shanika/0000-0003-2321-862X; Rasheed, Eziaku/0000-0002-1377-7359

1741-0983

URL: <Go to ISI>://WOS:000865116200001

Reference Type: Journal Article

Record Number: 830

Author: Weerasinghe, M., Pearson, M., Turner, N., Metcalfe, C., Gunnell, D. J., Agampodi, S., Hawton, K., Agampodi, T., Miller, M., Jayamanne, S., Parker, S., Sumith, J. A., Karunarathne, A., Dissanayaka, K., Rajapaksha, S., Rodrigo, D., Abeysinghe, D., Piyasena, C., Kanapathy, R., Thedchanamoorthy, S., Madsen, L. B., Konradsen, F. and Eddleston, M.

Year: 2022

Title: Gatekeeper training for vendors to reduce pesticide self-poisoning in rural South Asia: a study protocol for a stepped-wedge cluster randomised controlled trial

Journal: Bmj Open

Volume: 12

Issue: 4

Date: Apr

Short Title: Gatekeeper training for vendors to reduce pesticide self-poisoning in rural South Asia: a study protocol for a stepped-

wedge cluster randomised controlled trial

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-054061

Article Number: e054061

Accession Number: WOS:000778983400028

Abstract: Introduction Pesticide self-poisoning kills an estimated 110 000–168 000 people worldwide annually. Data from South Asia indicate that in 15%–20% of attempted suicides and 30%–50% of completed suicides involving pesticides these are purchased shortly beforehand for this purpose. Individuals who are intoxicated with alcohol and/or non-farmers represent 72% of such customers. We have developed a 'gatekeeper' training programme for vendors to enable them to identify individuals at high risk of self-poisoning (gatekeeper function) and prevent such individuals from accessing pesticides (means restriction). The primary aim of the study is to evaluate the effectiveness of the gatekeeper intervention in preventing pesticide self-poisoning in Sri Lanka. Other aims are to identify method substitution and to assess the cost and cost-effectiveness of the intervention. Methods and analysis A stepped-wedge cluster randomised trial of a gatekeeper intervention is being conducted in rural Sri Lanka with a population of approximately 2.7 million. The gatekeeper intervention is being introduced into 70 administrative divisions in random order at each of 30 steps over a 40-month period. The primary outcome is the number of pesticide self-poisoning cases identified from surveillance of hospitals and police stations. Secondary outcomes include: number of self-poisoning cases using pesticides purchased within the previous 24 hours, total number of all forms of self-harm and suicides. Intervention effectiveness will be estimated by comparing outcome measures between the pretraining and post-training periods across the divisions in the study area. The original study protocol has been adapted as necessary in light of the impact of the COVID-19. Ethics and dissemination The Ethical Review Committee of the Faculty of Medicine and Allied Sciences, Rajarata University, Sri Lanka (ERC/2018/30), and the ACCORD Medical Research Ethics Committee, Edinburgh University (18-HV-053) approved the study. Results will be disseminated in scientific peer-reviewed journals.

Notes: Weerasinghe, Manjula Pearson, Melissa Turner, Nicholas Metcalfe, Chris Gunnell, David J. Agampodi, Suneth Hawton, Keith Agampodi, Thilini Miller, Matthew Jayamanne, Shaluka Parker, Simon Sumith, Jayakody Arachchige Karunarathne, Ayanthi Dissanayaka, Kalpani Rajapaksha, Sandamali Rodrigo, Dilani Abeysinghe, Dissanayake Piyasena, Chathuranga Kanapathy, Rajaratnam Thedchanamoorthy, Sundaresan Madsen, Lizell Bustamante Konradsen, Flemming Eddleston, Michael

Agampodi, Suneth/G-3320-2012; Pearson, Melissa/M-5250-2014; miller, matthew/GQH-4858-2022; Kanapathy, Rajaratnam/GXA-3471-2022;

Agampodi, Thilini/AAN-5396-2021

Agampodi, Suneth/0000-0001-7810-1774; Pearson, Melissa/0000-0001-6683-3628; Agampodi, Thilini/0000-0002-7977-6578; Turner, Nicholas/0000-0003-1591-6997; Karunarathne, Ayanthi/0000-0001-8664-7726; Metcalfe, Chris/0000-0001-8318-8907;

Weerasinghe, Manjula/0000-0002-6105-7989; Konradsen, Flemming/0000-0003-1036-6949

URL: <Go to ISI>://WOS:000778983400028

Reference Type: Journal Article

Record Number: 241

Author: Weijers, R., de Koning, B., Vermetten, Y. and Paas, F.

Year: 2023

Title: Nudging Autonomous Learning Behavior: Three Field Experiments

Journal: Education Sciences

Volume: 13

Issue: 1

Date: Jan

Short Title: Nudging Autonomous Learning Behavior: Three Field Experiments

DOI: 10.3390/educsci13010049

Article Number: 49

Accession Number: WOS:000914552500001

Abstract: Autonomous learning behavior is an important skill for students, but they often do not master it sufficiently. We investigated the potential of nudging as a teaching strategy in tertiary education to support three important autonomous learning behaviors: planning, preparing for class, and asking questions. Nudging is a strategy originating from behavioral economics used to influence behavior by changing the environment, and consists of altering the choice environment to steer human behavior. In this study, three nudges were designed by researchers in co-creation with teachers. A video booth to support planning behavior (n = 95), a checklist to support class preparation (n = 148), and a goal-setting nudge to encourage students to ask questions during class (n = 162) were tested in three field experiments in teachers' classrooms with students in tertiary education in the Netherlands. A mixed-effects model approach revealed a positive effect of the goal-setting nudge on students' grades and a marginal positive effect on the number of questions asked by students. Additionally, evidence for increased self-reported planning behavior was found in the video booth group—but no increase in deadlines met. No significant effects were found for the checklist. We conclude that, for some autonomous learning behaviors, primarily asking questions, nudging has potential as an easy, effective teaching strategy.

Notes: Weijers, Robert de Koning, Bjoern Vermetten, Yvonne Paas, Fred

Weijers, Robert/ABF-1121-2020; Paas, Fred/G-4246-2016

Weijers, Robert/0000-0002-3053-552X; Paas, Fred/0000-0002-1647-5305;

de Koning, Bjorn B./0000-0001-5136-2261

2227-7102

URL: <Go to ISI>://WOS:000914552500001

Reference Type: Journal Article

Record Number: 605

Author: Weimann, T. G., Schlieter, H. and Brendel, A. B.

Year: 2022

Title: Virtual Coaches Background, Theories, and Future Research Directions

Journal: Business & Information Systems Engineering
Volume: 64
Issue: 4
Pages: 515-528
Date: Aug
Short Title: Virtual Coaches Background, Theories, and Future
Research Directions
ISSN: 2363-7005
DOI: 10.1007/s12599-022-00757-9
Accession Number: WOS:000825738100001
Notes: Weimann, Thure Georg Schlieter, Hannes Brendel, Alfred
Benedikt
Weimann, Thure/0000-0002-2762-6121
1867-0202
URL: <Go to ISI>://WOS:000825738100001

Reference Type: Journal Article

Record Number: 2065

Author: Weiss, C. H., Krishnan, J. A., Au, D. H., Bender, B. G.,
Carson, S. S., Cattamanchi, A., Cloutier, M. M., Cooke, C. R.,
Erickson, K., George, M., Gerald, J. K., Gerald, L. B., Goss, C. H.,
Gould, M. K., Hyzy, R., Kahn, J. M., Mittman, B. S., Moseson, E. M.,
Mularski, R. A., Parthasarathy, S., Patel, S. R., Rand, C. S.,
Redeker, N. S., Reiss, T. F., Riekert, K. A., Rubenfeld, G. D.,
Tate, J. A., Wilson, K. C., Thomson, C. C. and Sci, A. T. S. Ad Hoc
Comm Implementation

Year: 2016

Title: An Official American Thoracic Society Research Statement:
Implementation Science in Pulmonary, Critical Care, and Sleep
Medicine

Journal: American Journal of Respiratory and Critical Care Medicine

Volume: 194

Issue: 8

Pages: 1015-1025

Date: Oct

Short Title: An Official American Thoracic Society Research
Statement: Implementation Science in Pulmonary, Critical Care, and
Sleep Medicine

ISSN: 1073-449X

DOI: 10.1164/rccm.201608-1690ST

Accession Number: WOS:000385338200017

Abstract: Background: Many advances in health care fail to reach
patients. Implementation science is the study of novel approaches to
mitigate this evidence-to-practice gap. Methods: The American
Thoracic Society (ATS) created a multidisciplinary ad hoc committee
to develop a research statement on implementation science in
pulmonary, critical care, and sleep medicine. The committee used an
iterative consensus process to define implementation science and
review the use of conceptual frameworks to guide implementation
science for the pulmonary, critical care, and sleep community and to
explore how professional medical societies such as the ATS can
promote implementation science. Results: The committee defined
implementation science as the study of the mechanisms by which

effective health care interventions are either adopted or not adopted in clinical and community settings. The committee also distinguished implementation science from the act of implementation. Ideally, implementation science should include early and continuous stakeholder involvement and the use of conceptual frameworks (i.e., models to systematize the conduct of studies and standardize the communication of findings). Multiple conceptual frameworks are available, and we suggest the selection of one or more frameworks on the basis of the specific research question and setting.

Professional medical societies such as the ATS can have an important role in promoting implementation science. Recommendations for professional societies to consider include: unifying implementation science activities through a single organizational structure, linking front-line clinicians with implementation scientists, seeking collaborations to prioritize and conduct implementation science studies, supporting implementation science projects through funding opportunities, working with research funding bodies to set the research agenda in the field, collaborating with external bodies responsible for health care delivery, disseminating results of implementation science through scientific journals and conferences, and teaching the next generation about implementation science through courses and other media. Conclusions: Implementation science plays an increasingly important role in health care. Through support of implementation science, the ATS and other professional medical societies can work with other stakeholders to lead this effort.

Notes: Weiss, Curtis H. Krishnan, Jerry A. Au, David H. Bender, Bruce G. Carson, Shannon S. Cattamanchi, Adithya Cloutier, Michelle M. Cooke, Colin R. Erickson, Karen George, Maureen Gerald, Joe K. Gerald, Lynn B. Goss, Christopher H. Gould, Michael K. Hyzy, Robert Kahn, Jeremy M. Mittman, Brian S. Moseson, Erika M. Mularski, Richard A. Parthasarathy, Sairam Patel, Sanjay R. Rand, Cynthia S. Redeker, Nancy S. Reiss, Theodore F. Riekert, Kristin A. Rubenfeld, Gordon D. Tate, Judith A. Wilson, Kevin C. Thomson, Carey C. Redeker, Nancy S/Q-8252-2016; Tate, Judith A/C-7447-2015; Thomson, Carey/AAF-3905-2019

Redeker, Nancy S/0000-0001-7817-2708; Bender, Benjamin/0000-0002-3205-4631; Patel, Sanjay/0000-0002-9142-5172; Kahn, Jeremy/0000-0001-9688-5576; Goss, Christopher/0000-0001-8602-0309; George, Maureen/0000-0001-9234-7842 1535-4970

URL: <Go to ISI>://WOS:000385338200017

Reference Type: Journal Article

Record Number: 52

Author: Welsh, J. A., Pyo, E., Huneault, H., Ramirez, L. G., Alazraki, A., Alli, R., Dunbar, S. B., Khanna, G., Knight-Scott, J., Pimentel, A., Reed, B., Rodney-Somersall, C., Santoro, N., Umpierrez, G. and Vos, M. B.

Year: 2023

Title: Study protocol for a randomized, controlled trial using a novel, family-centered diet treatment to prevent NAFLD in Hispanic children

Journal: Contemporary Clinical Trials

Volume: 129

Date: Jun

Short Title: Study protocol for a randomized, controlled trial using a novel, family-centered diet treatment to prevent NAFLD in Hispanic children

ISSN: 1551-7144

DOI: 10.1016/j.cct.2023.107170

Article Number: 107170

Accession Number: WOS:000979540500001

Abstract: Background: Non-alcoholic fatty liver disease (NAFLD) is the leading liver disorder among U.S. children and is most prevalent among Hispanic children with obesity. Previous research has shown that reducing the consumption of free sugars (added sugars + naturally occurring sugars in fruit juice) can reverse liver steatosis in adolescents with NAFLD. This study aims to determine if a low-free sugar diet (LFSD) can prevent liver fat accumulation and NAFLD in high-risk children. Methods: In this randomized controlled trial, we will enroll 140 Hispanic children aged 6 to 9 years who are \geq 50th percentile BMI and without a previous diagnosis of NAFLD. Participants will be randomly assigned to either an experimental (LFSD) or a control (usual diet + educational materials) group. The one-year intervention includes removal of foods high in free sugars from the home at baseline, provision of LFSD household groceries for the entire family (weeks 1-4, 12, 24, and 36), dietitian-guided family grocery shopping sessions (weeks 12, 24, and 36), and ongoing education and motivational interviewing to promote LFSD. Both groups complete assessment measures at baseline, 6, 12, 18, and 24 months. Primary study outcomes are percent hepatic fat at 12 months and incidence of clinically significant hepatic steatosis ($>5\%$) + elevated liver enzymes at 24 months. Secondary outcomes include metabolic markers potentially mediating or moderating NAFLD pathogenesis. Discussion: This protocol describes the rationale, eligibility criteria, recruitment strategies, analysis plan as well as a novel dietary intervention design. Study results will inform future dietary guidelines for pediatric NAFLD prevention. Trial registration: ClinicalTrials.gov, NCT05292352.

Notes: Welsh, J. A. Pyo, E. Huneault, H. Ramirez, L. Gonzalez Alazraki, A. Alli, R. Dunbar, S. B. Khanna, G. Knight-Scott, Jack Pimentel, A. Reed, B. Rodney-Somersall, C. Santoro, N. Umpierrez, G. Vos, M. B.

1559-2030

URL: <Go to ISI>://WOS:000979540500001

Reference Type: Journal Article

Record Number: 86

Author: Wenke, R., Roberts, S., Angus, R., Owusu, M. A. and Weir, K.

Year: 2023

Title: "How do I keep this live in my mind?" Allied Health Professionals' perspectives of barriers and enablers to implementing good clinical practice principles in research: a qualitative exploration

Journal: BMC Health Services Research

Volume: 23

Issue: 1

Date: Mar

Short Title: "How do I keep this live in my mind?" Allied Health Professionals' perspectives of barriers and enablers to implementing good clinical practice principles in research: a qualitative exploration

DOI: 10.1186/s12913-023-09238-5

Article Number: 309

Accession Number: WOS:000982965200001

Abstract: Background Allied health professionals (AHPs) engaged in research are expected to comply with Good Clinical Practice (GCP) principles to protect participant safety and wellbeing and enhance data integrity. Currently, few studies have explored health professionals' perceptions of implementing and adhering to GCP principles in research with none of these including AHPs. Such knowledge is vital to guide future interventions to increase adherence to GCP principles. This study aimed to identify the barriers and enablers AHPs experience when applying GCP principles to research conduct in a public hospital and health service, as well as their perceived support needs. **Methods** The study used a qualitative descriptive study approach guided by behaviour change theory. AHPs currently undertaking ethically approved research within a public health service in Queensland, Australia were interviewed to explore barriers and enablers to adherence to GCP principles and support needs, with interview questions guided by the Theoretical Domains Framework (TDF). The TDF was chosen as it allows for a systematic understanding of factors influencing implementation of a specific behaviour (i.e., GCP implementation) and can be used to inform tailored interventions. **Results** Ten AHPs across six professions were interviewed. Participants identified both enablers and barriers to implementing GCP across nine domains of the TDF and enablers across three additional domains. Examples of enablers included strong beliefs about the importance of GCP in increasing research rigour and participant safety (i.e. from TDF – beliefs about consequences); applying clinical skills and personal attributes when implementing GCP (i.e., skills), available training and support (i.e., environmental context and resources); and alignment with their moral sense to 'do the right thing' (i.e., professional identity). Barriers to GCP implementation were generally less commonly reported but included reduced time to implement GCP and a sense of 'red tape' (i.e., environmental context and resources), a lack of knowledge of GCP principles (i.e., knowledge) and a fear of making mistakes (i.e., emotions), and varying relevance to individual projects (i.e., knowledge). Suggestions for support were identified beyond training, such as physical resources (e.g., prescriptive checklists, templates and scripts), additional time, and regular one-on-one mentoring support. **Conclusion** Findings suggest that while clinicians recognise the importance of GCP and want to implement it, they report barriers to its practical implementation. GCP training alone is unlikely to address these barriers to implementing GCP in daily practice. Findings suggest that GCP training may be more useful to AHPs when it is tailored to the allied health context and supplemented with additional supports including check-ups from

experienced researchers and access to prescriptive resources. Future research however is needed to investigate the effectiveness of such strategies.

Notes: Wenke, Rachel Roberts, Shelley Angus, Rebecca Owusu, Maame Amma Weir, Kelly

Weir, Kelly/A-5825-2011

Weir, Kelly/0000-0002-5042-1925
1472-6963

URL: <Go to ISI>://WOS:000982965200001

Reference Type: Book

Record Number: 2480

Author: Wensing, M., Bosch, M. and Grol, R.

Year: 2013

Title: Developing and selecting knowledge translation interventions

Series Editor: Straus, S. E., Tetroe, J. and Graham, I. D.

Series Title: Knowledge Translation in Health Care: Moving from Evidence to Practice, 2nd Edition

Number of Pages: 150-162

Short Title: Developing and selecting knowledge translation interventions

ISBN: 978-1-118-41354-8

Accession Number: WOS:000337603100012

Notes: Wensing, Michel Bosch, Marije Grol, Richard

Wensing, Michel/H-8113-2014

Wensing, Michel/0000-0001-6569-8137

URL: <Go to ISI>://WOS:000337603100012

Reference Type: Journal Article

Record Number: 2392

Author: Wensing, M., Huntink, E., van Lieshout, J., Godycki-Cwirko, M., Kowalczyk, A., Jager, C., Steinhäuser, J., Aakhus, E., Flottorp, S., Eccles, M. and Baker, R.

Year: 2014

Title: Tailored Implementation of Evidence-Based Practice for Patients with Chronic Diseases

Journal: Plos One

Volume: 9

Issue: 7

Date: Jul

Short Title: Tailored Implementation of Evidence-Based Practice for Patients with Chronic Diseases

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0101981

Article Number: e101981

Accession Number: WOS:000339242700095

Abstract: Background: When designing interventions and policies to implement evidence based healthcare, tailoring strategies to the targeted individuals and organizations has been recommended. We aimed to gather insights into the ideas of a variety of people for implementing evidence-based practice for patients with chronic diseases, which were generated in five European countries. Methods:

A qualitative study in five countries (Germany, Netherlands, Norway, Poland, United Kingdom) was done, involving overall 115 individuals. A purposeful sample of four categories of stakeholders (healthcare professionals, quality improvement officers, healthcare purchasers and authorities, and health researchers) was involved in group interviews in each of the countries to generate items for improving healthcare in different chronic conditions per country: chronic obstructive pulmonary disease, cardiovascular disease, depression in elderly people, multi-morbidity, obesity. A disease-specific standardized list of determinants of practice in these conditions provided the starting point for these groups. The content of the suggested items was categorized in a pre-defined framework of 7 domains and specific themes in the items were identified within each domain. Results: The 115 individuals involved in the study generated 812 items, of which 586 addressed determinants of practice. These largely mapped onto three domains: individual health professional factors, patient factors, and professional interactions. Few items addressed guideline factors, incentives and resources, capacity of organizational change, or social, political and legal factors. The relative numbers of items in the different domains were largely similar across stakeholder categories within each of the countries. The analysis identified 29 specific themes in the suggested items across countries. Conclusion: The type of suggestions for improving healthcare practice was largely similar across different stakeholder groups, mainly addressing healthcare professionals, patient factors and professional interactions. As this study is one of the first of its kind, it is important that more research is done on tailored implementation strategies.

Notes: Wensing, Michel Huntink, Elke van Lieshout, Jan Godycki-Cwirko, Maciek Kowalczyk, Anna Jager, Cornelia Steinhauser, Jost Aakhus, Eivind Flottorp, Signe Eccles, Martin Baker, Richard Loskamp-Huntink, Elke/F-3120-2016; Van Lieshout, J./L-4490-2015; Eccles, Martin P/AAD-4029-2020; Aakhus, Eivind/AG0-7668-2022; Wensing, Michel/H-8113-2014
Aakhus, Eivind/0000-0001-9336-3203; Wensing, Michel/0000-0001-6569-8137; Flottorp, Signe/0000-0003-2961-7461; Kowalczyk, Anna/0000-0002-7524-2085; Godycki-Cwirko, Maciej/0000-0002-9204-5518
URL: <Go to ISI>://WOS:000339242700095

Reference Type: Journal Article

Record Number: 2077

Author: West, D. S., Coulon, S. M., Monroe, C. M. and Wilson, D. K.

Year: 2016

Title: Evidence-Based Lifestyle Interventions for Obesity and Type 2 Diabetes: The Look AHEAD Intensive Lifestyle Intervention as Exemplar

Journal: American Psychologist

Volume: 71

Issue: 7

Pages: 614-627

Date: Oct

Short Title: Evidence-Based Lifestyle Interventions for Obesity and Type 2 Diabetes: The Look AHEAD Intensive Lifestyle Intervention as

Exemplar

ISSN: 0003-066X

DOI: 10.1037/a0040394

Accession Number: WOS:000385566500009

Abstract: The majority of individuals with Type 2 diabetes (T2D) are overweight or obese, and this excess adiposity negatively impacts cardiovascular risk and contributes to challenges in disease management. Treatment of obesity by behavioral lifestyle intervention, within the context of diabetes, produces broad and clinically meaningful health improvements, and recent studies demonstrate long-term sustained weight management success with behavioral lifestyle interventions. Details of the Look AHEAD intensive lifestyle intervention are provided as an exemplar approach to the secondary prevention of T2D and obesity. The presence of behavior change expertise in the development and delivery of evidence-based behavioral weight control is discussed, and issues of adaptation and dissemination are raised, with a model to guide these important steps provided.

Notes: West, Delia Smith Coulon, Sandra M. Monroe, Courtney M. Wilson, Dawn K.

West, Delia Smith/GWV-5839-2022

West, Delia Smith/0000-0002-4375-2785
1935-990x

Si

URL: <Go to ISI>://WOS:000385566500009

Reference Type: Journal Article

Record Number: 2075

Author: West, L. M., Diack, L., Cordina, M. and Stewart, D.

Year: 2016

Title: A focus group based study of the perspectives of the Maltese population and healthcare professionals on medication wastage

Journal: International Journal of Clinical Pharmacy

Volume: 38

Issue: 5

Pages: 1241-1249

Date: Oct

Short Title: A focus group based study of the perspectives of the Maltese population and healthcare professionals on medication wastage

ISSN: 2210-7703

DOI: 10.1007/s11096-016-0359-5

Accession Number: WOS:000384561800030

Abstract: Background The World Health Organization states that globally more than half of all medication is inappropriately prescribed, dispensed or sold with a need to implement wastage reduction strategies. Developing processes which include behaviour change theories, such as the Theoretical Domains Framework (TDF), significantly impacts the positive implementation of evidence into healthcare practice. Objective To describe and understand the beliefs and behaviours regarding medication wastage of the Maltese public and healthcare professionals (HCPs) and to explore potential solutions. Setting: Malta. Method Five 90 min audio recorded focus

groups (2 public and 3 HCPs) were conducted with a purposive sample who responded to a previous survey study and were willing to participate in focus groups in Malta. The guide was based upon the TDF with interview questions derived from findings of the questionnaire phase. Focus groups were audio recorded and transcribed verbatim. Analysis was carried using the framework approach. Main outcome measure Beliefs and behaviours regarding medication wastage and potential solutions to reduce medication wastage. Results A total of eleven pharmacists, six doctors and six members of the public consented to participate. Focus groups conducted with HCPs and the general public identified the following four key themes aligned with the TDF domains to address proposed solutions to minimise medication wastage: (1) practitioner effects; (2) patients effects; (3) political effects; (4) societal effects. Conclusion This study has employed a theoretical framework to obtain a better understanding of facilitators which require attention as part of strategic development.

Notes: West, Lorna Marie Diack, Lesley Cordina, Maria Stewart, Derek Diack, Lesley/A-2504-2013

Diack, Lesley/0000-0002-0037-7794; Stewart, Derek/
0000-0001-7360-8592
2210-7711

URL: <Go to ISI>://WOS:000384561800030

Reference Type: Journal Article

Record Number: 2498

Author: West, R.

Year: 2011

Title: Preventing tobacco companies from advertising using their packaging could be an important component of comprehensive tobacco control: A commentary on Australia's plain packaging of cigarettes
Journal: Drug and Alcohol Review

Volume: 30

Issue: 6

Pages: 681-682

Date: Nov

Short Title: Preventing tobacco companies from advertising using their packaging could be an important component of comprehensive tobacco control: A commentary on Australia's plain packaging of cigarettes

ISSN: 0959-5236

DOI: 10.1111/j.1465-3362.2011.00369.x

Accession Number: WOS:000296965900018

Notes: West, Robert

West, Robert/B-5414-2009; West, Robert/B-5414-2009

West, Robert/0000-0002-0291-5760; West, Robert/0000-0001-6398-0921
1465-3362

URL: <Go to ISI>://WOS:000296965900018

Reference Type: Book

Record Number: 2477

Author: West, R., Brown, J., West, R. and Brown, J.

Year: 2013

Title: A SYNTHETIC THEORY OF MOTIVATION

Series Title: Theory of Addiction, 2nd Edition

Number of Pages: 192-228

Short Title: A SYNTHETIC THEORY OF MOTIVATION

ISBN: 978-0-470-67421-5

Accession Number: WOS:000341971500009

Abstract: This chapter sets out a second draft of a synthetic theory of motivation (PRIME Theory) to provide a basis for a theory of addiction. It sets this within a broader model of behaviour, the COM-B model, which recognises that capability, opportunity and motivation all interact with behaviour as a dynamic system. The motivational theory needs to be able to provide a common framework for conscious choice processes and non-conscious motivational systems. It also needs to describe common mechanisms underlying apparently diverse patterns of addictive behaviour. Finally, it needs to set out the principles underlying the developmental process by which addiction and recovery from addiction occur.

Notes: West, Robert Brown, Jamie

URL: <Go to ISI>://WOS:000341971500009

Reference Type: Journal Article

Record Number: 1126

Author: Western, M. J., Armstrong, M. E. G., Islam, I., Morgan, K., Jones, U. F. and Kelson, M. J.

Year: 2021

Title: The effectiveness of digital interventions for increasing physical activity in individuals of low socioeconomic status: a systematic review and meta-analysis

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 18

Issue: 1

Date: Nov

Short Title: The effectiveness of digital interventions for increasing physical activity in individuals of low socioeconomic status: a systematic review and meta-analysis

DOI: 10.1186/s12966-021-01218-4

Article Number: 148

Accession Number: WOS:000716441100002

Abstract: Background Digital technologies such as wearables, websites and mobile applications are increasingly used in interventions targeting physical activity (PA). Increasing access to such technologies makes an attractive prospect for helping individuals of low socioeconomic status (SES) in becoming more active and healthier. However, little is known about their effectiveness in such populations. The aim of this systematic review was to explore whether digital interventions were effective in promoting PA in low SES populations, whether interventions are of equal benefit to higher SES individuals and whether the number or type of behaviour change techniques (BCTs) used in digital PA interventions was associated with intervention effects. Methods A systematic search strategy was used to identify eligible studies

from MEDLINE, Embase, PsycINFO, Web of Science, Scopus and The Cochrane Library, published between January 1990 and March 2020. Randomised controlled trials, using digital technology as the primary intervention tool, and a control group that did not receive any digital technology-based intervention were included, provided they had a measure of PA as an outcome. Lastly, studies that did not have any measure of SES were excluded from the review. Risk of Bias was assessed using the Cochrane Risk of Bias tool version 2. Results Of the 14,589 records initially identified, 19 studies were included in the final meta-analysis. Using random-effects models, in low SES there was a standardised mean difference (SMD (95%CI)) in PA between intervention and control groups of 0.06 (- 0.08,0.20). In high SES the SMD was 0.34 (0.22,0.45). Heterogeneity was modest in both low ($I^2 = 0.18$) and high ($I^2 = 0$) SES groups. The studies used a range of digital technologies and BCTs in their interventions, but the main findings were consistent across all of the sub-group analyses (digital interventions with a PA only focus, country, chronic disease, and duration of intervention) and there was no association with the number or type of BCTs. Discussion Digital interventions targeting PA do not show equivalent efficacy for people of low and high SES. For people of low SES, there is no evidence that digital PA interventions are effective, irrespective of the behaviour change techniques used. In contrast, the same interventions in high SES participants do indicate effectiveness. To reduce inequalities and improve effectiveness, future development of digital interventions aimed at improving PA must make more effort to meet the needs of low SES people within the target population.

Notes: Western, Max J. Armstrong, Miranda E. G. Islam, Ishrat Morgan, Kelly Jones, Una F. Kelson, Mark J.

Kelson, Mark J/E-6753-2016; Armstrong, Miranda/K-7697-2014

Kelson, Mark J/0000-0001-7744-3780; Armstrong, Miranda/0000-0001-8946-5776; Western, Max James/0000-0003-1107-8498 1479-5868

URL: <Go to ISI>://WOS:000716441100002

Reference Type: Journal Article

Record Number: 1987

Author: Westland, H., Bos-Touwen, I. D., Trappenburg, J. C. A., Schroder, C. D., de Wit, N. J. and Schuurmans, M. J.

Year: 2017

Title: Unravelling effectiveness of a nurse-led behaviour change intervention to enhance physical activity in patients at risk for cardiovascular disease in primary care: study protocol for a cluster randomised controlled trial

Journal: Trials

Volume: 18

Date: Feb

Short Title: Unravelling effectiveness of a nurse-led behaviour change intervention to enhance physical activity in patients at risk for cardiovascular disease in primary care: study protocol for a cluster randomised controlled trial

DOI: 10.1186/s13063-017-1823-9

Article Number: 79

Accession Number: WOS:000396617500001

Abstract: Background: Self-management interventions are considered effective in patients with chronic disease, but trials have shown inconsistent results, and it is unknown which patients benefit most. Adequate self-management requires behaviour change in both patients and health care providers. Therefore, the Activate intervention was developed with a focus on behaviour change in both patients and nurses. The intervention aims for change in a single self-management behaviour, namely physical activity, in primary care patients at risk for cardiovascular disease. The aim of this study is to evaluate the effectiveness of the Activate intervention. **Methods/design:** A two-arm cluster randomised controlled trial will be conducted to compare the Activate intervention with care as usual at 31 general practices in the Netherlands. Approximately 279 patients at risk for cardiovascular disease will participate. The Activate intervention is developed using the Behaviour Change Wheel and consists of 4 nurse-led consultations in a 3-month period, integrating 17 behaviour change techniques. The Behaviour Change Wheel was also applied to analyse what behaviour change is needed in nurses to deliver the intervention adequately. This resulted in 1-day training and coaching sessions (including 21 behaviour change techniques). The primary outcome is physical activity, measured as the number of minutes of moderate to vigorous physical activity using an accelerometer. Potential effect modifiers are age, body mass index, level of education, social support, depression, patient-provider relationship and baseline number of minutes of physical activity. Data will be collected at baseline and at 3 months and 6 months of follow-up. A process evaluation will be conducted to evaluate the training of nurses, treatment fidelity, and to identify barriers to and facilitators of implementation as well as to assess participants' satisfaction. **Discussion:** To increase physical activity in patients and to support nurses in delivering the intervention, behaviour change techniques are applied to change behaviours of the patients and nurses. Evaluation of the effectiveness of the intervention, exploration of which patients benefit most, and evaluation of our theory-based training for primary care nurses will enhance understanding of what works and for whom, which is essential for further implementation of self-management in clinical practice.

Notes: Westland, Heleen Bos-Touwen, Irene D. Trappenburg, Jaap C. A. Schroder, Carin D. de Wit, Niek J. Schuurmans, Marieke J. Trappenburg, Jaap/0000-0003-0489-7401; Westland, Heleen/0000-0001-7366-5773
1745-6215

URL: <Go to ISI>://WOS:000396617500001

Reference Type: Journal Article

Record Number: 1819

Author: Westland, H., Sluiter, J., te Dorsthorst, S., Schroder, C. D., Trappenburg, J. C. A., Vervoort, Scjm and Schuurmans, M. J.

Year: 2019

Title: Patients' experiences with a behaviour change intervention to enhance physical activity in primary care: A mixed methods study

Journal: Plos One

Volume: 14

Issue: 2

Date: Feb

Short Title: Patients' experiences with a behaviour change intervention to enhance physical activity in primary care: A mixed methods study

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0212169

Article Number: e0212169

Accession Number: WOS:000458395600050

Abstract: Objective To explore the experiences of patients at risk for cardiovascular disease in primary care with the Activate intervention in relation to their success in increasing their physical activity. Methods A convergent mixed methods study was conducted, parallel to a cluster-randomised controlled trial in primary care, using a questionnaire and semi-structured interviews. Questionnaires from 67 patients were analysed, and semi-structured interviews of 22 patients were thematically analysed. Experiences of patients who had objectively increased their physical activity (responders) were compared to those who had not (non-responders). Objective success was analysed in relation to self-perceived success. Results The questionnaire and interview data corresponded, and no substantial differences among responders and non-responders emerged. Participating in the intervention increased patients' awareness of their physical activity and their physical activity level. Key components of the intervention were the subsequent support of nurses with whom patients' have a trustful relationship and the use of self-monitoring tools. Patients highly valued jointly setting goals, planning actions, receiving feedback and review on their goal attainment and jointly solving problems. Nurses' support, the use of self-monitoring tools, and involving others incentivised patients to increase their physical activity. Internal circumstances and external circumstances challenged patients' engagement in increasing and maintaining their physical activity. Conclusion Patients experienced the Activate intervention as valuable to increase and maintain their physical activity, irrespective of their objective change in physical activity. The findings enable the understanding of the effectiveness of the intervention and implementation in primary care.

Notes: Westland, Heleen Sluiter, Jill te Dorsthorst, Sophie Schroder, Carin D. Trappenburg, Jaap C. A. Vervoort, Sigrid C. J. M. Schuurmans, Marieke J.

Westland, Heleen/0000-0001-7366-5773; Vervoort, Sigrid CJM/0000-0003-3578-3685

URL: <Go to ISI>://WOS:000458395600050

Reference Type: Journal Article

Record Number: 1633

Author: Westland, H., Trappenburg, J. C. A., Schuurmans, M. J., Zonneveld, M. H. and Schroder, C. D.

Year: 2021

Title: Fidelity of primary care nurses' delivery of a behavioural

change intervention enhancing physical activity in patients at risk of cardiovascular disease: an observational study

Journal: Bmj Open

Volume: 11

Issue: 3

Short Title: Fidelity of primary care nurses' delivery of a behavioural change intervention enhancing physical activity in patients at risk of cardiovascular disease: an observational study

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-046551

Article Number: e046551

Accession Number: WOS:000634886700024

Abstract: Objective To evaluate the fidelity of delivery of a nurse-led intervention to enhance physical activity in patients at risk for cardiovascular diseases, the Activate intervention, by assessing: (1) self-reported fidelity of delivery; (2) observed fidelity of delivery; (3) quality of delivery of the Activate intervention and (4) nurses' beliefs about their capability, motivation, confidence and effectiveness towards delivering the Activate intervention, including behavioural change techniques. Design An observational study. Setting General practices in the Netherlands. Participants Primary care nurses (n=20) from 16 general practices. Primary and secondary outcome measures Nurses' self-reported fidelity was evaluated using checklists (n=282), and the observed fidelity and quality of delivery were examined using audiorecordings of consultations of the delivery of the Activate intervention (n=42). Nurses' beliefs towards delivering the intervention were assessed using questionnaires (n=72). Results The self-reported fidelity was 88.1% and observed fidelity was 85.4%, representing high fidelity. The observed fidelity of applied behavioural change techniques was moderate (75.0%). The observed quality of delivery was sufficient and varied among nurses (mean 2.9; SD 4.4; range 0-4). Nurses' beliefs about their capability, motivation, confidence and effectiveness towards delivering the intervention increased over time. Conclusions Nurses delivered most intervention components as intended with sufficient quality. Nurses believed they were capable, motivated and confident to deliver the intervention. They believed the intervention was effective to increase patients' physical activity level. Despite the high fidelity and moderate fidelity of applied behavioural change techniques, the varying quality of delivery within and across nurses might have diluted the effectiveness of the Activate intervention.

Notes: Westland, Heleen Trappenburg, Jaap C. A. Schuurmans, Marieke J. Zonneveld, Michelle H. Schroder, Carin D.

Westland, Heleen/0000-0001-7366-5773; Zonneveld, Michelle Heleen/0000-0002-2329-4406

URL: <Go to ISI>://WOS:000634886700024

Reference Type: Journal Article

Record Number: 8

Author: Whitaker, K. L., Boswell, L., Russell, J., Black, G. B. and Harris, J.

Year: 2023

Title: The relationship between patient enablement and help-seeking in the context of blood cancer symptoms

Journal: Psycho-Oncology

Date: 2023 May

Short Title: The relationship between patient enablement and help-seeking in the context of blood cancer symptoms

ISSN: 1057-9249

DOI: 10.1002/pon.6170

Accession Number: WOS:000989095700001

Abstract: Objective Approaches to improve earlier diagnosis of cancer often focus on symptom awareness as a key driver of help-seeking behaviour and other psychological influences are less well understood. This is the first study to explore the role of patient enablement on help-seeking for people experiencing potential blood cancer symptoms. Methods A cross-sectional, nationally representative survey was completed by 434 respondents (>18 years). Questions asked about symptom experiences, medical help-seeking and re-consultation. Existing patient enablement items were included in the newly developed Blood Cancer Awareness Measure. We collected data on patient socio-demographic characteristics. Results Of those responding to the survey 224/434 (51.6%) reported experiencing at least one potential blood cancer symptom. Half of those experiencing symptoms (112/224) had sought medical help. Results from logistic regression analysis showed that higher scores on patient enablement were associated with being less likely to seek help (Odds Ratio [OR] 0.89, Confidence Interval [CI] 0.81-0.98) after controlling for socio-demographics. Separate analyses showed that higher enablement was associated with being more comfortable to re-consult if symptoms didn't go away or got worse (OR 1.31, CI 1.16-1.48); after a test result suggested there was nothing to worry about, but symptoms persisted (OR 1.23, CI 1.12-1.34) or to request further tests, scans or investigations (OR 1.31, CI 1.19-1.44). Conclusions Contrary to our hypotheses, patient enablement was associated with lower likelihood of help-seeking for potential blood cancer symptoms. Yet enablement appears to play an important role in likelihood of re-consulting when symptoms persist, get worse or need further investigation.

Notes: Whitaker, Katriina L. Boswell, Laura Russell, Jessica Black, Georgia B. Harris, Jenny

; Whitaker, Katriina/A-9826-2011

Harris, Jenny/0000-0001-8933-117X; Whitaker, Katriina/
0000-0002-0947-1840; Boswell, Laura/0000-0001-9611-7091
1099-1611

URL: <Go to ISI>://WOS:000989095700001

Reference Type: Journal Article

Record Number: 1698

Author: White, R., Hayes, C., Boyes, A. W. and Paul, C. L.

Year: 2020

Title: Integrated Primary Healthcare Opioid Tapering Interventions: A Mixed-Methods Study of Feasibility and Acceptability in Two General Practices in New South Wales, Australia

Journal: International Journal of Integrated Care

Volume: 20

Issue: 4

Date: Oct-Dec

Short Title: Integrated Primary Healthcare Opioid Tapering

Interventions: A Mixed-Methods Study of Feasibility and Acceptability in Two General Practices in New South Wales, Australia

ISSN: 1568-4156

DOI: 10.5334/ijic.5426

Article Number: 6

Accession Number: WOS:000674193800001

Abstract: Introduction: Integrated team-based primary healthcare is well positioned to support opioid tapering for patients experiencing chronic pain. This paper describes the development, implementation and acceptability of a primary healthcare opioid tapering intervention 'Assess Inform Manage Monitor' (AIMM) at two sites. Methods: AIMM involved GP advice; nurse monitoring and potential engagement with: community pharmacist; psychologist; dietitian and exercise physiologist. Individuals receiving 90 days or more of prescription opioids were eligible. Patient and provider surveys and qualitative interviews were completed. Results: Of 140 eligible patients, 37 attended during the study period and were invited to participate. Patient post-intervention surveys (n = 8) and interviews (n = 6) indicated the intervention was acceptable, although the perceived value of some of the integrated team was low. GP and practice nurse support was valued. Providers (n = 4) valued team integration. Low weaning readiness was a barrier to engagement by patients and providers. Key lessons and conclusions: The intervention, whilst conceptually acceptable, was not feasible in its current form. Future efforts to transition patients towards integrated care should retain the practice nurse and place more focus on understanding and reinforcing patients' readiness to wean. Greater inter-professional collaboration may also be needed. Such refinements may advance the cause of opioid reduction in primary care.

Notes: White, Ruth Hayes, Chris Boyes, Allison W. Paul, Christine L. Boyes, allison wendy/g-7299-2013

BOYES, ALLISON WENDY/0000-0003-1721-0533; Hayes, Chris/0000-0001-7163-0390

URL: <Go to ISI>://WOS:000674193800001

Reference Type: Journal Article

Record Number: 1628

Author: White, S., Gifford, A. and Frisher, M.

Year: 2021

Title: Experiential learning in public health: evaluation of a health promotion campaign assessment for pharmacy students

Journal: Pharmacy Education

Volume: 21

Issue: 1

Pages: 56-64

Short Title: Experiential learning in public health: evaluation of a health promotion campaign assessment for pharmacy students

ISSN: 1560-2214

DOI: 10.46542/pe.2021.211.5664

Accession Number: WOS:000660484900001

Abstract: Description: Students in small groups designed, delivered and evaluated real-life health promotion campaigns in the local community. A peer assessed component was included from the fifth cohort onwards. Evaluation: Six successive cohorts of pharmacy students anonymously completed an evaluation questionnaire after finishing the assessment. Descriptive and inferential statistical analyses were undertaken on the data. The results showed that consistently more respondents reported the assessment as a positive experience than a negative experience. Significantly more respondents reported peer assessment as being useful and group members equally contributing to campaign planning in the cohorts with peer assessment compared to the pre-peer assessment cohorts, but peer assessment did not significantly affect enjoyment ratings. Respondents' reported enjoyment of the assessment was significantly associated with agreement that it prepared them for health promotion in practice. Conclusions: Pharmacy students perceived the health promotion campaign assessment as appropriately challenging and enjoyable preparation for health promotion in practice.

Notes: White, Simon Gifford, Alison Frisher, Martin

White, Simon/0000-0003-0096-251X

1477-2701

URL: <Go to ISI>://WOS:000660484900001

Reference Type: Journal Article

Record Number: 326

Author: White, S., McErlean, G., Virdun, C., Phillips, J. L. and Jacobs, C.

Year: 2022

Title: Integrating genomics into the care of people with palliative needs: A global scoping review of policy recommendations

Journal: Public Health Genomics

Date: 2022 Nov

Short Title: Integrating genomics into the care of people with palliative needs: A global scoping review of policy recommendations

ISSN: 1662-4246

DOI: 10.1159/000527963

Accession Number: WOS:000886485600001

Abstract: BACKGROUND: Genomics has growing relevance to palliative care, where testing largely benefits relatives. Integration of genomics into the care of patients with palliative care needs has not received the critical attention it requires, and health professionals report a lack of policy guidance to support them to overcome practice barriers. SUMMARY: To identify policy recommendations related to: (1) integrating genomics into the care of patients with palliative care needs and their families, and (2) care of the family unit, we performed a scoping review of palliative care and genomic policies. Two of 78 policies recommended integrating genomics into palliative care. Six palliative care policies mentioned genomics in background information but were without relevant recommendations. No genomics policies mentioned palliative care in the background information. Across all policies,

guidance related to "Delivering Family-Centred Care" was the most frequent recommendation related to care of the family unit, (n=62/78, 79.5%). KEY MESSAGES: We identified a policy gap related to integrating genomics into palliative care. Without policy guidance, health services are less likely to commit funding towards supporting health professionals, reducing the personal and clinical benefits of genomics to patients and relatives. Framing genomic information as family-centred care enables policy makers to communicate the value of genomics to palliative care that will resonate with genomic and palliative care stakeholders. These findings increase awareness among policy makers of the benefits of genomic information to patients with palliative care needs and their families and call for incorporation of appropriate recommendations into palliative care and genomic policy.

Notes: White, Stephanie McErlean, Gemma Virdun, Claudia Phillips, Jane L. Jacobs, Chris McErlean, Gemma/HKN-0184-2023; Phillips, Jane/A-7780-2015; Virdun, Claudia/D-7623-2017 Phillips, Jane/0000-0002-3691-8230; Virdun, Claudia/0000-0003-3945-0749; White, Stephanie/0000-0002-5550-6397; McErlean, Gemma/0000-0001-6496-5678; Jacobs, Chris/0000-0002-9557-9080 1662-8063

URL: <Go to ISI>://WOS:000886485600001

Reference Type: Journal Article

Record Number: 2149

Author: Whitehead, L. and Seaton, P.

Year: 2016

Title: The Effectiveness of Self-Management Mobile Phone and Tablet Apps in Long-term Condition Management: A Systematic Review

Journal: Journal of Medical Internet Research

Volume: 18

Issue: 5

Date: May

Short Title: The Effectiveness of Self-Management Mobile Phone and Tablet Apps in Long-term Condition Management: A Systematic Review

ISSN: 1438-8871

DOI: 10.2196/jmir.4883

Article Number: e97

Accession Number: WOS:000405758500002

Abstract: Background: Long-term conditions and their concomitant management place considerable pressure on patients, communities, and health care systems worldwide. International clinical guidelines on the majority of long-term conditions recommend the inclusion of self-management programs in routine management. Self-management programs have been associated with improved health outcomes; however, the successful and sustainable transfer of research programs into clinical practice has been inconsistent. Recent developments in mobile technology, such as mobile phone and tablet computer apps, could help in developing a platform for the delivery of self-management interventions that are adaptable, of low cost, and easily accessible. Objective: We conducted a systematic review to assess the effectiveness of mobile phone and tablet apps in self-

management of key symptoms of long-term conditions. Methods: We searched PubMed, Embase, EBSCO databases, the Cochrane Library, and The Joanna Briggs Institute Library for randomized controlled trials that assessed the effectiveness of mobile phone and tablet apps in self-management of diabetes mellitus, cardiovascular disease, and chronic lung diseases from 2005–2016. We searched registers of current and ongoing trials, as well as the gray literature. We then checked the reference lists of all primary studies and review papers for additional references. The last search was run in February 2016. Results: Of the 9 papers we reviewed, 6 of the interventions demonstrated a statistically significant improvement in the primary measure of clinical outcome. Where the intervention comprised an app only, 3 studies demonstrated a statistically significant improvement. Interventions to address diabetes mellitus (5/9) were the most common, followed by chronic lung disease (3/9) and cardiovascular disease (1/9). A total of 3 studies included multiple intervention groups using permutations of an intervention involving an app. The duration of the intervention ranged from 6 weeks to 1 year, and final follow-up data ranged from 3 months to 1 year. Sample size ranged from 48 to 288 participants. Conclusions: The evidence indicates the potential of apps in improving symptom management through self-management interventions. The use of apps in mHealth has the potential to improve health outcomes among those living with chronic diseases through enhanced symptom control. Further innovation, optimization, and rigorous research around the potential of apps in mHealth technology will move the field toward the reality of improved health care delivery and outcomes.

Notes: Whitehead, Lisa Seaton, Philippa

Seaton, Philippa/L-6959-2017

Seaton, Philippa/0000-0003-0136-4175; Whitehead, Lisa/
0000-0002-6395-0279

URL: <Go to ISI>://WOS:000405758500002

Reference Type: Journal Article

Record Number: 1661

Author: Whiteley, D., Speakman, E., Elliott, L., Davidson, K.,
Hamilton, E., Jarvis, H., Quinn, M. and Flowers, P.

Year: 2021

Title: Provider-related barriers and enablers to the provision of
hepatitis C treatment by general practitioners in Scotland: A
behaviour change analysis

Journal: Journal of Viral Hepatitis

Volume: 28

Issue: 3

Pages: 528–537

Date: Mar

Short Title: Provider-related barriers and enablers to the provision
of hepatitis C treatment by general practitioners in Scotland: A
behaviour change analysis

ISSN: 1352-0504

DOI: 10.1111/jvh.13443

Accession Number: WOS:000596155400001

Abstract: The ease of direct-acting antiviral (DAA) medications for

hepatitis C virus (HCV) has provided an opportunity to decentralize HCV treatment into community settings. However, the role of non-specialist clinicians in community-based pathways has received scant attention to date. This study examined barriers and enablers to expanding the role of general practitioners (GPs) in HCV treatment provision, using simple behaviour change theory as a conceptual framework. A maximum variation sample of 22 HCV treatment providers, GPs and HCV support workers participated in semi-structured interviews. Data were inductively coded, and the resulting codes deductively mapped into three principal components of behaviour change: capability, opportunity and motivation (COM-B). By this process, a number of provider- and systemic-level barriers and enablers were identified. Key barriers included the pre-treatment assessment of liver fibrosis, GP capacity and the 'speciality' of HCV care. Enablers included the simplicity of the drugs, existing GP/patient relationships and the provision of holistic care. In addition to these specific factors, the data also exposed an overarching provider understanding of 'HCV treatment' as triumvirate in nature, incorporating the assessment of liver fibrosis, the provision of holistic support and the treatment of disease. This understanding imposes a further fundamental barrier to GP-led treatment as each of these three components needs to be individually addressed. To enable sustainable models of HCV treatment provision by GPs, a pragmatic re-examination of the 'HCV treatment triumvirate' is required, and a paradigm shift from the 'refer and treat' status quo.

Notes: Whiteley, David Speakman, Elizabeth Elliott, Lawrie Davidson, Katherine Hamilton, Emma Jarvis, Helen Quinn, Michael Flowers, Paul Whiteley, Dave/GLS-8363-2022; Speakman, ELIZABETH/IAN-5881-2023 Whiteley, Dave/0000-0001-9589-8893; Flowers, Paul/0000-0001-6239-5616; jarvis, helen/0000-0001-5039-0228; Davidson, Katherine/0000-0003-3203-7257
1365-2893

URL: <Go to ISI>://WOS:000596155400001

Reference Type: Journal Article

Record Number: 729

Author: Whiteley, D., Speakman, E. M., Elliott, L., Jarvis, H., Davidson, K., Quinn, M. and Flowers, P.

Year: 2022

Title: Developing a primary care-initiated hepatitis C treatment pathway in Scotland: a qualitative study

Journal: British Journal of General Practice

Date: 2022 May

Short Title: Developing a primary care-initiated hepatitis C treatment pathway in Scotland: a qualitative study

ISSN: 0960-1643

DOI: 10.3399/bjgp.2022.0044

Accession Number: WOS:000802917400001

Abstract: Background The ease of contemporary hepatitis C virus (HCV) therapy has prompted a global drive towards simplified and decentralised treatment pathways. In some countries, primary care has become an integral component of community-based HCV treatment

provision. In the UK, however, the role of primary care providers remains largely focused on testing and diagnosis alone. Aim To develop a primary care-initiated HCV treatment pathway for people who use drugs, and recommend theory informed interventions to help embed that pathway into practice. Design and setting A qualitative study informed by behaviour change theory. Semi-structured interviews were undertaken with key stakeholders (n = 38) primarily from two large conurbations in Scotland. Method Analysis was three-stage. First, a broad pathway structure was outlined and then sequential pathway steps were specified; second, thematic data were aligned to pathway steps, and significant barriers and enablers were identified; and, third, the Theoretical Domains Framework and Behaviour Change Wheel were employed to systematically develop ideas to enhance pathway implementation, which stakeholders then appraised. Results The proposed pathway structure spans broad, overarching challenges to primary care-initiated HCV treatment. The theory-informed recommendations align with influences on different behaviours at key pathway steps, and focus on relationship building, routinisation, education, combating stigmas, publicising the pathway, and treatment protocol development. Conclusion This study provides the first practicable pathway for primary care-initiated HCV treatment in Scotland, and provides recommendations for wider implementation in the UK. It positions primary care providers as an integral part of community-based HCV treatment, providing workable solutions to ingrained barriers to care.

Notes: Whiteley, David Speakman, Elizabeth M. Elliott, Lawrie Jarvis, Helen Davidson, Katherine Quinn, Michael Flowers, Paul Whiteley, Dave/GLS-8363-2022; Speakman, ELIZABETH/IAN-5881-2023 Whiteley, Dave/0000-0001-9589-8893; jarvis, helen/0000-0001-5039-0228; Speakman, Elizabeth/0000-0002-4405-0670; Davidson, Katherine/0000-0003-3203-7257 1478-5242

URL: <Go to ISI>://WOS:000802917400001

Reference Type: Journal Article

Record Number: 1415

Author: Whitmarsh, L., Poortinga, W. and Capstick, S.

Year: 2021

Title: Behaviour change to address climate change

Journal: Current Opinion in Psychology

Volume: 42

Pages: 76-81

Date: Dec

Short Title: Behaviour change to address climate change

ISSN: 2352-250X

DOI: 10.1016/j.copsyc.2021.04.002

Accession Number: WOS:000700610700014

Abstract: Addressing climate change requires profound behaviour change, not only in consumer action, but also in action as members of communities and organisations, and as citizens who can influence policies. However, while many behavioural models exist to explain and predict mitigation and adaptation behaviours, we argue that their utility in establishing meaningful change is limited due to

their being too reductive, individualistic, linear, deliberative and blind to environmental impact. This has led to a focus on suboptimal intervention strategies, particularly informational approaches. Addressing the climate crisis requires a focus on high-impact behaviours and high-emitting groups; interdisciplinary interventions that address the multiple drivers, barriers and contexts of behaviour; and timing to ensure interventions are targeted to moments of change when habits are weaker.

Notes: Whitmarsh, Lorraine Poortinga, Wouter Capstick, Stuart Poortinga, Wouter/A-1802-2010; Whitmarsh, Lorraine/A-1611-2010 Poortinga, Wouter/0000-0002-6926-8545; Whitmarsh, Lorraine/0000-0002-9054-1040
2352-2518

URL: <Go to ISI>://WOS:000700610700014

Reference Type: Journal Article

Record Number: 956

Author: Whittaker, E. M., Levy, A. R., Matata, B., Kinnafick, F. E. and Midgley, A. W.

Year: 2022

Title: Using Behavior Change Interventions in Cardiac and Pulmonary Rehabilitation: Perspectives from Healthcare Professionals in the United Kingdom

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 4

Date: Feb

Short Title: Using Behavior Change Interventions in Cardiac and Pulmonary Rehabilitation: Perspectives from Healthcare Professionals in the United Kingdom

DOI: 10.3390/ijerph19041980

Article Number: 1980

Accession Number: WOS:000769116800001

Abstract: This study explores healthcare professionals' experiences of using behavior change interventions in clinical practice. Semi-structured qualitative interviews were conducted with 11 healthcare professionals working in a cardiac and pulmonary rehabilitation National Health Service Trust in the United Kingdom. Interviews were transcribed and analyzed using inductive thematic analysis. Four overarching themes representing healthcare practitioners' perceptions of using behavior change interventions were identified: (1) reliance on experiential learning, (2) knowledge transition, (3) existing professional development programs, and (4) barriers and facilitators for continued professional development. The results are discussed in relation to the implications they may have for behavior change training in clinical healthcare practice. Healthcare professionals require bespoke and formalized training to optimize their delivery of behavior change interventions in cardiac and pulmonary rehabilitation. Doing so will enhance intervention fidelity and implementation that can potentially ameliorate patient rehabilitation outcomes.

Notes: Whittaker, Eleanor M. Levy, Andrew R. Matata, Bashir

Kinnafick, Florence E. Midgley, Adrian W.
Kinnafick, Florence/R-5545-2017
Kinnafick, Florence/0000-0002-3095-7116; Whittaker, Eleanor/
0000-0001-8599-9316; Midgley, Adrian/0000-0002-6139-4168
1660-4601
URL: <Go to ISI>://WOS:000769116800001

Reference Type: Journal Article

Record Number: 977

Author: Whittaker, J. L., Truong, L. K., Losciale, J. M., Silvester-Lee, T., Miciak, M., Pajkic, A., Le, C. Y., Hoens, A. M., Mosewich, A., Hunt, M. A., Li, L. D. and Roos, E. M.

Year: 2022

Title: Efficacy of the SOAR knee health program: protocol for a two-arm stepped-wedge randomized delayed-controlled trial

Journal: BMC Musculoskeletal Disorders

Volume: 23

Issue: 1

Date: Jan

Short Title: Efficacy of the SOAR knee health program: protocol for a two-arm stepped-wedge randomized delayed-controlled trial

DOI: 10.1186/s12891-022-05019-z

Article Number: 85

Accession Number: WOS:000749212300001

Abstract: Background: Knee trauma permanently elevates one's risk for knee osteoarthritis. Despite this, people at-risk of posttraumatic knee osteoarthritis rarely seek or receive care, and accessible and efficacious interventions to promote knee health after injury are lacking. Exercise can ameliorate some mechanisms and independent risk factors for osteoarthritis and, education and action-planning improve adherence to exercise and promote healthy behaviours. Methods: To assess the efficacy of a virtually-delivered, physiotherapist-guided exercise-based program (SOAR) to improve knee health in persons discharged from care after an activity-related knee injury, 70 people (16-35 years of age, 12-48 months post-injury) in Vancouver Canada will be recruited for a two-arm step-wedged assessor-blinded delayed-control randomized trial. Participants will be randomly allocated to receive the intervention immediately or after a 10-week delay. The program consists of 1) one-time Knee Camp (group education, 1:1 individualized exercise and activity goal-setting); 2) weekly individualized home-based exercise and activity program with tracking, and; 3) weekly 1:1 physiotherapy-guided action-planning with optional group exercise class. Outcomes will be measured at baseline, 9- (primary endpoint), and 18-weeks. The primary outcome is 9-week change in knee extension strength (normalized peak concentric torque; isokinetic dynamometer). Secondary outcomes include 9-week change in moderate-to-vigorous physical activity (accelerometer) and self-reported knee-related quality-of-life (Knee injury and OA Outcome Score subscale) and self-efficacy (Knee Self Efficacy Scale). Exploratory outcomes include 18-week change in primary and secondary outcomes, and 9- and 18- week change in other components of knee extensor and flexor muscle function, hop function, and self-reported symptoms,

function, physical activity, social support, perceived selfcare and kinesiophobia. Secondary study objectives will assess the feasibility of a future hybrid effectiveness–implementation trial protocol, determine the optimal intervention length, and explore stakeholder experiences. Discussion: This study will assess the efficacy of a novel, virtually-delivered, physiotherapist-guided exercise-based program to optimize knee health in persons at increased risk of osteoarthritis due to a past knee injury. Findings will provide valuable information to inform the management of osteoarthritis risk after knee trauma and the conduct of a future effectiveness–implementation trial.

Notes: Whittaker, Jackie L. Truong, Linda K. Losciale, Justin M. Silvester-Lee, Trish Miciak, Maxi Pajkic, Andrea Le, Christina Y. Hoens, Alison M. Mosewich, Amber Hunt, Michael A. Li, Linda C. Roos, Ewa M.

Roos, Ewa M/A-5416-2012; Truong, Linda/GPX-8598-2022

Roos, Ewa M/0000-0001-5425-2199; Truong, Linda/0000-0002-0728-6297
1471-2474

URL: <Go to ISI>://WOS:000749212300001

Reference Type: Journal Article

Record Number: 1435

Author: Whittal, A., Atkins, L. and Herber, O. R.

Year: 2021

Title: What the guide does not tell you: reflections on and lessons learned from applying the COM-B behavior model for designing real life interventions

Journal: Translational Behavioral Medicine

Volume: 11

Issue: 5

Pages: 1122-1126

Date: May

Short Title: What the guide does not tell you: reflections on and lessons learned from applying the COM-B behavior model for designing real life interventions

ISSN: 1869-6716

DOI: 10.1093/tbm/ibaa116

Accession Number: WOS:000732777000009

Abstract: Substantial inconsistency exists in the effectiveness of existing interventions to improve heart failure (HF) self-care, which can be partially explained by the fact that self-management interventions often lack theoretical models that underpin intervention development. The COM-B behavior model is a comprehensive theoretical framework that can be used to develop effective, theory-based interventions. The aim of this article is to highlight the challenges and practical solutions when applying the COM-B model to HF self-care, in order to provide useful support for researchers intending to use the model for designing behavior change interventions. "The Behaviour Change Wheel" handbook provides a step-by-step guide to understand and change behavior. When following the guide, some practical and methodological challenges were encountered. Lessons learnt to overcome these challenges are reported. Although the handbook is a comprehensive guide for

designing behavior change interventions, a number of challenges arose. For example, the descriptions provided in the guide were not always sufficient to make solid judgments on how to categorize determinants; narrowing down intervention possibilities to a manageable number and prioritizing potential behavior change techniques over others involved a certain amount of subjectivity in an otherwise highly systematic and structured approach. For the encountered challenges, solutions are provided to illustrate how the model was applied practically to design theory-based behavior change interventions. This article provides a useful reference for researchers' use of the COM-B behavior model, as it outlines challenges that may occur and potential solutions to overcome them.

Notes: Whittal, Amanda Atkins, Lou Herber, Oliver Rudolf

Atkins, Louise/C-7740-2011

Atkins, Louise/0000-0001-9322-7869

1613-9860

URL: <Go to ISI>://WOS:000732777000009

Reference Type: Journal Article

Record Number: 1711

Author: Whittal, A., Stork, S., Riegel, B. and Herber, O. R.

Year: 2021

Title: Applying the COM-B behaviour model to overcome barriers to heart failure self-care: A practical application of a conceptual framework for the development of complex interventions (ACHIEVE study)

Journal: European Journal of Cardiovascular Nursing

Volume: 20

Issue: 3

Pages: 261-267

Date: Mar

Short Title: Applying the COM-B behaviour model to overcome barriers to heart failure self-care: A practical application of a conceptual framework for the development of complex interventions (ACHIEVE study)

ISSN: 1474-5151

DOI: 10.1177/1474515120957292

Article Number: 1474515120957292

Accession Number: WOS:000571602200001

Abstract: Background: Effective interventions to enhance adherence to self-care recommendations in patients with heart failure have immense potential to improve health and wellbeing. However, there is substantial inconsistency in the effectiveness of existing self-management interventions, partly because they lack theoretical models underpinning intervention development. Aim: To outline how the capability, opportunity and motivation behaviour model has been applied to guide the development of a theory-based intervention aiming to improve adherence to heart failure self-care recommendations. Methods: The application of the capability, opportunity and motivation behaviour model involved three steps: (a) identification of barriers and facilitators to heart failure self-care from two comprehensive meta-studies; (b) identification of appropriate behaviour change techniques to improve heart failure

self-care; and (c) involvement of experts to reduce and refine potential behaviour change techniques further. Results: A total of 119 barriers and facilitators were identified. Fifty-six behaviour change techniques remained after applying three steps of the behaviour model for designing interventions. Expert involvement (n=39, of which 31 were patients (67% men; 45% New York Heart Association II)) further reduced and refined potential behaviour change techniques. Experts disliked some behaviour change techniques such as 'anticipated regret' and 'salience of consequences'. This process resulted in a final comprehensive list consisting of 28 barriers and 49 appropriate behaviour change techniques potentially enhancing self-care that was put forward for further use. Conclusion: The application of the capability, opportunity and motivation behaviour model facilitated identifying important factors influencing adherence to heart failure self-care recommendations. The model served as a comprehensive guide for the selection and design of interventions for improving heart failure self-care adherence. The capability, opportunity and motivation behaviour model enabled the connection of heart failure self-care barriers to particular behaviour change techniques to be used in practice. Notes: Whittal, Amanda Stoerk, Stefan Riegel, Barbara Herber, Oliver Rudolf
Stork, Stefan/AAR-4182-2020
Stork, Stefan/0000-0002-1771-7249; Reis, AlessanRSS/
0000-0001-8486-7469
1873-1953
URL: <Go to ISI>://WOS:000571602200001

Reference Type: Journal Article

Record Number: 468

Author: Wibowo, R. A., Sofyana, M. and Agustiningsih, D.

Year: 2022

Title: Applying the behavior change wheel to identify pandemic-related attitudes and feelings about physical activity as predictors of physical activity level among university students in Indonesia during the COVID-19 pandemic

Journal: Frontiers in Education

Volume: 7

Date: Sep

Short Title: Applying the behavior change wheel to identify pandemic-related attitudes and feelings about physical activity as predictors of physical activity level among university students in Indonesia during the COVID-19 pandemic

DOI: 10.3389/educ.2022.958348

Article Number: 958348

Accession Number: WOS:000872898500001

Abstract: A recent systematic review found a significant drop in physical activity (PA) among university students during the coronavirus disease 2019 (COVID-19) pandemic. Identifying students' attitudes and feelings about PA and coronavirus, which could facilitate or hinder PA, is essential to guide intervention planning. Therefore, this study aimed to examine attitudes and feelings about PA and coronavirus as predictors of PA levels. We

conducted a cross-sectional study among undergraduate university students in Indonesia to collect their PA levels using the global PA questionnaire version 2 and their attitudes and feelings about PA in pandemic situations. A binomial logistic regression has been conducted to predict whether students will sufficiently engage in PA based on their attitudes and feelings related to PA, coronavirus, and demographic characteristics. Results from 588 undergraduate students (75% female) showed that students perceived the health benefits of PA, perceived feeling guilty about wanting to do PA during the pandemic, body mass index (BMI), and field of study were statistically significant predictors of PA levels. An increase of one unit of perceived health benefits of PA increases the odds of meeting the PA guidelines by 2.313 (95% confidence interval 1.708–3.132, $p < 0.001$). On the other hand, raising one point of feeling guilty about conducting PA was associated with 1.285 times lower odds (95% confidence interval 1.062–1.558, $p = 0.01$) of meeting the PA guidelines. Thus, intervention should increase students' awareness of the physical health benefits of PA during the pandemic and reduce their feeling of guilty about conducting the PA. Notes: Wibowo, Rakhmat Ari Sofyana, Meida Agustiningsih, Denny 2504-284x
URL: <Go to ISI>://WOS:000872898500001

Reference Type: Journal Article

Record Number: 77

Author: Wiedemann, R. and Inauen, J.

Year: 2023

Title: Identifying determinants of pesticide use behaviors for effective agri-environmental policies: a systematic review

Journal: Environmental Research Letters

Volume: 18

Issue: 4

Date: Apr

Short Title: Identifying determinants of pesticide use behaviors for effective agri-environmental policies: a systematic review

ISSN: 1748-9326

DOI: 10.1088/1748-9326/acbe51

Article Number: 043001

Accession Number: WOS:000950323000001

Abstract: Environmental problems demand for innovative interdisciplinary research to tackle problem complexity and provide insights for problem-solving. Along these lines, behavioral insights have the potential to improve the effectiveness of policies by identifying which behaviors are best tackled and how. In this paper, we present a systematic review of the literature on small-scale farmers' pesticide use in the Global South to identify (a) pesticide use behaviors and (b) their behavioral determinants. We defined our body of literature by establishing inclusion criteria and screened studies in a two-step process involving multiple coders. From the selected studies ($k = 70$), we extracted data about farmers' pesticide use behaviors. We also extracted the determinants of these behaviors with an established framework of behavioral change, the behavior change wheel. Finally, we show how the behavioral insights

thus obtained can provide hypotheses on the suitability and ultimate effectiveness of policy instruments for agriculture and environmental protection. Overall, this systematic approach showcases how behavioral insights can be used to systematically gather new knowledge on what works and why in pesticide policy. Additionally, this paper illustrates that the current literature on pesticide use behavior in the Global South lacks standardized and consistent measures of behavior and determinants to provide valid and robust results. Overall, this hampers evidence synthesis and thus scientific progress in the field.

Notes: Wiedemann, Ruth Inauen, Jennifer

URL: <Go to ISI>://WOS:000950323000001

Reference Type: Journal Article

Record Number: 922

Author: Wigham, S., Ingham, B., Le Couteur, A., Wilson, C., Ensum, I. and Parr, J. R.

Year: 2022

Title: A survey of autistic adults, relatives and clinical teams in the United Kingdom: And Delphi process consensus statements on optimal autism diagnostic assessment for adults

Journal: Autism

Volume: 26

Issue: 8

Pages: 1959–1972

Date: Nov

Short Title: A survey of autistic adults, relatives and clinical teams in the United Kingdom: And Delphi process consensus statements on optimal autism diagnostic assessment for adults

ISSN: 1362–3613

DOI: 10.1177/13623613211073020

Article Number: 13623613211073020

Accession Number: WOS:000759726600001

Abstract: Accessing adult autism diagnostic pathways can be difficult. This study explored perspectives of UK autistic adults, relatives and clinicians regarding the characteristics of optimal adult autism assessment and diagnostic services. In stage 1, three key stakeholder groups were surveyed about experiences of adult autism diagnostic services (pre-assessment/assessment): 343 autistic adults, 45 relatives and 35 clinicians completed parallel surveys. Information from stage 1 surveys was used to devise statements for a modified Delphi process in stage 2 seeking consensus among clinicians on optimal diagnostic service characteristics. Data analyses were non-parametric and descriptive. Over half of adults were in contact with mental health services prior to autism diagnosis. Clinicians reported that multidisciplinary diagnostic teams lacked key professionals. Thirteen statements describing optimal autism diagnostic service provision were developed. There was consensus from clinicians on 11 statements relating to clear assessment pathways, updates for people while waiting, pre-assessment information gathering/provision, co-occurring condition identification and training/networking. Some autistic adults, relatives and clinicians were positive about services, all

stakeholders identified improvements were needed. The findings describing optimal service provision are relevant for UK clinicians, managers and commissioners to improve diagnostic assessments for autistic adults, and have international relevance for similar health systems. Lay abstract Living with undiagnosed autism can be distressing and may affect mental health. A diagnosis of autism can help self-awareness and self-understanding. However, it can be difficult for adults to access an autism assessment. Clinicians also sometimes find it hard to identify autism in adults. This may mean an autism diagnosis is delayed or missed. In this study, we asked autistic adults, relatives and clinicians how to improve this. The study was in two stages. In the first stage (stage 1), 343 autistic adults and 45 relatives completed a survey. In the survey, we asked questions about people's experiences of UK autism assessment services for adults. Thirty-five clinicians completed a similar survey. Clinicians reported that some autism assessment teams lacked key professionals, for example, psychologists and occupational therapists. We used the information from the three separate surveys to create 13 statements describing best autism assessment services for adults. In stage 2, we asked clinicians for their views on the 13 statements. Clinicians agreed with 11 of the statements. Some autistic adults, relatives and clinicians were positive about autism assessment services, and many also described areas that could be improved. The study findings can be used to improve UK adult autism assessment services and may be helpful for service developments worldwide.

Notes: Wigham, Sarah Ingham, Barry Le Couteur, Ann Wilson, Colin Ensum, Ian Parr, Jeremy R.

Wigham, Sarah/0000-0002-7722-9108

1461-7005

URL: <Go to ISI>://WOS:000759726600001

Reference Type: Journal Article

Record Number: 970

Author: Wight, D., Sekiwunga, R., Namutebi, C., Zalwango, F. and Siu, G. E.

Year: 2022

Title: A Ugandan Parenting Programme to Prevent Gender-Based Violence: Description and Formative Evaluation

Journal: Research on Social Work Practice

Volume: 32

Issue: 4

Pages: 448-464

Date: May

Short Title: A Ugandan Parenting Programme to Prevent Gender-Based Violence: Description and Formative Evaluation

ISSN: 1049-7315

DOI: 10.1177/10497315211056246

Article Number: 10497315211056246

Accession Number: WOS:000751929400001

Abstract: Purpose: To develop a culturally-sensitive intervention for the early prevention of gender-based violence (GBV) in Uganda.

Methods: Programme design followed the 6SQuID model of intervention

development and multi-sectorial advice. A formative evaluation was conducted in two communities with six groups and 138 participants. Findings: Four familial predictors of GBV were identified as potentially malleable: poor parent-child attachment, harsh parenting, inequitable gendered socialization and parental conflict. A community-based parenting programme was developed to address them. Its programme theory incorporates Attachment Theory, the concept that positive behavioural control develops emotional control, and Social Learning Theory. Its rationale, structure and content are presented using the TIDieR checklist. A formative evaluation showed the programme to be widely acceptable, culturally appropriate, and perceived to be effective, but also identified challenges. Conclusion: The careful development of this community-based parenting programme shows promise for the early prevention of GBV. Notes: Wight, Daniel Sekiwunga, Richard Namutebi, Carol Zalwango, Flavia Siu, Godfrey E. Wight, Daniel/0000-0002-1234-3110 1552-7581 URL: <Go to ISI>://WOS:000751929400001

Reference Type: Journal Article

Record Number: 1215

Author: Wildman, M. J., O'Cathain, A., Maguire, C., Arden, M. A., Hutchings, M., Bradley, J., Walters, S. J., Whelan, P., Ainsworth, J., Buchan, I., Mandefield, L., Sutton, L., Tappenden, P., Elliott, R. A., Hoo, Z. H., Drabble, S. J., Beever, D. and Team, C. FHealthHub Study

Year: 2022

Title: Self-management intervention to reduce pulmonary exacerbations by supporting treatment adherence in adults with cystic fibrosis: a randomised controlled trial

Journal: Thorax

Volume: 77

Issue: 5

Pages: 461-469

Date: May

Short Title: Self-management intervention to reduce pulmonary exacerbations by supporting treatment adherence in adults with cystic fibrosis: a randomised controlled trial

ISSN: 0040-6376

DOI: 10.1136/thoraxjnl-2021-217594

Accession Number: WOS:000727730500001

Abstract: Introduction Recurrent pulmonary exacerbations lead to progressive lung damage in cystic fibrosis (CF). Inhaled medications (mucoactive agents and antibiotics) help prevent exacerbations, but objectively measured adherence is low. We investigated whether a multi-component (complex) self-management intervention to support adherence would reduce exacerbation rates over 12 months. Methods Between October 2017 and May 2018, adults with CF (aged \geq 16 years; 19 UK centres) were randomised to the intervention (data-logging nebulisers, a digital platform and behavioural change sessions with trained clinical interventionists) or usual care (data-logging nebulisers). Outcomes included pulmonary exacerbations (primary

outcome), objectively measured adherence, body mass index (BMI), lung function (FEV1) and Cystic Fibrosis Questionnaire-Revised (CFQ-R). Analyses were by intent to treat over 12 months. Results Among intervention (n=304) and usual care (n=303) participants (51% female, median age 31 years), 88% completed 12-month follow-up. Mean exacerbation rate was 1.63/year with intervention and 1.77/year with usual care (adjusted ratio 0.96; 95% CI 0.83 to 1.12; p=0.64). Adjusted mean differences (95% CI) were in favour of the intervention versus usual care for objectively measured adherence (9.5% (8.6% to 10.4%)) and BMI (0.3 (0.1 to 0.6) kg/m²), with no difference for %FEV1 (1.4 (-0.2 to 3.0)). Seven CFQ-R subscales showed no between-group difference, but treatment burden reduced for the intervention (3.9 (1.2 to 6.7) points). No intervention-related serious adverse events occurred. Conclusions While pulmonary exacerbations and FEV1 did not show statistically significant differences, the intervention achieved higher objectively measured adherence versus usual care. The adherence difference might be inadequate to influence exacerbations, though higher BMI and lower perceived CF treatment burden were observed.

Notes: Wildman, Martin J. O' Cathain, Alicia Maguire, Chin Arden, Madelynne A. Hutchings, Marlene Bradley, Judy Walters, Stephen J. Whelan, Pauline Ainsworth, John Buchan, Iain Mandefield, Laura Sutton, Laura Tappenden, Paul Elliott, Rachel A. Hoo, Zhe Hui Drabble, Sarah J. Beever, Daniel Buchan, Iain E/H-5767-2013; Drabble, Sarah J/H-6452-2016; Arden, Madelynne A/B-8717-2009; Elliott, Rachel/P-5894-2018; Hind, Daniel/A-2180-2010

Buchan, Iain E/0000-0003-3392-1650; Drabble, Sarah J/0000-0001-7183-6321; Arden, Madelynne A/0000-0002-6199-717X; Elliott, Rachel/0000-0002-3650-0168; Ainsworth, John/0000-0002-2187-9195; Hutchings, Marlene/0000-0002-4710-657X; Hind, Daniel/0000-0002-6409-4793
1468-3296

URL: <Go to ISI>://WOS:000727730500001

Reference Type: Journal Article

Record Number: 2352

Author: Wiles, L., Cafarella, P. and Williams, M. T.

Year: 2015

Title: Exercise training combined with psychological interventions for people with chronic obstructive pulmonary disease

Journal: Respirology

Volume: 20

Issue: 1

Pages: 46-55

Date: Jan

Short Title: Exercise training combined with psychological interventions for people with chronic obstructive pulmonary disease

ISSN: 1323-7799

DOI: 10.1111/resp.12419

Accession Number: WOS:000346467400010

Abstract: Previous systematic reviews have confirmed the benefits of both exercise training and psychological interventions in people

with chronic obstructive pulmonary disease (COPD). The objective of this systematic review was to examine the effect of interventions which combine exercise training and psychological interventions for a range of health outcomes in people with COPD. Database searches identified randomized controlled trials of people with COPD participating in interventions that combined exercise training with a psychological strategy compared with control (usual care, waiting list) or active comparators (education, exercise, psychological interventions alone). Health outcomes included dyspnoea, anxiety, depression, quality of life or functional exercise capacity. Standardized mean differences (SMD) were calculated for each intervention arm/control comparison. Across the 12 included studies (738 participants), compared with control conditions, SMD consistently favoured interventions which included both exercise+psychological components (SMD range dyspnoea -1.63 to -0.25; anxiety -0.50 to -0.20; depression -0.46 to -0.18; quality of life 0.09 to 1.16; functional exercise capacity 0.22 to 1.23). When compared with active comparators, SMD consistently favoured interventions that included exercise training+psychological component for dyspnoea (SMD range -0.35 to -0.97), anxiety (SMD range -0.13 to -1.00) and exercise capacity (SMD range 0.64 to 0.71) but were inconsistent for depression (-0.11 to 1.27) and quality of life (0.02 to -2.00). The magnitude of effect for most interventions was greater than the minimum required for clinical significance (i.e.>0.32) in behavioural medicine. While interventions, outcomes and effect sizes differed substantially between studies, combining exercise training with a psychological intervention may provide a means of optimizing rehabilitation in people with COPD.

Notes: Wiles, Louise Cafarella, Paul Williams, Marie T.
Wiles, Louise K M/I-3014-2015; Williams, Marie T/C-8152-2009
Wiles, Louise K M/0000-0002-6557-6196; Williams, Marie T/
0000-0002-0473-5157; Cafarella, Paul/0000-0002-0165-4909
1440-1843
URL: <Go to ISI>://WOS:000346467400010

Reference Type: Journal Article
Record Number: 1202
Author: Wilkie, S. and Davinson, N.
Year: 2021
Title: Prevalence and effectiveness of nature-based interventions to impact adult health-related behaviours and outcomes: A scoping review
Journal: Landscape and Urban Planning
Volume: 214
Date: Oct
Short Title: Prevalence and effectiveness of nature-based interventions to impact adult health-related behaviours and outcomes: A scoping review
ISSN: 0169-2046
DOI: 10.1016/j.landurbplan.2021.104166
Article Number: 104166
Accession Number: WOS:000681122700006
Abstract: Evidence supports the positive influence of nature on

population health, which has led to increased interest in nature-based interventions (NBIs). This scoping review explored how NBIs were currently being implemented to change adult health-related behaviours and outcomes linked with international public health indicators. Fiftytwo of the 618 studies initially screened met the inclusion criteria. The review reinforced nature's potential to improve multiple health and wellbeing outcomes relevant to environment and public health disciplines. However, NBI effects were typically small, assessed short-term, and often based on comparisons between natural and highly urbanised settings. Vague NBI descriptions, an absence of theoretical frameworks guiding NBI design, and limited exploration of differences by socio-demographic or clinical group limited the conclusions. Based on the review findings, future NBIs should include clear, full descriptions of the settings and intervention techniques. The theoretical framework(s) utilised in the design and evaluation process should also be specified. NBIs duration should also be systematically investigated to establish if doseresponse relationships differ by health outcomes to inform public health guidance on the "minimum duration for maximum benefit" for nature users. Another recommendation is for health behaviour change frameworks to be considered along with environment-health theories in NBI design and evaluation. This complementary approach could establish the full range of environment and health benefits associated with NBIs and better evidence the environmental, health and social impact.

Notes: Wilkie, Stephanie Davinson, Nicola

1872-6062

URL: <Go to ISI>://WOS:000681122700006

Reference Type: Journal Article

Record Number: 491

Author: Wilkinson, S. A., Bell, J. J., Neaves, B., McCray, S. J. and Campbell, K.

Year: 2022

Title: Qualitative analysis of the implementation of a hospital room service in a large metropolitan hospital: foundations for transformation

Journal: Jbi Evidence Implementation

Volume: 20

Issue: 3

Pages: 199-208

Date: Sep

Short Title: Qualitative analysis of the implementation of a hospital room service in a large metropolitan hospital: foundations for transformation

ISSN: 2691-3321

DOI: 10.1097/xeb.0000000000000333

Accession Number: WOS:000851324900006

Abstract: Introduction and aims: Room service is a hospital meal service model with demonstrated improved nutrition intake, reduced wastage and cost benefits in some settings compared with traditional models. However, uptake across public hospital settings appears low; the underlying reasons require exploration. In 2019, room service

was introduced in a Queensland Hospital and Health Service site. The aim of this article is to identify the barriers and enablers to implementing room service to provide recommendations for future implementation of this model. Methods: The current qualitative descriptive study utilized semistructured interviews with project members and key stakeholders involved in implementation of the room service meal delivery model at the Prince Charles Hospital (Queensland, Australia). A convenience sample of participants were recruited. Interviews explored project experiences from commencement to completion, barriers and enablers to implementation, strategies to overcome challenges and recommendations for implementation at other sites. Interviews were coded to identify themes and subthemes. Results: Nine participants were interviewed. Key themes with associated subthemes were (1) foundations of transformation, (2) navigating implementation and (3) embedding sustainable practices. Conclusion: The current study adds rich information to understand factors that support the implementation of a room service model in a large public hospital. Future implementation of room service should not only consider measuring quantifiable outcomes, but also the importance of qualitative descriptive studies surveying project members and key stakeholders to further explore experiences, barriers and enablers to implementation and develop strategies to overcome challenges to assist further sites implement this model. Notes: Wilkinson, Shelley A. Bell, Jack J. Neaves, Bianca McCray, Sally J. Campbell, Katrina Wilkinson, Shelley/AAV-9803-2020 Wilkinson, Shelley/0000-0003-3365-3473 URL: <Go to ISI>://WOS:000851324900006

Reference Type: Journal Article

Record Number: 413

Author: Wilkinson, S. A., Guyatt, S. and Willcox, J. C.

Year: 2023

Title: Informing a healthy eating and physical activity program to decrease postnatal weight retention: What are women experiencing and what type of program do they want?

Journal: Health Promotion Journal of Australia

Volume: 34

Issue: 1

Pages: 111-122

Date: Feb

Short Title: Informing a healthy eating and physical activity program to decrease postnatal weight retention: What are women experiencing and what type of program do they want?

ISSN: 1036-1073

DOI: 10.1002/hpja.668

Accession Number: WOS:000866183700001

Abstract: Issue addressed Retention of weight gained during pregnancy contributes to overweight and obesity and consequent chronic disease risk. Early programs have been successful in improving diet quality, physical activity levels and reducing postnatal weight retention. However, barriers to program engagement remain. This study aimed to investigate women's healthy eating,

physical activity and weight experiences and explore their views regarding digital health interventions to assist meeting their lifestyle goals. Methods This qualitative descriptive study utilised semi-structured interviews with women who had recently become mothers who had gestational diabetes or a body mass index above 25 kg/m(2). Themes were then identified through thematic analysis of interview transcripts. Results Nine women were interviewed (average age 33.4 +/- 4.2 years). The two distinct areas of questioning resulted in two overarching topics: (i) Enablers and barriers to maintaining regular physical activity and a healthy dietary pattern; and (ii) characteristics of a postpartum program to enable meeting of diet, physical activity and weight loss goals. These topics each had their own descriptive themes and sub-themes. Conclusions Understanding women's needs and viewpoints for a postnatal diet, physical activity and weight program allows researchers to design a program to maximise engagement and outcomes. So what? Any further postnatal program must leverage off existing infrastructure, integrate learnings from published formative work and harnesses the impact of digital delivery. This will improve program accessibility and provide ongoing contact for sustained behaviour change through text messaging and providing digital resources in a dynamic format women can engage with in their own time.

Notes: Wilkinson, Shelley A. Guyatt, Sheridan Willcox, Jane C. Wilkinson, Shelley/AAV-9803-2020

Wilkinson, Shelley/0000-0003-3365-3473; Guyatt, Sheridan/0000-0001-8926-4624; Willcox, Jane/0000-0002-6306-5333 2201-1617

URL: <Go to ISI>://WOS:000866183700001

Reference Type: Journal Article

Record Number: 504

Author: Wilkinson, S. A., Hickman, I., Cameron, A., Young, A., Olenski, S., Bphty, P. M. and O'Brien, M.

Year: 2022

Title: 'It seems like common sense now': experiences of allied health clinicians participating in a knowledge translation telementoring program

Journal: Jbi Evidence Implementation

Volume: 20

Issue: 3

Pages: 189-198

Date: Sep

Short Title: 'It seems like common sense now': experiences of allied health clinicians participating in a knowledge translation telementoring program

ISSN: 2691-3321

DOI: 10.1097/xeb.000000000000297

Accession Number: WOS:000851324900005

Abstract: Introduction and aims: Clinicians understanding and applying the skills of knowledge translation is essential for the delivery of high value, effective health care. However, many clinicians lack confidence and capacity to undertake knowledge translation. Our team recently piloted a group telementoring

knowledge translation support service (KTSS) with allied health professionals (AHPs) undertaking knowledge translation in their practice. This article aims to investigate barriers and enablers to participants' participation and identify evidence-based strategies to improve future delivery of the initiative. Methods: The evaluation utilized semistructured interviews with participants who completed the first KTSS. Interview transcripts were analysed to identify key themes and subthemes. Subthemes were also mapped to an implementation science framework and model (theoretical domains framework and behaviour change wheel) to guide evidence-based identification of effective strategies to address, overcome, or enhance issues raised. Results: Six of the nine participants invited were interviewed. Five barriers and six enablers of KTSS participation, and five improvement ideas for a future KTSS program, were suggested. Barriers included knowledge gaps, competing time demands, and organizational expectations. Enablers included organizational support, motivation and preparation, and local champions. Additional strategies included additional preparation, an initial rapport building session, and strategies to meet the emotional needs of the participants. These were reinforced by the framework mapping results, with the further addition of a peer modelling strategy. Conclusion: Through a qualitative methodology we have examined and identified the experiences of AHPs who have participated in a knowledge translation telementoring program with clear strategies to enhance further programs offered.

Notes: Wilkinson, Shelley A. Hickman, Ingrid Cameron, Ashley Young, Adrienne Olenski, Samantha BPhty, Prue McRae O'Brien, Maxine Wilkinson, Shelley/AAV-9803-2020; Young, Adrienne/IAN-1241-2023 Wilkinson, Shelley/0000-0003-3365-3473;
URL: <Go to ISI>://WOS:000851324900005

Reference Type: Journal Article

Record Number: 886

Author: Wilkinson, S. A., Jobber, C. J. D., Nave, F. and van der Meij, B. S.

Year: 2022

Title: The incorporation of body composition assessments as part of routine clinical care in a tertiary hospital's dietetic department: a best practice implementation project

Journal: Jbi Evidence Implementation

Volume: 20

Issue: 1

Pages: 21-32

Date: Mar

Short Title: The incorporation of body composition assessments as part of routine clinical care in a tertiary hospital's dietetic department: a best practice implementation project

ISSN: 2691-3321

DOI: 10.1097/xeb.000000000000291

Accession Number: WOS:000783723400004

Abstract: Objectives: Our aim was to incorporate body composition assessment (BCA) into dietetic department procedures using interventions tailored to previously identified barriers and

enablers. Introduction: BCA is recommended as part of routine malnutrition assessment and follow-up but is not yet part of usual care. Methods: Evidence-informed strategies to overcome barriers and enablers were operationalized and delivered as three overarching interventions: upskilling (professional development strategy), modelling and reducing fear of change (Clinical Champion project), and embedding as usual practice (departmental integration). Process evaluation assessed intervention fidelity. A survey assessed utilization of BCA devices, (perceived) competency, and attitudes of clinical dietitians towards BCA before and after interventions. Results: Two of the three elements were incorporated as planned (upskilling and embedding as usual practice), with one element (modelling and reducing fear of change) modified through iterative processes. The Clinical Champion project ran for 12 rather than 6 months, and resulted in the majority of champions confident with their skills, completing BCA within their daily clinical workload and feeling BCA was useful. Pre-surveys and post-surveys within the department of 26 dietitians showed a marked reduction in most perceived barriers and improved recognition of enablers across all theoretical framework domains; with a large proportion of 'not applicable' responses given for many barriers at follow-up. Conclusion: This evidence-informed implementation strategy successfully integrated BCA into dietitians' practice and departmental processes highlighting direction for future service changes. Continual assessment of barriers and success of integration into routine workloads is required to facilitate this. Notes: Wilkinson, Shelley A. Jobber, Chloe J. D. Nave, Fiona van der Meij, Barbara S.
Wilkinson, Shelley/AAV-9803-2020
Wilkinson, Shelley/0000-0003-3365-3473
URL: <Go to ISI>://WOS:000783723400004

Reference Type: Journal Article

Record Number: 2091

Author: Wilkinson, S. A., McCray, S., Beckmann, M. and McIntyre, H. D.

Year: 2016

Title: Evaluation of a process of implementation of a gestational diabetes nutrition model of care into practice

Journal: Nutrition & Dietetics

Volume: 73

Issue: 4

Pages: 329-335

Date: Sep

Short Title: Evaluation of a process of implementation of a gestational diabetes nutrition model of care into practice

ISSN: 1446-6368

DOI: 10.1111/1747-0080.12233

Accession Number: WOS:000385348900004

Abstract: Aim Poorly controlled gestational diabetes mellitus can result in negative pregnancy and delivery outcomes. A reduced need for insulin was documented in the validation of American gestational diabetes Nutrition Practice Guidelines, which recommend at least

three dietitian visits. No Australian gestational diabetes mellitus nutrition guidelines exist. This paper evaluates the implementation of a dietetic model of care based on the American guidelines in an Australian hospital. MethodsThe implementation plan consisted of a nine-month pre (usual care)/post (new model of care) design with a month for integration' across 2012–2013. Primary outcomes were uptake of the new dietetic model of care and requirement for pharmacotherapy. ResultsBoth phases ran for seven months; integration required four months. Pre-intervention, only one woman received a review appointment. Significantly more women received best-practice care post-implementation ($P = 0.02$); of the 162 women seen, 50.6% received two review appointments. As a result of heavy clinical demand, only 31.5% of the women seen post-implementation received an individual dietitian assessment and education session, deviating from best practice. Clinically relevant changes were seen in medication requirements with a decrease in women requiring pharmacological treatment (31.1% (pre); 26.9% (post)). The difference was more pronounced in women who received best-practice care (27.2% (no) vs 25.0% (yes)). ConclusionsThis project successfully increased the proportion of women seen according to best practice. Service limitations impaired the delivery of optimal care. The present study illustrates the opportunities and challenges of conducting evidence-based implementation research in routine clinical care.

Notes: Wilkinson, Shelley A. McCray, Sally Beckmann, Michael McIntyre, H. David Beckmann, Mike/ABB-4964-2020; Wilkinson, Shelley/AAV-9803-2020; McIntyre, Harold D/F-1888-2010; Beckmann, Michael/L-4760-2013; McCray, Sally/AAB-8101-2021 Wilkinson, Shelley/0000-0003-3365-3473; McIntyre, Harold D/0000-0001-8819-5794; Beckmann, Michael/0000-0001-7319-6938; McCray, Sally/0000-0003-3999-6856 1747-0080
URL: <Go to ISI>://WOS:000385348900004

Reference Type: Journal Article

Record Number: 885

Author: Wilkinson, S. A., Palmer, M., Smith, S., Porteous, H. and McCray, S.

Year: 2022

Title: Evaluation of the implementation of a best practice gestational diabetes model of care in two Australian metropolitan services

Journal: Jbi Evidence Implementation

Volume: 20

Issue: 1

Pages: 10-20

Date: Mar

Short Title: Evaluation of the implementation of a best practice gestational diabetes model of care in two Australian metropolitan services

ISSN: 2691-3321

DOI: 10.1097/xeb.0000000000000295

Accession Number: WOS:000783723400003

Abstract: Introduction and aims: Dissemination and local adaptation of best practice models of care are often poorly achieved in knowledge translation processes. Understanding and documenting the iterative cycles of improvement can elucidate barriers, enablers and benefits of the process for future adoption and service integration improvements. This project examined the process of local adaptation for a third stage translation of a gestational diabetes dietetic model of care through collaboration with two Queensland (Australia) hospitals. Methods: Using a hub (research team)-spoke (sites) model, two Queensland Hospital and Health Service Districts were supported to assess and address evidence-practice dietetic model of care gaps in their gestational diabetes mellitus (GDM) services. Sites selected demonstrated strong GDM team cohesiveness and project commitment. The project phases were: Consultation; Baseline; Transition; Implementation; and Evaluation. Results: Despite strong site buy-in and use of a previously successful model of care dissemination and adoption strategy, unexpected global, organisational, team and individual barriers prevented successful implementation of the model of care at both sites. Barriers included challenges with ethics and governance requirements for health service research, capacity to influence and engage multidisciplinary teams, staff turnover and coronavirus disease 2019's (COVID-19's) disruption to service delivery. Conclusion: This third iteration of the dissemination of a best practice model of nutrition care for GDM in two Queensland Hospital and Health Service Districts did not achieve successful clinical or process outcomes. However, valuable learnings and recommendations regarding future clinical and research health service redesign aligned with best practice are suggested. Notes: Wilkinson, Shelley A. Palmer, Michelle Smith, Shelley Porteous, Helen McCray, Sally Wilkinson, Shelley/AAV-9803-2020 Wilkinson, Shelley/0000-0003-3365-3473 URL: <Go to ISI>://WOS:000783723400003

Reference Type: Journal Article

Record Number: 2487

Author: Wilkinson, S. A. and Stapleton, H.

Year: 2012

Title: Overweight and obesity in pregnancy: The evidence-practice gap in staff knowledge, attitudes and practices

Journal: Australian & New Zealand Journal of Obstetrics & Gynaecology

Volume: 52

Issue: 6

Pages: 588-592

Date: Dec

Short Title: Overweight and obesity in pregnancy: The evidence-practice gap in staff knowledge, attitudes and practices

ISSN: 0004-8666

DOI: 10.1111/ajo.12011

Accession Number: WOS:000312247600016

Abstract: Background: Statewide (Queensland) Clinical Guidelines

reflecting current best practice have recently become available for the management of pregnancy-related obesity. However, dissemination of guidelines alone do not change practice. Aim: To systematically assess evidence-practice gap in the multidisciplinary management of overweight and obesity (ow/ob) in pregnancy to inform an intervention to facilitate translating obesity guidelines into practice in a tertiary maternity service. Materials and Methods: An online survey, available over a three-week period (May-June 2011), was disseminated to obstetric, midwifery and allied health staff. Outcomes of interest included a 15-point guideline adherence score, knowledge of guideline content, advice given, knowledge of obesity-pregnancy-related complications, previous training and referral patterns. Results: Eighty-four staff completed surveys (57% response rate). Widespread discordance with the guideline was noted. The majority (88.1%) reported overweight/obesity (ow/ob) as an important/very important general obstetric issue, most correctly identified associated complications. However, only 32.1% were aware of existing guidelines, with only half correctly identifying BMI categories for ow/ob. Compliance with referral recommendations varied; 20% of staff considered referral 'was not their job'. Conclusions: Staff are aware of negative outcomes associated with maternal ow/ob, although few are fully compliant with referral guidelines or provide advice in line with recommendations. These findings will be categorised using implementation of science methodological frameworks, and effective behaviour change interventions will be constructed to facilitate translation of this important guideline into practice.

Notes: Wilkinson, Shelley A. Stapleton, Helen
Wilkinson, Shelley/AAV-9803-2020; Wilkinson, Shelley/A-7919-2011
Wilkinson, Shelley/0000-0003-3365-3473; Wilkinson, Shelley/
0000-0003-3365-3473
1479-828x
URL: <Go to ISI>://WOS:000312247600016

Reference Type: Journal Article

Record Number: 503

Author: Wilkinson, S. A. and Willcox, J. C.

Year: 2022

Title: Is 'technology before the end-user' the new 'cart before the horse'? When digital delivery is only part of the solution

Journal: Jbi Evidence Implementation

Volume: 20

Issue: 3

Pages: 163-165

Date: Sep

Short Title: Is 'technology before the end-user' the new 'cart before the horse'? When digital delivery is only part of the solution

ISSN: 2691-3321

DOI: 10.1097/xeb.0000000000000346

Accession Number: WOS:000851324900001

Notes: Wilkinson, Shelley A. Willcox, Jane C.
Wilkinson, Shelley/AAV-9803-2020

Wilkinson, Shelley/0000-0003-3365-3473
URL: <Go to ISI>://WOS:000851324900001

Reference Type: Journal Article
Record Number: 1952
Author: Willett, A. B. S., Marken, R. S., Parker, M. G. and Mansell, W.
Year: 2017
Title: Control blindness: Why people can make incorrect inferences about the intentions of others
Journal: Attention Perception & Psychophysics
Volume: 79
Issue: 3
Pages: 841-849
Date: Apr
Short Title: Control blindness: Why people can make incorrect inferences about the intentions of others
ISSN: 1943-3921
DOI: 10.3758/s13414-016-1268-3
Accession Number: WOS:000400386900011
Abstract: There is limited evidence regarding the accuracy of inferences about intention. The research described in this article shows how perceptual control theory (PCT) can provide a "ground truth" for these judgments. In a series of 3 studies, participants were asked to identify a person's intention in a tracking task where the person's true intention was to control the position of a knot connecting a pair of rubber bands. Most participants failed to correctly infer the person's intention, instead inferring complex but nonexistent goals (such as "tracing out two kangaroos boxing") based on the actions taken to keep the knot under control. Therefore, most of our participants experienced what we call "control blindness." The effect persisted with many participants even when their awareness was successfully directed at the knot whose position was under control. Beyond exploring the control blindness phenomenon in the context of our studies, we discuss its implications for psychological research and public policy.
Notes: Willett, Andrew B. S. Marken, Richard S. Parker, Maximilian G. Mansell, Warren
Parker, Maximilian/0000-0001-7311-463X; Mansell, Warren/
0000-0002-5697-1784
1943-393x
URL: <Go to ISI>://WOS:000400386900011

Reference Type: Journal Article
Record Number: 1938
Author: Willett, M., Duda, J., Gautrey, C., Fenton, S., Greig, C. and Rushton, A.
Year: 2017
Title: Effectiveness of behavioural change techniques in physiotherapy interventions to promote physical activity adherence in patients with hip and knee osteoarthritis: a systematic review protocol

Journal: Bmj Open

Volume: 7

Issue: 6

Date: Jun

Short Title: Effectiveness of behavioural change techniques in physiotherapy interventions to promote physical activity adherence in patients with hip and knee osteoarthritis: a systematic review protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2017-015833

Article Number: e015833

Accession Number: WOS:000406391200189

Abstract: Introduction Osteoarthritis (OA) is a common degenerative articular disease, the highest cause of individual level disability and a significant socioeconomic burden to healthcare services. Patient education and physical activity (PA) prescription are recommended components of interventions in several healthcare guidelines and are commonly provided by physiotherapists. However, these interventions lack long-term clinical effectiveness. Patient adherence to PA prescription requires patients to modify their PA behaviour and appears critical in maintaining symptomatic improvements. This systematic review aims to evaluate the effectiveness of behavioural change techniques (BCTs) used in physiotherapy interventions to improve PA adherence. Methods and analysis Medline, Cochrane and PEDro registers of Controlled Trials, EMBASE, CINAHL and PsycInfo databases, and key grey literature sources will be rigorously searched for randomised controlled trials that compared a physiotherapy intervention incorporating BCTs with other therapies, placebo interventions, usual care or no-treatment. Two independent researchers will conduct literature searches, assess trial eligibility, extract data, conduct risk of bias assessment (using Cochrane risk of bias tool), classify BCTs and evaluate the quality of the body of literature following Grading of Recommendations, Assessment, Development and Evaluation (GRADE) guidelines. Narrative synthesis of key outcomes will be presented and meta-analysis will be performed if included trials are clinically homogenous, based on their intervention and comparator groups and outcome measures. This review will be reported in line with the Preferred Reporting Items for Systematic review and Meta-Analysis guidelines. Ethics and dissemination Research ethics approval is not required. This review will help inform clinicians and researchers on the most effective behavioural change techniques used in physiotherapy interventions to enhance adherence to PA prescription for patients with lower limb OA. The findings will be disseminated through publication in a peer-reviewed journal and conference presentations.

Notes: Willett, Matthew Duda, Joan Gautrey, Charlotte Fenton, Sally Greig, Carolyn Rushton, Alison

Fenton, Sally/AAC-3606-2022; Duda, Joan/ABA-5207-2020; Greig,

Carolyn/AAN-5132-2020; Rushton, Alison/V-1260-2017

Fenton, Sally/0000-0002-3732-1348; Greig, Carolyn/

0000-0003-1704-9997; Rushton, Alison/0000-0001-8114-7669; Gautrey, Charlotte/0000-0001-8909-2535

URL: <Go to ISI>://WOS:000406391200189

Reference Type: Conference Proceedings

Record Number: 1881

Author: Williams, D., Ahsan, G. M. T., Addo, I. D., Ahamed, S. I.,
Petereit, D., Burhansstipanov, L., Krebs, L. U. and Dignan, M.

Year of Conference: 2018

Title: Building a Tailored Text Messaging System for Smoking
Cessation in Native American Populations

Conference Name: 42nd Annual IEEE-Computer-Society Computers,
Software and Applications (COMPSAC) Conference - Staying Smarter in
a Smartening World

Conference Location: Tokyo, JAPAN

Pages: 866-874

Series Title: Proceedings International Computer Software and
Applications Conference

Date: Jul 23-27

Sponsor: Soc, Ieee Comp

Short Title: Building a Tailored Text Messaging System for Smoking
Cessation in Native American Populations

ISBN: 978-1-5386-2667-2

DOI: 10.1109/compsac.2018.00150

Source: 2018 ieee 42nd annual computer software and applications
conference (compsac), vol 1

Year Published:2018

Accession Number: WOS:000904976500132

Abstract: When starting new and healthy habits or encouraging
vigilance against returning to poor habits, a simple text message
can be beneficial. Text messages also have the advantage of being
easily accessible for lower-income populations spread over a rural
area, who may not be able to afford smartphones with apps or data
plans. Users benefit the most from text messages that are customized
for them, but personalization requires time and effort on part of
the user and the counselor. However, personalization that focuses on
the cultural background of a pool of recipients, in addition to
general personal preferences, can be a low-cost method of ensuring
the best experience for patients interested in taking up new habits.
In this paper, we discuss the development of a system for motivating
users to quit smoking designed for Native American users in South
Dakota, using text messaging as a daily intervention method for
patients. Our results show that focusing on modular message
customization options and messages with a conversational tone best
helps our goal of providing users with customization options that
help motivate them to live happy and healthy lifestyles.

Notes: Williams, Drew Ahsan, Golam Mushih Tanimul Addo, Ivor D.
Ahamed, Sheikh I. Petereit, Daniel Burhansstipanov, Linda Krebs,
Linda U. Dignan, Mark

0730-3157

URL: <Go to ISI>://WOS:000904976500132

Reference Type: Journal Article

Record Number: 1653

Author: Williams, L., Flowers, P., McLeod, J., Young, D., Rollins,

L. and Team, Catalyst Project

Year: 2021

Title: Social Patterning and Stability of Intention to Accept a COVID-19 Vaccine in Scotland: Will Those Most at Risk Accept a Vaccine?

Journal: Vaccines

Volume: 9

Issue: 1

Date: Jan

Short Title: Social Patterning and Stability of Intention to Accept a COVID-19 Vaccine in Scotland: Will Those Most at Risk Accept a Vaccine?

DOI: 10.3390/vaccines9010017

Article Number: 17

Accession Number: WOS:000611850700001

Abstract: Vaccination is central to controlling COVID-19. Its success relies on having safe and effective vaccines and also on high levels of uptake by the public over time. Addressing questions of population-level acceptability, stability of acceptance, and sub-population variation in acceptability are imperative. Using a prospective design, a repeated measures two-wave online survey was conducted to assess key sociodemographic variables and intention to accept a COVID-19 vaccine. The first survey (Time 1) was completed by 3436 people during the period of national lockdown in Scotland and the second survey (n = 2016) was completed two months later (Time 2) when restrictions had been eased. In the first survey, 74% reported being willing to receive a COVID-19 vaccine. Logistic regression analyses showed that there were clear sociodemographic differences in intention to accept a vaccine for COVID-19 with intention being higher in participants of white ethnicity as compared with Black, Asian, and minority ethnic (BAME) groups, and in those with higher income levels and higher education levels. Intention was also higher in those who had "shielding" status due to underlying medical conditions. Our results suggest that future interventions, such as mass media and social marketing, need to be targeted at a range of sub-populations and diverse communities.

Notes: Williams, Lynn Flowers, Paul McLeod, Julie Young, David Rollins, Lesley

Williams, Lynn/D-2882-2011; McLeod, Julie/HKW-7959-2023; Young, David J/C-2045-2009; Young, David Reid/HKN-5543-2023

McLeod, Julie/0000-0001-6787-1511; Young, David J/

0000-0002-6079-5904; Young, David/0000-0002-3652-0513; Williams,

Lynn/0000-0003-2735-9219; Rollins, Lesley-Anne/0000-0002-5088-8875;

Flowers, Paul/0000-0001-6239-5616

2076-393x

URL: <Go to ISI>://WOS:000611850700001

Reference Type: Journal Article

Record Number: 2022

Author: Williams, M. T., Effing, T. W., Paquet, C., Gibbs, C. A., Lewthwaite, H., Li, L. S. K., Phillips, A. C. and Johnston, K. N.

Year: 2017

Title: Counseling for health behavior change in people with COPD:

systematic review

Journal: International Journal of Chronic Obstructive Pulmonary Disease

Volume: 12

Pages: 2165–2178

Short Title: Counseling for health behavior change in people with COPD: systematic review

ISSN: 1178–2005

DOI: 10.2147/copd.S111135

Accession Number: WOS:000406779300002

Abstract: Counseling has been suggested as a promising approach for facilitating changes in health behavior. The aim of this systematic review of counseling interventions for people with COPD was to describe: 1) counseling definitions, 2) targeted health behaviors, 3) counseling techniques and 4) whether commonalities in counseling techniques were associated with improved health behaviors. Ten databases were searched for original randomized controlled trials which included adults with COPD, used the term "counseling" as a sole or component of a multifaceted intervention and were published in the previous 10 years. Data extraction, study appraisal and coding for behavior change techniques (BCTs) were completed by two independent reviewers. Data were synthesized descriptively, with meta-analysis conducted where possible. Of the 182 studies reviewed as full-text, 22 were included. A single study provided a definition for counseling. Two key behaviors were the main foci of counseling: physical activity (n=9) and smoking cessation (n=8). Six studies (27%) reported underlying models and/or theoretical frameworks. Counseling was the sole intervention in 10 studies and part of a multicomponent intervention in 12. Interventions targeting physical activity included a mean of 6.3 (+/- 3.1) BCTs, smoking cessation 4.9 (+/- 2.9) BCTs and other behaviors 6.5 (+/- 3.9) BCTs. The most frequent BCTs were social support unspecified (n=22; 100%), goal setting behavior (n=11), problem-solving (n=11) and instructions on how to perform the behavior (n=10). No studies shared identical BCT profiles. Counseling had a significant positive effect for smoking cessation and positive but not significant effect for physical activity. Counseling for health behavior change was rarely defined and effectiveness varied by target behavior. Provision of specific details when reporting studies of counseling interventions (definition, BCTs, dosage) would allow clarification of the effectiveness of counseling as an approach to health behavior change in people with COPD.

Notes: Williams, Marie T. Effing, Tanja W. Paquet, Catherine Gibbs, Carole A. Lewthwaite, Hayley Li, Lok Sze Katrina Phillips, Anna C. Johnston, Kylie N.

Paquet, Catherine/C-3894-2009; Lewthwaite, Hayley/ABB-9414-2021; Williams, Marie T/C-8152-2009; Effing, Tanja/AAD-8673-2020; Li, Katrina/E-7915-2015; Lewthwaite, Hayley/B-6989-2017; Whittaker, Anna C./A-3577-2013; Johnston, Kylie/F-6243-2010; Gibbs, Carole A/B-4872-2009

Paquet, Catherine/0000-0002-6877-7903; Lewthwaite, Hayley/0000-0002-5212-2937; Williams, Marie T/0000-0002-0473-5157; Li, Katrina/0000-0001-5931-9567; Lewthwaite, Hayley/0000-0002-5212-2937; Whittaker, Anna C./0000-0002-5461-0598; Johnston, Kylie/

0000-0002-4436-3108; Gibbs, Carole A/0000-0001-9079-8690; Phillips, Anna/0000-0003-4473-5108
URL: <Go to ISI>://WOS:000406779300002

Reference Type: Journal Article
Record Number: 2095
Author: Williams, N. J.
Year: 2016
Title: Multilevel Mechanisms of Implementation Strategies in Mental Health: Integrating Theory, Research, and Practice
Journal: Administration and Policy in Mental Health and Mental Health Services Research
Volume: 43
Issue: 5
Pages: 783-798
Date: Sep
Short Title: Multilevel Mechanisms of Implementation Strategies in Mental Health: Integrating Theory, Research, and Practice
ISSN: 0894-587X
DOI: 10.1007/s10488-015-0693-2
Accession Number: WOS:000381139400014
Abstract: A step toward the development of optimally effective, efficient, and feasible implementation strategies that increase evidence-based treatment integration in mental health services involves identification of the multilevel mechanisms through which these strategies influence implementation outcomes. This article (a) provides an orientation to, and rationale for, consideration of multilevel mediating mechanisms in implementation trials, and (b) systematically reviews randomized controlled trials that examined mediators of implementation strategies in mental health. Nine trials were located. Mediation-related methodological deficiencies were prevalent and no trials supported a hypothesized mediator. The most common reason was failure to engage the mediation target. Discussion focuses on directions to accelerate implementation strategy development in mental health.
Notes: Williams, Nathaniel J.
1573-3289
URL: <Go to ISI>://WOS:000381139400014

Reference Type: Journal Article
Record Number: 2147
Author: Williams, N. J.
Year: 2016
Title: Assessing mental health clinicians' intentions to adopt evidence-based treatments: reliability and validity testing of the evidence-based treatment intentions scale
Journal: Implementation Science
Volume: 11
Date: May
Short Title: Assessing mental health clinicians' intentions to adopt evidence-based treatments: reliability and validity testing of the evidence-based treatment intentions scale

ISSN: 1748-5908

DOI: 10.1186/s13012-016-0417-3

Article Number: 60

Accession Number: WOS:000376091100001

Abstract: Background: Intentions play a central role in numerous empirically supported theories of behavior and behavior change and have been identified as a potentially important antecedent to successful evidence-based treatment (EBT) implementation. Despite this, few measures of mental health clinicians' EBT intentions exist and available measures have not been subject to thorough psychometric evaluation or testing. This paper evaluates the psychometric properties of the evidence-based treatment intentions (EBTI) scale, a new measure of mental health clinicians' intentions to adopt EBTs. **Methods:** The study evaluates the reliability and validity of inferences made with the EBTI using multi-method, multi-informant criterion variables collected over 12 months from a sample of 197 mental health clinicians delivering services in 13 mental health agencies. Structural, predictive, and discriminant validity evidence is assessed. **Results:** Findings support the EBTI's factor structure ($\chi^2(2) = 3.96, df = 5, p = .556$) and internal consistency reliability ($\alpha = .80$). Predictive validity evidence was provided by robust and significant associations between EBTI scores and clinicians' observer-reported attendance at a voluntary EBT workshop at a 1-month follow-up ($OR = 1.92, p < .05$), self-reported EBT adoption at a 12-month follow-up ($R^2 = .17, p < .001$), and self-reported use of EBTs with clients at a 12-month follow-up ($R^2 = .25, p < .001$). Discriminant validity evidence was provided by small associations with clinicians' concurrently measured psychological work climate perceptions of functionality ($R^2 = .06, p < .05$), engagement ($R^2 = .06, p < .05$), and stress ($R^2 = .00, ns$). **Conclusions:** The EBTI is a practical and theoretically grounded measure of mental health clinicians' EBT intentions. Scores on the EBTI provide a basis for valid inferences regarding mental health clinicians' intentions to adopt EBTs. Discussion focuses on research and practice applications.

Notes: Williams, Nathaniel J.

URL: <Go to ISI>://WOS:000376091100001

Reference Type: Journal Article

Record Number: 327

Author: Williams, P., Rebeiz, M. C., Hojeij, L. and McCall, S. J.

Year: 2022

Title: Help-seeking behaviour in women diagnosed with gynaecological cancer: a systematic review

Journal: British Journal of General Practice

Volume: 72

Issue: 725

Pages: E849-E856

Date: Dec

Short Title: Help-seeking behaviour in women diagnosed with gynaecological cancer: a systematic review

ISSN: 0960-1643

DOI: 10.3399/bjgp.2022.0071

Accession Number: WOS:000886594000001

Abstract: Background Identifying what prompts or hinders womens help-seeking behaviour is essential to ensure timely diagnosis and management of gynaecological cancers. Aim To understand the factors that influence the help-seeking behaviour of women diagnosed with gynaecological cancer. Design and setting Systematic review and narrative synthesis of studies from high-income settings worldwide. Method Five databases were searched for studies, of any design, that presented factors related to the help-seeking behaviour of women diagnosed with a gynaecological cancer. Data from the articles were extracted and presented using narrative synthesis, which was both inductive and deductive. The COM-B (capability, opportunity, motivation, behaviour) model of behaviour change was used as a framework. Results In total, 21 studies were included in the review. Inductive synthesis presented three main themes of factors related to the help-seeking behaviour of women diagnosed with gynaecological cancer: patient factors, such as knowledge of symptoms; emotional factors, including previous healthcare experience, embarrassment, and trust; and practical factors, including time and resources. Deductive synthesis demonstrated that capability (namely, symptom knowledge), opportunity (having the required time and overcoming the cultural taboos surrounding gynaecological symptoms), and motivation (believing that seeking help is beneficial) are all required to initiate help-seeking behaviour. Conclusion Although it is a journey of defined steps, the help-seeking behaviour of women with symptoms diagnosed with gynaecological cancer is influenced by personal and societal factors. Interventions to improve help seeking will need to address the specific identified factors, as well as capability, opportunity, and motivation.

Notes: Williams, Pauline Rebeiz, Marie-Claire Hojeij, Leila McCall, Stephen J.

Rebeiz, Marie-Claire/0000-0003-3462-923X; Williams, Pauline/0000-0003-1575-5417; McCall, Stephen/0000-0003-0078-7010
1478-5242

URL: <Go to ISI>://WOS:000886594000001

Reference Type: Journal Article

Record Number: 1454

Author: Williamson, A. J., Gish, J. J. and Stephan, U.

Year: 2021

Title: Let's Focus on Solutions to Entrepreneurial Ill-Being!

Recovery Interventions to Enhance Entrepreneurial Well-Being

Journal: Entrepreneurship Theory and Practice

Volume: 45

Issue: 6

Pages: 1307-1338

Date: Nov

Short Title: Let's Focus on Solutions to Entrepreneurial Ill-Being!

Recovery Interventions to Enhance Entrepreneurial Well-Being

ISSN: 1042-2587

DOI: 10.1177/10422587211006431

Article Number: 10422587211006431

Accession Number: WOS:000646226500001

Abstract: Entrepreneurship is uniquely stressful. Entrepreneurs often cannot avoid entrepreneurial stressors (e.g., uncertainty, workload, resource constraints) and these stressors can deter natural recovery activities (e.g., detachment and sleep). Yet, entrepreneurs may be able to lessen the negative impact of stress on their well-being, health, and productivity by engaging in recovery. In this editorial, we outline how scholars can employ recovery interventions to ameliorate some of entrepreneurship's ill effects and support entrepreneurs' health, well-being, and productivity. We aim to move the focus of scholarly inquiry from documenting the health and well-being challenges of entrepreneurs, toward identifying and implementing solutions to support entrepreneurs.

Notes: Williamson, Amanda Jasmine Gish, J. Jeffrey Stephan, Ute Stephan, Ute/AAA-9350-2022; Gish, J. Jeffrey/W-6687-2019; Stephan, Ute/HMP-0857-2023; Williamson, Amanda J/Y-4508-2018 Stephan, Ute/0000-0003-4514-6057; Gish, J. Jeffrey/0000-0002-8545-9253; Stephan, Ute/0000-0003-4514-6057; Williamson, Amanda J/0000-0003-3727-4577 1540-6520

URL: <Go to ISI>://WOS:000646226500001

Reference Type: Journal Article

Record Number: 1063

Author: Williamson, C., Baker, G., Tomasone, J. R., Bauman, A., Nutrie, N., Niven, A., Richards, J., Oyeyemi, A., Baxter, B., Rigby, B., Cullen, B., Paddy, B., Smith, B., Foster, C., Drummy, C., Vandelanotte, C., Oliver, E., Dewi, F. S. T., McEwen, F., Bain, F., Faulkner, G., McEwen, H., Mills, H., Brazier, J., Nobles, J., Hall, J., Maclaren, K., Milton, K., Olscamp, K., Campos, L. V., Bursle, L., Murphy, M., Cavill, N., Johnston, N. J., McCrorie, P., Wibowo, R. A., Bassett-Gunter, R., Jones, R., Ruane, S., Shilton, T. and Kelly, P.

Year: 2021

Title: The Physical Activity Messaging Framework (PAMF) and Checklist (PAMC): International consensus statement and user guide
Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 18

Issue: 1

Date: Dec

Short Title: The Physical Activity Messaging Framework (PAMF) and Checklist (PAMC): International consensus statement and user guide

DOI: 10.1186/s12966-021-01230-8

Article Number: 164

Accession Number: WOS:000731479100002

Abstract: Effective physical activity messaging plays an important role in the pathway towards changing physical activity behaviour at a population level. The Physical Activity Messaging Framework (PAMF) and Checklist (PAMC) are outputs from a recent modified Delphi study. This sought consensus from an international expert panel on how to aid the creation and evaluation of physical activity messages. In this paper, we (1) present an overview of the various concepts within the PAMF and PAMC, (2) discuss in detail how the

PAMF and PAMC can be used to create physical activity messages, plan evaluation of messages, and aid understanding and categorisation of existing messages, and (3) highlight areas for future development and research. If adopted, we propose that the PAMF and PAMC could improve physical activity messaging practice by encouraging evidence-based and target population-focused messages with clearly stated aims and consideration of potential working pathways. They could also enhance the physical activity messaging research base by harmonising key messaging terminologies, improving quality of reporting, and aiding collation and synthesis of the evidence.

Notes: Williamson, Chloe Baker, Graham Tomasone, Jennifer R. Bauman, Adrian Mutrie, Nanette Niven, Ailsa Richards, Justin Oyeyemi, Adewale Baxter, Beelin Rigby, Benjamin Cullen, Benny Paddy, Brendan Smith, Brett Foster, Charlie Drummy, Clare Vandelanotte, Corneel Oliver, Emily Dewi, Fatwa Sari Tetra McEwen, Fran Bain, Frances Faulkner, Guy McEwen, Hamish Mills, Hayley Brazier, Jack Nobles, James Hall, Jennifer Maclaren, Kaleigh Milton, Karen Olscamp, Kate Campos, Liseth Villalobos Bursle, Louise Murphy, Marie Cavill, Nick Johnston, Nora J. McCrorie, Paul Wibowo, Rakhmat Ari Bassett-Gunter, Rebecca Jones, Rebecca Ruane, Sarah Shilton, Trevor Kelly, Paul Wibowo, Rakhmat Ari/ABQ-8398-2022; Murphy, Marie/IAM-0328-2023; Vandelanotte, Corneel/ABF-5580-2020; Dewi, Fatwa Sari Tetra/V-9878-2019; Hall, Jennifer/D-3453-2019; Oyeyemi, Adewale/AAA-2792-2019

Dewi, Fatwa Sari Tetra/0000-0001-8581-6970; Hall, Jennifer/0000-0001-8379-5555; Foster, Charlie/0000-0002-5041-0601; Nobles, James/0000-0001-8574-4153; Richards, Justin/0000-0003-4584-8614; Oyeyemi, Adewale/0000-0002-3737-2911; Baker, Graham/0000-0002-9547-6778
1479-5868

URL: <Go to ISI>://WOS:000731479100002

Reference Type: Journal Article

Record Number: 1260

Author: Williamson, C., Kelly, P., Tomasone, J. R., Bauman, A., Mutrie, N., Niven, A., Richards, J. and Baker, G.

Year: 2021

Title: A modified Delphi study to enhance and gain international consensus on the Physical Activity Messaging Framework (PAMF) and Checklist (PAMC)

Journal: International Journal of Behavioral Nutrition and Physical Activity

Volume: 18

Issue: 1

Date: Aug

Short Title: A modified Delphi study to enhance and gain international consensus on the Physical Activity Messaging Framework (PAMF) and Checklist (PAMC)

DOI: 10.1186/s12966-021-01182-z

Article Number: 108

Accession Number: WOS:000686786700001

Abstract: Introduction Physical activity messaging is an important step in the pathway towards improving population physical activity

levels, but best practice is not yet understood. A gap in the literature exists for a physical activity messaging framework to help guide creation and evaluation of messages. This study aimed to further develop and improve, and gain international expert consensus on, a standardised Physical Activity Messaging Framework and Checklist. Methods A modified Delphi study consisting of three online survey rounds was conducted. Each survey gathered feedback from an international expert panel using quantitative and qualitative methods. The framework and checklist were amended between each round based on survey results until consensus (defined a priori as 80% agreement) was reached. Results The final expert panel (n = 40, 55% female) came from nine countries and comprised academics (55%), healthcare and other professionals (22.5%) and government officials or policymakers (22.5%). Consensus was reached in survey 3 with 85 and 87.5% agreement on the framework and checklist, respectively. Conclusion This study presents an expert- and evidence-informed framework and checklist for physical activity messaging. If used consistently, the Physical Activity Messaging Framework and Checklist may improve practice by encouraging evidence-based and target audience-focused messages, as well as enhance the research base on physical activity messaging by harmonising key terminologies and improving quality of reporting. Key next steps include further refining the Physical Activity Messaging Framework and Checklist based on their use in real-world settings.

Notes: Williamson, Chloe Kelly, Paul Tomasone, Jennifer R. Bauman, Adrian Mutrie, Nanette Niven, Ailsa Richards, Justin Baker, Graham Richards, Justin/0000-0003-4584-8614; Baker, Graham/0000-0002-9547-6778
1479-5868
URL: <Go to ISI>://WOS:000686786700001

Reference Type: Journal Article

Record Number: 2461

Author: Willis, N., Hill, S., Kaufman, J., Lewin, S., Kis-Rigo, J., Freire, S. B. D., Bosch-Capblanch, X., Glenton, C., Lin, V., Robinson, P. and Wiysonge, C. S.

Year: 2013

Title: "Communicate to vaccinate": the development of a taxonomy of communication interventions to improve routine childhood vaccination

Journal: BMC International Health and Human Rights

Volume: 13

Date: May

Short Title: "Communicate to vaccinate": the development of a taxonomy of communication interventions to improve routine childhood vaccination

DOI: 10.1186/1472-698x-13-23

Article Number: 23

Accession Number: WOS:000319013900001

Abstract: Background: Vaccination is a cost-effective public health measure and is central to the Millennium Development Goal of reducing child mortality. However, childhood vaccination coverage remains sub-optimal in many settings. While communication is a key

feature of vaccination programmes, we are not aware of any comprehensive approach to organising the broad range of communication interventions that can be delivered to parents and communities to improve vaccination coverage. Developing a classification system (taxonomy) organised into conceptually similar categories will aid in: understanding the relationships between different types of communication interventions; facilitating conceptual mapping of these interventions; clarifying the key purposes and features of interventions to aid implementation and evaluation; and identifying areas where evidence is strong and where there are gaps. This paper reports on the development of the 'Communicate to vaccinate' taxonomy. Methods: The taxonomy was developed in two stages. Stage 1 included: 1) forming an advisory group; 2) searching for descriptions of interventions in trials (CENTRAL database) and general health literature (Medline); 3) developing a sampling strategy; 4) screening the search results; 5) developing a data extraction form; and 6) extracting intervention data. Stage 2 included: 1) grouping the interventions according to purpose; 2) holding deliberative forums in English and French with key vaccination stakeholders to gather feedback; 3) conducting a targeted search of grey literature to supplement the taxonomy; 4) finalising the taxonomy based on the input provided. Results: The taxonomy includes seven main categories of communication interventions: inform or educate, remind or recall, teach skills, provide support, facilitate decision making, enable communication and enhance community ownership. These categories are broken down into 43 intervention types across three target groups: parents or soon-to-be-parents; communities, community members or volunteers; and health care providers. Conclusions: Our taxonomy illuminates and organises this field and identifies the range of available communication interventions to increase routine childhood vaccination uptake. We have utilised a variety of data sources, capturing information from rigorous evaluations such as randomised trials as well as experiences and knowledge of practitioners and vaccination stakeholders. The taxonomy reflects current public health practice and can guide the future development of vaccination programmes.

Notes: Willis, Natalie Hill, Sophie Kaufman, Jessica Lewin, Simon Kis-Rigo, John Freire, Sara Bensaude De Castro Bosch-Capblanch, Xavier Glenton, Claire Lin, Vivian Robinson, Priscilla Wiysonge, Charles S.

Glenton, Claire/GSE-3606-2022; Bosch-Capblanch, Xavier/ ABD-7059-2020; Wiysonge, Charles Shey U/A-3843-2008; Hill, Sophie J/ A-9116-2012

Glenton, Claire/0000-0002-7558-7737; Bosch-Capblanch, Xavier/ 0000-0002-4469-0395; Wiysonge, Charles Shey U/0000-0002-1273-4779; Kaufman, Jessica/0000-0001-5139-4183 1472-698x

URL: <Go to ISI>://WOS:000319013900001

Reference Type: Journal Article

Record Number: 928

Author: Willmott, T. J. and Rundle-Thiele, S.

Year: 2022

Title: Improving theory use in social marketing: the TITE four-step theory application process

Journal: Journal of Social Marketing

Volume: 12

Issue: 2

Pages: 222-255

Date: Mar

Short Title: Improving theory use in social marketing: the TITE four-step theory application process

ISSN: 2042-6763

DOI: 10.1108/jsocm-05-2021-0117

Accession Number: WOS:000759567300001

Abstract: Purpose Theory remains underused in social marketing despite many potential benefits that may arise if theory is concretely and consistently applied. In response to ongoing calls for standardised frameworks and methods, this study aims to present a four-step theory application process with the aim of supporting improved theory use across the entire social marketing process.

Design/methodology/approach The role and importance of theory application in behaviour change is outlined alongside an integrative review and critical analysis of theory application in social marketing. To address key challenges impeding rigorous theory use, the theory selection, iterative schematisation, theory testing and explicit reporting of theory use (TITE) four-step theory application process is proposed. Evidence-based guidance, current best practice examples, and a worked example are provided to illustrate how the TITE process may be initially followed. Findings Low levels and poor quality of theory use suggest social marketing researchers and practitioners need further support in rigorously applying theories across the life of an intervention. The TITE process leverages the known benefits of theory use and capitalises on the reciprocal relationship that may be enacted between theory selection, iterative schematisation, theory testing and explicit reporting of theory use.

Research limitations/implications The TITE process delivers a standardised framework that aims to stimulate rigorous theory application and explicit reporting of theory use in social marketing. Clear theory application and reporting will permit a more fine-grained understanding of intervention effectiveness to be established by shifting away from a simple dichotomous view of effectiveness (success or failure) to unpacking the "active ingredients" contributing to observed outcomes. Practical implications The evidence-based guidance and best practice examples provided for each step of the TITE process will increase the accessibility and usability of theory among practitioners. With time the TITE process will support practitioners by delivering a robust theory base that can be reliably followed to further extend on social marketing's effectiveness. Originality/value This paper draws on interdisciplinary methods and resources to propose a standardised framework – the TITE process – designed to support rigorous theory application and explicit reporting of theory use in social marketing. Refinement, uptake and widespread implementation of the TITE process will improve theory use and support the creation of a shared language, thereby advancing social marketing's cumulative

knowledge base over time.

Notes: Willmott, Taylor Jade Rundle-Thiele, Sharyn

Willmott, Taylor Jade/R-4823-2017

Willmott, Taylor Jade/0000-0002-4649-6342

2042-6771

URL: <Go to ISI>://WOS:000759567300001

Reference Type: Journal Article

Record Number: 2269

Author: Wills, J., Crichton, N., Lorenc, A. and Kelly, M.

Year: 2015

Title: Using population segmentation to inform local obesity strategy in England

Journal: Health Promotion International

Volume: 30

Issue: 3

Pages: 658-666

Date: Sep

Short Title: Using population segmentation to inform local obesity strategy in England

ISSN: 0957-4824

DOI: 10.1093/heapro/dau004

Accession Number: WOS:000361212400025

Abstract: Little is known about the views of obese people and how best to meet their needs. Amongst London boroughs Barking and Dagenham has the highest prevalence of adult obesity at 28.7%; the lowest level of healthy eating and of physical activity; and is the 22nd most deprived area of England. The study aimed to gain insight into the attitudes, motivations and priorities of people who are obese or overweight to inform the social marketing of an obesity strategy. Two hundred and ten obese or overweight adults were recruited through visual identification in public thoroughfares to attempt to recruit those seldom seen in primary care. One hundred and eighty-one street-intercept and 52 in-depth interviews were conducted. Thematic analysis was followed by psychographic segmentation. Eleven population segments were identified based on their readiness to change, the value accorded to tackling obesity, identified enabling factors and barriers to weight management and perceived self-efficacy. This population showed considerable variation in its readiness to change and perceived control over obesity but considerable similarity in the exchange value they attributed to tackling their obesity. Even within a relatively homogenous socio-demographic community, there needs to be a range of interventions and messages tailored for different population segments that vary in their readiness to change and confidence about tackling obesity. The dominant emphasis of policy and practice on the health consequences of obesity does not reflect the priorities of this obese population for whom the exchange value of addressing obesity was daily functioning especially in relation to family life.

Notes: Wills, Jane Crichton, Nicola Lorenc, Ava Kelly, Muireann

Lorenc, Ava/0000-0002-3254-004X

1460-2245

URL: <Go to ISI>://WOS:000361212400025

Reference Type: Journal Article

Record Number: 1557

Author: Wilson, C., Janes, G., Lawton, R. and Benn, J.

Year: 2021

Title: The types and effects of feedback received by emergency ambulance staff: protocol for a systematic mixed studies review with narrative synthesis

Journal: International Journal of Emergency Services

Volume: 10

Issue: 2

Pages: 247-265

Date: Jun

Short Title: The types and effects of feedback received by emergency ambulance staff: protocol for a systematic mixed studies review with narrative synthesis

ISSN: 2047-0894

DOI: 10.1108/ijes-09-2020-0057

Accession Number: WOS:000616987700001

Abstract: Purpose The primary aim of this systematic review is to identify, describe and synthesise the published literature on the types and effects of feedback received by emergency ambulance staff. The secondary aim will be to describe the mechanisms and moderators of the effects of prehospital feedback in an organisational context. Design/methodology/approach The application and effects of feedback for healthcare professionals, to support improved practice, is well researched within the wider healthcare domain. Within a prehospital context, research into feedback has been developing in specific areas such as automated feedback from defibrillators and debrief after simulation. However, to date there has been no systematic review published on the types and effects of feedback available to emergency ambulance staff. Findings This study will be a systematic mixed studies review including empirical primary research of qualitative, quantitative and mixed methods methodology published in peer-reviewed journals in English. Studies will be included if they explore the concept of feedback as defined in this review, i.e. the systematised provision of information to emergency ambulance staff regarding their performance within prehospital practice and/or patient outcomes. The search strategy will consist of three facets: ambulance staff synonyms, feedback synonyms and feedback content. The databases to be searched from inception are MEDLINE, Embase, AMED, PsycINFO, HMIC, CINAHL and Web of Science. Study quality will be appraised using the mixed methods appraisal tool (MMAT) developed by Hong et al. (2018). Data analysis will consist of narrative synthesis guided by Popay et al. (2006) following a parallel-results convergent synthesis design. Originality/value Registration: PROSPERO (CRD42020162600)

Notes: Wilson, Caitlin Janes, Gillian Lawton, Rebecca Benn, Jonathan Janes, Gillian/AAR-1321-2021; Wilson, Caitlin/AAN-7259-2021

Janes, Gillian/0000-0002-1609-5898; Wilson, Caitlin/0000-0002-9854-4289; Lawton, Rebecca/0000-0002-5832-402X; Benn, Jonathan/0000-0001-5919-9905

2047-0908

URL: <Go to ISI>://WOS:000616987700001

Reference Type: Journal Article

Record Number: 2096

Author: Wilson, C. and Marselle, M. R.

Year: 2016

Title: Insights from psychology about the design and implementation of energy interventions using the Behaviour Change Wheel

Journal: Energy Research & Social Science

Volume: 19

Pages: 177-191

Date: Sep

Short Title: Insights from psychology about the design and implementation of energy interventions using the Behaviour Change Wheel

ISSN: 2214-6296

DOI: 10.1016/j.erss.2016.06.015

Accession Number: WOS:000381640400018

Abstract: Improving the design and implementation of interventions to encourage end-use energy efficiency has the potential to contribute a substantive reduction in carbon emissions. A plethora of behaviour change frameworks is available to guide policymakers and designers but none have been found to be comprehensive or well-used. A new framework – the Behaviour Change Wheel (BCW) – purports to be a useful aid for developing all types of behaviour change interventions. This paper assesses whether the BCW comprehensively describes programmes attempting to reduce energy consumption. To do this, components of behaviour change programmes as identified in four EU guidance documents were mapped onto the BCW. Most of the components discussed in the guidance could be readily coded to the BCW framework. The main energy policy under-represented in the BCW was energy price. Based on our work in this paper, we believe that the BCW offers a useful aid for the systematic design and development of behaviour change around end-use energy efficiency. We also propose that it may support development of a common lexicon for activities that can be rather vaguely described currently in energy efficiency guidance. (C) 2016 Elsevier Ltd. All rights reserved.

Notes: Wilson, Caroline Marselle, Melissa R.

Wilson, Caroline/AAH-7860-2019

Wilson, Caroline/0000-0002-0213-506X; Marselle, Melissa/
0000-0002-3245-7473

2214-6326

URL: <Go to ISI>://WOS:000381640400018

Reference Type: Journal Article

Record Number: 1261

Author: Wilson, C., Sims, S., Dyer, J. and Handley, F.

Year: 2022

Title: Identifying opportunities and gaps in current evaluation frameworks – the knowns and unknowns in determining effective student engagement activity

Journal: Assessment & Evaluation in Higher Education

Volume: 47

Issue: 6

Pages: 843-856

Date: Aug

Short Title: Identifying opportunities and gaps in current evaluation frameworks – the knowns and unknowns in determining effective student engagement activity

ISSN: 0260-2938

DOI: 10.1080/02602938.2021.1969536

Accession Number: WOS:000695053100001

Abstract: The higher education sector is under increasing pressure to deliver more and to evidence the fruits of its contribution to society. There is a particular focus on the enhanced engagement of students in order to maximise success, and for this engagement to be achieved equitably across the student body, regardless of demographic backgrounds. This calls for the sector to increase its capability to enhance student engagement in a targeted manner, and to be able to evidence success. The purpose of this article is to critically review, as a result of trialling, frameworks which offer guidance on the structuring of student engagement activity and/or encouraging behaviours associated with student engagement whether at student, teacher or institutional level. We assess the value of these frameworks in practice by identifying opportunities provided by them, reveal gaps in how they support effective student engagement activity, and identify further work for the sector in plugging the guidance gaps that lead to sub-optimal evaluation.

Notes: Wilson, Caroline Sims, Stuart Dyer, Jen Handley, Fiona

Wilson, Caroline/AAH-7860-2019; Sims, Stuart/ABD-5000-2021

Wilson, Caroline/0000-0002-0213-506X; Sims, Stuart/

0000-0002-5903-3398

1469-297x

URL: <Go to ISI>://WOS:000695053100001

Reference Type: Journal Article

Record Number: 2336

Author: Wilson, D. K.

Year: 2015

Title: Behavior Matters: The Relevance, Impact, and Reach of Behavioral Medicine

Journal: Annals of Behavioral Medicine

Volume: 49

Issue: 1

Pages: 40-48

Date: Feb

Short Title: Behavior Matters: The Relevance, Impact, and Reach of Behavioral Medicine

ISSN: 0883-6612

DOI: 10.1007/s12160-014-9672-1

Accession Number: WOS:000350050800007

Abstract: Growing evidence suggests behavioral interventions that target a few key behaviors may be effective at improving population-level health outcomes; health status indicators; social, economic, and physical environments; personal capacity; and biological

outcomes. A theoretical framework that targets both social and cognitive mechanisms of behavioral interventions is outlined as critical for understanding "ripple effects" of behavioral interventions on influencing a broad range of outcomes associated with improved health and well-being. Evidence from randomized controlled trials is reviewed and demonstrates support for ripple effects—the effects that behavioral interventions have on multiple outcomes beyond the intended primary target of the interventions. These outcomes include physical, psychological, and social health domains across the lifespan. Cascading effects of behavioral interventions have important implications for policy that argue for a broader conceptualization of health that integrates physical, mental, and social well-being outcomes into future research to show the greater return on investment.

Notes: Wilson, Dawn K.

1532-4796

URL: <Go to ISI>://WOS:000350050800007

Reference Type: Journal Article

Record Number: 647

Author: Wilson, E., Gannon, H., Chimhini, G., Fitzgerald, F., Khan, N., Lorencatto, F., Kesler, E., Nkhoma, D., Chiyaka, T., Haghparast-Bidgoli, H., Lakhanpaul, M., Borja, M. C., Stevenson, A. G., Crehan, C., Sassoon, Y., Hull-Bailey, T., Curtis, K., Chiume, M., Chimhuya, S. and Heys, M.

Year: 2022

Title: Protocol for an intervention development and pilot implementation evaluation study of an e-health solution to improve newborn care quality and survival in two low-resource settings, Malawi and Zimbabwe: Neotree

Journal: Bmj Open

Volume: 12

Issue: 7

Date: Jul

Short Title: Protocol for an intervention development and pilot implementation evaluation study of an e-health solution to improve newborn care quality and survival in two low-resource settings, Malawi and Zimbabwe: Neotree

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2021-056605

Article Number: e056605

Accession Number: WOS:000823099300011

Abstract: Introduction Every year 2.4 million deaths occur worldwide in babies younger than 28 days. Approximately 70% of these deaths occur in low-resource settings because of failure to implement evidence-based interventions. Digital health technologies may offer an implementation solution. Since 2014, we have worked in Bangladesh, Malawi, Zimbabwe and the UK to develop and pilot Neotree: an android app with accompanying data visualisation, linkage and export. Its low-cost hardware and state-of-the-art software are used to improve bedside postnatal care and to provide insights into population health trends, to impact wider policy and practice. Methods and analysis This is a mixed methods (1)

intervention codevelopment and optimisation and (2) pilot implementation evaluation (including economic evaluation) study. Neotree will be implemented in two hospitals in Zimbabwe, and one in Malawi. Over the 2-year study period clinical and demographic newborn data will be collected via Neotree, in addition to behavioural science informed qualitative and quantitative implementation evaluation and measures of cost, newborn care quality and usability. Neotree clinical decision support algorithms will be optimised according to best available evidence and clinical validation studies. Ethics and dissemination This is a Wellcome Trust funded project (215742_Z_19_Z). Research ethics approvals have been obtained: Malawi College of Medicine Research and Ethics Committee (P.01/20/2909; P.02/19/2613); UCL (17123/001, 6681/001, 5019/004); Medical Research Council Zimbabwe (MRCZ/A/2570), BRTI and JREC institutional review boards (AP155/2020; JREC/327/19), Sally Mugabe Hospital Ethics Committee (071119/64; 250418/48). Results will be disseminated via academic publications and public and policy engagement activities. In this study, the care for an estimated 15 000 babies across three sites will be impacted.

Notes: Wilson, Emma Gannon, Hannah Chimhini, Gwendoline Fitzgerald, Felicity Khan, Nushrat Lorencatto, Fabiana Kesler, Erin Nkhoma, Deliwé Chiyaka, Tarisai Haghparast-Bidgoli, Hassan Lakhnpaul, Monica Borja, Mario Cortina Stevenson, Alexander G. Crehan, Caroline Sassoon, Yali Hull-Bailey, Tim Curtis, Kristina Chiume, Msandeni Chimhuya, Simbarashe Heys, Michelle Fitzgerald, Felicity/0000-0001-9594-3228; Khan, Nushrat/0000-0002-4521-0920; Gannon, Hannah/0000-0002-5726-2752; Wilson, Emma/0000-0001-7091-2417

URL: <Go to ISI>://WOS:000823099300011

Reference Type: Journal Article

Record Number: 2071

Author: Wilson, K. E., Harden, S. M., Almeida, F. A., You, W., Hill, J. L., Goessl, C. and Estabrooks, P. A.

Year: 2016

Title: Brief Self-Efficacy Scales for Use in Weight-Loss Trials: Preliminary Evidence of Validity

Journal: Psychological Assessment

Volume: 28

Issue: 10

Pages: 1255-1264

Date: Oct

Short Title: Brief Self-Efficacy Scales for Use in Weight-Loss Trials: Preliminary Evidence of Validity

ISSN: 1040-3590

DOI: 10.1037/pas0000249

Accession Number: WOS:000389307700012

Abstract: Self-efficacy is a commonly included cognitive variable in weight-loss trials, but there is little uniformity in its measurement. Weight-loss trials frequently focus on physical activity (PA) and eating behavior, as well as weight loss, but no survey is available that offers reliable measurement of self-efficacy as it relates to each of these targeted outcomes. The

purpose of this study was to test the psychometric properties of brief, pragmatic self-efficacy scales specific to PA, healthful eating and weight-loss (4 items each). An adult sample (n = 1,790) from 28 worksites enrolled in a worksite weight-loss program completed the self-efficacy scales, as well as measures of PA, dietary fat intake, and weight, at baseline, 6-, and 12-months. Confirmatory factor analysis supported the hypothesized factor structure indicating, 3 latent self-efficacy factors, specific to PA, healthful eating, and weight-loss. Measurement equivalence/invariance between relevant demographic groups, and over time was also supported. Parallel growth processes in self-efficacy factors and outcomes (PA, fat intake, and weight) support the predictive validity of score interpretations. Overall, this initial series of psychometric analyses supports the interpretation that scores on these scales reflect self-efficacy for PA, healthful eating, and weight-loss. The use of this instrument in large-scale weight-loss trials is encouraged.

Notes: Wilson, Kathryn E. Harden, Samantha M. Almeida, Fabio A. You, Wen Hill, Jennie L. Goessl, Cody Estabrooks, Paul A. Estabrooks, Paul/L-4257-2019; Almeida, Fabio/Q-8167-2019 Almeida, Fabio/0000-0002-2404-0694; Estabrooks, Paul/0000-0003-2261-9886; Wilson, Kathryn/0000-0001-5847-5461; Hill, Jennie/0000-0002-0510-383X
1939-134x
URL: <Go to ISI>://WOS:000389307700012

Reference Type: Journal Article

Record Number: 50

Author: Wilson, N. A., Peters, R., Lautenschlager, N. T. and Anstey, K. J.

Year: 2023

Title: Testing times for dementia: a community survey identifying contemporary barriers to risk reduction and screening

Journal: Alzheimers Research & Therapy

Volume: 15

Issue: 1

Date: Apr

Short Title: Testing times for dementia: a community survey identifying contemporary barriers to risk reduction and screening

DOI: 10.1186/s13195-023-01219-4

Article Number: 76

Accession Number: WOS:000968911900001

Abstract: BackgroundAdvances in pharmacological and non-pharmacological dementia interventions may mean future dementia prevention incorporates a combination of targeted screening and lifestyle modifications. Elucidating potential barriers which may prevent community engagement with dementia prevention initiatives is important to maximise the accessibility and feasibility of these initiatives across the lifespan.MethodsSix hundred seven adults aged over 18 years completed a 54-item, multiple-choice survey exploring contemporary attitudes towards, and barriers to, dementia risk reduction and screening relative to other common health conditions. Participants were sourced from Australia's largest, paid, data

analytics service (ORIMA). Results Finances ($p = .009$), poor motivation ($p = .043$), and time ($p \leq .0001$) emerged as significant perceived barriers to dementia risk reduction behaviours. Lack of time was more likely to be reported by younger, relative to older, participants ($p \leq .0001$), while females were more likely than males to report financial ($p = .019$) and motivational ($p = .043$) factors. Binary logistic regression revealed willingness to undertake dementia testing modalities was significantly influenced by gender (genetic testing, $p = .012$; saliva, $p = .038$, modifiable risk factors $p = .003$), age (cognitive testing, $p \leq .0001$; blood, $p = .010$), and socio-economic group (retinal imaging, $p = .042$; modifiable risk-factor screening, $p = .019$). Over 65% of respondents felt adequately informed about risk reduction for at least one non-dementia health condition, compared to 30.5% for dementia. Conclusions This study found perceived barriers to dementia risk reduction behaviours, and the willingness to engage in various dementia testing modalities, was significantly associated with socio-demographic factors across the lifespan. These findings provide valuable insight regarding the accessibility and feasibility of potential methods for identifying those most at risk of developing dementia, as well as the need to better promote and support wide-scale engagement in dementia risk reduction behaviours across the lifespan.

Notes: Wilson, Nikki-Anne Peters, Ruth Lautenschlager, Nicola T. T. Anstey, Kaarin J. J.

Wilson, Nikki-Anne/0000-0003-1655-5927
1758-9193

URL: <Go to ISI>://WOS:000968911900001

Reference Type: Journal Article

Record Number: 120

Author: Wilson, S., Ctori, I., Shah, R. K., Conway, M. L., Willis, S. J. and Suttle, C.

Year: 2023

Title: An investigation of barriers and enablers to community eye care for children in England: A qualitative descriptive study

Journal: Ophthalmic and Physiological Optics

Date: 2023 Mar

Short Title: An investigation of barriers and enablers to community eye care for children in England: A qualitative descriptive study

ISSN: 0275-5408

DOI: 10.1111/opo.13109

Accession Number: WOS:000945261200001

Abstract: Purpose Research suggests that there are challenges in the accessibility of eye care for children in England. This study explores the barriers and enablers to eye examinations for children under 5 years of age from the perspective of community optometrists in England. Methods Optometrists working in community settings were invited to participate in virtual focus group discussions using an online platform based on a topic guide. The discussions were audio-recorded, transcribed and thematically analysed. Themes were derived from the focus group data based on the study aim and research question. Results Thirty optometrists participated in the focus group

discussions. The overarching themes identified as barriers to eye examinations for young children in a community setting were as follows: 'Time and Money', 'Knowledge, Skills and Confidence', 'Awareness and Communication', 'Range of Attitudes' and 'Clinical Setting'. The key themes for enabling eye examinations for young children were as follows: 'Improving behaviour', 'Enhancing training and education', 'Enhancing eye care services', 'Raising awareness', 'Changes in professional bodies' and 'Balancing commercial pressures and health care'. Conclusion Time, money, training and equipment are perceived by optometrists as key factors in providing an eye examination for a young child. This study identified a need for improved training and robust governance related to eye examinations for young children. There is a need for change within eye care service delivery such that all children, regardless of age and ability, are examined regularly, and by conducting these examinations, optometrists remain confident.

Notes: Wilson, Salma Ctori, Irene Shah, Rakhee Conway, Miriam L. Willis, Sophie J. Suttle, Catherine Suttle, Catherine/0000-0001-8694-195X; Wilson, Salma/0000-0001-9754-0107; CONWAY, MIRIAM/0000-0001-5016-0529; Shah, Rakhee/0000-0002-6134-0936
1475-1313

URL: <Go to ISI>://WOS:000945261200001

Reference Type: Journal Article

Record Number: 14

Author: Wine, O., McNeil, D., Kromm, S. K., Foss, K., Caine, V., Clarke, D., Day, N., Johnson, D. W., Rittenbach, K., Wood, S. and Hicks, M.

Year: 2023

Title: The Alberta Neonatal Abstinence Syndrome Mother-Baby Care ImprovEmeNT (NASCENT) program: protocol for a stepped wedge cluster randomized trial of a hospital-level Neonatal Abstinence Syndrome rooming-in intervention

Journal: BMC Health Services Research

Volume: 23

Issue: 1

Date: May

Short Title: The Alberta Neonatal Abstinence Syndrome Mother-Baby Care ImprovEmeNT (NASCENT) program: protocol for a stepped wedge cluster randomized trial of a hospital-level Neonatal Abstinence Syndrome rooming-in intervention

DOI: 10.1186/s12913-023-09440-5

Article Number: 448

Accession Number: WOS:000983214900001

Abstract: Background Neonatal Abstinence Syndrome (NAS), a problem common in newborns exposed to substances in-utero, is an emerging health concern. In traditional models of care, infants with NAS are routinely separated from their mothers and admitted to the Neonatal Intensive Care Unit (NICU) with long, expensive length of stay (LOS). Research shows a rooming-in approach (keeping mothers and infants together in hospital) with referral support is a safe and effective model of care in managing NAS. The model's key components

are facilitating 24-h care by mothers on post-partum or pediatric units with support for breastfeeding, transition home, and access to Opioid Dependency Programs (ODP). This study will implement the rooming-in approach at eight hospitals across one Canadian Province; support practice and culture shift; identify and test the essential elements for effective implementation; and assess the implementation's impact/outcomes. Methods A stepped wedge cluster randomized trial will be used to evaluate the implementation of an evidence-based rooming-in approach in the postpartum period for infants born to mothers who report opioid use during pregnancy. Baseline data will be collected and compared to post-implementation data. Six-month assessment of maternal and child health and an economic evaluation of cost savings will be conducted. Additionally, barriers and facilitators of the rooming-in model of care within the unique context of each site and across sites will be explored pre-, during, and post-implementation using theory-informed surveys, interviews, and focus groups with care teams and parents. A formative evaluation will examine the complex contextual factors and conditions that influence readiness and sustainability and inform the design of tailored interventions to facilitate capacity building for effective implementation. Discussion The primary expected outcome is reduced NICU LOS. Secondary expected outcomes include decreased rates of pharmacological management of NAS and child apprehension, increased maternal ODP participation, and improved 6-month outcomes for mothers and infants. Moreover, the NASCENT program will generate the detailed, multi-site evidence needed to accelerate the uptake, scale, and spread of this evidence-based intervention throughout Alberta, leading to more appropriate and effective care and use of healthcare resources.

Notes: Wine, Osnat McNeil, Deborah Kromm, Seija K. Foss, Karen Caine, Vera Clarke, Denise Day, Nathaniel Johnson, David W. Rittenbach, Katherine Wood, Stephen Hicks, Matt
1472-6963

URL: <Go to ISI>://WOS:000983214900001

Reference Type: Journal Article

Record Number: 298

Author: Winkley, K.

Year: 2022

Title: Supporting people with type 2 diabetes who need insulin

Journal: Practical Diabetes

Volume: 39

Issue: 6

Pages: 11-16

Date: Dec

Short Title: Supporting people with type 2 diabetes who need insulin

ISSN: 2047-2897

DOI: 10.1002/pdi.2424

Accession Number: WOS:000919776000004

Abstract: The year 2022 marks 100years since the first person with diabetes received an insulin injection and supporting people with insulin self-management is a core role for diabetes nurses. Janet Kinson was a diabetes nurse and author. She developed the first

diabetes education programme for nurses and the topic of insulin was central to the curriculum. This article will honour the contribution she made by focusing on diabetes education for people with type 2 diabetes who need insulin. It will start by tracing why and when people with type 2 diabetes should start insulin treatment followed by an exploration of the barriers to starting insulin at the level of the individual, the health care professional and the health system. We know that around 50% of people with type 2 diabetes delay starting insulin for seven years when it is clinically indicated. We also know that around a third of people with type 2 diabetes who are insulin treated remain hyperglycaemic or experience frequent hypoglycaemia. Therefore, there is a need for interventions that address delay, optimise starting insulin as well as consider how we best support people with type 2 diabetes to persist with and intensify their insulin over the diabetes journey. This article presents the current literature on interventions to support people with type 2 diabetes with insulin and identify gaps in support that may be addressed in future research. Copyright (c) 2022 John Wiley & Sons..

Notes: Winkley, Kirsty

Winkley, Kirsty/0000-0002-1725-6040
2047-2900

URL: <Go to ISI>://WOS:000919776000004

Reference Type: Journal Article

Record Number: 1349

Author: Wit, R. F., Lucassen, D. A., Beulen, Y. H., Faessen, J. P. M., Bos-de Vos, M., Van Dongen, J. M., Feskens, E. J. M., Wagemakers, A. and Brouwer-Brolsma, E. M.

Year: 2021

Title: Midwives' Experiences with and Perspectives on Online (Nutritional) Counselling and mHealth Applications for Pregnant Women; an Explorative Qualitative Study

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 13

Date: Jul

Short Title: Midwives' Experiences with and Perspectives on Online (Nutritional) Counselling and mHealth Applications for Pregnant Women; an Explorative Qualitative Study

DOI: 10.3390/ijerph18136733

Article Number: 6733

Accession Number: WOS:000671198800001

Abstract: Prenatal nutrition is a key predictor of early-life development. However, despite mass campaigns to stimulate healthy nutrition during pregnancy, the diet of Dutch pregnant women is often suboptimal. Innovative technologies offer an opportunity to develop tailored tools, which resulted in the release of various apps on healthy nutrition during pregnancy. As midwives act as primary contact for Dutch pregnant women, the goal was to explore the experiences and perspectives of midwives on (1) nutritional counselling during pregnancy, and (2) nutritional mHealth apps to

support midwifery care. Analyses of eleven in-depth interviews indicated that nutritional counselling involved the referral to websites, a brochure, and an app developed by the Dutch Nutrition Centre. Midwives were aware of the existence of other nutritional mHealth apps but felt uncertain about their trustworthiness. Nevertheless, midwives were open towards the implementation of new tools providing that these are trustworthy, accessible, user-friendly, personalised, scientifically sound, and contain easy-digestible information. Midwives stressed the need for guidelines for professionals on the implementation of new tools. Involving midwives early-on in the development of future nutritional mHealth apps may facilitate better alignment with the needs and preferences of end-users and professionals, and thus increase the likelihood of successful implementation in midwifery practice.

Notes: Wit, Renate F. Lucassen, Desiree A. Beulen, Yvette H. Faessen, Janine P. M. Bos-de Vos, Marina van Dongen, Johanna M. Feskens, Edith J. M. Wagemakers, Annemarie Brouwer-Brolsma, Elske M. Lucassen, Desiree/AAV-3762-2021

Lucassen, Desiree/0000-0001-9769-6566; Wit, Renate/0000-0002-2625-7635; Wagemakers, Annemarie/0000-0002-1212-6888; van Dongen, Johanna Maria/0000-0002-1606-8742; Bos-de Vos, Marina/0000-0001-7613-891X; Brouwer-Brolsma, Elske/0000-0002-6829-5090 1660-4601

URL: <Go to ISI>://WOS:000671198800001

Reference Type: Journal Article

Record Number: 2088

Author: Witzel, T. C., Rodger, A. J., Burns, F. M., Rhodes, T. and Weatherburn, P.

Year: 2016

Title: HIV Self-Testing among Men Who Have Sex with Men (MSM) in the UK: A Qualitative Study of Barriers and Facilitators, Intervention Preferences and Perceived Impacts

Journal: Plos One

Volume: 11

Issue: 9

Date: Sep

Short Title: HIV Self-Testing among Men Who Have Sex with Men (MSM) in the UK: A Qualitative Study of Barriers and Facilitators, Intervention Preferences and Perceived Impacts

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0162713

Article Number: e0162713

Accession Number: WOS:000383255900153

Abstract: Introduction Innovative strategies, such as HIV self-testing (HIVST), could increase HIV testing rates and diagnosis. Evidence to inform the design of an HIVST intervention in the UK is scarce with very little European data on this topic. This study aims to understand values and preferences for HIVST interventions targeting MSM in the UK. We explore the acceptability of HIVST among MSM in the context of known barriers and facilitators to testing for HIV; assess preferences for, and the concerns about, HIVST. Methods Six focus group discussions (FGD) were conducted with 47 MSM in

London, Manchester and Plymouth. HIVST as a concept was discussed and participants were asked to construct their ideal HIVST intervention. OraQuick (TM) and BioSure (TM) kits were then demonstrated and participants commented on procedure, design and instructions. FGDs were recorded and transcribed verbatim, then analysed thematically. Results Convenience and confidentiality of HIVST was seen to facilitate testing. Issues with domestic privacy problematised confidentiality. HIVST kits and instructions were thought to be unnecessarily complicated, and did not cater to the required range of abilities. The window period was the most important element of an HIVST, with strong preference for 4th generation testing. Kits which used a blood sample were more popular than those using saliva due to higher perceived accuracy although phobia of needles and/or blood meant some would only access HIVST if a saliva sample option was available. A range of access options was important to maintain convenience and privacy. HIVST kits were assumed to increase frequency of testing, with concerns related to the dislocation of HIVST from sexual health care pathways and services. Discussion Utility of HIVST arises from relatively high levels of confidentiality and convenience. Until 4th generation assays are available HIVST will be seen as supplementary in a UK context.

Notes: Witzel, T. Charles Rodger, Alison J. Burns, Fiona M. Rhodes, Tim Weatherburn, Peter

Rhodes, Tim/DNJ-9679-2022; Weatherburn, Peter/AAC-2701-2019

Witzel, T Charles/0000-0003-4262-261X; Rhodes, Tim/

0000-0003-2400-9838; Weatherburn, Peter/0000-0002-4950-6163

URL: <Go to ISI>://WOS:000383255900153

Reference Type: Journal Article

Record Number: 150

Author: Wojcik, G., Ring, N., Willis, D. S., Williams, B. and Kydonaki, K.

Year: 2023

Title: Improving antibiotic use in hospitals: development of a digital antibiotic review tracking toolkit (DARTT) using the behaviour change wheel

Journal: Psychology & Health

Date: 2023 Feb

Short Title: Improving antibiotic use in hospitals: development of a digital antibiotic review tracking toolkit (DARTT) using the behaviour change wheel

ISSN: 0887-0446

DOI: 10.1080/08870446.2023.2182894

Accession Number: WOS:000942744600001

Abstract: ObjectiveTo develop a theory-informed behaviour change intervention to promote appropriate hospital antibiotic use, guided by the Medical Research Council's complex interventions framework.MethodsA phased approach was used, including triangulation of data from meta-ethnography and two qualitative studies. Central to intervention design was the generation of a robust theoretical basis using the Behaviour Change Wheel to identify relevant determinants of behaviour change and intervention components.

Intervention content was guided by APEASE (Acceptability, Practicability, Effectiveness, Affordability, Side-effects, and Equity) criteria and coded using a Behaviour Change Technique Taxonomy. Stakeholders were involved throughout. Results from numerous modifiable prescribing behaviours identified, active 'antibiotic time-out' was selected as the target behaviour to help clinicians safely initiate antibiotic reassessment. Prescribers' capability, opportunity, and motivation were potential drivers for changing this behaviour. The design process resulted in the selection of 25 behaviour change techniques subsequently translated into intervention content. Integral to this work was the development and refinement of a Digital Antibiotic Review Tracking Toolkit. Conclusion This novel work demonstrates how the Behaviour Change Wheel can be used with the Medical Research Council framework to develop a theory-based behaviour change intervention targeting barriers to timely hospital antibiotic reassessment. Future research will evaluate the Antibiotic Toolkit's feasibility and effectiveness.

Notes: Wojcik, Gosha Ring, N. Willis, D. S. Williams, B. Kydonaki, K.

Wojcik, Gosha/0000-0003-3857-2090; Kydonaki, Kalliopi/0000-0003-3400-8230; Ring, Nicola/0000-0001-6367-7316
1476-8321

URL: <Go to ISI>://WOS:000942744600001

Reference Type: Journal Article

Record Number: 179

Author: Wolframm, I. A., Douglas, J. and Pearson, G.

Year: 2023

Title: Changing Hearts and Minds in the Equestrian World One Behaviour at a Time

Journal: Animals

Volume: 13

Issue: 4

Date: Feb

Short Title: Changing Hearts and Minds in the Equestrian World One Behaviour at a Time

ISSN: 2076-2615

DOI: 10.3390/ani13040748

Article Number: 748

Accession Number: WOS:000938068000001

Abstract: Simple Summary Equestrianism is currently facing a range of pressing challenges. These challenges are largely based on evolving attitudes to ethics and equine wellbeing and affect the sport's social licence to operate (i.e., its public acceptability). It is likely that trends within society, features specific to the equestrian sector, and aspects of human nature have all contributed to the current situation. If equestrianism is to flourish, it is evident that much needs to change, not the least, human behaviour. There are established frameworks for explaining and effecting human behaviour change that have been scientifically validated and are rooted in practice. These frameworks, such as the COM-B model and the Behaviour Change Wheel by Michie et al., could be of practical

value for developing and implementing equine welfare strategies. The current review summarises the theory that underpins some behaviour change frameworks and provides a practical, step-by-step approach to designing an effective behaviour change intervention. A real-world example is also provided. This is based on retrospective analysis of an intervention strategy that aimed to increase the use of learning theory in (educational) veterinary practice. In our opinion, incorporating effective behaviour change interventions into any equine welfare improvement strategy may help to safeguard the future of equestrianism. Equestrianism is currently facing a range of pressing challenges. These challenges, which are largely based on evolving attitudes to ethics and equine wellbeing, have consequences for the sport's social licence to operate. The factors that may have contributed to the current situation include overarching societal trends, specific aspects of the equestrian sector, and factors rooted in human nature. If equestrianism is to flourish, it is evident that much needs to change, not the least, human behaviour. To this end, using established behaviour change frameworks that have been scientifically validated and are rooted in practice—most notably, Michie et al.'s COM-B model and Behaviour Change Wheel—could be of practical value for developing and implementing equine welfare strategies. This review summarises the theoretical underpinnings of some behaviour change frameworks and provides a practical, step-by-step approach to designing an effective behaviour change intervention. A real-world example is provided through the retrospective analysis of an intervention strategy that aimed to increase the use of learning theory in (educational) veterinary practice. We contend that the incorporation of effective behaviour change interventions into any equine welfare improvement strategy may help to safeguard the future of equestrianism.

Notes: Wolframm, Inga A. Douglas, Janet Pearson, Gemma Wolframm, Inga Astrid/0000-0002-0394-8417; Douglas, Janet/0000-0002-2980-5043

URL: <Go to ISI>://WOS:000938068000001

Reference Type: Journal Article

Record Number: 1994

Author: Wong, B., Venturato, L., Oliver, M. J., Quinn, R. R., Ravani, P. and Holroyd-Leduc, J.

Year: 2017

Title: Selection of peritoneal dialysis among older eligible patients with end-stage renal disease

Journal: Nephrology Dialysis Transplantation

Volume: 32

Issue: 2

Pages: 384-392

Date: Feb

Short Title: Selection of peritoneal dialysis among older eligible patients with end-stage renal disease

ISSN: 0931-0509

DOI: 10.1093/ndt/gfw367

Accession Number: WOS:000397027900025

Abstract: Background: Older patients with end-stage renal disease

(ESRD) are less likely to choose peritoneal dialysis (PD) over hemodialysis (HD). The reasons behind their choice of dialysis modality are not clear. This study seeks to determine the patient-perceived factors that influence ESRD patients' choice of dialysis modality among older ESRD patients who are deemed eligible for both PD and HD. Methods: All patients had completed a multidisciplinary modality assessment, were deemed eligible for both PD and HD, and had received modality education. Semi-structured interviews were conducted and transcripts were read repeatedly to derive potential codes using line-by-line textual analysis. The Capability, Opportunity, Motivation-Behaviour (COM-B) and Theoretical Domain Framework (TDF), validated tools that were developed for designing behavioral change interventions, were used to help guide the coding framework. Results: Among older ESRD patients who are deemed eligible for both PD and HD, factors relevant to their modality decision-making were identified with respect to physical strength/dexterity and having a sound mind (capability), external forces and constraints (opportunity), and values and beliefs (motivation). Often a combination of factors led to an individual's choice of a particular dialysis modality. However, preferences for PD were primarily based around convenience and maintaining a normal life, while a heightened sense of security was the primary reason for those who selected HD. Conclusions: We have identified patient-perceived factors that influence choice of dialysis modality in older individuals with ESRD who are eligible for PD and HD. These factors should be considered and/or addressed within PD programs seeking to promote PD.

Notes: Wong, Ben Venturato, Lorraine Oliver, Matthew J. Quinn, Robert R. Ravani, Pietro Holroyd-Leduc, Jayna Quinn, Robert R/E-7017-2011; Ravani, Pietro/J-3050-2015 Ravani, Pietro/0000-0001-6973-8570 1460-2385
URL: <Go to ISI>://WOS:000397027900025

Reference Type: Journal Article

Record Number: 900

Author: Wong, E., Mavondo, F., Horvat, L., McKinlay, L. and Fisher, J.

Year: 2022

Title: Healthcare professionals' perspective on delivering personalised and holistic care: using the Theoretical Domains Framework

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Mar

Short Title: Healthcare professionals' perspective on delivering personalised and holistic care: using the Theoretical Domains Framework

DOI: 10.1186/s12913-022-07630-1

Article Number: 281

Accession Number: WOS:000762768300005

Abstract: Background Interventions to improve personalised and

holistic care delivery by healthcare professionals are more likely to be effective if they target the factors influencing specific behaviours. This study reports on the development and testing of a questionnaire to identify perspectives of healthcare professionals' personalised and holistic care behaviours based on the Theoretical Domains Framework. Methods The study was conducted in public health services in Victoria, Australia. The questionnaire was developed and pilot-tested with behaviour change researchers and healthcare professionals. Doctors, nurses and midwives were recruited via notices and email invitations from Safer Care Victoria's website and mailing lists of healthcare professionals and invited to complete the questionnaire online (hosted on Qualtrics). Health services administrators and allied health professionals were excluded from the study. Confirmatory factor analysis was undertaken to generate the model of best fit and group differences were tested using univariate tests. Results One hundred and four healthcare professionals from public health services in Victoria, Australia, completed the 39-item questionnaire focusing on specific personalised and holistic care behaviours. The final model consisted of 13 factors and 39 items, and CFA produced an acceptable fit, as well as adequate levels of discriminant validity and internal consistency ($\alpha = 0.60$ to 0.84). Seven domains, "social influence", "motivation & goals", "environmental context and resources", "skills", "beliefs about consequences", "behaviour regulation" and "nature of behaviour" were identified. Significant differences in the factors influencing these behaviours were found in groups with different years of experience and role seniority. These findings suggest that future interventions need to be targeted to specific groups. Conclusion This study identified the specific behaviours and the factors associated with performance of personalised and holistic care among healthcare professionals. The findings suggest several interventions and policy functions may be taken to improve personalised and holistic care.

Notes: Wong, Eunice Mavondo, Felix Horvat, Lidia McKinlay, Louise Fisher, Jane
1472-6963

URL: <Go to ISI>://WOS:000762768300005

Reference Type: Journal Article

Record Number: 1095

Author: Wong, E. L. Y., Tang, K. S., Dong, D., Mo, P. K. H., Cheung, A. W. L., Lau, J. C. H. and Yeoh, E. K.

Year: 2021

Title: Evaluation of the implementation of information system for postdischarge with the theoretical domains framework by healthcare professionals: a multistage design with qualitative inquiry and Delphi expert discussion protocol

Journal: Bmj Open

Volume: 11

Issue: 12

Date: Dec

Short Title: Evaluation of the implementation of information system for postdischarge with the theoretical domains framework by

healthcare professionals: a multistage design with qualitative inquiry and Delphi expert discussion protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-046081

Article Number: e046081

Accession Number: WOS:000729858800005

Abstract: Introduction Improving discharge information dissemination may improve patients' health literacy of self-care and health outcomes, avoid unnecessary healthcare utilisation, and reduce the healthcare cost. This study aims to use an implementation science theory guided approach to examine the beliefs and behaviours of healthcare professionals regarding postdischarge information summary (PDIS) implementation in a public inpatient setting. Methods and analysis A multistage study design involving qualitative inquiry and Delphi expert discussion will be used to systematically explore the perceived barriers in the four implemented hospitals and enable the full implementation of the PDIS in geriatric and medical care. The theoretical domains framework (TDF), behavioural change wheel and realistic evaluation framework will be used to guide the investigation of implementation. This study consists of three steps: (1) identifying barriers and enablers from an implementation perspective using a TDF-informed interview guide; (2) devising theory-based implementation strategy packages to facilitate the adoption and enhancement of PDIS by performing a strategy mapping exercise and (3) developing an effective implementation strategy package for scaling up PDIS in other target hospitals as well as other specialities using the Delphi expert discussion. The goal of this multistage study design is to identify the perspectives from healthcare professionals towards the PDIS implementation and explore their barriers and facilitators of the process in the pilot phase. The invited healthcare professionals would share their daily experience on providing PDIS to patient in various study hospitals with similar ward setting. The implementation of discharge intervention in a study setting through different steps to aid in the exploration and development of the modified implementation strategies for the adoption and enhancement of PDIS in the discharge process. Ethics and dissemination Ethics approval for the study was obtained from the Joint Chinese University of Hong Kong-New Territories East Cluster Clinical Research Ethics Committees. Results of the study would be released as a report submitted to the Health and Medical Research Fund of Food and Health Bureau of the Hong Kong Government. The result would also be published in international peer-reviewed medical journals and presented in conferences.

Notes: Wong, Eliza L. Y. Tang, K. S. Dong, Dong Mo, Phoenix K. H. Cheung, Annie W. L. Lau, Jack C. H. Yeoh, E. K.

DONG, Dong/AAC-9403-2020

DONG, Dong/0000-0001-9784-6472; Wong, Eliza/0000-0001-9983-6219

URL: <Go to ISI>://WOS:000729858800005

Reference Type: Journal Article

Record Number: 1481

Author: Wong, F. M. F.

Year: 2021

Title: First Data in the Process of Validating a Tool to Evaluate Knowledge, Attitude, and Practice of Healthcare Providers in Oral Care of Institutionalized Elderly Residents: Content Validity, Reliability and Pilot Study

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 8

Date: Apr

Short Title: First Data in the Process of Validating a Tool to Evaluate Knowledge, Attitude, and Practice of Healthcare Providers in Oral Care of Institutionalized Elderly Residents: Content Validity, Reliability and Pilot Study

DOI: 10.3390/ijerph18084145

Article Number: 4145

Accession Number: WOS:000644085200001

Abstract: Background: Oral health of elderly people is a global concern. Poor oral health in institutionalized elderly people has been attributed to poor knowledge, attitude, and practice (KAP) of healthcare providers. However, no validated KAP tool is available yet. Objective: To develop and validate a tool to measure knowledge, attitude, and practice of healthcare providers in oral care of institutionalized elderly people. Methods: The development and validation of the tool was based on literature reviews, comments from professional experts, and statistical analytic methods. Content validity in the instrument psychometric property and its relevance with reliability are essential. Content validity ratio and content validity index were performed. Then, a pilot study was conducted in 20 institutionalized healthcare providers for testing applicability, feasibility, and reliability. Results: A total of 43 items were developed in three domains, knowledge (19 items), attitude (13 items), and practice (11 items). Content validity analysis revealed the KAP tool with high values of the I-CVI (score 1.00) and S-CVI (S-CVI/UA result 1.00). The test-retest reliability with Cronbach's alphas of knowledge, attitude, practice, and overall KAP were 0.67, 0.93, 0.92, and 0.94, respectively. Conclusions: The developed and validated tool is appropriate to measure KAP of healthcare providers in oral care of institutionalized elderly people. It can be used to measure KAP of institutionalized healthcare providers in order to develop appropriate strategies to improve KAP of healthcare providers.

Notes: Wong, Florence M. F.

1660-4601

URL: <Go to ISI>://WOS:000644085200001

Reference Type: Journal Article

Record Number: 1482

Author: Wong, F. M. F.

Year: 2021

Title: Factors Associated with Knowledge, Attitudes, and Practice towards Colorectal Cancer and Its Screening among People Aged 50-75 Years

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 8

Date: Apr

Short Title: Factors Associated with Knowledge, Attitudes, and Practice towards Colorectal Cancer and Its Screening among People Aged 50–75 Years

DOI: 10.3390/ijerph18084100

Article Number: 4100

Accession Number: WOS:000644125100001

Abstract: Background: Colorectal cancer (CRC) screening is effective for early detection of CRC, particularly for males aged 50 or above. However, the rate of participation in the screening program is still low. This study was to examine knowledge, attitudes, and practice toward CRC and its screening and explored their associated factors. **Methods:** A descriptive cross-sectional study was conducted in a convenience sample of adults aged 50–75 years without cognitive problems, who were recruited at multi-elderly centers in Hong Kong. A questionnaire was used to measure knowledge, attitudes, and practice (KAP) towards CRC and its screening. **Results:** The total of 300 Chinese people included 147 (49.0%) males with a mean age of 58.72 (SD 6.91) years old. This study population had good knowledge and practice, as well as very good attitudes toward CRC and its screening. The multivariate regression results showed that receiving insurance coverage was the most significant factor positively associated with knowledge, attitudes, and practice. Other than this, lower educational level had significant negative association with knowledge and practice. Having self-sufficient financial support and receiving screening program information had positive associations with knowledge. **Conclusion:** People who are receiving insurance coverage have better KAP towards CRC and its screening. This indicates that they can receive adequate information about the screening procedure from their insurance agents and receive financial support under their insurance coverage. Therefore, they are more willing to participate in the screening program. Other factors, including having good self-sufficient financial support and receiving adequate information about CRC and its screening, significantly enhance knowledge. Based on the relationships among KAP, knowledge enhancement can improve attitude and practice in participating in the CRC screening program. Those who attained lower education should receive more attention. In this sense, adequate financial support from health insurance or subsidies from the government can increase an individual's willingness to participate in the CRC screening, particularly those at a low socioeconomic level. Educational programs should be promoted to enhance knowledge about CRC and its screening, especially to those who attained lower education levels.

Notes: Wong, Florence M. F.

Wong, Florence/0000-0002-9544-2607

1660-4601

URL: <Go to ISI>://WOS:000644125100001

Reference Type: Journal Article

Record Number: 239

Author: Wong, P. K. S., Kwan, C. L. and Wong, Y. C.

Year: 2023

Title: Impact of Implementing New ICF-Based Practices on Staff Valence of Disability Practitioners: An Experience in Hong Kong
Journal: International Journal of Environmental Research and Public Health

Volume: 20

Issue: 2

Date: Jan

Short Title: Impact of Implementing New ICF-Based Practices on Staff Valence of Disability Practitioners: An Experience in Hong Kong

DOI: 10.3390/ijerph20021632

Article Number: 1632

Accession Number: WOS:000914987000001

Abstract: The International Classification of Functioning, Disability, and Health (ICF) was endorsed by The World Health Organization (WHO) in 2001. However, Hong Kong is at the beginning stage of implementing and testing ICF-based practices. This study examines any changes in the valences of disability practitioners in an organization under the newly introduced ICF-based practices. It was hypothesized that the involved staff members' self-perceived valences in relation to the ICF would be enhanced. A pretest-posttest design was adopted. The 27-item Scale on Staff Valence under ICF-based practice (SSV-ICF) was used to measure the impact on staff valence of a pilot scheme in which ICF-based practice was implemented. Self-report questionnaires were completed by the involved staff members at the beginning of the pilot scheme and 12 months later. Analyses used paired samples t-tests and one-way repeated measures ANOVAs, performed by SPSS software, version 25. In total, 91 participants took part in the study. Results showed that participants achieved positive changes in all domains of valences, while participants' level of involvement in the new ICF-based intervention had significant effects on their score differences in the "Competence" domain ($r = 0.262$, $p < 0.05$), "Intrapersonal" domain ($r = 0.242$, $p < 0.05$), and "Total Score" of SSV-ICF ($r = 0.210$, $p < 0.05$). The study demonstrated that disability practitioners who implemented ICF-based practices developed higher staff valences, which, in turn, benefited service users. Implementation of ICF-based practices also contributed to a more positive organizational culture.

Notes: Wong, Phyllis King Shui Kwan, Cheuk Lun Wong, Yu Cheung
1660-4601

URL: <Go to ISI>://WOS:000914987000001

Reference Type: Journal Article

Record Number: 15

Author: Wong, Y. J., Ng, K. Y. and Lee, S. W. H.

Year: 2023

Title: How can we improve latent tuberculosis infection management using behaviour change wheel: a systematic review

Journal: Journal of Public Health

Date: 2023 May

Short Title: How can we improve latent tuberculosis infection management using behaviour change wheel: a systematic review

ISSN: 1741-3842

DOI: 10.1093/pubmed/fdad051

Accession Number: WOS:000981926400001

Abstract: Background To ensure the effective delivery of latent tuberculosis infection (LTBI) care, it is vital to overcome potential challenges in LTBI management. This systematic review aims to identify the barriers and interventions to improve LTBI management using the Capability, Opportunity, and Motivation-Behaviour (COM-B) model and Behaviour Change Wheel (BCW). Methods A systematic literature search was performed on five electronic databases from database inception to 3 November 2021. A two-step technique was used in the data synthesis process: (i) the barriers of LTBI management were identified using the COM-B model, followed by (ii) mapping of intervention functions from BCW to address the identified barriers. Results Forty-seven eligible articles were included in this review. The findings highlighted the need for a multifaceted approach in tackling the barriers in LTBI management across the public, provider and system levels. The barriers were summarized into suboptimal knowledge and misperception of LTBI, as well as stigma and psychosocial burden, which could be overcome with a combination of intervention functions, targeting education, environment restructuring, persuasion, modelling, training, incentivization and enablement. Conclusions The remedial strategies using BCW to facilitate policy reforms in LTBI management could serve as a value-added initiative in the global tuberculosis control and prevention program.

Notes: Wong, Yen Jun Ng, Khuen Yen Lee, Shaun Wen Huey
1741-3850

URL: <Go to ISI>://WOS:000981926400001

Reference Type: Journal Article

Record Number: 929

Author: Wongsala, M., Rosendahl, S., Manasatchakun, P. and Anbacken, E. M.

Year: 2022

Title: Applying the PDSA cycle to a group activity promoting lifestyle change for the active ageing of older Thai adults - a focused ethnography

Journal: BMC Geriatrics

Volume: 22

Issue: 1

Date: Feb

Short Title: Applying the PDSA cycle to a group activity promoting lifestyle change for the active ageing of older Thai adults - a focused ethnography

DOI: 10.1186/s12877-022-02775-4

Article Number: 117

Accession Number: WOS:000754202900002

Abstract: Background The proportion of the older Thai population is increasing rapidly. Lifestyle may impact active ageing in later

life. Interventions that empower older Thai adults to initiate and carry out lifestyle changes are needed. This study applied the Plan-Do-Study-Act (PDSA) cycle, a tool for improving lifestyle changes, with the aim of exploring interactions among older Thai adults when participating in group activities. Method Focused ethnography was used based on participant observations, field notes and video recordings of 15 older Thai adults aged 62-78 years. Results Older Thai adults faced difficulties at the beginning since they were unfamiliar with initiating and carrying out lifestyle changes according to the PDSA concept. This provided a learning opportunity enabling older Thai adults to reach their individual goals of lifestyle change. Conclusions The PDSA cycle has the potential to empower older adults in group contexts to promote lifestyle changes related to active ageing.

Notes: Wongsala, Manothai Rosendahl, Sirpa Manasatchakun, Pornpun Anbacken, Els-Marie

1471-2318

URL: <Go to ISI>://WOS:000754202900002

Reference Type: Journal Article

Record Number: 853

Author: Wood, C. E., Luedtke, S., Musah, A., Bammeke, F., Mutiu, B., Ojewola, R., Bankole, O., Ademuyiwa, A. O., Ekumankama, C. B., Ogunsola, F., Okonji, P., Kpokiri, E. E., Ayibanoah, T., Aworabhi-Oki, N., Shallcross, L., Molnar, A., Wiseman, S., Hayward, A., Soriano, D., Birjovanu, G., Lefevre, C., Olufemi, O. and Kostkova, P.

Year: 2022

Title: Exploring barriers to guideline implementation for prescription of surgical antibiotic prophylaxis in Nigeria

Journal: Jac-Antimicrobial Resistance

Volume: 4

Issue: 2

Date: Mar

Short Title: Exploring barriers to guideline implementation for prescription of surgical antibiotic prophylaxis in Nigeria

DOI: 10.1093/jacamr/dlac044

Article Number: dlac044

Accession Number: WOS:000783641800002

Abstract: Background In Nigeria, the prescription of surgical antibiotic prophylaxis for prevention of surgical site infection tends to be driven by local policy rather than by published guidelines (e.g. WHO and Sanford). Objectives To triangulate three datasets and understand key barriers to implementation using a behavioural science framework. Methods Surgeons (N = 94) from three teaching hospitals in Nigeria participated in an online survey and in focus group discussions about barriers to implementation. The theoretical domains framework (TDF) was used to structure question items and interview schedules. A subgroup (N = 20) piloted a gamified decision support app over the course of 6 months and reported barriers at the point of care. Results Knowledge of guidelines and intention to implement them in practice was high. Key barriers to implementation were related to environmental context and

resources and concern over potential consequences of implementing recommendations within the Nigerian context applicable for similar settings in low-to-middle-income countries. Conclusions The environmental context and limited resource setting of Nigerian hospitals currently presents a significant barrier to implementation of WHO and Sanford guidelines. Research and data collected from the local context must directly inform the writing of future international guidelines to increase rates of implementation.

Notes: Wood, Caroline E. Luedtke, Susanne Musah, Anwar Bammeke, Funmi Mutiu, Bamidele Ojewola, Rufus Bankole, Olufemi Ademuyiwa, Adesoji Oludotun Ekumankama, Chibuzo Barbara Ogunsola, Folasade Okonji, Patrick Kpokiri, Eneyi E. Ayibanoah, Theophilus Aworabhi-Oki, Neni Shallcross, Laura Molnar, Andreea Wiseman, Sue Hayward, Andrew Soriano, Delphine Birjovanu, Georgiana Lefevre, Carmen Olufemi, Olajumoke Kostkova, Patty Shallcross, Laura/0000-0003-1713-2555; Kostkova, Patricie/0000-0002-2281-3972 2632-1823

URL: <Go to ISI>://WOS:000783641800002

Reference Type: Journal Article

Record Number: 17

Author: Woodfield, M. J., Cargo, T., Merry, S. and Hetrick, S. E.

Year: 2023

Title: Protocol for a randomised pilot study of a novel Parent-Child Interaction Therapy (PCIT) 're-implementation' intervention

Journal: Pilot and Feasibility Studies

Volume: 9

Issue: 1

Date: May

Short Title: Protocol for a randomised pilot study of a novel Parent-Child Interaction Therapy (PCIT) 're-implementation' intervention

DOI: 10.1186/s40814-023-01309-y

Article Number: 73

Accession Number: WOS:000979929200001

Abstract: BackgroundDespite a number of clinicians having been trained in Parent-Child Interaction Therapy (PCIT) in Aotearoa/New Zealand, few are regularly delivering the treatment, with barriers to use including a lack of suitable equipment and lack of professional support. This pragmatic, parallel-arm, randomised, controlled pilot trial includes PCIT-trained clinicians who are not delivering, or only rarely utilising, this effective treatment. The study aims to assess the feasibility, acceptability and cultural responsiveness of study methods and intervention components and to collect variance data on the proposed future primary outcome variable, in preparation for a future, larger trial.MethodsThe trial will compare a novel 're-implementation' intervention with a refresher training and problem-solving control. Intervention components have been systematically developed to address barriers and facilitators to clinician use of PCIT using implementation theory, and a draft logic model with hypothesised mechanisms of action, derived from a series of preliminary studies. The

intervention includes complimentary access to necessary equipment for PCIT implementation (audio-visual equipment, a 'pop-up' time-out space, toys), a mobile senior PCIT co-worker and an optional weekly PCIT consultation group, for a 6-month period. Outcomes will include the feasibility of recruitment and trial procedures; acceptability of the intervention package and data collection methods to clinicians; and clinician adoption of PCIT. Discussion Relatively little research attention has been directed at interventions to resurrect stalled implementation efforts. Results from this pragmatic pilot RCT will refine and shape knowledge relating to what it might take to embed the ongoing delivery of PCIT in community settings, providing more children and families with access to this effective treatment.

Notes: Woodfield, Melanie J. Cargo, Tania Merry, Sally Hetrick, Sarah E.

Woodfield, Melanie/0000-0003-2405-6044

2055-5784

URL: <Go to ISI>://WOS:000979929200001

Reference Type: Journal Article

Record Number: 1088

Author: Woodfield, M. J., Cargo, T., Merry, S. N. and Hetrick, S. E.

Year: 2021

Title: Barriers to Clinician Implementation of Parent-Child Interaction Therapy (PCIT) in New Zealand and Australia: What Role for Time-Out?

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 24

Date: Dec

Short Title: Barriers to Clinician Implementation of Parent-Child Interaction Therapy (PCIT) in New Zealand and Australia: What Role for Time-Out?

DOI: 10.3390/ijerph182413116

Article Number: 13116

Accession Number: WOS:000738061000001

Abstract: Background: Parent-Child Interaction Therapy (PCIT) is an effective parent training approach for a commonly occurring and disabling condition, namely conduct problems in young children. Yet, despite ongoing efforts to train clinicians in PCIT, the intervention is not widely available in New Zealand and Australia.

Methods: We undertook a cross-sectional online survey of clinicians in New Zealand and Australia who had completed at least the 40-h initial PCIT training, to understand the barriers they encountered in their implementation efforts, and the extent to which attitudes toward time-out influenced implementation. The overall response rate was 47.5% (NZ: 60%; Australia: 31.4%). Results: Responses suggested that participants generally viewed PCIT as both acceptable and effective. Australian participants reported seeing significantly more clients for PCIT per week than those in NZ (Medians 0 and 2, respectively; $\chi^2(1) = 14.08$, $p < 0.001$) and tended to view PCIT as more effective in treating disruptive and oppositional behaviour

(95% CI: -0.70 , -0.13 , $p = 0.005$). Participants currently seeing PCIT clients described it as more enjoyable to implement than those not using PCIT (95% CI: -0.85 , -0.10 , $p = 0.01$). Thirty-eight percent of participants indicated that they adapt or tailor the standardised protocol, primarily by adding in content relating to emotion regulation, and removing content relating to time-out. Participants generally felt that they had fewer skills, less knowledge, and less confidence relating to the Parent-Directed Interaction phase of PCIT (which involves time-out), compared with the Child-Directed Interaction phase. Conclusion: While we had hypothesised that time-out represented an intra-intervention component that detracted from implementation success, results suggested that clinician concern over the use of time-out was present but not prominent. Rather, the lack of access to suitable equipment (i.e., one-way mirror and ear-piece) and difficulties associated with clients attending clinic-based sessions were barriers most commonly reported by clinicians. We suggest that future research might consider whether and how PCIT might be "re-implemented" by already-trained clinicians, moving beyond simply training more clinicians in the approach.

Notes: Woodfield, Melanie J. Cargo, Tania Merry, Sally N. Hetrick, Sarah E.

Woodfield, Melanie/AF0-8573-2022

Woodfield, Melanie/0000-0003-2405-6044; Hetrick, Sarah/
0000-0003-2532-0142

1660-4601

URL: <Go to ISI>://WOS:000738061000001

Reference Type: Journal Article

Record Number: 706

Author: Woodland, L., Hodson, A., Webster, R. K., Amlot, R., Smith, L. E. and Rubin, J.

Year: 2022

Title: A Qualitative Study Evaluating the Factors Affecting Families' Adherence to the First COVID-19 Lockdown in England Using the COM-B Model and TDF

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 12

Date: Jun

Short Title: A Qualitative Study Evaluating the Factors Affecting Families' Adherence to the First COVID-19 Lockdown in England Using the COM-B Model and TDF

DOI: 10.3390/ijerph19127305

Article Number: 7305

Accession Number: WOS:000816453400001

Abstract: The ability of families to adhere to public health guidance is critical to controlling a pandemic. We conducted qualitative interviews with 30 parents of children aged 18 and under, between 16 and 21 April 2020 when schools in England were closed due to the COVID-19 pandemic. Using the Theoretical Domains Framework, we classified the factors that influenced adherence to

seven non-pharmaceutical interventions. We found 40 factors that influenced a family's ability to adhere. Parents generally indicated they could adhere and reported how their family had changed their behaviour to comply with the guidance. Parents primarily reported they were motivated to adhere out of concern for the health consequences of COVID-19, and because the guidance was delivered by the government. However, we found that reduced access to resources (e.g., technology, transport, and outside space) and social influences that encouraged non-adherent behaviour, decreased adherence. Furthermore, we suggest that families with low psychological and physical ability may face additional challenges to adherence and need to be supported. During future school closures, public health agencies should account for these factors when developing guidance.

Notes: Woodland, Lisa Hodson, Ava Webster, Rebecca K. Amlot, Richard Smith, Louise E. Rubin, James

Hodson, Ava/0000-0002-2786-7021; , Lisa/0000-0003-2440-3210;

Webster, Rebecca/0000-0002-5136-1098

1660-4601

URL: <Go to ISI>://WOS:000816453400001

Reference Type: Journal Article

Record Number: 1427

Author: Woodley, S. J. and Hay-Smith, E. J. C.

Year: 2021

Title: Narrative review of pelvic floor muscle training for childbearing women—why, when, what, and how

Journal: International Urogynecology Journal

Volume: 32

Issue: 7

Pages: 1977-1988

Date: Jul

Short Title: Narrative review of pelvic floor muscle training for childbearing women—why, when, what, and how

ISSN: 0937-3462

DOI: 10.1007/s00192-021-04804-z

Accession Number: WOS:000647512000001

Abstract: Introduction and hypothesis Urinary incontinence (UI) is prevalent during pregnancy and postpartum. UI in pregnancy strongly predicts UI postpartum and later in life. UI reduces women's wellbeing and quality of life and presents a significant burden to healthcare resource. Methods A narrative review summarizing quantitative and qualitative evidence about pelvic floor muscle training (PFMT) for prevention and treatment of UI for childbearing women. Results There are clinically important reductions in the risk of developing UI in pregnancy and after delivery for pregnant women who start PFMT during pregnancy, and PFMT offers additional benefits preventing prolapse and improving sexual function. If women develop UI during pregnancy or postpartum then PFMT is an appropriate first-line treatment. For novice exercisers, a programme comprising eight contractions, with 8-s holds, three times a day, 3 days a week, for at least 3 months is a reasonable minimum and 'generic' prescription. All women need clear accurate verbal instruction in

how to do PFMT. Incontinent women, and women who cannot do a correct contraction, require referral for pelvic floor rehabilitation. Behavioural support from maternity care providers (MCPs)—increasing women's opportunity, capability, and motivation for PFMT—is as important as the exercise prescription. Conclusion PFMT is effective to prevent and treat UI in childbearing women. All pregnant and postpartum women, at every contact with a MCP, should be asked if they are continent. Continent women need exercise prescription and behavioural support to do PFMT to prevent UI. Incontinent women require appropriate referral for diagnosis or treatment.

Notes: Woodley, Stephanie J. Hay-Smith, E. Jean C.

Hay-Smith, E. Jean C./0000-0002-9009-2812

1433-3023

URL: <Go to ISI>://WOS:000647512000001

Reference Type: Journal Article

Record Number: 1425

Author: Woods-Townsend, K., Hardy-Johnson, P., Bagust, L., Barker, M., Davey, H., Griffiths, J., Grace, M., Lawrence, W., Lovelock, D., Hanson, M., Godfrey, K. M. and Inskip, H.

Year: 2021

Title: A cluster-randomised controlled trial of the LifeLab education intervention to improve health literacy in adolescents

Journal: Plos One

Volume: 16

Issue: 5

Date: May

Short Title: A cluster-randomised controlled trial of the LifeLab education intervention to improve health literacy in adolescents

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0250545

Article Number: e0250545

Accession Number: WOS:000664610500030

Abstract: Adolescence offers a window of opportunity during which improvements in health behaviours could benefit long-term health, and enable preparation for parenthood—albeit a long way off, passing on good health prospects to future children. This study was carried out to evaluate whether an educational intervention, which engages adolescents in science, can improve their health literacy and behaviours. A cluster-randomised controlled trial of 38 secondary schools in England, UK was conducted. The intervention (LifeLab) drew on principles of education, psychology and public health to engage students with science for health literacy, focused on the message "Me, my health and my children's health". The programme comprised: center dot Professional development for teachers. center dot A 2–3 week module of work for 13–14-year-olds. center dot A "hands-on" practical health science day visit to a dedicated facility in a university teaching hospital. Data were collected from 2929 adolescents (aged 13–14 years) at baseline and 2487 (84.9%) at 12-month follow-up. The primary outcome was change in theoretical health literacy from pre- to 12 months post- intervention. This study is registered (ISRCTN71951436) and the trial status is complete. Participation in the LifeLab educational intervention was

associated with an increase in the students' standardised total theoretical health literacy score (adjusted difference between groups = 0.27 SDs (95%CI = 0.12, 0.42)) at 12-month follow-up. There was an indication that intervention participants subsequently judged their own lifestyles more critically than controls, with fewer reporting their behaviours as healthy (53.4% vs. 59.5%; adjusted PRR = 0.94 [0.87, 1.01]). We conclude that experiencing LifeLab led to improved health literacy in adolescents and that they demonstrated a move towards a more critical judgement of health behaviour 12 months after the intervention. Further work is needed to examine whether this leads to sustained behaviour change, and whether other activities are needed to support this change.

Notes: Woods-Townsend, Kathryn Hardy-Johnson, Polly Bagust, Lisa Barker, Mary Davey, Hannah Griffiths, Janice Grace, Marcus Lawrence, Wendy Lovelock, Donna Hanson, Mark Godfrey, Keith M. Inskip, Hazel Hanson, Mark/AAE-8236-2019; Inskip, Hazel/L-5467-2018 Hanson, Mark/0000-0002-6907-613X; Woods-Townsend, Kathryn/0000-0003-3376-6988; Inskip, Hazel/0000-0001-8897-1749; Godfrey, Keith/0000-0002-4643-0618; Hardy-Johnson, Polly/0000-0001-9659-1447; Grace, Marcus/0000-0002-1949-1765; Lawrence, Wendy/0000-0003-1264-0438; Barker, Mary/0000-0003-2976-0217
URL: <Go to ISI>://WOS:000664610500030

Reference Type: Journal Article

Record Number: 2464

Author: Woodside, J. V., Young, I. S. and McKinley, M. C.

Year: 2013

Title: Fruits and vegetables: measuring intake and encouraging increased consumption

Journal: Proceedings of the Nutrition Society

Volume: 72

Issue: 2

Pages: 236-245

Date: May

Short Title: Fruits and vegetables: measuring intake and encouraging increased consumption

ISSN: 0029-6651

DOI: 10.1017/s0029665112003059

Accession Number: WOS:000317435000006

Abstract: A high intake of fruit and vegetables (FV) is associated with reduced risk of chronic disease, although the evidence base is mostly observational. Blood biomarkers offer an objective indicator of FV intake, potentially improving estimates of intakes based on traditional methods. A valid biomarker of overall FV intake would be able to confirm population intakes, more precisely evaluate the association between intakes and health outcomes and confirm compliance in FV interventions. Several substances have been proposed as biomarkers of FV intake: vitamin C, the carotenoids and polyphenols. Certain biomarkers are strong predictors of single FV; however, the proposed single biomarkers of FV consumption are only modestly predictive of overall FV consumption. This is likely to be due to the complexity of the FV food group. While accurately measuring FV intake is important in nutrition research, another

critical question is: how best can an increase in FV intake be achieved? Increased FV intake has been achieved in efficacy studies using intensive dietary advice. Alternative, less intensive methods for encouraging FV consumption need to be developed and tested for population level intervention. Systematic reviews suggest peer support to be an effective strategy to promote dietary change. This review will describe the evidence for a link between increased FV intake and good health, outline possible novel biomarkers of FV consumption, present the most recently available data on population intake of FV and examine the usefulness of different approaches to encourage increased consumption of FV.

Notes: Woodside, Jayne V. Young, Ian S. McKinley, Michelle C.

Woodside, Jayne/0000-0002-5691-4659; McKinley, Michelle/

0000-0003-3386-1504; Young, Ian/0000-0003-3890-3152

1475-2719

URL: <Go to ISI>://WOS:000317435000006

Reference Type: Journal Article

Record Number: 961

Author: Woolley, K. E., Bartington, S. E., Thomas, G. N., Pope, F. D., Muhizi, A., Mugabe, C., Ahishakiye, O., Kabera, T. and Greenfield, S. M.

Year: 2022

Title: Women's Perceptions and Attitudes to Household Air Pollution Exposure and Capability to Change Cooking Behaviours in Urban Rwanda

Journal: Sustainability

Volume: 14

Issue: 3

Date: Feb

Short Title: Women's Perceptions and Attitudes to Household Air Pollution Exposure and Capability to Change Cooking Behaviours in Urban Rwanda

DOI: 10.3390/su14031608

Article Number: 1608

Accession Number: WOS:000759159900001

Abstract: Household air pollution (HAP) from cooking on biomass fuel presents significant health, environmental and socioeconomic consequences worldwide. However, there is a lack of understanding of the factors influencing cooking behaviours that affect HAP exposure in Rwanda (e.g., cooking location, removing children from the cooking area). Sixteen qualitative in-depth interviews were undertaken with women living in an underprivileged neighbourhood in Kigali, Rwanda. Deductive thematic analysis was carried out using the Behaviour Change Wheel (Capability-ability to engage with chosen activity, Opportunity-factors which are beyond the individual's control and Motivation-brain processes which direct behaviour: COM-B) to determine the thoughts and perceptions around cooking location and removing children from the cooking area. Facilitators and barriers were subsequently identified within the COM-B framework for the following HAP mitigation interventions: outdoor cooking, removing children from the cooking area and Liquid Petroleum Gas (LPG) use. Of the 16 interviewed, 12 cooked outdoors (75%), two (12.5%) cooked indoors (in the main home) and two (12.5%) in a

separate kitchen. Despite the majority cooking outdoors, this was reported not to be a favourable cooking location. Levels of awareness of HAP sources and knowledge of the health effects of air pollution were observed to be limited, reducing women's capability to change, along with stated barriers of cost, housing constraints and safety. Factors out of the individuals' control (opportunities) included weather, socio-economic and educational factors. Preconceived beliefs, experiencing smoke reduction and the briefly described short-term health effects, directed motivation. Furthermore, participants identified a need for community-based education as a facilitator to changing their behaviour. Despite a high level of observed motivation towards reducing HAP exposure, many women lacked the capability and opportunity to change their behaviour. There are research and policy implications concerning development of community-based interventions which involved end-users and relevant stakeholders in the development process.

Notes: Woolley, Katherine E. Bartington, Suzanne E. Thomas, G. Neil Pope, Francis D. Muhizi, Aldo Mugabe, Claude Ahishakiye, Omar Kabera, Telesphore Greenfield, Sheila M.

Pope, Francis D/F-8552-2012; Kabera, Telesphore/R-7519-2016

Pope, Francis D/0000-0001-6583-8347; Woolley, Katherine E./0000-0003-3743-9925; Kabera, Telesphore/0000-0001-5172-3194; Bartington, Suzanne/0000-0002-8179-7618; Thomas, Graham Neil/0000-0002-2777-1847; Mugabe, Claude/0000-0003-2514-5559
2071-1050

URL: <Go to ISI>://WOS:000759159900001

Reference Type: Journal Article

Record Number: 2102

Author: Woon, S. A. and Fisher, D.

Year: 2016

Title: Antimicrobial agents - optimising the ecological balance

Journal: BMC Medicine

Volume: 14

Date: Aug

Short Title: Antimicrobial agents - optimising the ecological balance

ISSN: 1741-7015

DOI: 10.1186/s12916-016-0661-z

Article Number: 114

Accession Number: WOS:000380830000001

Abstract: Background: There is no more challenging a group of pharmaceuticals than antimicrobials. With the antibiotic era came great optimism as countless deaths were prevented from what were previously fatal conditions. Although antimicrobial resistance was quickly identified, the abundance of antibiotics entering the market helped cement attitudes of arrogance as the "battle against pestilence appeared won". Opposite emotions soon followed as many heralded the return of the pre-antibiotic era, suggesting that the "antibiotic pipeline had dried up" and that our existing armament would soon be rendered worthless. Discussion: In reality, humans overrate their ecological importance. For millions of years there has been a balance between factors promoting bacterial survival and

those disturbing it. The first half century of the "antibiotic era" was characterised by a cavalier attitude disturbing the natural balance; however, recent efforts have been made through several mechanisms to respond and re-strengthen the antimicrobial armament. Such mechanisms include a variety of incentives, educational efforts and negotiations. Today, there are many more "man-made" factors that will determine a new balance or state of ecological harmony. Conclusion: Antibiotics are not a panacea nor will they ever be inutile. New resistance mechanisms will be identified and new antibiotics will be discovered, but most importantly, we must optimise our application of these extraordinary "biological tools"; therein lays our greatest challenge - creating a society that understands and respects the determinants of the effectiveness of antibiotics.

Notes: Woon, Sze-Ann Fisher, Dale

URL: <Go to ISI>://WOS:000380830000001

Reference Type: Journal Article

Record Number: 1488

Author: Workman, A., Jones, P. J., Wheeler, A. J., Campbell, S. L., Williamson, G. J., Lucani, C., Bowman, Dmjs, Cooling, N. and Johnston, F. H.

Year: 2021

Title: Environmental Hazards and Behavior Change: User Perspectives on the Usability and Effectiveness of the AirRater Smartphone App

Journal: International Journal of Environmental Research and Public Health

Volume: 18

Issue: 7

Date: Apr

Short Title: Environmental Hazards and Behavior Change: User Perspectives on the Usability and Effectiveness of the AirRater Smartphone App

DOI: 10.3390/ijerph18073591

Article Number: 3591

Accession Number: WOS:000638551500001

Abstract: AirRater is a free smartphone app developed in 2015, supporting individuals to protect their health from environmental hazards. It does this by providing (i) location-specific and near real-time air quality, pollen and temperature information and (ii) personal symptom tracking functionality. This research sought to evaluate user perceptions of AirRater's usability and effectiveness. We collected demographic data and completed semi-structured interviews with 42 AirRater users, identified emergent themes, and used two frameworks designed to understand and support behavior change—the Behavior Change Wheel (BCW) and the Protective Action Decision Model (PADM)—to interpret results. Of the 42 participants, almost half indicated that experiencing symptoms acted as a prompt for app use. Information provided by the app supported a majority of the 42 participants to make decisions and implement behaviors to protect their health irrespective of their location or context. The majority of participants also indicated that they shared information provided by the app with family, friends and/or colleagues. The

evaluation also identified opportunities to improve the app. Several study limitations were identified, which impacts the generalizability of results beyond the populations studied. Despite these limitations, findings facilitated new insights into motivations for behavior change, and contribute to the existing literature investigating the potential for smartphone apps to support health protection from environmental hazards in a changing climate.

Notes: Workman, Annabelle Jones, Penelope J. Wheeler, Amanda J. Campbell, Sharon L. Williamson, Grant J. Lucani, Chris Bowman, David M. J. S. Cooling, Nick Johnston, Fay H.

Williamson, Grant/J-7514-2014; Bowman, David/A-2930-2011; Wheeler, Amanda/H-1493-2019

Williamson, Grant/0000-0002-3469-7550; Bowman, David/0000-0001-8075-124X; Cooling, Nick/0000-0003-3211-1656; Johnston, Fay Helena/0000-0002-5150-8678; Wheeler, Amanda/0000-0001-9288-8163; Campbell, Sharon/0000-0002-9788-5372; Lucani, Christopher/0000-0001-8983-3575; Workman, Annabelle/0000-0002-4403-614X
1660-4601

URL: <Go to ISI>://WOS:000638551500001

Reference Type: Book

Record Number: 1023

Author: Wouters, E. J. M.

Year: 2022

Title: Healthcare and technology The multi-level perspective: theories, models, and frameworks

Series Editor: Hirvonen, H., Tammelin, M., Hanninen, R. and Wouters, E. J. M.

Series Title: DIGITAL TRANSFORMATIONS IN CARE FOR OLDER PEOPLE: Critical Perspectives

Number of Pages: 15-32

Short Title: Healthcare and technology The multi-level perspective: theories, models, and frameworks

ISBN: 978-0-367-72559-4; 978-1-003-15531-7; 978-0-367-72557-0

DOI: 10.4324/9781003155317-2

Accession Number: WOS:000859584600003

Notes: Wouters, Eveline J. M.

URL: <Go to ISI>://WOS:000859584600003

Reference Type: Journal Article

Record Number: 1930

Author: Wozney, L., Newton, A. S., Gehring, N. D., Bennett, K., Huguet, A., Hartling, L., Dyson, M. P. and McGrath, P.

Year: 2017

Title: Implementation of eMental Health care: viewpoints from key informants from organizations and agencies with eHealth mandates

Journal: BMC Medical Informatics and Decision Making

Volume: 17

Date: Jun

Short Title: Implementation of eMental Health care: viewpoints from key informants from organizations and agencies with eHealth mandates

DOI: 10.1186/s12911-017-0474-9

Article Number: 78

Accession Number: WOS:000403874700001

Abstract: Background: The use of technology such as computers, tablets, and smartphones to improve access to and the delivery of mental health care (eMental Health care) is growing worldwide. However, despite the rapidly expanding evidence base demonstrating the efficacy of eMental Health care, its implementation in clinical practice and health care systems remains fragmented. To date, no peer-reviewed, key-informant studies have reported on the perspectives of decision-makers concerned with whether and how to implement eMental Health care. Methods: From September to November 2015, we conducted 31 interviews with key informants responsible for leadership, policy, research, and/or information technology in organizations influential in the adoption of technology for eMental Health care. Deductive and inductive thematic analyses of transcripts were conducted using the Behavior Change Wheel as an organizing framework. Frequency and intensity effect sizes were calculated for emerging themes to further explore patterns within the data. Results: Key informant responses (n = 31) representing 6 developed countries and multiple organizations showed consensus on common factors impacting implementation: individual and organizational capacities (e.g., computer literacy skills [patients and providers], knowledge gaps about cyber security, limited knowledge of available services); motivational drivers of technology-based care (e.g., extending care, data analytics); and opportunities for health systems to advance eMental Health care implementation (e.g., intersectoral research, rapid testing cycles, sustainable funding). Frequency effect sizes showed strong associations between implementation and credibility, knowledge, workflow, patient empowerment, electronic medical record (EMR) integration, sustained funding and intersectoral networks. Intensity effect sizes showed the highest concentration of statements (>10% of all comments) related to funding, credibility, knowledge gaps, and patient empowerment. Conclusion: This study provides previously unavailable information about key informant perspectives on eMental Health care implementation. The themes that emerged, namely the need to intensify intersectoral research, measure/monitor readiness to implement, define cost-utility benchmarks, raise awareness about available technologies, and test assumptions that 'proven' technologies will be easily integrated can inform the design and evaluation of eMental Health care implementation models.

Notes: Wozney, Lori Newton, Amanda S. Gehring, Nicole D. Bennett, Kathryn Huguét, Anna Hartling, Lisa Dyson, Michele P. McGrath, Patrick

Gehring, Nicole/AAV-1725-2021; Huguét, Anna/AAI-3244-2021; Huguét, Anna/R-2666-2018

Gehring, Nicole/0000-0002-5275-3413; Wozney, Lori/0000-0003-4280-3322; Huguét, Anna/0000-0002-4002-8644 1472-6947

URL: <Go to ISI>://WOS:000403874700001

Reference Type: Journal Article

Record Number: 1109

Author: Wray, F., Clarke, D., Cruice, M. and Forster, A.

Year: 2021

Title: Development of a self-management intervention for stroke survivors with aphasia using co-production and behaviour change theory: An outline of methods and processes

Journal: Plos One

Volume: 16

Issue: 11

Date: Nov

Short Title: Development of a self-management intervention for stroke survivors with aphasia using co-production and behaviour change theory: An outline of methods and processes

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0259103

Article Number: e0259103

Accession Number: WOS:000755756800009

Abstract: Background Self-management is a promising approach to improve quality of life after stroke. However, evidence for the appropriateness and effectiveness of self-management for stroke survivors with aphasia is limited. This article reports on the process used to develop a supported self-management intervention for stroke survivors with aphasia (SSWA) using co-production and behaviour change theory. Preparatory research included systematic reviews, and qualitative interviews and focus groups with SSWA, family members and speech and language therapists (SLTs). Materials and methods We conducted six, 2 hour long intervention development workshops with key stakeholders. The workshops were informed by principles of co-production and the intervention development process outlined by the Behaviour Change Wheel (BCW). We also incorporated the findings of our preparatory research within workshops. Each workshop included an introduction, 1-2 co-production tasks and time for feedback at the end of the session. Data were analysed on an ongoing basis so that findings could be used to feed in to subsequent workshops and intervention development. Results Workshop participants (n = 12) included; SSWA (n = 5), family members (n = 3) and SLTs (n = 4). Together, participants engaged with accessible and participatory co-production tasks which aligned with the BCW framework. Participants engaged in discussion to define self-management in behavioural terms (behavioural diagnosis) and to identify what needed to change to support self-management. Participant's co-produced solutions for supporting self-management and discussed options to implement these in practice. Prototype materials were generated by the research team and evaluated by participants. Intervention functions and behaviour change techniques (BCTs) were mapped to the solutions generated by participants by the research team, after the final workshop. A supported self-management intervention for SSWA was developed which will be delivered by SLTs through community stroke services. Conclusions This paper reports the process we used to integrate co-production work with behaviour change theory to develop a complex self-management intervention. This is of relevance for researchers looking to harness the strengths of co-production methods and theory in intervention design. Future research will feasibility test the supported self-

management intervention developed. This paper provides transparency to our intervention development process which will help others to better interpret the findings of our feasibility work.

Notes: Wray, Faye Clarke, David Cruice, Madeline Forster, Anne Forster, Anne/0000-0001-7466-4414; Wray, Faye/0000-0001-9351-5019
URL: <Go to ISI>://WOS:000755756800009

Reference Type: Journal Article

Record Number: 940

Author: Wright, C., Barnett, A., Campbell, K. L., Kelly, J. T. and Hamilton, K.

Year: 2022

Title: Behaviour change theories and techniques used to inform nutrition interventions for adults undergoing bariatric surgery: A systematic review

Journal: Nutrition & Dietetics

Volume: 79

Issue: 1

Pages: 110-128

Date: Feb

Short Title: Behaviour change theories and techniques used to inform nutrition interventions for adults undergoing bariatric surgery: A systematic review

ISSN: 1446-6368

DOI: 10.1111/1747-0080.12728

Accession Number: WOS:000752765800001

Abstract: Aim This systematic review aimed to describe behaviour change theories and techniques used to inform nutrition interventions for adults undergoing bariatric surgery. Methods A systematic search was conducted across PubMed, PsycInfo, CENTRAL, EMBASE and CINAHL from inception until 09 March 2021. Eligible studies were randomised controlled trials involving nutrition interventions performed by a healthcare provider, to adults that were waitlisted or had undergone bariatric surgery and received a nutrition intervention explicitly informed by one or more behaviour change theories or behaviour change techniques. Screening was conducted independently by two authors. Behaviour change techniques were examined using the behaviour change technique taxonomy version one which includes 93 hierarchical techniques clustered into 16 groups. Quality of included studies was assessed using Cochrane risk of bias 2.0. Results Twenty-one publications were included, involving 15 studies and 14 interventions, with 1495 participants. Bias was low or had some concerns. Two interventions reported using behaviour change theories (transtheoretical model and self-determination theory). Thirteen behaviour change technique taxonomy groupings and 29 techniques were reported across 14 interventions. Common techniques included '1.2 Problem solving' (n = 9 studies), '3.1 Social support (unspecified)' (n = 9 studies), '1.1 Goal setting (behaviour)' (n = 6 studies) and '2.3 Self-monitoring of behaviour' (n = 6 studies). Conclusion While behaviour change techniques have been included, behaviour change theory is not consistently reported and/or adopted to inform nutrition interventions for adults undergoing bariatric surgery. Integrating

behaviour change theory and techniques in nutrition interventions is important for researchers and bariatric surgery teams, including dietitians, to effectively target behaviours for this population.

Notes: Wright, Charlene Barnett, Amandine Campbell, Katrina L.

Kelly, Jaimon T. Hamilton, Kyra

Kelly, Jaimon/I-3730-2016; Campbell, Katrina L/A-2290-2013

Kelly, Jaimon/0000-0003-0232-5848; Hamilton, Kyra/

0000-0001-9975-685X; Wright, Charlene/0000-0003-2918-6032; Campbell, Katrina/0000-0002-4479-1284; Barnett, Amandine/0000-0003-1509-1729 1747-0080

URL: <Go to ISI>://WOS:000752765800001

Reference Type: Journal Article

Record Number: 1116

Author: Wright, C., Mutsekwa, R. N., Hamilton, K., Campbell, K. L. and Kelly, J.

Year: 2021

Title: Are eHealth interventions for adults who are scheduled for or have undergone bariatric surgery as effective as usual care? A systematic review

Journal: Surgery for Obesity and Related Diseases

Volume: 17

Issue: 12

Pages: 2065-2080

Date: Dec

Short Title: Are eHealth interventions for adults who are scheduled for or have undergone bariatric surgery as effective as usual care? A systematic review

ISSN: 1550-7289

DOI: 10.1016/j.soard.2021.07.020

Accession Number: WOS:000744284700019

Abstract: This systematic review aimed to evaluate the effect of eHealth-delivered interventions for adults who undergo bariatric surgery on postoperative weight loss, weight loss maintenance, eating psychopathology, quality of life, depression screening, and self-efficacy. Six electronic databases were searched, with 14 studies (across 17 reports) included, involving 1633 participants. With substantial heterogeneity, qualitative descriptions have been provided. Interventions were delivered via an online program or internet modules (n = 2), telephone (n = 2), text messages (n = 2), videoconferencing (n = 3), mobile application (n = 1), and audiovisual media (n = 1). Three studies included a combination, including internet modules and telephone (n = 1), wireless fidelity scales, emails, and telephone (n = 1), and a combination of online treatment, weekly emails, and access to a private Facebook group (n = 1). All the eHealth interventions, except for one, implemented behavior change techniques, including self-monitoring, problem solving, social support, goal setting, and shaping knowledge. Both eHealth intervention and control groups lost weight across the included studies, and eHealth was found to be as effective as or more effective than the control for weight loss. Two studies measured weight loss maintenance; both eHealth and control groups regained weight in the longer term. The interventions showed

significant improvement on assessment measures for eating psychopathology. In conclusion, when bariatric surgery patients have limited or no access to healthcare teams or require additional support, eHealth may be a suitable option. Future studies implementing eHealth interventions would benefit from reporting intervention components as per the behavior change techniques taxonomy and further consideration of delivering eHealth in a stepped care approach would be beneficial. (C) 2021 American Society for Bariatric Surgery. Published by Elsevier Inc. All rights reserved.

Notes: Wright, Charlene Mutsekwa, Rumbidzai N. Hamilton, Kyra Campbell, Katrina L. Kelly, Jaimon

Kelly, Jaimon/I-3730-2016

Kelly, Jaimon/0000-0003-0232-5848; Wright, Charlene/0000-0003-2918-6032; Hamilton, Kyra/0000-0001-9975-685X; Mutsekwa, Rumbidzai/0000-0001-8200-3026
1878-7533

URL: <Go to ISI>://WOS:000744284700019

Reference Type: Journal Article

Record Number: 1317

Author: Wright, L. and Fancourt, D.

Year: 2021

Title: Do predictors of adherence to pandemic guidelines change over time? A panel study of 22,000 UK adults during the COVID-19 pandemic

Journal: Preventive Medicine

Volume: 153

Date: Dec

Short Title: Do predictors of adherence to pandemic guidelines change over time? A panel study of 22,000 UK adults during the COVID-19 pandemic

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2021.106713

Article Number: 106713

Accession Number: WOS:000703571900015

Abstract: In the absence of a vaccine, governments have focused on behaviour change (e.g. social distancing and enhanced hygiene procedures) to tackle the COVID-19 pandemic. Existing research on the predictors of compliance with pandemic measures has often produced discrepant results. One explanation for this may be that the determinants of compliance are context specific. Understanding whether this is the case is important for designing public health messaging and for evaluating the generalisability of existing research. We used data from the UCL COVID19 Social Study; a large weekly panel of UK adults from first five months of lockdown in the UK (n = 22,625). We tested whether the extent to which demographic, socio-economic position, personality traits, social and prosocial motivations, and the living environment predict compliance changed across the pandemic using multilevel regression modelling. Low compliance was strongly related to younger age and also to risk attitudes, empathic concern, and high income, among other factors. The size of some of these associations was larger in later months when less stringent lockdown and household mixing measures were in

place. The results showed that compliance was lower and fell faster across some groups, suggesting the importance that public health communications adopt a plurality of messages to maximize broad adherence.

Notes: Wright, Liam Fancourt, Daisy

Wright, Liam/0000-0002-6347-5121

1096-0260

URL: <Go to ISI>://WOS:000703571900015

Reference Type: Journal Article

Record Number: 1011

Author: Wright, L., Paul, E., Steptoe, A. and Fancourt, D.

Year: 2022

Title: Facilitators and barriers to compliance with COVID-19 guidelines: a structural topic modelling analysis of free-text data from 17,500 UK adults

Journal: BMC Public Health

Volume: 22

Issue: 1

Date: Jan

Short Title: Facilitators and barriers to compliance with COVID-19 guidelines: a structural topic modelling analysis of free-text data from 17,500 UK adults

DOI: 10.1186/s12889-021-12372-6

Article Number: 34

Accession Number: WOS:000739975900010

Abstract: Background During the COVID-19 pandemic, the UK government implemented a series of guidelines, rules, and restrictions to change citizens' behaviour to tackle the spread of the virus, such as the promotion of face masks and the imposition of lockdown stay-at-home orders. The success of such measures requires active co-operation on the part of citizens, but compliance was not complete. Detailed research is required on the factors that aided or hindered compliance with these measures. Methods To understand the facilitators and barriers to compliance with COVID-19 guidelines, we used structural topic modelling, a text mining technique, to extract themes from over 26,000 free-text survey responses from 17,500 UK adults, collected between 17 November and 23 December 2020. Results The main factors facilitating compliance were desires to reduce risk to oneself and one's family and friends and to, a lesser extent, the general public. Also of importance were a desire to return to normality, the availability of activities and technological means to contact family and friends, and the ability to work from home. Identified barriers were difficulties maintaining social distancing in public (due to the actions of other people or environmental constraints), the need to provide or receive support from family and friends, social isolation, missing loved ones, and mental health impacts, perceiving the risks as low, social pressure to not comply, and difficulties understanding and keep abreast of changing rules. Several of the barriers and facilitators raised were related to participant characteristics. Notably, women were more likely to discuss needing to provide or receive mental health support from friends and family. Conclusion The results demonstrated an array of

factors contributed to compliance with guidelines. Of particular policy importance, the results suggest that government communication that emphasizes the potential risks of the virus and provides simple, consistent guidance on how to reduce the spread of the virus would improve compliance with preventive behaviours as COVID-19 continues and for future pandemics.

Notes: Wright, Liam Paul, Elise Steptoe, Andrew Fancourt, Daisy 1471-2458

URL: <Go to ISI>://WOS:000739975900010

Reference Type: Journal Article

Record Number: 657

Author: Wright, L., Steptoe, A. and Fancourt, D.

Year: 2022

Title: Trajectories of Compliance With COVID-19 Related Guidelines: Longitudinal Analyses of 50,000 UK Adults

Journal: Annals of Behavioral Medicine

Volume: 56

Issue: 8

Pages: 781-790

Date: Aug

Short Title: Trajectories of Compliance With COVID-19 Related Guidelines: Longitudinal Analyses of 50,000 UK Adults

ISSN: 0883-6612

DOI: 10.1093/abm/kaac023

Accession Number: WOS:000816693400001

Abstract: Background Governments have implemented a range of measures focused on changing citizens' behaviors to lower the transmission of COVID-19. While international data shows that compliance did decline from the start of the pandemic, average trends could mask considerable heterogeneity in compliance behaviors. Purpose To explore trajectories of compliance with COVID-19 guidelines. Methods We used longitudinal data on self-reported compliance from 50,851 adults in the COVID-19 Social Study collected across two waves of the pandemic in the UK (April 01, 2020-February 22, 2021). We modeled typical compliance trajectories using latent class growth analysis (LCGA) and used multinomial logistic regression to examine whether individual personality and demographic characteristics were related to compliance trajectories. Results We selected a four-class LCGA solution. Most individuals maintained high levels of compliance and reported similar levels of compliance across the first and second waves. Approximately 15% of participants had decreasing levels of compliance across the pandemic, reporting noticeably lower levels of compliance in the second wave. Individuals with declining compliance levels were younger on average, in better physical health, had lower empathy and conscientiousness and greater general willingness to take risks. Conclusions While a minority, not all individuals have maintained high compliance across the pandemic. Decreasing compliance is related to several psychological traits. The results suggest that targeting of behavior change messages later in the pandemic may be needed to increase compliance.

Notes: Wright, Liam Steptoe, Andrew Fancourt, Daisy

Step toe, Andrew/0000-0001-7808-4943
1532-4796
URL: <Go to ISI>://WOS:000816693400001

Reference Type: Journal Article
Record Number: 1222
Author: Wright, L., Steptoe, A. and Fancourt, D.
Year: 2022
Title: Patterns of compliance with COVID-19 preventive behaviours: a latent class analysis of 20 000 UK adults
Journal: Journal of Epidemiology and Community Health
Volume: 76
Issue: 3
Pages: 247-253
Date: Mar
Short Title: Patterns of compliance with COVID-19 preventive behaviours: a latent class analysis of 20 000 UK adults
ISSN: 0143-005X
DOI: 10.1136/jech-2021-216876
Accession Number: WOS:000725026300001
Abstract: Background Governments have implemented a range of measures to tackle COVID-19, primarily focusing on changing citizens' behaviours in order to lower the transmission of the virus. Few studies have looked at the patterns of compliance with different measures within individuals: whether people comply with all measures or selectively choose some but not others. Such research is important for designing interventions to increase compliance. Methods We used cross-sectional data from 20 947 UK adults in the COVID-19 Social Study collected from 17 November to 23 December 2020. Self-report compliance was assessed with six behaviours: mask wearing, hand washing, indoor household mixing, outdoor household mixing, social distancing and compliance with other guidelines. Patterns of compliance behaviour were identified using latent class analysis, and multinomial logistic regression was used to assess demographic, socioeconomic and personality predictors of behaviour patterns. Results We selected a four-latent class solution. Most individuals reported similar levels of compliance across the six behaviour measures. High level of compliance was the modal response. Lower self-reported compliance was related to young age, high risk-taking behaviour, low confidence in government and low empathy, among other factors. Looking at individual behaviours, mask wearing had the highest level of compliance while compliance with social distancing was relatively low. Conclusion Results suggest that individuals choose to comply with all guidelines, rather than some but not others. Strategies to increase compliance should focus on increasing general motivations to comply alongside specifically encouraging social distancing.
Notes: Wright, Liam Steptoe, Andrew Fancourt, Daisy
1470-2738
URL: <Go to ISI>://WOS:000725026300001

Reference Type: Journal Article

Record Number: 1332

Author: Wright, L., Steptoe, A., Mak, H. W. and Fancourt, D.

Year: 2022

Title: Do people reduce compliance with COVID-19 guidelines following vaccination? A longitudinal analysis of matched UK adults

Journal: Journal of Epidemiology and Community Health

Volume: 76

Issue: 2

Pages: 109-115

Date: Feb

Short Title: Do people reduce compliance with COVID-19 guidelines following vaccination? A longitudinal analysis of matched UK adults

ISSN: 0143-005X

DOI: 10.1136/jech-2021-217179

Accession Number: WOS:000728868800001

Abstract: Introduction COVID-19 vaccines do not confer immediate immunity and vaccinated individuals may still be at risk of transmitting the virus. Governments have not exempted vaccinated individuals from behavioural measures to reduce the spread of COVID-19, such as practising social distancing. However, vaccinated individuals may have reduced compliance with these measures, given lower perceived risks. Methods We used monthly panel data from October 2020 to March 2021 in the UK COVID-19 Social Study to assess changes in compliance following vaccination. Compliance was measured with two items on compliance with guidelines in general and compliance with social distancing. We used matching to create comparable groups of individuals by month of vaccination (January, February or not vaccinated by February) and fixed effects regression to estimate changes in compliance over the study period. Results Compliance increased between October 2020 and March 2021, regardless of vaccination status or month of vaccination. There was no clear evidence that vaccinated individuals decreased compliance relative to those who were not yet vaccinated. Conclusion There was little evidence that sample members vaccinated in January or February reduced compliance after receiving vaccination for COVID-19. Continued monitoring is required as younger individuals receive the vaccine, lockdown restrictions are lifted and individuals receive second doses of the vaccine.

Notes: Wright, Liam Steptoe, Andrew Mak, Hei Wan Fancourt, Daisy 1470-2738

URL: <Go to ISI>://WOS:000728868800001

Reference Type: Journal Article

Record Number: 558

Author: Wu, F., Laza-Cagigas, R. and Rampal, T.

Year: 2022

Title: Understanding Patients' Experiences and Perspectives of Tele-Prehabilitation: A Qualitative Study to Inform Service Design and Delivery

Journal: Clinics and Practice

Volume: 12

Issue: 4

Pages: 640-652

Date: Aug

Short Title: Understanding Patients' Experiences and Perspectives of Tele-Prehabilitation: A Qualitative Study to Inform Service Design and Delivery

ISSN: 2039-7275

DOI: 10.3390/clinpract12040067

Accession Number: WOS:000846021500001

Abstract: Background: Tele-prehabilitation is a behaviour change intervention that facilitates the modification of unhealthy lifestyle behaviours. Understanding patients' experiences of tele-prehabilitation provides important insights into service improvement. In this study, we aimed to describe our patients' perceptions of tele-prehabilitation and capture their capabilities, opportunities, and motivations to participate. This was a qualitative study to inform our service design and delivery.

Methods: Following purposive sampling, 22 qualitative semistructured interviews were conducted with patients in the community that had completed tele-prehabilitation. Interviews were recorded and transcribed. Deductive content analysis was used to map the identified themes against theoretical determinants of health behaviour change. Results: We conducted 22 interviews. Our patients described their overall experience of tele-prehabilitation as positive and provided important insights that impacted their capabilities, opportunities, and motivations to engage with our service. Our team provided them the capabilities and self-efficacy to engage by personalising multimodal plans and setting goals. The remote delivery of our service was a recurring positive theme in providing flexibility and widening accessibility to participation. A missed opportunity was the potential for peer support through shared experiences with other patients. Patients showed greater motivation to participate for immediate perioperative benefit compared to long-term health gains. Conclusion: Patients' experiences and perspectives of tele-prehabilitation can be enhanced by incorporating the findings from this qualitative study into service redesign and delivery. We recommend: (1) applying holistic principles in care and goal-setting, (2) delivering a combination of home-based and in-centre programmes, and (3) engaging with patients at the start of their cancer journey when they are most motivated. In turn, this can result in more effective uptake, improve adherence to interventions, and greater satisfaction.

Notes: Wu, Fiona Laza-Cagigas, Roberto Rampal, Tarannum

Wu, Fiona/0000-0002-8295-788X; Laza-Cagigas, Roberto/

0000-0002-6735-2778

2039-7283

URL: <Go to ISI>://WOS:000846021500001

Reference Type: Journal Article

Record Number: 127

Author: Wu, J. L., Pang, S. Q., Jiang, X. M., Lin, Y. and Zheng, Q. X.

Year: 2023

Title: The mothers' breastfeeding behaviour within six weeks postpartum: new scale development and psychometric validation study

Journal: BMC Pregnancy and Childbirth

Volume: 23

Issue: 1

Date: Mar

Short Title: The mothers' breastfeeding behaviour within six weeks postpartum: new scale development and psychometric validation study

DOI: 10.1186/s12884-023-05439-2

Article Number: 138

Accession Number: WOS:000942807800003

Abstract: Background The evaluation of mothers' breastfeeding behaviour within 6 weeks postpartum could help health workers comprehensively identify maternal breastfeeding shortcomings, clarify nursing problems, and provide targeted interventions. However, no prior study was found, therefore this study aimed to develop and validate the reliability and validity of the mothers' breastfeeding behaviour scale within 6 weeks postpartum. Methods A main two-step approach was used: (1) a qualitative pilot study using the purposive sampling method was adopted to test the fitness, simplicity, and clarity of items with 30 mothers; (2) a cross-sectional survey using the convenient sampling method was conducted for item analysis and psychometric validation with 600 mothers. Results The final version of the scale consisted of 36 items with seven dimensions, explaining 68.85% of the total variance. The Cronbach's alpha, split-half, and retest coefficients were 0.958, 0.843, and 0.753, respectively. The validity of the scale: (1) Content validity: content validity index (CVI) range of items was between 0.882 and 1.000. The scale-level-CVI was 0.990. (2) Structure validity: The fitting indices were as follows: $\chi^2/df = 2.239$, RMR = 0.049, RMSEA = 0.069, TLI = 0.893, CFI = 0.903, IFI = 0.904, PGFI = 0.674, and PNFI = 0.763. (3) Convergent validity: The composite reliability and average variance extracted (AVE) of the seven dimensions were between 0.876 and 0.920 and between 0.594 and 0.696. (4) Distinguish validity: The correlation coefficients were less than the square root of the AVE, except for self-decision behaviour, self-coping behaviour, and self-control behaviour. However, the fit index of the original three-factor model was better than that of the other new models, with significant differences ($P < 0.001$). (5) Calibration validity: The area under the curve was 0.860 or 0.898 when the scale was used to predict exclusive or any breastfeeding at 42 days. The correlation coefficients of the maternal breastfeeding evaluation scale, breastfeeding self-efficacy short-form scale, and the scale were 0.569 and 0.674, respectively. Conclusion The newly developed mothers' breastfeeding behaviour scale within 6 weeks postpartum consists of 36 items belonging to seven dimensions with good reliability and validity and is a reliable and valid instrument to be used in future maternal breastfeeding behaviour assessments and interventions.

Notes: Wu, Jing-Ling Pang, Shu-Qin Jiang, Xiu-Min Lin, Yan Zheng, Qing-Xiang

1471-2393

URL: <Go to ISI>://WOS:000942807800003

Reference Type: Journal Article

Record Number: 186

Author: Wu, J. L., Pang, S. Q., Jiang, X. M., Zheng, Q. X. and Lin, Y.

Year: 2023

Title: Which mothers' breastfeeding behaviours within six weeks postpartum do health workers need to notice? Developing an indicator system based on the Delphi method and analytic hierarchy process

Journal: Midwifery

Volume: 119

Date: Apr

Short Title: Which mothers' breastfeeding behaviours within six weeks postpartum do health workers need to notice? Developing an indicator system based on the Delphi method and analytic hierarchy process

ISSN: 0266-6138

DOI: 10.1016/j.midw.2023.103603

Article Number: 103603

Accession Number: WOS:000927384900001

Abstract: Objective: The six weeks postpartum is the high-incidence period of stopping breastfeeding. The clarity of the internal mechanism of behaviour was an effective way to promote breastfeeding. The aim was to reach a consensus on indicators what should be used and prioritised in evaluating mothers' breastfeeding behaviour within six weeks postpartum in order to provide a theoretical reference for health workers to take targeted strategies toward promoting breastfeeding practices. Design: Two rounds of Delphi method and analytic hierarchy process was conducted in this study. The two-rounds Delphi was performed to select essential indicators and collect revised suggestion. The an-alytic hierarchy process was adopted for pairwise comparison to rank the significance of primary and secondary indicators. Setting and participants: The panel included twenty experts with rich breastfeeding information and dif-ferent general characteristics from China. Findings: Consensus was achieved to include three primary indicators, seven secondary indicators, and forty-five tertiary indicators in the final indicators system of the mothers' breastfeeding behaviour within six weeks postpartum. The weight sequence of primary indicators was self-regulation behaviour (0.401), at-the-breast feeding behaviour (0.383), and resource utilisation behaviour (0.216). The rank of the sec-ondary indicators was breastfeeding operation skills (0.267), self-decision behaviour (0.144), self-control behaviour (0.130), self-coping behaviour (0.127), breastfeeding self-perception (0.116), resource acquisition behaviour (0.115), and resource coordination behaviour (0.101). Key conclusion: The study builds a new and reliable indicators system that intuitively reflects the con-stituent elements of the mothers' breastfeeding behaviour within six weeks postpartum and provides priorities in primary indicators and secondary indicators. Implications for practices: The study helps form a clear and scientific cognition on mothers' breastfeeding behaviour within six weeks postpartum and provides a new perspective and intuitive theoretical refer-ence for health workers to take targeted measures to promote breastfeeding practices and achieve sub-stantial public health gains. (c) 2023 Elsevier Ltd. All rights reserved.

Notes: Wu, Jing -Ling Pang, Shu-Qin Jiang, Xiu-Min Zheng, Qing-Xiang Lin, Yan
Jiang, xiumin/0000-0003-4133-5301
1532-3099
URL: <Go to ISI>://WOS:000927384900001

Reference Type: Journal Article

Record Number: 37

Author: Wu, L. R., Liu, M. H., Huang, C. M., Yin, J. Z., Zhou, H. and Hu, H. J.

Year: 2023

Title: The development of a self-management evaluation scale for elderly adults with hypertension based on the capability, opportunity, and motivation-behaviour (COM-B) model

Journal: BMC Geriatrics

Volume: 23

Issue: 1

Date: Apr

Short Title: The development of a self-management evaluation scale for elderly adults with hypertension based on the capability, opportunity, and motivation-behaviour (COM-B) model

DOI: 10.1186/s12877-023-03879-1

Article Number: 245

Accession Number: WOS:000973922700001

Abstract: Background Using accurate assessment tools to assess patients in clinical practice is important to mining influencing factors and implementing interventions. However, most evaluation tools for the self-management of elderly patients with hypertension lack a theoretical basis and wide applicability, which makes the intervention effect insignificant. Methods Based on the Capability, Opportunity, and Motivation-Behaviour (COM-B) model, combined with literature review and qualitative research, a questionnaire item pool was initially formulated; then the initial items were screened and adjusted through expert consultation and pre-testing to form an initial scale. A field survey of 450 elderly hypertensive patients was then performed using the initial scale to test the reliability and validity of the scale. Cronbach's alpha, test-retest reliability and composite reliability were used to test the reliability of the scale, and the validity of the scale was evaluated from two aspects: content validity and construct validity. The evaluation results of the content validity of the scale by experts were used as the content validity index; the results of exploratory factor analysis and confirmatory factor analysis were used as the structural validity index to further verify the model structure of the scale and develop a formal scale. Results The final self-management scale included 4 dimensions and 33 items. The Scale-Content Validity Index was 0.920. Exploratory factor analysis extracted four factors that explained 71.3% of the total variance. Cronbach's alpha of the formal scale was 0.867, test-retest reliability was 0.894, and composite reliability of the 4 dimensions were within 0.943 similar to 0.973. Confirmatory factor analysis showed the scale had good construct validity. Conclusions The Self-management Capability, Support and Motivation-Behaviour scale for elderly hypertensive

patients has good reliability and validity, providing a tool for medical staff to evaluate the self-management level of elderly hypertensive patients.

Notes: Wu, Lirong Liu, Minhui Huang, Chongmei Yin, Jinzhi Zhou, Hui Hu, Hongjuan

1471-2318

URL: <Go to ISI>://WOS:000973922700001

Reference Type: Journal Article

Record Number: 480

Author: Wu, M. L., Ma, J. K., Tsui, K., Hoens, A. M. and Li, L. C.

Year: 2022

Title: Tailoring Strength Training Prescriptions for People with Rheumatoid Arthritis: A Scoping Review

Journal: American Journal of Lifestyle Medicine

Date: 2022 Sep

Short Title: Tailoring Strength Training Prescriptions for People with Rheumatoid Arthritis: A Scoping Review

ISSN: 1559-8276

DOI: 10.1177/15598276221125415

Accession Number: WOS:000852325400001

Abstract: Introduction: Prescribing strength training (ST) for people with rheumatoid arthritis (RA) is complicated by factors (barriers and facilitators) that affect participation. It is unclear whether guidelines include recommendations beyond prescription parameters (frequency, intensity, time, type, volume, and progression) and adequately incorporate participation factors tailored to people with RA. Objective: To summarize available recommendations to aid in the tailoring of ST prescriptions for people with RA. Methods: Medline, Embase, and CINAHL databases and gray literature were searched for guidelines, recommendations, and review articles containing ST prescription recommendations for RA. Article screening and data extraction were performed in duplicate by two reviewers. Results: Twenty-seven articles met the inclusion criteria. The recommendations address RA-specific ST participation factors including: knowledge gaps (of equipment, ST benefits, disease), memory problems, the management of joint deformity, comorbidity, the fluctuating nature of the disease and symptoms (pain, stiffness, flares), fear avoidance, motivation, need for referral to other professionals, and provision of RA-specific resources. Conclusion: This review summarizes recommendations for tailoring ST prescriptions for people with RA. Future research is required to understand how pain, symptom assessment, and unaddressed ST participation factors like sleep and medication side effects can be addressed to support ST participation amongst people with RA.

Notes: Wu, Michael L. Ma, Jasmin K. Tsui, Karen Hoens, Alison M. Li, Linda C.

Wu, Michael/0000-0002-8033-5948

1559-8284

URL: <Go to ISI>://WOS:000852325400001

Reference Type: Journal Article

Record Number: 2274

Author: Wu, Z. Y., Zhao, Y., Ge, X. M., Mao, Y. R., Tang, Z. Z., Shi, C. X., Chen, C., Li, Y., Qiu, X. J., Nong, G. D., Huang, S. H., Luo, S., Wu, S. H., He, W. Z., Zhang, M. J., Shen, Z. Y., Jin, X., Li, J., Brookmeyer, R., Detels, R., Montaner, J. and Wang, Y.

Year: 2015

Title: Simplified HIV Testing and Treatment in China: Analysis of Mortality Rates Before and After a Structural Intervention

Journal: Plos Medicine

Volume: 12

Issue: 9

Date: Sep

Short Title: Simplified HIV Testing and Treatment in China: Analysis of Mortality Rates Before and After a Structural Intervention

ISSN: 1549-1277

DOI: 10.1371/journal.pmed.1001874

Article Number: e1001874

Accession Number: WOS:000362216200009

Abstract: Background Multistage stepwise HIV testing and treatment initiation procedures can result in lost opportunities to provide timely antiretroviral therapy (ART). Incomplete patient engagement along the continuum of HIV care translates into high levels of preventable mortality. We aimed to evaluate the ability of a simplified test and treat structural intervention to reduce mortality. Methods and Findings In the "pre-intervention 2010" (from January 2010 to December 2010) and "pre-intervention 2011" (from January 2011 to December 2011) phases, patients who screened HIV-positive at health care facilities in Zhongshan and Pubei counties in Guangxi, China, followed the standard-of-care process. In the "post-intervention 2012" (from July 2012 to June 2013) and "post-intervention 2013" (from July 2013 to June 2014) phases, patients who screened HIV-positive at the same facilities were offered a simplified test and treat intervention, i.e., concurrent HIV confirmatory and CD4 testing and immediate initiation of ART, irrespective of CD4 count. Participants were followed for 6–18 mo until the end of their study phase period. Mortality rates in the pre-intervention and post-intervention phases were compared for all HIV cases and for treatment-eligible HIV cases. A total of 1,034 HIV-positive participants (281 and 339 in the two pre-intervention phases respectively, and 215 and 199 in the two post-intervention phases respectively) were enrolled. Following the structural intervention, receipt of baseline CD4 testing within 30 d of HIV confirmation increased from 67%/61% (pre-intervention 2010/pre-intervention 2011) to 98%/97% (post-intervention 2012/post-intervention 2013) (all $p < 0.001$ [i.e., for all comparisons between a pre- and post-intervention phase]), and the time from HIV confirmation to ART initiation decreased from 53 d (interquartile range [IQR] 27–141)/43 d (IQR 15–113) to 5 d (IQR 2–12)/5 d (IQR 2–13) (all $p < 0.001$). Initiation of ART increased from 27%/49% to 91%/89% among all cases (all $p < 0.001$) and from 39%/62% to 94%/90% among individuals with CD4 count ≤ 350 cells/mm³ or AIDS (all $p < 0.001$). Mortality decreased from 27%/27% to 10%/10% for all cases (all $p < 0.001$) and from 40%/35% to 13%/13% for cases with CD4 count ≤ 350 cells/mm³ or AIDS (all $p < 0.001$). The simplified test and

treat intervention was significantly associated with decreased mortality rates compared to pre-intervention 2011 (adjusted hazard ratio [aHR] 0.385 [95% CI 0.239–0.620] and 0.380 [95% CI 0.233–0.618] for the two post-intervention phases, respectively, for all newly diagnosed HIV cases [both $p < 0.001$], and aHR 0.369 [95% CI 0.226–0.603] and 0.361 [95% CI 0.221–0.590] for newly diagnosed treatment-eligible HIV cases [both $p < 0.001$]). The unit cost of an additional patient receiving ART attributable to the intervention was US\$83.80. The unit cost of a death prevented because of the intervention was US\$234.52. Conclusions Our results demonstrate that the simplified HIV test and treat intervention promoted successful engagement in care and was associated with a 62% reduction in mortality. Our findings support the implementation of integrated HIV testing and immediate access to ART irrespective of CD4 count, in order to optimize the impact of ART.

Notes: Wu, Zunyou Zhao, Yan Ge, Xianmin Mao, Yurong Tang, Zhenzhu Shi, Cynthia X. Chen, Chi Li, Yong Qiu, Xuejun Nong, Guide Huang, Shanhui Luo, Shen Wu, Shaohui He, Wenzhen Zhang, Mingjie Shen, Zhiyong Jin, Xia Li, Jian Brookmeyer, Ron Detels, Roger Montaner, Julio Wang, Yu
1549-1676

URL: <Go to ISI>://WOS:000362216200009

Reference Type: Journal Article

Record Number: 464

Author: Wuerstl, K. R., McBride, C. B., Deschenes-Bilodeau, J., Hoekstra, F. and Gainforth, H. L.

Year: 2023

Title: Exploring smoking cessation experiences among persons with spinal cord injury: Informing theory-based recommendations for interventions

Journal: Spinal Cord

Volume: 61

Issue: 1

Pages: 27-36

Date: Jan

Short Title: Exploring smoking cessation experiences among persons with spinal cord injury: Informing theory-based recommendations for interventions

ISSN: 1362-4393

DOI: 10.1038/s41393-022-00856-0

Accession Number: WOS:000859541300001

Abstract: Study design Qualitative study. Objective Use an integrated knowledge translation (IKT) and theory-based approach, to (1) explore factors influencing smoking cessation behaviour among people with SCI, and (2) explore the preferred intervention and implementation options for smoking cessation interventions for persons with SCI. Setting Community. Methods Aligned with an IKT approach, an SCI organization was meaningfully engaged throughout the research process. Semi-structured interviews were conducted with people with SCI who have quit or tried to quit smoking. Barriers and facilitators to smoking cessation were extracted and deductively coded using the Theoretical Domains Framework (TDF) and inductively

analysed. To identify intervention options, a behavioural analysis was conducted using the Behaviour Change Wheel. To identify implementation options, modes of delivery and intervention messengers were extracted. Modes of delivery were deductively coded, and themes relating to intervention messengers were constructed. Results Among the 12 participants (7 males; 6 with tetraplegia), seven had quit and five had relapsed. Across the 12 interviews, 130 barriers and 218 facilitators were coded to the TDF. The prominent TDF domains were beliefs about consequences, social influences, environmental context and resources, and behavioural regulation, and served as themes in the inductive analysis. Multiple modes of delivery and intervention messengers were considered important for the delivery of smoking cessation interventions. Conclusion This study is the first to use IKT and theory-based approaches to explore factors influencing smoking cessation among persons with SCI. Findings from this study resulted in the co-development of practical recommendations for future SCI-specific smoking cessation interventions.

Notes: Wuerstl, Kelsey R. McBride, Christopher B. Deschenes-Bilodeau, Joelle Hoekstra, Femke Gainforth, Heather L.

Wuerstl, Kelsey/0000-0002-2508-3127
1476-5624

URL: <Go to ISI>://WOS:000859541300001

Reference Type: Journal Article

Record Number: 1590

Author: Wurz, A., Price, J. and Brunet, J.

Year: 2021

Title: Understanding adolescents' and young adults' self-perceptions after cancer treatment in the context of a two-arm, mixed-methods pilot randomized controlled physical activity trial

Journal: Supportive Care in Cancer

Volume: 29

Issue: 8

Pages: 4439-4450

Date: Aug

Short Title: Understanding adolescents' and young adults' self-perceptions after cancer treatment in the context of a two-arm, mixed-methods pilot randomized controlled physical activity trial

ISSN: 0941-4355

DOI: 10.1007/s00520-020-05974-0

Accession Number: WOS:000607965600001

Abstract: Purpose The self-perceptions of adolescents and young adults (AYAs) after cancer treatment are not well understood. As part of a two-arm, mixed-methods pilot randomized controlled trial (RCT), this qualitative sub-study explored AYAs' self-perceptions after cancer treatment and investigated how physical activity (PA) may contribute to their self-perceptions. Methods Data were collected from 16 AYAs who completed cancer treatment and who participated in a two-arm, mixed-methods pilot RCT. Recruited AYAs were randomized to a 12-week PA intervention or a wait-list control group, and semi-structured interviews were conducted at baseline (pre-randomization) and 12 weeks later (post-intervention or post-

waiting period) to elicit discussions on self-perceptions and PA. Data were analyzed thematically using inductive and deductive approaches. The exercise and self-esteem model (EXSEM) was the theoretical lens for the deductive analysis. Results Data were organized into four unified main themes: (1) I came out on top and am (re)discovering myself, (2) Comparison to my past self and others induces negative feelings, (3) My changed body brings me down, but it does not rule my life, and (4) My previous experience with PA informs my expectations for my future PA, and two themes contingent on group allocation: (5) Participating in a PA program made me feel better about myself, and (6) I did not notice any changes while waiting for the PA program, but I am anticipating support. Conclusion AYAs' self-perceptions are amenable to change, positively and negatively valenced, and influenced by PA. Although the EXSEM captured intrapersonal factors related to AYAs' self-perceptions after cancer treatment, interpersonal and contextual factors beyond the EXSEM also shaped their self-perceptions. Notes: Wurz, Amanda Price, Jenson Brunet, Jennifer Price, Jenson/0000-0003-0630-4155; Wurz, Amanda/0000-0002-7804-9811 1433-7339 URL: <Go to ISI>://WOS:000607965600001

Reference Type: Journal Article
Record Number: 641
Author: Wynands, E. M., Roche, S. M., Cramer, G. and Ventura, B. A.
Year: 2022
Title: Promoting farm advisor engagement and action toward the improvement of dairy cattle lameness
Journal: Journal of Dairy Science
Volume: 105
Issue: 7
Pages: 6364-6377
Date: Jul
Short Title: Promoting farm advisor engagement and action toward the improvement of dairy cattle lameness
ISSN: 0022-0302
DOI: 10.3168/jds.2021-21745
Accession Number: WOS:000827977600031
Abstract: Lameness represents a significant management challenge in the dairy industry worldwide. In addition to farmers, many advisors are involved in lameness management, including veterinarians, hoof trimmers, and nutritionists. These advisors support farmers through lameness prevention practices, treatments, and advice, but little is known about how advisors view others' roles and the extent to which they work together. This study used qualitative participatory methods to facilitate the formation of lameness advisory groups among 13 advisors (4 veterinarians, 5 hoof trimmers, and 4 nutritionists), with the aims of promoting advisors' engagement with one another and documenting their perceptions of the benefits and challenges of the research activities through semi-structured interviews and thematic analysis. Participants shared predominantly positive views toward the project and voiced appreciation about the quality of discussions and the opportunity to connect and build

relationships with other advisors. Participants reported improved communication with others via sharing reports and farm information, as well as increased confidence in reaching out to other advisors. Reported challenges included time constraints and discomfort in leading the lameness advisory group meetings. Difficulties were also found in bringing issues to farmers' attention when they might not align with the farmers' goals or priorities, as well as participants' questioning other advisors' knowledge and intentions. This study describes a promising avenue of facilitating advisor engagement, although more work is needed to determine whether such engagement translates to a reduction of lameness on farms.

Notes: Wynands, E. M. Roche, S. M. Cramer, G. Ventura, B. A. Ventura, Beth/0000-0001-9476-6901; Roche, Steven/0000-0001-6934-6497 1525-3198

URL: <Go to ISI>://WOS:000827977600031

Reference Type: Journal Article

Record Number: 616

Author: Xiao, L. D., Gregoric, C., Gordon, S., Ullah, S., Goodwin-Smith, I., Muir-Cochrane, E. and Blunt, S.

Year: 2022

Title: Staff perceived challenges and facilitators in supporting resident self-determination in ethno-specific and mainstream nursing homes

Journal: Journal of Clinical Nursing

Date: 2022 Jul

Short Title: Staff perceived challenges and facilitators in supporting resident self-determination in ethno-specific and mainstream nursing homes

ISSN: 0962-1067

DOI: 10.1111/jocn.16440

Accession Number: WOS:000825362800001

Abstract: Aims and Objectives To explore and compare staff perceived challenges and facilitators in supporting resident self-determination in ethno-specific and mainstream nursing homes.

Background Staff and residents in ethno-specific and mainstream nursing homes in most developed countries have shown increased cultural and linguistic diversity. This socio-demographic change poses significant challenges for staff to support resident self-determination of their own care. In-depth understanding of those challenges in the two types of nursing homes is much needed to inform practice in nurse-led nursing home care settings. Method A qualitative description approach with thematic analysis was used in the study. Data were collected through five focus groups with 29 various direct care workers from two ethno-specific nursing homes and a mainstream nursing home in Australia between March-September 2020. The study report followed the COREQ checklist. Results Four themes were identified from focus group data. First, participants perceived communication challenges in identifying residents' preferences, especially in ethno-specific nursing homes. Second, team efforts that included residents and their family members were highly valued as a way to meet residents' preferences. Third, participants described various levels of staff engagement in

residents' care planning. In addition, staff in ethno-specific nursing homes possessed richer resources to maintain meaningful relationships for residents compared with their counterparts in the mainstream nursing home. Conclusions Staff in ethno-specific nursing homes experience more challenges in supporting resident self-determination but have richer resources to develop culturally safe and culturally competent care compared with their counterparts in the mainstream nursing home. Relevance to clinical practice Findings provide new insights into challenges and practical solutions in supporting residents to self-determine their own care in cross-cultural aged care. Patient or Public Contribution This study was co-designed with three aged care organisations who funded the study. Staff employed by these organisations participated in the study. Notes: Xiao, Lily Dongxia Gregoric, Carolyn Gordon, Sue Ullah, Shahid Goodwin-Smith, Ian Muir-Cochrane, Eimear Blunt, Sara ; Xiao, Lily Dongxia/N-8144-2014 Muir-Cochrane, Eimear/0000-0002-5036-4908; Xiao, Lily Dongxia/0000-0002-4631-2443; Goodwin-Smith, Ian/0000-0003-0132-4843; Ullah, Shahid/0000-0003-0010-2640; Gregoric, Carolyn/0000-0003-3230-284X; Gordon, Susan/0000-0002-4760-1212 1365-2702 URL: <Go to ISI>://WOS:000825362800001

Reference Type: Journal Article

Record Number: 680

Author: Xie, C. X., Chen, Q. Z., Hincapie, C. A., Hofstetter, L., Maher, C. G. and Machado, G. C.

Year: 2022

Title: Effectiveness of clinical dashboards as audit and feedback or clinical decision support tools on medication use and test ordering: a systematic review of randomized controlled trials

Journal: Journal of the American Medical Informatics Association

Volume: 29

Issue: 10

Pages: 1773-1785

Date: Sep

Short Title: Effectiveness of clinical dashboards as audit and feedback or clinical decision support tools on medication use and test ordering: a systematic review of randomized controlled trials

ISSN: 1067-5027

DOI: 10.1093/jamia/ocac094

Accession Number: WOS:000809430400001

Abstract: Background Clinical dashboards used as audit and feedback (A&F) or clinical decision support systems (CDSS) are increasingly adopted in healthcare. However, their effectiveness in changing the behavior of clinicians or patients is still unclear. This systematic review aims to investigate the effectiveness of clinical dashboards used as CDSS or A&F tools (as a standalone intervention or part of a multifaceted intervention) in primary care or hospital settings on medication prescription/adherence and test ordering. Methods Seven major databases were searched for relevant studies, from inception to August 2021. Two authors independently extracted data, assessed the risk of bias using the Cochrane RoB II scale, and evaluated the

certainty of evidence using GRADE. Data on trial characteristics and intervention effect sizes were extracted. A narrative synthesis was performed to summarize the findings of the included trials. Results Eleven randomized trials were included. Eight trials evaluated clinical dashboards as standalone interventions and provided conflicting evidence on changes in antibiotic prescribing and no effects on statin prescribing compared to usual care. Dashboards increased medication adherence in patients with inflammatory arthritis but not in kidney transplant recipients. Three trials investigated dashboards as part of multicomponent interventions revealing decreased use of opioids for low back pain, increased proportion of patients receiving cardiovascular risk screening, and reduced antibiotic prescribing for upper respiratory tract infections. Conclusion There is limited evidence that dashboards integrated into electronic medical record systems and used as feedback or decision support tools may be associated with improvements in medication use and test ordering.

Notes: Xie, Charis Xuan Chen, Qiuzhe Hincapie, Cesar A. Hofstetter, Leonie Maher, Chris G. Machado, Gustavo C.

Hincapié, Cesar A/AAH-7887-2021; Maher, Christopher/AAC-6267-2019

Hincapié, Cesar A/0000-0002-7257-8122; Maher, Christopher/

0000-0002-1628-7857; Xie, Xuan/0000-0002-0029-9159

1527-974x

URL: <Go to ISI>://WOS:000809430400001

Reference Type: Journal Article

Record Number: 292

Author: Xie, Q. Q., Hu, X. L., Wang, Y. R., Peng, J. S. and Cheng, L.

Year: 2022

Title: Exploration of the health needs of patients with poorly controlled type 2 diabetes using a user-centred co-production approach in the area of mHealth: an exploratory sequential mixed-method protocol

Journal: Bmj Open

Volume: 12

Issue: 12

Date: Dec

Short Title: Exploration of the health needs of patients with poorly controlled type 2 diabetes using a user-centred co-production approach in the area of mHealth: an exploratory sequential mixed-method protocol

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2022-063814

Article Number: e063814

Accession Number: WOS:000924514400008

Abstract: Introduction Research on the needs and preferences of patients with poorly controlled type 2 diabetes mellitus (T2DM) with mobile health (mHealth) service is limited. With the principles of co-production, this study aims to address this research gap by exploring the health needs of Chinese patients with poorly controlled T2DM. Methods and analysis This study uses a three-phase, exploratory sequential mixed-method design. Phase 1 aims to assess

the health needs of patients with poorly controlled T2DM by conducting semi-structured interviews with patients, doctors and nurses. Participants will be recruited by purposive sampling with maximum variation. Content analysis will be employed. Phase 2 will form item generation and develop the mHealth need scale. The scale will be subject to pilot testing and psychometric evaluation, including content validity, construct validity, discriminant validity, internal validity and test-retest reliability. Phase 3 will explore the priority of health needs perceived by patients with poorly controlled T2DM through a cross-sectional study. The measurement tools include an mHealth needs scale, the Summary of Diabetes Self-care Activities Questionnaire, the Diabetes Empowerment Scale-Short Form, the Diabetes Health Literacy Scale and the eHealth Literacy Scale. Multiple regression techniques with a hierarchical block design will be used for the model building to identify the factors contributing to the heterogeneity of the perceived mHealth needs. The findings of phase 1 and phase 3 will be integrated using data correlation, comparison and consolidation. Ethics and dissemination The Ethics Committee of the School of Nursing, Sun Yat-sen University, has approved this study (No. 2021ZSLYEC). The results of this study will be disseminated through conference presentations and peer-reviewed publications. Notes: Xie, Qinqin Hu, Xiling Wang, Yarui Peng, Junsheng Cheng, Li URL: <Go to ISI>://WOS:000924514400008

Reference Type: Journal Article

Record Number: 31

Author: Xu, P., Jin, Y., Guo, P. P., Xu, X. F., Wang, X. J., Zhang, W., Mao, M. N. and Feng, S. W.

Year: 2023

Title: Barriers and enablers of pelvic floor rehabilitation behaviours in pregnant women with stress urinary incontinence: a qualitative analysis using the theoretical domains framework

Journal: BMC Pregnancy and Childbirth

Volume: 23

Issue: 1

Date: Apr

Short Title: Barriers and enablers of pelvic floor rehabilitation behaviours in pregnant women with stress urinary incontinence: a qualitative analysis using the theoretical domains framework

DOI: 10.1186/s12884-023-05633-2

Article Number: 300

Accession Number: WOS:000984325100002

Abstract: Background Stress urinary incontinence during pregnancy is closely related to the occurrence of postpartum and long-term urinary incontinence. Early pelvic floor management is of great significance in promoting the recovery of pelvic floor tissues in pregnant women. However, effective management of urinary incontinence is far from achievable owing to the low adherence of pregnant women in partaking in pelvic floor rehabilitation. As a comprehensive framework for behavioural theory, the Theoretical Domain Framework allows for comprehensive identification of behavioural determinants. Using Theoretical Domain Framework, this

study aimed to identify barriers and enablers of pelvic floor rehabilitation behaviours in pregnant women with stress urinary incontinence. Methods A descriptive, qualitative design was used in this study. Face-to-face semi-structured interviews were conducted with pregnant women with stress urinary incontinence based on the Theoretical Domain Framework. The data were analysed using a combination of inductive and deductive methods. Results Twenty pregnant women with stress urinary incontinence were interviewed. Seven themes were summarised and used to explain the pelvic floor rehabilitation behaviours of pregnant women with stress urinary incontinence. The seven themes were (1) individual knowledge and experience of pelvic floor management, (2) judgments about expected outcomes, (3) interactions of interpersonal situations, (4) environment, resources, and decision-making processes, (5) personal goal-setting and efforts towards behaviour change, (6) emotional influences on decision-making, and (7) personal characteristics. Besides the "Optimism" domain, 13 of the 14 Theoretical Domains Framework domains were found to influence pregnant patients' pelvic floor rehabilitation behaviours after deductive mapping of themes to the Theoretical Domains Framework. In addition, the inductive analysis generated a theme of personal characteristics that did not map to any of the Theoretical Domains Framework domains. Conclusions The pelvic floor rehabilitation behaviours of pregnant women with stress urinary incontinence are complex and are affected by many factors. The findings confirm the need for multiple interventions to support pelvic floor management in pregnant women with stress urinary incontinence, focusing on enhancing knowledge and skills in pelvic floor care and using appropriate behaviour change techniques (such as prompts) to provide a supportive environment.

Notes: Xu, Ping Jin, Ying Guo, Pingping Xu, Xuefen Wang, Xiaojuan Zhang, Wei Mao, Minna Feng, Suwen
1471-2393

URL: <Go to ISI>://WOS:000984325100002

Reference Type: Journal Article

Record Number: 858

Author: Yakovchenko, V., Morgan, T. R., Miech, E. J., Neely, B., Lamorte, C., Gibson, S., Beste, L. A., McCurdy, H., Scott, D., Gonzalez, R. I., Park, A. M., Powell, B. J., Bajaj, J. S., Dornitz, J. A., Chartier, M., Ross, D. B., Chinman, M. J. and Rogal, S. S.
Year: 2022

Title: Core implementation strategies for improving cirrhosis care in the Veterans Health Administration

Journal: Hepatology

Volume: 76

Issue: 2

Pages: 404-417

Date: Aug

Short Title: Core implementation strategies for improving cirrhosis care in the Veterans Health Administration

ISSN: 0270-9139

DOI: 10.1002/hep.32395

Accession Number: WOS:000769915100001

Abstract: Background and Aims The Veterans Health Administration (VHA) provides care for more than 80,000 veterans with cirrhosis. This longitudinal, multimethod evaluation of a cirrhosis care quality improvement program aimed to (1) identify implementation strategies associated with evidence-based, guideline-concordant cirrhosis care over time, and (2) use qualitative interviews to operationalize strategies for a manualized intervention. Approach and Results VHA providers were surveyed annually about the use of 73 implementation strategies to improve cirrhosis care in fiscal years 2018 (FY18) and 2019 (FY19). Implementation strategies linked to guideline-concordant cirrhosis care were identified using bivariate statistics and comparative configurational methods. Semistructured interviews were conducted with 12 facilities in the highest quartile of cirrhosis care to specify the successful implementation strategies and their mechanisms of change. A total of 106 VHA facilities (82%) responded at least once over the 2-year period (FY18, n = 63; FY19, n = 100). Facilities reported using a median of 12 (interquartile range [IQR] 20) implementation strategies in FY18 and 10 (IQR 19) in FY19. Of the 73 strategies, 35 (48%) were positively correlated with provision of evidence-based cirrhosis care. Configurational analysis identified multiple strategy pathways directly linked to more guideline-concordant cirrhosis care. Across both methods, a subset of eight strategies was determined to be core to cirrhosis care improvement and specified using qualitative interviews. Conclusions In a national cirrhosis care improvement initiative, a multimethod approach identified a core subset of successful implementation strategy combinations. This process of empirically identifying and specifying implementation strategies may be applicable to other implementation challenges in hepatology.

Notes: Yakovchenko, Vera Morgan, Timothy R. Miech, Edward J. Neely, Brittney Lamorte, Carolyn Gibson, Sandra Beste, Lauren A. McCurdy, Heather Scott, Dawn Gonzalez, Rachel, I Park, Angela M. Powell, Byron J. Bajaj, Jasmohan S. Dominitz, Jason A. Chartier, Maggie Ross, David B. Chinman, Matthew J. Rogal, Shari S. , Matthew/AA0-9856-2020; Gibson, Sandra/HLX-3058-2023 , Matthew/0000-0001-5390-8723; Gibson, Sandra/0000-0002-0707-7102; Beste, Lauren/0000-0001-6488-435X; Yakovchenko, Vera/ 0000-0002-9233-2867; Miech, Edward/0000-0002-7187-1570; McCurdy, Heather/0000-0003-3354-0014 1527-3350

URL: <Go to ISI>://WOS:000769915100001

Reference Type: Journal Article

Record Number: 218

Author: Yakovchenko, V., Rogal, S. S., Goodrich, D. E., Lamorte, C., Neely, B., Merante, M., Gibson, S., Scott, D., McCurdy, H., Nobbe, A., Morgan, T. R. and Chinman, M. J.

Year: 2023

Title: Getting to implementation: Adaptation of an implementation playbook

Journal: Frontiers in Public Health

Volume: 10

Date: Jan

Short Title: Getting to implementation: Adaptation of an implementation playbook

DOI: 10.3389/fpubh.2022.980958

Article Number: 980958

Accession Number: WOS:000919430300001

Abstract: Introduction: Implementation strategies supporting the translation of evidence into practice need to be tailored and adapted for maximum effectiveness, yet the field of adapting implementation strategies remains nascent. We aimed to adapt "Getting To Outcomes"((R)) (GTO), a 10-step implementation playbook designed to help community-based organizations plan and evaluate behavioral health programs, into "Getting To Implementation" (GTI) to support the selection, tailoring, and use of implementation strategies in health care settings. Methods: Our embedded evaluation team partnered with operations, external facilitators, and site implementers to employ participatory methods to co-design and adapt GTO for Veterans Health Administration (VA) outpatient cirrhosis care improvement. The Framework for Reporting Adaptations and Modifications to Evidenced-based Implementation Strategies (FRAME-IS) guided documentation and analysis of changes made pre- and post-implementation of GTI at 12 VA medical centers. Data from multiple sources (interviews, observation, content analysis, and fidelity tracking) were triangulated and analyzed using rapid techniques over a 3-year period. Results: Adaptations during pre-implementation were planned, proactive, and focused on context and content to improve acceptability, appropriateness, and feasibility of the GTI playbook. Modifications during and after implementation were unplanned and reactive, concentrating on adoption, fidelity, and sustainability. All changes were collaboratively developed, fidelity consistent at the level of the facilitator and/or implementer. Conclusion; GTO was initially adapted to GTI to support health care teams' selection and use of implementation strategies for improving guideline-concordant medical care. GTI required ongoing modification, particularly in steps regarding team building, context assessment, strategy selection, and sustainability due to difficulties with step clarity and progression. This work also highlights the challenges in pragmatic approaches to collecting and synthesizing implementation, fidelity, and adaptation data.

Notes: Yakovchenko, Vera Rogal, Shari S. Goodrich, David E. E. Lamorte, Carolyn Neely, Brittney Merante, Monica Gibson, Sandra Scott, Dawn McCurdy, Heather Nobbe, Anna Morgan, Timothy R. R. Chinman, Matthew J. J.

Gibson, Sandra/HLX-3058-2023

Gibson, Sandra/0000-0002-0707-7102

2296-2565

URL: <Go to ISI>://WOS:000919430300001

Reference Type: Journal Article

Record Number: 804

Author: Yamada, J., Cheung, J. L. S., Gagne, M., Spiegel-Feld, C., Aaron, S. D., FitzGerald, M., Gershon, A. S. and Gupta, S.

Year: 2022

Title: Barriers and Enablers to Objective Testing for Asthma and COPD in Primary Care A Systematic Review Using the Theoretical Domains Framework

Journal: Chest

Volume: 161

Issue: 4

Pages: 888-905

Date: Apr

Short Title: Barriers and Enablers to Objective Testing for Asthma and COPD in Primary Care A Systematic Review Using the Theoretical Domains Framework

ISSN: 0012-3692

DOI: 10.1016/j.chest.2021.10.030

Accession Number: WOS:000798829600013

Abstract: BACKGROUND: Although guidelines long have recommended objective pulmonary function testing to diagnose asthma and COPD, many primary care patients receive a clinical diagnosis of asthma or COPD without objective testing. This often leads to unnecessary treatment with associated incremental costs and side effects and delays actual diagnosis. RESEARCH QUESTION: What are the barriers and enablers to lung function testing for asthma, COPD, or both in primary care? STUDY DESIGN AND METHODS: We searched the literature for qualitative and quantitative studies reporting barriers, enablers, or both to in-office or out-of-office lung function testing for diagnosing asthma, COPD, or both in primary care. Two reviewers independently screened abstracts and full texts, assessed methodologic quality using the Mixed Methods Appraisal Tool, and extracted data from included studies. Identified barriers and enablers were categorized using the Theoretical Domains Framework (TDF), applying a pre-established coding manual. RESULTS: We identified 7,988 unique articles, reviewed 336 full-text articles, and included 18 studies in this systematic review. Of these 18, 12 were quantitative, three were qualitative, and three used mixed methods. All 18 addressed in-office testing and 11 also addressed out-of-office testing. Barriers and enablers overlapped for asthma and COPD, and in-office and out-of-office settings. We identified more reported barriers (eg, lack of knowledge of the usefulness of spirometry) than enablers (eg, skills for performing reliable spirometry). Barriers mapped to nine (of a possible 14) TDF domains (for both in-office and out-of-office settings). Enablers mapped to three domains for in-office testing and five domains for out-of-office testing. INTERPRETATION: Barriers to objective testing for airway disease in primary care are complex and span many theoretical domains. Correspondingly, a successful intervention must leverage multiple behavior change techniques. A theory-based, multifaceted intervention to address underuse of diagnostic testing for asthma or COPD now should be developed and tested.

Notes: Yamada, Janet Cheung, Jeffrey Lam Shin Gagne, Myriam Spiegel-Feld, Carolyn Aaron, Shawn D. FitzGerald, Mark Gershon, Andrea S. Gupta, Samir

1931-3543

URL: <Go to ISI>://WOS:000798829600013

Reference Type: Journal Article

Record Number: 192

Author: Yan, B., He, Z. K., Dong, S. X., Akezhuoli, H., Xu, X., Wang, X. M. and Zhou, X. D.

Year: 2023

Title: The moderating effect of parental skills for antibiotic identification on the link between parental skills for antibiotic use and inappropriate antibiotic use for children in China

Journal: BMC Public Health

Volume: 23

Issue: 1

Date: Jan

Short Title: The moderating effect of parental skills for antibiotic identification on the link between parental skills for antibiotic use and inappropriate antibiotic use for children in China

DOI: 10.1186/s12889-023-15099-8

Article Number: 156

Accession Number: WOS:000921917200007

Abstract: Background Inappropriate antibiotic consumption promotes antibiotic resistance. However, findings on the association between antibiotic-related knowledge and behaviors are inconsistent and contradictory, resulting in unjustified guidance of interventions. The mechanisms between the different kinds of antibiotic-related skills contained in knowledge modules in some previous studies are indistinct and rarely studied. **Methods** A cross-sectional survey was conducted between June 2017 and April 2018 in three Chinese provinces, investigating 9526 parents with children aged 0–13 years old. Data from 1944 parents who self-medicated their children and 2478 respondents whose children sought care were analyzed. **Results** Skills for antibiotic identification were found to be a moderator for the association between skills for antibiotic use and two inappropriate behaviors. Compared with parents with low levels of both skills for antibiotic identification and use, those mastering both skills at either medium (OR = 0.48, 95% CI [0.26–0.88]) or high (OR = 0.15, 95% CI [0.07–0.34]) level were less likely to self-medicate their children with antibiotics. Parents with a medium level of skills for antibiotic identification and high level of skills for antibiotic use (OR = 0.18, 95% CI [0.08–0.44]) and those with a high level of both skills (OR = 0.15, 95% CI [0.05–0.47]) were less likely to ask doctors for antibiotics when seeking care. **Conclusion** Parents' high level of skills for antibiotic identification is revealed to promote inappropriate antibiotic use when parents master a low level of skills for antibiotic use. Conversely, based on excellent skills for antibiotic use, better skill for antibiotic identification is associated with a greater reduction in inappropriate behaviors. We recommend future health education to strengthen skills for antibiotic identification along with guidance on antibiotic use.

Notes: Yan, Bo He, Zhenke Dong, Shixin Akezhuoli, Hailati Xu, Xin Wang, Xiaomin Zhou, Xudong

1471–2458

URL: <Go to ISI>://WOS:000921917200007

Reference Type: Journal Article

Record Number: 431

Author: Yan, C. H., Ramanathan, S., Suda, K. J., Khouja, T., Rowan, S. A., Evans, C. T., Lee, T. A., Calip, G. S., Gellad, W. F., Sharp, L. K. and Natl Dent Practice-Based Res, Netwo

Year: 2022

Title: Barriers to and facilitators of opioid prescribing by dentists in the United States A qualitative study

Journal: Journal of the American Dental Association

Volume: 153

Issue: 10

Pages: 957-+

Date: Oct

Short Title: Barriers to and facilitators of opioid prescribing by dentists in the United States A qualitative study

ISSN: 0002-8177

DOI: 10.1016/j.adaj.2022.05.009

Accession Number: WOS:000898640900006

Abstract: Background. Dentists in the United States frequently prescribe opioids for dental-related pain, although evidence shows superior efficacy of nonopioids for pain management. A national sample of US dentists was interviewed to understand the barriers and facilitators to opioid prescribing. Methods. Semistructured one-on-one telephone interviews were conducted with dentists sampled from the 6 regions of The National Dental Practice-Based Research Network. Responses were coded into the domains of the Capability, Opportunity and Motivation Model of Behavior. Potential behavior change interventions were identified for targeted themes. Results. Seventy-three interviews were qualitatively analyzed. Most of those interviewed were general dentists (86.3%) and on average (SD) were in practice for 24.3 (13.0) years. Ten themes were identified within the Capability, Opportunity and Motivation Model of Behavior. Dentists' knowledge of opioid risk, ability to identify substance use disorder behavior, and capability of communicating pain management plans to patients or following clinic policies or state and federal regulations were linked with judicious opioid prescribing. Dentists reported prescribing opioids if they determined clinical necessity or feared negative consequences for refusing to prescribe opioids. Conclusions. Dentists' opioid decision making is influenced by a range of real-world practice experiences and patient and clinic factors. Education and training that target dentists' knowledge gaps and changes in dentists' practice environment can encourage effective communication of pain management strategies with patients and prescribing of nonopioids as first-line analgesics while conserving opioid use. Practical Implications. Identified knowledge gaps in dentistry can be targets for education, clinical guidelines, and policy interventions to ensure safe and appropriate prescribing of opioids.

Notes: Yan, Connie H. Ramanathan, Swetha Suda, Katie J. Khouja, Tumader Rowan, Susan A. Evans, Charlesnika T. Lee, Todd A. Calip, Gregory S. Gellad, Walid F. Sharp, Lisa K.

Calip, Gregory/J-4375-2019

Calip, Gregory/0000-0002-7744-3518; Sharp, Lisa/0000-0002-7809-9042;

Yan, Connie/0000-0003-1467-4666; Lee, Todd/0000-0003-3619-5367;

Khouja, Tumader/0000-0001-6042-4866; Evans, Charlesnika/
0000-0002-0696-8288
1943-4723
URL: <Go to ISI>://WOS:000898640900006

Reference Type: Journal Article

Record Number: 926

Author: Yan, F., Xiao, L., Zhou, K. Y., Li, Z. E. and Tang, S. Y.

Year: 2022

Title: Perceptions and help-seeking behaviours among community-dwelling older people with urinary incontinence: A systematic integrative review

Journal: Journal of Advanced Nursing

Volume: 78

Issue: 6

Pages: 1574-1587

Date: Jun

Short Title: Perceptions and help-seeking behaviours among community-dwelling older people with urinary incontinence: A systematic integrative review

ISSN: 0309-2402

DOI: 10.1111/jan.15183

Accession Number: WOS:000761759000001

Abstract: Aim To synthesize research evidence on perceptions and help-seeking behaviours in community-dwelling older people with urinary incontinence based on the Capability-Opportunity-Motivation-Behaviours model. Background Urinary incontinence is highly prevalent in community-dwelling older people, yet only a small proportion seek help from health professionals. Untreated urinary incontinence has a detrimental impact on older people's quality of life and distresses their caregivers. Design Systematic integrative review. Data sources Ten databases were searched systematically between 9 November 2020 and 17 December 2020 including Medline (PubMed), CINAHL, Ageline, Web of Science, Scopus, ProQuest, PsycInfo, CNKI, Wanfang and Vip. Review methods Quality appraisal was applied to assess the quality of selected articles. Data relevant to the review aim were extracted from included articles for analysis. Convergent qualitative synthesis was used to synthesize findings. Results Twenty articles were included and two main themes with six sub-themes were identified. Theme one described three common perceptions including urinary incontinence as a part of normal ageing, a stigma and a health problem. Each perception had a profound impact on older people's motivation to self-report the problem to health professionals. Theme two revealed three main help-seeking approaches comprising self-help, help from friends and help from health professionals. Of these, self-help was the dominant approach used to conceal urinary incontinence and contributed to social isolation. Conclusion Improving urinary incontinence management in community-dwelling older people requires the development of their capability and motivation, and increased opportunities to access and gain help from skilled health professionals. Impact Findings can facilitate resource development to improve health literacy for the general public pertinent to

urinary incontinence and associated stigma. Moreover, findings can inform a user-friendly reporting and referral system for the problem. In addition, findings can inform education and skill training for health professionals, older people and their caregivers to effectively manage the problem.

Notes: Yan, Fang Xiao, Lily D. Zhou, Keyi Li, Zeen Tang, Siyuan ; Xiao, Lily Dongxia/N-8144-2014

Tang, Siyuan/0000-0001-9940-5072; Xiao, Lily Dongxia/0000-0002-4631-2443

1365-2648

URL: <Go to ISI>://WOS:000761759000001

Reference Type: Journal Article

Record Number: 943

Author: Yan, X. X., Dunne, D. M., Impey, S. G., Cunniffe, B., Lefevre, C. E., Mazorra, R., Morton, J. P., Tod, D., Close, G. L., Murphy, R. and Chakraborty, B.

Year: 2022

Title: A pilot sequential multiple assignment randomized trial (SMART) protocol for developing an adaptive coaching intervention around a mobile application for athletes to improve carbohydrate periodization behavior

Journal: Contemporary Clinical Trials Communications

Volume: 26

Date: Apr

Short Title: A pilot sequential multiple assignment randomized trial (SMART) protocol for developing an adaptive coaching intervention around a mobile application for athletes to improve carbohydrate periodization behavior

DOI: 10.1016/j.conctc.2022.100899

Article Number: 100899

Accession Number: WOS:000820423400015

Abstract: Background: It has recently been identified that manipulating carbohydrate availability around exercise activity can enhance training-induced metabolic adaptations. Despite this approach being accepted in the athletic populations, athletes do not systematically follow the guidelines. Digital environments appear to allow nutritionists to deliver this intervention at scale, reducing expensive human coaching time. Yet, digitally delivered dietary behavior change interventions for athletes and the coaching strategy to support them are still novel concepts within sports nutrition.

Methods/design: We aim to recruit 900 athletes across the UK. 500 athletes will be recruited to test the feasibility of a novel menu planner mobile application with coaching for 6 weeks. 250 athletes with pre-existing nutritionist support will also be recruited as control. We will then conduct a 4-week pilot sequential multiple assignment randomized trial (SMART) with an additional 150 athletes. In the SMART, athletes will be given the application and additional coaching according to their engagement responses. The primary outcomes are the mobile application and coach uptake, retention, engagement, and success in attaining carbohydrate periodization behavior. Secondary outcomes are changes in goal, weight, carbohydrate periodization self-efficacy, and beliefs about

consequences. Due to the high attrition nature of digital interventions, all quantitative analyses will be carried out based on both the intention-to-treat and per-protocol principles. Discussion: This study will be the first to investigate improving carbohydrate periodization using a digital approach and tailored coaching strategies under this context. Foundational evidence from this study will provide insights into the feasibility of the digital approach.

Notes: Yan, Xiaoxi Dunne, David M. Impey, Samuel G. Cunniffe, Brian Lefevre, Carmen E. Mazorra, Rodrigo Morton, James P. Tod, David Close, Graeme L. Murphy, Rebecca Chakraborty, Bibhas Yan, Xiaoxi/0000-0003-3291-1637; Cunniffe, Brian/0000-0003-0602-5164 2451-8654
URL: <Go to ISI>://WOS:000820423400015

Reference Type: Journal Article

Record Number: 1652

Author: Yang, J. M., Yang, L., Quan, H. D. and Zeng, Y.

Year: 2021

Title: Implementation Barriers: A TASKS Framework

Journal: Journal of Integrated Design & Process Science

Volume: 25

Issue: 3-4

Pages: 134-147

Short Title: Implementation Barriers: A TASKS Framework

ISSN: 1092-0617

DOI: 10.3233/jid-210011

Accession Number: WOS:000963150600007

Abstract: Implementation is ubiquitous. The identification of barriers to implementation is critical for achieving implementation success. This paper introduces and discusses a deductive theory-based framework, TASKS, to guide the identification of implementation barriers. The TASKS framework deals with the relationships between a Task and the task implementer's Affect, Skills, and Knowledge, based on the inversed U-shaped mental Stress-mental effort relation. The TASKS framework classifies implementation barriers into four categories: 1) emotion barriers, 2) logic barriers, 3) knowledge barriers, and 4) resources barriers. The TASKS framework detects barriers to implementation following three steps, 1) identifying the ideal TASKS components, 2) modelling the implementer's mental capability, and 3) detecting barriers to implementation. The TASKS framework can be applied to a wide range of disciplines for effective and efficient task implementation.

Notes: Yang, Jiami Yang, Lin Quan, Hude Zeng, Yong 1875-8959

URL: <Go to ISI>://WOS:000963150600007

Reference Type: Journal Article

Record Number: 100

Author: Yang, L.

Year: 2023

Title: The perceived ethicality of promoting employee workplace

energy conservation for a competitiveness reason

Journal: Journal of Cleaner Production

Volume: 401

Date: May

Short Title: The perceived ethicality of promoting employee workplace energy conservation for a competitiveness reason

ISSN: 0959-6526

DOI: 10.1016/j.jclepro.2023.136677

Article Number: 136677

Accession Number: WOS:000958265200001

Abstract: Literature of cleaner production demonstrates that the conduction of pro-environmental behaviour individually at work contributes to the improvement of an organisation's environmental performance. However, employees' intentions to engage in pro-environmental behaviour are susceptible to their perceived ethicality towards organisational behaviours, such as workplace green initiatives. An ongoing issue is that whether symbolic motives, particularly, the competitiveness motive, to PEB is perceived ethical by employees to perform at the workplace context. With a specific focus on that matter, this study aims to examine employees' perceived ethicality of promoting workplace energy conservation based on a competitiveness (motivational) message as an intervention initiated by the organisation. Results from survey data (N = 200) indicate that promoting workplace energy conservation through a competitiveness message leads to a lower perceived ethicality of message than via a control message. Also, the competitiveness message did not significantly affect employees' behavioural intention towards workplace energy conservation. Notably, employees' attitude towards message significantly affected their workplace energy conservation intention.

Notes: Yang, Lei

1879-1786

URL: <Go to ISI>://WOS:000958265200001

Reference Type: Journal Article

Record Number: 250

Author: Yang, L. and Friedenreich, C. M.

Year: 2023

Title: From evidence to implementation of lifestyle behaviour in cancer prevention and control: A Preventive Medicine Golden Jubilee Commentary

Journal: Preventive Medicine

Volume: 166

Date: Jan

Short Title: From evidence to implementation of lifestyle behaviour in cancer prevention and control: A Preventive Medicine Golden Jubilee Commentary

ISSN: 0091-7435

DOI: 10.1016/j.ypmed.2022.107342

Article Number: 107342

Accession Number: WOS:000893079400003

Abstract: Preventive interventions targeting tobacco, alcohol, healthy diets and physical activity are key strategies to tackle the

most pressing health challenges in modern society. A major gap remains in how to translate research evidence into population-level behaviour change to reduce the disease burden. We use the case for the role of physical activity-related behaviour and cancer to illustrate the iterative, multidirectional, and transdisciplinary nature of translational research. The issues we address in this context are generalizable and applicable to other behavioral risk factors and non-communicable diseases. There is now solid evidence that physical activity re-duces cancer risk and improves outcomes after cancer diagnosis. Here we provide a framework for how to implement this knowledge into real-world settings. We provide the rationale for combining systems, causal and design thinking to develop interventions that can be implemented for this type of behaviour change. The pro-posed model is iterative, multidirectional and transdisciplinary. We identify major knowledge gaps in epidemiology and science of behaviour change on physical activity and cancer control and propose approaches to suggest priorities for future research.

Notes: Yang, Lin Friedenreich, Christine M.

1096-0260

URL: <Go to ISI>://WOS:000893079400003

Reference Type: Journal Article

Record Number: 424

Author: Yang, Y. T., Hou, M. C., Gong, X., Guo, R., Feng, X. L. and Tian, R.

Year: 2022

Title: Quality Assessment of Hypertension Treatment-Related

Information on WeChat: Cross-sectional Study

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 10

Date: Oct

Short Title: Quality Assessment of Hypertension Treatment-Related

Information on WeChat: Cross-sectional Study

ISSN: 1438-8871

DOI: 10.2196/38567

Article Number: e38567

Accession Number: WOS:000879234300001

Abstract: Background: The WeChat platform has become a primary source for medical information in China. However, no study has been conducted to explore the quality of information on WeChat for the treatment of hypertension, the leading chronic condition. Objective: This study aimed to explore the quality of information in articles on WeChat that are related to hypertension treatment from the aspects of credibility, concreteness, accuracy, and completeness. Methods: We searched for all information related to hypertension treatment on WeChat based on several inclusion and exclusion criteria. We used 2 tools to evaluate information quality, and 2 independent reviewers performed the assessment with the 2 tools separately. First, we adopted the DISCERN instrument to assess the credibility and concreteness of the treatment information, with the outcomes classified into five grades: excellent, good, fair, poor,

and very poor. Second, we applied the Chinese Guidelines for Prevention and Treatment of Hypertension (2018 edition) to evaluate the accuracy and completeness of the article information with regard to specific medical content. Third, we combined the results from the 2 assessments to arrive at the overall quality of the articles and explored the differences between, and associations of, the 2 independent assessments. Results: Of the 223 articles that were retrieved, 130 (58.3%) full texts were included. Of these 130 articles, 81 (62.3%) described therapeutic measures for hypertension. The assessment based on the DISCERN instrument reported a mean score of 31.22 (SD 8.46). There were no articles rated excellent (mean score >63); most (111/130, 85.4%) of the articles did not refer to the consequences—in particular, quality of life—of no treatment. For specific medical content, adherence to the Chinese Guidelines for Prevention and Treatment of Hypertension was generally low in terms of accuracy and completeness, and there was much erroneous information. The overall mean quality score was 10.18 (SD 2.22) for the 130 articles, and the scores differed significantly across the 3 types ($P=.03$) and 5 sources ($P=.02$). Articles with references achieved higher scores for quality than those reporting none ($P<.001$). The results from the DISCERN assessment and the medical content scores were highly correlated ($\rho=0.58$; $P<.001$). Conclusions: The quality of hypertension treatment-related information on the WeChat platform is low. Future work is warranted to regulate information sources and strengthen references. For the treatment of hypertension, crucial information on the consequences of no treatment is urgently needed.

Notes: Yang, Yuting Hou, Mengchi Gong, Xue Guo, Rui Feng, Xing Lin Tian, Rui

yang, yuting/HTT-2479-2023; Feng, Xing Lin/D-8734-2011

tian, rui/0000-0002-2735-5712; Yang, Yuting/0000-0001-6077-8306;

Feng, Xing Lin/0000-0003-3588-1859; Guo, Rui/0000-0001-8147-2736

URL: <Go to ISI>://WOS:000879234300001

Reference Type: Journal Article

Record Number: 2365

Author: Yardley, L., Morrison, L., Bradbury, K. and Muller, I.

Year: 2015

Title: The Person-Based Approach to Intervention Development: Application to Digital Health-Related Behavior Change Interventions

Journal: Journal of Medical Internet Research

Volume: 17

Issue: 1

Date: Jan

Short Title: The Person-Based Approach to Intervention Development: Application to Digital Health-Related Behavior Change Interventions

ISSN: 1438-8871

DOI: 10.2196/jmir.4055

Article Number: e30

Accession Number: WOS:000374123300026

Abstract: This paper describes an approach that we have evolved for developing successful digital interventions to help people manage their health or illness. We refer to this as the "person-based"

approach to highlight the focus on understanding and accommodating the perspectives of the people who will use the intervention. While all intervention designers seek to elicit and incorporate the views of target users in a variety of ways, the person-based approach offers a distinctive and systematic means of addressing the user experience of intended behavior change techniques in particular and can enhance the use of theory-based and evidence-based approaches to intervention development. There are two key elements to the person-based approach. The first is a developmental process involving qualitative research with a wide range of people from the target user populations, carried out at every stage of intervention development, from planning to feasibility testing and implementation. This process goes beyond assessing acceptability, usability, and satisfaction, allowing the intervention designers to build a deep understanding of the psychosocial context of users and their views of the behavioral elements of the intervention. Insights from this process can be used to anticipate and interpret intervention usage and outcomes, and most importantly to modify the intervention to make it more persuasive, feasible, and relevant to users. The second element of the person-based approach is to identify "guiding principles" that can inspire and inform the intervention development by highlighting the distinctive ways that the intervention will address key context-specific behavioral issues. This paper describes how to implement the person-based approach, illustrating the process with examples of the insights gained from our experience of carrying out over a thousand interviews with users, while developing public health and illness management interventions that have proven effective in trials involving tens of thousands of users.

Notes: Yardley, Lucy Morrison, Leanne Bradbury, Katherine Muller, Ingrid

Rosa, Suelia Siqueira Rodrigues Fleury/C-8264-2014

Rosa, Suelia Siqueira Rodrigues Fleury/0000-0002-1247-9050; Muller, Ingrid/0000-0001-9341-6133; Bradbury, Katherine/0000-0001-5513-7571; Yardley, Lucy/0000-0002-3853-883X

URL: <Go to ISI>://WOS:000374123300026

Reference Type: Journal Article

Record Number: 575

Author: Yatirajula, S. K., Kallakuri, S., Paslawar, S., Mukherjee, A., Bhattacharya, A., Chatterjee, S., Sagar, R., Kumar, A., Lempp, H., Raman, U., Singh, R., Essue, B., Billot, L., Peiris, D., Norton, R., Thornicroft, G. and Maulik, P. K.

Year: 2022

Title: An intervention to reduce stigma and improve management of depression, risk of suicide/self-harm and other significant emotional or medically unexplained complaints among adolescents living in urban slums: protocol for the ARTEMIS project

Journal: Trials

Volume: 23

Issue: 1

Date: Jul

Short Title: An intervention to reduce stigma and improve management

of depression, risk of suicide/self-harm and other significant emotional or medically unexplained complaints among adolescents living in urban slums: protocol for the ARTEMIS project

DOI: 10.1186/s13063-022-06539-8

Article Number: 612

Accession Number: WOS:000833015400005

Abstract: Background: There are around 250 million adolescents in India. Adolescents are vulnerable to common mental disorders with depression and self-harm accounting for a major share of the burden of death and disability in this age group. Around 20% of children and adolescents are diagnosed with/ or live with a disabling mental illness. A national survey has found that suicide is the third leading cause of death among adolescents in India. The authors hypothesise that an intervention involving an anti-stigma campaign co-created by adolescents themselves, and a mobile technology-based electronic decision support system will help reduce stigma, depression, and suicide risk and improve mental health for high-risk adolescents living in urban slums in India. **Methods:** The intervention will be implemented as a cluster randomised control trial in 30 slum clusters in each of the cities of Vijayawada and New Delhi in India. Adolescents aged 10 to 19 years will be screened for depression and suicide ideation using the Patient Health Questionnaire (PHQ-9). Two evaluation cohorts will be derived—a high-risk cohort with an elevated PHQ-9 score ≥ 10 and/or a positive response (score ≥ 2) to the suicide risk question on the PHQ-9, and a non-high-risk cohort comprising an equal number of adolescents not at elevated risk based on these scores. **Discussion:** The key elements that ARTEMIS will focus on are increasing awareness among adolescents and the slum community on these mental health conditions as well as strengthening the skills of existing primary healthcare workers and promoting task sharing. The findings from this study will provide evidence to governments about strategies with potential for addressing the gaps in providing care for adolescents living in urban slums and experiencing depression, other significant emotional or medically unexplained complaints or increased suicide risk/self-harm and should have relevance not only for India but also for other low- and middle-income countries.

Notes: Yatirajula, Sandhya Kanaka Kallakuri, Sudha Paslawar, Srilatha Mukherjee, Ankita Bhattacharya, Amritendu Chatterjee, Susmita Sagar, Rajesh Kumar, Ashok Lempp, Heidi Raman, Usha Singh, Renu Essue, Beverley Billot, Laurent Peiris, David Norton, Robyn Thornicroft, Graham Maulik, Pallab K.

Yatirajula, Sandhya/GWQ-4019-2022

Mukherjee, Ankita/0000-0002-6236-1317; Billot, Laurent/0000-0002-4975-9793; Essue, Beverley/0000-0002-1512-4634; Maulik, Pallab Kumar/0000-0001-6835-6175

1745-6215

URL: <Go to ISI>://WOS:000833015400005

Reference Type: Journal Article

Record Number: 670

Author: Yator, O., Khasakhala, L., Stewart, G. J. and Kumar, M.

Year: 2022

Title: Acceptability and impact of group interpersonal therapy (IPT-G) on Kenyan adolescent mothers living with human immunodeficiency virus (HIV): a qualitative analysis

Journal: BMC Womens Health

Volume: 22

Issue: 1

Date: Jun

Short Title: Acceptability and impact of group interpersonal therapy (IPT-G) on Kenyan adolescent mothers living with human immunodeficiency virus (HIV): a qualitative analysis

DOI: 10.1186/s12905-022-01807-w

Article Number: 240

Accession Number: WOS:000812646100002

Abstract: Background Task shifting is a well-tested implementation strategy within low- and middle-income countries that addresses the shortage of trained mental health personnel. Task shifting can increase access to care for patients with mental illnesses. In Kenya, community health workers (CHWs) are a combination of community health assistants and community health volunteers and have played a crucial role on this front. In our study, we seek to assess the acceptability and feasibility of Group Interpersonal Psychotherapy (IPT-G) delivered by CHWs among depressed postpartum adolescents (PPAs) living with human immunodeficiency virus (HIV). **Method** The study used theoretical framework of behaviour change including: Capability, Opportunity and Motivation (COM-B model) to help understand behavioural changes due to IPT-G intervention delivered by the CHWs. 24 PPAs were administered IPT-G by trained CHWs from two health centres. A two-arm study design (IPT-G intervention and treatment as usual) with an intent to treat was used to assess the acceptability and feasibility of IPT-G. With purposeful sampling, participants who scored > 10 on the Edinburgh postnatal depression scale and who were 6-12 weeks postpartum were eligible for the study. Participants were equally distributed into two groups: one group for intervention and another as a wait-listed group. This was achieved by randomly allocating numerical numbers and separating those with odd numbers (intervention group) and even numbers (wait-listed group). Focus group discussions and in-depth interviews ascertained the experiences and perceptions of the PPAs and the CHWs during IPT-G delivery process. In addition to weekly face-to-face continuous supportive supervision for the CHWs, the researchers also utilized phone calls, short messages services and WhatsApp instant messaging services. **Results** The CHWs found the intervention useful for their own knowledge and skill-set. With regards to participation, 21 out of the 24 adolescents attended all sessions. Most of the adolescents reported an improvement in their interpersonal relationships with reduced distress and lessening of HIV-related stigma. Primary healthcare workers embraced the intervention by accommodating the sessions in their routine clinic activities. **Conclusion** Our study demonstrates the possible benefits of task shifting in addressing mental health problems within low-resource settings in Kenya, and IPT-G is demonstrated to be both acceptable and feasible by health workers and adolescents receiving care.

Notes: Yator, Obadia Khasakhala, Lincoln Stewart, Grace-John Kumar,

Manasi
Kumar, Manasi/AAI-9488-2020
Kumar, Manasi/0000-0002-9773-8014
1472-6874
URL: <Go to ISI>://WOS:000812646100002

Reference Type: Journal Article

Record Number: 1325

Author: Ybarra, M., Danieleles, P. K., Barnett, T. A., Mathieu, M. E.,
Van Hulst, A., Drouin, O., Kakinami, L., Bigras, J. L. and
Henderson, M.

Year: 2021

Title: Promoting healthy lifestyle behaviours in youth: Findings
from a novel intervention for children at risk of cardiovascular
disease

Journal: Paediatrics & Child Health

Volume: 26

Issue: 8

Pages: 478-485

Date: Dec

Short Title: Promoting healthy lifestyle behaviours in youth:
Findings from a novel intervention for children at risk of
cardiovascular disease

ISSN: 1205-7088

DOI: 10.1093/pch/pxab033

Accession Number: WOS:000743300200008

Abstract: Objectives: Obesity is the most prevalent risk factor for cardiovascular disease (CVD) in children. We developed a 2-year lifestyle intervention for youth at risk of CVD. We assessed changes in body mass index z-scores (zBMI) and key cardiometabolic risk factors, physical fitness, and capacity among those who completed the program. Methods: The CIRCUIT program is a multidisciplinary lifestyle intervention for children aged 4 to 18 years at risk of CVD, based on a personalized plan to improve cardiometabolic outcomes by increasing physical activity and reducing sedentary behaviours. Both at baseline and 2-year follow-up, we measured zBMI, blood pressure z-scores (zBP), adiposity (%body and %trunk fat), fasting blood glucose and lipid profile, aerobic (VO₂max) and anaerobic (5x5 m shuttle run test) fitness, and physical capacity indicators. Differences between baseline and follow-up were examined using paired t-tests (for age-sex standardized outcomes) and multivariable mixed effect models, adjusted for age and sex (for other outcomes). Results: Among the 106 participants (53 males) who completed the 2-year program, mean age at baseline was 10.9 years (SD=3.2). After 2 years, zBMI and diastolic zBP decreased by 0.30SD (95% CI: -0.44; -0.16) and 0.43SD (95% CI: -0.65; -0.23), respectively. Participants improved %body and %trunk fat, lipid profile, aerobic and anaerobic fitness levels, and physical capacity (p<0.02). No changes in systolic zBP nor in fasting plasma glucose were observed. Conclusion: Our findings showed improved zBMI, cardiometabolic outcomes, physical fitness, and capacity among children at risk of CVD, suggesting that CIRCUIT is a promising intervention. [GRAPHICS] .

Notes: Ybarra, Marina Danieleles, Prince Kevin Barnett, Tracie A. Mathieu, Marie-Eve Van Hulst, Andraea Drouin, Olivier Kakinami, Lisa Bigras, Jean-Luc Henderson, Melanie Ybarra, Marina/D-7179-2015
Ybarra, Marina/0000-0001-7697-2218; Van Hulst, Andraea/0000-0002-5743-4876; Henderson, Melanie/0000-0002-0102-2389 1918-1485
URL: <Go to ISI>://WOS:000743300200008

Reference Type: Journal Article
Record Number: 766
Author: Yin, S. C., Kasraian, D. and van Wesemael, P.
Year: 2022
Title: Children and Urban Green Infrastructure in the Digital Age: A Systematic Literature Review
Journal: International Journal of Environmental Research and Public Health
Volume: 19
Issue: 10
Date: May
Short Title: Children and Urban Green Infrastructure in the Digital Age: A Systematic Literature Review
DOI: 10.3390/ijerph19105906
Article Number: 5906
Accession Number: WOS:000802543800001
Abstract: In the digital age, time spent outdoor in green areas is significantly decreasing for children living in cities. With the advent of digital technology, a series of digital tools are gradually integrated into children's lives and act as a double-edged sword: on the one hand, an increasing number of children tend to stay at home and play digital games instead of interacting with nature; on the other hand, new digital technology is increasingly being used to engage children with outdoor activities. A host of studies have investigated children's behaviour in the natural environment. However, a systematic literature review of children's interaction with the urban green infrastructure (UGI) and the respective role of digital environment, based on a theoretical framework that explicitly takes the multi-level determinants and individual-level mechanism of behaviour change into account does not exist yet. This work provides a conceptual framework that covers various determinants, such as motivation, capability, and opportunity related factors of children's behaviour in terms of their UGI interaction at the city and neighbourhood levels, while taking into account the individual-level mechanism of behavioural change and the role of the digital environment. The framework is used to systematically review recent international empirical evidence on the determinants of children-UGI interaction. The results are useful for laying the theoretical foundation for future empirical research on children-UGI interaction, specifically in the presence of digital interventions. They also provide urban/digital intervention designers and policymakers with theory-based design and policy guidelines for the creation of child-friendly UGI.
Notes: Yin, Shengchen Kasraian, Dena van Wesemael, Pieter

Kasraian, Dena/0000-0001-5253-0669
1660-4601
URL: <Go to ISI>://WOS:000802543800001

Reference Type: Journal Article

Record Number: 479

Author: Yong, H. H., Chow, R., East, K., Thrasher, J. F., Hitchman, S. C., Borland, R., Cummings, K. M. and Fong, G. T.

Year: 2023

Title: Do Social Norms for Cigarette Smoking and Nicotine Vaping Product Use Predict Trying Nicotine Vaping Products and Attempts to Quit Cigarette Smoking Amongst Adult Smokers? Findings From the 2016-2020 International Tobacco Control Four Country Smoking and Vaping Surveys

Journal: Nicotine & Tobacco Research

Volume: 25

Issue: 3

Pages: 505-513

Date: Feb

Short Title: Do Social Norms for Cigarette Smoking and Nicotine Vaping Product Use Predict Trying Nicotine Vaping Products and Attempts to Quit Cigarette Smoking Amongst Adult Smokers? Findings From the 2016-2020 International Tobacco Control Four Country Smoking and Vaping Surveys

ISSN: 1462-2203

DOI: 10.1093/ntr/ntac212

Accession Number: WOS:000862036800001

Abstract: Introduction To examine whether perceived injunctive and descriptive social norms towards cigarette and nicotine vaping product (NVP) use predicted subsequent trying NVPs and attempts to quit cigarette smoking amongst current smokers and whether associations varied across countries. Aims and Methods Three waves of longitudinal cohort data from the International Tobacco Control Four Country Smoking and Vaping Survey were collected between 2016 and 2020 from 2290 adult smokers in Canada, Australia, England, and the United States who had never used NVPs at baseline (either wave 1 or wave 2) and followed up at the subsequent wave (wave 2 or wave 3, respectively) were analyzed using Generalized Estimating Equations. Results Of the injunctive and descriptive norm measures for smoking and NVP use, NVP initiation was only independently predicted by the injunctive interpersonal norm for NVP use, with perceived approval of NVP use by important others predicting higher odds of trying NVPs (AOR = 1.65, 95% CI = 1.20 to 2.27). This predictive effect was independent of baseline quit intention with no country variations found. By contrast, making cigarette smoking quit attempts were independently predicted by both injunctive and descriptive interpersonal norms with perceived disapproval of smoking by important others (AOR = 1.65, 95% CI = 1.38 to 1.99) and close friends using NVPs (AOR = 1.37, 95% CI = 1.04 to 1.79), both associated with higher odds of smoking quit attempts. Conclusions Adult smokers who perceive NVP use as normative, either because such behavior is socially approved or common within their close social networks, appear more inclined to try NVPs or make smoking quit

attempts than smokers who do not. Implications Social norms can shape a person's behavior and result in behavior change. This study shows that initiation of NVP use behavior among smokers can be reliably predicted by their perception of whether NVP use is acceptable to those important to them within their close social networks. Similarly, any attempts to stop cigarette smoking can be predicted by their perception of how acceptable cigarette smoking is among those who are important to them and whether any of their close friends use NVPs. Changing social norms towards cigarette smoking and NVP use could therefore be incorporated into smoking cessation interventions to help smokers to quit and/or switch to NVP use.

Notes: Yong, Hua-Hie Chow, Ruth East, Katherine Thrasher, James F. Hitchman, Sara C. Borland, Ron Cummings, K. Michael Fong, Geoffrey T.

East, Katherine/0000-0001-9083-2131; hitchman, sara/
0000-0001-6155-6916
1469-994x

URL: <Go to ISI>://WOS:000862036800001

Reference Type: Journal Article

Record Number: 972

Author: Yoo, J. W., Park, J., Lee, J. H. and Park, H.

Year: 2022

Title: Recovering from the COVID-19 shock: the role of risk perception and perceived effectiveness of protective measures on travel intention during the pandemic

Journal: Service Business

Volume: 16

Issue: 3

Pages: 557-580

Date: Sep

Short Title: Recovering from the COVID-19 shock: the role of risk perception and perceived effectiveness of protective measures on travel intention during the pandemic

ISSN: 1862-8516

DOI: 10.1007/s11628-021-00476-3

Accession Number: WOS:000749005200001

Abstract: The COVID-19 pandemic has caused severe damage to the global tourism industry. However, there is hope that the industry will recover in the near future. This study investigates how the pandemic has affected the peoples' traveling intention and provide implications for accelerating the recovery of the industry. A PLS-SEM analysis of 382 samples confirms the significant effect of COVID-19 risk perception on travel intention while also highlighting the mediating role of perceived effectiveness of COVID-19 protective measures. The study also concludes that there is a significant difference in the perceived protective measure effectiveness-travel intention relation based on accommodation preference.

Notes: Yoo, Joon Woo Park, Junsung Lee, Jong Ho Park, Heejun

Yoo, Joon Woo/0000-0001-6343-7419

1862-8508

Si

URL: <Go to ISI>://WOS:000749005200001

Reference Type: Journal Article

Record Number: 911

Author: Yoon, S., Ng, J. H., Kwan, Y. H. and Low, L. L.

Year: 2022

Title: Healthcare Professionals' Views of Factors Influencing Diabetes Self-Management and the Utility of a mHealth Application and Its Features to Support Self-Care

Journal: Frontiers in Endocrinology

Volume: 13

Date: Feb

Short Title: Healthcare Professionals' Views of Factors Influencing Diabetes Self-Management and the Utility of a mHealth Application and Its Features to Support Self-Care

ISSN: 1664-2392

DOI: 10.3389/fendo.2022.793473

Article Number: 793473

Accession Number: WOS:000766666700001

Abstract: IntroductionThe perspectives of healthcare professionals (HCPs) are pivotal to co-development of self-management strategies for patients with diabetes. However, literature has been largely limited to perspectives of patients within the context of a Western healthcare setting. This study aims to explore factors influencing diabetes self-management in adult patients with diabetes from the perspectives of HCPs and their views of the value of mHealth application for diabetes self-management. **Materials and Methods**We conducted focus group discussions (FGD) with purposively selected HCPs in Singapore. All FGDs were audio-recorded and transcribed verbatim. Thematic analysis was conducted using NVivo 12. **Results**A total of 56 HCPs participated in the study. Barriers to self-management included limited patient commitment to lifestyle changes, suboptimal adherence to medication and treatment, patient resistance to insulin initiation and insufficient rapport between patients and HCPs. Patients' perceived susceptibility to complications, social support from family and community, multidisciplinary team care and patient's understanding of the benefits of self-care were viewed as facilitating self-management. HCPs saw mHealth apps as a vital opportunity to engage patients in the self-management of conditions and empower them to foster behavior changes. Yet, there were concerns regarding patient's limited digital literacy, lack of integration into routine electronic system and reluctance. **Discussion**We identified a set of factors influencing self-management in adult patients with diabetes and useful app features that can empower patients to manage their conditions. Findings will inform the development of a mHealth application, and its features designed to improve self-care.

Notes: Yoon, Sungwon Ng, Jun Hao Kwan, Yu Heng Low, Lian Leng

Yoon, Sungwon/0000-0001-9458-6097

URL: <Go to ISI>://WOS:000766666700001

Reference Type: Journal Article

Record Number: 906

Author: Yoon, S., Wee, S., Loh, D. H. F., Bee, Y. M. and Thumboo, J.
Year: 2022

Title: Facilitators and Barriers to Uptake of Community-Based
Diabetes Prevention Program Among Multi-Ethnic Asian Patients With
Prediabetes

Journal: Frontiers in Endocrinology

Volume: 13

Date: Feb

Short Title: Facilitators and Barriers to Uptake of Community-Based
Diabetes Prevention Program Among Multi-Ethnic Asian Patients With
Prediabetes

ISSN: 1664-2392

DOI: 10.3389/fendo.2022.816385

Article Number: 816385

Accession Number: WOS:000770442200001

Abstract: Objective This study aimed to identify facilitators and barriers to the uptake of a community-based diabetes prevention program (DPP) from the perspectives of decliners with prediabetes in a multi-ethnic Asian community. Methods Semi-structured interviews were conducted with 29 individuals with prediabetes who declined participation in a large community-based diabetes prevention program in Singapore. Thematic analysis was undertaken to identify themes, which were subsequently mapped onto the Capacity-Opportunity-Motivation and Behavior model (COM-B). Results We identified 16 key themes under three COM-B domains. Health status at the time of invitation, perceived ability of self-management, understanding of prediabetes condition and/or the program intention (Capability) were important determinants. Family commitment had the strong potential to enable or hinder physical and social Opportunity related to participation. Many participants desired involvement of physician as part of program invitation and component. Fear of exacerbation coupled with an automatic aversion for suffering influenced Motivation for participation. Conclusion Identifying facilitators and barriers embedded in the COM-B will assist systematic program modifications to increase participation of individuals with prediabetes. How information about modifiable risk factors is communicated by physicians at the point of diagnosis and program introduction is key to participation. Co-locating programs with family activity, development of mHealth, readiness assessment, and tailored explanation of program purpose may increase participation. These findings will be used to guide future national interventions in the community to ensure successful implementation.

Notes: Yoon, Sungwon Wee, Sharon Loh, Dionne H. F. Bee, Yong Mong Thumboo, Julian

Yoon, Sungwon/0000-0001-9458-6097

URL: <Go to ISI>://WOS:000770442200001

Reference Type: Journal Article

Record Number: 1424

Author: Yoong, S. L., Hall, A., Stacey, F., Nathan, N., Reilly, K., Delaney, T., Sutherland, R., Hodder, R., Straus, S. and Wolfenden, L.

Year: 2021

Title: An exploratory analysis to identify behavior change techniques of implementation interventions associated with the implementation of healthy canteen policies

Journal: Translational Behavioral Medicine

Volume: 11

Issue: 8

Pages: 1606-1616

Date: Aug

Short Title: An exploratory analysis to identify behavior change techniques of implementation interventions associated with the implementation of healthy canteen policies

ISSN: 1869-6716

DOI: 10.1093/tbm/ibab036

Accession Number: WOS:000692637900013

Abstract: Empirical studies to disentangle the effects of multicomponent implementation interventions are needed to inform the development of future interventions. This study aims to examine which behavior change techniques (BCTs) primarily targeting canteen manager are associated with school's healthy canteen policy implementation. This is a secondary data analysis from three randomized controlled trials assessing the impact of a "high," "medium," and "low" intensity intervention primarily targeting canteen managers on school's implementation of a healthy canteen policy. The policy required primary schools to remove all "red" (less healthy items) or "banned" (sugar sweetened beverages) items from regular sate and ensure that "green" (healthier items) dominated the menu (>50%). The delivery of BCTs were retrospectively coded. We undertook an elastic net regularized logistic regression with all BCTs in a single model Five k-fold cross-validation elastic net models were conducted. The percentage of times each strategy remained across 1,000 replications was calculated. For no "red" or "banned" items (n = 162), the strongest BCTs were: problem solving, goal setting (behavior), and review behavior goals. These BCTs were identified in 100% of replications as a strong predictor in the cross-validation elastic net models. For the outcome relating to >50% "green" items, the BCTs problem solving, instruction on how to perform behavior and demonstration of behavior were the strongest predictors. Two strategies were identified in 100% of replications as a strong (i.e., problem solving) or weak predictor (i.e., feedback on behavior). This study identified unique BCTs associated with the implementation of a healthy canteen policy.

Notes: Yoong, Sze Lin Hall, Alix Stacey, Fiona Nathan, Nicole Reilly, Kathryn Delaney, Tessa Sutherland, Rachel Hodder, Rebecca Straus, Sharon Wolfenden, Luke

HALL, ALIX/AAX-8626-2021; Sutherland, Rachel/AEH-9206-2022; Reilly, Kathryn/ABC-2167-2021

HALL, ALIX/0000-0002-1043-6110; Delaney, Tessa/0000-0002-2756-4821; Nathan, Nicole/0000-0002-7726-1714; Reilly, Kathryn/0000-0002-2862-956X

1613-9860

URL: <Go to ISI>://WOS:000692637900013

Reference Type: Journal Article

Record Number: 1356
Author: Young, A. M., Hickman, I., Campbell, K. and Wilkinson, S. A.
Year: 2021
Title: Implementation science for dietitians: The 'what, why and how' using multiple case studies
Journal: Nutrition & Dietetics
Volume: 78
Issue: 3
Pages: 276-285
Date: Jul
Short Title: Implementation science for dietitians: The 'what, why and how' using multiple case studies
ISSN: 1446-6368
DOI: 10.1111/1747-0080.12677
Accession Number: WOS:000667504700001
Abstract: Aim Implementation science theories, models and frameworks help to address evidence-practice gaps, which have increasing importance for dietetic practice. This paper aims to provide dietitians with insight into how implementation science can be applied to practice, using multiple 'real-life' case studies. Methods Three case studies were purposively selected across areas of dietetics practice to demonstrate application of commonly-used implementation theories, models and frameworks. Reflections from the authors were provided in response to a structured set of questions outlining how the theoretical approach was selected and used, and considerations for future application. Within and cross-case analysis was undertaken. Results Dietitians used diverse implementation theories, models and frameworks to identify barriers and enablers, to plan for implementation, and to guide the selection of implementation strategies. Implementation theory was used to evaluate the implementation process in one case study. Cross-case analysis identified that mentoring by those with implementation expertise, multidisciplinary implementation teams, and leadership and investment in research and translation at an organisational and departmental level as key enablers. Conclusions This paper offers dietitians insight into how implementation science can be applied to improve the uptake of evidence-based practices within nutrition and dietetics, and suggests that there needs to be investment in implementation science as a foundation science within nutrition and dietetics, including education, training and mentoring for dietitians.
Notes: Young, Adrienne M. Hickman, Ingrid Campbell, Katrina Wilkinson, Shelley A.
Young, Adrienne/IAN-1241-2023; Wilkinson, Shelley/AAV-9803-2020;
Young, Adrienne/AAF-7654-2019
Wilkinson, Shelley/0000-0003-3365-3473; Young, Adrienne/
0000-0002-4498-4342
1747-0080
URL: <Go to ISI>://WOS:000667504700001

Reference Type: Journal Article
Record Number: 1274
Author: Young, B. and Robb, K. A.

Year: 2021
Title: Understanding patient factors to increase uptake of cancer screening: a review
Journal: Future Oncology
Volume: 17
Issue: 28
Pages: 3757-3775
Date: May
Short Title: Understanding patient factors to increase uptake of cancer screening: a review
ISSN: 1479-6694
DOI: 10.2217/fon-2020-1078
Accession Number: WOS:000683768900001
Abstract: Early detection of cancer through organized screening is a central component of population-level strategies to reduce cancer mortality. For screening programs to be effective, it is important that those invited to screening participate. However, uptake rates are suboptimal in many populations and vary between screening programs, indicating a complex combination of patient factors that require elucidation to develop evidence-based strategies to increase participation. In this review, the authors summarize individual-level (sociodemographic and psychosocial) factors associated with cancer screening uptake and evidence for the effectiveness of behavioral interventions to increase uptake. The authors reflect on current trends and future directions for behavioral cancer screening research to overcome challenges and address unmet needs in reducing cancer mortality.
Notes: Young, Ben Robb, Kathryn A.
Robb, Katie/0000-0002-1672-0411
1744-8301
URL: <Go to ISI>://WOS:000683768900001

Reference Type: Journal Article
Record Number: 852
Author: Young, D. and Bates, G.
Year: 2022
Title: Maximising the health impacts of free advice services in the UK: A mixed methods systematic review
Journal: Health & Social Care in the Community
Volume: 30
Issue: 5
Pages: 1713-1725
Date: Sep
Short Title: Maximising the health impacts of free advice services in the UK: A mixed methods systematic review
ISSN: 0966-0410
DOI: 10.1111/hsc.13777
Accession Number: WOS:000770888400001
Abstract: After a decade of austerity spending cuts and welfare reform, the COVID-19 pandemic has posed further challenges to the finances, health and wellbeing of working-age, low-income people. While advice services have been widely seen (and funded) as an income maximisation intervention, their health and well-being impact

is less clear. Previous systematic reviews investigating the link between advice services and health outcomes have found a weak evidence base and cover the period up until 2010. This mixed methods review examined up to date evidence to help understand the health impacts of free and independent welfare rights advice services. We included evaluations of free to access advice services on social welfare issues for members of the public that included health outcomes. Through comprehensive searches of two bibliographic databases and websites of relevant organisations we identified 15 articles based on a mixture of study designs. The advice interventions evaluated were based in a range of settings and only limited information was available on the delivery and nature of advice offered. We undertook a convergent synthesis to analyse data on the effectiveness of advice services on health outcomes and to explain variation in these outcomes. Our synthesis suggested that improvements in mental health and well-being measures are commonly attributed to advice service interventions. However, there is little insight to explain these impacts or to inform the delivery of services that maximise health benefits. Co-locating services in health settings appears promising and embracing models of delivery that promote collaboration between organisations tackling the social determinants of health may help to address the inherent complexities in the delivery of advice services and client needs. We make recommendations to improve routine monitoring and reporting by advice services, and methods of evaluation that will better account for complexity and context.

Notes: Young, David Bates, Geoff

Bates, Geoff/0000-0001-6932-2372

1365-2524

URL: <Go to ISI>://WOS:000770888400001

Reference Type: Journal Article

Record Number: 493

Author: Young, T., Pang, J. and Ferguson, M.

Year: 2022

Title: Hearing From You: Design Thinking in Audiological Research

Journal: American Journal of Audiology

Volume: 31

Issue: 3

Pages: 1003-1012

Date: Sep

Short Title: Hearing From You: Design Thinking in Audiological Research

ISSN: 1059-0889

DOI: 10.1044/2022_aja-21-00222

Accession Number: WOS:000861859300014

Abstract: Purpose: The purpose of this article is to describe the emerging use of design thinking methodologies in hearing health care research using a participatory action approach with a consumer and community involvement panel, audiologists, and adults with hearing loss. Method: Two connected hearing health care projects that adopted design thinking principles are presented here as case studies. Case 1 investigated the applicability and acceptability of

smart voice assistant technology as posthearing aid fitting support. Case 2 investigated the feasibility of providing support for new adult patients with hearing loss before they attend their hearing assessment appointment. Discussion: The design thinking process provided a flexible structure in which researchers were able to empathize with stakeholders, define their unmet needs, and ideate potential connected hearing health care solutions to develop and evaluate prototypes in clinical and home settings. Conclusion: Utilizing a needs-based, collaborative design thinking approach to conduct development in hearing health care research is a viable and novel option to produce innovative, relevant, and translational hearing health solutions that address stakeholder needs.

Notes: Young, Taegan Pang, Jermy Ferguson, Melanie Pang, Jermy/AAW-5066-2021

Young, Taegan/0000-0002-3163-9988; Pang, Jermy/0000-0003-0456-4498; Ferguson, Melanie/0000-0002-8096-869X 1558-9137

S

Si

URL: <Go to ISI>://WOS:000861859300014

Reference Type: Journal Article

Record Number: 2419

Author: Young, T., Rohwer, A., Volmink, J. and Clarke, M.

Year: 2014

Title: What Are the Effects of Teaching Evidence-Based Health Care (EBHC)? Overview of Systematic Reviews

Journal: Plos One

Volume: 9

Issue: 1

Date: Jan

Short Title: What Are the Effects of Teaching Evidence-Based Health Care (EBHC)? Overview of Systematic Reviews

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0086706

Article Number: e86706

Accession Number: WOS:000333051000073

Abstract: Background: An evidence-based approach to health care is recognized internationally as a key competency for healthcare practitioners. This overview systematically evaluated and organized evidence from systematic reviews on teaching evidence-based health care (EBHC). Methods/Findings: We searched for systematic reviews evaluating interventions for teaching EBHC to health professionals compared to no intervention or different strategies. Outcomes covered EBHC knowledge, skills, attitudes, practices and health outcomes. Comprehensive searches were conducted in April 2013. Two reviewers independently selected eligible reviews, extracted data and evaluated methodological quality. We included 16 systematic reviews, published between 1993 and 2013. There was considerable overlap across reviews. We found that 171 source studies included in the reviews related to 81 separate studies, of which 37 are in more than one review. Studies used various methodologies to evaluate educational interventions of varying content, format and duration in

undergraduates, interns, residents and practicing health professionals. The evidence in the reviews showed that multifaceted, clinically integrated interventions, with assessment, led to improvements in knowledge, skills and attitudes. Interventions improved critical appraisal skills and integration of results into decisions, and improved knowledge, skills, attitudes and behaviour amongst practicing health professionals. Considering single interventions, EBHC knowledge and attitude were similar for lecture-based versus online teaching. Journal clubs appeared to increase clinical epidemiology and biostatistics knowledge and reading behavior, but not appraisal skills. EBHC courses improved appraisal skills and knowledge. Amongst practicing health professionals, interactive online courses with guided critical appraisal showed significant increase in knowledge and appraisal skills. A short workshop using problem-based approaches, compared to no intervention, increased knowledge but not appraisal skills. Conclusions: EBHC teaching and learning strategies should focus on implementing multifaceted, clinically integrated approaches with assessment. Future rigorous research should evaluate minimum components for multifaceted interventions, assessment of medium to long-term outcomes, and implementation of these interventions. Notes: Young, Taryn Rohwer, Anke Volmink, Jimmy Clarke, Mike Volmink, Jimmy/0000-0001-9027-3237; Young, Taryn/0000-0003-2406-081X URL: <Go to ISI>://WOS:000330510000073

Reference Type: Journal Article

Record Number: 115

Author: Ytreberg, N. S., Alfnes, F. and van Oort, B.

Year: 2023

Title: Mapping of the digital climate nudges in Nordic online grocery stores

Journal: Sustainable Production and Consumption

Volume: 37

Pages: 202-212

Date: May

Short Title: Mapping of the digital climate nudges in Nordic online grocery stores

ISSN: 2352-5509

DOI: 10.1016/j.spc.2023.02.018

Accession Number: WOS:000955213400001

Abstract: This paper explores how 21 Nordic online food retailers nudge their customers towards more climate-friendly food choices. We use a choice architecture taxonomy dividing the nudges into decision information, decision structure, and decision assistance. We find that most retailers use several types of climate nudges. Most of these are decision information type nudges, such as personalized carbon footprint apps and climate labels. Wide use of non-salient nudges, often presenting the climate impact after the customers have made their purchase, limits the potential impact of information on consumers' environmental footprints. Furthermore, the use of broad climate categories and aggregated CO2 measures reflect the challenges in calculating the footprints of individual products. The lack of industry-wide standards for emission data and climate labels

makes the current situation challenging for customers wanting to compare emissions across stores. Our results also show that few stores have any form of decision structure or decision assistance nudges, even though these are often found to be the most effective types in the literature on nudges. We end with discussing promising digital climate nudging opportunities for retailers seeking to reduce the environmental footprint of their customers.(c) 2023 The Authors. Published by Elsevier Ltd on behalf of Institution of Chemical Engineers. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Notes: Ytreberg, Nora Svarstad Alfnes, Frode van Oort, Bob Alfnes, Frode/I-8970-2016
Alfnes, Frode/0000-0002-3072-9308
URL: <Go to ISI>://WOS:000955213400001

Reference Type: Journal Article

Record Number: 913

Author: Yunus, Wmawm, Matinolli, H. M., Waris, O., Upadhyaya, S., Vuori, M., Korpilahti-Leino, T., Ristkari, T., Koffert, T. and Sourander, A.

Year: 2022

Title: Digitalized Cognitive Behavioral Interventions for Depressive Symptoms During Pregnancy: Systematic Review

Journal: Journal of Medical Internet Research

Volume: 24

Issue: 2

Date: Feb

Short Title: Digitalized Cognitive Behavioral Interventions for Depressive Symptoms During Pregnancy: Systematic Review

ISSN: 1438-8871

DOI: 10.2196/33337

Article Number: e33337

Accession Number: WOS:000766784600001

Abstract: Background: Studies have shown a high prevalence of depression during pregnancy, and there is also evidence that cognitive behavioral therapy (CBT) is one of the most effective psychosocial interventions. Emerging evidence from randomized controlled trials (RCTs) has shown that technology has been successfully harnessed to provide CBT interventions for other populations. However, very few studies have focused on their use during pregnancy. This approach has become increasingly important in many clinical areas due to the COVID-19 pandemic, and our study aimed to expand the knowledge in this particular clinical area.

Objective: Our systematic review aimed to bring together the available research-based evidence on digitalized CBT interventions for depression symptoms during pregnancy. Methods: A systematic review of the Web of Science, Cochrane Central Register of

Controlled Trials, CINAHL, MEDLINE, Embase, PsycINFO, Scopus, ClinicalTrials.gov, and EBSCO Open Dissertations databases was carried out from the earliest available evidence to October 27, 2021. Only RCT studies published in English were considered. The PRISMA (Preferred Reporting Items of Systematic Reviews and Meta-analyses) guidelines were followed, and the protocol was registered

on the Prospective Register of Systematic Reviews. The risk of bias was assessed using the revised Cochrane risk-of-bias tool for randomized trials. Results: The review identified 7 studies from 5 countries (the United States, China, Australia, Norway, and Sweden) published from 2015 to 2021. The sample sizes ranged from 25 to 1342 participants. The interventions used various technological elements, including text, images, videos, games, interactive features, and peer group discussions. They comprised 2 guided and 5 unguided approaches. Using digitalized CBT interventions for depression during pregnancy showed promising efficacy, with guided intervention showing higher effect sizes (Hedges $g=1.21$) than the unguided interventions (Hedges $g=0.14-0.99$). The acceptability of the digitalized CBT interventions was highly encouraging, based on user feedback. Attrition rates were low for the guided intervention (4.5%) but high for the unguided interventions (22.1%-46.5%). A high overall risk of bias was present for 6 of the 7 studies. Conclusions: Our search only identified a small number of digitalized CBT interventions for pregnant women, despite the potential of this approach. These showed promising evidence when it came to efficacy and positive outcomes for depression symptoms, and user feedback was positive. However, the overall risk of bias suggests that the efficacy of the interventions needs to be interpreted with caution. Future studies need to consider how to mitigate these sources of biases. Digitalized CBT interventions can provide prompt, effective, evidence-based interventions for pregnant women. This review increases our understanding of the importance of digitalized interventions during pregnancy, including during the COVID-19 pandemic.

Notes: Yunus, Wan Mohd Azam Wan Mohd Matinolli, Hanna-Maria Waris, Otto Upadhyaya, Subina Vuori, Miika Korpilahti-Leino, Tarja Ristkari, Terja Koffert, Tarja Sourander, Andre Yunus, Wan Mohd Azam Wan Mohd/AAF-9341-2021
Yunus, Wan Mohd Azam Wan Mohd/0000-0002-0641-1092; Vuori, Miika/0000-0001-6484-7663; Sourander, Andre/0000-0003-0361-7244
URL: <Go to ISI>://WOS:000766784600001

Reference Type: Journal Article

Record Number: 2330

Author: Zaforteza, C., Garcia-Mozo, A., Amoros, S. M., Perez, E., Maqueda, M. and Delgado, J.

Year: 2015

Title: Factors limiting and facilitating changes in caring for the intensive care unit patients' relatives

Journal: Nursing in Critical Care

Volume: 20

Issue: 2

Pages: 78-88

Date: Mar

Short Title: Factors limiting and facilitating changes in caring for the intensive care unit patients' relatives

ISSN: 1362-1017

DOI: 10.1111/nicc.12095

Accession Number: WOS:000350153900005

Abstract: Aim To explore how the intensive care unit (ICU) context influenced receptivity to change in clinical practice, in order to improve the care offered to patients' relatives. Background Families of critically ill patients have unmet needs that are not being addressed. Lack of attention to these needs is related more to the ICU context than to a lack of scientific evidence.

Design Participatory action research (PAR), a qualitative study conducted in a Spanish ICU. **Method** Eleven participants agreed to represent their teams in all scheduled group discussions. Field diaries were kept by the principal investigator and discussion participants, and five in-depth interviews were conducted. **Content analysis** was performed. **Results** Four factors limited change: (1) Not acknowledging the legitimacy of scientific evidence regarding the families of critically ill patients. (2) Imbalanced power relationships between the members of multidisciplinary teams. (3) Lack of nurse participation in the information flows. (4) The organization of time and physical space in the unit. Three factors facilitated change: (1) A sense of individual and shared commitment. (2) Leadership in day-to-day matters. (3) A process based on reflection. **Conclusions** PAR can lead to change in clinical practice, although the process is complex and requires substantial input of time and energy. Contextual factors limiting this change were structural whereas facilitating factors were circumstantial and depended upon individuals' characteristics. Professionals working at the bedside are capable of identifying, developing and introducing changes to the context in which they work. **Relevance to clinical practice** Knowing these factors and sharing the experience of a successful change process can help others design processes appropriate to their site.

Notes: Zaforteza, Concha Garcia-Mozo, Ana Amoros, Sylvia M. Perez, Eva Maqueda, Monica Delgado, Joaquina Zaforteza, Concha/AAA-8798-2019 1478-5153
URL: <Go to ISI>://WOS:000350153900005

Reference Type: Journal Article

Record Number: 2227

Author: Zaforteza, C., Gastaldo, D., Moreno, C., Bover, A., Miro, R. and Miro, M.

Year: 2015

Title: Transforming a conservative clinical setting: ICU nurses' strategies to improve care for patients' relatives through a participatory action research

Journal: Nursing Inquiry

Volume: 22

Issue: 4

Pages: 336-347

Date: Dec

Short Title: Transforming a conservative clinical setting: ICU nurses' strategies to improve care for patients' relatives through a participatory action research

ISSN: 1320-7881

DOI: 10.1111/nin.12112

Accession Number: WOS:000368344200007

Abstract: This study focuses on change strategies generated through a dialogical-reflexive-participatory process designed to improve the care of families of critically ill patients in an intensive care unit (ICU) using a participatory action research in a tertiary hospital in the Balearic Islands (Spain). Eleven professionals (representatives) participated in 11 discussion groups and five in-depth interviews. They represented the opinions of 49 colleagues (participants). Four main change strategies were created: (i) Institutionally supported practices were confronted to make a shift from professional-centered work to a more inclusive, patient-centered approach; (ii) traditional power relations were challenged to decrease the hierarchical power differences between physicians and nurses; (iii) consensus was built about the need to move from an individual to a collective position in relation to change; and (iv) consensus was built about the need to develop a critical attitude toward the conservative nature of the unit. The strategies proposed were both transgressive and conservative; however, when compared with the initial situation, they enhanced the care offered to patients' relatives and patient safety. Transforming conservative settings requires capacity to negotiate positions and potential outcomes. However, when individual critical capacities are articulated with a new approach to micropolitics, transformative proposals can be implemented and sustained.

Notes: Zaforteza, Concha Gastaldo, Denise Moreno, Cristina Bover, Andreu Miro, Rosa Miro, Margalida

Mulet, Cristina Moreno/ABF-3495-2020; Zaforteza, Concha/AAA-8798-2019; Miró, Margalida/H-5876-2016

Mulet, Cristina Moreno/0000-0002-5103-5006; Miró, Margalida/0000-0001-7114-3779; Gastaldo, Denise/0000-0003-3001-7981; Miro Bonet, Rosa/0000-0001-5740-0572

1440-1800

URL: <Go to ISI>://WOS:000368344200007

Reference Type: Journal Article

Record Number: 550

Author: Zahroh, R. I., Hazfiarini, A., Eddy, K. E., Vogel, J. P., Tuncalp, O., Minckas, N., Althabe, F., Oladapo, O. T. and Bohren, M. A.

Year: 2022

Title: Factors influencing appropriate use of interventions for management of women experiencing preterm birth: A mixed-methods systematic review and narrative synthesis

Journal: Plos Medicine

Volume: 19

Issue: 8

Date: Aug

Short Title: Factors influencing appropriate use of interventions for management of women experiencing preterm birth: A mixed-methods systematic review and narrative synthesis

ISSN: 1549-1277

DOI: 10.1371/journal.pmed.1004074

Article Number: e1004074

Accession Number: WOS:000942951500001

Abstract: Background Preterm birth-related complications are the leading cause of death in newborns and children under 5. Health outcomes of preterm newborns can be improved with appropriate use of antenatal corticosteroids (ACSs) to promote fetal lung maturity, tocolytics to delay birth, magnesium sulphate for fetal neuroprotection, and antibiotics for preterm prelabour rupture of membranes. However, there are wide disparities in the rate and consistency in the use of these interventions across settings, which may underlie the differential health outcomes among preterm newborns. We aimed to assess factors (barriers and facilitators) affecting the appropriate use of ACS, tocolytics, magnesium sulphate, and antibiotics to improve preterm birth management. **Methods and findings** We conducted a mixed-methods systematic review including primary qualitative, quantitative, and mixed-methods studies. We searched MEDLINE, EMBASE, CINAHL, Global Health, and grey literature from inception to 16 May 2022. Eligible studies explored perspectives of women, partners, or community members who experienced preterm birth or were at risk of preterm birth and/or received any of the 4 interventions, health workers providing maternity and newborn care, and other stakeholders involved in maternal care (e.g., facility managers, policymakers). We used an iterative narrative synthesis approach to analysis, assessed methodological limitations using the Mixed Methods Appraisal Tool, and assessed confidence in each qualitative review finding using the GRADE-CERQual approach. Behaviour change models (Theoretical Domains Framework; Capability, Opportunity, and Motivation (COM-B)) were used to map barriers and facilitators affecting appropriate use of these interventions. We included 46 studies from 32 countries, describing factors affecting use of ACS (32/46 studies), tocolytics (13/46 studies), magnesium sulphate (9/46 studies), and antibiotics (5/46 studies). We identified a range of barriers influencing appropriate use of the 4 interventions globally, which include the following: inaccurate gestational age assessment, inconsistent guidelines, varied knowledge, perceived risks and benefits, perceived uncertainties and constraints in administration, confusion around prescribing and administering authority, and inadequate stock, human resources, and labour and newborn care. Women reported hesitancy in accepting interventions, as they typically learned about them during emergencies. Most included studies were from high-income countries (37/46 studies), which may affect the transferability of these findings to low- or middle-income settings. **Conclusions** In this study, we identified critical factors affecting implementation of 4 interventions to improve preterm birth management globally. Policymakers and implementers can consider these barriers and facilitators when formulating policies and planning implementation or scale-up of these interventions. Study findings can inform clinical preterm birth guidelines and implementation to ensure that barriers are addressed, and enablers are reinforced to ensure these interventions are widely available and appropriately used globally.

Notes: Zahroh, Rana Islamiah Hazfiarini, Alya Eddy, Katherine E. Vogel, Joshua P. Tuncalp, Oezge Minckas, Nicole Althabe, Fernando Oladapo, Olufemi T. Bohren, Meghan A.

Vogel, Joshua/K-7649-2019; Tunçalp, Özge/Y-2724-2018
Vogel, Joshua/0000-0002-3214-7096; Althabe, Fernando/
0000-0002-7024-8701; Hazfiarini, Alya/0000-0002-2097-0245; Oladapo,
Olufemi/0000-0002-3371-5892; Eddy, Katherine Elise/
0000-0002-2106-4746; Bohren, Meghan/0000-0002-4179-4682; Tunçalp,
Özge/0000-0002-5370-682X
1549-1676
URL: <Go to ISI>://WOS:000942951500001

Reference Type: Journal Article

Record Number: 1271

Author: Zaidan, E., Ghofrani, A. and Dokaj, E.

Year: 2021

Title: Analysis of Human-Building Interactions in Office
Environments: to What Extent Energy Saving Boundaries can be
Displaced?

Journal: Frontiers in Energy Research

Volume: 9

Date: Aug

Short Title: Analysis of Human-Building Interactions in Office
Environments: to What Extent Energy Saving Boundaries can be
Displaced?

ISSN: 2296-598X

DOI: 10.3389/fenrg.2021.715478

Article Number: 715478

Accession Number: WOS:000684983600001

Abstract: Building energy consumption can be enhanced to a certain level, but human-oriented dimensions can open the doors to new opportunities. This article presents an assessment on the interactions between human-driven factors and energy consumption patterns in office buildings based on empirical evidence and a co-simulation. The objective of this work is to evaluate a range for saving capacities as a result of readjusting occupants' prior habits and engaging them in building operation by determining internal and external factors associated with human-building drivers, needs, actions, and systems. The study is based on a real office building, and according to real behavioral data and subjective measurement to analyze human attitudes and interactions with the building end-uses such as cooling, lighting, and equipment along with factors that directly impact energy use such as fenestrations and window blinds. The survey results are extensively investigated and the correlations between demographic/socioeconomic traits and behavioral factors are examined. The survey results are incorporated into a co-simulation testbed to represent occupant attitudes and behaviors and model human-building interactions accordingly. Different scenarios are designed to perform an assessment on the role of human factors such as attitude, awareness of consequences, habits, ascription of responsibility and personal/social norms on building energy end-uses. The outcomes of this study demonstrate that by adjusting behavioral factors in an office building, an energy saving between 9 and 18% can be achieved without sophisticated technology interface or building retrofit/upgrade. The results are elaborated, and recommendations are explained in detail.

Notes: Zaidan, Esmat Ghofrani, Ali Dokaj, Ernest
ghofrani, ali/AAP-1995-2020
ghofrani, ali/0000-0002-9566-5798
URL: <Go to ISI>://WOS:000684983600001

Reference Type: Journal Article
Record Number: 737
Author: Zaidan, E. S., Abulibdeh, A., Alban, A. and Jabbar, R.
Year: 2022
Title: Motivation, preference, socioeconomic, and building features:
New paradigm of analyzing electricity consumption in residential
buildings
Journal: Building and Environment
Volume: 219
Date: Jul
Short Title: Motivation, preference, socioeconomic, and building
features: New paradigm of analyzing electricity consumption in
residential buildings
ISSN: 0360-1323
DOI: 10.1016/j.buildenv.2022.109177
Article Number: 109177
Accession Number: WOS:000808292300002
Abstract: In strategic energy planning, human-oriented factors are
uncertain and lead to unpredictable challenges. Thus, decision-
makers must contextualize the target society to address these
uncertainties. More precisely, uncertainties lead to performance
gaps between assumed and actual sustainability target outcomes. This
study proposed a new framework that considers vital elements,
including occupant motivation, preference, socioeconomic
characteristics, and building features (MPSEB). To utilize this
model, a thorough face-to-face survey questionnaire was administered
to measure these elements. This study explored how these elements
affect the patterns of residential energy consumption in a region
with numerous expat communities of various ethnic and cultural
backgrounds. In particular, the study investigated the patterns of
energy behaviors and human-building interactions among the residents
of Qatar by collecting empirical evidence and conducting a
subsequent survey analysis. Machine learning approaches were
employed to explore the survey data and determine the
interdependencies between features, as well as the significance of
the fundamental factors influencing humanbuilding interactions. The
XGBoost method was used to conduct a feature importance analysis to
determine factors contributing to residential energy consumption.
The results revealed the primary behavioral and socioeconomic
factors that affect residential energy consumption, and confirmed
the influence of human factors in Qatar while considering its
diverse population.
Notes: Zaidan, Esmat Abulibdeh, Ammar Alban, Ahmad Jabbar, Rateb
Jabbar, Rateb/HHN-5438-2022
Jabbar, Rateb/0000-0002-4886-6458
1873-684x
URL: <Go to ISI>://WOS:000808292300002

Reference Type: Journal Article

Record Number: 1599

Author: Zamboni, K., Singh, S., Tyagi, M., Hill, Z., Hanson, C. and Schellenberg, J.

Year: 2021

Title: Effect of collaborative quality improvement on stillbirths, neonatal mortality and newborn care practices in hospitals of Telangana and Andhra Pradesh, India: evidence from a quasi-experimental mixed-methods study

Journal: Implementation Science

Volume: 16

Issue: 1

Date: Jan

Short Title: Effect of collaborative quality improvement on stillbirths, neonatal mortality and newborn care practices in hospitals of Telangana and Andhra Pradesh, India: evidence from a quasi-experimental mixed-methods study

ISSN: 1748-5908

DOI: 10.1186/s13012-020-01058-z

Article Number: 4

Accession Number: WOS:000608277600004

Abstract: Background Improving quality of care is a key priority to reduce neonatal mortality and stillbirths. The Safe Care, Saving Lives programme aimed to improve care in newborn care units and labour wards of 60 public and private hospitals in Telangana and Andhra Pradesh, India, using a collaborative quality improvement approach. Our external evaluation of this programme aimed to evaluate programme effects on implementation of maternal and newborn care practices, and impact on stillbirths, 7- and 28-day neonatal mortality rate in labour wards and neonatal care units. We also aimed to evaluate programme implementation and mechanisms of change. Methods We used a quasi-experimental plausibility design with a nested process evaluation. We evaluated effects on stillbirths, mortality and secondary outcomes relating to adherence to 20 evidence-based intrapartum and newborn care practices, comparing survey data from 29 hospitals receiving the intervention to 31 hospitals expected to receive the intervention later, using a difference-in-difference analysis. We analysed programme implementation data and conducted 42 semi-structured interviews in four case studies to describe implementation and address four theory-driven questions to explain the quantitative results. Results Only 7 of the 29 intervention hospitals were engaged in the intervention for its entire duration. There was no evidence of an effect of the intervention on stillbirths [DiD - 1.3 percentage points, 95% CI - 2.6-0.1], on neonatal mortality at age 7 days [DiD - 1.6, 95% CI - 9-6.2] or 28 days [DiD - 3.0, 95% CI - 12.9-6.9] or on adherence to target evidence-based intrapartum and newborn care practices. The process evaluation identified challenges in engaging leaders; challenges in developing capacity for quality improvement; and challenges in activating mechanisms of change at the unit level, rather than for a few individuals, and in sustaining these through the creation of new social norms. Conclusion Despite careful planning and substantial resources, the intervention was not

feasible for implementation on a large scale. Greater focus is required on strategies to engage leadership. Quality improvement may need to be accompanied by clinical training. Further research is also needed on quality improvement using a health systems perspective.

Notes: Zamboni, Karen Singh, Samiksha Tyagi, Mukta Hill, Zelee Hanson, Claudia Schellenberg, Joanna

Visan, Delia/GXW-3349-2022

Schellenberg, Joanna/0000-0002-0708-3676; Zamboni, Karen/0000-0003-3478-8636; Tyagi, Mukta/0000-0001-9821-934X; Hanson, Claudia/0000-0001-8066-7873

URL: <Go to ISI>://WOS:000608277600004

Reference Type: Journal Article

Record Number: 1743

Author: Zaouk, H., Green, J. J. and Leask, J.

Year: 2020

Title: Immunisation status screening in the emergency department: Why are we forgetting the elderly?

Journal: Australasian Emergency Care

Volume: 23

Issue: 2

Pages: 84-89

Date: Jun

Short Title: Immunisation status screening in the emergency department: Why are we forgetting the elderly?

DOI: 10.1016/j.auec.2019.10.004

Accession Number: WOS:000541704900003

Abstract: Background: Pneumonia is one of the most common reasons patients over the age of 65 years present to the Emergency Department (ED). There is a 23-valent pneumococcal vaccine (23vPPV) available under the National Immunisation Program (NIP) with demonstrated 61-71% effectiveness against Invasive Pneumococcal Disease (IPD), but only 51% of adults aged over 65 years are vaccinated in Australia. Methods: Short semi-structured interviews were conducted with emergency nurses working across a Local Health District in Sydney New South Wales (n= 9) in order to determine their knowledge, behaviour and attitudes towards immunisation status screening in the elderly who present to the ED with pneumonia. Questions were structured to the COM-B Model (capability, opportunity and motivation to change behaviour), and a thematic analysis was conducted. Results: There were three major themes identified: (1) The importance of routinisation, (2) Low knowledge levels and, (3) The 'vaccination is for children' heuristic, as well as suggestions for future interventions to improve screening. Conclusions: These findings clarify how to improve vaccine uptake amongst this vulnerable cohort. They suggest that emergency departments should provide education to nurses. In addition, checklists/tick boxes can prompt nurses whilst conducting routine work, which may lead to increased vaccination uptake. Crown Copyright (C) 2019 Published by Elsevier Ltd on behalf of College of Emergency Nursing Australasia. All rights reserved.

Notes: Zaouk, Helen Green, Jennifer J. Leask, Julie

Leask, Julie/ABE-2077-2020

Leask, Julie/0000-0001-5095-1443; Zaouk, Helen/0000-0003-0291-9275
2588-994x

URL: <Go to ISI>://WOS:000541704900003

Reference Type: Journal Article

Record Number: 2404

Author: Zardo, P., Collie, A. and Livingstone, C.

Year: 2014

Title: External factors affecting decision-making and use of
evidence in an Australian public health policy environment

Journal: Social Science & Medicine

Volume: 108

Pages: 120-127

Date: May

Short Title: External factors affecting decision-making and use of
evidence in an Australian public health policy environment

ISSN: 0277-9536

DOI: 10.1016/j.socscimed.2014.02.046

Accession Number: WOS:000336109700015

Abstract: This study examined external factors affecting policy and
program decision-making in a specific public health policy context:
injury prevention and rehabilitation compensation in the Australian
state of Victoria. The aim was twofold: identify external factors
that affect policy and program decision-making in this specific
context; use this evidence to inform targeting of interventions
aimed at increasing research use in this context. Qualitative
interviews were undertaken from June 2011 to January 2012 with 33
employees from two state government agencies. Key factors identified
were stakeholder feedback and action, government and ministerial
input, legal feedback and action, injured persons and the media. The
identified external factors were able to significantly influence
policy and program decision-making processes: acting as both
barriers and facilitators, depending on the particular issue at
hand. The factors with the most influence were the Minister and
government, lawyers, and agency stakeholders, particularly health
providers, trade unions and employer groups. This research revealed
that interventions aimed at increasing use of research in this
context must target and harness the influence of these groups. This
research provides critical insights for researchers seeking to
design interventions to increase use of research in policy
environments and influence decision-making in Victorian injury
prevention and rehabilitation compensation. (c) 2014 Elsevier Ltd.
All rights reserved.

Notes: Zardo, Pauline Collie, Alex Livingstone, Charles

Zardo, Pauline/0000-0002-6027-9010; Collie, Alex/

0000-0003-2617-9339; Livingstone, Charles/0000-0003-3946-2061

1873-5347

Si

URL: <Go to ISI>://WOS:000336109700015

Reference Type: Journal Article

Record Number: 549

Author: Zaremba, S. M. M., Stead, M., McKell, J., O'Carroll, R. E., Mutrie, N., Treweek, S., Anderson, A. S. and Act, Well Team

Year: 2023

Title: Response to a novel, weight self-awareness plan used in a multi-component lifestyle intervention programme to reduce breast cancer risk factors in older women-Secondary analysis from the ActWELL trial

Journal: Journal of Human Nutrition and Dietetics

Volume: 36

Issue: 1

Pages: 266-276

Date: Feb

Short Title: Response to a novel, weight self-awareness plan used in a multi-component lifestyle intervention programme to reduce breast cancer risk factors in older women-Secondary analysis from the ActWELL trial

ISSN: 0952-3871

DOI: 10.1111/jhn.13062

Accession Number: WOS:000834862600001

Abstract: Background The ActWELL randomised controlled trial assessed the effectiveness of a weight management programme delivered by volunteer lifestyle coaches (LCs) in women attending breast clinics. The intervention focused on caloric intake and physical activity, utilising behavioural change techniques including a weight awareness plan (WAP). The current work is a secondary analysis of the ActWELL data and aims to examine the response to the weight self-awareness plan (used as part of the intervention programme). Methods The LCs invited participants (n = 279) to undertake an implementation intention discussion to formulate a self-weighing (SW) plan. Bodyweight scales were offered, and recording books provided. The physical activity component of the intervention focused on a walking plan assessed by accelerometers. The LCs contacted participants by telephone monthly and provided personalised feedback. Mann-Whitney tests and chi-squared analysis were used to examine the effect of SW on weight change. A

qualitative evaluation utilising semi-structured interviews was also undertaken. Results Most participants (96.4%) agreed to set a weekly SW goal and 76 (27%) requested scales. At 12 months, 226 (81%) returned for follow up. The median (interquartile range) weight change for those who self-reported at least one weight (n = 211) was -2.3 kg (-5.0 to 0.0) compared to -1.2 kg (-5.0 to 0.03) in those who did not (n = 14). Participants who reported weights on more than eight occasions (39%) were significantly more likely (p = 0.012) to achieve 5% weight loss compared to those who weighed less often. Low numbers of accelerometers were returned that did not allow for significance testing. Qualitative data (n = 24) indicated that many participants found the WAP helpful and motivating.

Conclusions Greater adherence to the WAP initiated by volunteer coaches is associated with achieving 5% weight loss.

Notes: Zaremba, Suzanne M. M. Stead, Martine McKell, Jennifer O'Carroll, Ronan E. Mutrie, Nanette Treweek, Shaun Anderson, Annie S.

MUTRIE, Nanette/0000-0002-5018-6398; Zaremba, Dr Suzanne/

0000-0003-1479-9653; anderson, annie/0000-0002-0047-4500; Treweek,
Shaun/0000-0002-7239-7241; Stead, Martine/0000-0002-3066-4604;
McKell, Jennifer/0000-0002-2912-0837
1365-277x
URL: <Go to ISI>://WOS:000834862600001

Reference Type: Journal Article

Record Number: 157

Author: Zaw, M. W. W., Leong, K. M., Xin, X. H., Lin, S. R., Ho, C.
R. Y. and Lie, S. A.

Year: 2023

Title: The perceptions and adoption of environmentally sustainable
practices among anesthesiologists—a qualitative study

Journal: Canadian Journal of Anesthesia—Journal Canadien D

Anesthesie

Volume: 70

Issue: 3

Pages: 313-326

Date: Mar

Short Title: The perceptions and adoption of environmentally
sustainable practices among anesthesiologists—a qualitative study

ISSN: 0832-610X

DOI: 10.1007/s12630-022-02392-0

Accession Number: WOS:000932457500001

Abstract: Purpose Previous surveys of anesthesiologists showed that despite a strong interest in implementing environmentally sustainable anesthetic practices, less than a third do so. Qualitative understanding of the capability, opportunity, and motivational factors that influence "green" behavior will inform the design of effective interventions to promote environmentally sustainable practices in the operating room (OR). Methods We conducted 23 semistructured interviews with anesthesiologists, with data saturation achieved. Applying the Behavior Change Wheel, interview questions addressed "capability," "opportunity," and "motivation" determinants of behavior. Results Preference for sevoflurane and syringe reuse were most commonly cited as existing environmentally sustainable anesthetic practices. Several participants reported lack of knowledge and feedback as impediments to sustainable anesthetic practices. Reported physical barriers included inadequate recycling facilities and abundance of supplies. Interviewees also discussed the importance of habitual behavior in improving skill sets and reducing cognitive load required to perform environmentally sustainable practices. General awareness of environmental issues and aggregation of marginal gains were reasons for environmentally sustainable measures in the OR. Organizational practice and culture played a significant role in the propagation of sustainable anesthetic practices, with senior staff often carrying a greater influence. While the majority preferred a top-down approach to effect change, others favored the use of incentives. Conclusion This study provides insight into the factors that influence the adoption of environmentally sustainable practices in the OR. Measures to promote these practices include education and training, feedback on efforts, engagement of senior anesthesiologists as role models and for

change management, environmental restructuring, and policy designs that balance a top-down vs bottom-up approach to influencing change.

Notes: Zaw, Ma W. W. Leong, Kah M. Xin, Xiaohui Lin, Sarah Ho, Cheryl Lie, Sui A.

1496-8975

Si

URL: <Go to ISI>://WOS:000932457500001

Reference Type: Journal Article

Record Number: 653

Author: Zawedde-Muyanja, S., Manabe, Y. C., Cattamanchi, A., Castelnuovo, B. and Katamba, A.

Year: 2022

Title: Patient and health system level barriers to and facilitators for tuberculosis treatment initiation in Uganda: a qualitative study

Journal: BMC Health Services Research

Volume: 22

Issue: 1

Date: Jun

Short Title: Patient and health system level barriers to and facilitators for tuberculosis treatment initiation in Uganda: a qualitative study

DOI: 10.1186/s12913-022-08213-w

Article Number: 831

Accession Number: WOS:000819014800004

Abstract: Background The WHO END TB strategy targets to place at least 90% of all patients diagnosed with Tuberculosis (TB) on appropriate treatment. In Uganda, approximately 20% of patients diagnosed with TB are not initiated on TB treatment. We sought to identify the patient and health system level barriers to and facilitators for TB treatment initiation in Uganda. Methods We conducted the study at ten public health facilities (three primary care, four district and three tertiary referral hospitals). We carried out in-depth interviews with patients diagnosed with TB and key informant interviews with health managers. In addition, we held focus group discussions with healthcare workers involved in TB care. Data collection and thematic analysis of transcripts was informed by the Capability, Opportunity, Motivation and Behavior (COM-B) model. We identified relevant intervention functions using the Behavior Change Wheel. Results We interviewed 79 respondents (31 patients, 10 health managers and 38 healthcare workers). Common barriers at the health facility level included; lack of knowledge about the proportion of patients not initiated on TB treatment (psychological capability); difficulty accessing sputum results from the laboratory as well as difficulty tracing patients due to inadequate recording of patient addresses (physical opportunity). At the patient level, notable barriers included long turnaround time for sputum results and lack of transport funds to return to health facilities (physical opportunity); limited TB knowledge (psychological capability) and stigma (social opportunity). The most important facilitators identified were quick access to sputum test results either on the date of first visit (same-day diagnosis) or on the date of first return and availability of TB treatment (physical opportunity). We

identified education, restructuring of the service environment to improve sputum results turnaround time and enablement to improve communication of test results as relevant intervention functions to alleviate these barriers to and enhance facilitators for TB treatment initiation. Conclusion We found that barriers to treatment initiation existed at both the patient and health facility-level across all levels of the (Capability, Opportunity and Motivation) model. The intervention functions identified here should be tested for feasibility.

Notes: Zawedde-Muyanja, Stella Manabe, Yukari C. Cattamanchi, Adithya Castelnuovo, Barbara Katamba, Achilles 1472-6963

URL: <Go to ISI>://WOS:000819014800004

Reference Type: Journal Article

Record Number: 1028

Author: Zawedde-Muyanja, S., Musaazi, J., Castelnuovo, B., Cattamanchi, A., Katamba, A. and Manabe, Y. C.

Year: 2022

Title: Feasibility of a multifaceted intervention to improve treatment initiation among patients diagnosed with TB using Xpert MTB/RIF testing in Uganda

Journal: Plos One

Volume: 17

Issue: 6

Short Title: Feasibility of a multifaceted intervention to improve treatment initiation among patients diagnosed with TB using Xpert MTB/RIF testing in Uganda

ISSN: 1932-6203

DOI: 10.1371/journal.pone.0265035

Article Number: e0265035

Accession Number: WOS:000843613300011

Abstract: Background One in five patients diagnosed with TB in Uganda are not initiated on TB treatment within two weeks of diagnosis. We evaluated a multifaceted intervention for improving TB treatment initiation among patients diagnosed with TB using Xpert (R) MTB/RIF testing in Uganda. Methods This was a pre-post interventional study at one tertiary referral hospital. The intervention was informed by the COM-B model and included; i) medical education sessions to improve healthcare worker knowledge about the magnitude and consequences of pretreatment loss to follow-up; ii) modified laboratory request forms to improve recording of patient contact information; and iii) re-designed workflow processes to improve timeliness of sputum testing and results dissemination. TB diagnostic process and outcome data were collected and compared from the period before (June to August 2019) and after (October to December 2019) intervention initiation. Results In September 2019, four CME sessions were held at the hospital and were attended by 58 healthcare workers. During the study period, 1242 patients were evaluated by Xpert (R) MTB/RIF testing at the hospital (679 pre and 557 post intervention). Median turnaround time for sputum test results improved from 12 hours (IQR 4-46) in the pre-intervention period to 4 hours (IQR 3-6) in the post-intervention period. The

proportion of patients started on treatment within two weeks of diagnosis improved from 59% (40/68) to 89% (49/55) (difference 30%, 95% CI 14%–43%, $p < 0.01$) while the proportion of patients receiving a same-day diagnosis increased from 7.4% (5/68) to 25% (14/55) (difference 17.6%, 95% CI 3.9%–32.7%, $p < 0.01$). Conclusion The multifaceted intervention was feasible and resulted in a higher proportion of patients initiating TB treatment within two weeks of diagnosis.

Notes: Zawedde-Muyanja, Stella Musaazi, Joseph Castelnuovo, Barbara Cattamanchi, Adithya Katamba, Achilles Manabe, Yukari C. Zawedde-Muyanja, Stella/0000-0002-8823-7082
URL: <Go to ISI>://WOS:000843613300011

Reference Type: Journal Article

Record Number: 283

Author: Zbaren, E., Padmanabhan, S. and Jent, S.

Year: 2022

Title: Monitoring/Evaluation in Nutritional Therapy for People with Gastrointestinal Complaints: Online Survey with Dietitians

Journal: Aktuelle Ernährungsmedizin

Date: 2022 Dec

Short Title: Monitoring/Evaluation in Nutritional Therapy for People with Gastrointestinal Complaints: Online Survey with Dietitians

ISSN: 0341-0501

DOI: 10.1055/a-1895-2430

Accession Number: WOS:000896689300001

Abstract: Introduction Dietary interventions are part of the therapy approach in gastrointestinal disorders. However, guidance on what outcomes to assess (in the form of a core outcome set) for dietitians to demonstrate the effectiveness of their interventions is lacking. This study provides preliminary work for the development of a core outcome set to systematically assess outcomes of nutrition therapy in clients with gastrointestinal complaints by examining how monitoring/evaluation are conducted by dietitians. Methods This is a quantitative online survey for dietitians to assess the current situation around the globe concerning monitoring and evaluation. An online survey with 26 questions divided into six sections (rated importance, implementation, resources/obstacles, instrument requirements, statistical questions and experiences with the Nutrition Care Process) was developed. The questionnaire was available in English, French and German. Results In total 740 responses were analysed. Monitoring/ evaluation of clients with gastrointestinal symptoms was rated by 98 % to be quite important to very important. The systematic implementation of monitoring and evaluation according to a concept/model was rated by 57 % as 'rather often' to 'very often/always'. Conclusion Dietitians are aware of the importance of the measurability of dietetic interventions. The most dominant barriers are lacking time in daily practice and lack of a suitable monitoring/evaluation instrument. A suitable core outcome set in the field of gastrointestinal complaints is needed to increase systematic monitoring/evaluation.

Notes: Zbaeren, Eveline Padmanabhan, Srividhya Jent, Sandra Jent, Sandra/0000-0003-1243-6197; Zbaren, Eveline/

0000-0002-3916-1026
1438-9916
URL: <Go to ISI>://WOS:000896689300001

Reference Type: Conference Proceedings
Record Number: 1823
Author: Zhang, J., Sullivan, J., Venkatesh, P. B. V., Tse, K., Yan, A., Leyden, J., Shankari, K. and Katz, R.
Year of Conference: 2019
Title: TripAware: Emotional and Informational Approaches to Encourage Sustainable Transportation via Mobile Applications
Conference Name: 6th ACM International Conference on Systems for Energy-Efficient Buildings, Cities, and Transportation (BuildSys)
Conference Location: Columbia Univ, New York, NY
Pages: 183-186
Date: Nov 13-14
Sponsor: Assoc Comp Machinery, Columbia Univ Data Sci Inst I. B. M. Res Johnson Controls Aifi A. C. M. Sigcomm A. C. M. Sigmobile A. C. M. Sigarch A. C. M. Sigbed A. C. M. Sigmetrics A. C. M. Sigops N. S. F. Columbia Univ Fu Fdn Sch Engn, Appl Sci, Columbia Univ Elect Engn Dept and Columbia, Univ
Short Title: TripAware: Emotional and Informational Approaches to Encourage Sustainable Transportation via Mobile Applications
ISBN: 978-1-4503-7005-9
DOI: 10.1145/3360322.3360871
Source: Buildsys'19: Proceedings of the 6th acm international conference on systems for energy-efficient buildings, cities, and transportation
Year Published:2019
Accession Number: WOS:000557872600023
Abstract: To combat climate change, we need to change user transportation behavior to be less carbon intensive. Prior work on motivating this behavior change has been predominantly qualitative and lacks comparison. This makes it challenging to determine which interventions should be deployed at scale. The behavior change community needs a process to compare interventions against each other in pilot studies before committing deployment resources. We perform the first quantitative comparison, to our knowledge, of behavior change strategies in the transportation behavior domain. Since this is a pilot with a limited recruitment budget, we design a Randomized Controlled Trial (RCT) using an open source platform. We assign 41 users to three mobile applications: Emotion, Information, Control. The RCT allows us to draw statistically valid inferences that can suggest future avenues for larger-scale studies. We found that Emotion resulted in greater engagement with the application ($p=0.006$, 0.035 , 0.031 , 0.040) while Information improved the sustainability of travel behavior ($p = 0.043$). These exploratory statistical results can motivate the design of future studies to further explore combinations of these approaches for sustainable transportation behavior.
Notes: Zhang, Jesse Sullivan, Jack Venkatesh, Vasudev P. B. Tse, Kyle Yan, Andy Leyden, John Shankari, Kalyanaraman Katz, Randy
URL: <Go to ISI>://WOS:000557872600023

Reference Type: Journal Article
Record Number: 506
Author: Zhang, L. S. and Hale, J.
Year: 2022
Title: Extending the Lifetime of Clothing through Repair and Repurpose: An Investigation of Barriers and Enablers in UK Citizens
Journal: Sustainability
Volume: 14
Issue: 17
Date: Sep
Short Title: Extending the Lifetime of Clothing through Repair and Repurpose: An Investigation of Barriers and Enablers in UK Citizens
DOI: 10.3390/su141710821
Article Number: 10821
Accession Number: WOS:000851673700001
Abstract: Repairing and repurposing clothes can extend their lifetime, helping reduce the environmental impacts of the fashion industry. We aimed to investigate influences on clothing repair and repurpose using the Theoretical Domains Framework. A survey was conducted with a representative sample of 300 UK citizens. The frequency of, and influences on, clothing repair and repurpose behaviour were measured with self-report scales and a free-text item. Quantitative (logistic regression) and qualitative (thematic) analyses were used to identify barriers and enablers of behaviour. Findings showed that participants typically engaged in the behaviour every six months. The main barriers concerned a lack of skills, poor product design, unaffordability of repair services, and incongruence with identity. Key enablers concerned the ability to focus during DIY tasks, dynamic social norms, beliefs about benefits of repairing, emotional attachment to clothing, and having routines and habits of repairing. This study is the first to apply the Behaviour Change Wheel to identify intervention types and behaviour change techniques that can modify these influences, such as training workshops and the provision of free repair and repurpose services. Policy options were suggested to support implementation, such as extended producer responsibility. Awareness and skill-building campaigns, while important, are not enough to support behaviour change; structural and policy changes are needed.
Notes: Zhang, Lisa Hale, Jo
Zhang, Lisa/0000-0002-4255-9609
2071-1050
URL: <Go to ISI>://WOS:000851673700001

Reference Type: Journal Article
Record Number: 1032
Author: Zhang, N., Yang, S. J. and Jia, P.
Year: 2022
Title: Cultivating Resilience During the COVID-19 Pandemic: A Socioecological Perspective
Journal: Annual Review of Psychology
Volume: 73

Pages: 575–598

Short Title: Cultivating Resilience During the COVID–19 Pandemic: A Socioecological Perspective

ISSN: 0066–4308

DOI: 10.1146/annurev–psych–030221–031857

Accession Number: WOS:000788647200024

Abstract: The coronavirus disease 2019 (COVID–19) pandemic poses wide–ranging impacts on the physical and mental health of people around the world, increasing attention from both researchers and practitioners on the topic of resilience. In this article, we review previous research on resilience from the past several decades, focusing on how to cultivate resilience during emerging situations such as the COVID–19 pandemic at the individual, organizational, community, and national levels from a socioecological perspective. Although previous research has greatly enriched our understanding of the conceptualization, predicting factors, processes, and consequences of resilience from a variety of disciplines and levels, future research is needed to gain a deeper and comprehensive understanding of resilience, including developing an integrative and interdisciplinary framework for cultivating resilience, developing an understanding of resilience from a life span perspective, and developing scalable and cost–effective interventions for enhancing resilience and improving pandemic preparedness.

Notes: Zhang, Ning Yang, Shujuan Jia, Peng
1545–2085

URL: <Go to ISI>://WOS:000788647200024

Reference Type: Journal Article

Record Number: 602

Author: Zhang, X. Y., Zhao, J. Q., Zheng, L. P., Li, X. J. and Hao, Y. F.

Year: 2022

Title: Implementation strategies to improve evidence–based practice for post–stroke dysphagia identification and management: A before–and– after study

Journal: International Journal of Nursing Sciences

Volume: 9

Issue: 3

Pages: 295–302

Date: Jul

Short Title: Implementation strategies to improve evidence–based practice for post–stroke dysphagia identification and management: A before–and– after study

DOI: 10.1016/j.ijnss.2022.06.010

Accession Number: WOS:000867445200004

Abstract: Objectives: Even though guidelines are available to guide dysphagia identification and management practice, there is still a gap between evidence and practice, which requires improvement. The purpose of this study was to determine the effect of using tailored, multifaceted strategies to improve evidence–based post–stroke dysphagia identification and management practice in a community hospital. Methods: Guided by the Knowledge to Action framework, the tailored, multifaceted strategies were developed and implemented for

5 months in a community hospital using a before-and-after study design. These strategies consisted of training intervention, policy intervention, and audit and feedback intervention. Nurses' level of knowledge and adherence, were collected in March 2019 and again in January 2020. Patients' quality of life and satisfaction were evaluated during the pre-intervention period (between February 2019 and April 2019) and the post-intervention period (between November 2019 and January 2020). Results: A total of 55 patients with post-stroke dysphagia (28 in the pre-intervention period and 27 in the post-intervention period) and 17 registered nurses were recruited. Following implementation, there were statistically significant improvements in patients' outcomes (quality of life and satisfaction) and nurses' outcomes (level of knowledge and adherence). Conclusions: This study assists in closing the research-practice gap by using tailored, multifaceted strategies to increase the use of evidence-based nursing care for dysphagia identification and management practices. (C) 2022 The authors. Published by Elsevier B.V. on behalf of the Chinese Nursing Association.

Notes: Zhang, Xiaoyan Zhao, Junqiang Zheng, Liping Li, Xuejing Hao, Yufang

Hao, Yufang/R-6580-2018

Hao, Yufang/0000-0002-6582-0742; Zhao, Junqiang/0000-0002-3295-5106 2352-0132

URL: <Go to ISI>://WOS:000867445200004

Reference Type: Journal Article

Record Number: 1014

Author: Zhang, X. Y., Zheng, P., Peng, T., He, Q. Q., Lee, C. and Tang, R. Z.

Year: 2022

Title: Promoting employee health in smart office: A survey

Journal: Advanced Engineering Informatics

Volume: 51

Date: Jan

Short Title: Promoting employee health in smart office: A survey

ISSN: 1474-0346

DOI: 10.1016/j.aei.2021.101518

Article Number: 101518

Accession Number: WOS:000798542300006

Abstract: The advancement of Internet-of-Things (IoT) and artificial intelligence contribute to the prevailing development of smart office, which is capable of understanding employees' context and adapting to their demands. The smart office brings numerous opportunities for delivering prevention and control measures of health issues associated with office work (e.g., musculoskeletal disorders and computer vision syndrome). Even though there exist multiple studies across different disciplines, there still lacks a holistic survey on the smart office for employee health promotion. Hence, this paper focuses on three contributions: (1) clarifying the fundamentals of smart office, (2) reviewing the key aspects of this theme based on 60 studies selected from a systematic survey process, and (3) identifying the challenges and future research opportunities. We hope this study can bring an inter-disciplinary

and collaborative perspective for employee health promotion and encourage more researches in this emerging and promising field.
Notes: Zhang, Xiangying Zheng, Pai Peng, Tao He, Qiqi Lee, C. K. M. Tang, Renzhong
Zheng, pai/k-7989-2012
ZHENG, PAI/0000-0002-2329-8634; ZHANG, Xiangying/0000-0003-3261-7091
1873-5320
URL: <Go to ISI>://WOS:000798542300006

Reference Type: Journal Article
Record Number: 1055
Author: Zhang, Y., Zhang, N. and Xu, C. Y.
Year: 2022
Title: Implicit theories of body weight and engagement in healthy lifestyles among young adults: The mediating effect of self-control
Journal: Journal of Health Psychology
Volume: 27
Issue: 12
Pages: 2797-2805
Date: Oct
Short Title: Implicit theories of body weight and engagement in healthy lifestyles among young adults: The mediating effect of self-control
ISSN: 1359-1053
DOI: 10.1177/13591053211065102
Article Number: 13591053211065102
Accession Number: WOS:000738565600001
Abstract: Engaging in a healthy lifestyle could be helpful to decrease lifestyle-related health risks and bring long-term health benefits. This research investigated how implicit theories of body weight influence people's engagement in healthy lifestyle among young adults in China. The results suggested that implicit theories of body weight significantly influence people's engagement in healthy eating behaviors and physical activity. Self-control mediated the effect of implicit (incremental) theories of body weight on people's engagement in healthy eating. Implications of the current research for understanding how to promote engagement in healthy lifestyle and directions for future research are discussed.
Notes: Zhang, Ying Zhang, Ning Xu, Chenyang
zhang, ying/0000-0002-2102-6221
1461-7277
URL: <Go to ISI>://WOS:000738565600001

Reference Type: Journal Article
Record Number: 39
Author: Zhao, J. J., Hu, S. F., Fan, L. Y., Zeng, Y., Yang, Y. C., Zhao, Y. and Lee, T. M.
Year: 2023
Title: Does higher demand for medicinal plants lead to more harvest? Evidence from the dual trade of *Nardostachy jatamansi* and *Fritillaria cirrhosa* and Tibetan people's harvesting behavior
Journal: Frontiers in Ecology and Evolution

Volume: 11

Date: Apr

Short Title: Does higher demand for medicinal plants lead to more harvest? Evidence from the dual trade of *Nardostachy jatamansi* and *Fritillaria cirrhosa* and Tibetan people's harvesting behavior

ISSN: 2296-701X

DOI: 10.3389/fevo.2023.1145928

Article Number: 1145928

Accession Number: WOS:000979860000001

Abstract: IntroductionAs the demand for herbal medicines is surging worldwide, regions of medicinal plants are vulnerable to large-scale and unsustainable exploitation for commercial trade and use. Yet, we still lack the understanding about the relationship between indigenous people harvesting and trade practices of medicinal plants and their influencing factors for possible intervention measures. **Methods**Here, we combined qualitative and quantitative methods to survey traders (N = 20) and local harvesters (N = 923) from nine Tibetan townships in Hongyuan county, Sichuan Province, on the eastern Qinghai-Tibetan plateau in China. Specifically, we elucidated the local value chain of medicinal plants trade and harvest of *Nardostachy jatamansi* and *Fritillaria cirrhosa*, and explored the factors influencing harvester's willingness to harvest these plants. Furthermore, we empirically tested the constructs of the COM-B model (Capability, Opportunity, Motivation -Behavior) in predicting the sustainable harvesting behavior of medicinal plants. **Results and Discussion**Our results revealed that the trade characteristics of *N. jatamansi* and *F. cirrhosa* were contrasting, and the sustainability of the former species was largely dependent on the latter one. Importantly, the traders' practices were affected by the supply, while the harvesters' willingness to harvest were mainly influenced by harvest incomes, past harvesting experience, and grassland tenure. Finally, though motivation was not directly affecting harvesting behavior, the harvesters' ecological worldview indirectly affected their harvesting behavior, particularly through the mediation of the level of compliance of village rules and customs. Overall, our results provided crucial insights for the conservation and sustainable management of the valuable wild medicinal plants.

Notes: Zhao, Jingjing Hu, Sifan Fan, Linyu Zeng, Yan Yang, Yongchuan Zhao, Yao Lee, Tien Ming

URL: <Go to ISI>://WOS:000979860000001

Reference Type: Journal Article

Record Number: 881

Author: Zhao, J. Q., Harvey, G., Vandyk, A. and Gifford, W.

Year: 2022

Title: Social Media for ImpLementing Evidence (SMILE): Conceptual Framework

Journal: Jmir Formative Research

Volume: 6

Issue: 3

Date: Mar

Short Title: Social Media for ImpLementing Evidence (SMILE):

Conceptual Framework

DOI: 10.2196/29891

Article Number: e29891

Accession Number: WOS:000854073700075

Abstract: Background: Social media has become widely used by individual researchers and professional organizations to translate research evidence into health care practice. Despite its increasing popularity, few social media initiatives consider the theoretical perspectives of how social media works as a knowledge translation strategy to affect research use. Objective: The purpose of this paper is to propose a conceptual framework to understand how social media works as a knowledge translation strategy for health care providers, policy makers, and patients to inform their health care decision-making. Methods: We developed this framework using an integrative approach that first involved reviewing 5 long-standing social media initiatives. We then drafted the initial framework using a deductive approach by referring to 5 theories on social media studies and knowledge translation. A total of 58 empirical studies on factors that influenced the use of social media and its messages and strategies for promoting the use of research evidence via social media were further integrated to substantiate and fine-tune our initial framework. Through an iterative process, we developed the Social Media for Implementing Evidence (SMILE) framework. Results: The SMILE framework has six key constructs: developers, messages and delivery strategies, recipients, context, triggers, and outcomes. For social media to effectively enable recipients to use research evidence in their decision-making, the framework proposes that social media content developers respond to target recipients' needs and context and develop relevant messages and appropriate delivery strategies. The recipients' use of social media messages is influenced by the virtual-technical, individual, organizational, and system contexts and can be activated by three types of triggers: sparks, facilitators, and signals. Conclusions: The SMILE framework maps the factors that are hypothesized to influence the use of social media messages by recipients and offers a heuristic device for social media content developers to create interventions for promoting the use of evidence in health care decision-making. Empirical studies are now needed to test the propositions of this framework.

Notes: Zhao, Junqiang Harvey, Gillian Vandyk, Amanda Gifford, Wendy ; Harvey, Gillian/J-9646-2014

Zhao, Junqiang/0000-0002-3295-5106; Harvey, Gillian/
0000-0003-0937-7819

2561-326x

URL: <Go to ISI>://WOS:000854073700075

Reference Type: Journal Article

Record Number: 521

Author: Zhao, J. Q., Harvey, G., Vandyk, A., Huang, M. Y., Hu, J. L., Modanloo, S. and Gifford, W.

Year: 2022

Title: Understanding How and Under What Circumstances Social Media Supports Health Care Providers' Knowledge Use in Clinical Practice:

A Realist Review

Journal: Telemedicine and E-Health

Date: 2022 Aug

Short Title: Understanding How and Under What Circumstances Social Media Supports Health Care Providers' Knowledge Use in Clinical Practice: A Realist Review

ISSN: 1530-5627

DOI: 10.1089/tmj.2022.0213

Accession Number: WOS:000843405800001

Abstract: Background: Although theoretical frameworks exist to guide social media interventions, few of them make it explicit how social media is supposed to work to improve the knowledge use by health care providers. This study aimed to synthesize literature to understand how and under what circumstances social media supports knowledge use by health care providers in clinical practice. **Methods:** We followed the realist review methodology described by Pawson et al. It involved six iterative steps: (1) develop an initial program theory; (2) search for evidence; (3) select and appraise studies; (4) extract data; (5) synthesize data; and (6) draw conclusions. **Results:** Of the 7,175 citations retrieved, 32 documents were prioritized for synthesis. We identified two causal explanations of how social media could support health care providers' knowledge use, each underpinned by distinct context-mechanism-outcome (CMO) configurations. We defined these causal explanations as: (1) the rationality-driven approach that primarily uses open social media platforms (n = 8 CMOs) such as Twitter, and (2) the relationality-driven approach that primarily uses closed social media platforms (n = 6 CMOs) such as an online community of practice. Key mechanisms of the rationality-driven approach included social media content developers capabilities and capacities, in addition to recipients' access to, perceptions of, engagement with, and intentions to use the messages, and ability to function autonomously within their full scope of practice. However, the relationality-driven approach encompassed platform receptivity, a sense of common goals, belonging, trust and ownership, accessibility to expertise, and the fulfillment of needs as key mechanisms. **Conclusion:** Social media has the potential to support knowledge use by health care providers. Future research is necessary to refine the two causal explanations and investigate their potential synergistic effects on practice change.

Notes: Zhao, Junqiang Harvey, Gillian Vandyk, Amanda Huang, Mandy Hu, Jiale Modanloo, Shokoufeh Gifford, Wendy ; Harvey, Gillian/J-9646-2014

Zhao, Junqiang/0000-0002-3295-5106; Harvey, Gillian/0000-0003-0937-7819; Modanloo, Shokoufeh/0000-0001-8834-7348 1556-3669

URL: <Go to ISI>://WOS:000843405800001

Reference Type: Journal Article

Record Number: 792

Author: Zhao, W. J., Coady, A. and Bhatia, S.

Year: 2022

Title: Computational mechanisms for context-based behavioral

interventions: A large-scale analysis
Journal: Proceedings of the National Academy of Sciences of the
United States of America
Volume: 119
Issue: 15
Date: Apr
Short Title: Computational mechanisms for context-based behavioral
interventions: A large-scale analysis
ISSN: 0027-8424
DOI: 10.1073/pnas.2114914119
Article Number: e2114914119
Accession Number: WOS:000819659900007
Abstract: Choice context influences decision processes and is one of
the primary determinants of what people choose. This insight has
been used by academics and practitioners to study decision biases
and to design behavioral interventions to influence and improve
choices. We analyzed the effects of context-based behavioral
interventions on the computational mechanisms underlying decision-
making. We collected data from two large laboratory studies
involving 19 prominent behavioral interventions, and we modeled the
influence of each intervention using a leading computational model
of choice in psychology and neuroscience. This allowed us to
parametrize the biases induced by each intervention, to interpret
these biases in terms of underlying decision mechanisms and their
properties, to quantify similarities between interventions, and to
predict how different interventions alter key choice outcomes. In
doing so, we offer researchers and practitioners a theoretically
principled approach to understanding and manipulating choice context
in decision-making.
Notes: Zhao, Wenjia Joyce Coady, Aoife Bhatia, Sudeep
Zhao, Wenjia Joyce/AIE-0714-2022
Zhao, Wenjia Joyce/0000-0003-1771-6462
1091-6490
URL: <Go to ISI>://WOS:000819659900007

Reference Type: Journal Article
Record Number: 287
Author: Zheng, Z., Bird, S. R., Layton, J., Hyde, A., Moreland, A.,
Wan, D. W. L. and Stupans, I.
Year: 2022
Title: Patient engagement as a core element of translating clinical
evidence into practice- application of the COM-B model behaviour
change model
Journal: Disability and Rehabilitation
Date: 2022 Dec
Short Title: Patient engagement as a core element of translating
clinical evidence into practice- application of the COM-B model
behaviour change model
ISSN: 0963-8288
DOI: 10.1080/09638288.2022.2153935
Accession Number: WOS:000894952400001
Abstract: BackgroundThe results of rehabilitation trials are often
not fully attained when the intervention is implemented beyond the

initial trial. One of the key reasons is that a patients' ability and/or capacity to take part in their own healthcare is not considered in the trial design yet has significant impact on the outcomes during the implementation phase. Body of text We propose a shift from a therapist-focus to patient-focus in trial design, through addressing patient engagement as a core consideration in trials. We argue that engaging patients in any rehabilitation program is a process of behavioural change. Exercise prescription is used as an example to illustrate how the Behaviour Change Wheel can be applied to analyse barriers and facilitators associated with patients' capabilities, opportunities and motivations in integrating trial interventions into their daily life. We propose a framework to assist in this shift. Conclusion A core part of implementing rehabilitation interventions at the primary care level requires patient engagement. Related aspects of interventions should be identified and assessed using the COM-B model at the outset of trial design to ensure that the results are realistic, meaningful and transferable, so as to enable real impact.

Notes: Zheng, Zhen Bird, Stephen R. Layton, Jennifer Hyde, Anna Moreland, Ash Wong Lit Wan, Dawn Stupans, Ieva Bird, Stephen R/E-6908-2012
Bird, Stephen Richard/0000-0002-3047-7390
1464-5165
URL: <Go to ISI>://WOS:000894952400001

Reference Type: Journal Article

Record Number: 624

Author: Zhong, W. S., Lin, L. T., Gong, X. X., Chen, Z. C., Chen, Y., Yan, S. Q., Zhou, Y., Zhang, X. T., Hu, H. T., Tong, L. S., Cheng, C. C., Gu, Q., Chen, Y., Yu, X. J., Huang, Y. H., Yuan, C. Z., Lou, M. and Investigators, Mission

Year: 2022

Title: Evaluation of a multicomponent intervention to shorten thrombolytic door-to-needle time in stroke patients in China (MISSION): A cluster-randomized controlled trial

Journal: Plos Medicine

Volume: 19

Issue: 7

Date: Jul

Short Title: Evaluation of a multicomponent intervention to shorten thrombolytic door-to-needle time in stroke patients in China (MISSION): A cluster-randomized controlled trial

ISSN: 1549-1277

DOI: 10.1371/journal.pmed.1004034

Article Number: e1004034

Accession Number: WOS:000914162900003

Abstract: Background Rapid intravenous thrombolysis (IVT) for acute ischemic stroke (AIS) is crucial for improving outcomes. However, few randomized trials of interventions aimed at reducing in-hospital delay have been carried out in China. We aimed to evaluate the effect of a multicomponent intervention on thrombolytic door-to-needle time (DNT) of AIS patients via video teleconference based on the Behavior Change Wheel (BCW) method. Methods and findings This

cluster-randomized trial, conducted between January 1, 2019 and December 31, 2019, randomly allocated 22 hospitals equally to PEITEM (Persuasion Environment reconstruction Incentivization Training Education Modeling) intervention or routine care plus stroke registry and subsequently enrolled 1,634 AIS patients receiving IVT within 4.5 hours upon stroke onset from participant hospitals. The PEITEM group received a 1-year PEITEM 6-component intervention based on the behavioral theory monthly via video teleconference. The primary outcome was the proportion of patients with a DNT of 60 minutes or less. A total of 987 patients participated in the PEITEM group (mean age, 69 years; female, 411 [41.6%]) and 647 patients in the control group (mean age, 70 years; female, 238 [36.8%]). Of all participants, the proportion of DNT ≤ 60 minutes in the PEITEM group was higher than in the control group (82.0% versus 73.3%; adjusted odds ratio, 1.77; 95% confidence interval (CI), 1.17 to 2.70; ICC, 0.04; P = 0.007). Among secondary outcomes, the average DNT was 43 minutes in the PEITEM group and 50 minutes in the control group (adjusted mean difference: -8.83; 95% CI, -14.03 to -3.64; ICC, 0.12; P = 0.001). Favorable functional outcome (score of 0 to 1 on the modified Rankin scale (mRS)) was achieved in 55.6% patients of the PEITEM group and 50.4% of the control group (adjusted odds ratio, 1.38; 95% CI, 1.00 to 1.90; ICC, 0.01; P = 0.049). Main study limitations include non-blinding of clinicians, and that specific interventions component responsible for the observed changes could not be determined. Conclusions The teleconference-delivered PEITEM intervention resulted in a moderate but clinically relevant shorter DNT and better functional outcome in AIS patients receiving IVT. Notes: Zhong, Wansi Lin, Longting Gong, Xiaoxian Chen, Zhicai Chen, Yi Yan, Shenqiang Zhou, Ying Zhang, Xuting Hu, Haitao Tong, Lusha Cheng, Chaochan Gu, Qun Chen, Yong Yu, Xiaojin Huang, Yuhui Yuan, Changzheng Lou, Min Gong, Xiaoxian/0000-0002-0047-1246 1549-1676 URL: <Go to ISI>://WOS:000914162900003

Reference Type: Journal Article

Record Number: 217

Author: Zhu, S. Y., Vennemeyer, S., Xu, Ctre and Wu, D. T. Y.

Year: 2023

Title: Adopting a metaverse-based workspace to support research team collaboration: a pilot study from an academic health informatics laboratory

Journal: Jamia Open

Volume: 6

Issue: 1

Date: Jan

Short Title: Adopting a metaverse-based workspace to support research team collaboration: a pilot study from an academic health informatics laboratory

DOI: 10.1093/jamiaopen/ooad010

Article Number: ooad010

Accession Number: WOS:000940792800001

Abstract: Objective: This study aimed to understand how a metaverse-

based (virtual) workspace can be used to support the communication and collaboration in an academic health informatics lab. Materials and Methods: A survey of lab members (n = 14) was analyzed according to a concurrent triangulation mixed methods design. The qualitative survey data were organized according to the Capability, Opportunity, Motivation, Behavior (COM-B) model and combined to generate personas that represent the overall types of lab members. Additionally, scheduled work hours were analyzed quantitatively to complement the findings of the survey feedback. Results: Four personas, representative of different types of virtual workers, were developed using the survey responses. These personas reflected the wide variety of opinions about virtual work among the participants and helped to categorize the most common feedback. The Work Hours Schedule Sheet analysis showed the low number of possible collaboration opportunities that were utilized compared to the number available. Discussion: We found that informal communication and co-location were not supported by the virtual workplace as we had originally planned. To solve this issue, we offer 3 design recommendations for those looking to implement their own virtual informatics lab. First, labs should establish common goals and norms for virtual workplace interactions. Second, labs should carefully plan the virtual space layout to maximize communication opportunities. Finally, labs should work with their platform of choice to address technical limitations for their lab members to improve user experience. Future work includes a formal, theory-guided experiment with consideration on ethical and behavioral impact.

Notes: Zhu, Siyi Vennemeyer, Scott Xu, Catherine Wu, Danny T. Y. Wu, Tzu-Yu/0000-0002-7658-3754
2574-2531
URL: <Go to ISI>://WOS:000940792800001

Reference Type: Journal Article

Record Number: 2396

Author: Zhuang, X. L. and Wu, C. X.

Year: 2014

Title: Saving energy when using air conditioners in offices- Behavioral pattern and design indications

Journal: Energy and Buildings

Volume: 76

Pages: 661-668

Date: Jun

Short Title: Saving energy when using air conditioners in offices- Behavioral pattern and design indications

ISSN: 0378-7788

DOI: 10.1016/j.enbuild.2013.11.042

Accession Number: WOS:000336779000067

Abstract: Air Conditioners (ACs) in office buildings consume so much energy that the Chinese government enacted a regulation to limit the temperature setting range. To evaluate its effectiveness and provide clues for new behavior change methods, the study surveyed 527 office workers' knowledge of the compulsory approach, temperature sensation and preferences. The latter is included to evaluate the

reasonableness of the regulation. Their actual behaviors covered in this survey include factors influencing temperature setting, operating patterns in setting, and readjusting behaviors after setting. The aim is to find possible ways to encourage higher temperature setting and correct operation. The results show that although the regulation is reasonable (within the [26 degrees C to 28 degrees C range), more than half of the users violate it with an average setting at 24.9 degrees C. The low awareness of the regulation (31.9%) can only account for part of the ineffectiveness: people with knowledge set higher, but still below 26 degrees C. The survey also found some non-comfort motivations that can be potentially used to encourage higher temperature setting: personal health, noontime napping, connecting with nature, and protecting the environment. On the contrary, office workers would set the temperature lower when they first entered the office. It should be noted that office workers strongly consider colleagues when setting the temperature, but generally do not consider electricity consumption. Some of their operating patterns should also be paid attention like setting a low initial temperature; and constantly shutting off and turning on the AC. The discussion includes applications of these findings in terms of enhancing user motivation and simplifying thermostat operation. (C) 2013 Elsevier B.V. All rights reserved.

Notes: Zhuang, Xiangling Wu, Changxu

Zhuang, Xiangling/T-6552-2019; Zhuang, Xiangling/AAA-8625-2019

Zhuang, Xiangling/0000-0002-0333-5434;

1872-6178

URL: <Go to ISI>://WOS:000336779000067

Reference Type: Journal Article

Record Number: 497

Author: Ziegenfuss, J. Y., Dinh, J. M., McCann, P., Katz, A. S., JaKa, M. M., Haapala, J., Jones, C., Mello, A., Springer, J. and Kottke, T. E.

Year: 2022

Title: Behaviors, Beliefs, and Recommendations to Optimize Promotion of Safe Fish Consumption Before and During Pregnancy: A Physician Survey

Journal: Journal of Primary Care and Community Health

Volume: 13

Date: Sep

Short Title: Behaviors, Beliefs, and Recommendations to Optimize Promotion of Safe Fish Consumption Before and During Pregnancy: A Physician Survey

ISSN: 2150-1319

DOI: 10.1177/21501319221126980

Accession Number: WOS:000861915800001

Abstract: Introduction: Eating fish before and during pregnancy is important but care must be taken to choose fish which maximize developmental outcomes. Physicians, a trusted health information source, could provide this nuanced communication. This cross-sectional survey of a representative sample of 400 family medicine and obstetrics and gynecology (OB-GYN) physicians in Minnesota was

designed to understand physician behaviors and beliefs about safe fish consumption, describe barriers to physician-patient conversations about safe fish consumption generally and as part of prenatal care and to identify resources to help facilitate conversations on this topic. Methods: Data was collected January to April 2020. Two hundred nineteen surveys were completed (55% response rate) with 194 reporting seeing patients at least 1 day a week. Descriptive survey results from all were summarized and analyzed overall and by physician specialty. Responses to 3 open-ended questions were thematically coded to enrich the quantitative results. Results: While 62% of these reported discussing nutrition topics, only about one-third reported discussing with patients the benefits and about one-quarter the risks of eating fish. Despite the relative infrequency of fish discussions, almost all (>90%) respondents agreed that it is important to discuss fish consumption with people who are or may become pregnant. The largest reported barrier to these conversations was time (82%), and the most endorsed resource to overcome identified barriers was talking points (72%). Conclusions: Because physicians report limited time, resources that facilitate fish consumption should be succinct while serving to both nudge the message and direct clinicians and their patients to robust information.

Notes: Ziegenfuss, Jeanette Y. Dinh, Jennifer M. McCann, Patricia Katz, Abigail S. JaKa, Meghan M. Haapala, Jacob Jones, Cresta Mello, Abbey Springer, Jeremy Kottke, Thomas E.

Kottke, Thomas/HKN-3550-2023

Jones, Cresta/0000-0003-1699-0531

2150-1327

URL: <Go to ISI>://WOS:000861915800001

Reference Type: Journal Article

Record Number: 967

Author: Zieve, G. G., Armstrong, C. C., Richardson, I. M., Garcia, S. B. and Harvey, A. G.

Year: 2022

Title: Measuring Memory for Treatment Using Patient Conceptualizations of Clinical Vignettes: A Pilot Psychometric Study in the Context of Cognitive Therapy for Depression

Journal: Cognitive Therapy and Research

Volume: 46

Issue: 4

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Date: Aug

Short Title: Measuring Memory for Treatment Using Patient Conceptualizations of Clinical Vignettes: A Pilot Psychometric Study in the Context of Cognitive Therapy for Depression

ISSN: 0147-5916

DOI: 10.1007/s10608-022-10293-1

Accession Number: WOS:000749434800001

Abstract: Background Patient memory for psychological treatment contents is a promising transdiagnostic mechanism of change, but there is little consensus concerning its measurement. We conducted a pilot psychometric investigation of the Conceptualization Task, a

novel measure of patient memory for treatment. Methods Data were from a trial comparing cognitive therapy-as-usual to cognitive therapy plus the Memory Support Intervention (MSI) for adults with depression (N = 171). For the Conceptualization Task, patients read clinical vignettes and provided written responses to assess three facets of conceptualization: identifying contributing factors to psychopathology, making intervention recommendations, and providing a rationale for recommendations. Higher scores were given to responses reflecting accurate memory for the theoretical model and change strategies used in treatment. Results The Conceptualization Task showed excellent inter-rater reliability and sensitivity to change during treatment, but only fair test-retest reliability and insufficient internal consistency. Findings supported discriminant validity with measures of education, IQ, and general memory functioning, but not convergent validity with existing measures of patient memory for treatment. Criterion validity analyses showed that some aspects of the Conceptualization Task were associated with therapist use of memory support strategies from the MSI and treatment outcome. However, findings were mixed, effect sizes were small, and some results did not remain statistically significant after correcting for multiple comparisons. Conclusions Further refinement and testing is needed before the Conceptualization Task may be used to assess the patient memory for treatment contents. Notes: Zieve, Garret G. Armstrong, Courtney C. Richardson, Ian M. Garcia, Sydney B. Harvey, Allison G. Harvey, Allison/0000-0002-8609-0005; Garcia, Sydney/0000-0002-0151-7699 1573-2819 URL: <Go to ISI>://WOS:000749434800001

Reference Type: Journal Article

Record Number: 53

Author: Zipfel, N., de Wit, M., Snippen, N. C., Bosma, A. R., Hulshof, C. T. J., de Boer, Agem and van der Burg-Vermeulen, S. J. Year: 2023

Title: Improving person-centered occupational health care for workers with chronic health conditions: a feasibility study

Journal: BMC Medical Education

Volume: 23

Issue: 1

Date: Apr

Short Title: Improving person-centered occupational health care for workers with chronic health conditions: a feasibility study

DOI: 10.1186/s12909-023-04141-3

Article Number: 224

Accession Number: WOS:000963562900002

Abstract: Background Person-centered care is needed to effectively support workers with chronic health conditions. Person-centered care aims to provide care tailored to an individual person's preferences, needs and values. To achieve this, a more active, supportive, and coaching role of occupational and insurance physicians is required. In previous research, two training programs and an e-learning training with accompanying tools that can be used in the context of

person-centered occupational health care were developed to contribute to this changing role. The aim was to investigate the feasibility of the developed training programs and e-learning training to enhance the active, supportive, and coaching role of occupational and insurance physicians needed for person-centered occupational health care. Information about this is important to facilitate implementation of the tools and training into educational structures and occupational health practice. Methods A qualitative study was conducted, with N = 29 semi-structured interviews with occupational physicians, insurance physicians, and representatives from occupational educational institutes. The aim was to elicit feasibility factors concerning the implementation, practicality and integration with regard to embedding the training programs and e-learning training in educational structures and the use of the tools and acquired knowledge and skills in occupational health care practice after following the trainings and e-learning training. Deductive analysis was conducted based on pre-selected focus areas for a feasibility study. Results From an educational perspective, adapting the face-to-face training programs to online versions, good coordination with educational managers and train-the-trainer approaches were mentioned as facilitating factors for successful implementation. Participants underlined the importance of aligning the occupational physicians' and insurance physicians' competences with the educational content and attention for the costs concerning the facilitation of the trainings and e-learning training. From the professional perspective, factors concerning the content of the training and e-learning training, the use of actual cases from practice, as well as follow-up training sessions were reported. Professionals expressed good fit of the acquired skills into their consultation hour in practice. Conclusion The developed training programs, e-learning training and accompanying tools were perceived feasible in terms of implementation, practicality, and integration by occupational physicians, insurance physicians and educational institutes.

Notes: Zipfel, Nina de Wit, M. Snippen, N. C. Bosma, A. R. Hulshof, C. T. J. de Boer, A. G. E. M. van der Burg-Vermeulen, S. J. hulshof, carel tj/B-3435-2013
Snippen, Nicole/0000-0001-7832-4302
1472-6920
URL: <Go to ISI>://WOS:000963562900002

Reference Type: Journal Article

Record Number: 295

Author: Zolfaghari, M., Meshkovska, B., Banik, A., Kamphuis, C. B. M., Kopainsky, B., Luszczynska, A., Murrin, C., Lien, N. N. and Consortium, P. E. N.

Year: 2022

Title: Applying a systems perspective to understand the mechanisms of the European School Fruit and Vegetable Scheme

Journal: European Journal of Public Health

Volume: 32

Pages: 107-113

Date: Dec

Short Title: Applying a systems perspective to understand the mechanisms of the European School Fruit and Vegetable Scheme

ISSN: 1101-1262

DOI: 10.1093/eurpub/ckac054

Accession Number: WOS:000894226700013

Abstract: Background: For the past two decades, the percentage of European children who consume fruit daily has remained at around 40%, despite numerous school-based policy efforts and interventions. This study aimed to apply a systems approach to provide an integrated perspective of the mechanisms of the European School Fruit and Vegetable Scheme (the Scheme) to understand better how to increase its long-term impact on children's fruit and vegetable consumption. Methods: We developed a causal loop diagram by synthesizing peer-reviewed articles and national government documents related to the Scheme, following the conceptualization steps of system dynamics. The initial causal loop diagrams were then validated in three stages by consulting with experts (two individuals and a group) in school-based fruit and vegetable programmes, children's fruit and vegetable consumption and the Scheme, using disconfirmatory interview guidelines. Results: The findings suggest that a central self-reinforcing mechanism through which children socialize during fruit and vegetable consumption is critical in the habituation process. Additionally, the initial increase in children's fruit and vegetable consumption following the Scheme implementation is due to growth in three self-reinforcing loops related to motivation and capability mechanisms; however, this trend gradually slows and stops due to four balancing feedback loops with alternative goals related to opportunity mechanisms that reach their limits. Conclusions: The scheme's design should incorporate activities that align the objectives of the implementers and recipients of the Scheme at all levels. This alignment should provide children with ongoing opportunities to consume fruits and vegetables and strengthen the motivation and capability mechanisms. Notes: Zolfaghari, Mahshid Meshkovska, Biljana Banik, Anna Kamphuis, Carlijn B. M. Kopainsky, Birgit Luszczynska, Aleksandra Murrin, Celine Lien, Nanna

Kopainsky, Birgit/0000-0002-1271-8365; Murrin, Celine/

0000-0002-9728-9781

1464-360x

4

URL: <Go to ISI>://WOS:000894226700013

Reference Type: Book Section

Record Number: 1826

Author: Zullig, L. L., Deschodt, M., Liska, J., Bosworth, H. B. and De Geest, S.

Year: 2019

Title: Moving from the Trial to the Real World: Improving Medication Adherence Using Insights of Implementation Science

Editor: Insel, P. A.

Book Title: Annual Review of Pharmacology and Toxicology, Vol 59

Volume: 59

Pages: 423-445

Series Title: Annual Review of Pharmacology and Toxicology
Short Title: Moving from the Trial to the Real World: Improving
Medication Adherence Using Insights of Implementation Science
ISBN: 978-0-8243-0459-1

DOI: 10.1146/annurev-pharmtox-010818-021348

Accession Number: WOS:000456390500021

Abstract: Medication nonadherence is a serious public health concern. Although there are promising interventions that improve medication adherence, most interventions are developed and tested in tightly controlled research environments that are dissimilar from the real-world settings where the majority of patients receive health care. Implementation science methods have the potential to facilitate and accelerate the translation shift from the trial world to the real world. We demonstrate their potential by reviewing published, high-quality medication adherence studies that could potentially be translated into clinical practice yet lack essential implementation science building blocks. We further illustrate this point by describing an adherence study that demonstrates how implementation science creates a junction between research and real-world settings. This article is a call to action for researchers, clinicians, policy makers, pharmaceutical companies, and others involved in the delivery of care to adopt the implementation science paradigm in the scale-up of adherence (research) programs.

Notes: Zullig, Leah L. Deschodt, Mieke Liska, Jan Bosworth, Hayden B. De Geest, Sabina

De geest, sabina/0000-0001-6596-7237
0362-1642

URL: <Go to ISI>://WOS:000456390500021

Reference Type: Journal Article

Record Number: 1212

Author: Zurynski, Y., Ellis, L. A., Tong, H. L., Laranjo, L., Clay-Williams, R., Testa, L., Meulenbroeks, I., Turton, C. and Sara, G.
Year: 2021

Title: Implementation of Electronic Medical Records in Mental Health
Settings: Scoping Review

Journal: Jmir Mental Health

Volume: 8

Issue: 9

Date: Sep

Short Title: Implementation of Electronic Medical Records in Mental
Health Settings: Scoping Review

ISSN: 2368-7959

DOI: 10.2196/30564

Article Number: e30564

Accession Number: WOS:000714012600018

Abstract: Background: The success of electronic medical records (EMRs) is dependent on implementation features, such as usability and fit with clinical processes. The use of EMRs in mental health settings brings additional and specific challenges owing to the personal, detailed, narrative, and exploratory nature of the assessment, diagnosis, and treatment in this field. Understanding the determinants of successful EMR implementation is imperative to

guide the future design, implementation, and investment of EMRs in the mental health field. Objective: We intended to explore evidence on effective EMR implementation for mental health settings and provide recommendations to support the design, adoption, usability, and outcomes. Methods: The scoping review combined two search strategies that focused on clinician-facing EMRs, one for primary studies in mental health settings and one for reviews of peer-reviewed literature in any health setting. Three databases (Medline, EMBASE, and PsycINFO) were searched from January 2010 to June 2020 using keywords to describe EMRs, settings, and impacts. The Proctor framework for implementation outcomes was used to guide data extraction and synthesis. Constructs in this framework include adoption, acceptability, appropriateness, feasibility, fidelity, cost, penetration, and sustainability. Quality assessment was conducted using a modified Hawker appraisal tool and the Joanna Briggs Institute Critical Appraisal Checklist for Systematic Reviews and Research Syntheses. Results: This review included 23 studies, namely 12 primary studies in mental health settings and 11 reviews. Overall, the results suggested that adoption of EMRs was impacted by financial, technical, and organizational factors, as well as clinician perceptions of appropriateness and acceptability. EMRs were perceived as acceptable and appropriate by clinicians if the system did not interrupt workflow and improved documentation completeness and accuracy. Clinicians were more likely to value EMRs if they supported quality of care, were fit for purpose, did not interfere with the clinician-patient relationship, and were operated with readily available technical support. Evidence on the feasibility of the implemented EMRs was mixed; the primary studies and reviews found mixed impacts on documentation quality and time; one primary study found downward trends in adverse events, whereas a review found improvements in care quality. Five papers provided information on implementation outcomes such as cost and fidelity, and none reported on the penetration and sustainability of EMRs. Conclusions: The body of evidence relating to EMR implementation in mental health settings is limited. Implementation of EMRs could benefit from methods used in general health settings such as co-designing the software and tailoring EMRs to clinical needs and workflows to improve usability and acceptance. Studies in mental health and general health settings rarely focused on long-term implementation outcomes such as penetration and sustainability. Future evaluations of EMRs in all settings should consider long-term impacts to address current knowledge gaps.

Notes: Zurynski, Yvonne Ellis, Louise A. Tong, Huong Ly Laranjo, Liliana Clay-Williams, Robyn Testa, Luke Meulenbroeks, Isabelle Turton, Charmaine Sara, Grant

Testa, Luke/AAS-1706-2021; Laranjo, Liliana/D-5356-2017; Sara, Grant/AEQ-2027-2022; Clay-Williams, Robyn/Y-1883-2019

Testa, Luke/0000-0003-4447-6628; Laranjo, Liliana/0000-0003-1020-3402; Sara, Grant/0000-0002-3762-1711; Clay-Williams, Robyn/0000-0002-6107-7445; Ellis, Louise/0000-0001-6902-4578;

Zurynski, Yvonne/0000-0001-7744-8717; Tong, Huong Ly/0000-0002-8462-0105; Meulenbroeks, Isabelle/0000-0002-9083-7845

URL: <Go to ISI>://WOS:000714012600018

Reference Type: Journal Article

Record Number: 1626

Author: Zwick, H. S.

Year: 2021

Title: Egyptian Students' Disinterest in Overseas Academic Mobility: A Behavioral Approach Based on the Capability–Opportunity–Motivation Model

Journal: Journal of International Students

Volume: 11

Issue: 2

Pages: 377–396

Short Title: Egyptian Students' Disinterest in Overseas Academic Mobility: A Behavioral Approach Based on the Capability–Opportunity–Motivation Model

ISSN: 2162–3104

DOI: 10.32674/jis.v11i2.2081

Accession Number: WOS:000661544900007

Abstract: This study uses the capability–opportunity–motivation behavior framework as a theoretical basis and partial least squares structural equation modeling as an empirical research method to identify factors that influence the interest in studying abroad. We rely on primary microdata collected through a self-administered questionnaire among Egyptian students and apply a structural equation model to estimate the different relationships. Our analysis yielded interesting results: (a) 58% of our respondents were somehow interested in studying abroad; (b) physical capability, physical opportunity, and automatic motivation were the main predictors of interest in overseas academic mobility; and (c) a three-pillar policy program based on guidelines, communication and marketing, and regulation could be implemented to promote the interest of young Egyptians in studying abroad.

Notes: Zwick, Helene Syed

2166–3750

URL: <Go to ISI>://WOS:000661544900007