Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

**Literature search results**

<table>
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<th>Search completed for:</th>
<th>18th May 2012</th>
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<td>18th May 2012</td>
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<td>Search completed on:</td>
<td>17th May 2012</td>
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<td>Search completed by:</td>
<td>Richard Bridgen</td>
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</table>

**Search details**

Well-being, mood enhancement, privacy and dignity in adults and older people in hospital as inpatients.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; CINAHL; EMBASE; MEDLINE; PsychINFO; Google Scholar

**Database search terms:** "older people"; "older person*"; elderly; aged; senior*; elder*; "later life"; geriatric*; "old* age"; exp AGED; YOUNG ADULT; MIDDLE AGED; ADULT; inpatient*; INPATIENTS; hospital*; wellbeing; well-being; "well being"; mood; digni*; priva*; mood adj2 enhance*; mood adj2 improv*; mood adj2 chang*; mood adj2 alter*; occupational adj2 therap*; OCCUPATIONAL THERAPY; OCCUPATIONAL THERAPISTS; effective*; outcome*; efficacy*; improve*; recover*; OUTCOMES (HEALTH CARE); NURSING OUTCOMES; OUTCOME ASSESSMENT; exp TREATMENT OUTCOMES; quality adj2 life; QOL; exp QUALITY OF LIFE

**Google search string:** (~older people" OR ~aged OR elders OR seniors OR "later life" OR ~geriatric OR ~adult) (~inpatient OR ~hospitalized) (wellbeing OR mood OR privacy OR dignity) (~occupational therapy")

**Summary**

There is a huge amount of literature on this subject. For this reason I focused on it in relation to occupational therapy for which there is considerably less research. If you want me to broaden the search, please give me some additional parameters to narrow it down further. For example are you interested in non-mental health conditions; this would narrow it down considerably.
<table>
<thead>
<tr>
<th>Guidelines</th>
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<tr>
<td><strong>Age Concern</strong></td>
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<tr>
<td>Improving services and support for older people with mental health problems: the second report from the UK inquiry into mental health and well-being in later life</td>
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<td><strong>British Geriatrics Society</strong></td>
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<td>Dignity in Practice - An Exploration of the Care of Older Adults in Acute NHS Trusts</td>
<td>2012</td>
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<td><strong>Department of Health</strong></td>
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<td>Enabling effective delivery of health and wellbeing</td>
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<td>Improving the health and wellbeing of people with learning disabilities</td>
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<td>Privacy and Dignity - A report by the Chief Nursing Officer into mixed sex accommodation in hospitals</td>
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<td><strong>Healthcare Commission</strong></td>
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<td>Caring for dignity: a national report on dignity in care for older people while in hospital</td>
<td>2007</td>
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<td><strong>International School for Communities, Rights and Inclusion</strong></td>
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<tr>
<td>Commissioning mental wellbeing for all: a toolkit for commissioners</td>
<td>2010</td>
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<td><strong>The King’s Fund</strong></td>
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<td>The point of care: enabling compassionate care in acute hospital settings</td>
<td>2009</td>
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<tr>
<td><strong>Local Government Association</strong></td>
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<td>Delivering dignity: securing dignity in care for older people in hospitals and care homes: a report for consultation</td>
<td>2012</td>
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<td>This report looks at changing society’s attitudes to older people, who is cared for, the standards of care people should have a right to expect, moving between home, hospital and care home, residential and nursing home care providers, commissioning dignified care, patient, resident and public representation, staff development, and regulation.</td>
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<td><strong>National End of Life Care Programme</strong></td>
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<td>The route to success in end of life care: achieving quality for occupational therapy</td>
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<td><strong>National Mental Health Development Unit</strong></td>
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<td>The mental well-being impact assessment toolkit</td>
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<td><strong>NHS Confederation</strong></td>
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<td>Investing in emotional and psychological wellbeing for patients with long-term conditions</td>
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<td><strong>NICE</strong></td>
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<tr>
<td>PH16 Mental wellbeing and older people</td>
<td>2008</td>
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Evidence-based reviews

Health Technology Assessments

Dignity in practice: an exploration of the care of older adults in acute NHS trusts 2011

The study shows that the majority of the staff interviewed are motivated to represent patients’ interests but these motivations are frequently compromised by systemic and organisational factors.

Published research

1. The effects of single and repeated psychiatric occupational therapy on psychiatric symptoms: Assessment using a visual analogue scale

Author(s): Yamashita H., Terao T., Mizokami Y.

Citation: Stress and Health, April 2012, vol./is. 28/2(98-101), 1532-3005;1532-2998 (April 2012)

Publication Date: April 2012

Abstract: The main aims of psychiatric occupational therapy are to improve daily activity, to enhance communication with others and to reinforce social adaptation. Also, substantial improvements in psychiatric symptoms have been reported, but the effects on psychiatric symptoms are yet to be established. In the present study, we investigated the effects of single and repeated administrations of psychiatric occupational therapy on psychiatric symptoms and determined whether the effects can be predicted. Our subjects were 215 inpatients or outpatients at our university hospital who participated in psychiatric occupational therapy. Five psychiatric symptoms (i.e. depressive mood, tension, irritability, anxiety and fatigue) were subjectively measured just before and just after each psychiatric occupational therapy by using a visual analogue scale (VAS). As a result, there was a significant short-term effect from single psychiatric occupational therapy, but there was no significant further improvement of any psychiatric symptom from repeated psychiatric occupational therapy. The VAS value at the beginning stage significantly predicted improvement of each psychiatric symptom. These findings suggest that single psychiatric occupational therapy can bring about a short-term effect, whereas repeated psychiatric occupational therapy cannot induce long-term effect (accumulated effect) on psychiatric symptoms, and that the improvement can be predicted by baseline psychiatric symptoms. 2011 John Wiley & Sons, Ltd.

Source: EMBASE

2. Development of a person-centred lifestyle intervention for older adults
**following a stroke or transient ischaemic attack.**

**Author(s):** Lund, Anne, Michelet, Mona, Kjeken, Ingvild, Wyller, Torgeir Bruun, Sveen, Unni

**Citation:** Scandinavian Journal of Occupational Therapy, 01 March 2012, vol./is. 19/2(140-149), 11038128

**Publication Date:** 01 March 2012

**Abstract:** Background: Older adults with mild to moderate stroke or transient ischaemic attack often experience anxiety, depression and reduced social participation in their daily lives. Interventions addressing the long-term consequences of stroke are needed. Objective: To describe the process of developing a person-centred lifestyle intervention for older adults with stroke. Methods: The Canadian Occupational Performance Measure was used to develop the content of the intervention. Lifestyle groups were implemented at senior centres once a week for nine months. Content analysis was used to analyse the intervention content. Results: A total of 132 participants (median age 79 years, 55% women, 52% lived alone) were recruited from hospitals. The participants prioritized 392 occupational problems, mainly related to active recreation, household and community management, mobility, and socialization. The occupational issues were addressed in the group interventions. New themes also emerged in line with the participants' choices through group discussions, such as information on stroke and prevention of new strokes, outdoor mobility and transportation, 'brain use' and memory. Conclusion: The study demonstrates the development of intervention following stroke, addressing its process, structure, and components. Whether the person-centred process increases the potential for enhancing participants' social participation and well-being should be evaluated in future studies.

**Source:** CINAHL

**Full Text:**

Available in fulltext at [the ULHT Library and Knowledge Services' eJournal collection](#)

3. **Where next for the care of older people?**

**Author(s):** Harries, Chloe

**Citation:** Community Practitioner, February 2012, vol./is. 85/2(16-18), 1462-2815 (2012 February)

**Publication Date:** February 2012

**Abstract:** Findings from 'Dignity and Nutrition for Older People' (Care Quality Commission (CQC), 2011) regarding the nursing care of older people. Issues around dignity, respect and nutrition, failings in the care of people with dementia and strategies to improve care, and the 'Time to Care' initiative to be implemented in all English hospitals by April 2013 are discussed. [Original] 0 references

**Source:** BNI

**Full Text:**

Available in fulltext at [ULHT journal article requests. Complete the online form to obtain articles.](#)

4. **Assessment of referrals to an OT consultation-liaison service: a retrospective and comparative study.**

**Author(s):** Gomes, Maria Gabriela J.B., De Morais, Luciene V., Osório, Flávia De L., Cabrera, Catalina Camas, Bertuso-Pel, Elaine C, De Carlo, Marysia M.R., Hallak, Jaime E.C., Contel, José Onildo B., Loureiro, Sonia Regina, Chagas, Marcos Hortes N., Crippa, José Alexandre S.

**Citation:** Scandinavian Journal of Occupational Therapy, 01 January 2012, vol./is. 19/1(84-91), 11038128

**Publication Date:** 01 January 2012

**Abstract:** The objective was to conduct a retrospective and comparative study of the
requests for consultation-liaison (RCLs), during a period of six years, sent to the Occupational Therapy (OT) team that acts as the Consultation-liaison Service in Mental Health. During the studied period 709 RCLs were made and 633 patients received OT consultations. The comparison group was extended to 1 129 consecutive referrals to the psychiatric CL service, within the same period and that were also retrospectively reviewed. Regarding to RCLs to the OT team, most of the subjects were women with incomplete elementary schooling, with a mean age of 39.2 years, and were self-employed or retired. Internal Medicine was responsible for most of the RCLs. The mean length of hospitalization was 51 days and the mean rate of referral was 0.5%, with the most frequent reason for the request being related to the emotional aspects and the most frequent psychiatric diagnosis was mood disorder. It is concluded that there is a clear demand for the development of consultation-liaison in OT, particularly with regard to the promotion of mental health in general hospitals.

Source: CINAHL

Full Text:
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection

5. Risks with older adults in acute care settings: Occupational therapists’ and physiotherapists’ perceptions

Citation: British Journal of Occupational Therapy, September 2011, vol./is. 74/9(412-8), 0308-0226 (2011 Sep)
Publication Date: September 2011

Abstract: Introduction: In acute care hospitals, risk assessments are integral to therapy practice. However, to date, this area has not been explored in any specific depth within occupational therapy or physiotherapy, although there is evidence that the management of risk causes uncertainty and anxiety among professionals. Different perspectives of risks may have an influence on the discharge end point. Method: This study explored the self-reported risk-taking behaviours of occupational therapists and physiotherapists. A qualitative approach was taken, with reflective diaries used to record the self-reported risk-taking behaviours of therapists in a teaching hospital. Eight therapists recorded 16 reflections in total, which were analysed using template analysis. Findings: The findings suggest that support from members of the team, collegiality and clinical confidence were important to manage risks. Therapists were willing to take risks in order to meet patient goals, to facilitate the rehabilitation process or to enhance the patient’s quality of life. However, there may be instances of interprofessional differences that need to be managed. Conclusion: This research has highlighted the need for therapists to reflect continually upon risk situations in professional practice. There is a need for support and guidance to be put in place to enable positive risk taking.

Source: AMED

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

6. Treating older people with dignity and respect

Author(s): Stone, S
Citation: Nursing Management UK, July 2011, vol./is. 18/4(22-3), 1354-5760 (2011 Jul)
Publication Date: July 2011

Abstract: Overview of findings from a review of the care provided in Wales to older patients in hospital. Examples of poor practice, and barriers to the delivery of dignified and respectful care, are highlighted and recommendations relating to staffing levels, ward leadership, staff training and the importance of effective communication are discussed. 3 refs.
7. The effects of a multiprofessional cognitive and functional rehabilitation program for patients with mild Alzheimer's disease


Citation: Alzheimer's and Dementia, July 2011, vol./is. 7/4 SUPPL. 1(S660-S661), 1552-5260 (July 2011)

Publication Date: July 2011

Abstract: Background: Pharmacological treatment of Alzheimer's disease (AD) yields modest and time-limited benefits, rendering psychosocial interventions an important adjunct approach in the long-term management of the disease. Methods: Patients with mild AD and their caregivers were recruited at a university-based memory clinic. Eligible patients (n=25) were assigned to a 12-week stimulation program, which was provided by a multiprofessional team. The comparison group (n=16) consisted in AD patients in the waiting list for the next available intervention schedule. The intervention consisted of group sessions of memory training (including computer-assisted methods), occupational therapy, art therapy, physiotherapy and physical training. Treatment was administered twice a week in 6-hour gatherings at a day-hospital facility. Twenty-five compliant patients were compared with 16 controls. Both groups were evaluated at baseline and at the end of the intervention by raters blinded to group assignment. Instruments: Mini-Mental State Examination, Short Cognitive Test (SKT), Direct Assessment of Functional Status-Revised, Quality of Life in AD, Neuropsychiatric Inventory, and Geriatric Depression Scale (GDS). Results: Measures of global cognitive function (total SKT score) and the performance on attention tasks (SKT attention sub score) indicated that patients in the experimental group remained stable as compared to controls, who displayed mild, but significant worsening in these functions (p=0.01 and p=0.05 respectively). The intervention was also associated with reduction in depression symptoms both for patients and caregivers, according to the GDS (p=0.001 and p=0.02 respectively), and decrease in caregiver burden as a consequence of patients' neuropsychiatric symptoms (p=0.02). According to both caregivers and patients, treatment was also beneficial to the patients' quality of life (p=0.04 and p=0.004). Conclusions: The completion of the present multiprofessional rehabilitation program was associated with cognitive stability and a significant improvement in quality of life in patients with AD. In addition, we found a significant decrease in depressive symptoms and caregiver burden. In spite of the progressive nature of AD, the present results support the notion that structured non-pharmacological interventions can yield adjunct and clinically relevant benefits in the treatment of dementia (Table presented).

Source: EMBASE

Full Text: Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

8. Right place - wrong person: dignity in the acute care of older people.

Author(s): Tadd, W, Hillman, A, Calnan, S

Citation: Quality in Ageing in Older Adults, March 2011, vol./is. 12/1(33-43), 1471-7794 (2011 Mar)

Publication Date: March 2011

Abstract: Research investigating older people and their carers' perceptions and
experiences of dignity in acute care. Differences in the priorities of trusts, staff and patients, and the failure of hospital and ward environments to meet the needs of older patients are highlighted. Occupational, organisational and cultural factors affecting dignified care and the impact of dignified care on patient outcomes are discussed. 38 refs.

Source: BNI

9. The development of Occupational Therapy best practice guidelines for people with Parkinson's

Author(s): Aragon A.

Citation: Movement Disorders, September 2010, vol./is. 25/(S713), 0885-3185 (15 Sep 2010)

Publication Date: September 2010

Abstract: Background: Occupational Therapy has much to offer in terms of the prevention or limitation of disabilities and handicaps, which may result from physical and psychological impairments. Occupational therapy is orientated towards the promotion of social inclusion, the optimisation of safety and independence, and the maintenance activities of daily living. Occupational Therapists have specific skills in assessment and the making recommendations to enable abilities, and to promote quality of life. When necessary, advice and links to further sources of support are also provided. This work concerns guidelines for Occupational Therapists based within any medical speciality or social setting, in relation providing interventions for people living with Parkinson's. Aims: To consider and be informed by what people living with Parkinson's have said about Occupational Therapy from several different perspectives. To outline the background, context and main drivers for the development of the guidance - including information drawn from national policies, surveys and other related evidence. To produce an easily accessible resource for Occupational Therapists to guide their practice when working with people with Parkinson's. Method: The development of the guidelines was supported by Parkinson's UK (formerly the Parkinson's Disease Society), as one of 4 other professional guidance documents. The project was also supported by the College of Occupational Therapists (COT) and their Specialist section for Neurological Practice. The process of development involved 30 Occupational Therapists who participated variously through discussion, review and peer-ratification by consensus. A senior neurologist at the National Hospital for Neurology and Neurosurgery in London also reviewed two drafts and contributed a foreword for the document. Parkinson's UK and COT have subsequently endorsed the completed document. Results: The best practice guidelines (to be published in spring 2010) were developed to be person-centred and to contain readily applied examples of clinical practice. Suitability to dip in and out was also a core requirement, intended to aid quick access to relevant information. Conclusion: An overview of the drivers, development process, structure and contents is presented and followed by details of how to access a full copy of the document online, to be viewed or downloaded free of charge.

Source: EMBASE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles. 

Available in print at Lincoln County Hospital Professional Library


Author(s): Hutcheson C, Ferguson H, Nish G, Gill L

Citation: British Journal of Occupational Therapy, 15 March 2010, vol./is. 73/3(121-128), 03080226

Publication Date: 15 March 2010

Abstract: Studies have indicated widespread inactivity in psychiatric wards, although the occupational therapy and mental health journals support the therapeutic benefits of participation in activity. A service evaluation was conducted to explore activity provision and identify gaps in service within a 13-ward psychiatric hospital. The results of the initial exploration were that staff and patients indicated a lack of structured and accessible
activity. An activity programme was introduced offering a minimum of 17 groups weekly, including functional, leisure, art and sport groups. Six months after the introduction of the programme, 63 patients participated in one week, which was a considerable increase from 6 inpatients taking part in activity prior to the introduction of the programme. The results of a service evaluation conducted by questionnaire identified positive feedback from over 90% of patients and 100% of staff. The main recommendation was the continuous provision of an inpatient activity programme within the hospital. A further recommendation was to build closer links with community resources to enable continued participation after discharge from hospital.

Source: CINAHL

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.


Author(s): Bone C, Cheung G, Wade B

Citation: New Zealand Journal of Occupational Therapy, 01 March 2010, vol./is. 57/1(35-40), 11710462

Publication Date: 01 March 2010

Abstract: The aim of this pilot study was to assess the effectiveness and usability of Dementia Care Mapping (DCM) as a person-centred evaluation of the quality of care being given to people with dementia. The participants were residents of a long term psychogeriatric hospital in New Zealand. DCM was administered in four phases: baseline, pre-intervention, post-intervention and one month post-intervention. Intervention strategies included a range of daily activities for residents, staff education, and environmental adaptation. The findings suggest that occupational and psychosocial intervention can improve the quality of care provision and thus the well-being of people living with dementia.

Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

12. Is there a role for meaningful activity in stroke rehabilitation?

Author(s): Gustafsson L, McKenna K

Citation: Topics in Stroke Rehabilitation, March 2010, vol./is. 17/2(108-18), 1074-9357:1074-9357 (2010 Mar-Apr)

Publication Date: March 2010

Abstract: PURPOSE: Stroke survivors report multiple psychosocial issues after discharge and difficulties returning to meaningful roles and activities. This study explored the impact of an occupation-based group program on activity levels, well-being, and self-efficacy after discharge from inpatient rehabilitation.METHODS: This pilot study recruited participants from two hospital rehabilitation units. Both units provided individual therapy programs. Unit A provided an additional occupation-based group program. Behavioural mapping recorded participants’ activity levels in hospital for one weekday and one weekend day. Outcome measures collected at recruitment, discharge, and/or 1 month after discharge included Modified Barthel Index, use of community supports, length of stay, Stroke Impact Scale, and Self- Efficacy Gauge.RESULTS: Participants from Unit A (n = 8) had a significantly longer length of stay than Unit B (n = 11) and spent significantly more time in occupational therapy (P = .01). Both participant groups were more inactive on the weekday compared to the weekend (P = .03). Participants in Unit A were more likely to report low levels of social
PARTICIPATION AND STROKE RECOVERY (P < .05) ON THE STROKE IMPACT SCALE.

CONCLUSION: There was no indication from the results of this study that an occupation-based group program had a positive effect on the measured outcomes.

Source: MEDLINE

Full Text:

Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

13. Rehabilitation interventions for improving physical and psychosocial functioning after hip fracture in older people.

Author(s): Crotty M, Unroe K, Cameron ID, Miller M, Ramirez G, Couzner L

Citation: Cochrane Database of Systematic Reviews, 2010, vol./is./1(CD007624), 1361-6137;1469-493X (2010)

Publication Date: 2010

Abstract: BACKGROUND: Social and psychological factors such as fear of falling, self-efficacy and coping strategies are thought to be important in the recovery from hip fracture in older people. OBJECTIVES: To evaluate the effects of interventions aimed at improving physical and psychosocial functioning after hip fracture. SEARCH STRATEGY: We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register (September 2009), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2008, Issue 4), MEDLINE and EMBASE (to December 2008), other databases and reference lists of related articles. SELECTION CRITERIA: Randomised and quasi-randomised trials of rehabilitation interventions applied in inpatient or ambulatory settings to improve physical or psychosocial functioning in older adults with hip fracture. Primary outcomes were physical and psychosocial function and 'poor outcome' (composite of mortality, failure to return to independent living and/or readmission). DATA COLLECTION AND ANALYSIS: Two authors independently selected trials based on pre-defined inclusion criteria, extracted data and assessed risk of bias. Disagreements were moderated by a third author. MAIN RESULTS: Nine small heterogeneous trials (involving 1400 participants) were included. The trials had differing interventions, including 'usual care' comparators, providers, settings and outcome assessment. Although most trials appeared well conducted, poor reporting hindered assessment of their risk of bias. Three trials testing interventions (reorientation measures, intensive occupational therapy, cognitive behavioural therapy) delivered in inpatient settings found no significant differences in outcomes. Two trials tested specialist-nurse led care, which was predominantly post-discharge but included discharge planning in one trial: this trial found some benefits at three months but the other trial found no differences at 12 months. Coaching (educational and motivational interventions) was examined in two very different trials: one trial found no effect on function at six months; and the other showed coaching improved self-efficacy expectations at six months, although not when combined with exercise. Two trials testing interventions (home rehabilitation; group learning program) started several weeks after hip fracture found no significant differences in outcomes at 12 months. AUTHORS’ CONCLUSIONS: Some outcomes may be amenable to psychosocial treatments; however, there is insufficient evidence to recommend practice changes. Further research on interventions described in this review is required, including attention to timing, duration, setting and administering discipline(s), as well as treatment across care settings. To facilitate future evaluations, a core outcome set, including patient-reported outcomes such as quality of life and compliance, should be established for hip fracture trials.

Source: MEDLINE

Full Text:

Available in fulltext at Wiley.


Author(s): McPherson KM, Kayes N, Weatherall M, Members of the Goals-SR Research Group
OBJECTIVE: To determine the acceptability and clinical application of two recently developed goal-setting interventions (Goal Management Training and Identity Oriented Goal Training) in people with traumatic brain injury.

DESIGN: A three parallel group, randomized controlled pilot study.

Setting: Inpatient and community rehabilitation facilities.

SUBJECTS: Thirty-four people with moderate to severe traumatic brain injury (Goal Management Training, n = 12; Identity Oriented Goal Training, n = 10; usual care, n = 12) and their rehabilitation clinicians.

INTERVENTIONS: For both Goal Management Training and Identity Oriented Goal Training participants met face to face with their key worker weekly over a period of 6-8 weeks, during which time the key worker worked to engage them in goal setting and goal performance using the strategy prescribed by their group allocation. Usual care was provided to the other participants.

MAIN MEASURES: Largely qualitative using observation, individual interviews and focus groups. Participants also completed a Goal Attainment Scale at baseline, post intervention and at three months follow-up.

RESULTS: Both approaches were acceptable to the majority of participants with many reporting improved mood and goal attainment. Clinicians found working in a different way with patients both challenging and rewarding, with both experimental approaches enhancing a focus on the person's own goals. Identity Oriented Goal Training seemed particularly helpful in engaging people in the goal-setting process while Goal Management Training appeared particularly helpful in providing a structured framework for error prevention in attempting goal performance.

CONCLUSION: These theoretically informed approaches to goal setting showed promise but were time intensive and at times difficult for practitioners to utilize.

Source: MEDLINE

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

15. Enabling privacy and dignity in care: using creative arts to develop practice with older people.

Author(s): Webster, K, Coats, E, Noble, G

Citation: Foundation Nursing Studies Dissemination Series, 2009, vol./is. 5/3(1-4), 1478-4106 (2009)

Publication Date: 2009

Abstract: Evaluation of a creative arts programme in a London hospital bringing together nurses and elderly people to facilitate practice development in improving the experience of dignity and privacy in care. Content, structure and aims of the sessions, which included use of collage, movement and clay sculpting are described and participants' views evaluating the course are included. 17 refs.

Source: BNI

Full Text:
Available in fulltext at ULHT journal article requests. Complete the online form to obtain articles.

16. Leading a dignified revolution.

Author(s): Dennis, M, Morgan, L

Citation: Nursing Management UK, December 2008, vol./is. 15/8(14-5), 1354-5760 (2008 Dec)

Publication Date: December 2008

Abstract: Overview of the work of 'A Dignified Revolution', a group established to improve the care of older people in hospital. The group's recommendations are outlined and the need for effective leadership in the monitoring, evaluation and regulation of safe practice is
17. **Effects of inpatient rehabilitation in multiple sclerosis patients with moderate disability**

**Author(s):** Vikman T., Fielding P., Lindmark B., Fredrikson S.

**Citation:** Advances in Physiotherapy, 2008, vol./is. 10/2(58-65), 1403-8196;1651-1948 (2008)

**Publication Date:** 2008

**Abstract:** The aim of this study was to evaluate the effects of 3 weeks of inpatient neurorehabilitation for multiple sclerosis (MS) patients with moderate disability and to determine the clinical usefulness of different outcome measures. Rehabilitation consisted of physiotherapy, occupational therapy and consultation by speech therapist, social worker and psychologist. Subjects were assessed in two cohorts. Cohort A (n = 40) was assessed on admission and discharge during a rehabilitation period. Cohort B (n = 18) was assessed 3 weeks before admission, on admission and at discharge. Mean Expanded Disability Status Scale score was 5.7 +/- 0.7 at admission for both cohorts combined. Different motor functions, personal care ability and quality of life were assessed. Improvements (p<0.05) were seen in the health-related quality of life (HRQoL) domains mental health, general health and vitality/fatigue of SF-36. Improvements (p < 0.05) in physical measures such as mobility and standing balance in cohort A, walking speed in cohort B and hand/arm dexterity both cohorts were found. No significant changes were seen in grip strength, personal care ability or fatigue in any cohort. The Barthel Index of ADL seems to have a ceiling effect and the Fatigue Severity Scale seems to be insensitive. In conclusion, improvements were seen after 3 weeks of inpatient rehabilitation in motor functions, some aspects of HRQoL and disability after 3 weeks of inpatient rehabilitation.

**Source:** EMBASE

**Full Text:**

Available in fulltext at [EBSCOhost](https://www.ebscohost.com)

Available in fulltext at [ULHT journal article requests. Complete the online form to obtain articles.](https://www.ulhtjournalarticlerequests.com)

18. **Fatigue in multiple sclerosis patients during inpatient rehabilitation**

**Author(s):** Romberg A., Ruutiainen J., Puukka P., Poikkeus L.

**Citation:** Disability and Rehabilitation, 2008, vol./is. 30/19(1480-1485), 0963-8288;1464-5165 (2008)

**Publication Date:** 2008

**Abstract:** Purpose. This study was designed to evaluate symptomatic fatigue in patients with mild to moderate multiple sclerosis (MS) during inpatient rehabilitation. We examined fatigue at the beginning and at the end of a 3-week rehabilitation period as well as its daily variation. Method. Ninety-one patients participated. Fatigue severity was measured using the Fatigue Severity Scale (FSS). On the basis of the FSS scores, patients were divided into a fatigue (n=66) and non-fatigue (n=25) group. General fatigue was self-evaluated using a Visual Analogue Scale (FVAS). Depression was measured using The Centre for Epidemiologic Studies Depression scale (CES-D). Results. In the fatigue group the mean FSS score decreased by 0.34 points, whereas in the non-fatigue group it increased by 0.23 points. The difference for change between groups was significant (p=0.003), but a covariate analysis showed that this was strongly affected by a decrease in depression. Fatigue varied greatly from day-to-day. The lowest FVAS coefficient of variation per patient...
was 9% and the highest 131%. Conclusion. Inpatient rehabilitation decreases MS patients’ fatigue. This effect seems to be modified by an improvement in mood.

**Source:** EMBASE

**Full Text:**
Available in [fulltext at ULHT journal article requests. Complete the online form to obtain articles.](#)
Available in [fulltext at ULHT journal article requests. Complete the online form to obtain articles.](#)

**19. Growing old disgracefully.**

**Author(s):** Lee, M

**Citation:** Mental Health Today, October 2007(30-3), 1474-5186 (2007 Oct)

**Publication Date:** October 2007

**Abstract:** Evidence of unmet needs from Age Concern’s ‘Promoting Mental Health and Well-Being in Later Life’ (2006). The project manager for the UK Inquiry into Mental Health and Well-Being in Later Life describes shortcomings in primary and social care, specialist mental health services, acute general hospitals and care homes and gives examples of good practice in reducing depression and improved community support. 17 refs.

**Source:** BNI

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**20. Why don’t trusts deliver dignity?**

**Author(s):** Tweddell, L

**Citation:** Nursing Times, October 2007, vol./is. 103/41(11), 0954-7762 (2007 9 Oct)

**Publication Date:** October 2007

**Abstract:** Summary of and comments on a Healthcare Commission report ‘Caring for Dignity’ which described care of older people in hospital as inhumane and undignified. Factors which led the Commission to make this judgement and possible causes are discussed and recommendations are made for improvement.

**Source:** BNI

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**21. Dignity in hospital.**

**Author(s):** Dearnley, B

**Citation:** Nursing Older People, May 2007, vol./is. 19/4(19), 1472-0795 (2007 May)

**Publication Date:** May 2007

**Abstract:** An older people’s representative from the Improving Hospital Care for Older People project at King’s College Hospital discusses the importance of giving elderly patients dignity in hospital. Issues including how they may wish to be addressed, privacy,
taking account of frailties and the opportunity to talk about fears are explored.

**Source:** BNI

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22. The impact of arthritis on daily life with the patient perspective in focus.

**Author(s):** Lütze U, Archenholtz B

**Citation:** Scandinavian Journal of Caring Sciences, 01 March 2007, vol./is. 21/1(64-70), 02839318

**Publication Date:** 01 March 2007

**Abstract:** BACKGROUND: Rheumatoid arthritis (RA) often has a major impact on many areas of an individuals' life. The unpredictability of the prognosis as well as the day-to-day symptoms make it impossible to plan ahead. The aim of this study was to identify the domains of concern in the early course of RA. METHODS: Interviews were carried out according to the focus group method. Twenty-three patients with RA, aged between 27 and 67 years and with a disease duration ranging from 1 to 5 years, were included. Four groups were established, the composition of which was based on age, gender and social situation. RESULTS: Arthritis had a major impact on daily life of the patients, especially on the way they performed activities. It also strongly influenced their mood and social life. The participants tried to cope by 'dosing their activities', 'using new strategies' or to 'stretching their limits'. Their sense of helplessness and uncertainty led to both 'anger' and 'depression'. When activities could no longer be maintained, the role positioning in the family also changed. CONCLUSION: The results of this study support the view that more psychosocial support is required to encourage the recently diagnosed RA patient in the new situation of having a chronic disease.

**Source:** CINAHL

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23. Feasibility and results of a randomised pilot-study of pre-discharge occupational therapy home visits

**Author(s):** Lannin N.A., Clemson L., McCluskey A., Lin C.W., Cameron I.D., Barras S.

**Citation:** BMC health services research, 2007, vol./is. 7/(42), 1472-6963 (2007)

**Publication Date:** 2007

**Abstract:** BACKGROUND: Pre-discharge home visits aim to maximise independence in the community. These visits involve assessment of a person in their own home prior to discharge from hospital, typically by an occupational therapist. The therapist may provide equipment, adapt the home environment and/or provide education. The aims of this study were to investigate the feasibility of a randomised controlled trial in a clinical setting and the effect of pre-discharge home visits on functional performance in older people undergoing rehabilitation. METHODS: Ten patients participating in an inpatient rehabilitation program were randomly assigned to receive either a pre-discharge home visit (intervention), or standard practice in-hospital assessment and education (control), both conducted by an occupational therapist. The pre-discharge home visit involved assessment of the older
person’s function and environment, and took an average of 1.5 hours. The hospital-based interview took an average of 40 minutes. Outcome data were collected by a blinded assessor at 0, 2, 4, 8 and 12 weeks. Outcomes included performance of activities of daily living, reintegration to community living, quality of life, readmission and fall rates. RESULTS: Recruitment of 10 participants was slow and took three months. Observed performance of functional abilities did not differ between groups due to the small sample size. Difference in activities of daily living participation, as recorded by the Nottingham Extended Activities of Daily Living scale, was statistically significant but wide confidence intervals and low statistical power limit interpretation of results. CONCLUSION: Evaluation of pre-discharge home visits by occupational therapists in a rehabilitation setting is feasible, but a more effective recruitment strategy for a main study is favored by application of a multi-centre setting.

Source: EMBASE

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... size yet due to the pilot nature of the investigation and the rigors of inpatient research ... Staal J, Pinkney L, Roane D. Assessment of stimulus preferences in multisensory environment therapy for older people with dementia ... The American Journal of Geriatric Psychiatry 1994;2:52-59 ...

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... the key words: geriatric, elderly, older, old, very old, aged, inpatient, rehabilitation, discharge, post(-)acute, hospitaliz(ing)ed, randomiz(ing)ed in combination with falls prevention, exercise, fitness, training, multidisciplinary therapy, ICF, physiotherapy, occupational therapy, geriatric ...

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