

was well received, 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

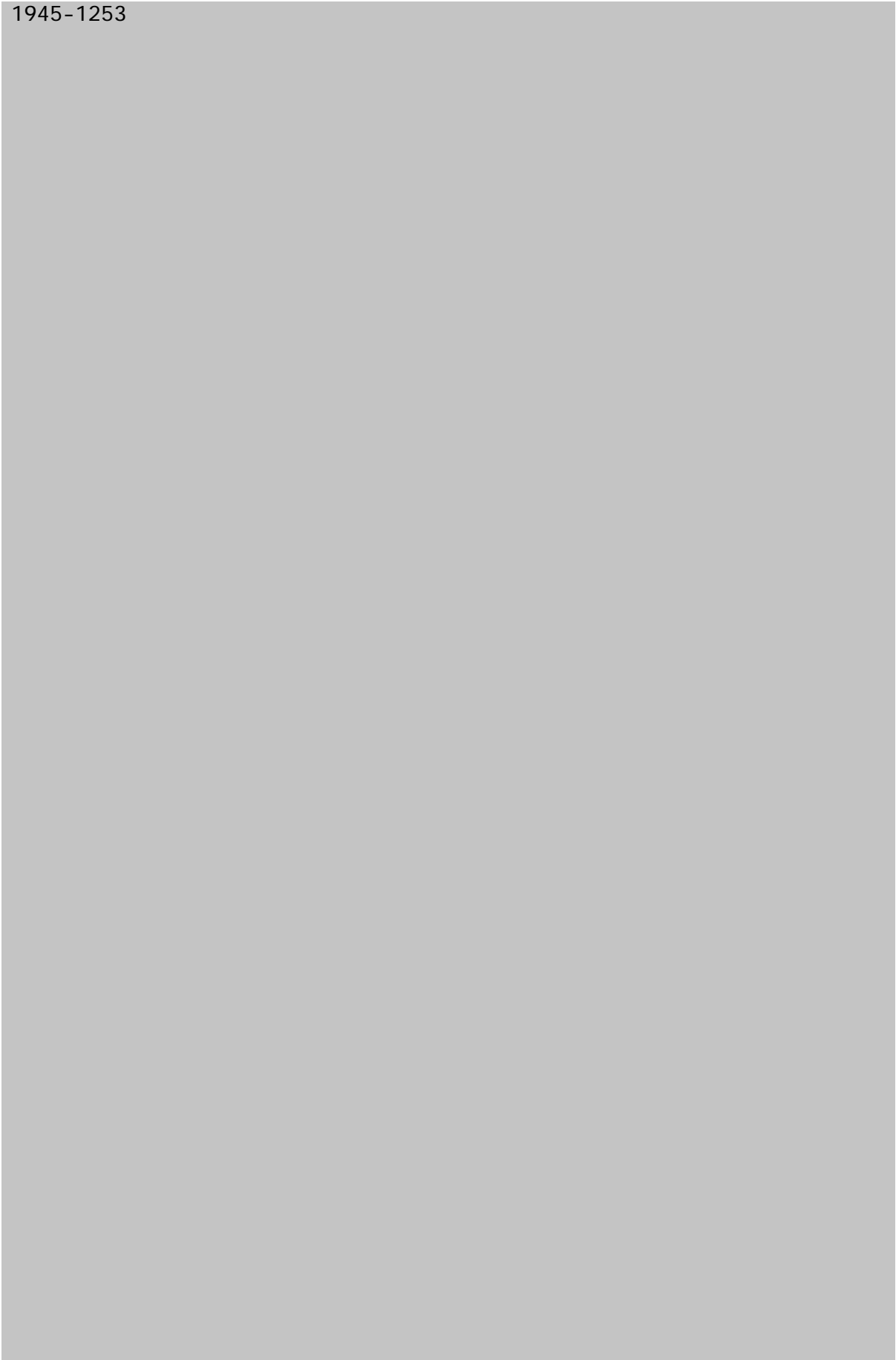
Date: Apr

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

ISSN: 0018-5787

DOI: 10.1177/00185787211032354

1945-1253



Obeidat, Nathir M. Belbeisi, Adel M. Al Mazrouei, Nadi a Al -Shai kh, 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 -Shai kh, Ala'a Fuad/GNW-5818-2022; Al -Shai kh, Ala'a/AFV-4928-2022 Al -Shai kh, Ala'a Fuad/0000-0002-3844-7292; Al -Shai kh, 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

Notes: Abdu-Aguye, Sami rah N. Mohammed, Shafi u Danjuma, Nuhu M. Labaran, Kami lu S. Mohammed, Shafi u/P-2016-2014; Abdu-Aguye, Sami rah/R-5815-2019; Abdu-Aguye, Sami rah/HIA-0420-2022; Practi ce, Pharmacy/AAP-5629-2020 Mohammed, Shafi u/0000-0001-5715-966X; Abdu-Aguye, Sami rah/0000-0001-7534-632X; Abdu-Aguye, Sami rah/0000-0001-7534-632X; Labaran, kami lu/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

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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

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.

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., Sicheloff, 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 68T001

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.

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 CRC screening 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, CRC screening, 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 CRC screening 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 CRC screening, 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 CRC screening 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 CRC screening interventions in primary care. Future studies assessing the CRC screening 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

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. Tani n, 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/bmj.oq-2020-001127

Article Number: e001127

Accession Number: WOS: 000674241700029

Abstract: Background In 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, Iihan Shandakumar, Amrita Tara Zaman, Sadi a 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.

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 Mushi h Tanimul Tumpa, Jannatul Ferdouse Adib, Riddhi man Ahamed, Sheikh Iqbal Petereit, Daniel Burhansstipanov, Linda Krebs, Linda U. Dignan, Mark

Adib, Riddhi man/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



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

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. /1-2595-2013

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

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, Zufi shan Dean, Ann Judi th Janda, Moni ka
Dean, Judi th Ann/N-3293-2016
Dean, Judi th Ann/0000-0002-2513-2013; Al am, Zufi shan/
0000-0002-2668-7360
1745-5065



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

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

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

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.

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 options) usual care

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., Tiegels, Z., Smith, N., Chong, Y. Y., Onagan, F. C.,

equipment, transportation, social support, blue space environments, and skills of service providers. Programme-related contextual factors were communication, multi stakeholder 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 Tieges, 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; Tieges, 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

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

communications by healthcare professionals in clinical practice: A systematic review
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 20, Issue 5, 2023, pp. 1890-1895, doi:10.1016/j.saph.2023.100000

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, Ithem Umaru, Nkiruka Al Hamid, Abdullah Shebl, Nada Atef

Berrou, Ithem/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,

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

Reference Type: Journal Article
Record Number: 151



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 Raki a Kairy, Dahlia Higgins, Johanne Archambault, Philippe S. Michaud, Francois Miller, William C. Sweet, Shane N. Tousignant, Michel
Allegue, Dorra Raki a/ACE-8866-2022; Archambault, Philippe S. / F-4675-2010

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

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

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 Mi odownik, Mark

; Michie, Susan/A-1745-2010

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

Mi chie, 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

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 \geq 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



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

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.

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

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.

This research used the Theoretical Domains Framework to quantify the behavioural determinants of health professional reporting of medication errors. 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. 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

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: Al rushud, Asma Al amam, Dal yah Al harthi , Ameerah Shaheen, Afaf Al otai bi , Nada Al Sabhan, Rand Al harbi , Shatha Al i , Nour Mohammed, El af Sweeh, Joud

shaheen, Afaf Ahmed/HNC-2943-2023; Al amam, Dal yah/ABA-7875-2022
shaheen, Afaf Ahmed/0000-0002-9265-0806; Al amam, Dal yah/
0000-0002-0237-1484

1557-0681

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

Reference Type: Journal Article

Record Number: 1244

Author: Al sul amy, 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

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. Llaverro-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: Alwidyan, 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 semi structured 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: Alwi dyan, 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)



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

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.

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

Reference Type: Journal Article
Record Number: 1730

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

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

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

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 Bridgen, 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., Bel ei goli , A. , Di ni z, M. D. and Ri bei ro, 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/



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

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 Cherbain, 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-

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

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., Queralta, A., Crone, D. and Chillon, P.

Year: 2022

Title: The Effect of a School-Based Intervention on Children's

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-Parabiah, 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.

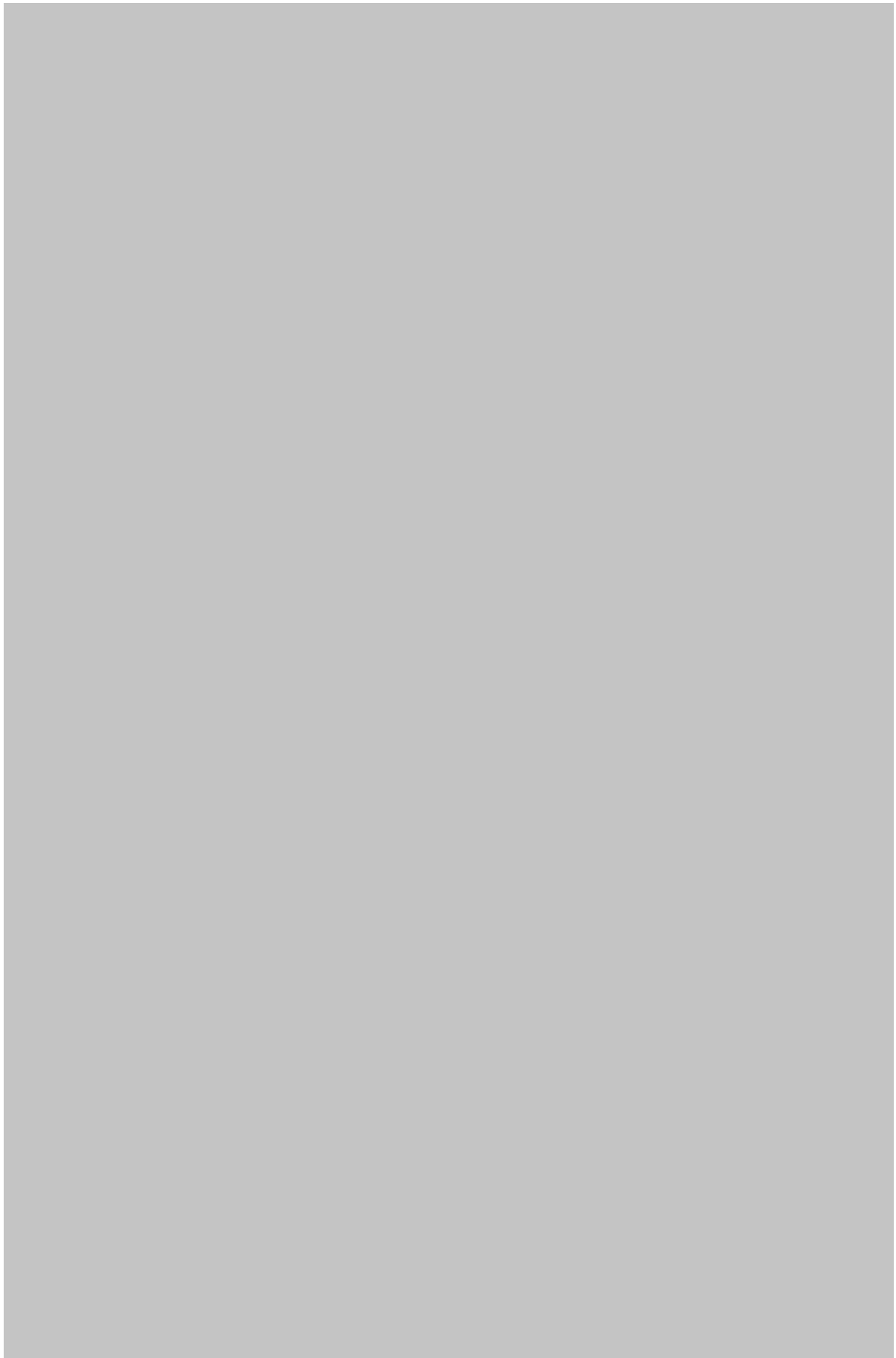
Mackenzie's Mission aims to assess the acceptability and feasibility of an easily accessible RGCS program, provided free of charge to the participant. In study Phase 1, implementation needs were mapped, and key study elements were developed. In Phase 2, RGCS is being offered by healthcare providers educated 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-Parabiah, 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



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: 10.1177/10901981211003510

Article Number: 10901981211003510

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, Virgini Romero-Ayuso, Dulce Ashe, Maureen C.

Romero-Ayuso, Dulce/AAL-1652-2019; Moreno, Rafael Prieto/AAM-7071-2021; Martinez-Ruiz, Virgini a/Y-1794-2018

Romero-Ayuso, Dulce/0000-0002-2479-8913; Martinez-Ruiz, Virgini a/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

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: 11

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 Preclinical Practice

Journal: Annals of Surgery

Volume: 273

Issue: 3

Pages: 474-482

Date: Mar

Short Title: What Promotes Surgeon Practice Change? A Scoping Review

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



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. CDC Antibiotic Survey 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 semi-structured 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

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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

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



Record Number: 2163

Reference Type: Journal Article

Record Number: 2309

Author: Atkins, L. and Michie, S.

Reference Type: Journal Article

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: oOET 9o ISI>://OS:000354119600009

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

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 Raki a Vachon, Brigitte Thomas, Alike 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

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.

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

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

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

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: Jami a 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/jami aopen/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 Gunshakar/0000-0003-1453-8963
2574-2531

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

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/HOH-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, Oyinola

Ayorinde, Abimbola/ACU-6473-2022; Oyebode, Oyinola/ABE-1256-2021
Oyebode, Oyinola/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

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, Madeline 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., Hatzikiakidis, K., Tsi ndos, 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. Hatzikiakidis, K. Tsi ndos, T.

Sadasi van, S. Maloney, S. Bragge, P. Diug, B. Illi c, D.

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

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 Associação Brasileira de Pesquisa e Pós-Graduação em Fisioterapia. Published by Elsevier España, S.L.U. All rights reserved.

Notes: Azim, Farah Tabassum Burton, Elissa Ariza-Vega, Patrocínio 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

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

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

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 integratif 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. Cadihac, 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.

Cadihac, D A/I-1912-2014

Cadihac, 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



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, three level 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 (sion Number: WOS:000390854800001

(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
1ker, E. A., Brew.0001A Q q89058 0 0 -0.9789058 72 95602.37cm BT 0.00

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

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,

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

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 Dahl in Liden, Eva

Dahl in-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.0001 Tc 11 vvhi ae ta8T

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

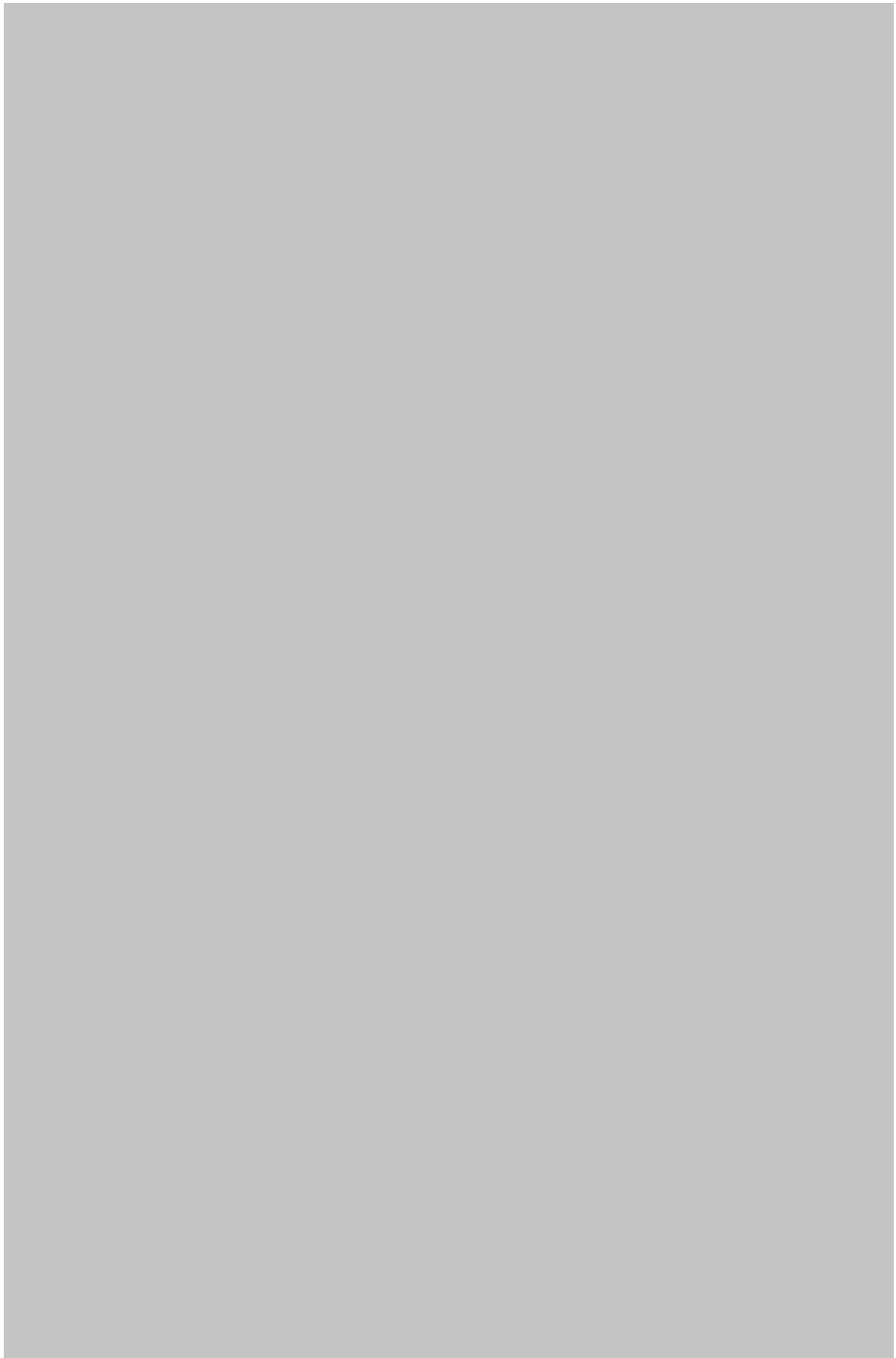
Issue: 3

Pages: 246-255

Date: Jun

Short Title: Bundle interventions used to reduce prescribing and

Bundle interventions used to reduce prescribing and



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 Furiuzzi, 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/fbl oc.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

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

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, Simon/S-7838-2019; de Lusignan, Simon/A-4125-2009; Atkins, Louise/C-7740-2011 de Lusignan, Simon/0000-0002-8553-2641; Atkins, Louise/0000-0001-9322-7869 1708-8186

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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

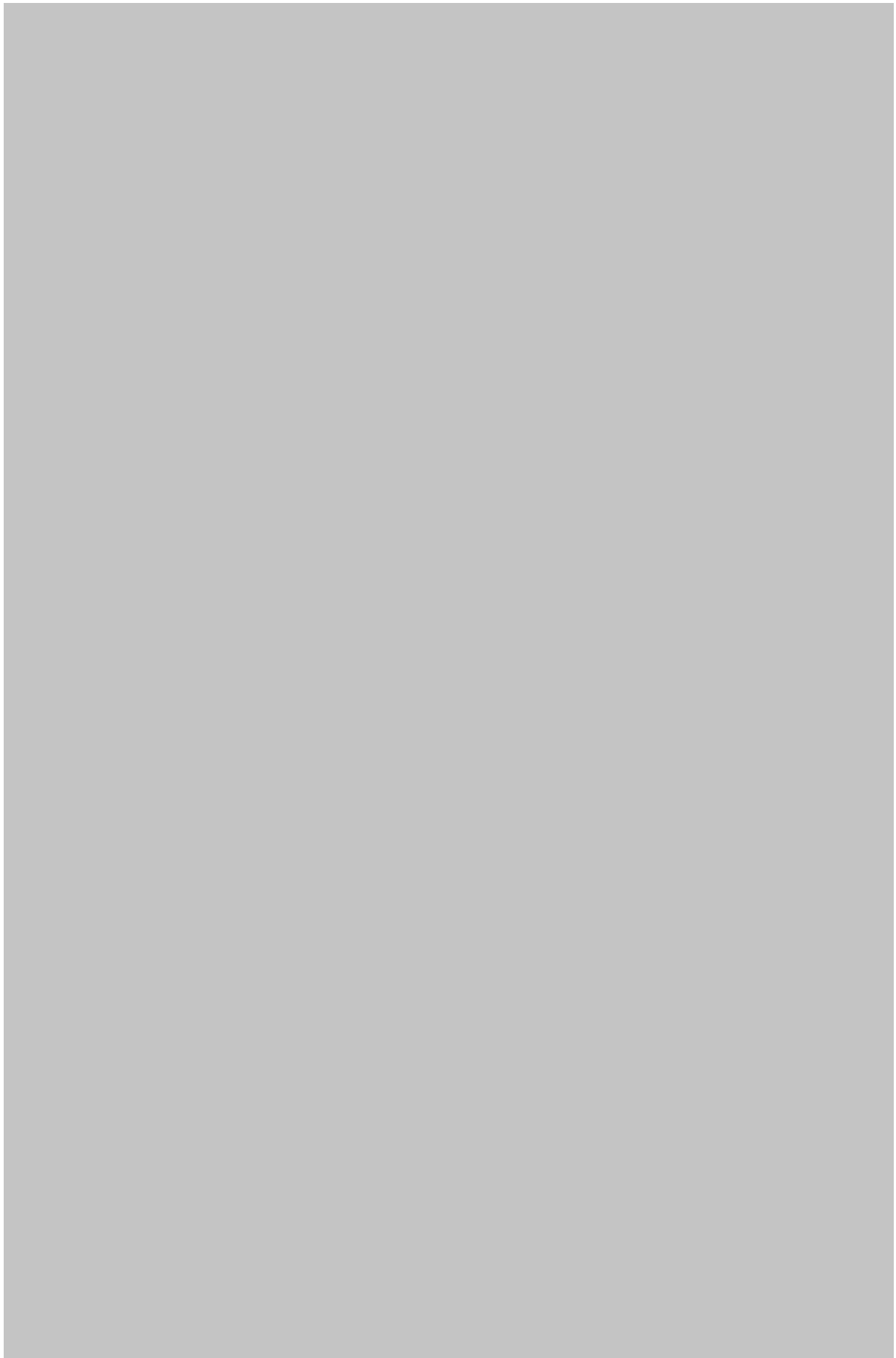
Accession Number: WOS:000859769800031

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,

and rational decisions. To be maximally effective, interventions therefore have to address both influences on behaviour. An approach



Year: 2020

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 Wyr, Mary Hor, Su-y truoi loirrect anET Qey

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

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

Insights from the Switching Study

DOI: 10.1002/rth2.12116

Accession Number: WOS:000452488100010

Abstract: Background: Anti coagulation 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



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

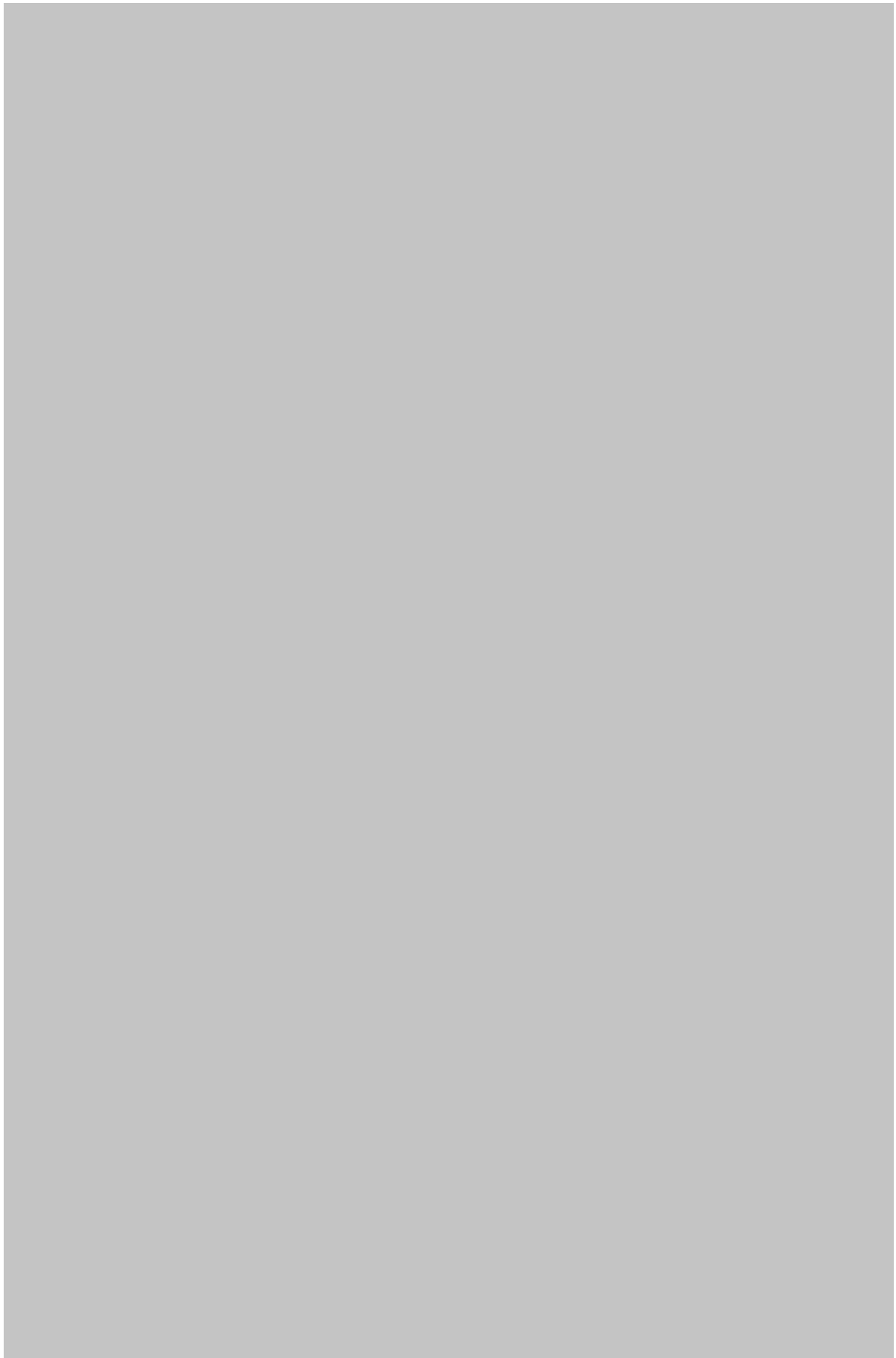
Short Title: Comparing an optimised physiotherapy treatment package with usual physiotherapy care for people with tennis elbow - protocol for the OPTimise pilot and feasibility randomised controlled trial

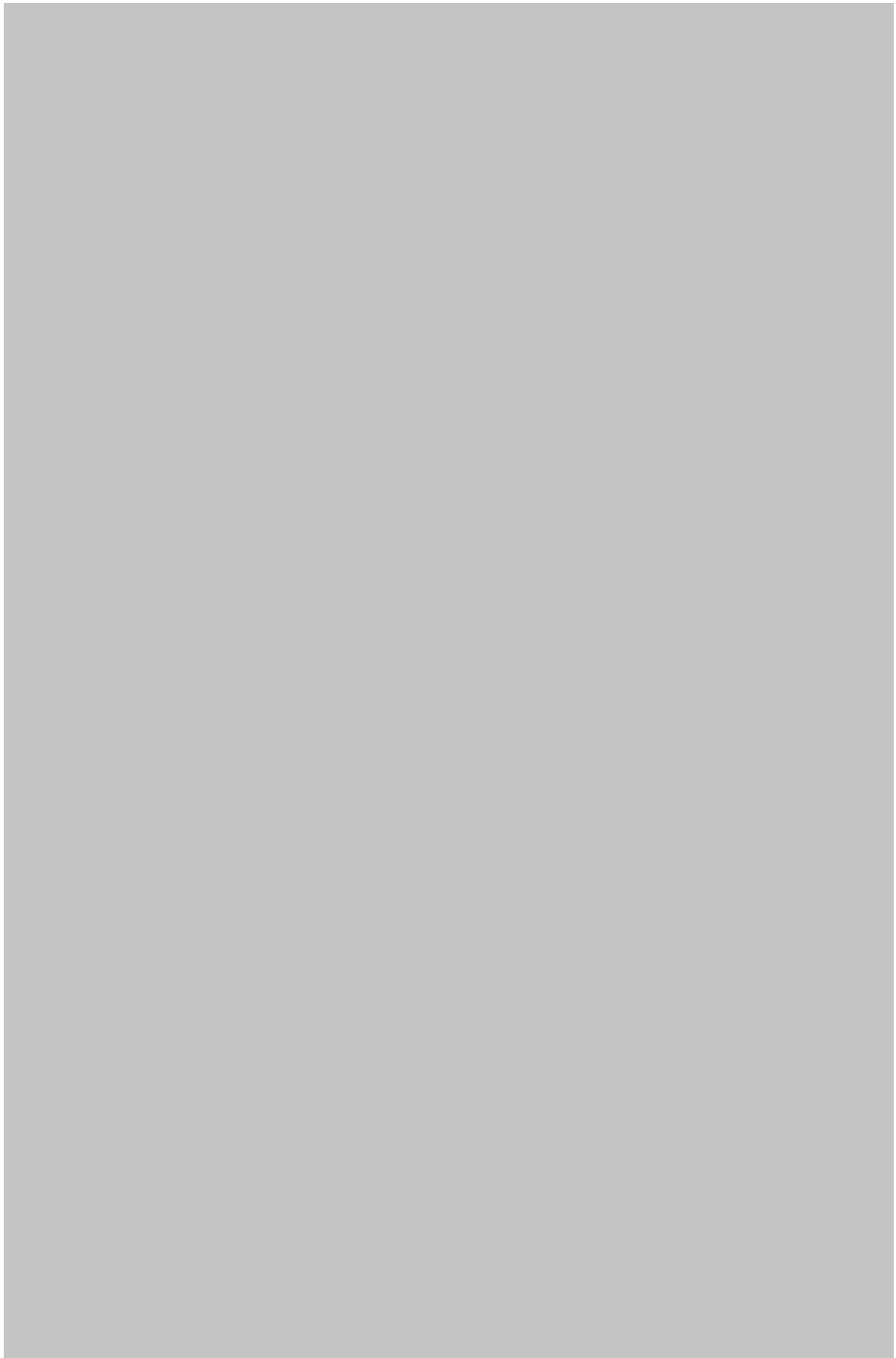
DOI: 10.1186/s40814-022-01132-x

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





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

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



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

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, Kalpi ta 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

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, Alana C.

Safarpour, Alana/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-Chilts, J. and Wolpert,

M.

Year: 2022

Title: Applying behaviour change theory to understand the barriers to implementing routine outcome monitoring

showed relatively good model fit (chi-square (1.96; $p > 0.15$), SRMR (< 0.08) and R-2 (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-Diomedes, B.

Year: 2022

Title: Active transport research priorities for Australia

Journal: Journal of Transport & Health

Volume: 24

Date: Mar

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

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, Firl e 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

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, Firlie 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 £23 (\$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'.

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.

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 aged between 18 and 64 years; able to answer a questionnaire in French or English; and 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 motivational 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

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

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., Al eamany, G. M., Anding, K., Avin, K. G.,

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./O-5978-2019; Jandová, Kristina/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

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 78909789

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



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.

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., DuSablón, 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 DuSablón, Anne Lacroix, Sébastien Gagné, Annick Laflamme, Elise Boutin, Nathalie Delisle, Stéphane 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

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

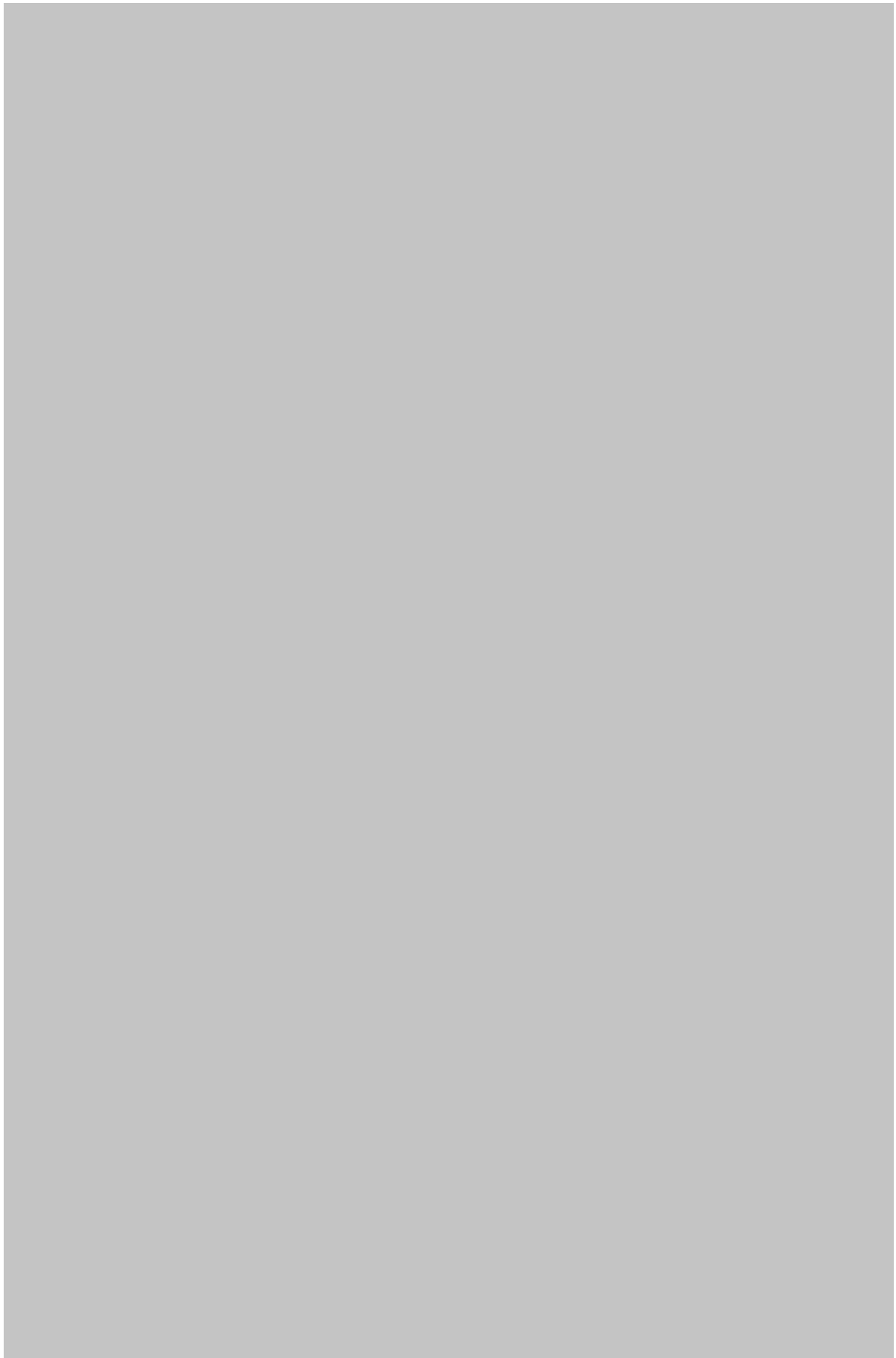
URL: <Go to ISI>://WOS: 000379167000051

Reference Type: Journal Article

Record Number: 1834

Author: Betsch, C., Schmid, P., Heimeier, D., Korn, L., Holtmann,

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 vides a novel



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. Manchain, Vinaya Andersson, Gerhard Maiment, David W.

Andersson, Gerhard/J-8529-2012; Manchain, Vinaya/I-1824-2014

Andersson, Gerhard/0000-0003-4753-6745; Manchain, Vinaya/

0000-0002-1254-8407; Maiment, 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



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

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 Vildardaga, Roger Kientz, Julie A. Munson, Sean A.

Vildardaga, Roger/S-1016-2019

Vildardaga, 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, c9275Bhattu1e ET 9rratio-BehnavJour

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; (3) code;

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., Galfy, 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

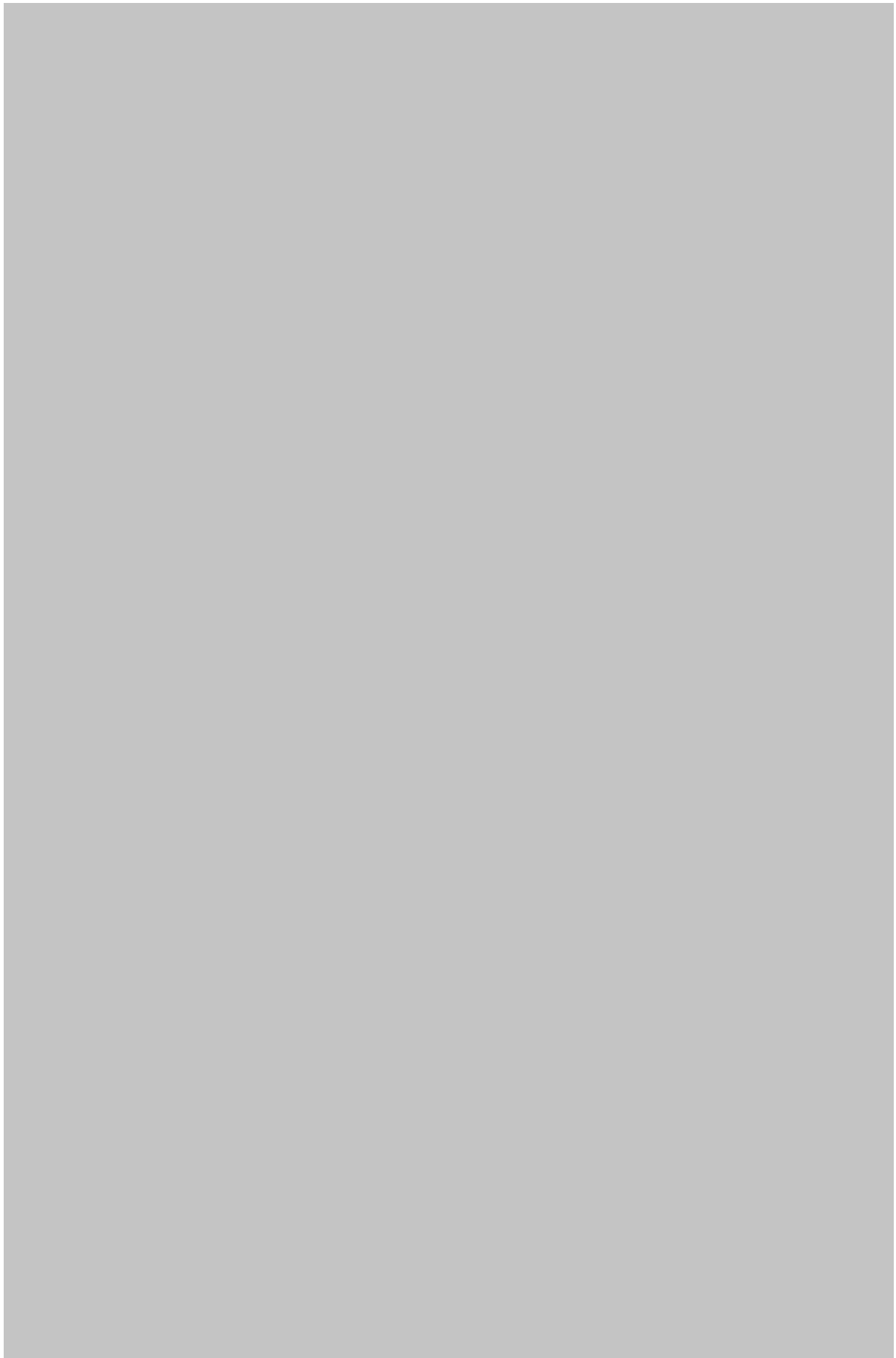
DOI: 10.1186/s40814-022-01185-y

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 assess 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 experience 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



Roberts, Sarah Ussher, Michael

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

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

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, 1593 OKar-11 5 159cr at e54Tm3cooTm /TT1 aC8g tnes, Melanie

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., Kriifa, 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 \geq 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 Torriild Beck, Torben Kri fa, 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

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: Bielinska, 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



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, Daniela 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

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,

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: 2374Tj Emh 8 72 163634.4 cm BT y io 8Au, context, and2

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

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

Author: Blacklock, C., Darwin, A., English, M., McKnight, J.,
Hinton, L., Harri ss, E. and Wong, G.

Year: 2022

Title: The social networks of hospital staff: A realist synthesis

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

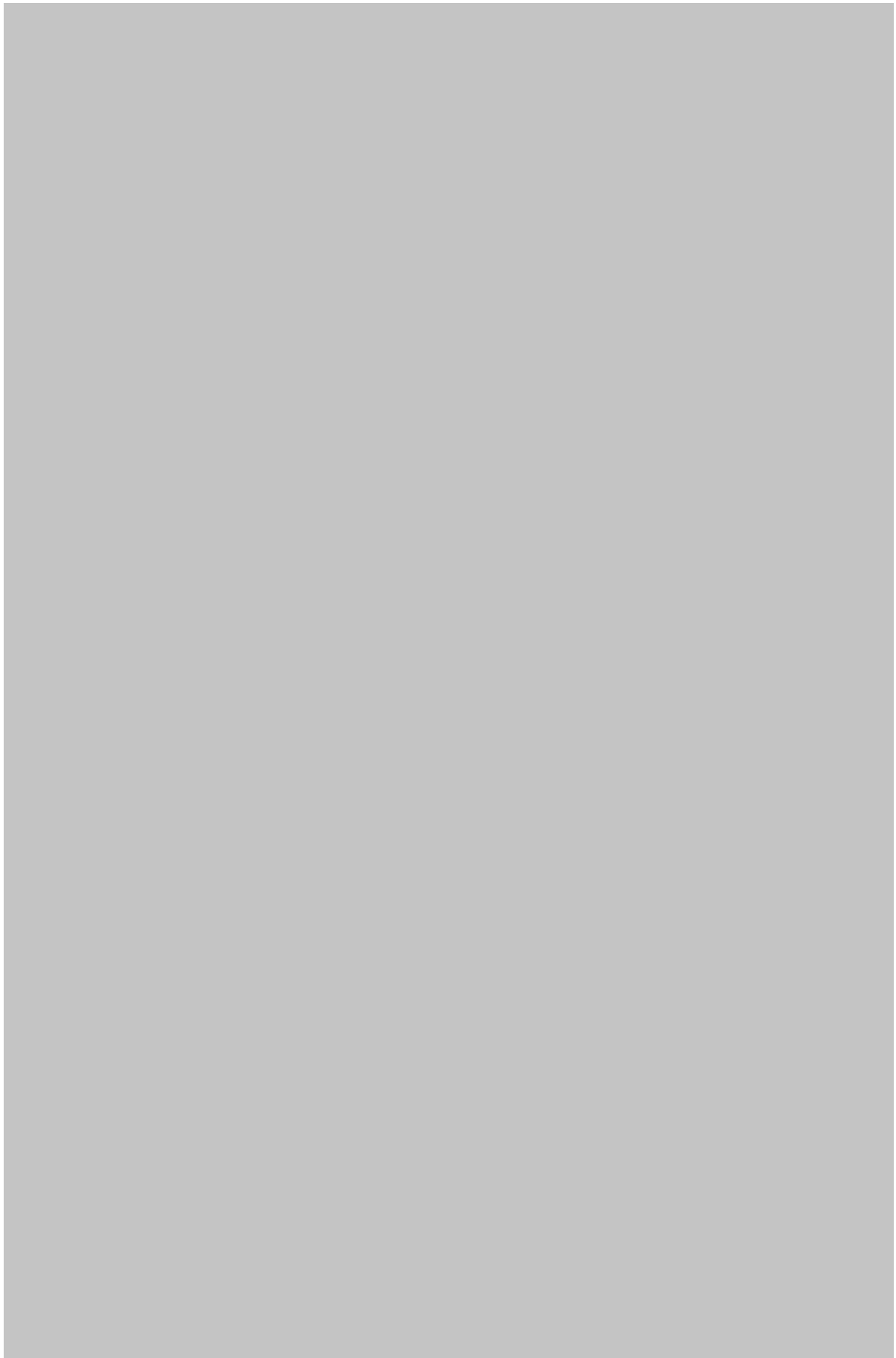
Volume: 25

Issue: 5

Pages: 2287-2298

Date: Oct

Short Title: Introducing and integrating perinatal mental health screening: Development of an equity-informed evidence-based approach



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

Notes: Blair, L. A. G. Bajon-Fernandez, Y. Villa, R.
Bajon Fernandez, Yadi ra/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 standpoint. 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 modes

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

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

2) implement tobacco
Article Number: e019878

publications and conference presentations.

Notes: Boeckmann, Melanie Nohavova, Iveta Dogar, Omara Kralikova, Eva Pankova, Alexandra Zvol ska, Kamila Huque, Rumana Fatima, Razia

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,

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

plan to do this by conducting interviews and surveys with midwives and doctors, and reviewing other research conducted on PPH to

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

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. Rmc cm BT 0.00pt

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 semi-structured 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 Stefani dou, 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-

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 Sedentari ness and Recommendations towards Achi evi ng a Heal thi er Behavi our

Journal: Heal thcare

Vol ume: 9

Issu e: 8

Date: Aug

Short Title: Health Issues Due to the Global Prevalence of Sedentari ness and Recommendations towards Achi evi ng a Heal thi er Behavi our

DOI: 10.3390/heal thcare9080995

Article Number: 995

Accession Number: WOS:000690603900001

Abstract: Sedentari ness has progressed in recent years. Here, we summarize the high prevalence of objectively measured sedentari ness and the list of health problems associated with sedentari ness. According to the literature, a minimum sedentary time of 8 h/d may avoid the harmful effects of sedentari ness. 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. Barel a, Jose A.

Barel a, José A/F-4284-2012

Barel a, 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,

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

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., Jamiesson, 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 Multi pronged 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, Nikki a 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



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 Pi echotta, Vanessa Kreuzberger, Ni na Monsef, Ina Wender, Andreas Follmann, Markus Nothacker, Moni ka Skoetz, Ni cole

Bora, Ana-Mi hael a/0000-0002-0493-9790
1472-6963

URL: <Go to ISI>://WOS: 000963484400004

Reference Type: Journal Article
Record Number: 2173

Pai vi Kestila, Laura Jousilahti, Pekka Prattala, Ritva Borodulin, Katja/0000-0001-9529-2592; Rahkonen, Ossi / 0000-0002-7202-3274; Lei no-Arjas, Pai vi /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

Wit, N.-ns0 032-0125Dy6am BT d87028Tm /TT1 1 Tf (Wit, N.-ns0 032-012



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

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 RRfm ucC

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 Hatzi kiri aki di s, Kostas Fahey, David Malliaras, Peter

Bourke, Jaryd/0000-0002-2996-0481; Hatzi kiri aki di s, 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, a patient telephone support, a digital intervention, and a person-based approach.

The following elements informed development: a literature review, a patient telephone support, a digital intervention, and a person-based approach. The following elements informed development: a literature review, a patient telephone support, a digital intervention, and a person-based approach.

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/inn.j.3251

Accession Number: WOS:000407825400005

Abstract: Pain management can be challenging to achieve in practice

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-

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; Dadi ch, Ann/GLU-7014-2022; Mazza, Dani elle/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; Dadi ch, Ann/0000-0001-5767-1794; Mazza, Dani elle/0000-0001-6158-7376; Gainforth, Heather/0000-0002-3281-1110; Bragge, Peter/0000-0003-0745-5131; Scott, Shannon D./0000-0002-2251-3742; Leeman, Jenni fer/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.

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

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

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 Hea 19058 0 0 -0.9789en, dr1Wi eureN i hand process outcri Cohen, Nea



Journal : Annals of Internal Medicine

Volume: 164

Issue: 6

Pages: 435-+

Date: Mar

Short Title: Practice Feedback Interventions: 15 Suggestions for

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

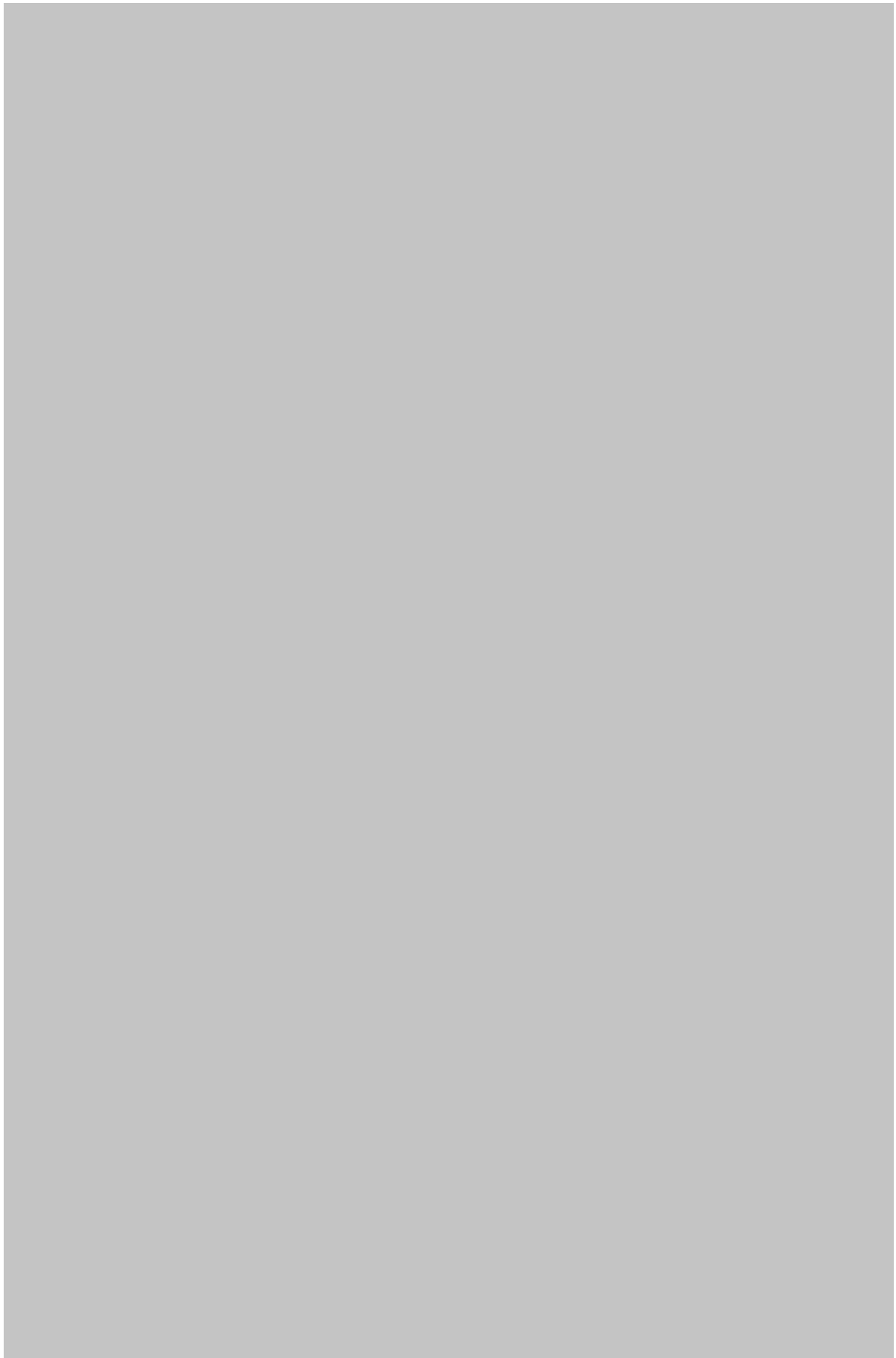
DOI: 10.2196/33426

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



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

cessati on ai d.

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

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

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,

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

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 01429.

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



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.,

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

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., Schaijlee, H., Theeboom, M. and Debognies, P.
Year: 2022
Title: Reflective practices in a volunteer community sport coach training programme
Series Editor: Theeboom, M., Schaijlee, 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 Schaijlee, Hebe Theeboom, Marc Debognies, Pieter
URL: <Go to ISI>://WOS:000859619400003

Reference Type: Journal Article
Record Number: 795

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.

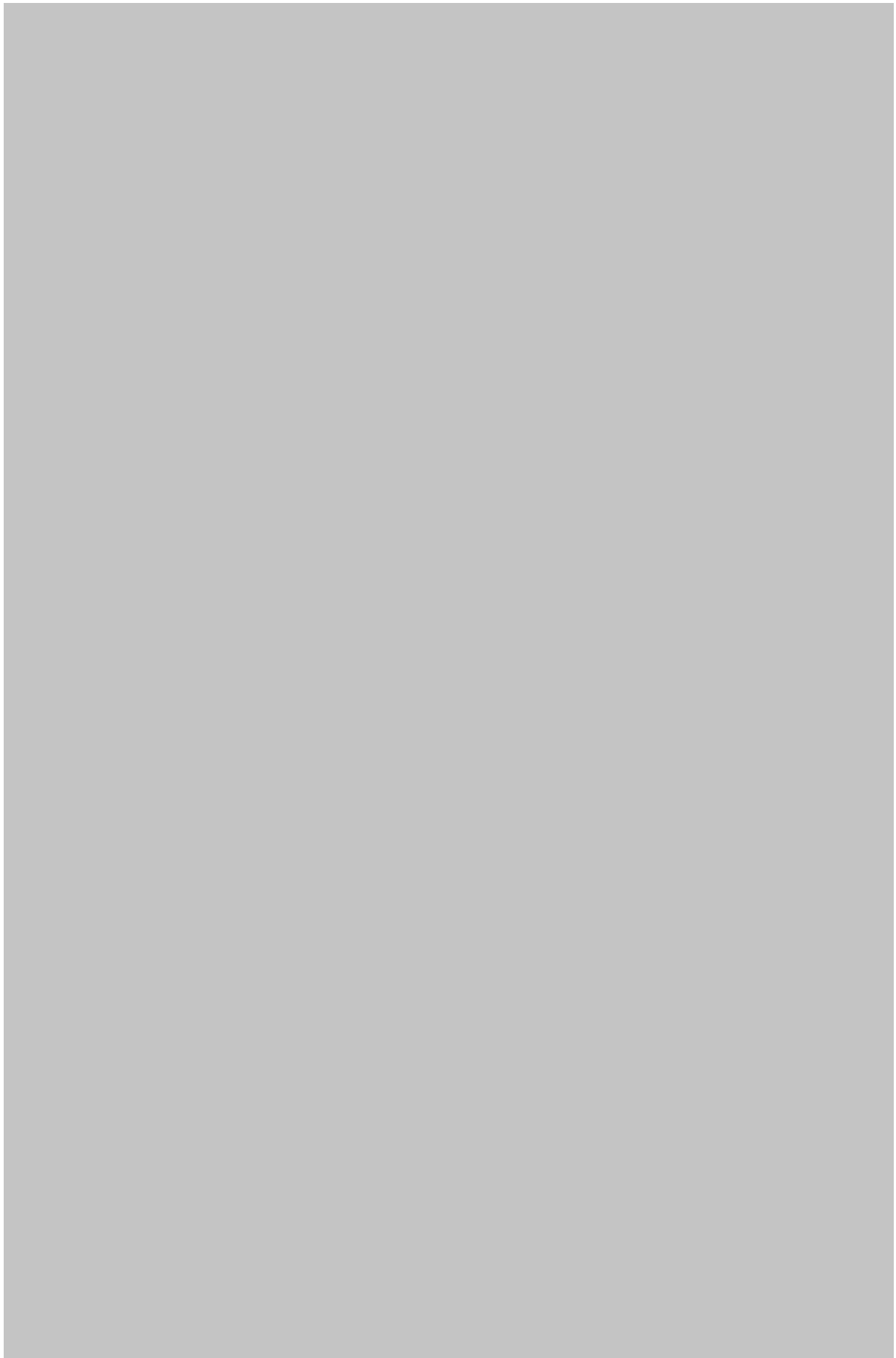
Notes: Brown, Amy Edelman, Alexandra Pain, Tilley Larkins, Sarah Harvey, Gillian

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

2322-593on Number: WOS: 000804381900001



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. evaln30o BT 0.0001 T 5 21NI AUD, .0019) meo i

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

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: 10.4018/978-1-4666-1903-6.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

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

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., Snihotta, 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

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

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,

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



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 -> behav-iour), 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 recommen-dations for future research.

Notes: Bryant, Christopher Ross, Euan Flores, Charlotte

Bryant, Christopher/0000-0002-5218-3377

1873-6343

URL: <Go to ISI>://WOS: 000965594900001

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

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 11 0 0 -J3re

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. Boulos, 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

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

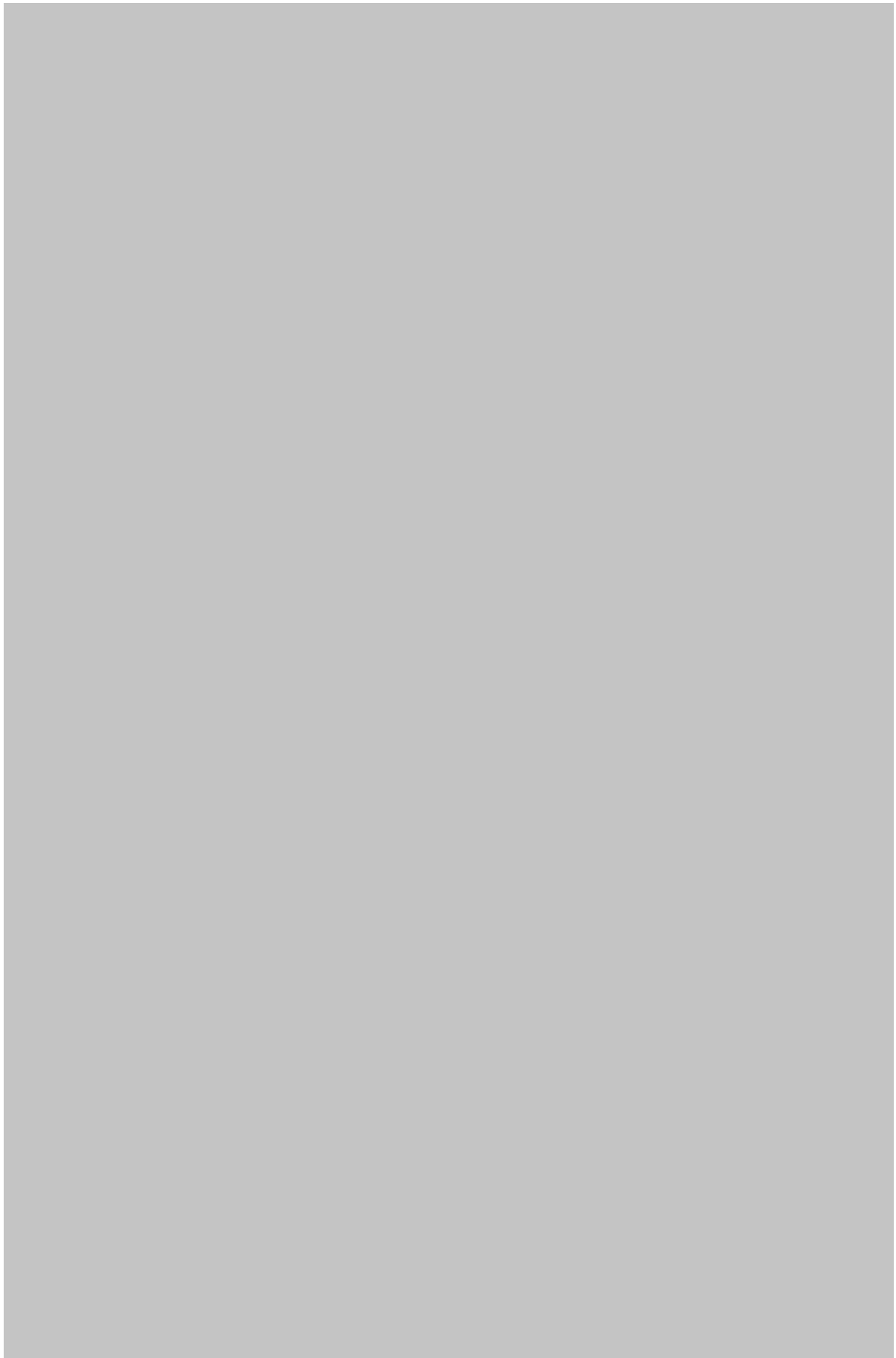
Author: Bullock, H. L., Lavis, J. N., Wilson, M. G., Mulvale, G. and Miatello, A.

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



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

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

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, A499rede of mindfulnessHQ 0.9789058 0 Odi



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

U2hyp9 <GBT ch ISI> ch IS 11 0 vTj ET Q q 0.978nX7 1.978R1eAdt:ei 331

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

Reference Type: Journal Article

Record Number: 944

Author: Burton, E., O'Driscoll, M. and Fleming, A.

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

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, Rhannon 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

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 BCTTs; (4) consensus from four national expert SLTs regarding application of synthesised BCTT data to their own experiences of ILO interventions; and (5) patient engagement to review and comment on findings. Outcomes and Results:

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 (Dorcnhts indprd my fulltiTm /TT1 1 Tf lymnt.)Tj ET Q q OTT1 1ami

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

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,

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, Kamlash

/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, Kamlash/0000-0003-2343-7099; Davies, Melanie/0000-0002-9987-9371;

Fitzpatrick, Claire/0000-0003-2150-8092

1464-5491



Reference Type: Journal Article
Record Number: 405

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

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

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

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 (HSE) GP list. GP requesting patterns was generated from the laboratory list of GPs in the area. 0.97e3ing0s0Rn Al rangdm dsaplemof

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

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., Pommer, 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/

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., Akinoyemi, R., Inserra, F., Menon, B.,

Unurjargal, Tsolmon 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 Almustafa, Bader Ali Spaak, Jonas Farsky, Stefan Lovic, Dragan Zhang, Xin-Hua

Unurjargal, Tsolmon/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 Wasiu/F-1206-2010; Chia, Yook-Chin/B-8379-2010

Unurjargal, Tsolmon/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 Wasiu/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

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

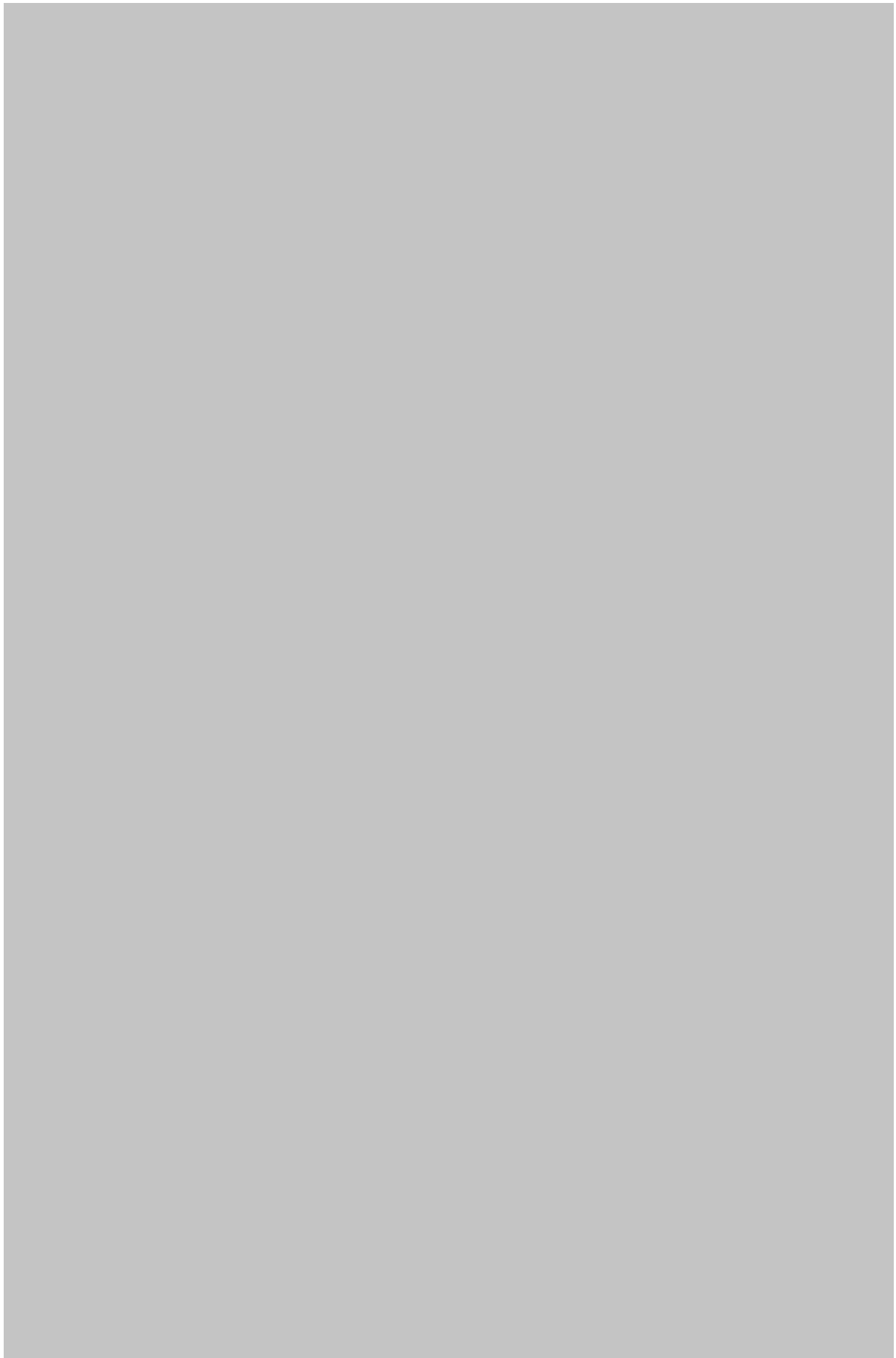
DOI: 10.1186/1748-5908-7-37

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





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

Date: Jan

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 interventions for CALD population

Issue: 12

Date: Dec

Short Title: COVID-19 vaccine knowledge, attitudes, and experiences of health care workers in Perth, Western Australia: A qualitative study

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

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,

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., Mieczko, 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 Mieczko, 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

Abstract: There is a drive in the UK to harness findings from novel fundamental and efficacy nutritional research and, through interdisciplinary 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., Hirsch, 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-

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: Atenza 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, (905KE,)CochraneData asesof Kystematic Review , Wnd RpsychINFO. Stud

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 Giniis, 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 Kenne-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

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 : Internati onal Journal of Behavi oral Medi ci ne
Vol ume: 28
I ssue: 3
Pages: 360-371

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., Tokgozogl u, 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,
Olav Chapman, M. John Drexel, Heinz Hoes, Arno W. Jennings, Catriona
S. Landmesser, Ulf Pedersen, Terje R. Reiner, Zeljko Riccardi,
Gabriel Taskinen, Marja-Riitta Tokgozogl u, Lale Monique, W. M.
Verschuren, W. M. Monique Vlachopoulos, Charalambos Wood, David A.
Luis Zamorano, Jose

Poj ski c, Bel ma/AAO-9702-2021; Marques-Vi dal , Pedro M/C-9449-2009;

Barón-Esqui vi as, Gonzal o/T-7436-2019; Ki rchhof, Paul us/

AAT-7074-2021; Mi tchenko, Ol ena/D-9778-2019; De Backer, Guy/

AAI -4607-2021; Cordero, Al berto/GNW-2600-2022; Taski nen, Marj a-

Ri itta/AAN-5432-2020; Catapano, al beri co/AAC-2827-2019; Zel vei an,

Parounak/P-8603-2017; Tuñón, José L/R-3037-2016; Bueno, Hector/

I-3910-2015; Mi rrakhi mov, Erki n/E-6900-2017; chapman, j ohn/

Y-2742-2019

Poj ski c, Bel ma/0000-0002-5374-990X; Marques-Vi dal , Pedro M/

0000-0002-4548-8500; Barón-Esqui vi as, Gonzal o/0000-0002-9103-4753;

Ki rchhof, Paul us/0000-0002-1881-0197; Mi tchenko, Ol ena/

0000-0001-6692-6883; Cordero, Al berto/0000-0003-0000-7109; Taski nen,

Marj a-Ri itta/0000-0002-6229-3588; Catapano, al beri co/

0000-0002-7593-2094; Zel vei an, Parounak/0000-0002-6513-6772; Tuñón,

José L/0000-0003-2220-180X; Bueno, Hector/0000-0003-0277-7596;

Mi rrakhi mov, Erki n/0000-0003-2982-6108; Wi lli ams, Bryan/

0000-0002-8094-1841; Abo yans, Vi ctor/0000-0002-0322-9818; Cooney,

Marie Therese/0000-0002-9837-7716; Maher, Vi ncent/

0000-0002-3592-4508; Rynki ewi cz, 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., Tokgozogl u, 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

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: Respirology

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

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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

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

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, Etienne Oliveira Moore, Rafael Alberto

Garcia Cecchin, Hareli Fernanda/HII-2998-2022

Garcia Cecchin, Hareli Fernanda/0000-0003-4875-7638; Oliveira Silva de Macedo, Etienne/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

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

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, Zuhar 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

2rlo-118Hn i.ea6ET Q q 0.9789058 0 0 -0.9789058 72 267400.3 cm BT 0.0

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., Saudi, 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 Saudi, Ilyes Sniehotta, Fal ko F.

Cheval, Boris/H-4574-2019; Sniehotta, Fal ko/C-5481-2008

Cheval, Boris/0000-0002-6236-4673; Maltagliati, Silvio/0000-0001-7199-0599; SAUDI, Ilyes/0000-0001-9326-6454; Sniehotta, Fal ko/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



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 Papaiouannou, 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 Viwanath, Kasi somayajula
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 Zainuddin, 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. Zainuddin, Rahizan
Zainuddin, 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.jacap.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

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



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

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/j socm-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 (1100-117) GPs who

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

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



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/s13063-022-02865-4

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. Loeffers, J. Bauman, A. Hanning, R. Allman-

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

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

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.

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

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

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: Chi u, Michael Moist, Louise Al-Jai shi , Ahmed Jain, Arsh K. Chi u, Michael /HZJ-5823-2023

Chi u, Michael /0000-0003-1192-0542; Al -Jai shi , Ahmed/
0000-0003-0376-2214
2054-3581

URL: <Go to ISI>://WOS: 000869096400001

Reference Type: Journal Article



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. Thiagal ingam, 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; Thiagal ingam, 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 pre0 -0 -0 -T 0. pe22 29-artridg

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

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

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 healthful lifestyle. Tandem should allow access and motivate for

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: 204450gemRk

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. BTI of 11 TDF domains were identified as relevant to

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., Filoş, D., Triantafyllidis, A., Maglaveras, N. and Cornelissen, V. A.

Year: 2017

Title: PATHway 1: 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 1: 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 Filios, 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; Filios, 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-

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: Background Evidence 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

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: Lifes7sA5T Qcm ug003avresntiproime targets for

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: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

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. /1-3175-2019

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., Papaiouannou, 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 by w.

Year: 2023

Title: Promotion of Sexual Health Self-Efficacy through Gender-Transformative Intervention with Adolescent Boys

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

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.

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

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

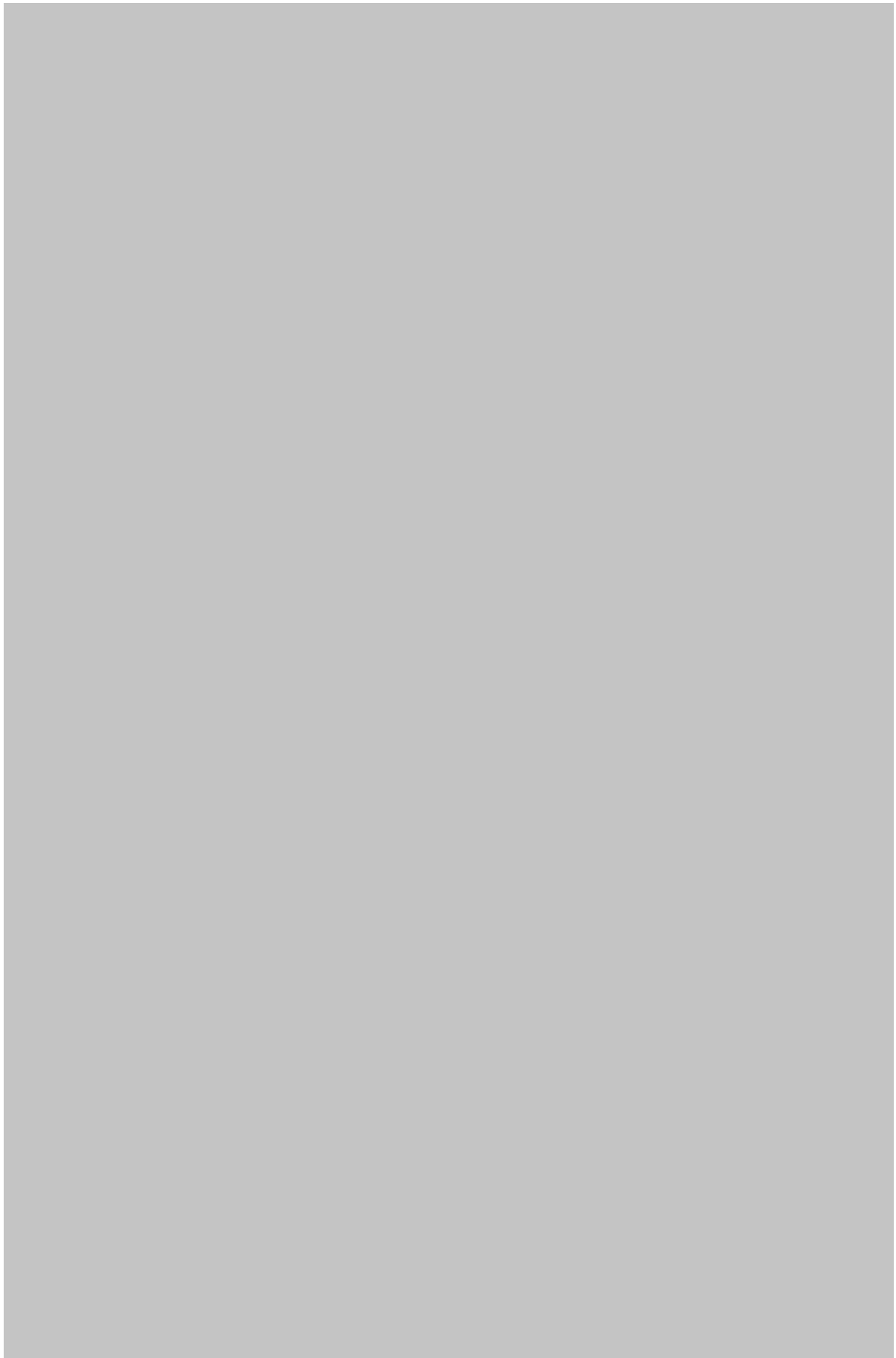
Trial registration: Australian New Zealand Clinical Trials Registry
ACTRN12615000401550

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 Pitt, Sabrina Winona Howard, Kirsten Lovitt, Lorraine
White, Fiona

POND, CONSTANCE/I-1390-2019; Hilmer, Sarah N/AAW-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/
0000-0001-8d0aRdlts, Chris/

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.



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 Beever, Daniel Hackney, Gemma Stavroulakis, Theocharis White, David Norman, Paul McDermott, Christopher McDermott, Chris/GQZ-3919-2022; McDermott, Christopher/AAU-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



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

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: 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

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. Garritty, Bridgid 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





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

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

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,

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

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.,

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/

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

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

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 I² 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

ISSN: 2044-6055

DOI: 10.1136/bmj.open-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



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: J03-0 Tmi ntAcipal Tj ET Q q 0.9789058 0 0 -0.9789058



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 Ni ego Perestrel o/L-3256-2015; Santos, Osvaldo/E-7995-2010; Nogueira, Paulo/HDL-7482-2022

Henriques, Maria Adriana/0000-0003-0288-6653; Nogueira, Paulo Jorge/

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 fa



[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, Flavi en Murray, Kei tumetse-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, Flavi en/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

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. Giniş, Kathleen A. Martin Sanders, Elizabeth B-N O'Lai ghin, Gearoid

Finucane, Francis/G-6031-2012; Qui nlan, Leo/N-4117-2014; OLai ghin, Gearoi d/A-5239-2009

Finucane, Francis/0000-0002-5374-7090; Qui nlan, Leo/0000-0002-4011-6732; OLai ghin, Gearoi d/0000-0002-1885-814X; Cradock, Kevi n/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

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

ISSN: 1869-6716

DOI: 10.1093/tbm/iba099

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

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

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) semi structured 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 Nkambi, Sarah Knights, Felicity Ciftci, Yusuf Golsmith, Lucy Pollyanna Vandrevalla, Tushna Forster, Alice S. Hargreaves, Sally

Crawshaw, Alison/GMW-8131-2022; Vandrevalla, Tushna/AAD-8351-2020; Golsmith, Lucy Pollyanna/AFB-2121-2022

Crawshaw, Alison/0000-0003-0450-7258; Vandrevalla, Tushna/0000-0002-1140-8445; Golsmith, 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

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

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. The most common barriers to
monitoring and deprescribing were lack of time and knowledge, and
lack of patient engagement. The most common enablers were having
time and knowledge, and having patient engagement. The most common
enablers to deprescribing were having time and knowledge, and having
patient engagement. The most common barriers to deprescribing were
lack of time and knowledge, and lack of patient engagement.

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

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

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

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 Americansap1 cmf012.81a



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

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

K.

Year: 2021

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/1-4532-2014; 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 Ozakiinci, 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, et22A -11 5 364504Tm /TT1 1 Tf (Comp

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 enc6510-mts,

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

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,

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

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

maximize users' engagement with mobile health (mHealth) interventions where there is growing consensus that inputs from the integral part of the development process. Objective: The aim of this driven, user-centered healthy eating app targeting parents for

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., Larai a, 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.



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 Pugnetti, 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

DOI: 10.1177/02692155211032655
Article Number: 02692155211032655

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: Dai vadanam, Meena Wahlstrom, Rolf Ravindran, T. K. Sundari Thankappan, K. R. Ramanathan, Mala

Amanpreet Devarapalli, Siddhardha Mukherjee, Anki ta Bhattacharya,
Amritendu Billot, Laurent Thornicroft, Graham Praveen, Devarsetty
Raman, Usha Sagar, Rajesh Kant, Shashi Essue, Beverley Chatterjee,
Susmi ta Saxena, Shekhar Patel, Anushka Peiris, David

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: 10.2196/17568-0.9789058 72 370479.1cm BT 0.0001 Tc 11 0 0 -11 5

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, Kul tar
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?

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

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

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, Esmi ta 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

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



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/HOH-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., Wasyllyuk, 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/bmj.open-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 Wasyluk, Betty Ann Holroyd-Leduc, Jayna

Davison, Sara/0000-0003-4513-6449

URL: <Go to ISI>://WOS: 000804163100023

Reference Type: Journal Article
Ra4513-6449

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

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



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 semi structured 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: Rafaeli 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

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

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

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 Lluich-Canut, Teresa

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, Margari da Gaspar Simoes, Celeste

Simões, Celeste/AAC-4116-2020; Simões, Celeste/GVR-8488-2022; de

Matos, Margari da Gaspar/H-3824-2012

Simões, Celeste/0000-0003-0229-1422; de Matos, Margari da 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

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/sci pol /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

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

theme issue 'Nurturing resilient marine ecosystems'.

Notes: de Salas, Kristy Scott, Jennifer Louise Schuez, Benjamin

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

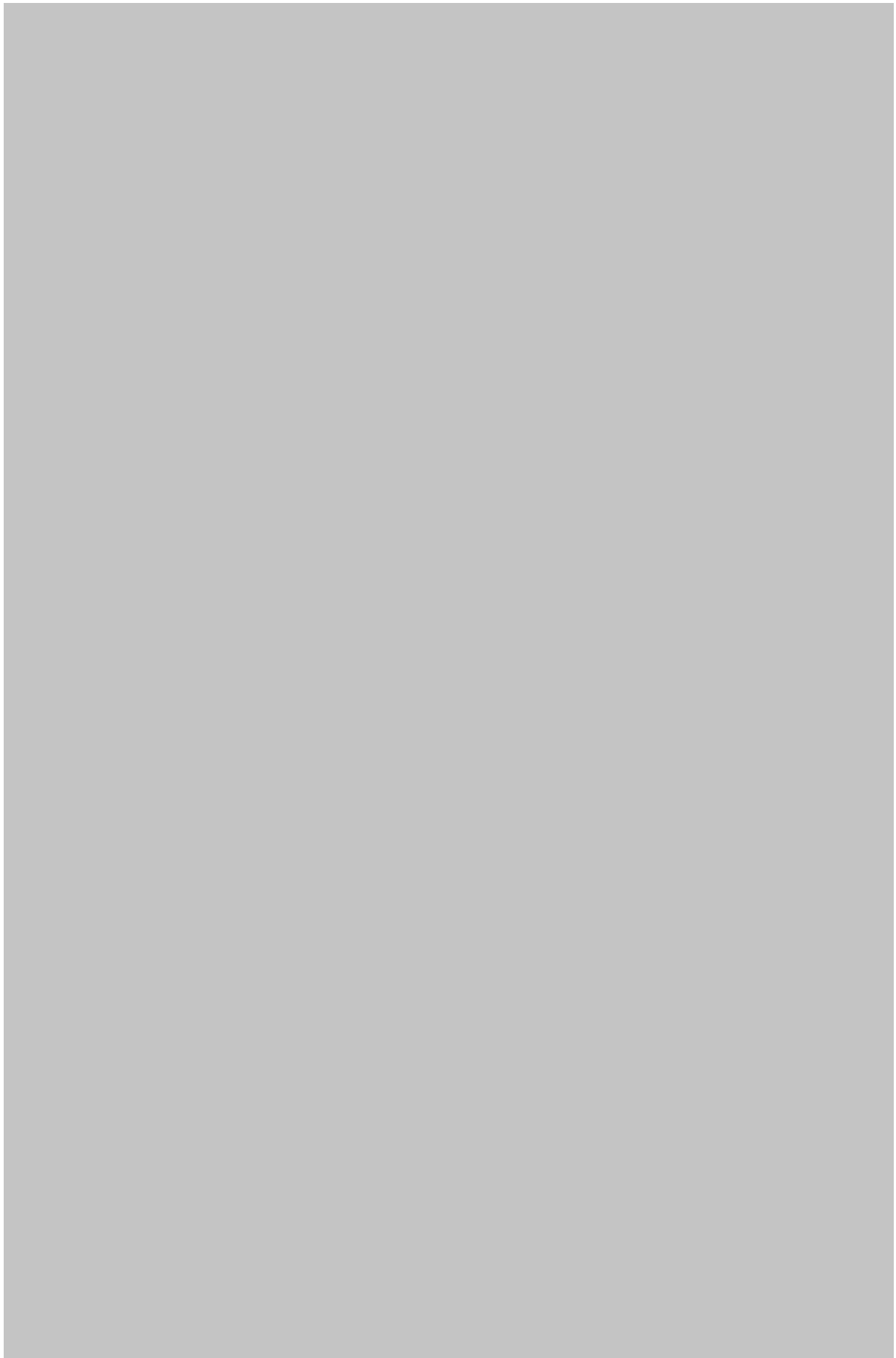
ISSN: 1940-0640

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-



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

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 539 socio-cultural context 539 socio-c

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, a0290 Q q 0.978dA:lr:yteaBg0646

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. **Conclusion-**Lifestyle interventions significantly reduced systolic blood pressure in patients with a transient ischemic attack or ischemic stroke. (Accession Number: WOS:000391944900031) Tj E

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

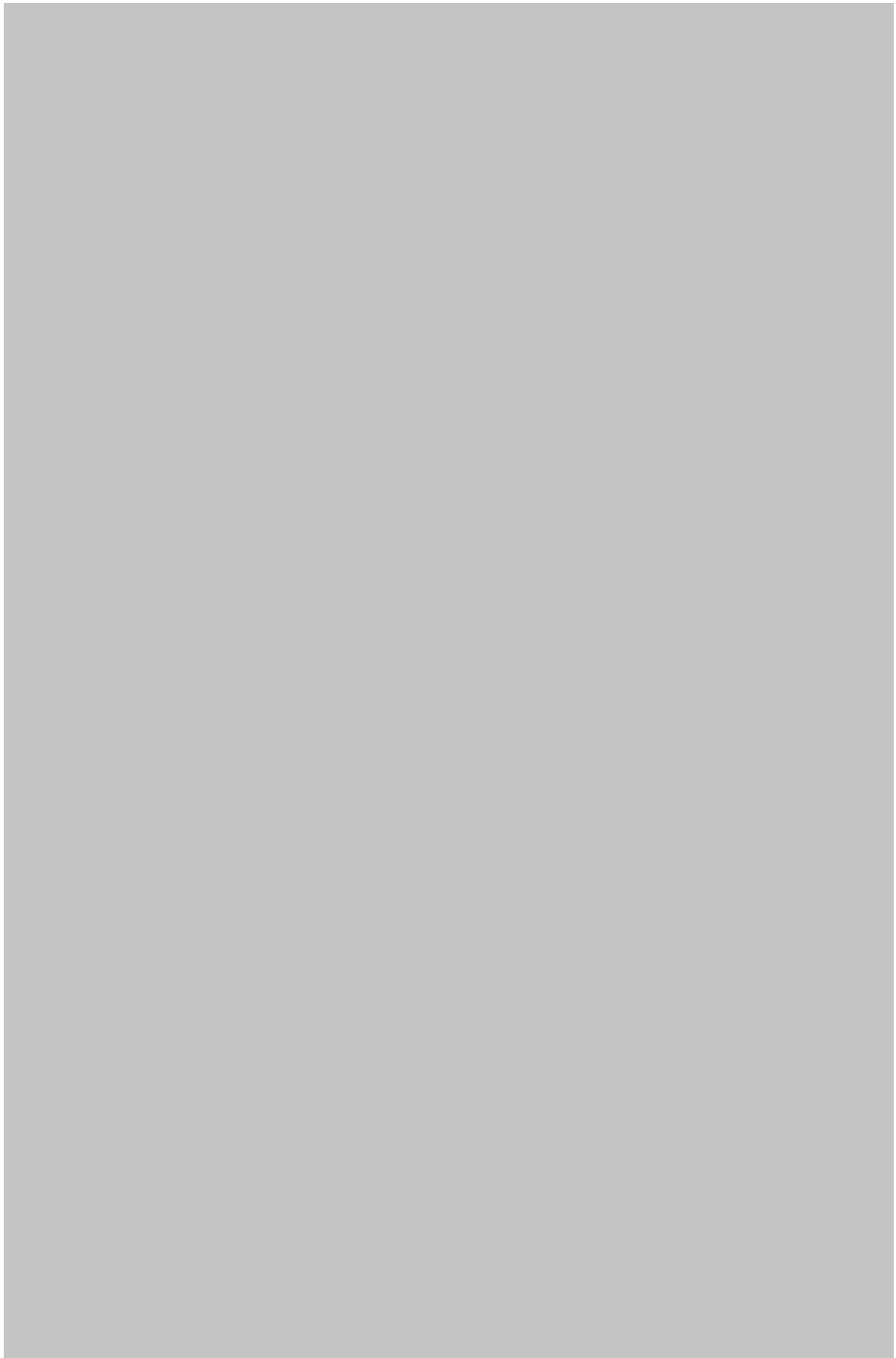
Title: Improving Adherence to Essential Birth Practices Using the WHO Safe Childbirth Checklist With Peer Coaching: Experience From 60 Public Health Facilities in Uttar Pradesh, India

Journal: Global Health-Science and Practice

Volume: 5

Issue: 2

Pages: 217-231



Reference Type: Journal Article

Record Number: 2081

Author: Delanoë, A., Lépine, J., Turcotte, S., Portocarrero, M. E. L., Robitaille, H., Giguère, 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: Delanoë, 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; Delanoë, 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

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

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 a 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 ad

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/m²) and III (BMI \geq 40kg/m²) 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/m² (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.

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

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

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 Ardhi thy Martinengo, Laura Ho, Moon-Ho Ringo Joty, Shafiq Kowatsch, Tobia Atun, Rifat Car, Lorainne Tudor Martinengo, Laura/AAY-8201-2020

Martinengo, Laura/0000-0003-3539-7207; Dhinakaran, Dhakshenya Ardhi thy/0000-0003-0629-5199; Tudor Car, Lorainne/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 Ardhi thy Sathish, Thirunavukkarasu Soong, Ai Jia Theng, Yin-Leng Best, James Car, Lorraine Tudor Thirunavukkarasu, Sathish/ABM-9697-2022 Thirunavukkarasu, Sathish/0000-0002-2016-4964; Tudor Car, Lorraine/0000-0001-8414-7664; Dhinakaran, Dhakshenya Ardhi thy/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

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



Notes: Dicker, Dror Al fadda, 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,

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.

Di Liberto, 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

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

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



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 Pal agyi, Anna

Pal agyi, 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; Pal agyi, 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: 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

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

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





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.

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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

Epi zooti es

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,

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

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 Implications for Disaster Risk Reduction

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 Nusal 30s th1vc ET 0 e88 ctical support, and health care.

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

(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 ($F = 5.7$; $p = 0.004$; $\eta^2(p)(2) = 0.10$), 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 ($F = 6.8$, $p = 0.002$; $\eta^2(p)(2) = 0.11$, and large ($F = 8.3$, $p = < 0.001$, $\eta^2(p)(2) = 0.14$) 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 ($F = 1.2$, $p = 0.019$, $\eta^2(p)(2) = 0.007$) 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

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

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

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 cmggi,0o5h;2 4mpl s following-ACL

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., Kasi visvanathan, 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/TT1-89050505q.978 m 8nVrytd, r930s058 1m BT DsoostP30s05A1cces

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 multi-behavioural 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 multi-behavioural digital prehabilitation intervention for patients approaching major surgery (iPREPWELL): A study protocol

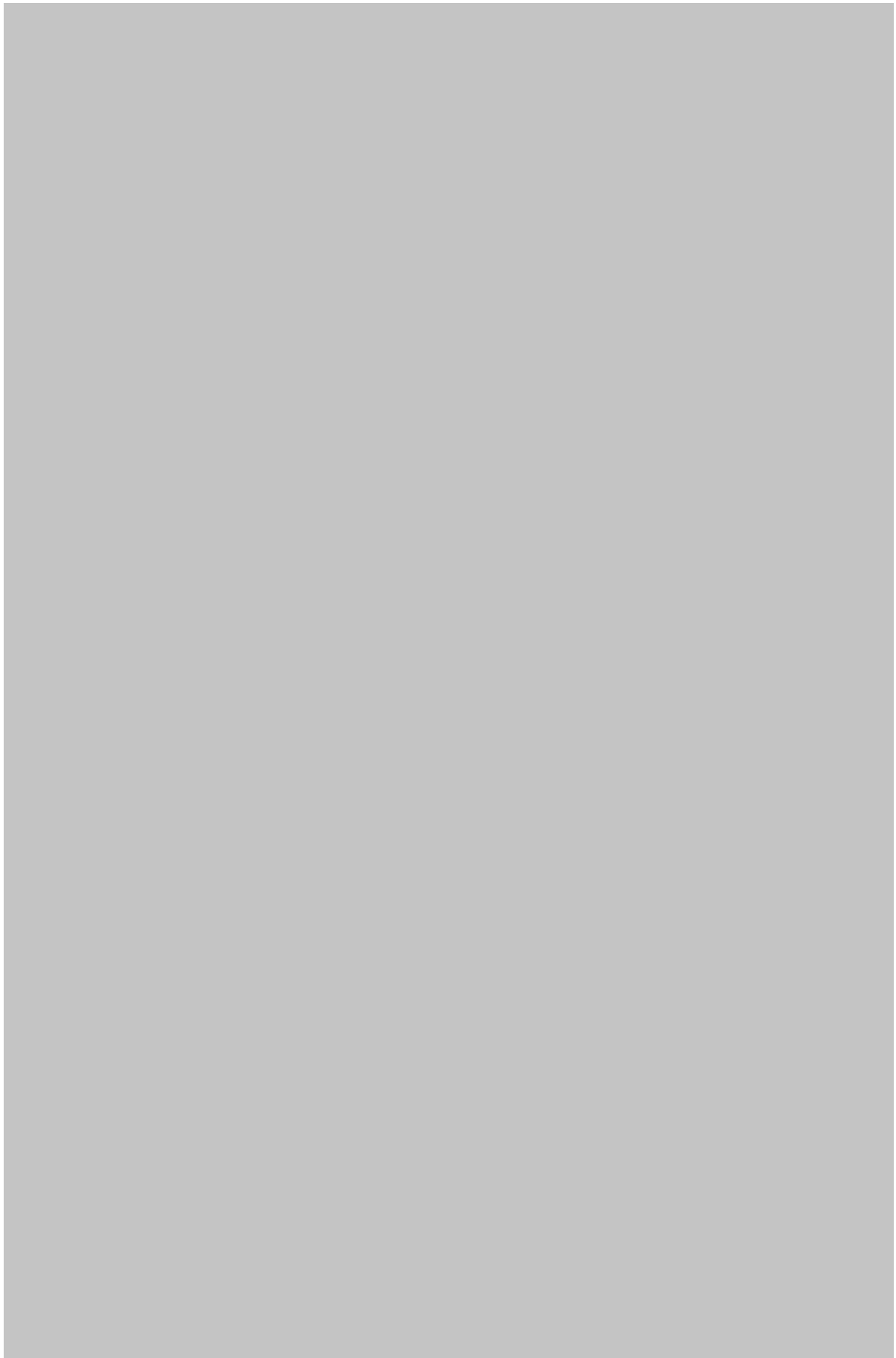
ISSN: 1932-6203

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



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 Oerneborg

; 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

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



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/

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 rage matching of provided adherence support.

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

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.

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

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

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, Fhigiamds.gov rael I, K. L.



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. MethodsSemi-structured interviews with eleven GPs were conducted, transcribed verbatim,

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., Bakkaoglu, 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 Aufrecht, 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

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

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, Pushendra Kumar, Vijay Ahuja, Alka Kankaria, Anki ta Basavarajappa, Darshan Hosapatna Kaur, Jasmeet Sharma, Preetika Gupta, Swati Pendse, Ruchita S. Weil, Laura Swendeman, Dallas Diamond-Smith, Nadia G.

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/Brlmp.2022.34

Article Number: Pii s1443964622000341

Accession Number: WOS: 000901839300001

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

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

theory, and adoption of reporting guidelines can assist in distinguishing between the clinical intervention and the

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

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

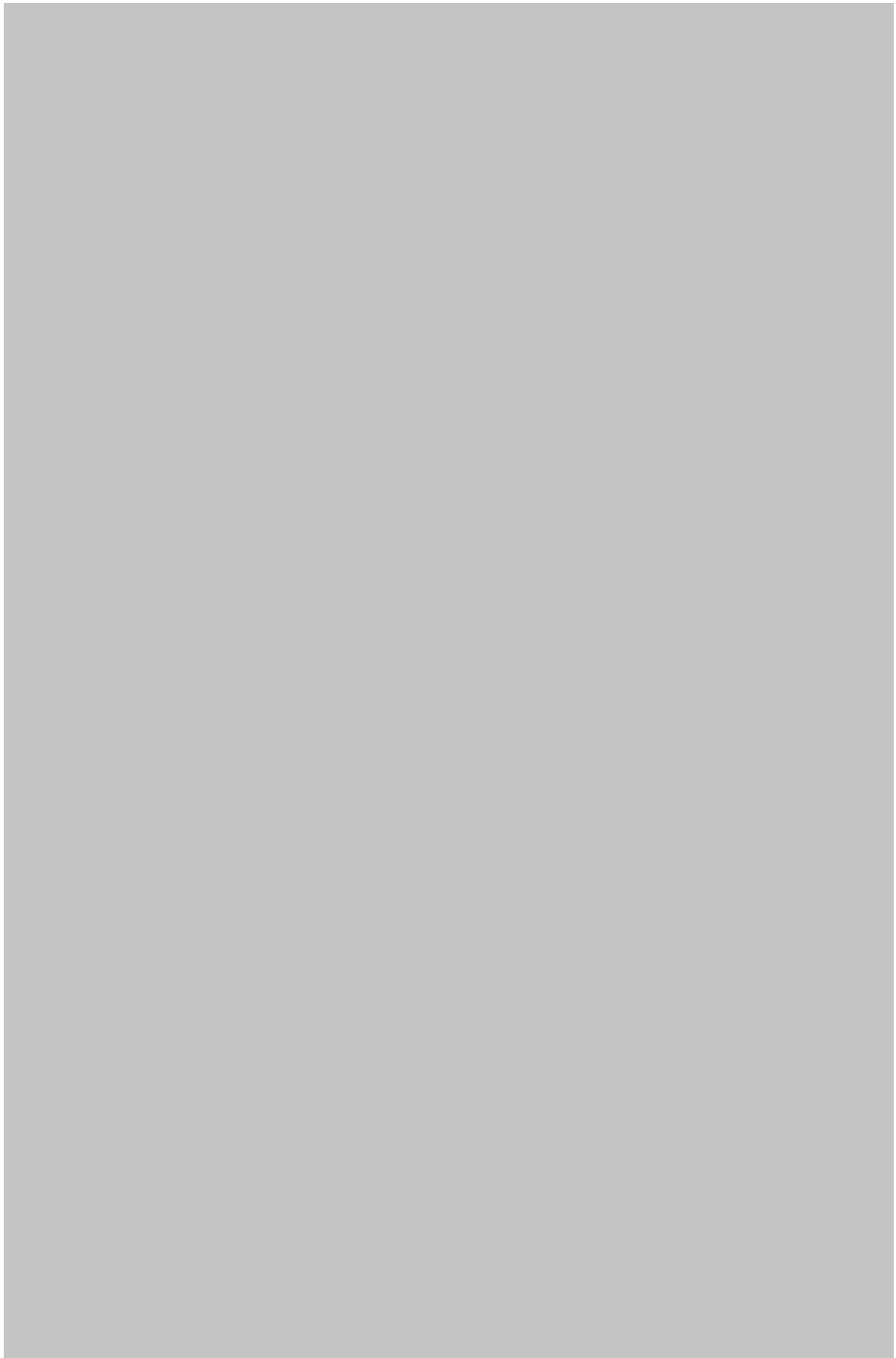
Short Title: Barriers to adequate nutrition care for child malnutrition in a low-resource setting: Perspectives of health care providers

DOI: 10.3389/fpubh.2023.1064837

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 01 0 -0.9i/Noatie PEMs tha im, 551TmS.



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/O-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

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: El Mokhallalati, 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: El Mokhallalati, 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

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 for addressing (basisu Sudy' q Oim ws f)Td validn

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

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-wi 3slow percei veddclo4 0 -11p1 5 41:058 0 0 -0.9789uoB 4598

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

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 a theory-informed and knowledge of the local context to identify 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 identifying the problems, proposed interventions,

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

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, Jalembe Kihuba, Elesban Mwani ki, Paul Were, Fred Irimu, Grace Wasunna, Aggrey Mogo, Wycliffe Nyamai, Rachel

English, Michael /0000-0002-7427-0826; Aluvaala, Jalembe/0000-0002-0851-3711; Kihuba, Elesban/0000-0002-4396-1464; Mwani ki, Paul /0000-0003-0359-8426; Were, Fred/0000-0001-7879-1883; Opondo,

|

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

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

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,

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., Tegui, 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

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., Tammineniemi, 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.,
Slodkowska-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

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

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

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

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, Deina Claussen, Caroline Lewis, Stefan Orukpe, Abimbola M. Coupland, Kerry Claussen, Caroline/0000-0001-7137-0015
1520-6807

Si

URL: <Go to ISI>://WOS:000655879100001

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: Faggiانو, 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: Faggiانو, 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 Nymy -11 nc2

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, Kel sey-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

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

-11 5 490292rtionkg P7u-11 5 490292rtionkg P7u

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 semi structured 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

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

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/

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

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.

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

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

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 métiers, 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 métiers, 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 $\mu\text{g}/\text{m}^3$), 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, Ruaraidh 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, Ruaraidh/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, Acni, 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,

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

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 Quebec 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 Quebec 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 Quebec, 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

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

Khullar, Saumya Boulosa, 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 semi structured 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

Reference Type: Journal Article

Record Number: 2171

Author: Fl enady, V. , Woj ci eszek, A. M. , Middl eton, P. , Ell wood, D. ,

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, Alena M/
S-8668-2019; Horey, Dell/AAE-1918-2021; Wallace, Euan M/K-6774-2015;

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

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 O/X-6832-2018

Conterno, Lucieni O/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

(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

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

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, Rui tai /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 their

Manyweathers, Jennifer/0000-0001-7481-7070; Hernandez-Jover, Marta/

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

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

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

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/O-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.gerinue.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

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-

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 leave 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>mm3a6AGo to ISI>mm3aSgy Tf1o0 -11 5 524664 T ?24664 T

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

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 fun currqTmw527706Tm /T0how how this inclhts9789058 0 00 -11 5 527706

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,

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. Dziedzi c, 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,

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

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 evidencepre

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/onco:gnr.c 11i/onl6et9 behaviour change theories and im

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

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.

MethodsWe 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).

ResultsMore 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 ± 3.0 . Higher total COM-B scores were associated with younger age, self-identifying as white, having Latin heritage, and having higher income ($p < 0.05$).

ConclusionsThis 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.

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

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

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

Marshall, Cassondra Wilson, J. Deanna Essien, Uti be R.
Essien, Uti be/ABG-2508-2021; Galavi z, Karl a/P-1922-2018; Essi en,
Uti be R./AAB-2320-2022; Brel and, Jessi ca/HZI -2246-2023
Galavi z, Karl a/0000-0002-5491-3388; Essi en, Uti be R./
0000-0002-4494-5028; Brel and, Jessi ca/0000-0003-0024-3478;
Breathett, Khadij ah/0000-0001-5397-6419
2473-1242
URL: <Go to ISI>://WOS:000617523000061

Reference Type: Journal Article

Record Number: 36

Author: Gale, N., Hopki nson, 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 Survi vorshi p

Vol ume: 17

Issu e: 3

Pages: 677-685

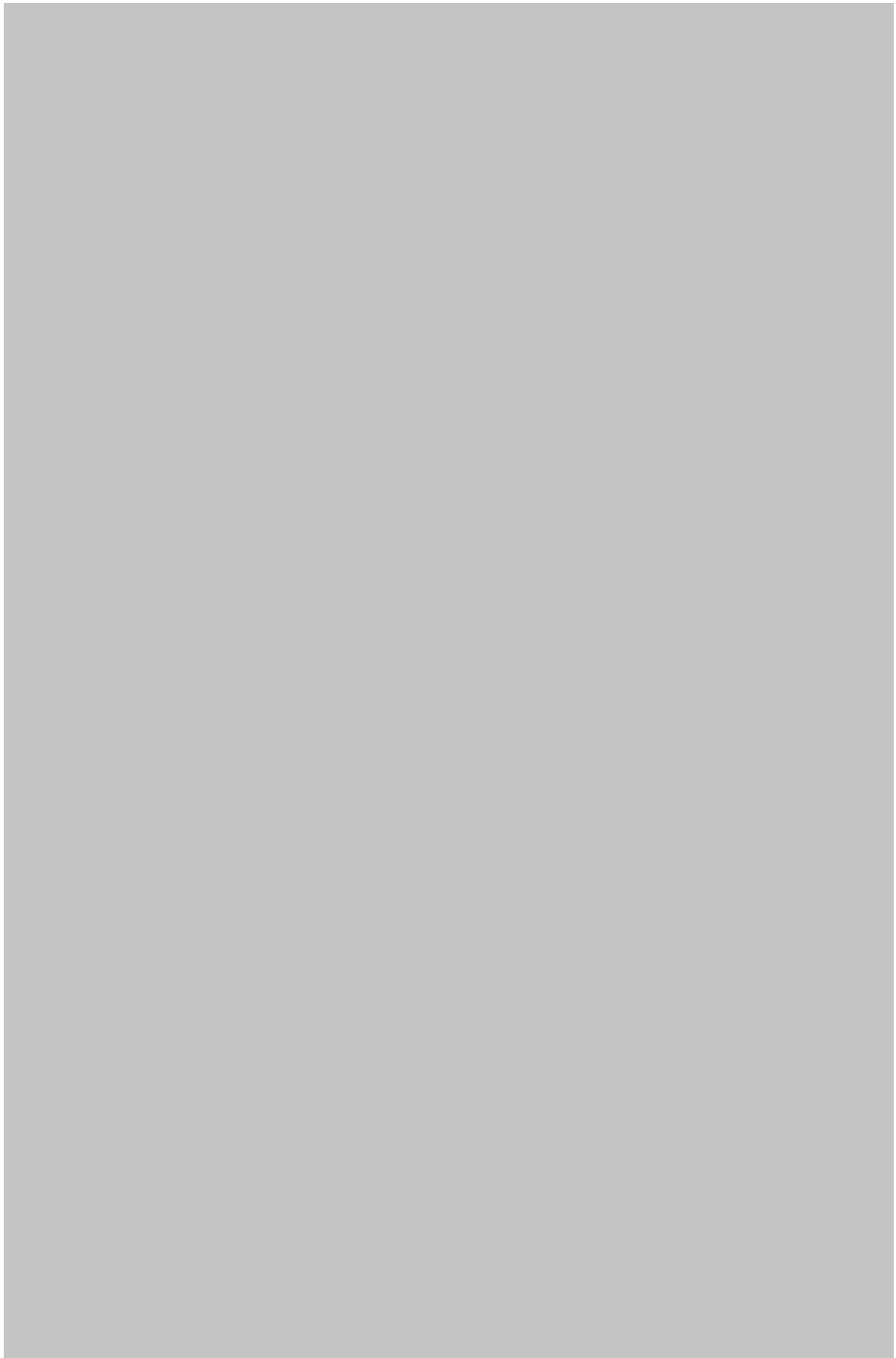
Reference Type: Journal Article

Record Number: 758

Author: Gan, W., Zhang, Q. H., Yang, D., Yin, J. Y., Wang, Y. J.,
Song, L., Chen, T. and Qi, H.



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 developed.



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; Khari cha, 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, Philippa

Rebar, Amanda/0000-0003-3164-993X; Lally, Philippa/

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

quality o48 Tm ni 20 BT 0.0001 Tc 11enha11 5cl0 -ctiv 0 0 -11 Tf (Pro

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

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

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

0000-0002-0494-6771; de Matos, Margari da 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

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 ted wide

help tailor improvement interventions although further data across a larger set of indicators and sites would help substantiate these

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 ($\chi^2(2) =$

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

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 Al emayehu Sal ter, Sandra M. Chalmers, Leanne Bereznicki, Luke Lee, Kenneth Lee, Kenneth/A-3406-2016; Gebreyohannes, Eyob Al emayehu/E-5608-2018; Sal ter, Sandra/C-8831-2013
Lee, Kenneth/0000-0003-3022-4868; Gebreyohannes, Eyob Al emayehu/0000-0002-0075-4553; Sal ter, 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%

Bekkers, C. L.
Year: 2022

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 in Dutch community pharmacists. Method Quantitative

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

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 before therapy was 154 cells per μ 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 Di ero, Lameck Bwana, Mwebesa Muyindi ke, 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.

Muyindi ke, 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-

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: Xi an, 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

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

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

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,

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,

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/O-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.

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., Berbari, 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 on SRCTN79435190.

Notes: Gilchrist, Gail Landau, Sabine Radcliffe, Polly McMurran, 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-Arriico, 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

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

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

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

R Tf g569mber: WOS2263jET Q q 0.9789058 0 0 -0.9789058 72 557395.3 cm

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., Papińczak, 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

exercise physiology or physiotherapy practices that recruit eligible
Department of Veterans' Affairs clients assigned to Active Choices

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 predilection, 7

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

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

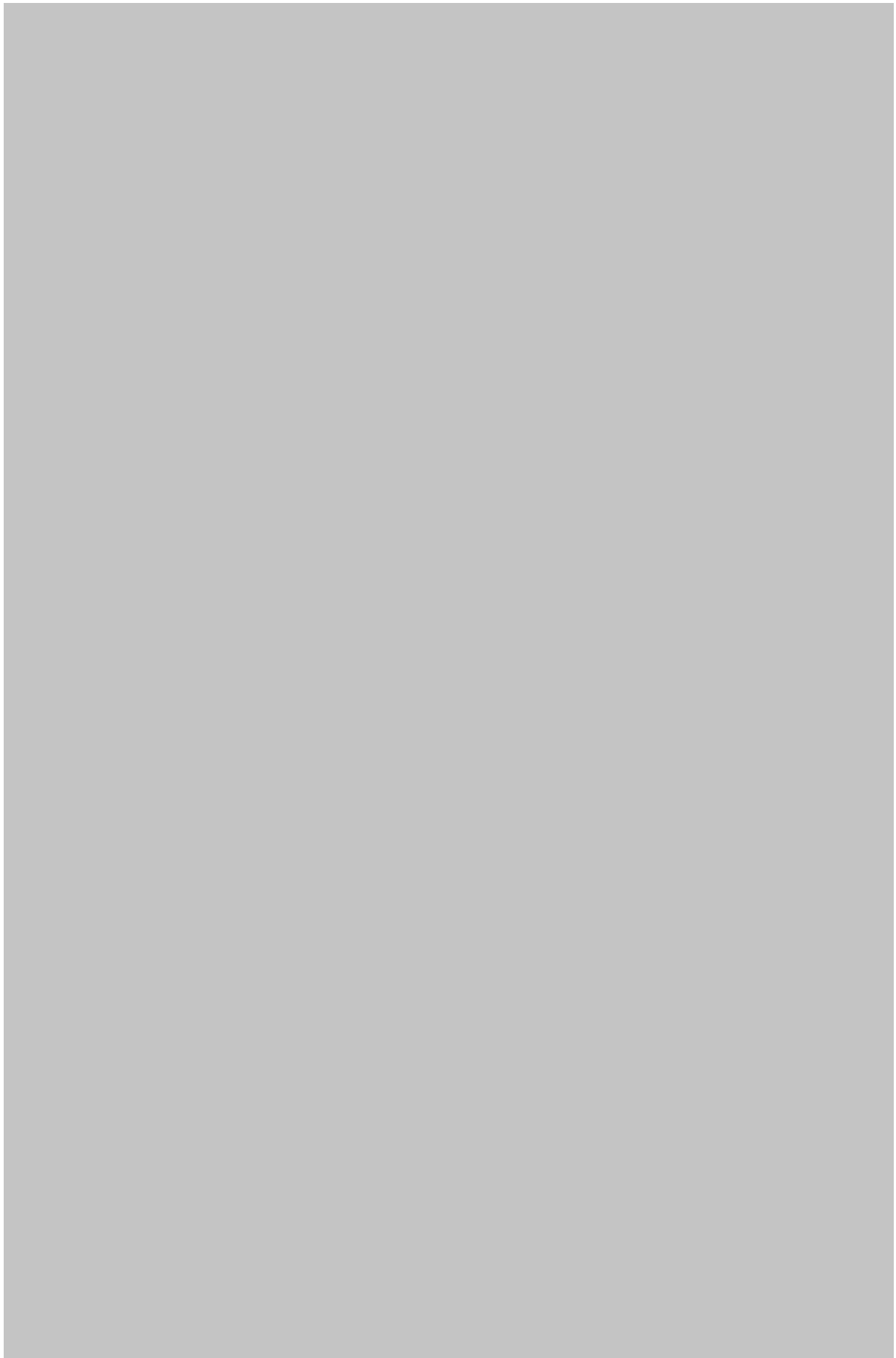
Accession Number: WOS:000360884800001

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)

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

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 wa .Cpp Da-7p2Ni Qa effectiveness of the 'Foundations'



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 mock 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, Afrodită Mowbray, Fiona Beard, Emma Michie, Susan

Marcu, Afrodită/B-855 Saising the severe 0WJ BT OTm 8e1 0 0a0BT 0.0001 a

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 (TIPPE). 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 TIPPE 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, CInr: W0.971 cs . comcl -11 5 5

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-



Volume: 22
Issue: 1
Date: Sep

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

Notes: Gong, Ni Yang, Dan Zou, Jianfeng He, Qi anyu 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: inSi 1 /ral5nu 0 kSTT1 1 Tf (Date: Jul) Tj ET Q q 0.9789058 0 0

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 Prahalad, Vishnu

Prahalad, Vishnu/P-2098-2015

Prahalad, 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. Alarminglly, 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: [hs7f60duSI](https://www.wos.com/hs7f60duSI) >://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

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.

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 Whittmore 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

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.



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, Rogani e Smith, Christina H. Gardner, Benjamin Barratt, Helen Taylor, Stuart A.

Gardner, Benjamin/C-1565-2008; Govender, Rogani e/H-3856-2019; Smith, Christina/GXG-6941-2022

Gardner, Benjamin/0000-0003-1223-5934; Govender, Rogani e/0000-0003-2249-434X; Smith, Christina/0000-0001-7803-9616

URL: <Go to ISI>://WOS:000398959400135

Reference Type: Journal Article

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

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

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: Gradi dge, Philippe Jean-Luc Castel eijn, Daleen Palmei ra, Antonio Maddi son, Ralph Draper, Catherine E. Palmei ra, Antonio L/C-9854-2010; Draper, Catherine/GZN-1315-2022; Gradi dge, Phi lippe/R-5183-2017
Palmei ra, Antonio L/0000-0001-6508-0599; Draper, Catherine/0000-0002-2885-437X; Gradi dge, Phi lippe/0000-0001-5225-1184
URL: <Go to ISI>://WOS:000925067100046

Reference Type: Journal Article

Record Number: 1227

Author: Gradi dge, P. J. L., Draper, C. E., Castel eijn, D. and Palmei ra, 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. Castelijn, 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; Castelijn, 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

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

all practitioners (n = 5) and families (n = 7) in Phase 3. CMOcs 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 Wijnickx, 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

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, Shami Campbell, Harry Peel, David McPake, Barbara Duke, Trevor Campbell, Harry/E-2959-2010; Graham, Hamish/B-8151-2017; McPake, Barbara/AE-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

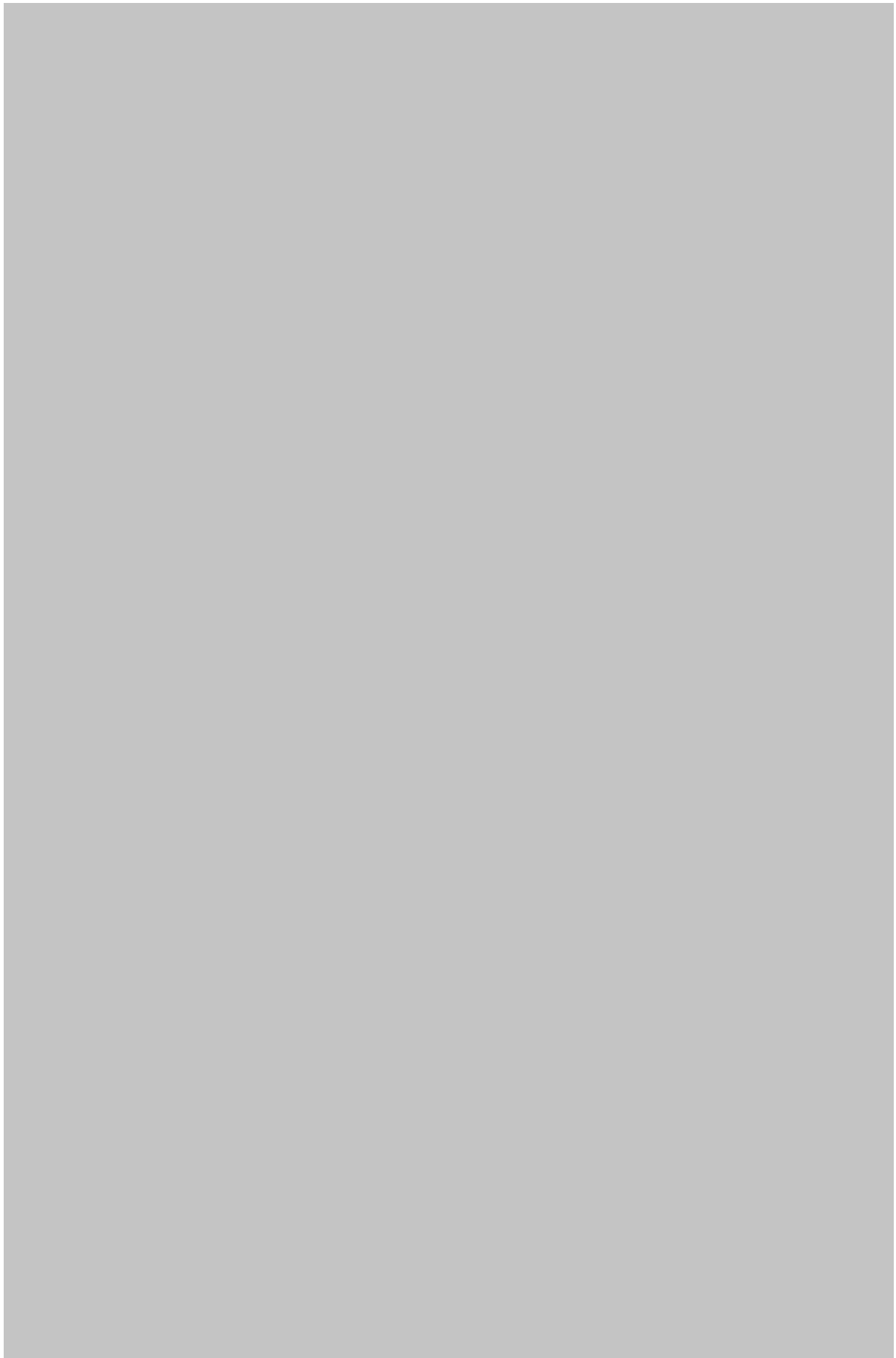
Author: Graham, S., Neo, S., Auyeung, V. and Weinman, J.

Year: 2021

Title: What Potentially Modifiable Factors are Associated With Treatment NonadherQ q -/Modifiable Factors are Associated With

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

practice change. The purpose of this study is to describe the use of



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 Kenne-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

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) 0 0 -up framework. 22 studies

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 multi component delirium

Conclusion: This theory-informed qualitative study identified multiple influences on the delivery and documentation of a pilot multi component 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, Anmarie 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, Anmarie/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

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

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

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

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 semi structured 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



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

Gucciardi, Daniel F/0000-0001-5448-3990

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

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, Ludvine Beuriot, Severine Dejardin, Olivier Notari, Annick Crevel, Elodie Benhammouda, Ahmed Verzaux, Laurent Quertier, Marie-Christine Launoy, Guy

dejardin, olivier/L-9879-2015

dejardin, olivier/0000-0002-6561-1430

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



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-

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, dieticians, 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: W97890 0 -m(Dals caring

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

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

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

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: Haffeejee, 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: Haffeejee, Firoza Ducray, Jennifer Basdav, Jyotika Kelli,

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

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 Sripiatana, 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. Sripiatana, Alek
1942-7905

URL: <Go to ISI>://WOS:000606627100001

Reference Type: Journal Article
Record Number: 1409

change at the workplace that enable excellence in nursing practice.
Notes: Hakvoort, Lysette Dikken, Jeroen van der Wel, Maaike 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, Zar40834

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/HLD on ofTanda Richmond, H7.9789058058 0 0 -0.9789058

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

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, Si an 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:

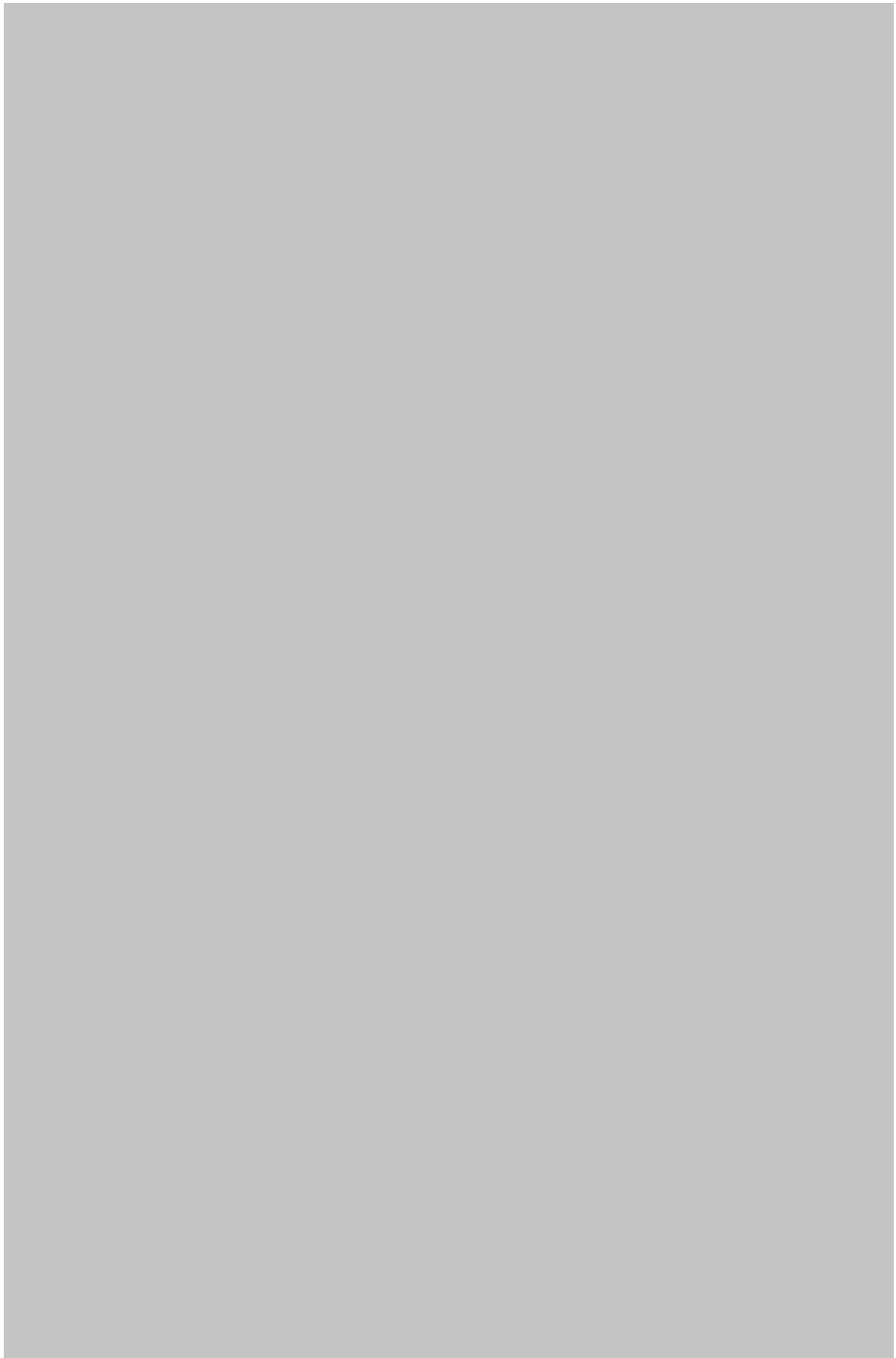
Integrating the ICF, RTSS, and PIE

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



(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., Lyytikäinen, 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 2019/20 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. Lyytikäinen, Outi Ari-Eva, 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

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

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

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/0000-000170patef2 6011103X; Naser

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

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, Mi sha 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

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. Hazzard, 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

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

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.

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

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.

MethodsA 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.

ConclusionsComplex 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

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., Caverero-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., Kvaloy, 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/bj sports-2020-102740

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 multifaceted 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

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

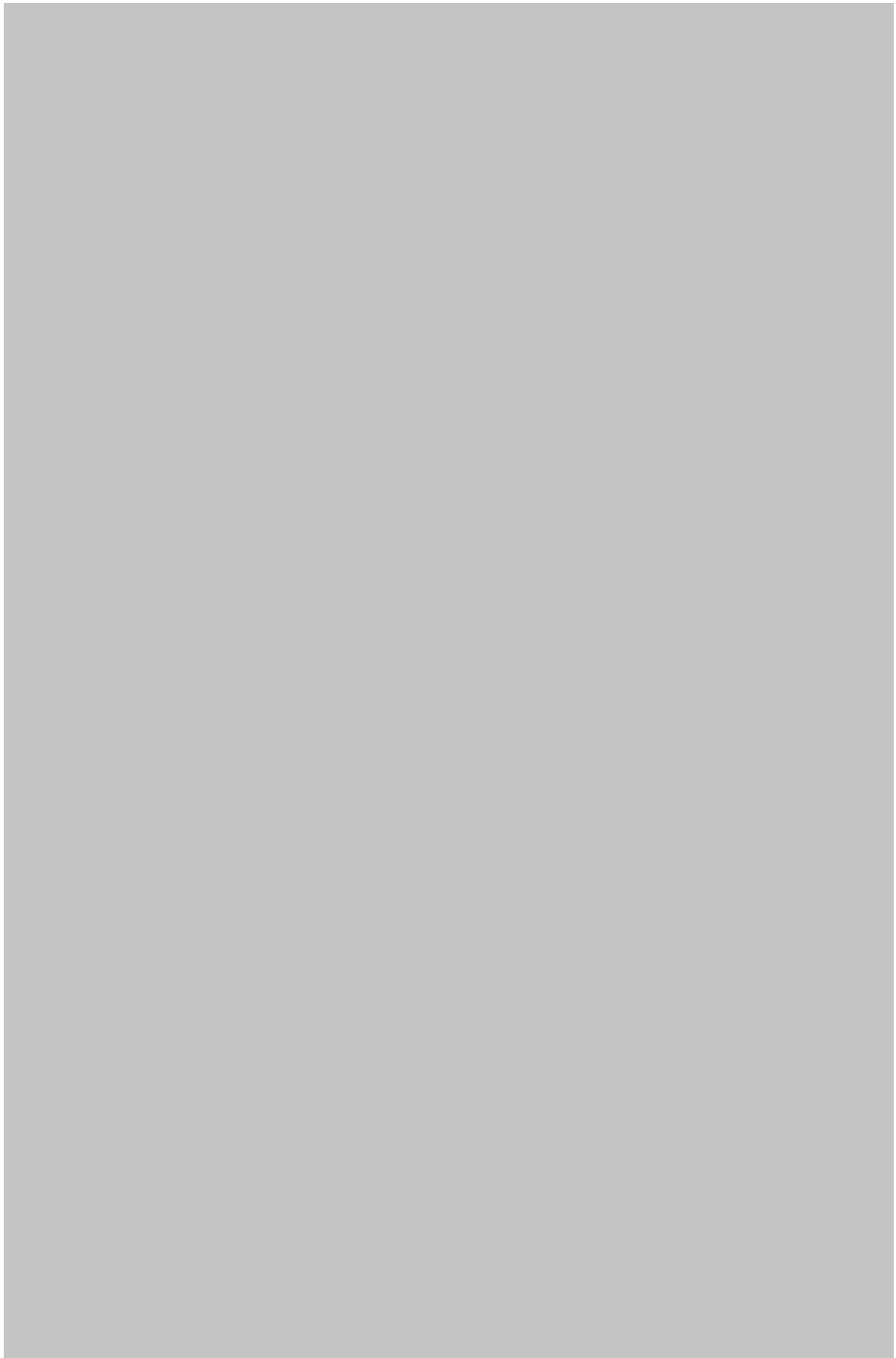
DOI: 10.1186/s12913-021-06724-6

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



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



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/1-4228-2019

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: Hatzikiiriakidis, 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



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: Resuscitativa

attempted resuscitation' recommendation 551/706 (78%) had at least one other treatment recommendation. Capacity was not recorded on 13%

each of the four providers expected their interventions to produce behavioural changes, information was extracted from their programme

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

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 Minning, 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 studies 2011 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 studies 2011 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, Charlotte
Frawley, Helena C/B-9840-2017
Frawley, Helena C/0000-0002-7126-6979; , Doreen

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

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

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, Clodna 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

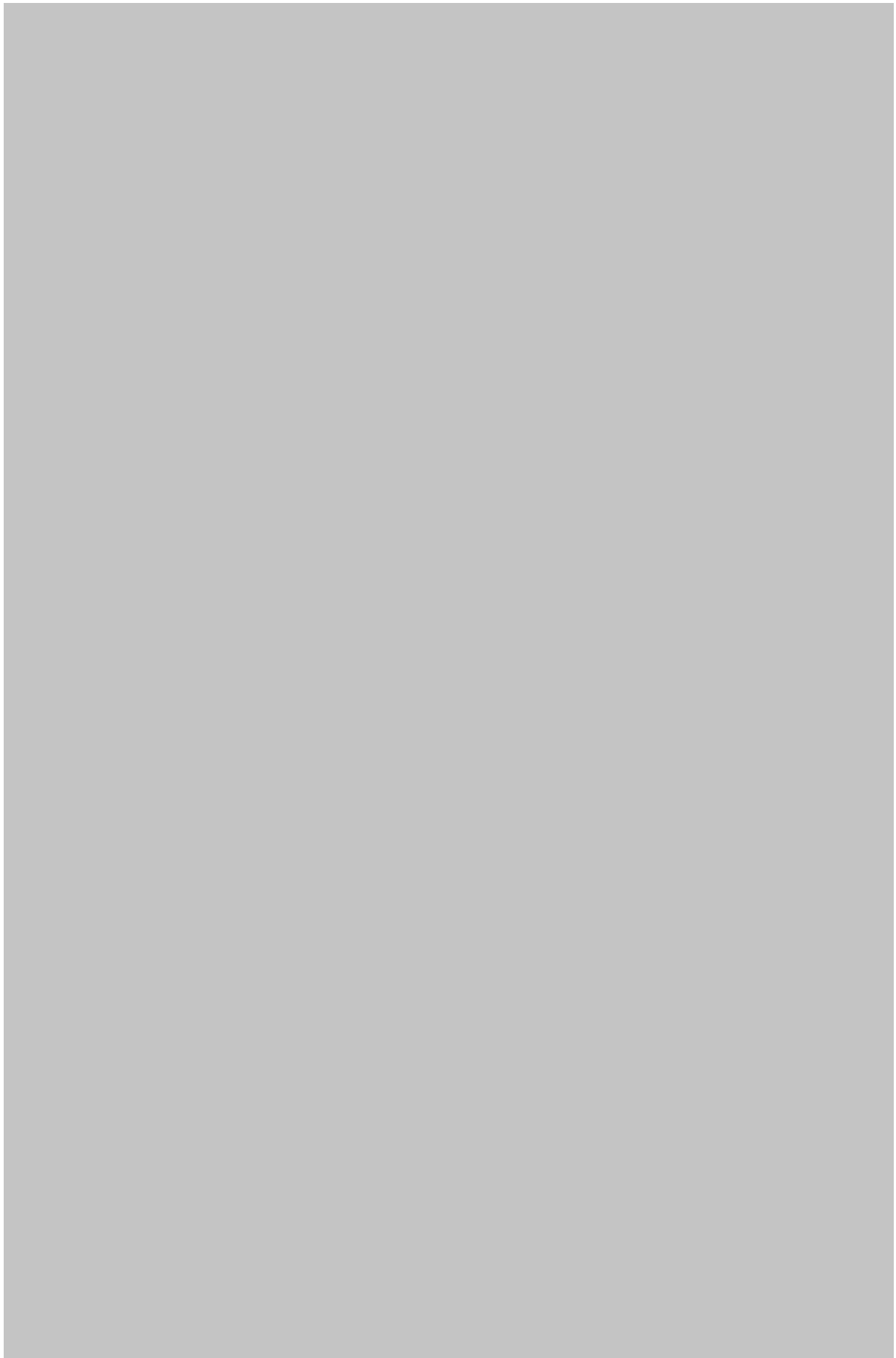
ISSN: 2079-6382

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



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

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: Hazfi arini , Alya Zahroh, Rana Islami ah Akter, Shahi noor Homer, Caroline S. E. Bohren, Meghan A. Homer, Caroline S. E. /J-2101-2014; Akter, Shahi noor/AAY-5043-2020 Homer, Caroline S. E. /0000-0002-7454-3011; Akter, Shahi noor/0000-0002-5236-3597; Hazfi arini , 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

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

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 Lee

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

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

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

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 and explores conceptual issues

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.

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,

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 c

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

Record Number: 777

Author: Heng, H., Kiegal die, 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

Date: 2023 Apr

Short Title: Advanced practice physiotherapists in Scottish primary care: Axial Spondyloarthritis epidemiology, time to diagnosis, and referrals to rheumatology

Article Number: e07377

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

Journal : International Journal of Environmental Research and Public Health

Volume: 18

Issue: 9

Date: May

Short Title: Development of a Digital Lifestyle Modification

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

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; Dalloso, 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, Rachas:OT(to evaluate the acceptability and feasibility

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 experien6oc2 665971.6T

and, in some cases, poorly reported. Conclusion: Some web-based

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): 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): 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

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

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

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.

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



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/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; 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



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

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

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

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 habitualisation 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

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 healthier 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.

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

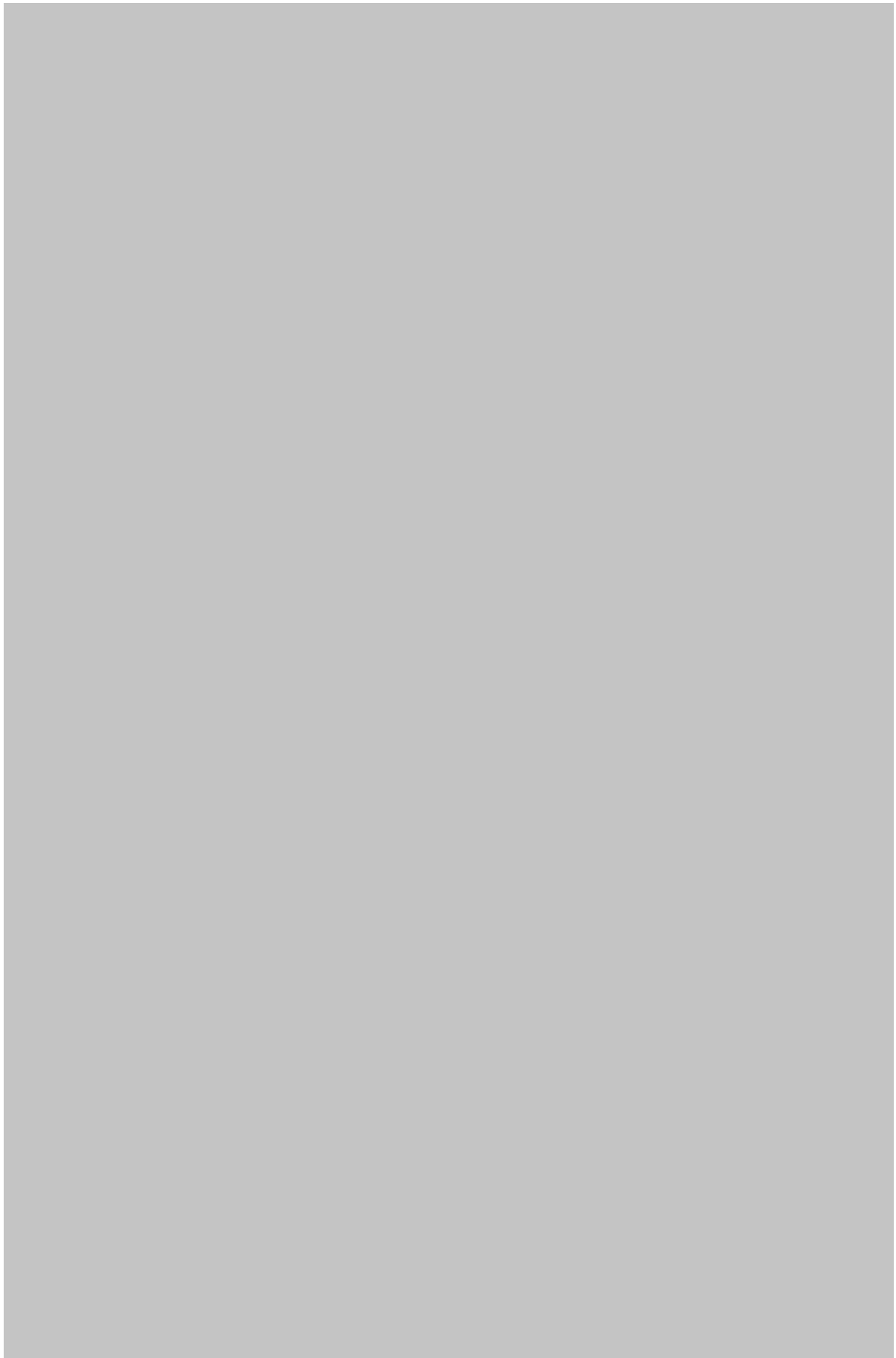
Article Number: 93

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;



Volume: 21
Issue: 1
Date: Aug

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., Triebelhorn, 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 Triebelhorn, Lukas Friemel, Thomas N.

Triebelhorn, 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., Gropel-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; GAlcan, Elif/P-6911-2019; Fi fe-Schaw, Chris/AED-1755-2022; Koenigstorfer, Joerg/G-3338-2013; Raats, Monique/G-5348-2012
Kustepeli, Yesim/0000-0001-9600-2892; Fi fe-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.

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

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. Rakiacki, 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.

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,



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-Iaque: 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, Iftekhar 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., Jenum, A. K., Smastuen, M. C., Arsand, E. and Ribbu, 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



Year: 2022

Title: Understanding nurses' justification of restraint in a neurosurgical setting: A qualitative interview study

Journal: Nursing Ethics

Date: 2022 Oct

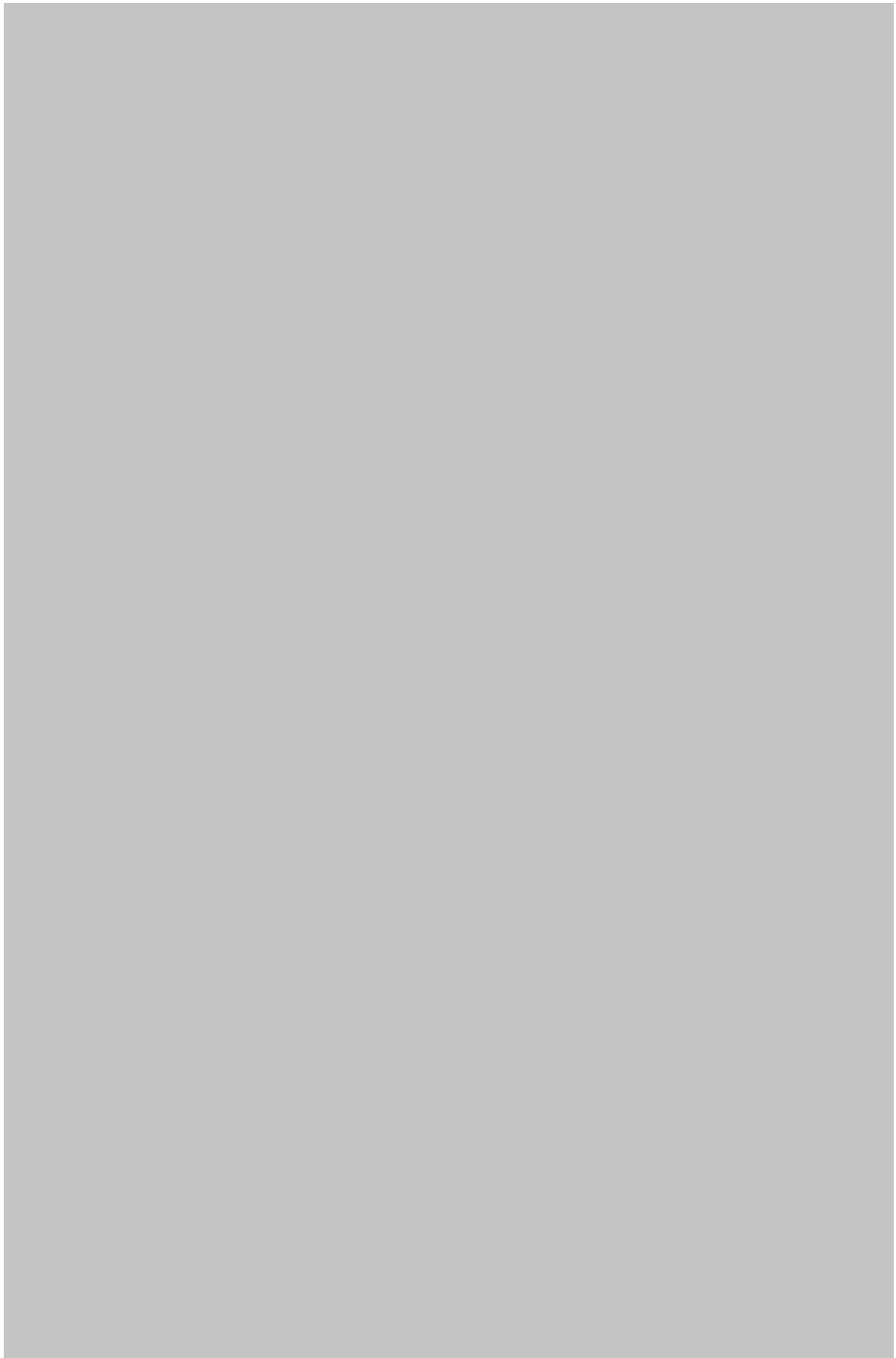
Short Title: Understanding nurses' justification of restraint in a neurosurgical setting: A qualitative interview study

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



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

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

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,

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

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

Year: 2015

Title: Implementation conditions for diet and physical activity interventions and policies: an umbrella review

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

requirements of eMCI and other clinic programmes increased participant's administrative workload. All these factors were a disincentive to eMCI uptake, frequently leading participants to revert to paper IMCI which was quicker and where they felt more confident. Conclusion Despite the potential of CDSSs 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

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, Manraj 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

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

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

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 score (7-step) the virtual

Majgaard, Gunver/Q-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

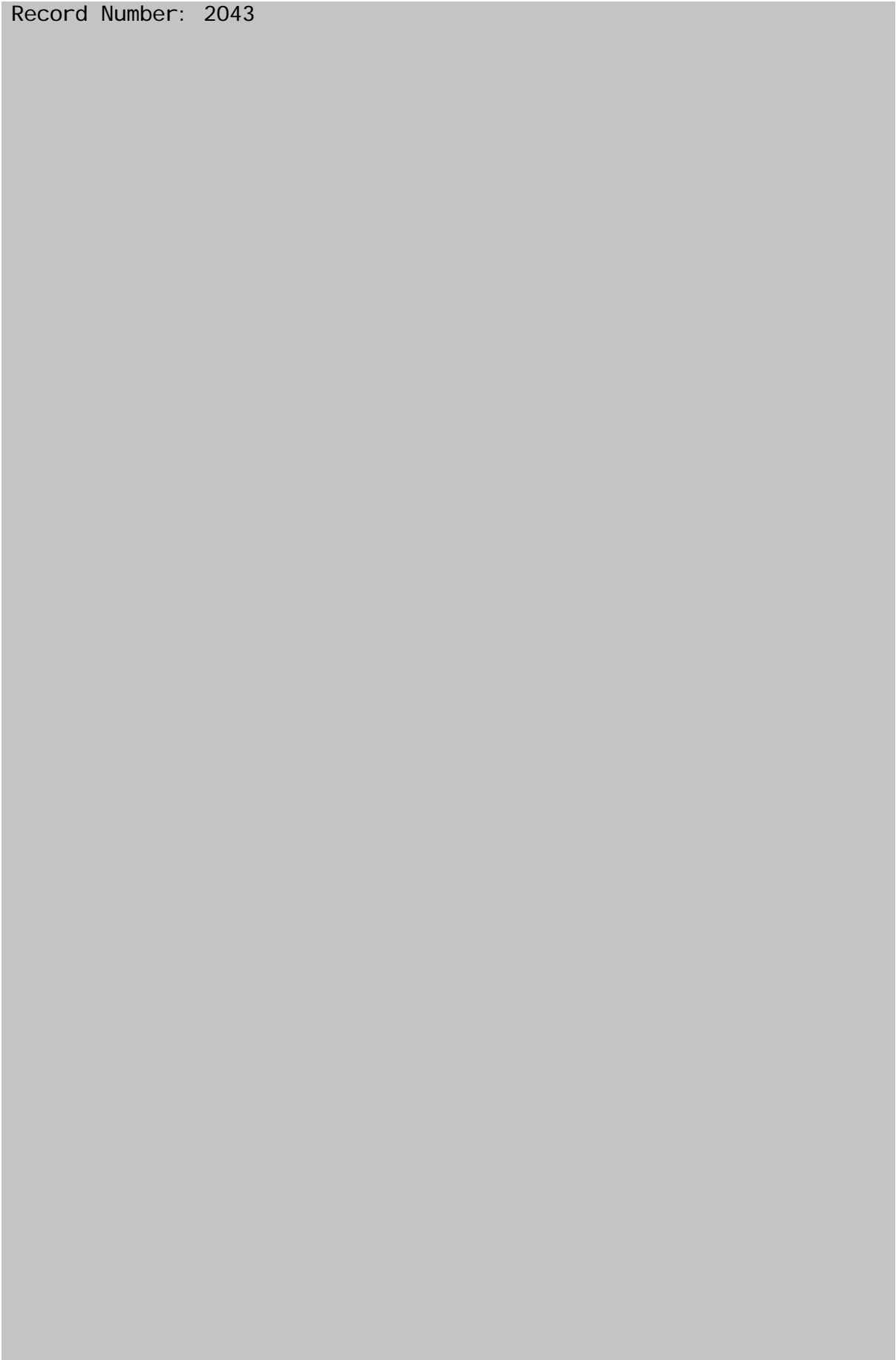
Reference Type: Journal Article

Record Number: 541

Author: Huang, J., Chu, J. and Zhao, X. L.



Record Number: 2043





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: Jami a Open

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 Numberzo2e

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

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

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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 recommendations 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

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

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

Arden, Madelynne A/B-8717-2009
Arden, Madelynne 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

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

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)

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

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

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. Devel o.97 /TTO -0.9789intions for chroa.

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

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, Chionso 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

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 in grandchildren 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,

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

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

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:

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

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-Fillion, M. L.,

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

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 p 720ong theQDMH1

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

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 Dungal, Rajkumar Dungal, 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 in the quality of

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

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

of professionals in the intervenesm 9nd control groups wee W

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 Reproductionl act

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: 10.2196/58 , SSN: 1438-8871

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

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; /0000-0001-7191-25072561-326x

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, Zahir 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

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

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.

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

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

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.

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., Wimshurst, 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

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

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/

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

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

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

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.

al turbag, 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

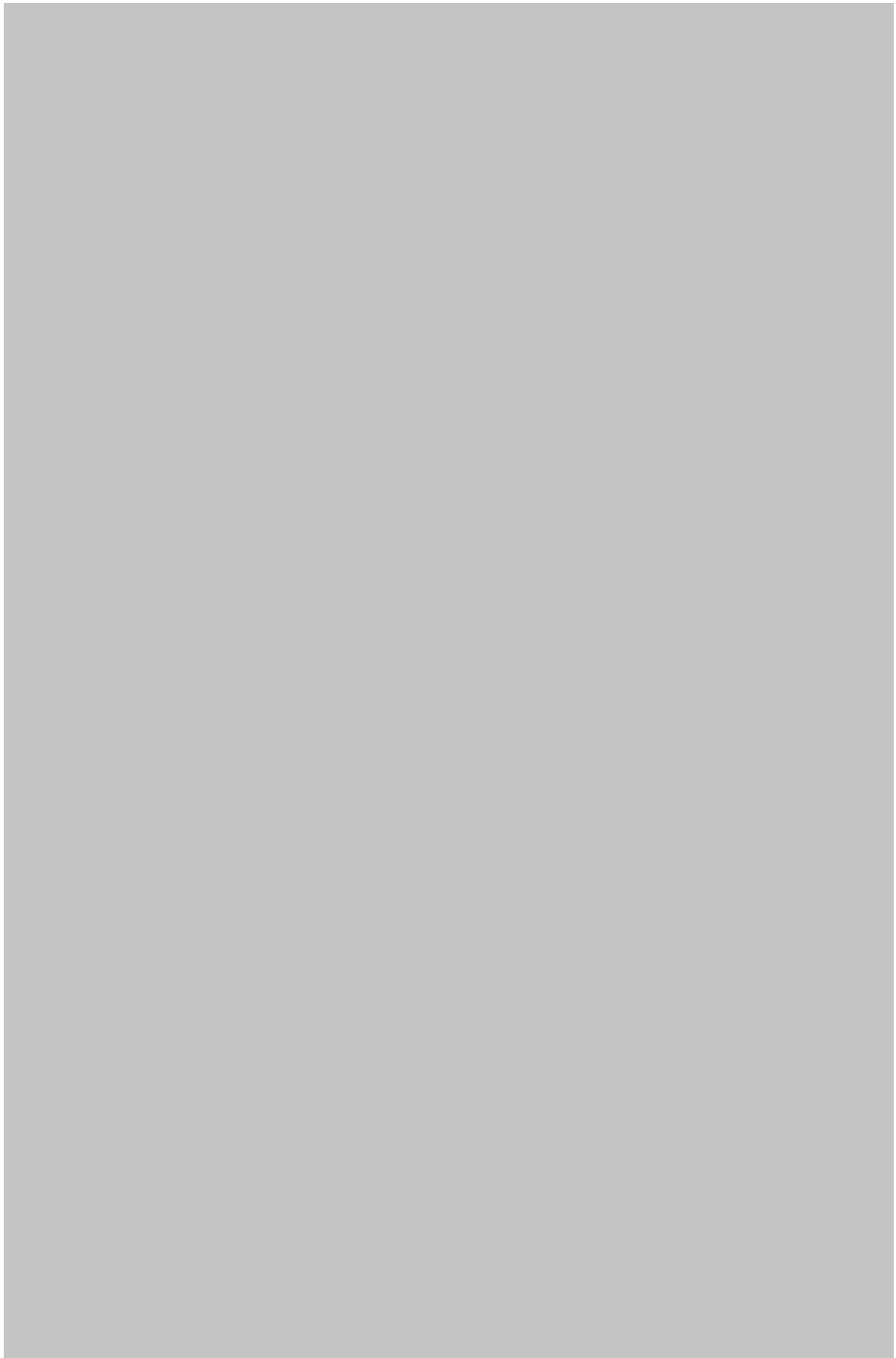
DOI: 10.1136/bmj.oq-2020-001275

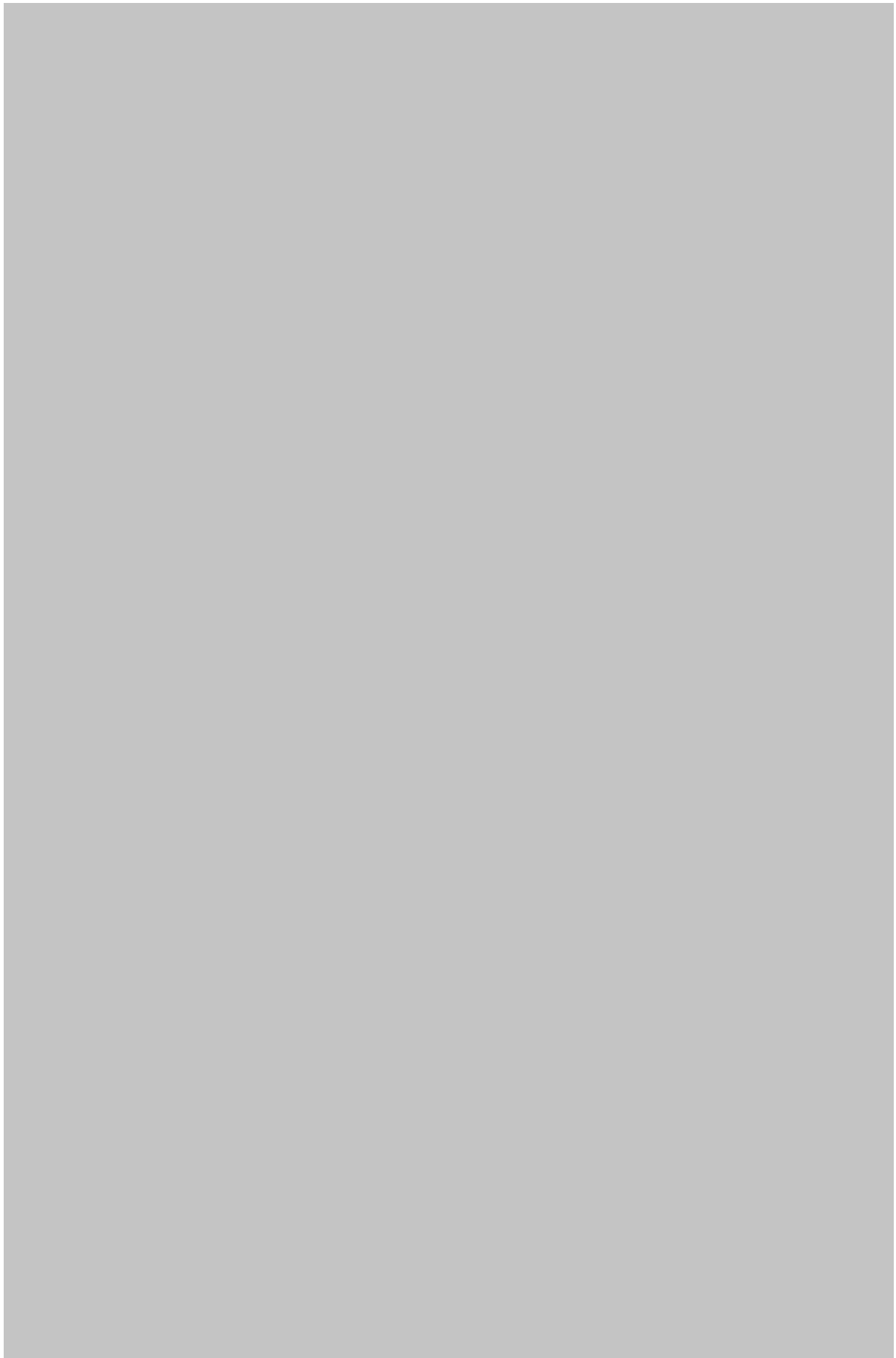
Article Number: e001275

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







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

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

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

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

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

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/>).

adults' attitudes towards testing and can inform testing programmes in other universities and settings with asymptomatic testing programmes.

Notes: Jones, Leah Ffi on Batteux, Eleonore Bonfi el d, Stefani e Bhogal , Jaskiran Kaur Tayl or, Jo Cai ado, Cami la Ramagge, Jacqui Weston, Dale

; Ramagge, Jacqui /D-4449-2012

Bonfi el d, Stefani e/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 Pr58 72 7601nC quagrence

Reference Type: Journal Article
Record Number: 1554

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

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., Mihaилоva, 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, Vichitrani 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-

DOI : 10.1542/peds.2021-051438



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

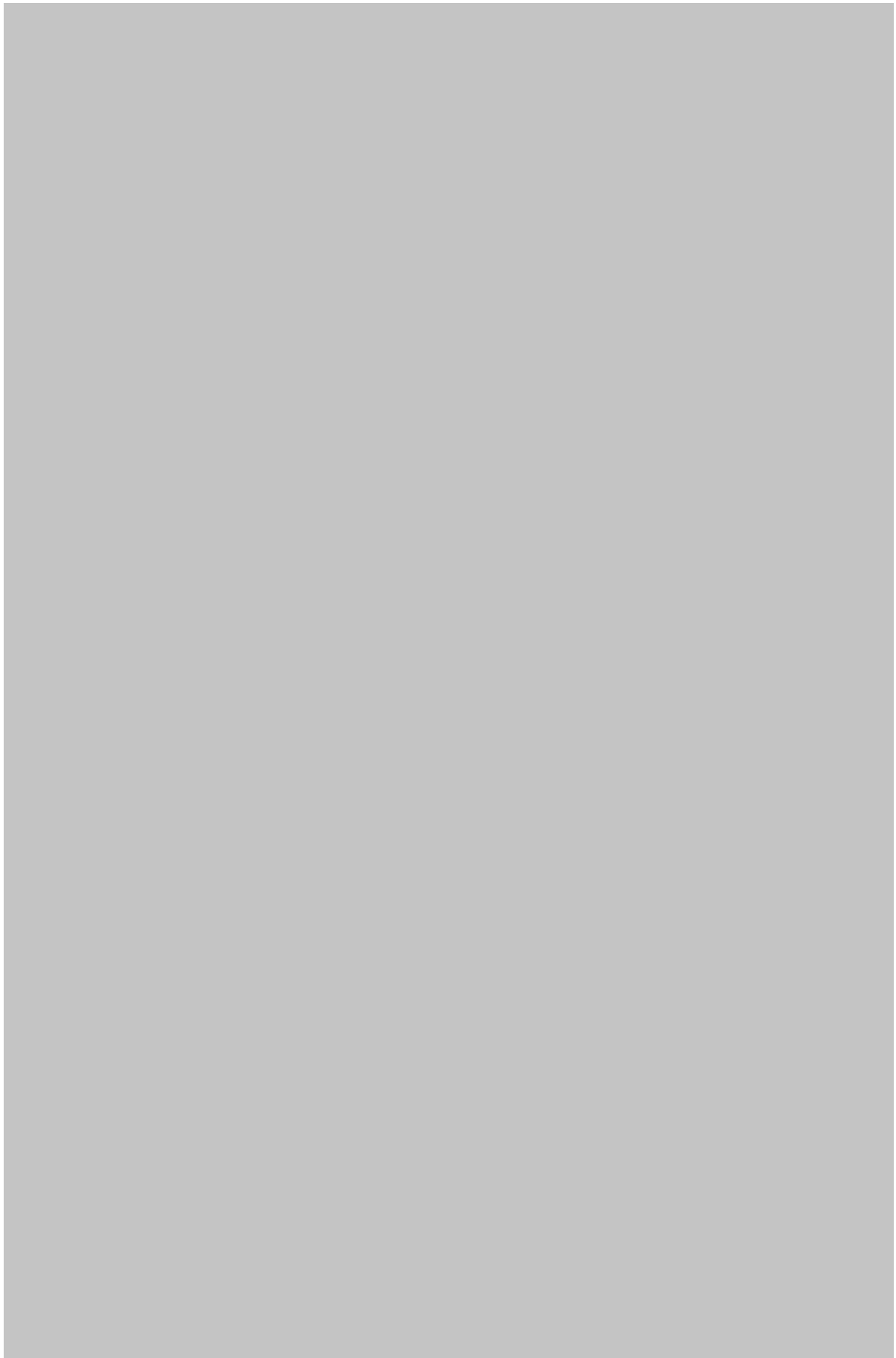
ISSN: 1060-0280

DOI: 10.1177/10600280211009567

Article Number: 10600280211009567

Accession Number: WOS:000679733300001

Abstract: Background: Goals of managing patients with acute kidney

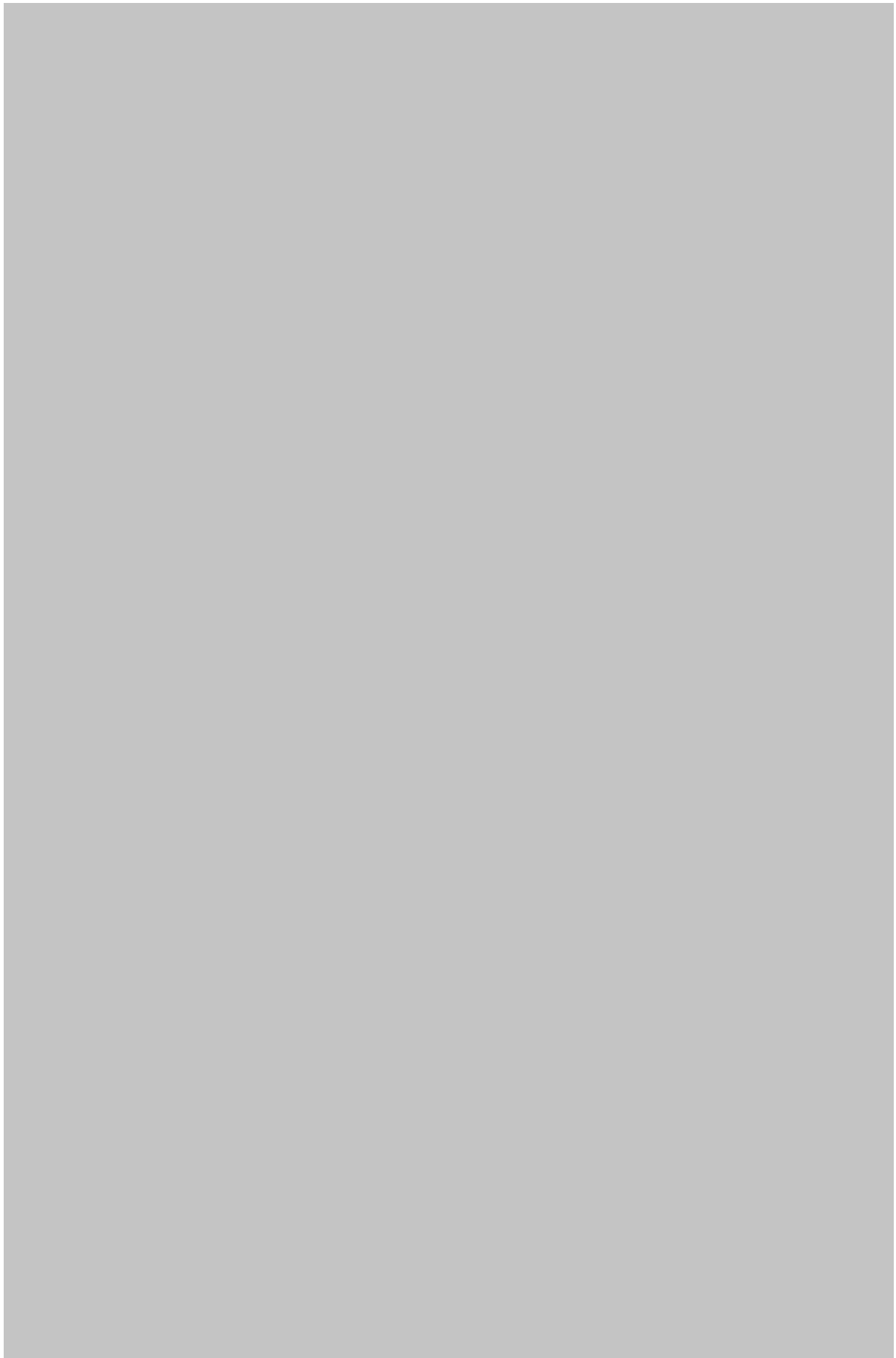


6-10 years old and their parents were randomized to environment-based intervention (n = 11) or usual care (n = 10). The environment-based intervention targets individualized participation goals in leisure and community activities through changing environment and activity demands. The study outcomes were 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. ResultsThe 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. ConclusionsEnvironment-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
Racores, no significant



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, Bhalu Saurastri, Rajiv Singh, Vinay Pratap Maji, Pinki Karlage, Ami Hirschhorn, Lisa R. Semrau, Katherine E. A.

Semrau, Katherine/0000-0002-8360-1391

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/currenocol29030128

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

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;

Klosterhal fen, Stephanie/0000-0002-1175-898X
2312-0541
URL: <Go to ISI>://WOS:000684273900040

Reference Type: Journal Article

Record Number: 1341

Author: Kastaun, S., Viachtbauer, W., Leve, V., Hildebrandt, J., Funke, C., Klosterhal fen, 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 Viachtbauer, Wolfgang Leve, Verena Hildebrandt, Jaqueline Funke, Christian Klosterhal fen, Stephanie Lubisch, Diana Reddemann, Olaf Raupach, Tobias Wilm, Stefan Kotz, Daniel

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

URL: <Go to ISI>://WOS:000718147500006

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

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

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 McGowan, 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. McGowan, 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., Pesseau, 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

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

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

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., McCarthy, M. and McAuliffe, F. M.

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 ≥ 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.

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',



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 review Despite 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 findings PEM 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 re

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

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

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

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

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

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 Chaniashvili, 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

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 chi square 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



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: Background Sickle 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. Methods In 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. Results Forty-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. Conclusions Fewer 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

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

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. MethodsThe 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

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, W. and Borde

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:0009289aNi 9789058 72f. 112. x. 9789058 0 0 -0. 9789

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

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

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

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



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 Sociocological 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 Sociocological 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 sociocological 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 sociocological 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.

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

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., Gerri ts, 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 Gerri ts, 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: 809-812 7 9 3 T m / T T 1 1 T f (R e f

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 field. *Ann Behav Med* 2015;49(6):809-812. doi:10.1007/s12160-015-9714-3

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

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; komp f, justin/
0000-0002-1255-5471

1465-3966

URL: <Go to ISI>://WOS:000883230200001

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., Kypriani dou, M., Nicolaid es, 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, P., Nicolaid es, C., Karekla, M., Kypriani dou, M., Kassianos, A. P., Kumar, N., Georgiou, K., Angelos P.

Kumar, Navi n/HII-4609-2022; Nicolaid es, Chri stos/0-5991-2017

Konstantinou, P., Nicolaid es, C., Karekla, M., Kypriani dou, M., Kassianos, A. P., Kumar, N., Georgiou, K., Angelos P. /0000-0001-8079-0417; Karekla, Mari a/0000-0001-7021-7908; Nicolaid es, Chri stos/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: Kori palli, 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: Kori palli, 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

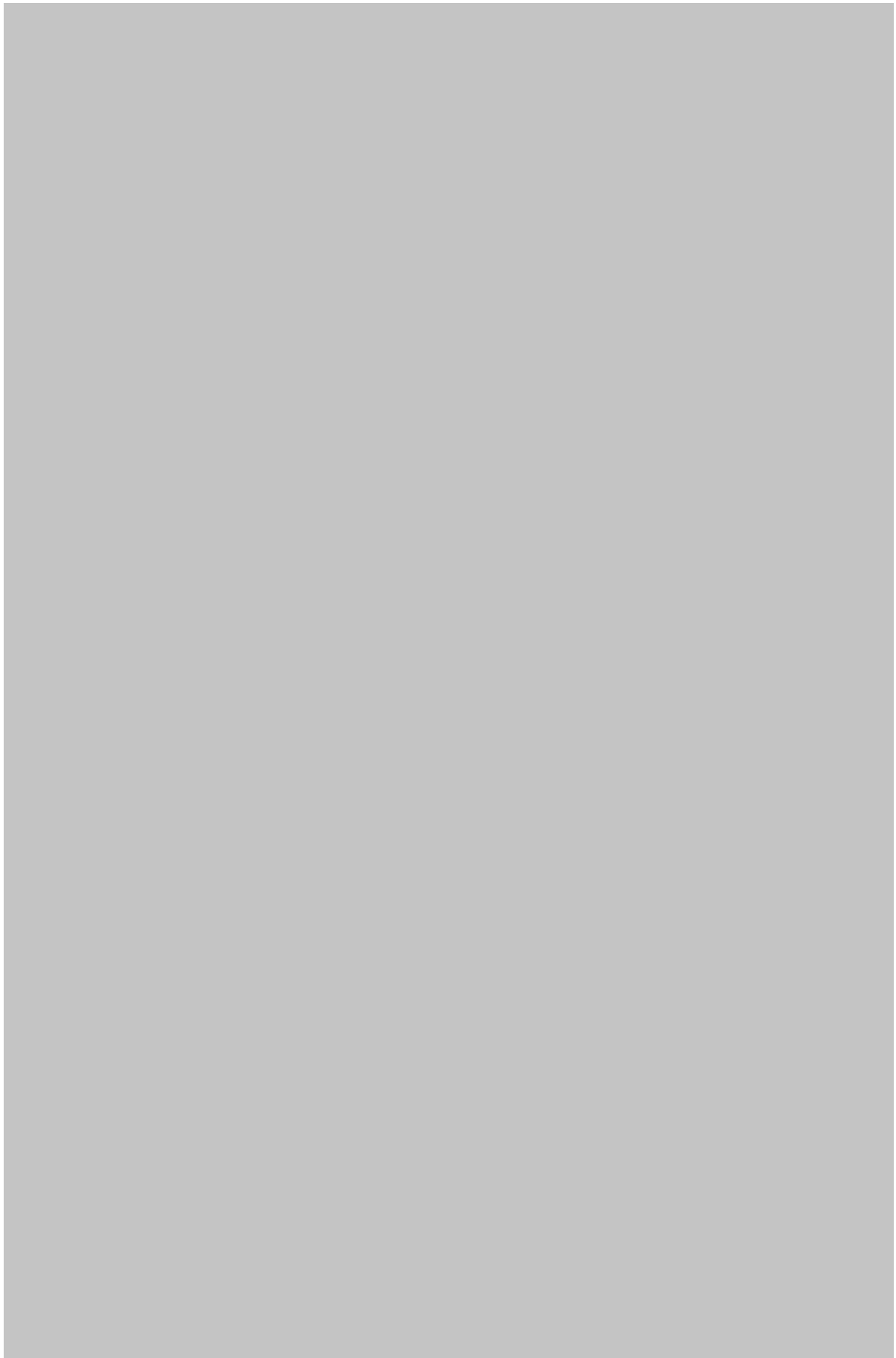
Short Title: A principal components analysis of factors associated with successful implementation of an LVAD decision support tool

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



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 2019sey789tic plastic. Method

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} = 4.8890 {CI} = 4.8890 { .rt ed eta were compared using

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



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 home-isolated 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 on

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 (Steward, knowledge and)Tj

AMR pharmacists from a UK NHS hospital and in Ho Teaching Hospital with the aim of enhancing antimicrobial stewardship (Steward, knowledge and)Tj

be 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

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 Alabila Mensah, Adelaide Jato, Jonathan

particular interest in academic functioning. There was some

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., Machingai dze, 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

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

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. CurrenA 820589a1

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 PsycInfo, 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 Zuidwijk, 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.

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

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, semi structured 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)

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

professional role, which operate differentially across specialties. Multi component interventions will likely be necessary to improve guideline-based use of PPIs to prevent upper GI bleeding.

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 trial 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

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

body of literature on co-designing behavioral mHealth interventions

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, Ngiam 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

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 Chiueve, 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; Chiueve, 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

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: Kyprianiidou, M., Konstantinou, P., Alvarez-Galvez, J., Ceccarelli, L., Gruszczynska, E., Mierzejewska-Floreani, D., Loumba, N., Montagni, I., Tavoschi, 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

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,

Reference Type: Journal Article

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.jacc.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. Semi structured 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: Semi structured 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. Sivasathan, Janani Gastaldi, Ada Clarice Bowen, Alicia Stratton, Anne Tipping, Claire Campbell, Courtney Pound, Gemma McCl eary, Kate Thomas, Lauren Nickels, Marc Paykel, Mel anie 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; McCl eary, 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

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



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

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 Hi n Yan/GQP-3349-2022; Tong, Xi ul i /F-4454-2011

Lam, Joseph Hi n Yan/0000-0001-6068-3630; Chi u, Mi ng/
0000-0002-5721-1971; Tong, Xi ul i /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

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/s13012-8vpe0203-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,

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

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

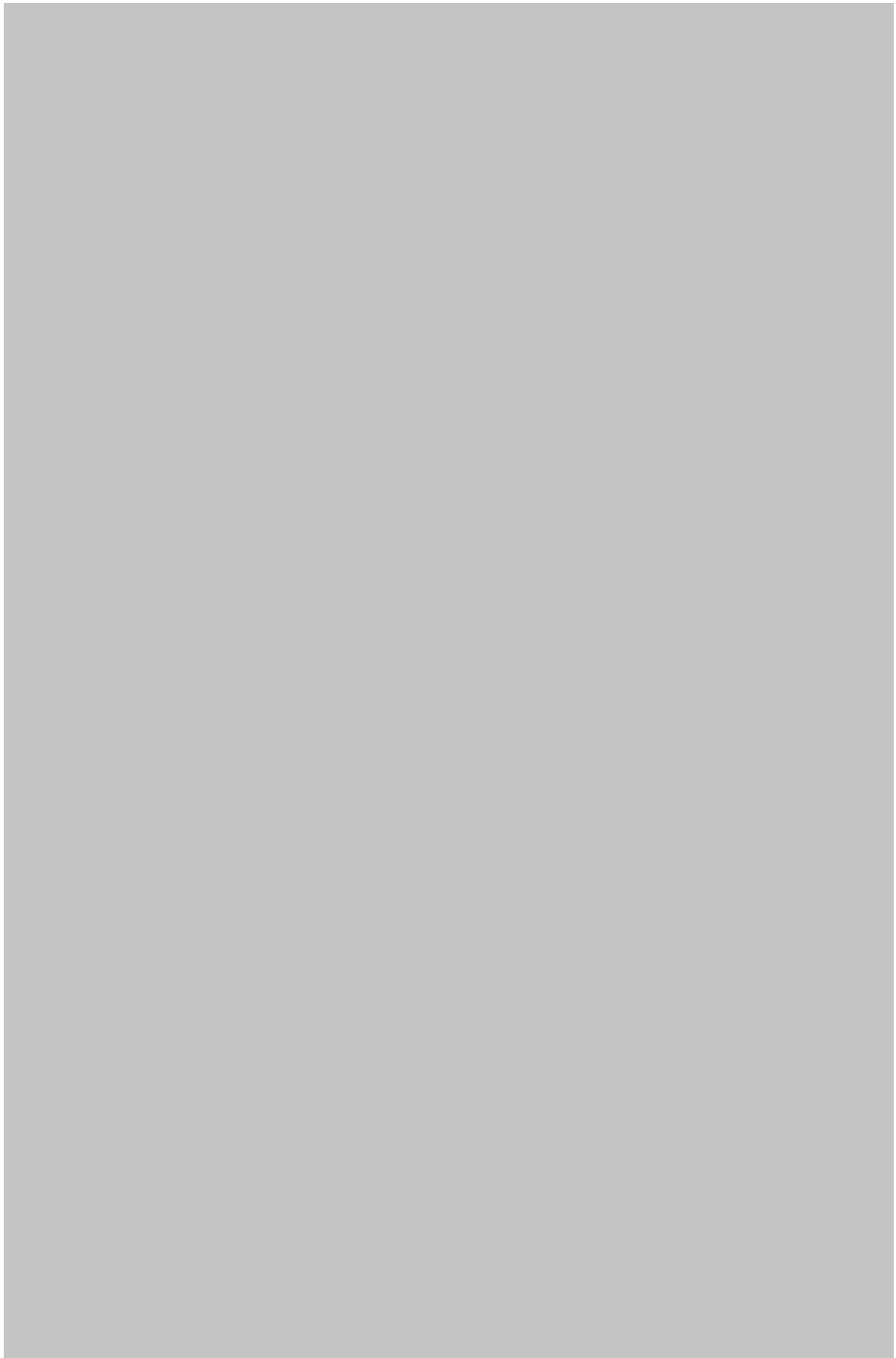
DOI: 10.1017/ice.2019.293

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



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

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,

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/1-5412-2019

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/1-5412-2019

Larkin, Louise/0000-0001-9646-3947; Kennedy, Norelee/0000-0001-6047-1240; , Stephen/0000-0002-5471-7774 1464-5165

URL: <Go to ISI>://WOS:0003697460000shm /T210 0 t3tatp1 ET Q qp TT1pi

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, Levi e T. van der Veek, Shelley M. C.

van der Veek, Shelley/0000-0001-9195-6523

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

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

questionnaire. To evaluate the intervention, multilevel analyses will be conducted. This study will increase our understanding on

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



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

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

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., Schaijlee, 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: Lavallee, 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

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

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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 Guigere, 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: BackgroundWe 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. MethodsIn 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



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 Gini s, Kathleen Martin

2159-6778

URL: <Go to ISI>://WOS:000763145800001

Reference Type: Journal Article

Record Number: 1475

Author: Lawrason, S. V. C. and Gini s, 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

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. Gini s, 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, Yixiang McTigue, Kathleen M. Rockette-Wagner, Bonny Mann, Devin M. Wu, Yixiang/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, Yixiang/0000-0001-7806-6999

URL: <Go to ISI>://WOS:000632479700007

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-CRP, 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 anti-thrombotic 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 anti-hypertensives. 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.,

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

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.

Mr SBn750Tmcc 11 0 0789Uee4;vitiilly i SB) and

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

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

Reference Type: Conference Proceedings

Record Number: 2430

Author: Lee, J., Walker, E., Burlison, 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 (ubicom'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 Burlison, 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., Laviikler, Kim, B., Lavi i

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 insr010.aPa

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 evidence informed, 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/GOJ-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

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 (SUM) for health professionals. Methods: We conducted an environmental scan looking for programs that train health professionals in SDM. Pairs of reviewers independently

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/cmadv003
Accession Number: WOS: 000913329600001
Abstract: Lay Summary In an era where global health is an increasing

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 Fossembras, Elodie Baruch, Dan Malmartel, Alexandre Malmartel, Alexandre/AAG-9088-2020

Netherlands (n = 150) and Australia (n = 150) and will be assigned to an intervention or control group. All patients will learn to



and post-trial process evaluation alongside the StAR2D study in

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 Tjomslund, 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-

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

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

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

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

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 Soh3l mn Op

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

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, Xiaqing 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

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

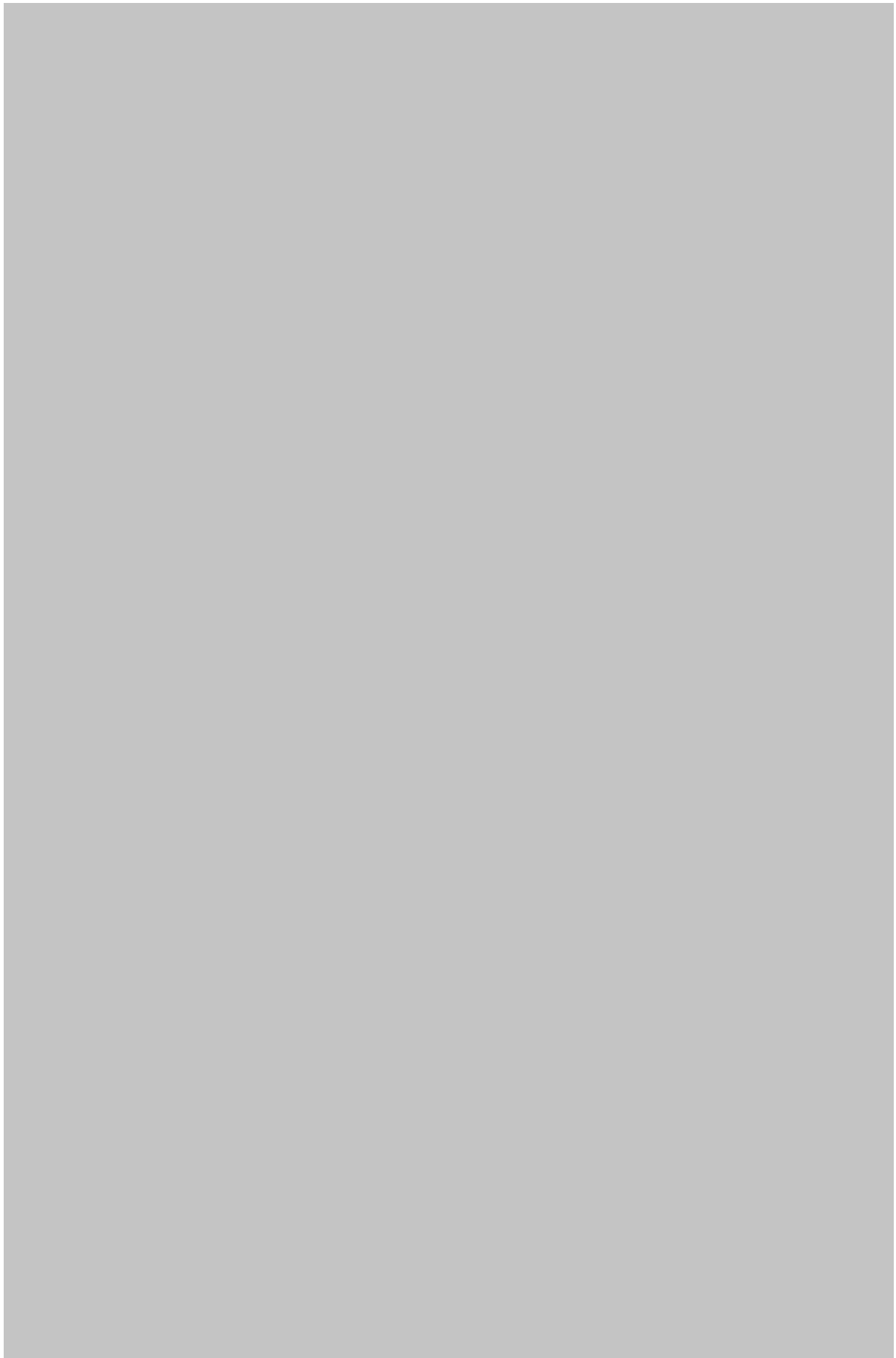
Short Title: Experiences of older people, healthcare providers and caregivers on implementing person-centered care for community-dwelling older people: a systematic review and qualitative meta-synthesis

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



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



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 Afi a Appi a Univ Pol itecnica 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

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: 10.1cRuhj.socsci.med.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

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 909464 Mcf 0.tives: a qualiion 0 oiccntives: a qualitati

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

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 xpe9cdrons reT

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, Ngai o J.

Littlewood, Katherine/GPP-6569-2022

Beausoleil, Ngai o/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

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

Journal : Circulation-Cardiovascular Quality and Outcomes

Volume: 8

Issue: 3

Pages: 301-308

Date: May

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, Khai rul Manami Liu, Yuqi Zou, Jinzhi Zhang, Jiaqi

Kamarudin, Khai rul Manami /N-7518-2017

Kamarudin, Khai rul 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, chi² = (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

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

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

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, Xiangxiang Zhang, Jianxin Zhang, Yuhong Zhang, Ruijuan Zhou, Bo Li, Zhi Fang 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.
YearL110-840

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., Domish, 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, Daniela Domini sh, Jacqueline Heading, Gaynor Schmidt, David McCluskey, Annie

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

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

Year: 2017

Title: Self-reflective talk in group counselling

Journal : Discourse Studies

Volume: 19

Issue: 4

Pages: 422-440

Date: Aug

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 (influences

qualitative study based on the Theoretical Domains Framework (TDF). The link to the anonymous survey was distributed via email to LTCFs

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

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

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, Andriago Antonio Manzini, Fernanda Nunes da Trindade, Monica Cristina Storb, Bernd Heinrich Rech, Norberto Farias, Mareni Rocha Leite, Silvana Nair Storb, Bernd Heinrich/AHC-8199-2022; Farias, Mareni Rocha/ABF-4822-2020; Manzini, Fernanda/GS0-0307-2022; Farias, Mareni Rocha/GPS-4367-2022

Farias, Mareni 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.



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/

significant differences between phases on baseline measures. The mean (SD) baseline worst 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 cm 0.9789058 0 0 -nce by NHS Trusts

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

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

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 fut7890yicn905u -11 5 933072Tm /TT1 1 Tf (designed a w

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. Wilms, 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

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:0008dL Q q 0.9ae217 Tm /Tss0a 789058 0 0 -0.97

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

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

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

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)

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

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/j socm-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, Aniek 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

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 I/G-3490-2013; Mazza, Danielle/H-4577-2014; Saunders, Christobel/H-5779-2014; Friedlander, michael I/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

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 Bowski II, 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, Ulrich 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, Ulrich K H/A-2043-2010

Ferraro, Paul/0000-0002-4777-5108; Ecker, Ulrich 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

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 Meij, 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

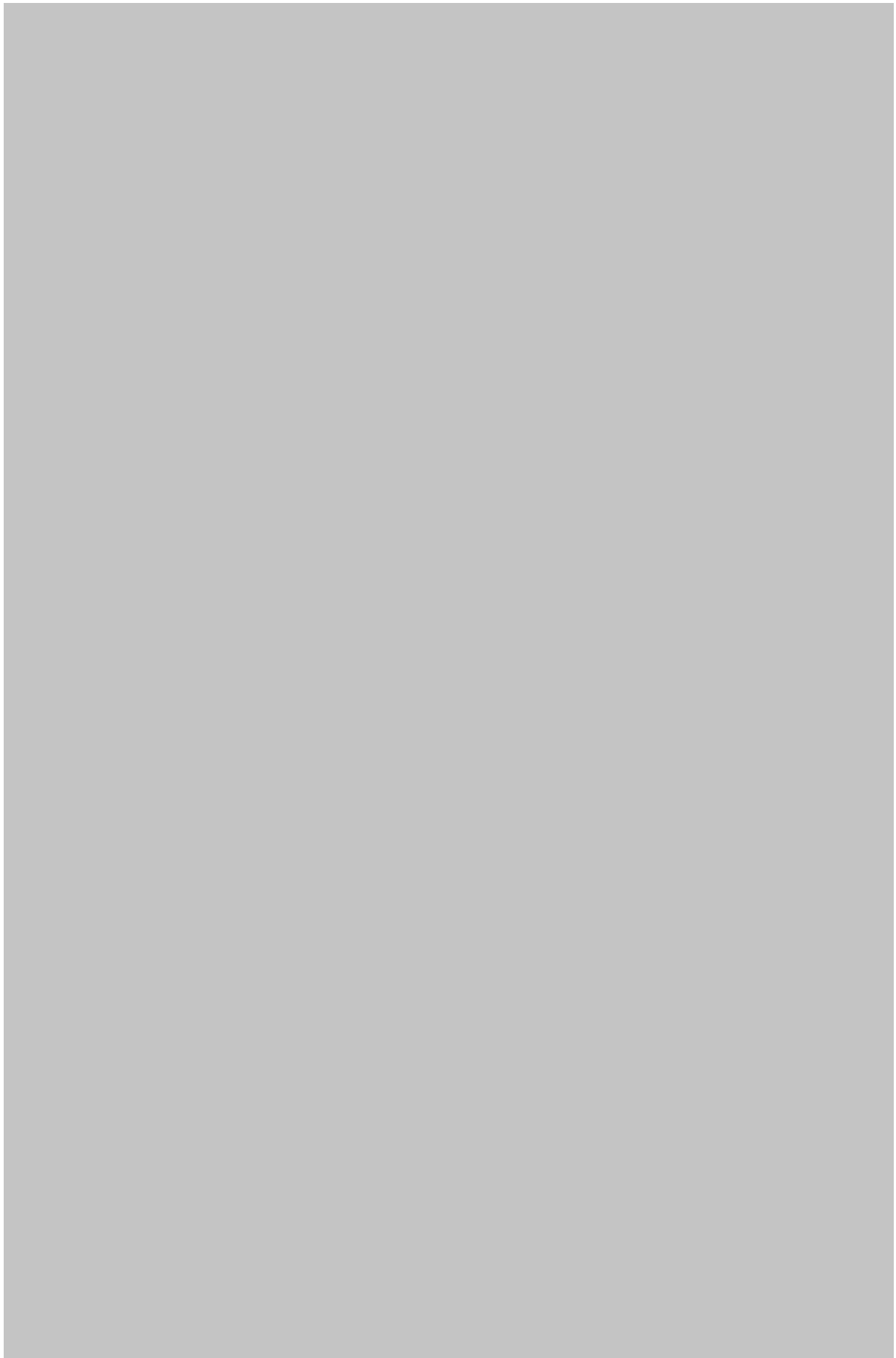
Journal: Collegian

Volume: 25

Issue: 1

MacLeod, Catriona/0000-0002-8435-410X
2575-8314
URL: <Go to ISI>://WOS:000740669300001

Reference Type: Journal Article
Record Number: 2421



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

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

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

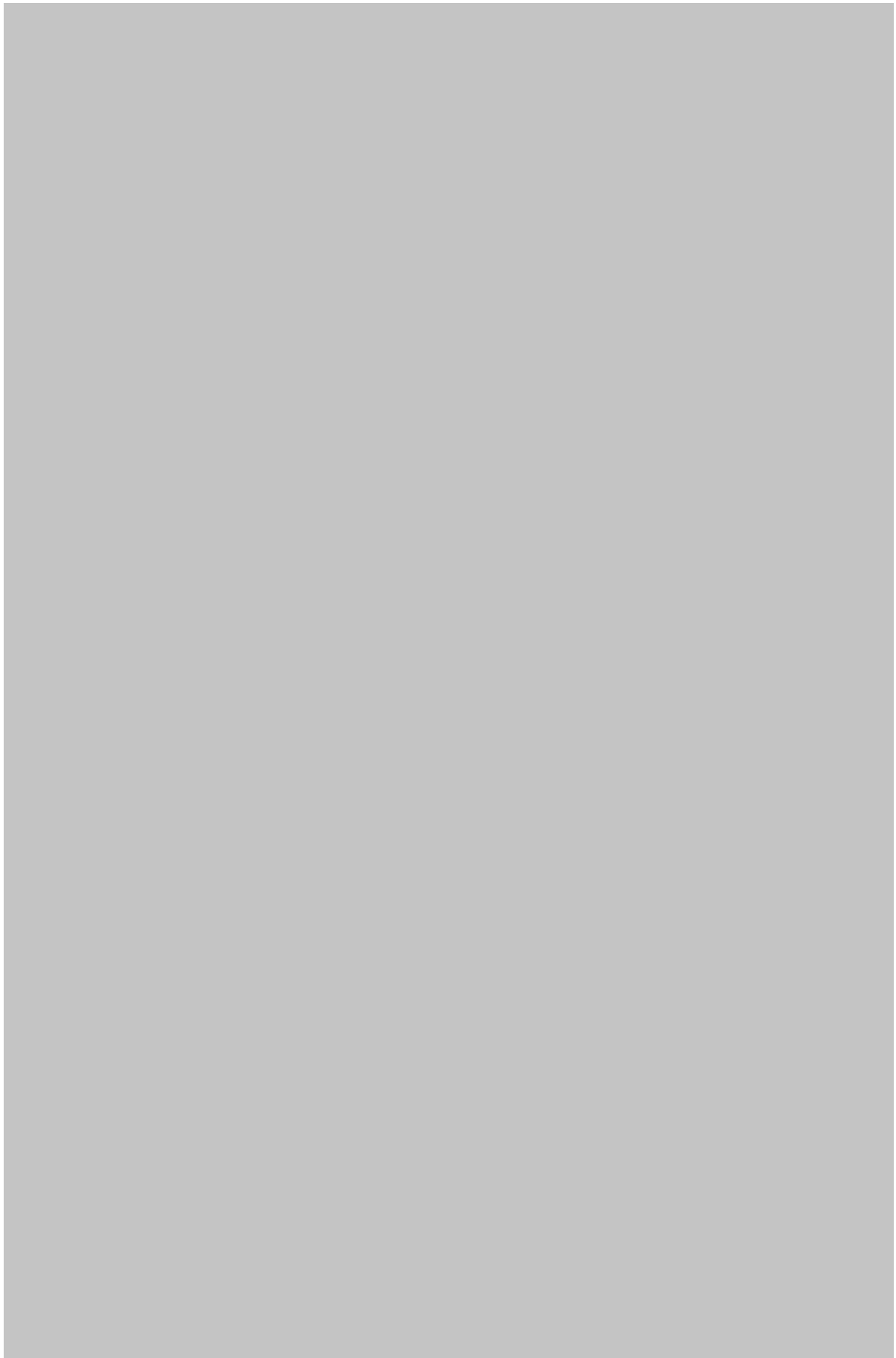
Short Title: Using the COM-B model to characterize the barriers and facilitators of pre-exposure prophylaxis (PrEP) uptake in men who have sex with men

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 Semi structured interviews with 13 MSM who were non-PrEP users were conducted with a specific focus on barriers and facilitators to



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

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 arize recentl9215Tm /TT1 1 Tf (impl

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 Katriine 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/

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, Siw

Skouteris, Helen/AAG-6494-2021; Makama, Maureen/ADC-2798-2022;

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, Tammi e Lim, Si ew

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 ,

Tammi e Suet Ting/0000-0003-0471-0248; Skouteris, Helen/

0000-0001-9959-5750; Lim, Si ew/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

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 Goetziinger, 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; Goetziinger, Catherine/0000-0002-6377-1078; van Boven, Job/0000-0003-2368-2262; Barnestein-Fonseca, Pilar/0000-0003-2767-8017

URL: <(d0 -11 5 963453Tm /TT1ne,0 l>://WOS:Tj 72sant, Sean/L-991eo331

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

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-Mayntati0 -0.9789058 72.9789dsc

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

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

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 (I²(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 Dall'olio, 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

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., Nemeč, 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. Nemeč, Martin Vlaev, Ivo Waller, Jo Marlow, Laura A.V/0000-0003-1709-2397; Nemeč, 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, Nini an 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

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 COM-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 COM-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/O000-0003-2315-5737; GHEDUZZI, ELEONORA/O000-0001-7449-3379; guglielmetti, chiara/O000-0002-1866-2796; Fusco, Floriana/O000-0002-3488-4970; Marsilio, Marta/O000-0001-9191-7284; Blasi, Francesco/O000-0002-2285-9970
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/O000-0003-4383-1907; Martin, Paul/O000-0002-0243-2654
URL: <Go to ISI>://WOS:000372628400001

Reference Type: Journal Article
Record Number: 1903

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



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/AEO-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/AEO-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: Martin-Payo, R., Fernandez-Alvarez, M. D., Zabaleta-del-Olmo, E., Garcia-Garcia, R., Gonzalez-Mendez, 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.

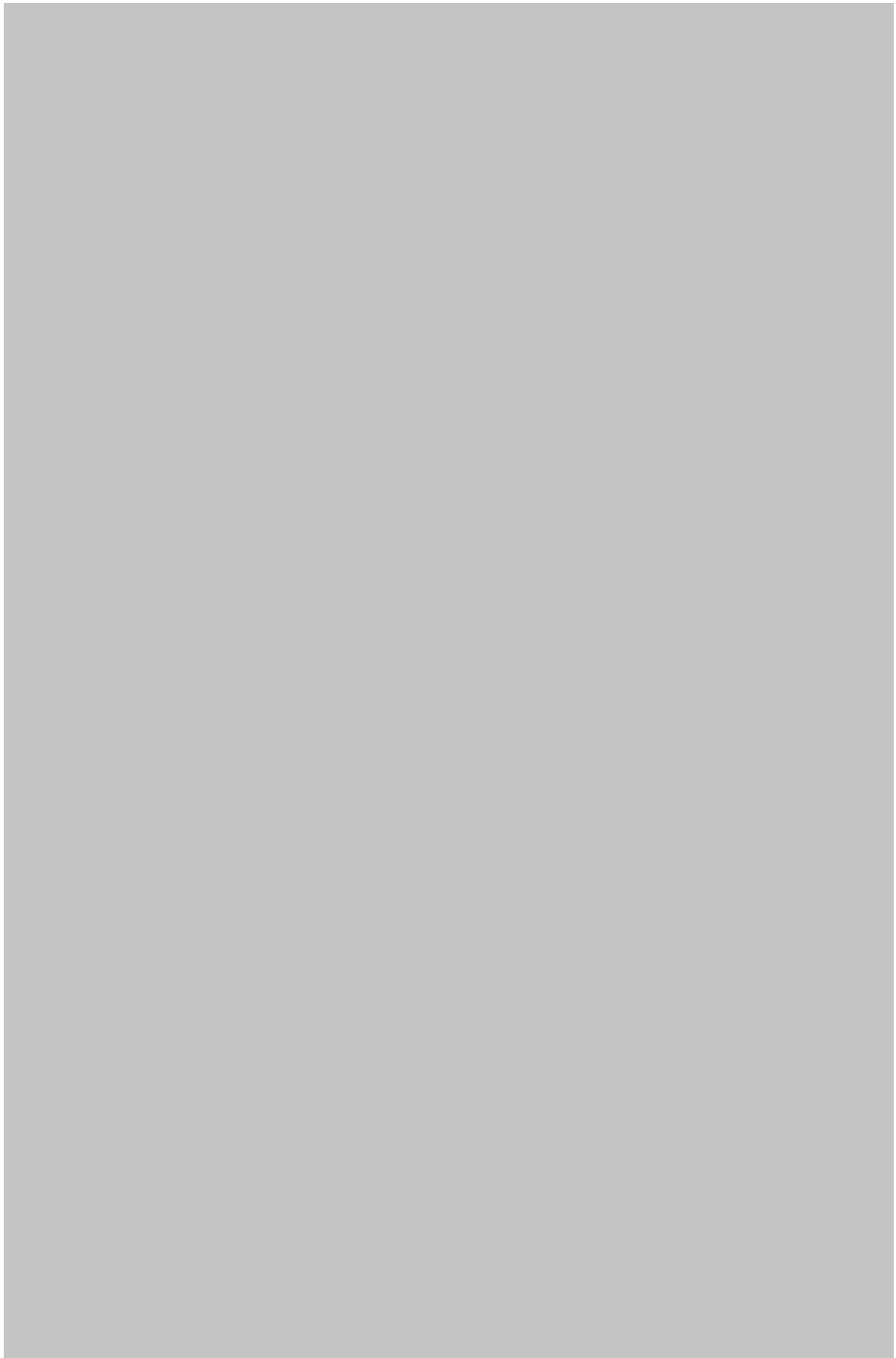
Notes: Martin-Payo, Ruben del Mar Fernandez-Alvarez, Maria Zabaleta-del-Olmo, Edurne Garcia-Garcia, Rebeca Gonzalez-Mendez, Xana Carrasco-Santos, Sergio

Author: Martin-Payo, R. , Martinez-Urquijo, A. , Zabal eta-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



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 t 0 e 10.1016/j.pedn.2021.08.024

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





Versloot, Olav/AAF-8367-2020
Versloot, Olav/0000-0003-0748-1364; Sayers, Fiona/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

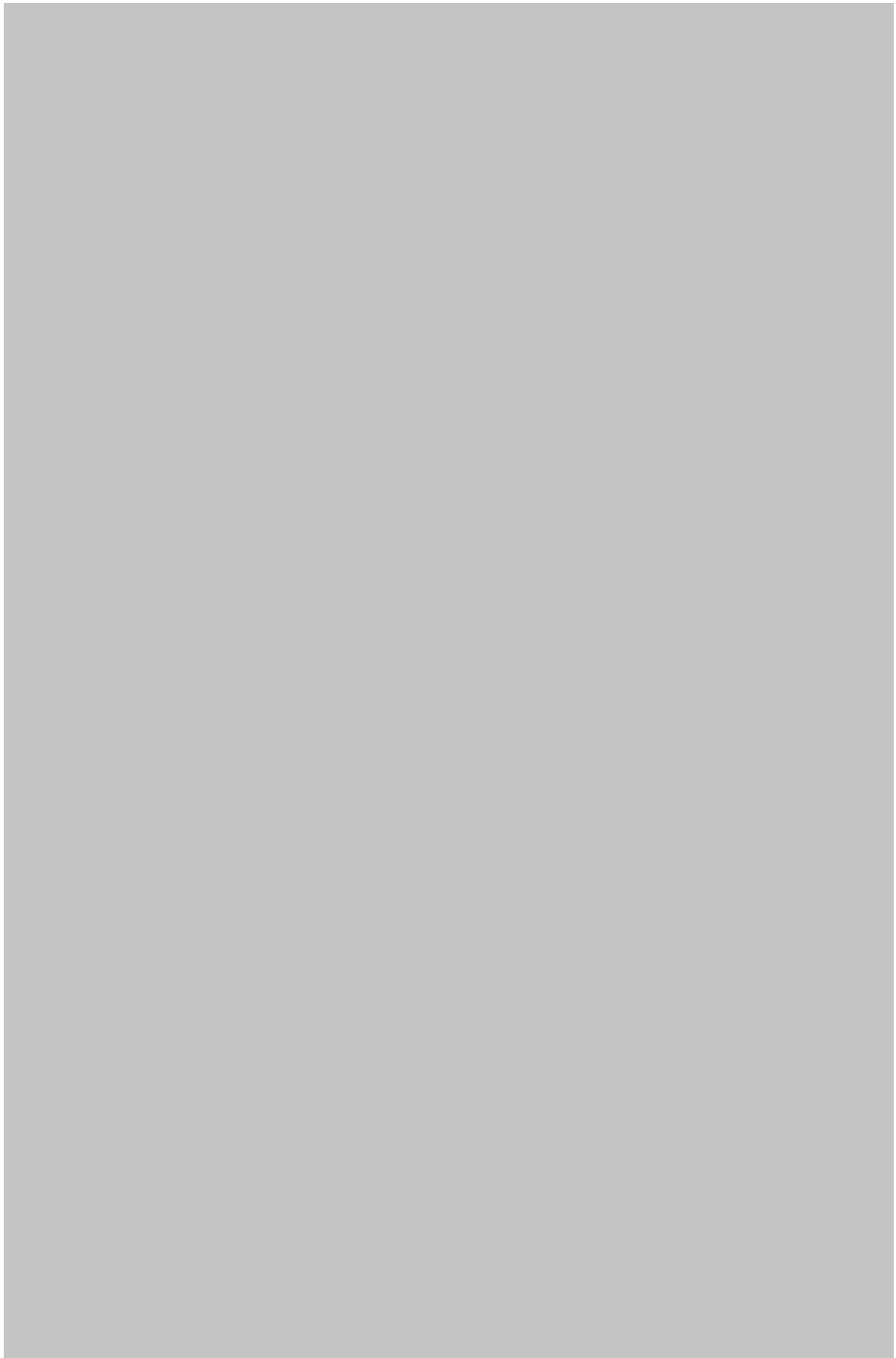
Williams, Helen/0000-0001-6469-9947

2071-1050

URL: <Go to ISI>://WOS:000845182600001

Reference Type: Journal Article

Record Number: 1824



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,

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

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

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 study Context and implications Implications for educational researchers and policymakers Why 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



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

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 multi-component 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 Papaiouannou, 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





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.



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 (m8thsblyeiive th

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

Title: Exploring pregnant women's experiences of stopping smoking with an incentive scheme with 'enhanced' support: a qualitative study

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.,

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 of a range of individual,

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 a 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

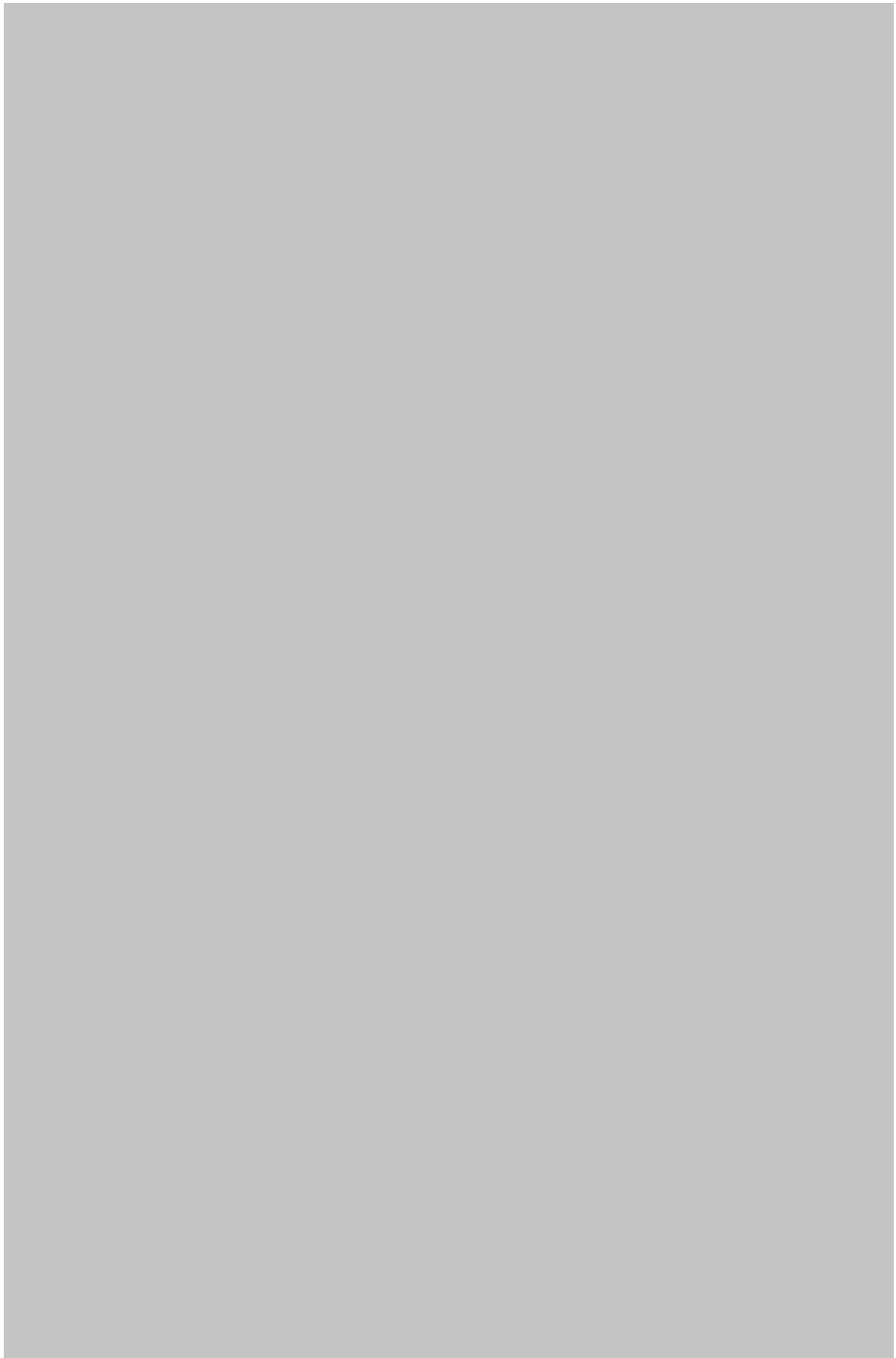
URL: <Go to ISI>://WOS:000398959400087

Reference Type: Journal Article

Record Number: 933

Author: McDonald, J. and Clements, J.

Year: 2022



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, ou2

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

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

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

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 (5uo7e14uaJBnrforl)

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: 10.1177/17479541211070789

Article Number: 17479541211070789

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

Journal: International Journal of Environmental Research and Public Health

Volume: 19

Issue: 19

Date: Oct

Short Title: Responsive Feeding Environments in Childcare Settings:

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/dmcr.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 (≥ 15 y) 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 991013.4 seTj ET 0

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. The process of initiating and maintaining
healthy lifestyle behaviours is complex

healthy behaviour by providing targeted support to moderate the impact of external stressors.

barriers to using the physical activity referral scheme related to the opportunity construct of the COM-B model, specifically childcare

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 Piccini -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

(88c | 72 82.6979 | W. Three-quarters of the interventions only 0 ore

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

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

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

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. Results An 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. Conclusions At 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., Kaiissi, 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

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

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 a marker of

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

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

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

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.

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

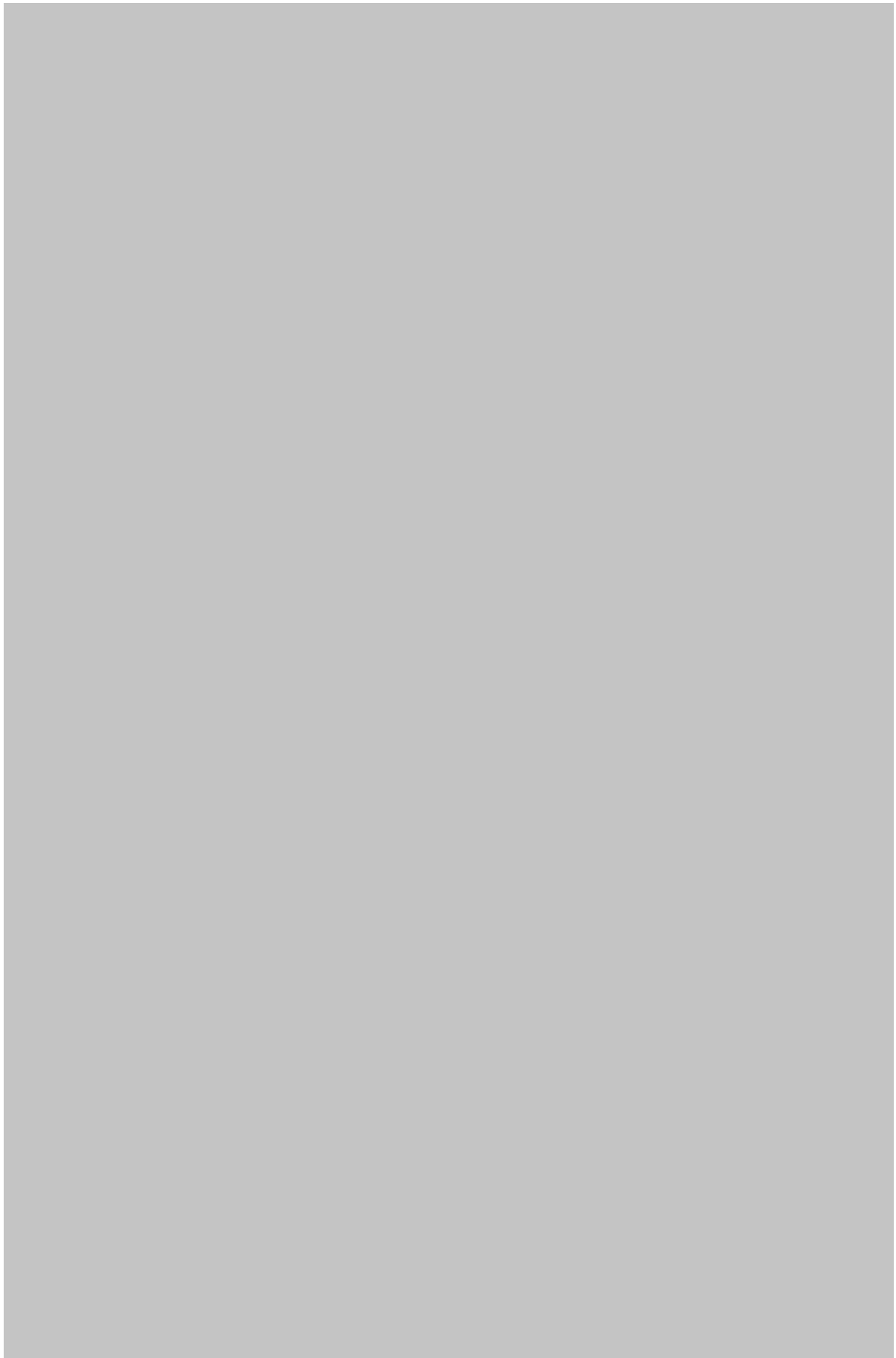
Short Title: Learning from the COVID-19 pandemic to combat climate change: comparing drivers of individual action in global crises

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



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

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

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

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

Record Number: 1874

Author: Mevissen, F. E. F., van Empelen, P., Watzeels, A., van Duijn, 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 Duijn, 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 9058 72 100teachers in the d43uT1

Pages: 421-435

Date: Jun

Short Title: A codesigned fit-for-purpose implementation framework for aged care

ISSN: 1356-1294

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

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 study. **R SOVm ET using**

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/dl ac136

Article Number: dl ac136

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

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

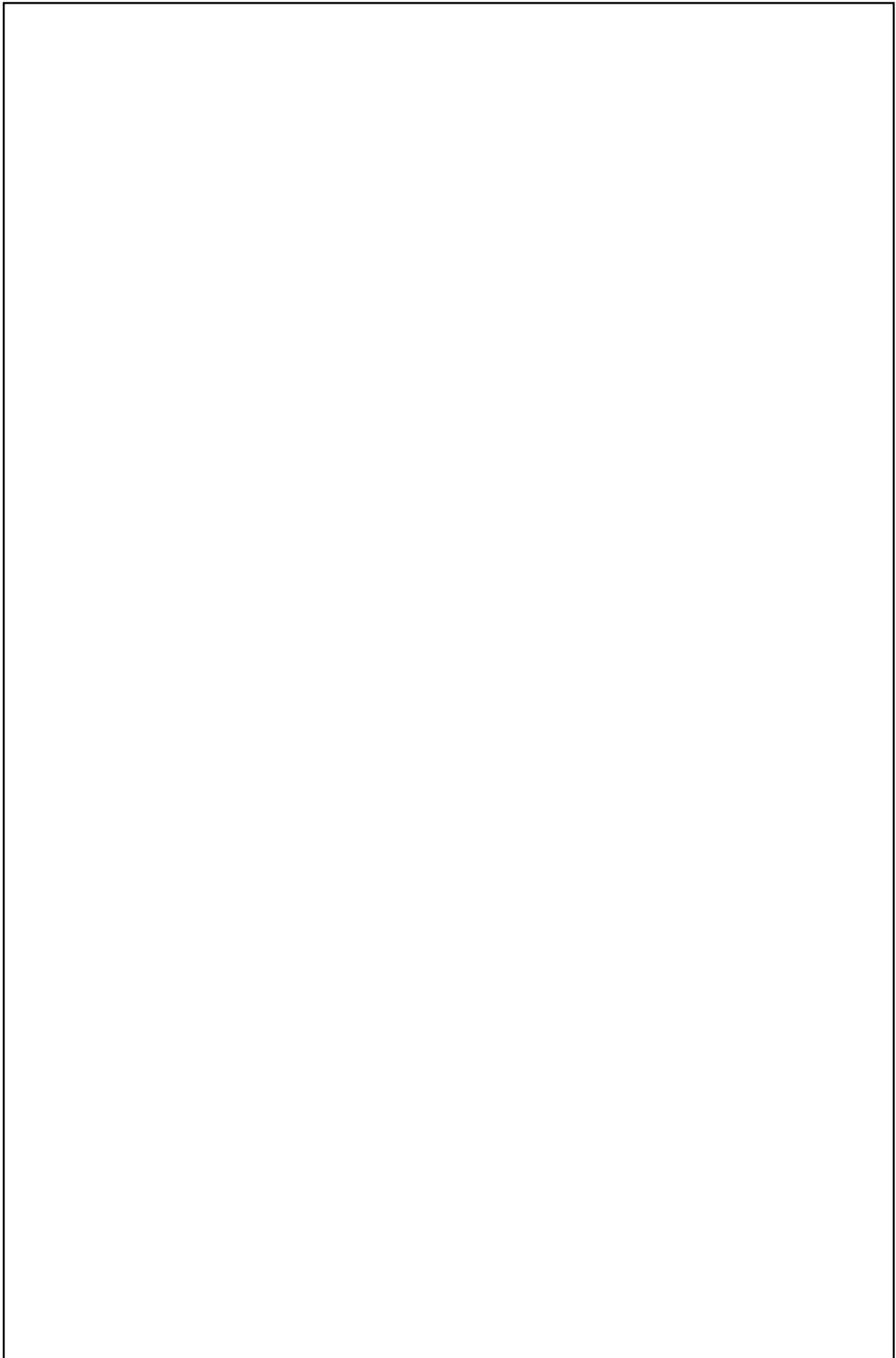
Michie, Susan/A-1745-2010

Michie, Susan/0000-0003-0063-6378

1743-7202

Si

URL: <Go to ISI>://WOS:000301874900001



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., Cadihac, 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

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 McEluff, 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,

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

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

1472-6963

URL: <Go to ISI>://WOS:000742659400004

Reference Type: Journal Article

Record Number: 1177

bedside in the pediatric intensive care unit, though most do as incidental findings center dot I 104mpies studies addressngs key

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

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 ma5ti Tm /gr11 ieasrisk00

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

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

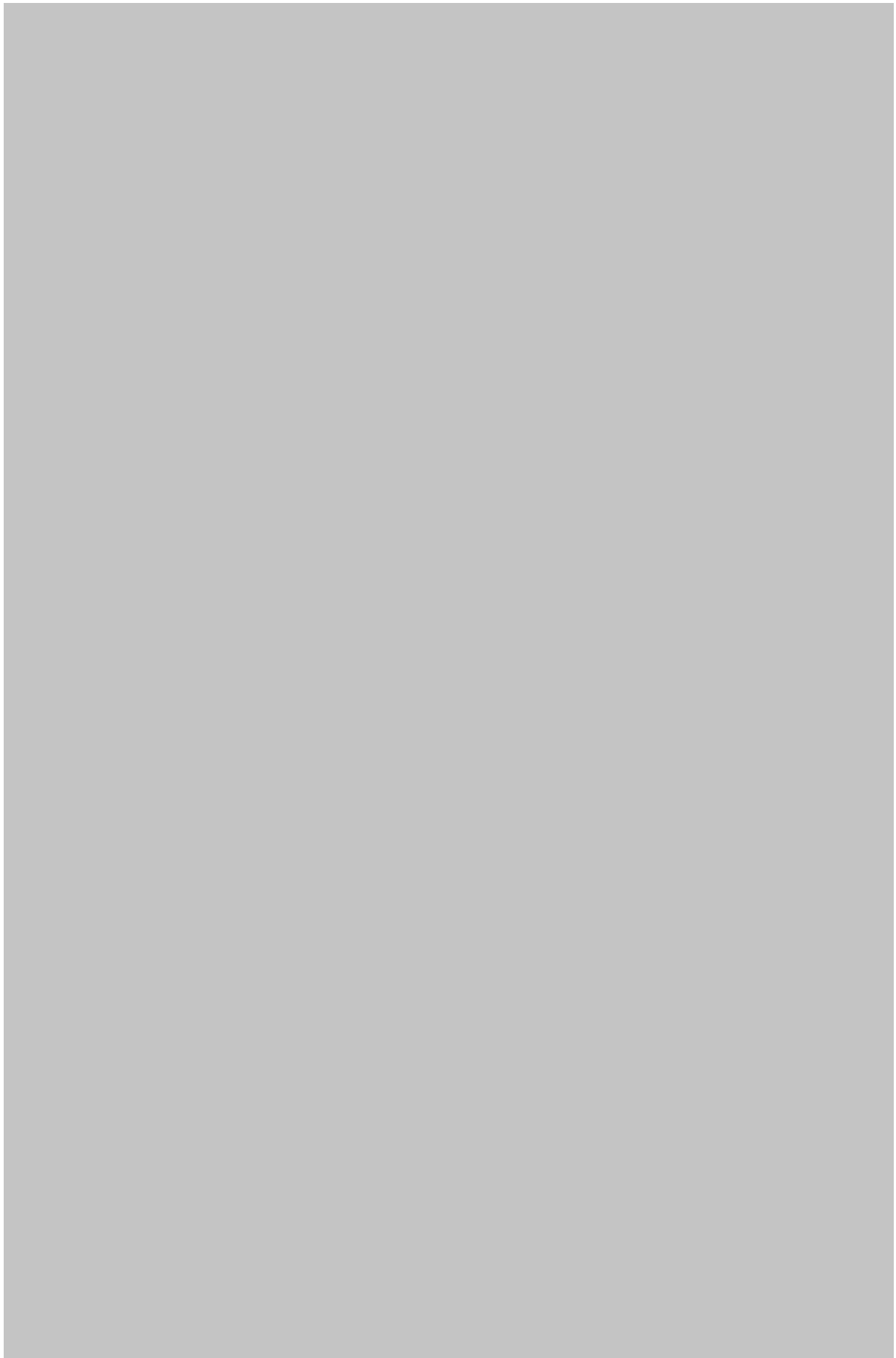
ISSN: 1932-6203

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





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

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-

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

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 Halth-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

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.

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 /0-1196-2015

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

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. DbnRvargreaves, MbnRBourgi, KbnR Schlundt, DbnRBonnet, 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 prece

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

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 Almaawi, 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.,

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

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

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

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

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

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-judgement -11gh. Iai9odnt -11gh. Iai9ol

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.

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

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

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, CINHAL, and SportDiscus from 10 August 2017 to 6 September 2021 were added to the references included in a

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.

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 Viphom, 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

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 980-0-9789058 720

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 iron, 24

Author: Motl, R. W., Lein, D. H., Morris, D. M., Lowman, J. D.,

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: Mullin, 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: Moul lin, Joanna C. Sabater-Hernandez, Daniel Benrimoj, Shalom I.

Moul lin, Joanna/AAT-3369-2020

Moul lin, 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., Dening, 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 to usual care,



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

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 efaET vu0

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

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., Sivyler, K., Yardley, L., Williams, H. C., Chalmers, J. R., Leighton, P., Howells, L. M., Ridd, M. J.,

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,

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.

ConclusionThe 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., Koor, 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 multi-component 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

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 HIRAIID (History, Identify Red flags, Assessment, Interventions, Diagnostics, 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 HIRAIID 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 HIRAIID 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 HIRAIID assessment framework into emergency nursing practice.

Relevance for clinical practice The successful implementation of the HIRAIID 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

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: Munscher, 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

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

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

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,

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 V89058

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

'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

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

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

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 1074851 cmetencerc 11 0-ith NCD in

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

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.

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 Musunguzi, 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

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

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

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 with three screening items B

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/O-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

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

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.

Reference Type: Journal Article
Record Number: 1828

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

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 Prac Arq 0.7279 e533Vol um890180 0 -0.978905

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

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/ejhp-2014-000483

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/j.cpe.13044Tm /TT1 1 he approamehavpSwwS2089058 72 1089969

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

Notes: Ng, Choon Ming Satvinder, Kaur Koo, Hui Chi n Yap, Rosel i ne
Wai Kuan Mukhtar, Firdaus
Koo, Hui Chi n/AGF-3798-2022

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

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

Journal : Journal of Speech Language and Hearing Research



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. Figuera, Maria J. Folke, Carl Gwozdz, Wencke Ivanova, Diana Reich, Lucia A. Vandenberg, Michael P. Wolske, Kimberly S. Wood, Richard

Gilligan, Jonathan/AAZ-5377-2021; Reich, Lucia A./AAB-7589-2022; fh hdo-973han/19; Jonathan M. van Vuu/A-4764an/09; Jh19gc-SAd 0 -0.978

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

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 chronicity 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 chronicity 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

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;
Turakhi a, Mi nang/0000-0001-8025-0904; Gi bson, C. Mi chael /
0000-0002-4857-9125
URL: <Go to ISI>://WOS:000664632800018

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:000110001100001150001Tc1111me'gcD000ty0

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

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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

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 was I

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, Mai a 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

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

Volume: 36

Issue: 2

Pages: 119-126

Date: May

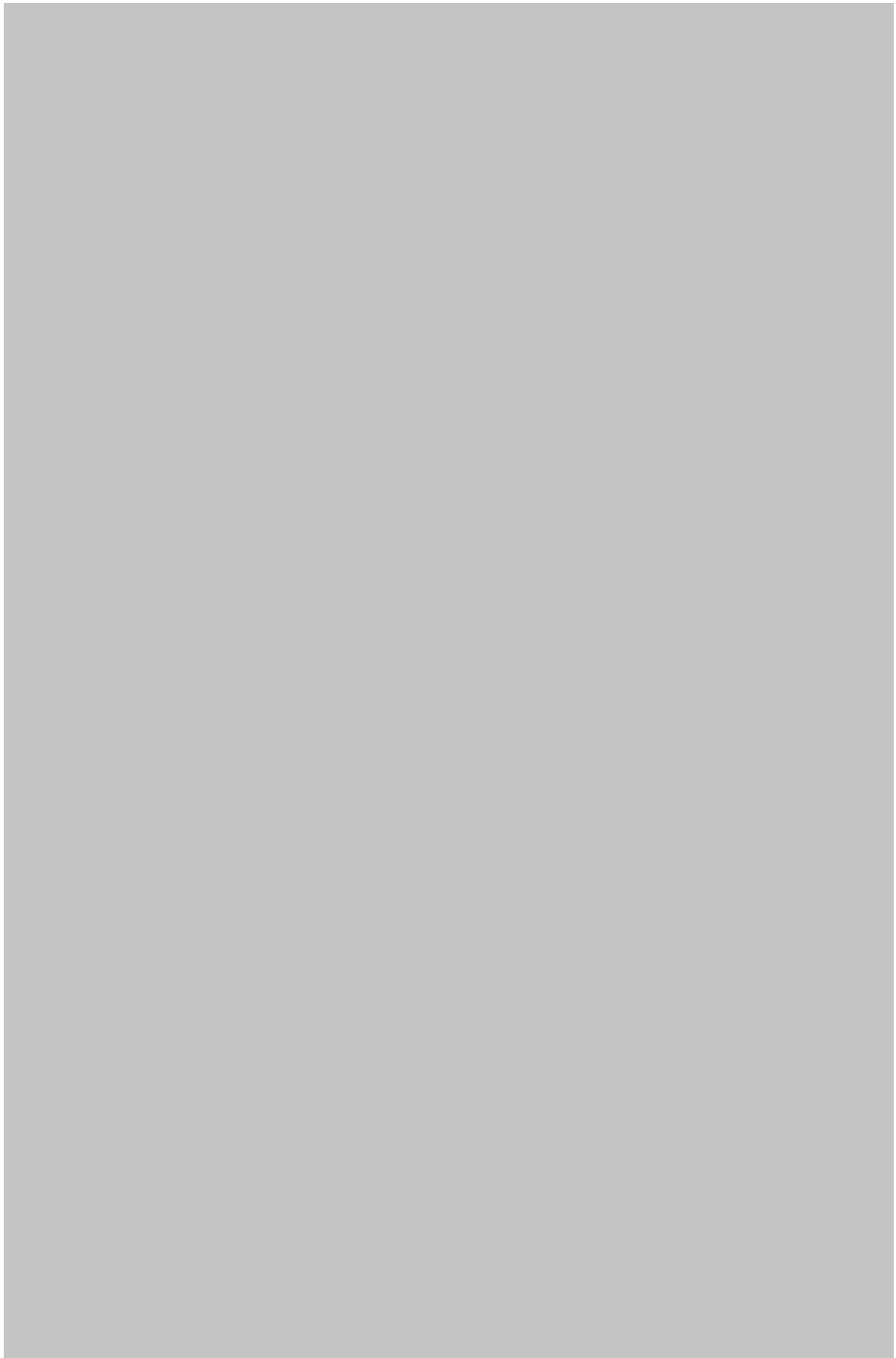
Short Title: Benefits, Barriers and Determinants of Clinical Pathway Use in Germany, Austria and Switzerland. A pilot study

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



Mass Index Tracking and the Association between Body Mass Index and

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

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

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,

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

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



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

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, Msi ba 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: Nylén, 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



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

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

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 66Tm /TTu6uP51.2756 687.191red So0 -1bn-a

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. eview

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 'lac87156ea

'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
r evidence typologies and

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 semi structured 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 negative attitudes to screening.

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/

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

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

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

Reference Type: Journal Article

Record Number: 1437

Author: O'Reilly, S. L., Versace, V. I., Skinner, T. C. and Dunbar,

URL: <Go to ISI>://WOS:000657090200003

Reference Type: Journal Article

Record Number: 2212

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

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

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

reducing tobacco use among a population facing high rates of

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 Marci l, Valerie Rondeau, Emelie Sinnett, Daniel Sul tan, Serge
2055-5784
URL: <Go to ISI>://WOS:000704684500001

Reference Type: Journal Article

Record Number: 2040

Author: Ogretme, M. S., Abual Saoud, 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

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 Abual Saoud, 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.,

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

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 low intensity 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,

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.



Okpal auwaekwe, 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

2210-7711

URL: <Go to ISI>://WOS:000605876400004

Reference Type: Journal Article

Record Number: 1131

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

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.

MethodsWe included patients with AIS who were admitted from January 1998 to December 2019 in our institution. To analyze trends in

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 Wιδawski, Igor Wolanski, Michał/HT0-8343-2023; Olejniczak, Karol /ADM-3049-2022 Wolanski, 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

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 l h

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

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

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

Huong Thi Thu Dao Milner-Gulland, E. J.
Milner-Gulland, E. J. /0000-0003-0324-2710; Challender, Dan/
0000-0002-0606-1715; Olmedo, Alejandra/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

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,

Val samma

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

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

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 Manchiah, 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

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., Voegele, 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 Voegele, 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/WOS:000659107700001



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 with the general population. However, there are many barriers to implementing supervised exercise programmes with the general population.

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

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,

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, Rachael 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

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. C789058.6ur,ospwev,C.it isTj E

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

Issue: 1

Pages: 159-166

Date: Jan-Feb

Short Title: Nurses ' perceptions of self-management and self-

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

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

Issue: 3

Date: Aug

Short Title: Accessing veterinary healthcare during the COVID-19

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. HABIL 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 HABIL 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., Hjerstad, 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 Illiffe, Steve Radbruch, Lukas Hjermstad, Marianne J. Chattat, Rabi h 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; Illiffe, 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, Rabi h/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 semi-structured 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 amime: 11

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: Type: 15 Tm /TT1 1 Tf978ah9058 8 7 Tf978ah9058 8 7

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-Ipiña, Diego Kamara-Esteban, Oihane Sanchez-Corcuera, Ruben Moschos, Ioannis Irizar-Arrieta, Ane Krinidis, Stelios Zacharaki, Angeliki Manuel Avila, Jose Tzouvaras, 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; Tzouvaras, 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.

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.

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. 0978 W0s9q 08 0 0 -0.978905s 170372 117tlq 0miti9058 cis0 and

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



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

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.,

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: 10.1016/j.tid.2022.03.001

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

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, Melani e Greaux, Melani e/0000-0001-7010-6407; Patel, Rafi ah/0000-0003-4163-1100
1460-6984

URL: <Go to ISI>://WOS:000835828100001

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, Saj an Pierce, Logan Jones, Maggie Lai, Andrew Cai, Michelle Sharpe, Bradley A. Harrison, James D.

Pierce, Logan/HNI -4113-2023

, Saj an/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., Pesseau, 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

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

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.

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., Gnjidic, 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. T1 wq 00tventionPa wa

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 \geq 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.



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

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

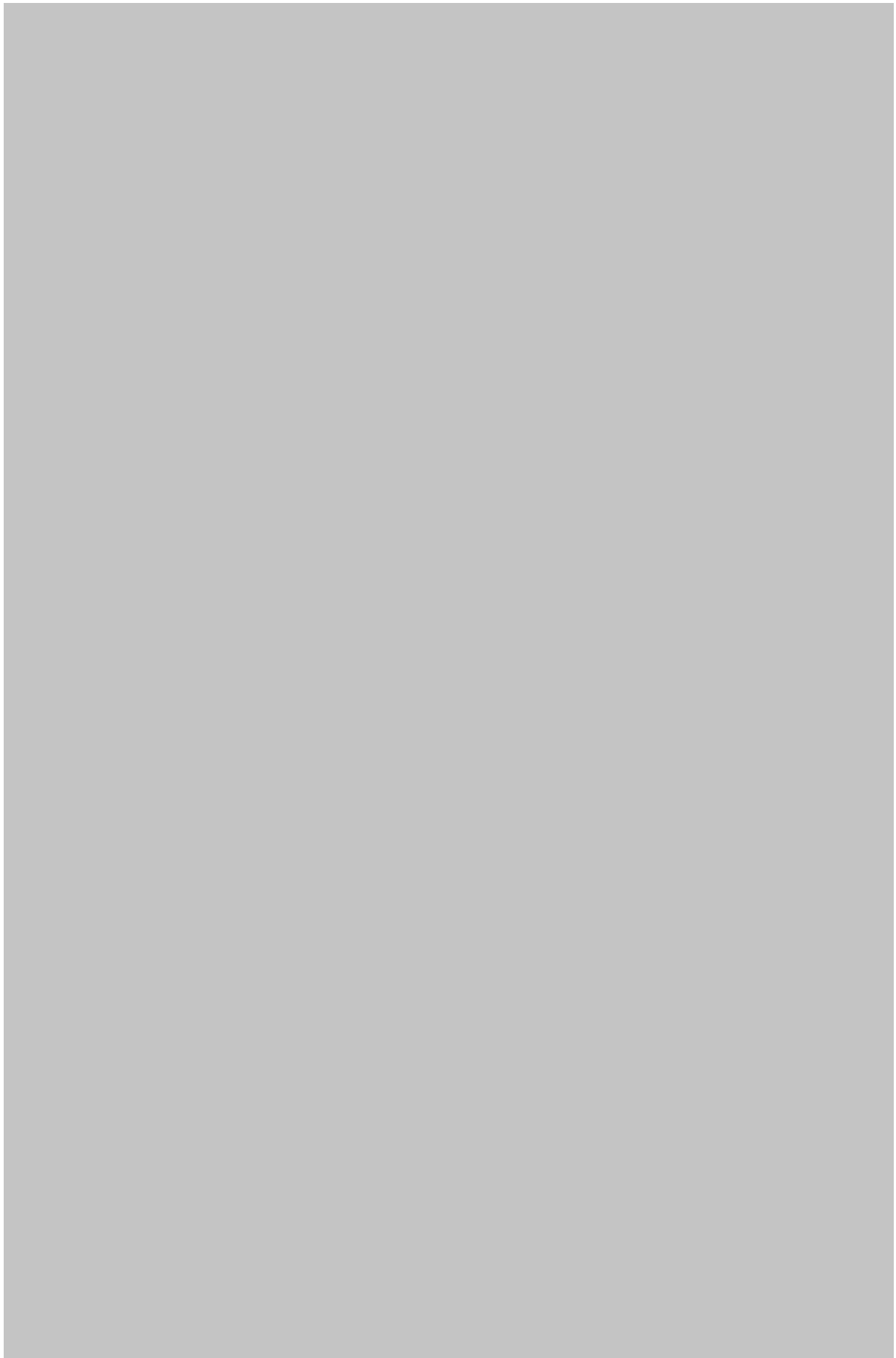
Short Title: Leveraging Faith Communities to Prevent Violence against Women: Lessons from the Implementation and Delivery of the Motivating Action through Empowerment (MATE) Program

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



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 0.9789058 0 0 -0.9789058 72 1188237 c

(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

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

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

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

Evans, Roger/0000-0002-9241-0757; Krishnan, Anand/
0000-0002-9173-7811; Bernabe-Ortiz, Antonio/0000-0002-6834-1376;
Abdul Salam, Mohammad/0000-0002-5870-7936; Arulogun, Oyedunni /
0000-0002-2173-4682; Ponce Lucero, Vilarmi na/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; Webollab Kumarg2361 cm BT 0.0001 Tc 11 0 0 -11 5

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 Mabi re, Cedric

Zuniga, Franziska/AFH-1194-2022; Mabi re, Cedric/L-3893-2013

Zuniga, Franziska/0000-0002-8844-4903; Weiss, Marianne/0000-0003-4217-9822; Mabi re, Cedric/0000-0003-2666-8300





recommendations to community organisations that counter HIV-related stigmatisation.

Notes: Pelletier, Jerome Bergeron, Dave Roul eau, Genevi eve Guillaumie, Laurence

Pelletier, Jerome/0000-0002-6838-9417; Roul eau, Genevi eve/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

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

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

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, pri ti /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

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, Li on West, Robert/B-5414-2009; Shahab, Li on/B-5835-2009; West, Robert/B-5414-2009
West, Robert/0000-0002-0291-5760; Shahab, Li on/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, Gjal t-Jorn Ygram Crutzen, Rik

Peters, Gjal t-Jorn/F-4131-2012

Peters, Gjal t-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

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

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 11 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

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., Kordoni, 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 outtake, 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 Kordoni, 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 Chevreur, 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

techniques (BCTs) based on facilitators and barriers to lifestyle

Reference Type: Journal Article

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

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



Record Number: 2408

Author: Porcheret, M., Main, C., Croft, P., McKinley, R., Hassell, A. and Dzedzic, 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



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

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 Meal times 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 Meal times policy components was noted. Conclusions: The findings of this trial mirror the findings of other observational studies of Protected Meal times implementation where nutri dS, od5a78905

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



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 forterria forterria forterria fort



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.



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, Madeline Harris, Richard Blundell-Birtill, Pam Pownall, Madeline/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., Garri do, 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.

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; Tj 6tani, Hi 3; Irachreve 122 cs 0 sc q 0.9789058

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

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

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. Guigere, 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

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: Prioreschi, 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

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: Prioreschi, 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: Pri thiv iraj, 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: Pri th i vi raj , 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

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

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 1

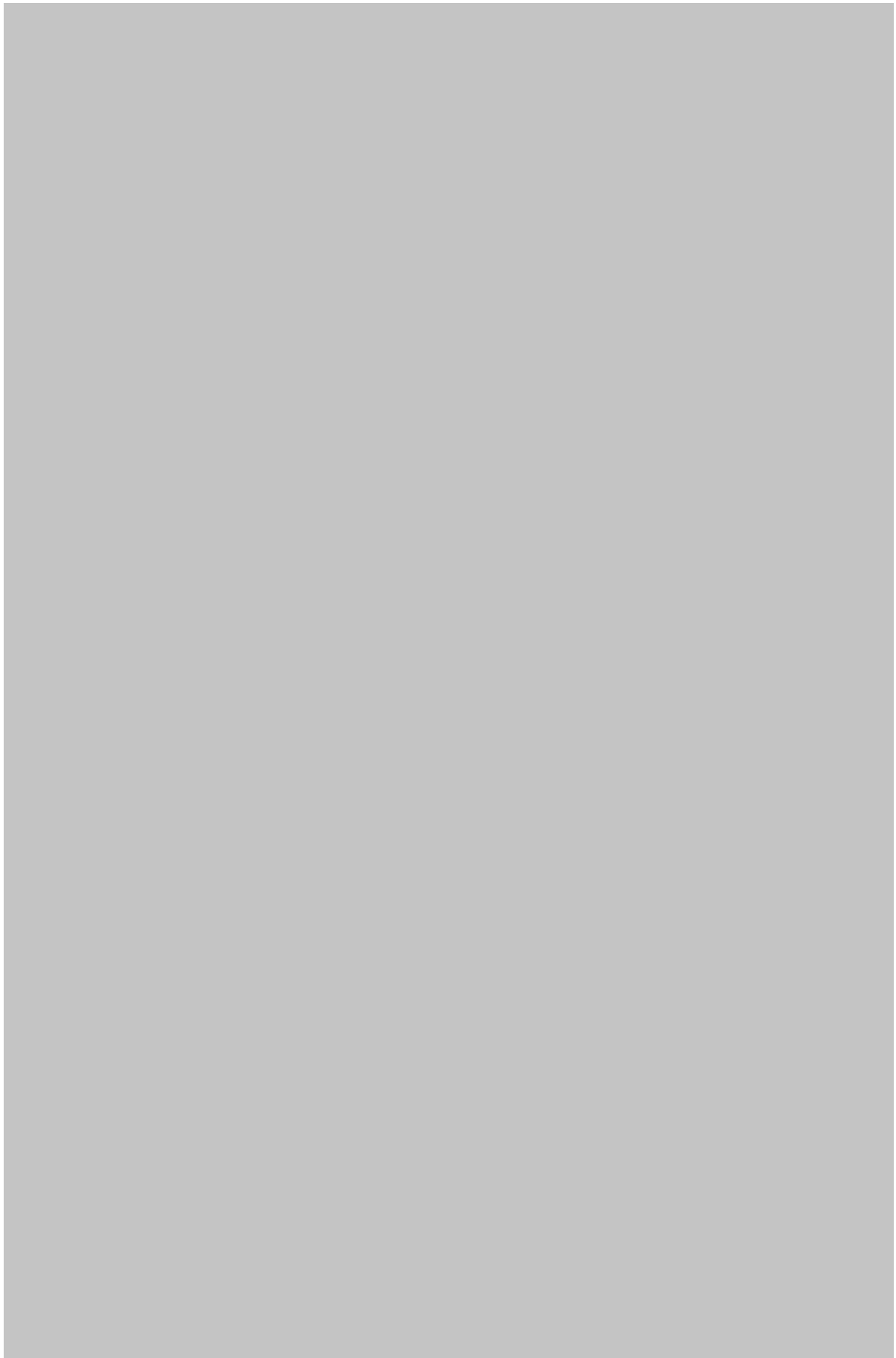
Volume: 19

Issue: 5

Pages: 411-420

Date: Jun

Short Title: Acceptance of illness mediate the effects of health



1360-0443

URL: <Go to ISI>://WOS:000905254800001

Reference Type: Journal Article

Record Number: 684

Author: Qui gg, R. , Marsh, L. and Clark-Heu, B.

Year: 2022

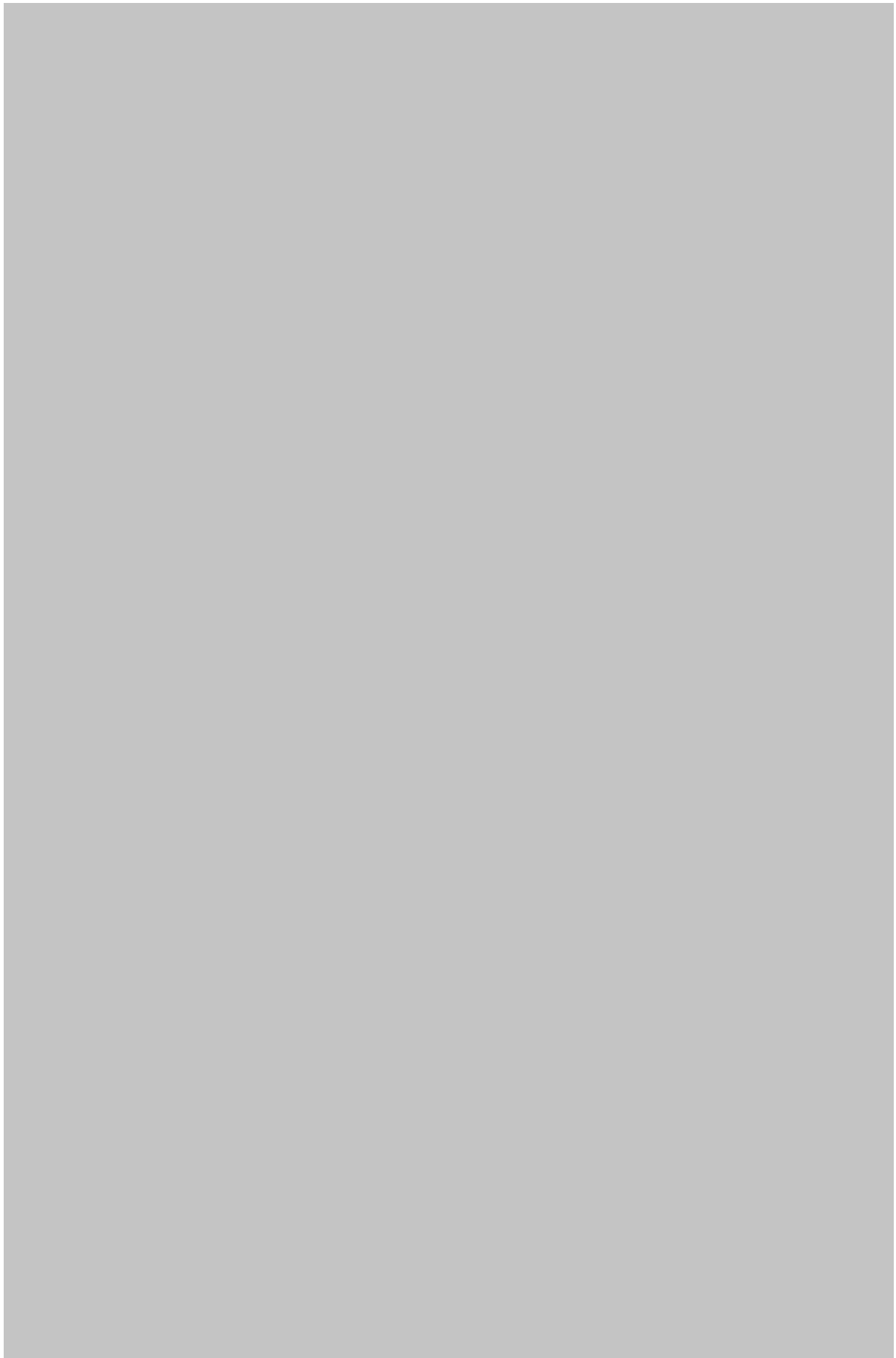
Title: Indigenous Maori perspectives of smokefree parks

Journal: Australian and New Zealand Journal of Public Health

Volume: 46

Issue: 4

Pages: 469-476



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.

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 p0.000 Tf (To improve1263948 Tm /T



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

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

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 in colonoscopy (physicians

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

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

Petersen, Marie Weinreich Ornbol, Eva Rosendal, Marieanne Rask, Mette Trollund/0000-0002-0460-9484; Ornbol, Eva/0000-0002-5915-9839; Rosendal, Marieanne/0000-0002-3257-9665; frostholm, 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

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/0000-0001-5696-602650 1 -000Th, Bashar cs 0 sc q 0.97890

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 Vangelis, 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; Vangelis, 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

"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, Esmi ta/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

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., Nollett, 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

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

Reference Type: Journal Article
Record Number: 1524

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

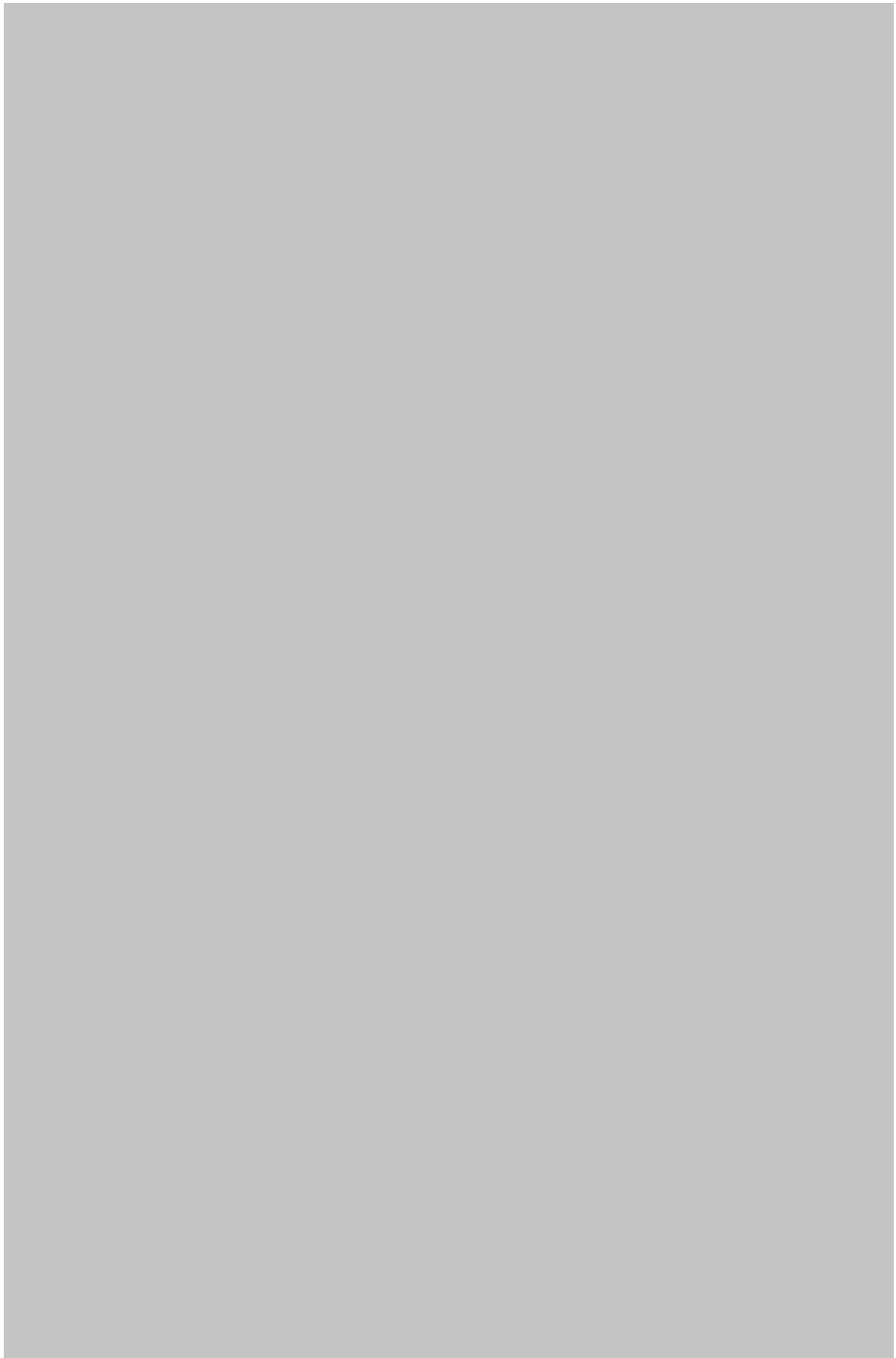
Article Number: 93

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



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

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.



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



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

in patients with CHD as a use case. The multilevel implementation strategy will be evaluated in a future hybrid II effectiveness-implementation trial.

(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 Sireix, 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/

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



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

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. /AAO-9757-2021; Zhang, Chun-Qing/

AAC-5508-2019; Rhodes, Ryan E. /ABB-4896-2020

García-Barrera, Mauricio A./0000-0002-4302-4964; Zhang, Chun-Qing/
0000-0002-0683-4570; Rhodes, Ryan E./0000-0003-0940-9040;
Li thopoulos, 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

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

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,

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, Nadi 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

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 Thri ft, 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; Thri ft, Amanda/I-6251-2012; Krishnan, Anand/ D-8537-2012; Praveen, Devarsetty/K-8729-2014; Ponce Lucero, Vilarmi na/A-9066-2017

Mckee, Marti n/0000-0002-0121-9683; Ri ddel l, Mi chael a/ 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; Thri ft, Amanda/0000-0001-8533-4170; Kri shnan, Anand/0000-0002-9173-7811; Aki nyemi, Rufus/0000-0001-5286-428X; Owolabi, Mayowa/0000-0003-1146-3070; Gomez-Olive, Francesc Xavier/ 0000-0002-4876-0848; Mul doon, 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 Sri nath/ 0000-0003-3416-3548; Edwards, Nancy/0000-0002-3117-5888; Johnson, Cl ai re/0000-0002-1497-7651; Maulik, Pallab Kumar/ 0000-0001-6835-6175; Di ez-Canseco, Franci sco/0000-0002-7611-8190; Kabudul a, Chodzi wadzi wa/0000-0002-5867-0336; Kal yesubul a, Robert/ 0000-0003-3211-163X; Webster, Ruth/0000-0002-7444-3037; Pei ri s, Davi d/0000-0002-6898-3870; Li, Xi an/0000-0001-5445-4022; Prabhakaran, Dorai raj /0000-0002-3172-834X; Rodgers, Anthony/ 0000-0003-1282-1896; Abdul Salam, Mohammad/0000-0002-5870-7936; Arulogun, Oyedunni /0000-0002-2173-4682; Joshi, Rohi na/ 0000-0002-3374-401X; Bernabe-Orti z, Antoni o/0000-0002-6834-1376; Goudge, Jane/0000-0001-6555-7510; Sri kanth, Vel andai / 0000-0002-8442-8981; Jan, Stephen/0000-0003-2839-1405; Ponce Lucero, Vi larmi na/0000-0002-8439-3096; Moodi e, Marjory/0000-0001-6890-5250; Pi llay, Arti /0000-0002-6373-6950 1744-8603

URL: <Go to ISI>://WOS:000396930400003

Reference Type: Journal Article

Record Number: 2447

Author: T11 0 0 i00003

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

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

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

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/G00-3235-2022
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

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. Hearris, 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

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:

Semi structured 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:

Semi structured 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 semi structured interview, a moderator solicited feedback from 20 older adult women (age range 65-74 years) as part

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

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

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

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

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



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

DOI: 10.3390/ijerph19159169
Article Number: 9169

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

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



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 :pi al o(i mechani smless on)Tj ET Q

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

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

of this early-onset CRC (EOCRC) spike remains unknown, prior studies
mns remportedthiat OCRC harbours a distinct molecular and clinical

Number of Pages: 199-215

Short Title: UNDERSTANDING AND SUPPORTING EQUITY Implications of
Methodological and Procedural Choices in Equity-Focused Evaluations

(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: Objectiv2194I 0 0 -11 5n 5 tnda cEbbT0y4fT Qers to enhance

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

DOI: 10.3390/ijerph17197115

Article Number: 7115

Accession Number: WOS:000586449200001

Abstract: Self-administered eHealth interventions provide a

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,

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

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

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: Bakhuis 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,





Reference Type: Journal Article
Record Number: 2267

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

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

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 to participation in physical activity for people with mental health problems". A

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

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, Nazi k 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 expna, . si bleTI ISSN: 1544-1709

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 someone who can. Factors enabling motivation include belief in the overall positive consequences of IUD use; this is particularly influenced by a physician's 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

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, Afrodi ta Yardley, Lucy Michie, Susan Marcu, Afrodi ta/B-8498-2016
Marcu, Afrodi ta/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 Islamiyah 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.

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

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

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

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

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



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: Background Using 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. **Methods** Three 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. **Results** At 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. **Conclusions** Abbreviated 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-th

Notes: Saarikko, Johanna Axelin, Anna Huvinen, Emilia Rahmani, Amir M. Azimi, Iman Pasanen, Miko Niela-Vilén, 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. These as well as wanted for improving the quality of

0000-0003-3105-6077; Saba, Oghenechuko 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-

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 Qurium, 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 Loai Shabi, Mohammed Folayan, Morenike Oluwatoyin Alade, Omolola Goomaa, Noha Alnahdi, Raqiya Mahmoud, Nawal A. El Wazziki, Hanane Alnaas, Manal Samodi en, Bahi a 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; Goomaa, 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; Goomaa, Noha/0000-0002-7351-9036; Odeh, Ruba/

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

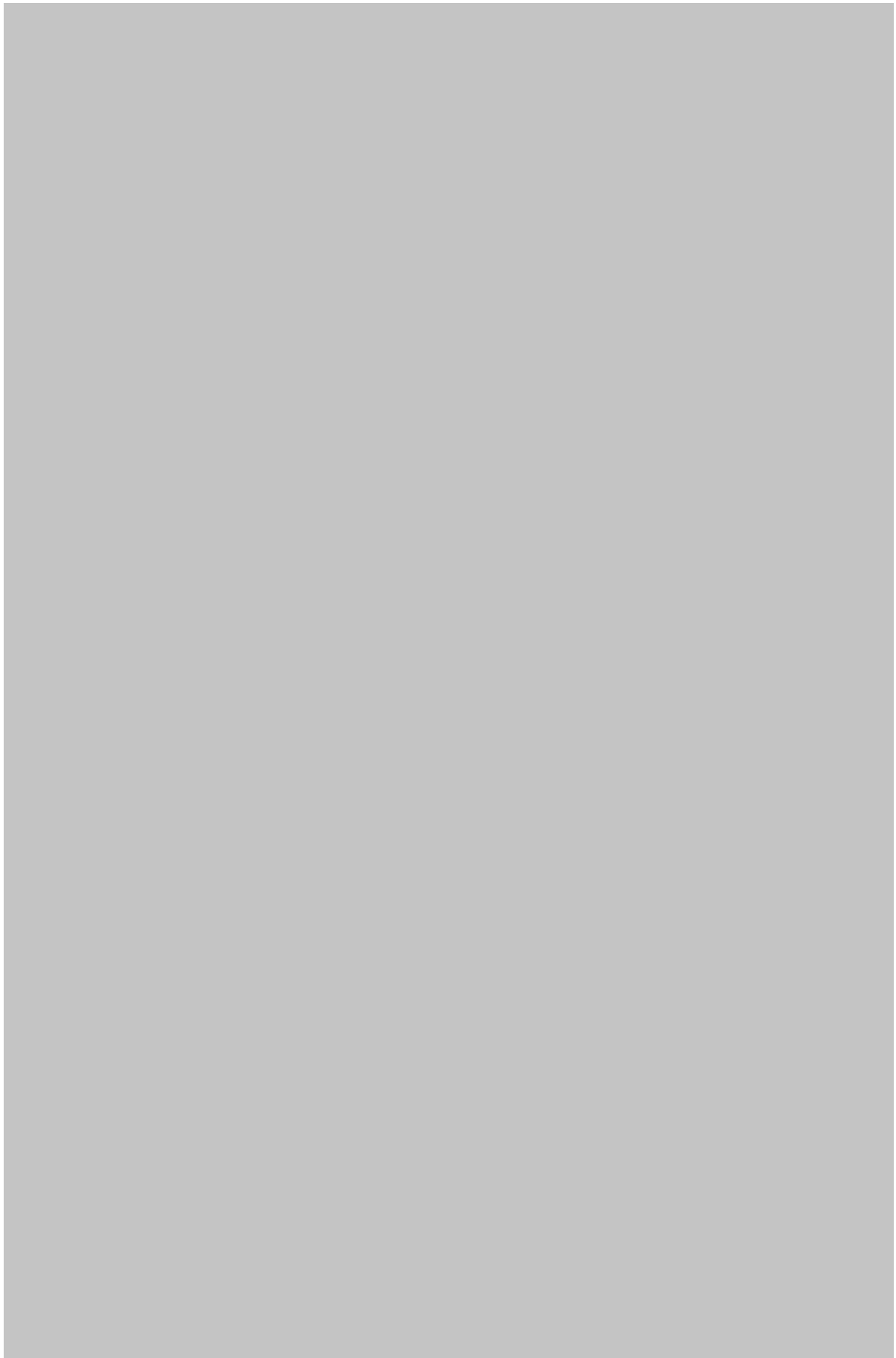
Accession Number: WOS: 000864234200001

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





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-manage 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

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 similw50to a10 ineto a tot Q q 0.9789058 0 0 -0.9789058 72 1316742 cm

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

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 semi-structured 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** P769.8898 I 5yw /Te spe /Tnl he vi yT Q .f evidenccti BP. **Speech**

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

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 Cfdigi Care

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

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, Mariako L. Noble, Natasha Paul, Christine L.

Carey, mari ko/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 Lissa Jankovic-Nisic, Bojana Campos, Luisa C.

Campos, Luisa C/M-3740-2018

Campos, Luisa 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

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

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

Author: Saunders, B., Chudyk, A., Protheroe, J., Cooper, V.,

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

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 sedentari ness 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

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1361-6137

URL: <Go to ISI>://WOS:000669649600016

Reference Type: Journal Article

Record Number: 1816

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,



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.socsci.med.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 (i.e. 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, Ubaldo

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

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, Shari ff Ghazali Lee, Ping Ye in Cheong, Ai Theng Hussein, Norita Pinnock, Hilary Salim, Hani Liew, Su May Hanafi, Nik Sherina Abu Bakar, Ahmad Ihsan Ng, Chi u-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; Shari ff-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

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

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.

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: 1.44-7.28), goal setting (outcome; OR: 2.67; 95% CI: 1.56-4.57), 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

heterogeneous sample. The main outcome measure was barriers and

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 uaf58 0 0 -0

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.

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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., Amadi d, 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 Amadi d, 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,

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 ($\chi^2(N = 1227) = 72.16, P < .001$). For the randomised controlled trial, 219 participants provided follow-up data via a phone call (82%

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

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: 10.2196/3sD35

0000-0002-1680-7541; Leven, Eric/0000-0003-4154-5843; Labbe,
Kristen/0000-0001-6731-5849; Schoenthaler, Antoinette/
0000-0003-4905-5136
2561-326x

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-treatment quo

the Netherlands. A secondary aim was to explore any differences in these, between these groups. Methods A randomly selected sample of 600 Dutch GPs (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) practices, use, barriers and facilitators (through multiple choice questions). Results The response rates

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. Tomasi no, Kathryn Noth Mohr, David C. Mohr, David/0000-0002-5443-7596; Tomasi no, 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., Rosler, M.,

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

Schwendicke, Falk/0000-0003-1223-1669
URL: <Go to ISI>://WOS:000385594300002

Reference Type: Journal Article

Record Number: 2456

Author: Scott, A., Docking, S., Vicenzi no, 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 Vicenzi no, 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

Vicenzi no, Bill/A-8492-2011; Fearon, Angela/A-5945-2012; Docking, Sean/AAF-1382-2019; Hoens, Alison/AAS-6442-2021

Vicenzi no, 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



P. Burns, Katharina Kovacs Newton, Amanda S. Thompson, David Dryden,
Donna M.

URL: <Go to ISI>://WOS:000932463900001

Reference Type: Journal Article

Record Number: 700

Author: Sedekia, Y., Kapiiga, 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 rechan7mths. We employel 1 5r a ms>7l 1sv assessed the inf

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, Yovi tha 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, Yovi tha/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

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.

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

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 Korhakangas, 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

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. Zamani llo-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/AAZ-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; Zamani llo Campos, Rocio/0000-0001-7162-0889; Pastor Moreno, Guadalupe/0000-0002-8039-3427; Olry de Labry Lima, Antonio/0000-0001-5448-1370
1460-2229

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

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

elicited themes in behavioural terms. Focus groups were undertaken

Issue: 5

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,

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 /

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

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

for England and Wales
ISSN: 0308-597X

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 Hardacre, 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

Author: Sharma-Kumar, R., Puljevic, C., Morphet, 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

Record Number: 1835

Author: Sharpe, T. , Alsahtane, 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 Alsahtane, 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 resworu 1393f, important with

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, Laretta 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

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 .te dhe

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

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

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/O-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

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

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, Chrisyalee Week, pLore

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;

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. Eu4ch 0 0 -0.9789058

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: Shoemith, 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 for Smoking

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



(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/cjdp-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, Brianna 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

Reference Type: Journal Article

Record Number: 364

Author: Siddiqui, S. A., Alvi, T., Sameen, A., Khan, S., Blinov, A. V., Nagdalian, A. A., Mehdi zadeh, 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 Mehdi zadeh, Mohammad Adli, Danung Nur Onwezen, Marleen

Nagdalian, Andrey/F-1758-2017; Mehdi zadeh, Mohammad/J-8023-2019; SAMEEN, AYSHA/AAG-8064-2019

Nagdalian, Andrey/0000-0002-6782-2821; Mehdi zadeh, 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 Armistage, 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 Armistage, Christopher J.

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



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; bri to, joao/
IQU-5611-2023; Mendes, Romeu/B-5686-2009
Brito, Joao/0000-0003-1301-1078; Si lva, Marlene N/
0000-0003-4734-0283; bri to, joao/0000-0003-1301-1078; Godi nho,
Cristina/0000-0002-2293-7190; MONTEIRO PEREIRA, ANA/
0000-0002-0495-9230; Ri bei ro, Jai me Pimenta/0000-0001-6778-9534;
Santos Si lva, Catarina/0000-0001-9464-7064; Mendes, Romeu/
0000-0002-3806-438X
1472-6920

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, Sorai a de Camargo Fatehi , Farhad Gray, Len Menon, Anish Russell , Anthony de Camargo Catapan, Sorai a/AAZ-7930-2021; Fatehi , Farhad/ C-4313-2008; Janda, Moni ka/C-3723-2009 de Camargo Catapan, Sorai a/0000-0001-6223-1697; Fatehi , Farhad/ 0000-0001-9888-1966; Janda, Moni ka/0000-0002-1728-8085; Vasconcel os Si lva, Cari na/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

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

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, Cati a Santos, Anabela de Matos, Margarida Gaspar

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



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

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, cal eb/G-4972-2015

Hickman, Louise D/0000-0002-5116-6559; Singh, Gursharan K/0000-0003-1945-7556; ferguson, cal eb/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

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: Sivy, 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-



Accession Number: WOS: 000831754300013

Abstract: Background: Redispersing 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 redispersing is patient participation. Objective(s): To identify key factors underlying the willingness of patients with cancer to participate in the redispersing 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 redispersing. 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 redispersing. Four categories of key factors underlying the willingness of patients with cancer to participate in medication redispersing 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 redispersing was adequate provision of information. This concerned awareness of medication waste, information about medication redispersing, 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 redispersing. Conclusions: The willingness of patients with cancer to participate in medication redispersing 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. Heerdi nk, E. R. van den Bemt, B. J. F. Bekker, C. L.

Egberts, Toine/K-4579-2019; Bekker, Charlotte/ABI -2193-2020; Smale, Li sa-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 sustainable is needed.

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

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 cm BT 0.0t

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

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

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-rs from a dual pro

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.

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. Tra865-p0

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/AAE-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

ISSN: 2044-6055

DOI: 10.1136/bmj.open-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: 10.1177/0890117120932460journal.sagepub.com/home/ahp

Accession Number: WOS:00059991 c 11 0789058 72 140195E.m8 0 0 -544905

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-Nicotopoulos, K. P., Trinh, L., Jones, J. M., Bender, J. L., Culos-Reed, S. N., Tomasone, J. R., Vani, M. F. and Sabiston, C. M.



ABF-3361-2021; Arbour, Kelly/AER-8296-2022
Arbour-Nicotopoulos, 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

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

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

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

Glencross, M.

Year: 2022

Title: Do solar households want demand response and shared electricity data? Exploring motivation, ability and opportunity in Australia



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;
Sockhilla, 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. (2) Methods: A scoping review was conducted using
PubMed, Embase, and CINAHL. (3) Results: 14 studies were included
in the review. The majority of studies (10/14) were conducted in
primary care settings. The majority of studies (10/14) were
conducted in primary care settings. The majority of studies (10/14)
were conducted in primary care settings. (4) Conclusions: The
majority of studies (10/14) were conducted in primary care
settings. The majority of studies (10/14) were conducted in
primary care settings. The majority of studies (10/14) were
conducted in primary care settings.

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

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.
pms9789058 72 1412262cm BT 0.0001 Tc 11 0 0 igpblpal, R., Rivas, C.,

framework analysis of semi structured, 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., Arnol da, 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 54nt Self-

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

Qi an, Si yu/0000-0002-1332-4800; Yu, Pi ng/0000-0002-7910-9396; Li u, Fang/0000-0002-8579-5134; Song, Ti ng/0000-0001-5858-6495; Zhang, Zhenyu/0000-0003-1853-4978; Deng, Ni ng/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

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

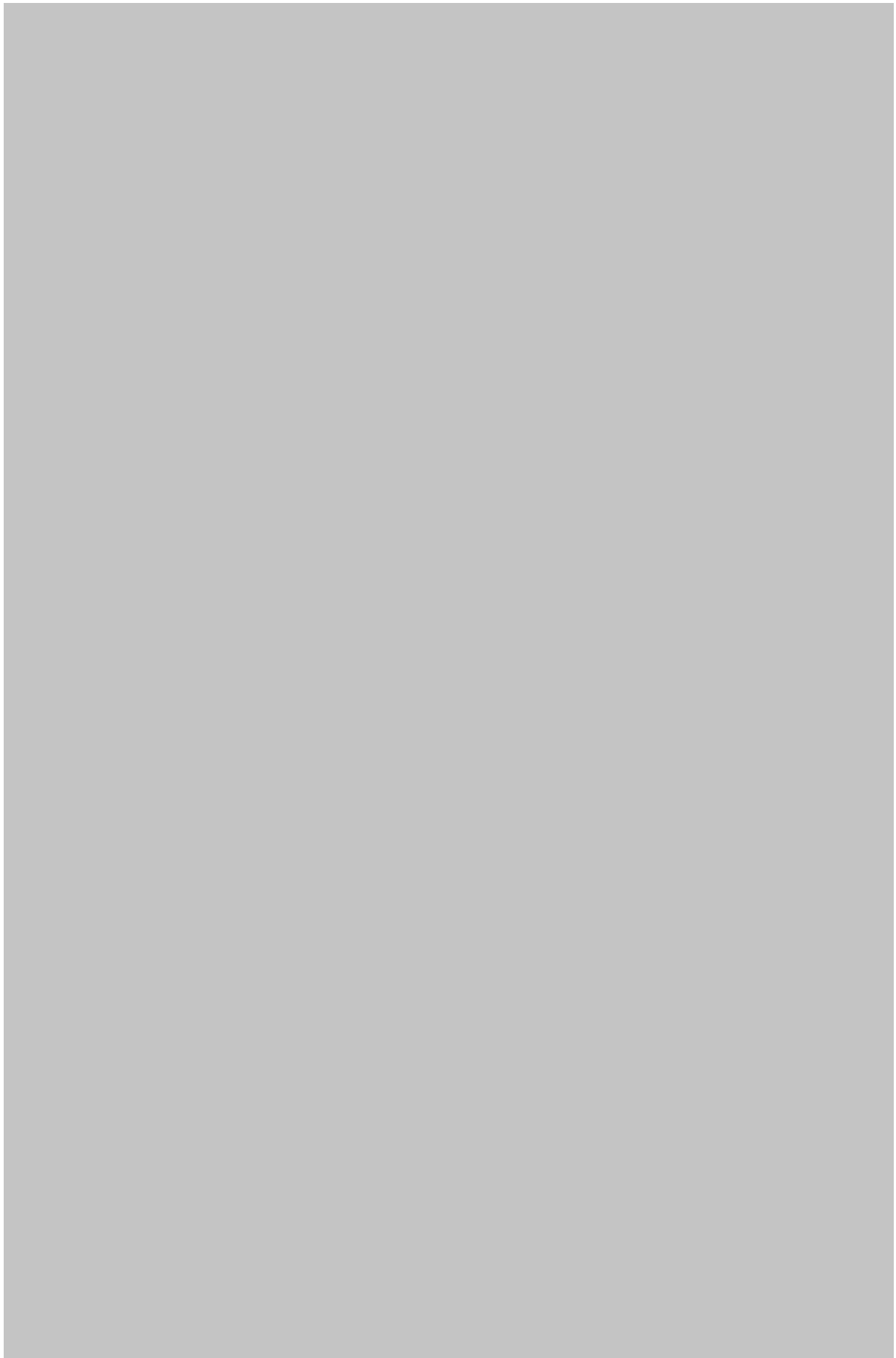
Short Title: General practitioners' knowledge, preparedness, and experiences of managing COVID-19 in Australia

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.



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

0000-0002-4627-8871; Spadol a, Chri stine/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

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, 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

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 psychophysiologic 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. Westerkamp, 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

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

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

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

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 g

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

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

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

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

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, sedentarieness, 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

the consequence of which could impair growth, maturation and physical performance.

Notes: Stables, Reuben G. Hannon, Marcus P. Costello, Nessian 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., Cyclic, 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. Cyclic, 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

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: 157-163

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

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,

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

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

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

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) cognitive aspects (frustation and

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 Middelloop, Marienke Bierma-Zeinstra, Sita M. A. Stubbe, Janine H.

Stubbe, Janine/IAR-9122-2023

van Middelloop, 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 Kirkrtic

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

advancing knowledge across the largely disparate streams of

Issue: 3
Pages: 559-563

and include appropriate attention given to statistical power. Projects should monitor implementation in the multiple venues and

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-Shai bi, 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

first-time experiences with interval exercise

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

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:

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

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 cou

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, Matshedi so 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

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.

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 Shrutu Hine, Donald W. Thorsteinnsson, Einar B. Lykins, Amy D.

Lykins, Amy/GNW-6014-2022; Thorsteinnsson, Einar B./B-3182-2009
Thorsteinnsson, 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 Kettley, 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

Michie, Susan/A-1745-2010

Michie, Susan/0000-0003-0063-6378; Day, Nicholas/

0000-0003-2309-1171; Suntornsut, Pornpan/0000-0001-6698-6966;

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

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 guidelineszvention targetin Soulumy) ftheg th tomT



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: BackgroundHeart 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

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.

Sabalic, Maja/0000-0001-5356-5273; Araujo, Mario-Rui / 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

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 McElroy, 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

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, Nadi a Farhanah Donnelly, Rosemary Harper, Roy Harding, Janet Mulligan, Ciara Hogg, Anita Scott, Michael Fleming, Glenda Scullin, Claire Hawwa, Ahmed F. Chen, Gaoyun Parsons, Carole McEl nay, James C.

Syafhan, Nadi a Farhanah/000 w han, Nadi a Farhanah/000 w han, Nadn<b B

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,

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.

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

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



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

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,

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.

Journal : Patient Preference and Adherence

Volume: 15

Pages: 2563-2575

Short Title: Monitoring and Improving Adherence to Tyrosine Kinase

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, Si ew Si ang Chen, Li -Chi a Chang, Ki an Meng
Balashanker, Sharmini Bee, Pi ng Chong
BEE, PING CHONG/B-5373-2010; Chua, Si ew Si ang/AAH-9218-2021
Bee, pi ng chong/0000-0003-4253-760x;
1477-092x
URL: <Go to ISI>://WOS:000578596800001

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/AFO-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, Bami ni

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 De6vni on-MakTf (: : lPri mry)Surgey

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.

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 Scholtes-Robertson, Nicole Guha, Chandana Kelly, Ayano Tong, Allison Scholtes-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,

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



Journal : Revista De Psicodidáctica

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.psi cod. 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: Tapi a-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 Tapi a/ABA-5834-2020
Vaquero Solís, Miguel /0000-0002-7513-4121; Sevil-Serrano, Javier/

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 menu board 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 menu board 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

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 semi structured 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

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

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-

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. S

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. Garabelllo, Giacomo Pugh, Jamie Morton, James Langan-Evans, Carl Louis, Julien Borgersen, Reidar Areta, Jose L.

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., Applaby, 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, Daniel 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., Arri scado, 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) was associated with

Hutchesson, Melinda Agui ar, Elroy J. Wynne, Katie Young, Ashley Callister, Robin Collins, Clare E.
Wynne, Katie/P-9465-2019
Wynne, Katie/0000-0002-7980-3337; Agui ar, 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 behavioural studies

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 : 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

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; Gni ch, 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, eycise cm BTj ETemmrafrj

a fear and/or dislike of exercise. Conclusion Patient engagement behavior has been shown to be influenced by both external

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

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 adolescents? A two-stur p0-

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

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 beliefs¹ 1 Tdnce physical activity in people with

Date: Nov

Short Title: Use of the Theoretical Domains Framework to Develop an

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



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

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., Korhonen, E. E., Hannonen, H. and Ruusuvaori, 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 benefited 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 benefited 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 Korhonen, Eveliina Elisabet Hannonen, Heli Ruusuvaori, Johanna

Tiitinen, Sanni /ABG-2258-2020

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

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

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

connected to the chatbot via the Messenger app. The chatbot provided daily updates on the physical activity level for self-monitoring,

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

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

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

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



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 self-monitoring 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

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

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

Toye, Christine M/I-4288-2012; Andrews, Sharon/AE-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

Driel, Mieke Fitzgerald, Kristen Spike, Neil Bentley, Michael Kirby,

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 service delivery. Conclusion Aphasia Nexus is a feasible and acceptable implementation intervention for aphasia services in a health service setting.

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/GOI-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: sh thn-Evans, G., Ali, B., Denison-Dayt341 cm -0.9789

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.

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.

existing system of health care, (c) overcoming practical and

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

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

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 e t0.9789152o.h8598mj tris1i dual s' p1 1

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

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

Title: Unblinded and Blinded N-of-1 Trials Versus Usual Care: A

quantitative methods are needed to confirm its predictive validity and other psychometric properties.

Notes: Tugaut, Beatrice Shah, Selam Dolgin, Kevin Seror, Hanna Rebibbo 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,



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

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



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.

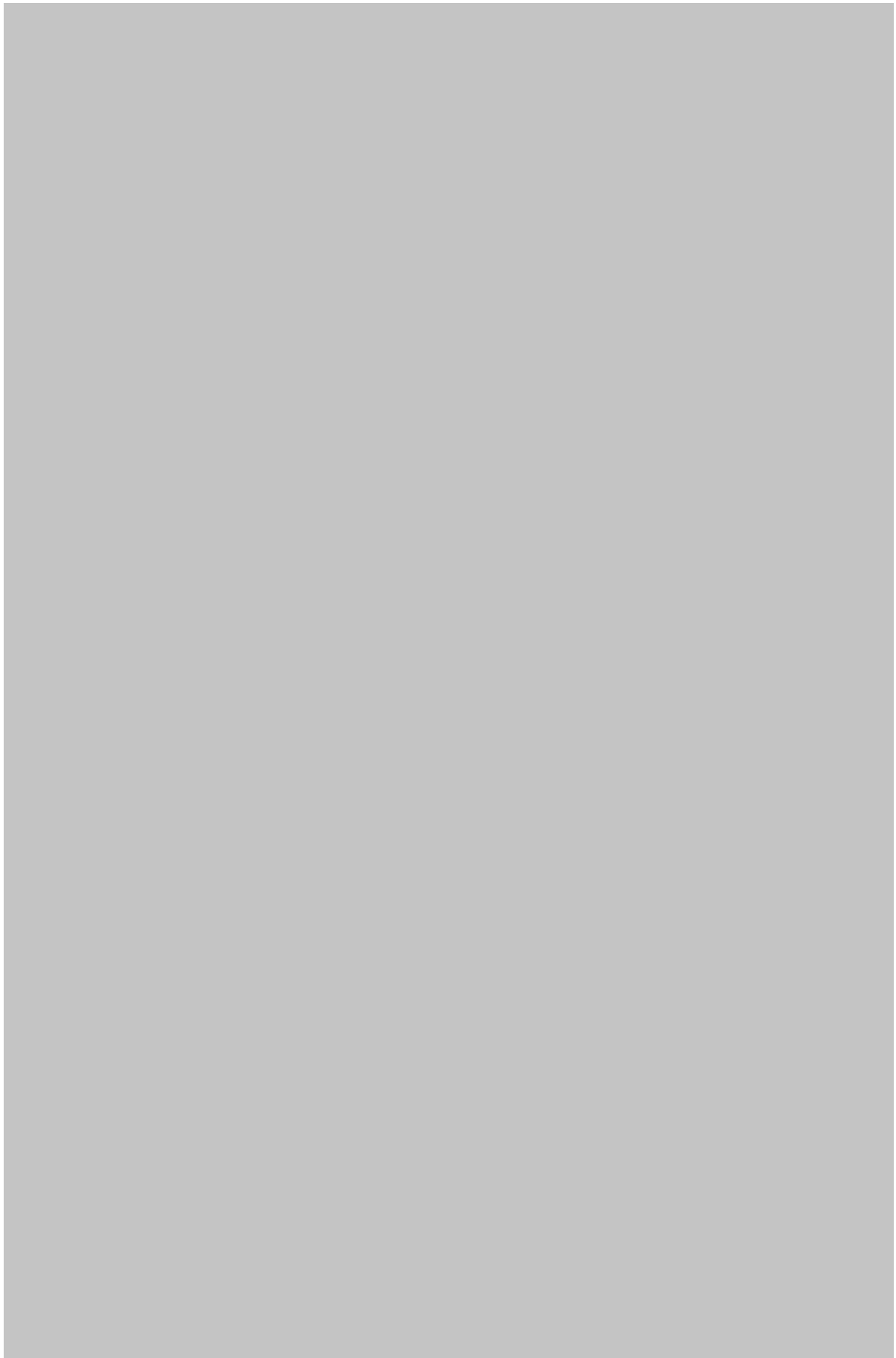
Year: 2023

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: 2Tf (Volume: 37) Tj ET Q q 0.9789058 0 0 -0.9789058 72 1531146



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

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., Quinnivan, L., Armitage, C., Campbell, S. and Panagioti, M.

(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 Quinnivan,

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.

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

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

Reference Type: Journal Article

Record Number: 191

Author: Vallis, M.

Year: 2023

Title: Behaviour Change to Promote Diabetes Outcomes: Getting More

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.

training model developed from theory, evidence, experi 1 Ts Ind



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

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, rogi er/HJA-2547-2022

schade, rogi er/0000-0002-9487-4467; van Hest, Reini er/
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. Hui skes, Victor J. B. Taks, Margot van den Bemt, Bart J. F. van Onzenoort, Hein A. W.

van der Nat, Denise/0000-0001-7790-9712; Hui skes, 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., Krui ze, H., Friedrich, B. and Schui t, 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

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

van Dijk, Liselotte/0000-0002-5747-7163

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., Goelma, N., Holla, J., de Jong, J., de Joode, A., Kievit, A., Klooster, J. V., Krui zenga, H., van der Leeden, M., Linders, L., Marks-Viveen, 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, Marlinda 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 Kruiuzenga, Hinke van der Leeden, Marike Linders, Lillian Marks-Vieeven, 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, Marlinda/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)

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

DOI: 10.1186/s12875-015-0382-y

Article Number: 164

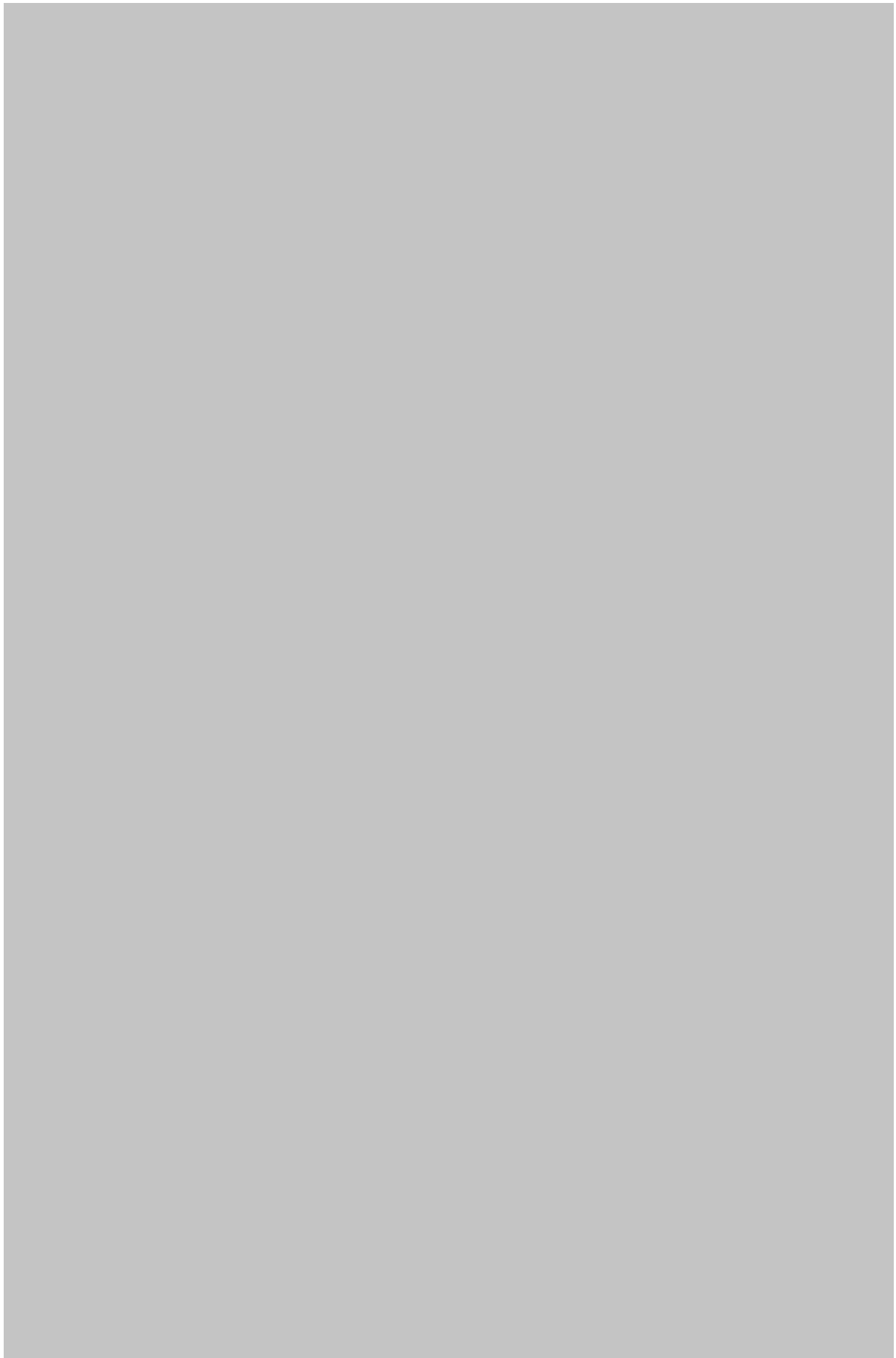
Accession Number: WOS:000364184400001

Abstract: Background: Smokers with chronic obstructive pulmonary disease (COPD) seem to be a special subgroup of amiwLRat hauctanary

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,





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:

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

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

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, Dori en Vel dkamp, Marloes Bryon, Els Remijn, Lianne Visser-Meily, Anne Gerri ts, Ellen van Ewijk, Lizet van Ewijk, Lizet/0000-0002-8916-8023; Isaksen, Jytte Kjaergaard/0000-0002-2502-029X; Vandendorre, Dori en/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., Vel dkamp, M., van Ewijk, L., Visser-Meily, J. M. A. and Gerri ts, 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.

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

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., Flamain, 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. MethodsA 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). ResultsTwenty-

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 Flaming, 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

Record Number: 1418

Author: Vanstone, J. R., Patel, S., Degelman, M. L., Abubakari, I. W., McCann, S., Parker, R. and Ross, T.

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

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

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

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



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.ei.st.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

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

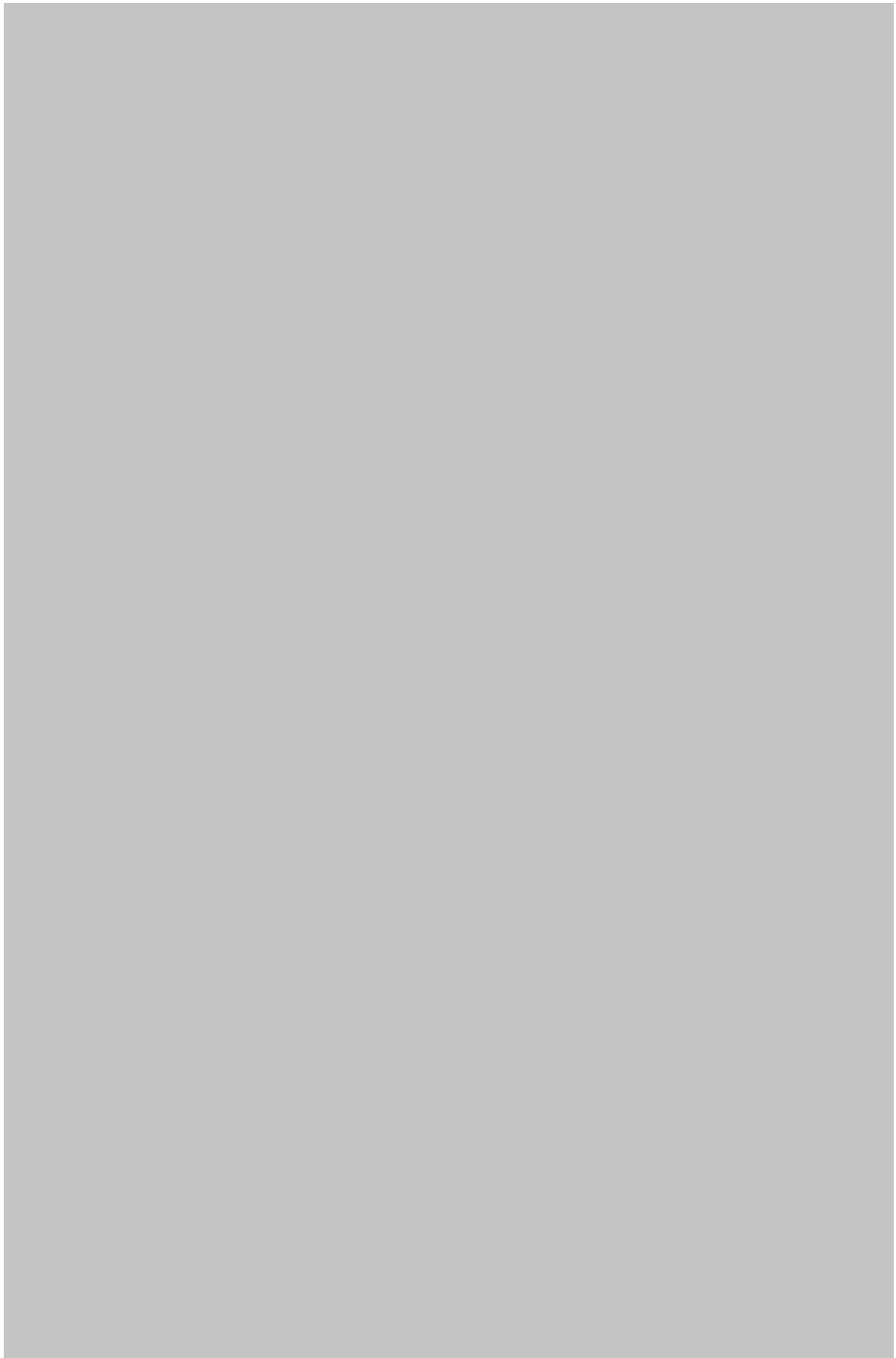
Short Title: Cognitive and Emotional Factors Affecting Avoidable Decision-Making Delay in Acute Myocardial Infarction Male Adults

ISSN: 1449-1907

DOI: 10.7150/ijms.5800

Accession Number: WOS:000324409200013

Abstract: Background: To study the potentially avoidable decision-



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 Bal dwi n/0000-0002-2944-5789; Bhullar, Navjot/0000-0002-1616-6094; Villano, Renato Andrin/0000-0003-2581-6623 2077-0472

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 eal world'

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

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

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.

Short Title: Understanding and supporting active travel in older adults using behavioural science: Systematic scoping review and strategic behavioural analysis

Domains Framework (TDF) to identify facilitators and barriers of

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

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

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

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 ,98 p, However, the Wis

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

DOI: 10.3390/ijerph13070661

Article Number: 661

Accession Number: WOS: 000380759800037

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 is a first step in the evaluation of the impact of active leadership on the implementation of the action research project.

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

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/O-5416-2014

Sunnerhagen, Katharina Stibrant/0000-0002-5940-4400; Hoffmann, Tammy/0000-0001-5210-8548; Radford, Kate A/0000-0001-6246-3180;

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

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

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,

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 Sherri ngton, Catherine Hassett, Leanne Kwasni cka, Domi ni ka Chau, Josephi ne Y. Phongsavan, Philayrath Grunseit, Anne Martin, Fiona Canning, Colleen G. Baird, Marian Shepherd, Roberta Tiedemann, Anne Kwasni cka, Domi ni ka/AAA-4393-2020 Kwasni cka, Domi ni ka/0000-0002-5961-837X; Sherri ngton, Catherine/0000-0001-8934-4368; Wal l bank, Geral di ne/0000-0001-7914-6149; Chau, Josephi ne/0000-0001-6261-2545; Canni ng, 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

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

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

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 McSharry, 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: Walsh, 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

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: Walsh, Nicola Burrell, Alison Kenny, Ursula Mulcahy, Grace Duggan, Vivienne Regan, Aine Duggan, Vivienne/P-2733-2015

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

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

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

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

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, Dilmuza 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

concerns. More than half of the participants (54 %) believed that

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 Kirchoff, 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



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

1611-8227

URL: <Go to ISI>://WOS:000854737900003

Reference Type: Journal Article

Record Number: 1615

Author: Watson, D., Mushamiri, P., Beeri, 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. Beeri, 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 Dreibelis, 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.socsci.med.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

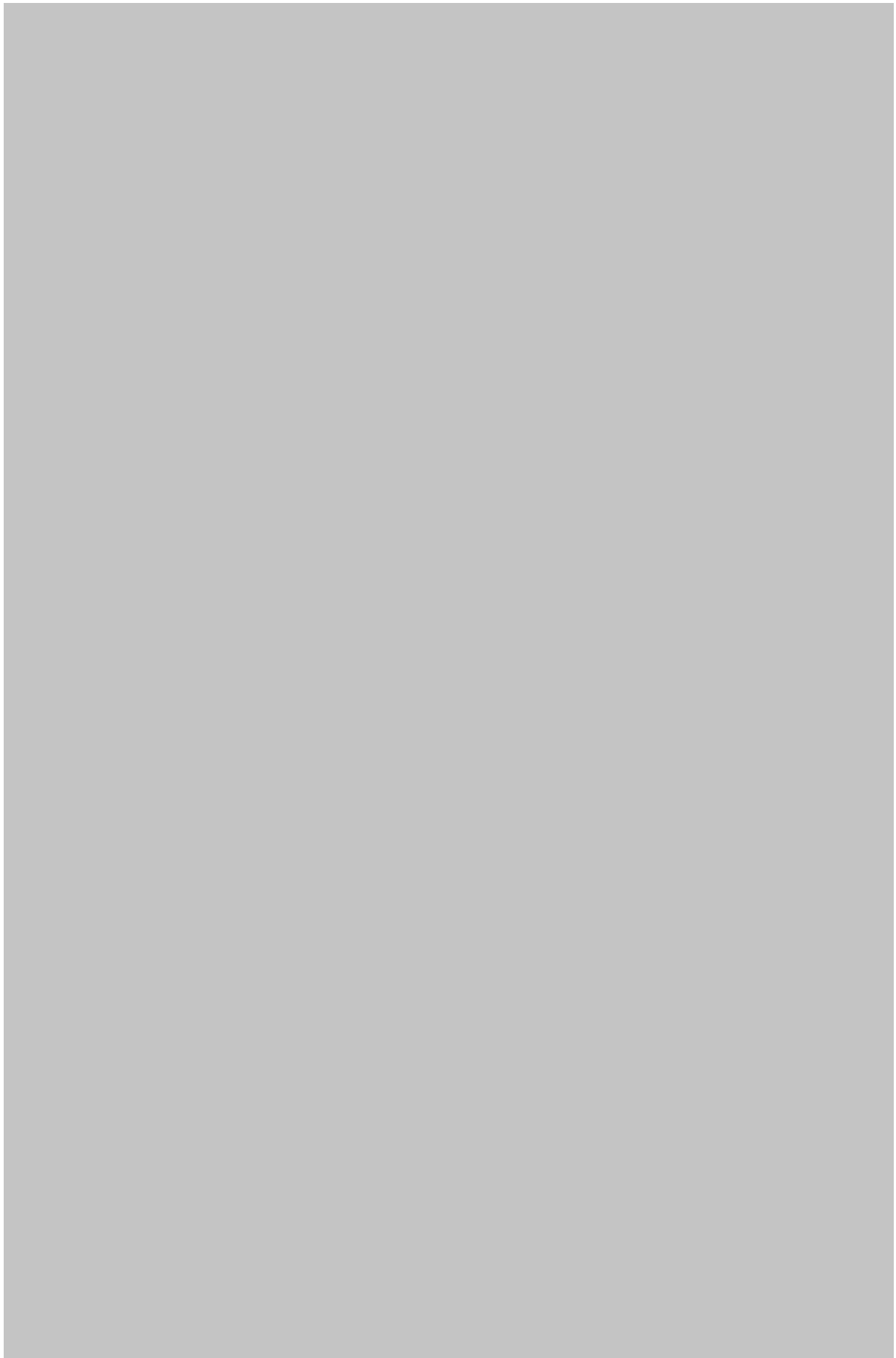
Short Title: Investigating primary healthcare practitioners' barriers and enablers to referral of patients with COPD to pulmonary rehabilitation: a mixed-methods study using the Theoretical Domains Framework

ISSN: 2044-6055

DOI: 10.1136/bmjopen-2020-046875

Article Number: e046875

Accession Number: WOS:000745075200013





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:

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 INTEGRATE)

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

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 Shani ka Onyeizu, Eziaku Rotimi, James Olabode Bamidele

Weerasinghe, Achini Shani ka/D-5065-2018

Weerasinghe, Achini Shani ka/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 Arachchi ge 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

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

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

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., Steinhilber, 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

A qualitative study in five countries (Germany, Netherlands, Norway, Poland, United Kingdom), in five countries (Germany, Netherlands, Norway

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

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

DOBm 0 0 6W058a 0 02j .144yd158 0362. q 0 0 3.27x.9789058 0 0 -0.978

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

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

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. Schuurmanatesatesat789058 0 0 -0.9

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 trust relation to see

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. Deson was effective to

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

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



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

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

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/



function, physical activity, social support, perceived self-care 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.

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 Agustiniingsih, 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/feduc.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 a m o coronavirus disease 2019 (COVID-19) pandemic. Identifying students' attitudes and feelings about PA890582a:3p:euWPasfmB72 1fc-fwg957a/ hi

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.

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, ChIdm38cm BT 0.0

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





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/m². 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.0000000000000297

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

enablers. Introduction: BCA is recommended as part of routine

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

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/aj.o.12011

Accession Number: WOS: 000312247600016

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

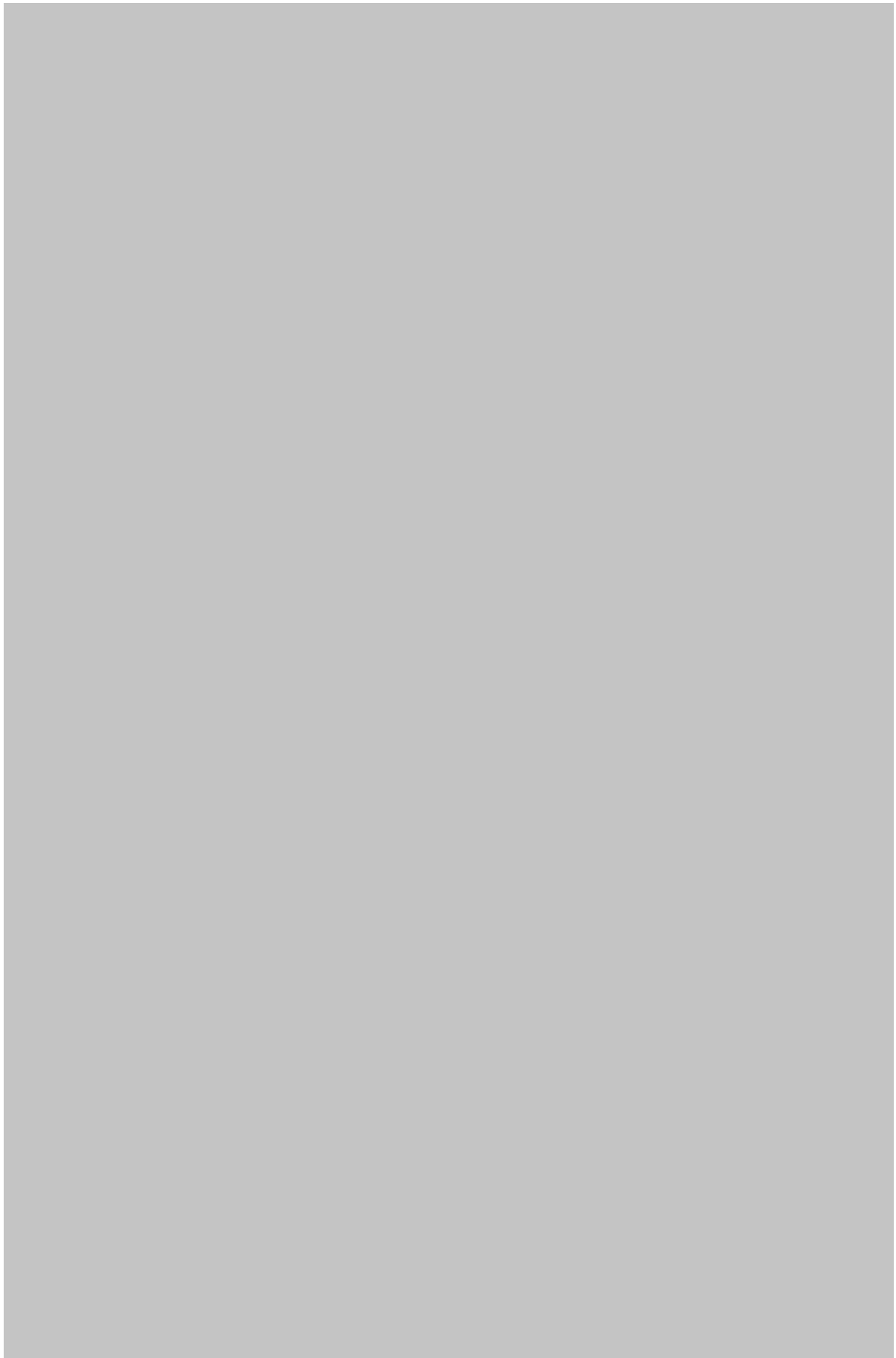
Author: Wilkinson, S. A. and Willcox, J. C.

Year: 2022

Wilkinson, Shelley/0000-0003-3365-3473
URL: <Go to ISI>://WOS:000851324900001

Reference Type: Journal Article
Record Number: 1952





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

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

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

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.



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 my.7p2e taxonomy based on the input provided. Results: The

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/j socm-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

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: Willis, 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%.

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



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

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.

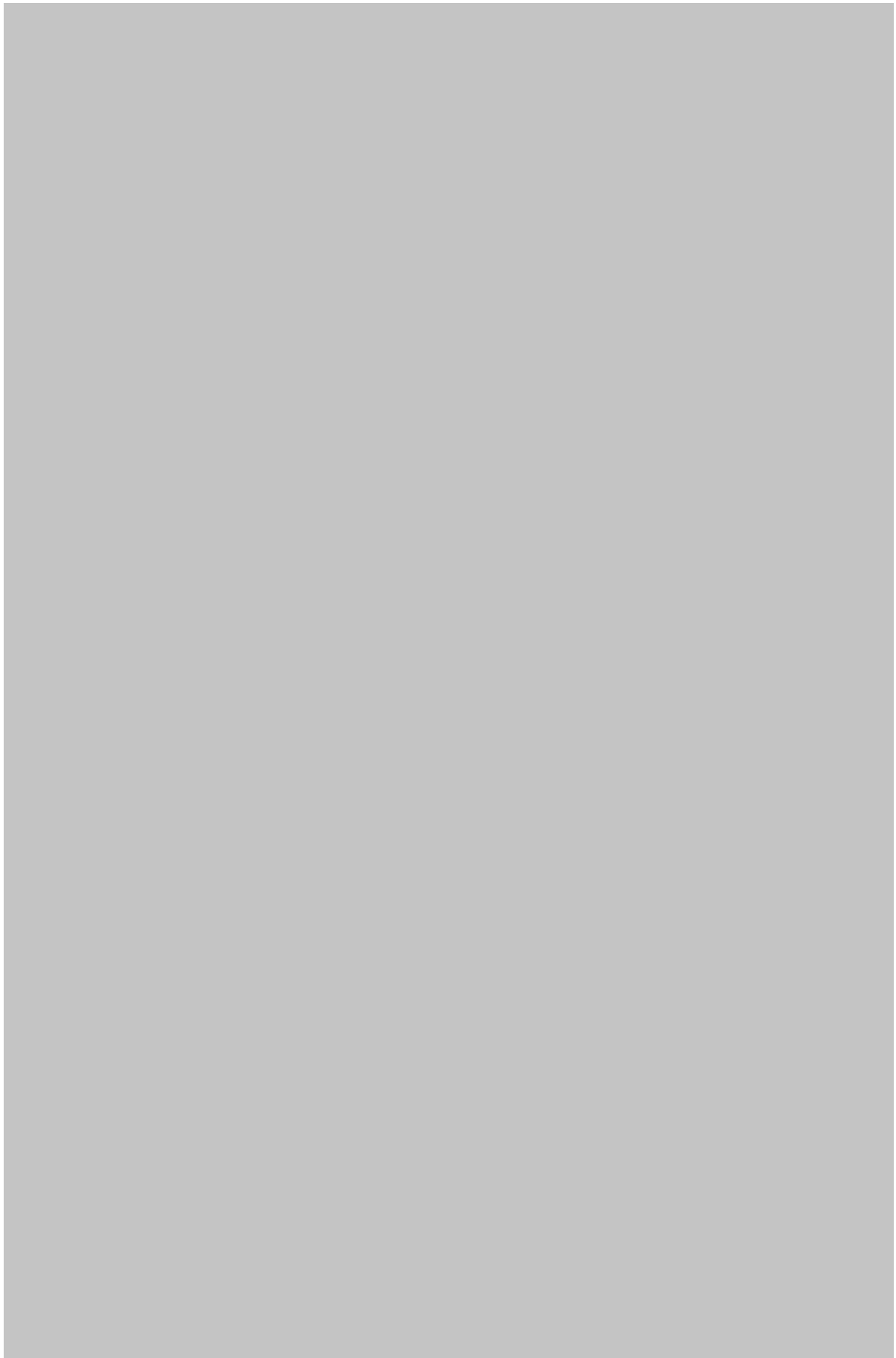
1532-4796

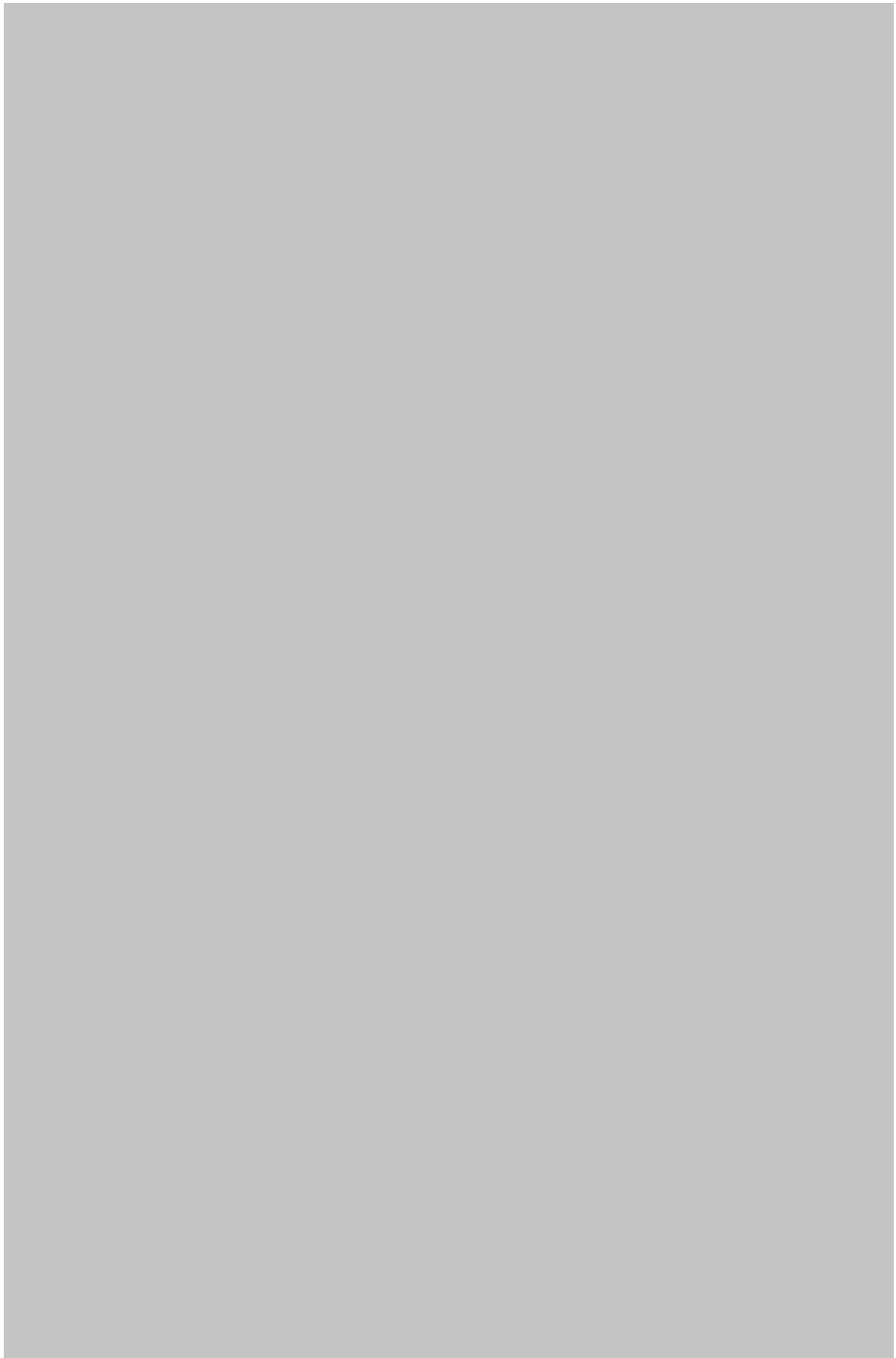
URL: <Go to ISI>://WOS:000350050800007

Reference Type: Journal Article

Record Number: 647

Author: Wilson, E., Gannon, H., Chimhini, G., Fitzgerald, F., Khan,





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. Mwul r

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

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



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

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

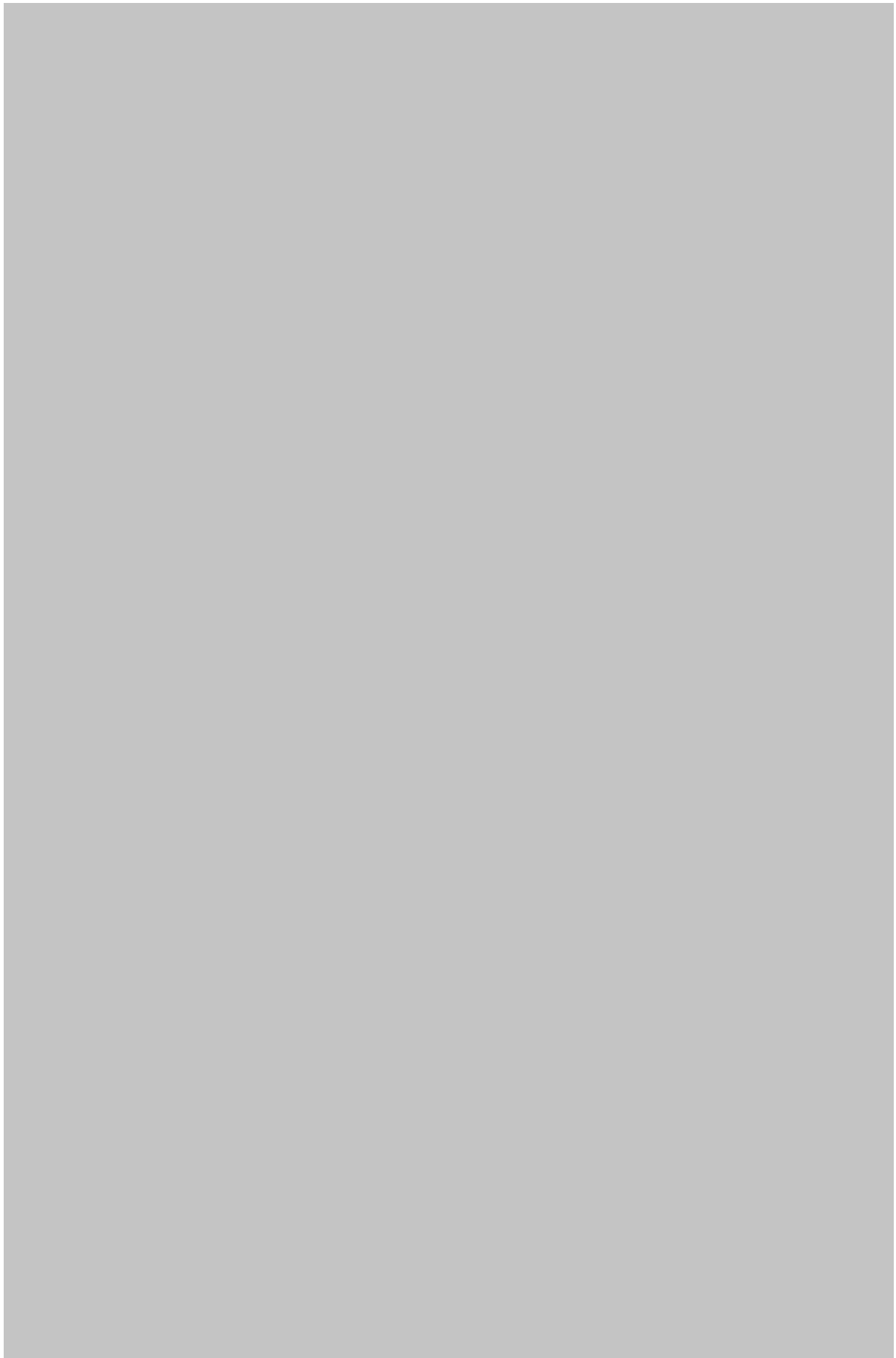
Short Title: Selection of peritoneal dialysis among older eligible patients with end-stage renal disease

ISSN: 0931-0509

DOI: 10.1093/ndt/gfw367

Accession Number: WOS:000397027900025

Abstract: Background: Older patients with end-stage renal disease



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

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

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

Journal : International Journal of Environmental Research and Public Health
Volume: 18
Issue: 8
Date: Apr

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

Q5d sam <Ghe o ISI>://: 000914987000001

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 on to

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

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, Melani e/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

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

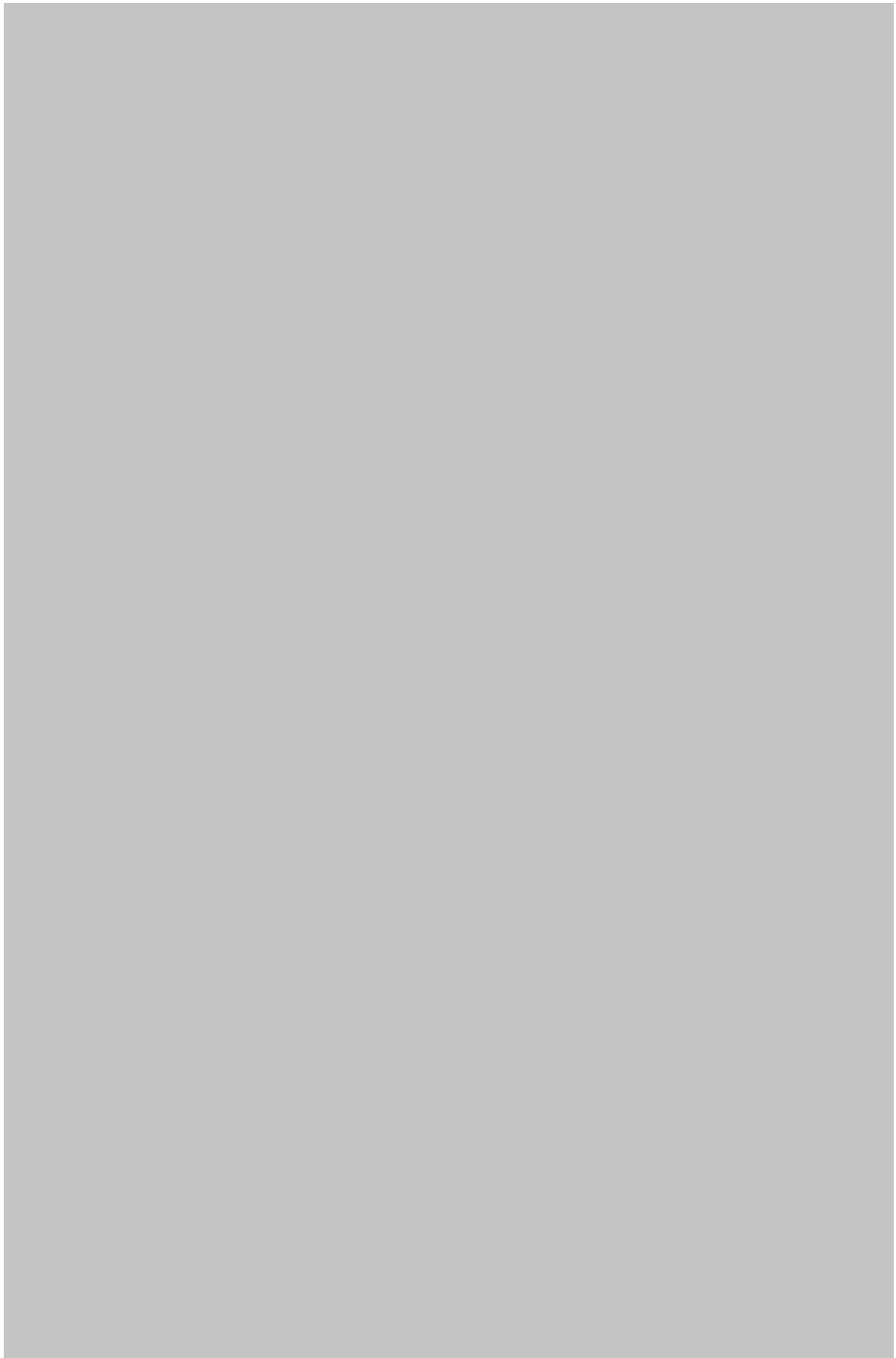
ISSN: 1932-6203

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



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



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

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

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,

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.

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

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

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

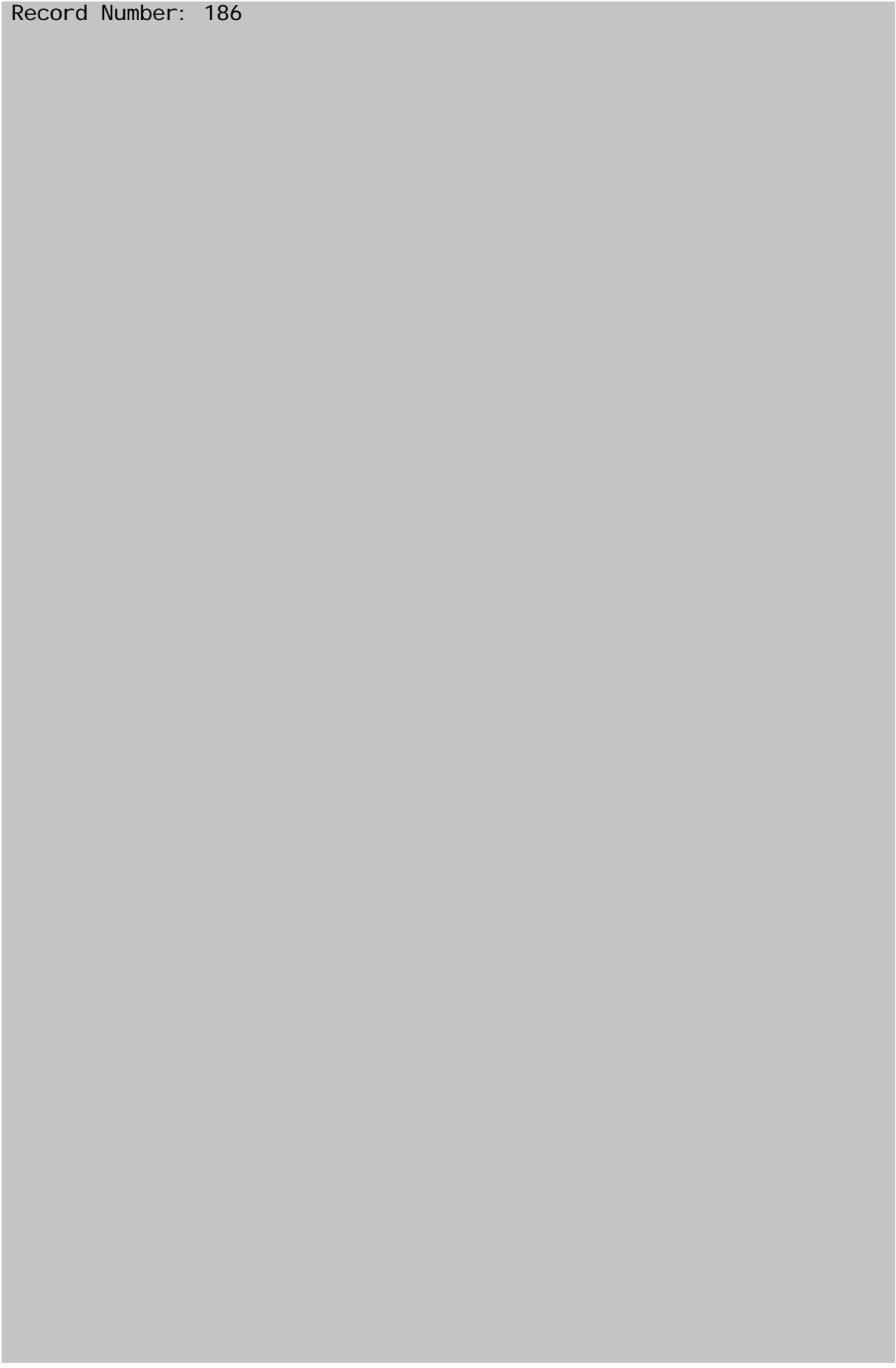
DOI: 10.1186/s12884-023-05439-2

Article Number: 138

Accession Number: WOS: 000942807800003

Abstract: BackgroundThe 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. MethodsA 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. ResultsThe 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 osi

Record Number: 186



Notes: Wu, Jing -Ling Pang, Shu-Qin Jiang, Xiumin Zheng, Qingxiang 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 t1rr-nkat 0 0 -11 5 17978905e4TT1 j Er5.026T

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

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

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

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

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

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

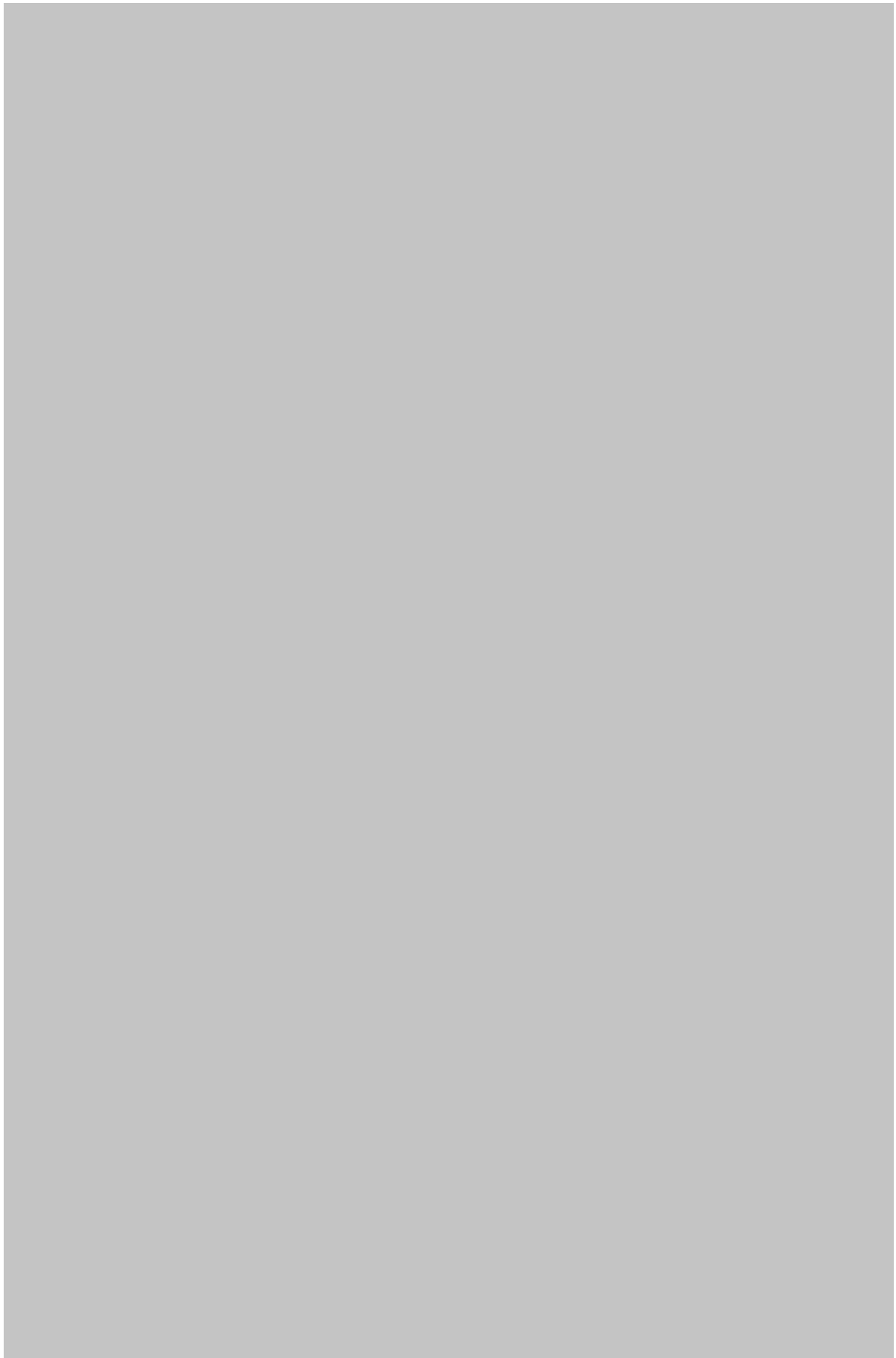
Short Title: Effectiveness of clinical dashboards as audit and feedback or clinical decision support tools on medication use and test ordering: a systematic review of randomized controlled trials

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



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., Dominicz, 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. Semi structured 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. Miecz, 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; Miecz, 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., Nobble, 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" (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

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. Corresponding m Bm : Bacqyq RETATI62bS7vi fi etesmustthme00 cm

Reference Type: Journal Article
Record Number: 192

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.

Khouja, Tumader/0000-0001-6042-4866; Evans, Charles/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. Cuniffe, Brian

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

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

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:** Yati rajula, Sandhya Kanaka Kallakuri, Sudha Paslawar, Sri latha Mukherjee, Anki ta Bhattacharya, Amri tendu Chatterjee, Susmi ta Sagar, Rajesh Kumar, Ashok Lempp, Heidi Raman, Usha Singh, Renu Essue, Beverley Billot, Laurent Peiris, David Norton, Robyn Thornicroft, Graham 8905aulik, end0.1 0 T Qmilion adolescents in

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 the89

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., Danielles, 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 ($\dot{V}O_2$ max) 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 Daniel es, Prince Kevin Barnett, Tracie A. Mathieu, Marie-Eve Van Hulst, Andraea Drouin, Olivier Kakinami, Lisa Bigras, Jean-Luc Henderson, Melani e
Ybarra, Marina/D-7179-2015
Ybarra, Marina/0000-0001-7697-2218; Van Hulst, Andraea/
0000-0002-5743-4876; Henderson, Melani e/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 Q q

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



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

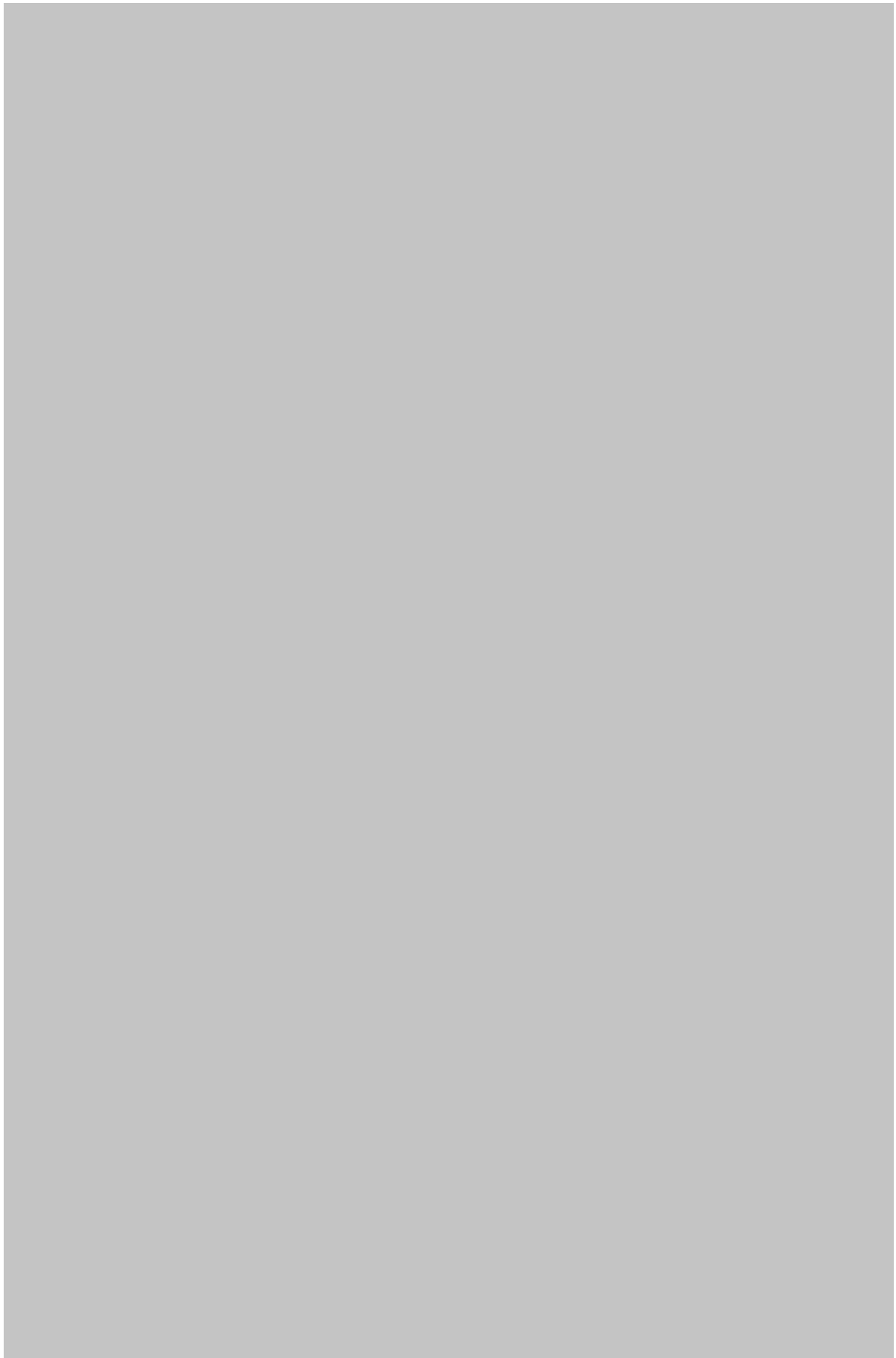
Short Title: An exploratory analysis to identify behavior change techniques of implementation interventions associated with the implementation of healthy canteen policies

ISSN: 1869-6716

DOI: 10.1093/tbm/ibab036

Accession Number: WOS: 000692637900013

Abstract: Empirical studies to disentangle the effects of



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

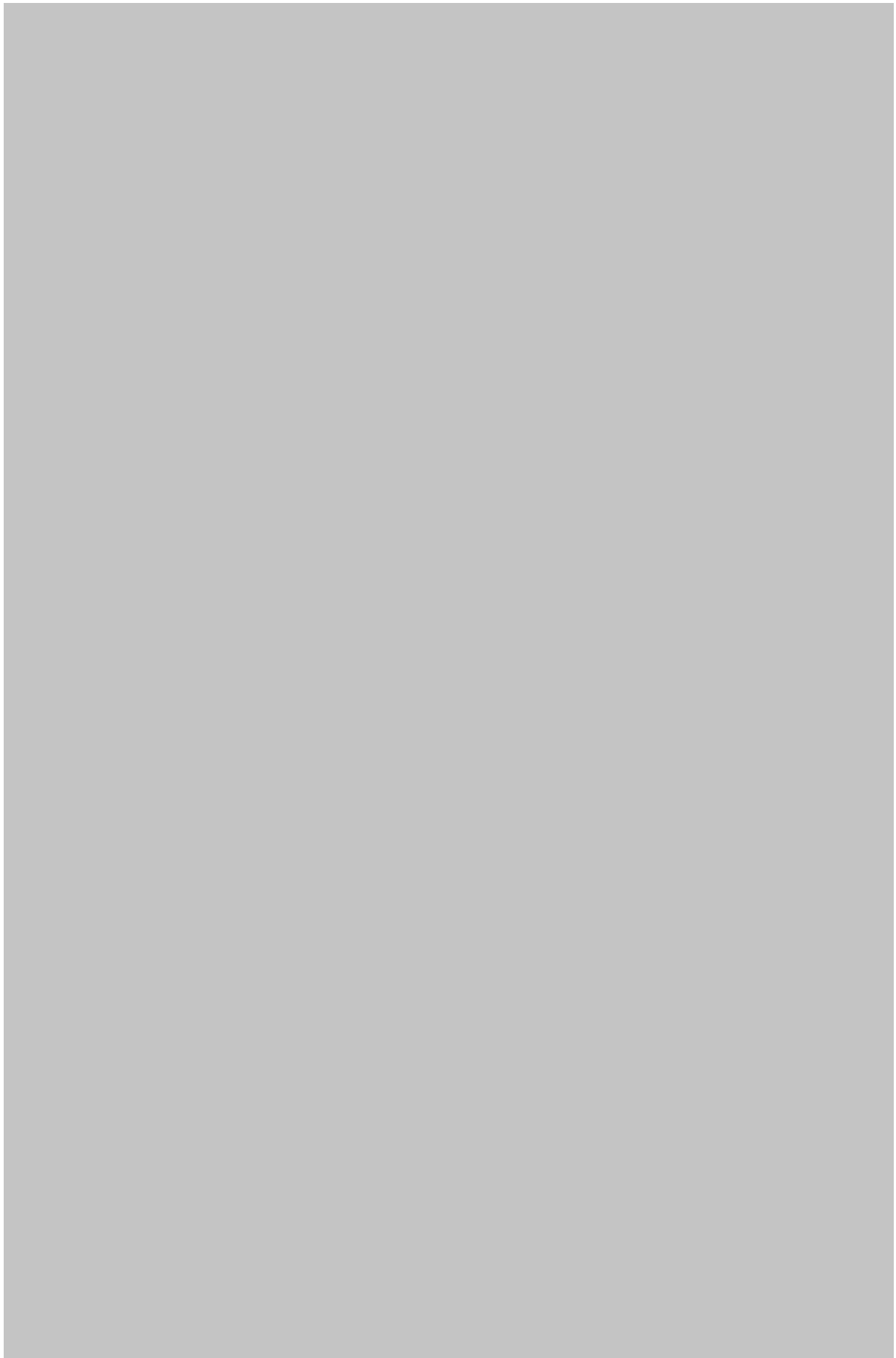
Short Title: Understanding patient factors to increase uptake of cancer screening: a review

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): 17



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, Melani e Pang, Jermy/AAW-5066-2021

Young, Taegan/0000-0002-3163-9988; Pang, Jermy/0000-0003-0456-4498; Ferguson, Melani e/0000-0002-8096-869X 1558-9137

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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:000330510000073

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

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 Matinoli, Hanna-Maria Waris, Otto Upadhyaya, Subina Vuori, Miika Korpilähti-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

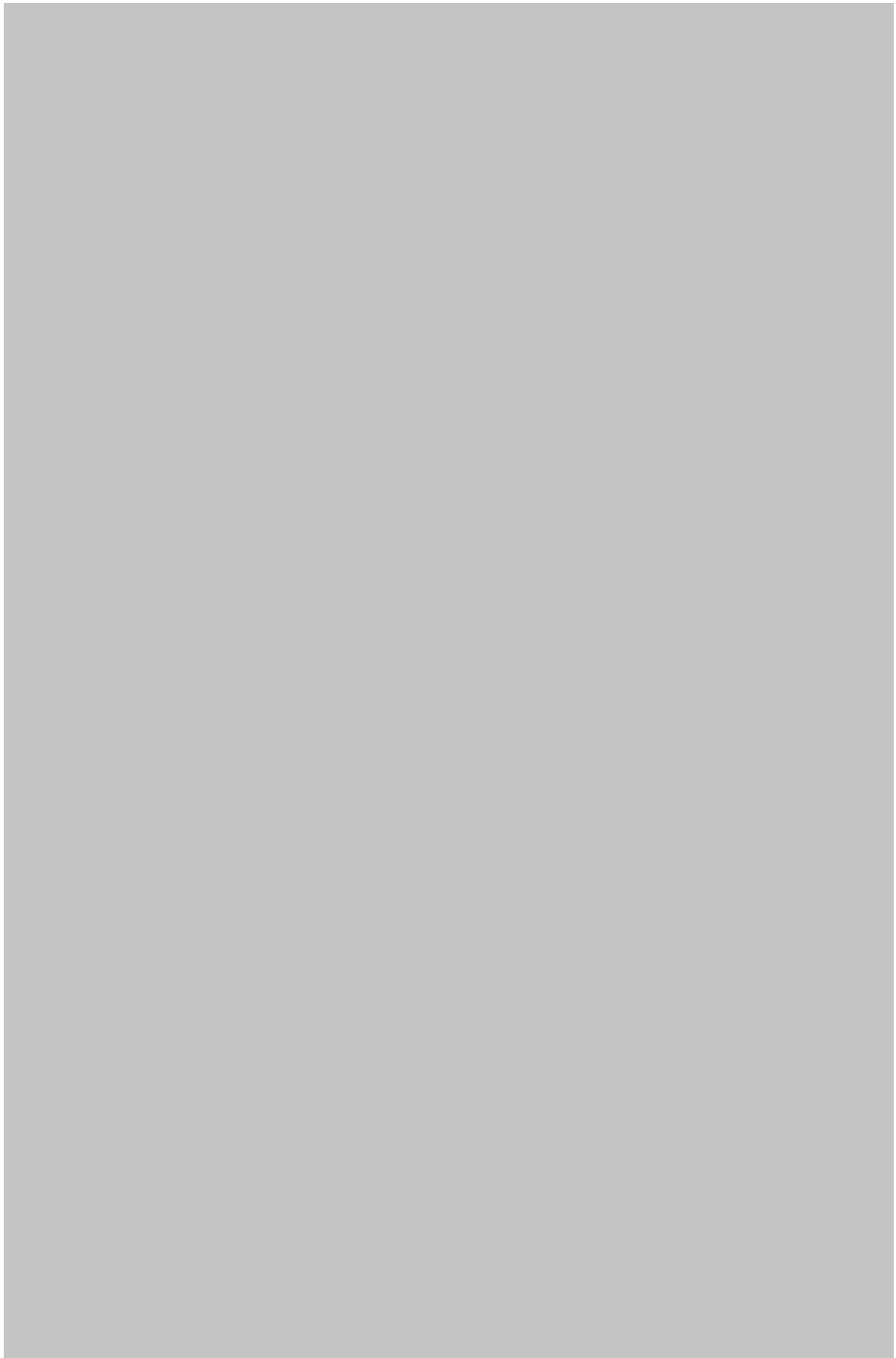
Accession Number: WOS:000350153900005

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/





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

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, Zilee 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 sugiti BT 0 0 -0.9789058 8 7hui ew s

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.socsci.med.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

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 semi structured 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 Castelnovo, 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: Zbaren, 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

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

Pages: 575-598

Short Title: Cultivating Resilience During the COVID-19 Pandemic: A Sociocological Perspective

ISSN: 0066-4308

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 de1 Tr0L61ce, glo 8d Engsgismerousti ficial

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

A Realist Review

Journal : Telemedicine and E-Health

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: Computat

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

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, Zhi cai Chen, Yi Yan, Shenqiang Zhou, Ying Zhang, Xuting Hu, Hai tao 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: Jami a 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/jami aopen/oad010

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

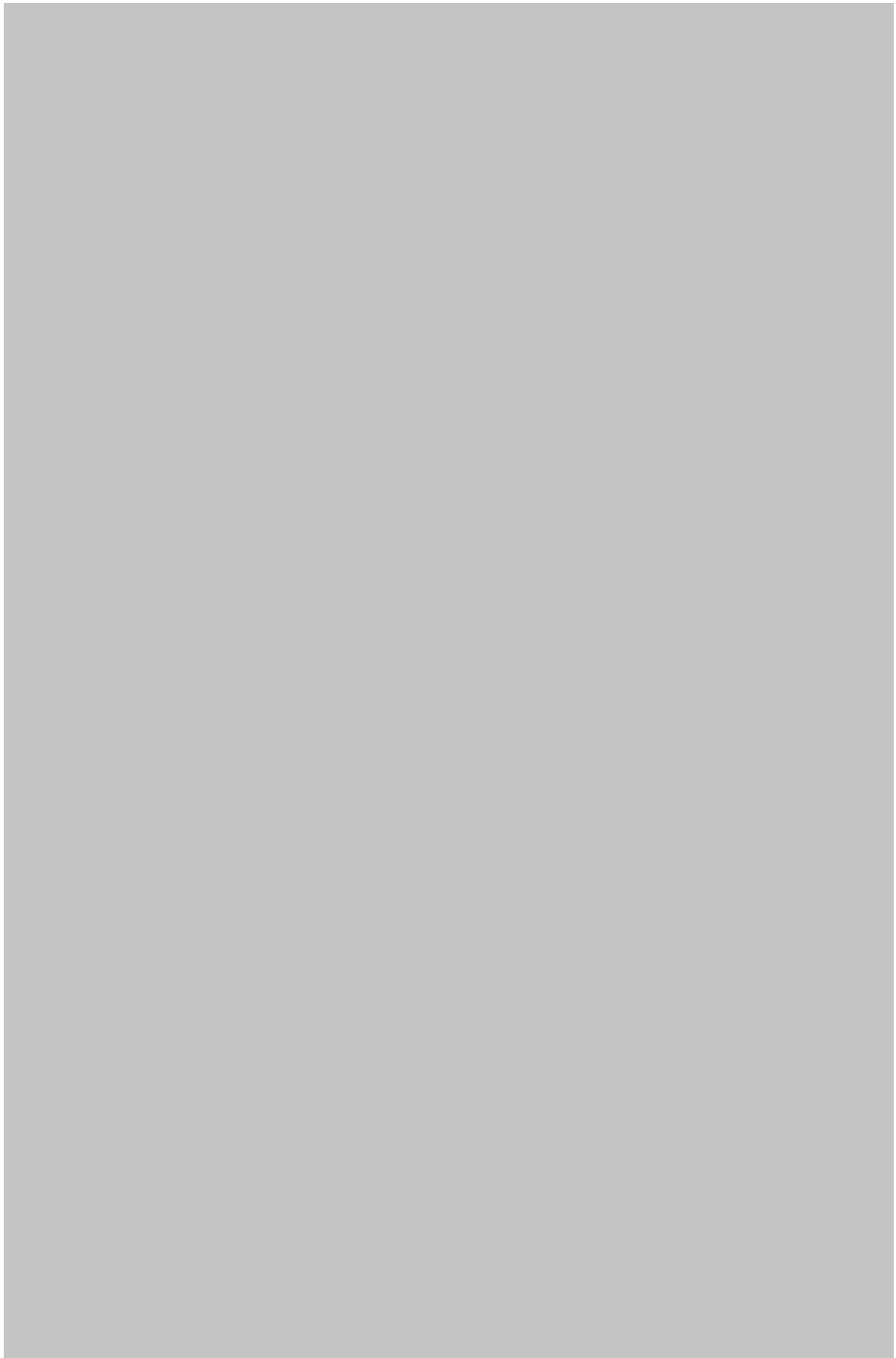
Short Title: Behaviors, Beliefs, and Recommendations to Optimize Promotion of Safe Fish Consumption Before and During Pregnancy: A Physician Survey

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



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., Kamhuis, 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

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



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