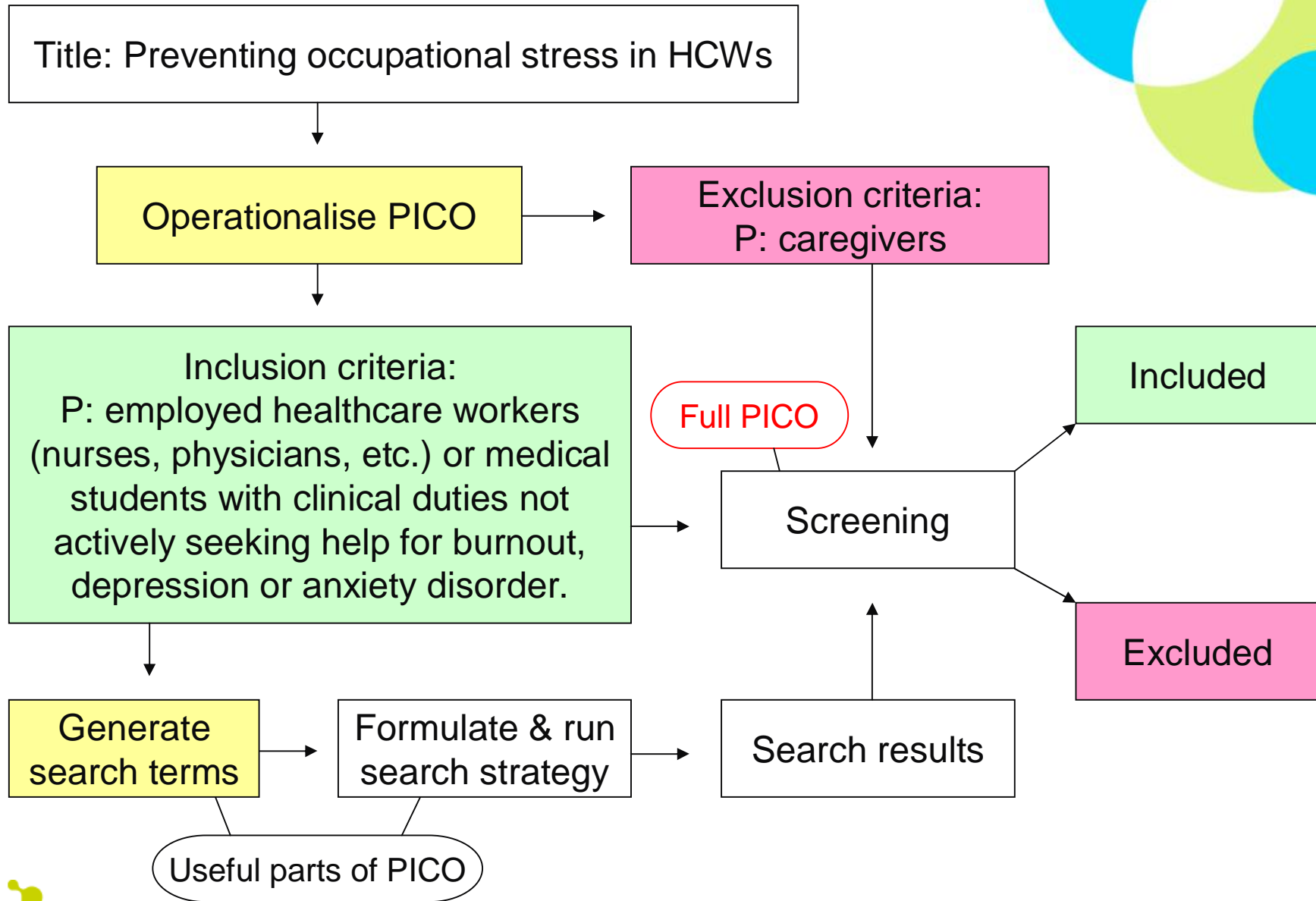




**Finnish Institute of  
Occupational Health**

## Inclusion criteria and search terms

Jani Ruotsalainen



# Example of inclusion: Dysphonia review



- Objective:
  1. To assess the effectiveness of interventions for treating functional (non-organic) dysphonia compared to no intervention or an alternative intervention
  2. To categorise interventions aimed at treating patients diagnosed with same
- Inclusion criteria participants:
  - Adults (16 or over)
  - who had been diagnosed as having functional / non-organic dysphonia, which means that they have:
    1. an impaired voice sound or;
    2. reduced vocal capacity.

# Operationalisation: participants dysphonia



- dysphonia, hoarseness, phonasthenia, trachyphonia, functional voice disorder, psychogenic voice disorder, ventricular phonation, conversion voice disorder, functional aphonia, conversion aphonia, conversion dysphonia, phonation break, functional falsetto, mutational falsetto, puberphonia, juvenile voice, laryngeal myasthenia, phonation disease, phonation disorder
- voice problem, voice symptom, voice complaints voice hygiene voice disturbance, voice tremor, voice impairment, voice handicap, voice tension, voice strain, voice abuse, voice fatigue, voice misuse, voice reduction, vocal problem, vocal symptom, vocal complaints vocal hygiene, vocal disturbance, vocal tremor, vocal impairment, vocal handicap, vocal tension, vocal strain, vocal abuse, vocal fatigue, vocal misuse, vocal reduction, phonation problem, phonation symptom, phonation complaints, phonation hygiene, phonation disturbance, phonation tremor, phonation impairment, phonation handicap, phonation tension, phonation strain, phonation abuse, phonation fatigue, phonation misuse, phonation reduction

# Types of interventions in Protocol



- Any intervention aiming to treat patients diagnosed with functional (non-organic) dysphonia.

Translates to:

1. Direct voice therapy that is applied directly to voice production apparatus; or
2. Indirect voice therapy that is applied to other mental or bodily structures or functions that influence voice production

# Exclusion criteria



We excluded studies in which any of the participants had been diagnosed as having any of the following:

- a voice disorder associated with local nervous system involvement (e.g. spasmodic dysphonia, essential laryngeal tremor, vocal fold paralysis);
- neurological disorders (e.g. Parkinson's, Alzheimer's, ALS, Tourette's)
- organic disease or trauma (e.g. keratosis, contact ulcers, papillomas, laryngeal granulomas and inhalation, thermal etc. traumas);
- the paediatric (e.g. congenital anomalies) or the geriatric voice;
- carcinoma or other tumours;
- gastro-oesophageal reflux disease.

We also excluded studies in which participants had been diagnosed with a hearing impairment which may affect auditory discrimination.

# In- and exclusion criteria?



- Antibiotics for leptospirosis
- Interventions to reduce risky sexual behaviour for preventing HIV infection in workers in occupational settings
- Cognitive rehabilitation for occupational outcomes after traumatic brain injury
- Interventions to enhance return-to-work for cancer patients
- Non-pharmacological interventions for preventing venous insufficiency in a standing worker population
- Blunt versus sharp suture needles for preventing percutaneous exposure incidents in surgical staff



## So where are we now?

- Registered title
- Operationalised PICO into in- and exclusion criteria
- Exploded inclusion criteria into search terms

## What happens then?

- Running search strategy (Jos' lecture)
- Study inclusion, usually in two waves
  - 1: Based on title and abstract (intuitively in e.g. EndNote)
  - 2: Based on full text articles AND using a form





# Reference screening

	PT - Clinical Trial PT - Journal Article PT - Randomized Controlled Trial PT - Research Support, Non-U.S. Govt SB - IM
<b>Keywords</b>	Adult; article; Attitude; Attitude of Health Personnel; Attitudes; Belgium; cancer; clinical trial; CLINICAL-TRIAL; Communication; communication skill; Communication Skills; control; education; Education,Nursing; Exercise; Female; Health; health care; Humans; interview; Male; Middle Aged; nurse; Nurses; Nursing; Occupational Diseases; occupational stress; Oncologic Nursing; oncology; prevention & psychology; Psychology,Applied; questionnaire; rehabilitation; Research; Role Playing; Self Concept; Self-Concept; Semantic Differential; skill; Stress; Stress,Psychological; Study; Time Factors; training;
<b>Reprint</b>	In File <a href="#">27.02.09</a>
<b>Journal*</b>	Eur.J.Cancer.
<b>Volume</b>	29A
<b>Issue</b>	13
<b>Start Page</b>	1858
<b>End Page</b>	1863
<b>Pub Place</b>	
<b>Publisher</b>	
<b>Abstract</b>	The usefulness of psychological training programs (P.T.P.) in health care settings devoted to cancer care is beginning to be recognised but their content, form and effectiveness need further investigation. Seventy-two oncology nurses were randomly assigned to a 24-h P.T.P. or to a waiting list period. Attitudes were assessed by a semantic differential questionnaire, occupational stress was assessed by the Nursing Stress Scale and communication skills were assessed by standardised videotaped role-playing exercises. These were used to compare trained (T.S.) and control subjects (C.S.). The results show a significant training effect on attitudes ( $P = 0.05$ ), especially on those related to self concept ( $P = 0.004$ ), and on the level of occupational stress related to inadequate preparation ( $P = 0.02$ ). Limited changes were found regarding post-training communication skills. T.S. were significantly more in control of the interview than C.S. ( $P = 0.02$ ). The results indicate that 24-h P.T.P. assessed here are effective. The data also demonstrate the need to consolidate the skills acquired by regular post-training sessions
<b>ISSN/ISBN</b>	

	Ref ID	Authors	Title
<input type="checkbox"/>	3007	Piko,B.	Work-related stress among nurses: a challenge for health care institutions
<input type="checkbox"/>	9472	Plumb,R.	A bedside view
<input type="checkbox"/>	2862	Pongruengphant,R.	When nurses cry: coping with occupational stress in Thailand
<input type="checkbox"/>	4695	Quill,T.E.	Healthy approaches to physician stress
<input type="checkbox"/>	3749	Rabinowitz,S.	Preventing burnout: increasing professional self efficacy in primary care nurses in a Balint Group
<input type="checkbox"/>	5136	Randolph,G.L.	The effects of burnout prevention training on burnout symptoms in nurses
<input checked="" type="checkbox"/>	4305	Razavi,D.	The effects of a 24-h psychological training program on attitudes, communication skills and occupational stress in oncology: a randomised study
<input type="checkbox"/>	4676	Rees,D.W.	Occupational stress in health service employees
<input type="checkbox"/>	1636	renas-Monreal,L.	[Health institutions and physicians' self-care]
<input type="checkbox"/>	4845	Richman,C.L.	Interventions for nursing practice problems
<input type="checkbox"/>	9543	Riegel,B.	Reviews and summaries of research related to AACN 1980 research priorities: contextual topics
<input type="checkbox"/>	5860	Riley,G.J.	Understanding the stresses and strains of being a doctor
<input type="checkbox"/>	5830	Rohland,B.M.	Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians
<input type="checkbox"/>	4841	Rosenthal,S.L.	Stress and coping in a NICU
<input type="checkbox"/>	9577	Ross,H.	Research as a catalyst for change: the transition from student to registered nurse
<input type="checkbox"/>	5753	Ross,M.M.	Staff burnout in long-term care facilities
<input type="checkbox"/>	2951	Rout,U.	Job stress among general practitioners and nurses in primary care in England
<input type="checkbox"/>	2757	Rout,U.R.	Stress amongst district nurses: a preliminary investigation
<input type="checkbox"/>	2983	Rowe,M.M.	Teaching health-care providers coping: results of a two-year study
<input type="checkbox"/>	4528	Russler,M.F.	Multidimensional stress management in nursing education

# Small group exercise

- You all have a copy of an article that is currently being considered for inclusion in a Cochrane review about interventions to prevent stress in healthcare workers
- In pairs, or in groups of three please:
  - Read the article (start from Participants on p. 605)
  - Fill in the study inclusion check list
  - Don't linger on the details, just pick up what is needed
- After 10 minutes we discuss



# Study inclusion checklist



## Study inclusion check list - Nurse job stress review UPDATE

Study ID: *Rowe 2006*

Reviewer: *Jaru*

### Study design

**YES**   **NO**

"Of those willing, approximately 40% (N=126) were randomly selected and assigned to 3 groups..." (p. 606)

### Participants

"...subjects clustered into:... nursing (n=42), hospital/clinical staff, physicians/ surgeons (n=10), health admin (n=15), psychol/counsel/soc work (n=9), educ (n=8) > 64%

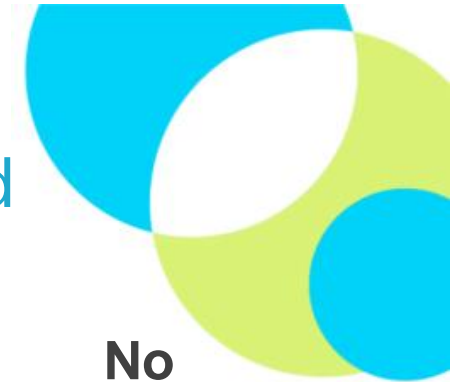
Participants are officially employed in a health care setting

*Jo*

Participants have **NOT** been diagnosed with a (DSM-IV, ICD 10) stress-related disorder, i.e. burnout, depression or anxiety

*Jo*

# Study inclusion checklist continued



## Interventions

Yes

No

The experimental intervention aims to prevent or ameliorate the effects of occupational stress or burnout	1/6	
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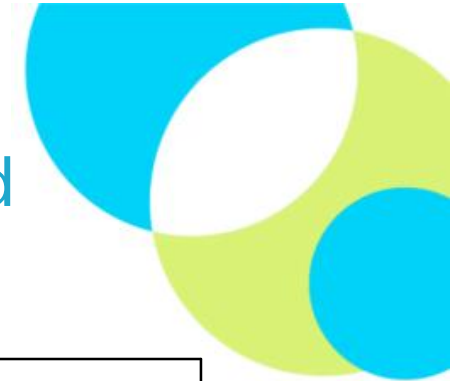
## Primary outcome measures

The study employs a validated self-report questionnaire (supported by literature references) measuring occupational stress or burnout	1/6	
Nursing Stress Scale, Perceived Stress scale, etc.		1/6
Karasek questionnaire		1/6
Maslach Burnout Inventory	1/6	

## Secondary OMs (the detrimental effects of stress)

A measure of anxiety: e.g. State-Trait Anxiety Inventory?		1/6
A measure of depression: e.g. Beck Depression Inventory?		1/6
A measure of general wellbeing: e.g. General Health Questionnaire?		1/6

# Study inclusion checklist continued



## Comments

Have to ask author why they didn't use other outcome measures beyond baseline.  
Anything else unclear?

FINAL DECISION

INCLUDE

EXCLUDE

<i>1</i>	
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Thank you for your attention!

