Inclusion criteria and search terms

Jani Ruotsalainen
Title: Preventing occupational stress in HCWs

Operationalise PICO

Inclusion criteria:
P: employed healthcare workers (nurses, physicians, etc.) or medical students with clinical duties not actively seeking help for burnout, depression or anxiety disorder.

Exclusion criteria:
P: caregivers

Generate search terms

Formulate & run search strategy

Useful parts of PICO

Screening

Search results

Included

Excluded

Full PICO
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, puberaphonia, 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
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 standardized 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.
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**

<table>
<thead>
<tr>
<th>Study ID:</th>
<th>Rowe 2006</th>
</tr>
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<tbody>
<tr>
<td>Reviewer:</td>
<td>Joan</td>
</tr>
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</table>

## Study design

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>&quot;Of those willing, approximately 40% (N=126) were randomly selected and assigned to 3 groups...&quot; (p. 606)</td>
<td></td>
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## Participants

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>&quot;...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) &gt; 64%&quot;</td>
<td></td>
</tr>
<tr>
<td>Participants are officially employed in a health care setting</td>
<td></td>
</tr>
<tr>
<td>Participants have <strong>NOT</strong> been diagnosed with a (DSM-IV, ICD 10) stress-related disorder, i.e. burnout, depression or anxiety</td>
<td></td>
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</tbody>
</table>
## Study inclusion checklist continued

### Interventions

<table>
<thead>
<tr>
<th>The experimental intervention aims to prevent or ameliorate the effects of occupational stress or burnout</th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

### Primary outcome measures

<table>
<thead>
<tr>
<th>The study employs a validated self-report questionnaire (supported by literature references) measuring occupational stress or burnout</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Nursing Stress Scale, Perceived Stress scale, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Karasek questionnaire</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Maslach Burnout Inventory</td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>

### Secondary OMs (the detrimental effects of stress)

<table>
<thead>
<tr>
<th>A measure of anxiety: e.g. State-Trait Anxiety Inventory?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>A measure of depression: e.g. Beck Depression Inventory?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A measure of general wellbeing: e.g. General Health Questionnaire?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Comments

Have to ask author why they didn't use other outcome measures beyond baseline. Anything else unclear?
Thank you for your attention!