

REVIEW

# Publication Trends in Reablement – A Scoping Review

Jean Guadaña<sup>1</sup>, Babatunde Oyeneyin<sup>2</sup>, Cathrine Fredriksen Moe<sup>3</sup>, Hanne Tuntland (D)<sup>1</sup>

<sup>1</sup>Department for Health and Functioning, Western Norway University of Applied Sciences, Bergen, Norway; <sup>2</sup>Victoria Ward, Farnham Road Hospital, Surrey and Borders Partnership NHS Foundation Trust, Guildford, UK; <sup>3</sup>Health and Community Participation Division, Nord University, Bodø, Norway

Correspondence: Hanne Tuntland, Tel +47 55587839, Email htu@hvl.no

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**Background:** Reablement is a holistic and multidisciplinary intervention that can facilitate achievement of service users' goals related to their independence in everyday activities. Reablement has been the

subject of increasing scientific activity in recent years. Currently, no review has provided a broad overview of the extent and breadth of international publications in reablement.

**Objective:** The objectives were 1) to map the volume of reablement publications, how the publications had increased over time, and their geographical distribution, 2) to identify the publication types and designs, 3) to identify publication trends, and 4) to identify knowledge gaps in the current peer-reviewed literature.

**Methods:** The scoping review approach designed by Arksey and O'Malley was used to identify peer-reviewed articles on reablement. Information was obtained on scientific activity on reablement over a period of more than two decades from five electronic databases and without language restrictions. Data was extracted from the eligible articles and both descriptive analysis and thematic analysis of the data was performed.

**Results:** A total of 198 articles published from 1999 to August 2022 from 14 countries were identified. There is a continuous interest in the field from countries where reablement has been implemented. An international and historical overview among countries with peer-reviewed publications on reablement is presented, which also partly reflects the countries that have implemented reablement. Most of the research derives from Western countries, in particular from Norway. Varied approaches to publications in reablement were noted with the majority being empirical and quantitative in nature.

**Conclusion:** The scoping review confirms the continued expansion of the breadth of reablement-focused publications in terms of originating countries, target populations, and research designs. In addition, the scoping review contributes to the knowledge base regarding reablement's research front.

**Keywords:** research methods, restorative care, rehabilitation, multidisciplinary

## Introduction

Globally, non-communicable diseases and injuries have caused a decline in function in the everyday life of more and more people. Cieza et al estimated that at least a third of the world population would require rehabilitation services as they experience challenges to function brought about by singular or co-occurring illness or disease. Given the scarcity of existing rehabilitation resources, addressing this large demand for healthcare services will require a coordinated approach. Various disciplines must collaborate together with stakeholders in order to decrease mortality from non-communicable diseases, to promote improved mental health, and to achieve the sustainable development goal (SDG) aimed at promoting and ensuring well-being and healthy lives (SDG 3). Multidisciplinary rehabilitation services, such as reablement, that are designed to optimize function, can help enhance care delivery. 3-5

Reablement, also termed restorative care, is a multidisciplinary approach designed for optimizing function. Reablement aims to increase or maintain an individual's independence in meaningful activities of daily living.<sup>6</sup> In

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addition, based on the definition of reablement presented in Metzelthin et al in 2022, reablement is also a holistic service that is person-centered, and goal-oriented. Further, reablement is an inclusive approach offered irrespective of age, functional capacity, and diagnosis, and is conducted in one's place of residence and community with a multidisciplinary team who works in partnership with the individual to craft goal-oriented support plans. The development of a goal-oriented support plan is guided by an initial comprehensive assessment and regular succeeding reassessments. Reablement services may also involve home modifications and assistive-device provision, support for participation in activities of daily living, as well as the involvement of one's social network. While the evidence base regarding the effectiveness of reablement on client-level outcomes has been inconsistent.<sup>6,8</sup> recent systematic reviews demonstrate a more positive trend indicating that reablement is contributing to older adults' health and well-being and improving ADL-functioning.<sup>10</sup>

From reablement's emergence in the scientific literature as an intervention model geared towards facilitating older adults' functionality and reducing dependency in 1990s, 11 its continued development into the current reablement model has generated much scientific interest across disciplines.<sup>6</sup> The concept and service model has been continuously developed. 6,12 Developments in the field of reablement, and further implementation of the model in various contexts, have contributed to the increase in the scientific literature that surrounds the concept.

The growth of peer-reviewed publications on reablement has also given rise to reviews conducted on the topic. However, none to our knowledge have presented a broad overview of the breadth of scientific knowledge nor have any investigated the type of scientific activity that has been conducted on the topic. Documenting these features of reablement may provide stakeholders with useful information to facilitate collaboration and further research. Hence, the three objectives for this research study include (1) map the extent and breadth of available peer-reviewed reablement literature, (2) identify trends in focus areas, and (3) highlight gaps in the current peer-reviewed literature.

An overview over all scientific publications on reablement and how the publication trends have evolved over time may contribute to the cumulating knowledge base regarding some aspects of the research front related to this type of rehabilitation. Moreover, an identification of knowledge gaps may potentially stimulate research into fundamental underrepresented reablement research questions, research methodology or publication types. Our research questions include the following: 1) What is the volume of reablement publications conducted, how has this increased over time and what is the geographical distribution? 2) What types of publications and research designs are being conducted in reablement? 3) What trends have developed in reablement literature over time? 4) What are the knowledge gaps in the current scientific literature?

#### **Materials and Methods**

The scoping review approach initially designed by Arksey and O'Malley and further refined by Peters et al was used in this study. 13,14 This approach includes obtaining the full overview of publications on reablement, and mapping the types of research conducted on reablement, thereby identifying gaps and implications for future research in reablement. The nine steps outlined by Peters et al in the Joanna Briggs Institute's (JBI) Manual for Evidence Synthesis were used to guide the conduct of this scoping review as it is currently the most updated methodological framework and guidance available. 14 These steps are further elaborated in the scoping review protocol. The scoping review protocol was registered in the Open Science Framework on 7 March 2022 (10.17605/OSF.IO/ESBVK).

# Eligibility Criteria

Eligible peer-reviewed articles included publications that centered on "reablement". There has been a tendency that reviews on reablement have included similar interventions which are not termed reablement by the authors of the primary studies, as reablement is often used interchangeably with other comparable interventions such as reactivation and homebased rehabilitation in general. However, to ensure that publications selected indeed would focus on reablement, included articles were required to have made reference to the word "reablement" and its derivatives or "restorative care" in either title, abstract, or keywords for inclusion.

Given that international definition of reablement has only recently come about, there is ambiguity with regards to what can be construed as reablement or restorative care (such as with restorative care in the field of dentistry). Hence,

abstracts or, if needed, full text of the identified references were then screened to ensure focus on the most frequently cited feature of reablement – improving or maintaining functionality or one's ability to perform activities of daily living. Only peer-reviewed articles published in scientific journals were selected as this collection offered information regarding the conduct of scientific publications activity on reablement. Several publication types were included such as primary research studies, systematic reviews, and conceptual papers. No context-, publication dates-, language-, or study design restrictions were placed on the selected articles. All populations that have participated in reablement research were included to map the full breadth of existing peer-reviewed literature on the topic.

## Search Strategy

An initial limited search of both MEDLINE and CINAHL (Cumulative Index to Nursing and Allied Health Literature) was undertaken to identify relevant articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the publications were used to develop a full search strategy (see <u>Appendix I</u>). The five selected electronic databases were MEDLINE, Embase, CINAHL, Svemed+ and Idunn, however an adapted search strategy is presented for MEDLINE (see Appendix II).

In constructing the search terms for this scoping review, particular focus was placed on the concept of reablement. The intention was to retrieve all peer-reviewed publications on reablement. Hence, using additional search terms related to limiting the scope to a particular context or population would have limited the search results.

In a review by Clotworthy et al it was noted that there are known Scandinavian terms used for reablement.<sup>6</sup> The authors also mention that a possible limitation of the review they conducted in obtaining relevant studies would be the use of only the English language. Hence, the current review includes Scandinavian language search terms to further identify relevant articles to offer a broader overview of the available literature. The Scandinavian databases (Svemed+ and Idunn) were also included in the search to ensure that these articles would be found. The search strategy, including all identified keywords and index terms, was adapted for each included electronic database. The primary search was performed in February 2022 and an updated search was performed in August 2022 to enhance the timeliness of the review. From the five databases and the initial and updated search, results were retrieved and exported to a reference management software Endnote 20 (Clarivate Analytics, Philadelphia, USA). The reference list of all included sources of evidence was screened for added peer-reviewed papers. Additional peer-reviewed references were identified and provided by the fourth reviewer (HT) who is a reablement expert.

While the search terms used were in the English and Scandinavian languages, papers published in any language that were found through the search were similarly included to get a full overview of peer-reviewed publications on reablement. However, there had to be abstracts in English language to ensure that eligibility criteria were met.

#### Publication Selection

The publication selection process followed the previously published protocol for this study (10.17605/OSF.IO/ESBVK). Following the search, reference management software was used for the database organization of the results retrieved. Duplicate removal, screening, and data extraction were conducted using the review software DistillerSR (Evidence Partners Incorporated, Ottawa, Canada). Thereafter, the automatic and manual removal of duplicates was performed.

During the first round of screening, two independent reviewers (JG and BO) screened titles and abstracts against the eligibility criteria. The fourth reviewer (HT) and third reviewer (CFM) were consulted to discuss and resolve conflicts in the selection of relevant peer-reviewed articles.

The second round involved screening the remaining publications to further refine the results to ensure that only articles that satisfy the inclusion criteria would be included in the review. Ten percent of the total number of articles were examined independently by two reviewers (JG and BO). This entailed screening abstracts and referring to the full text to verify that the article indeed focused on the subject matter of reablement if such information could not immediately be obtained from the abstract. Disagreements were again resolved through consultation and discussion with the fourth reviewer (HT). Further screening of publications was independently conducted by the first author.

Reasons for the exclusion of sources of evidence that did not meet the inclusion criteria were recorded and reported as either outside of the scope of the study or the incorrect form of publication. This process also led to further deduplication

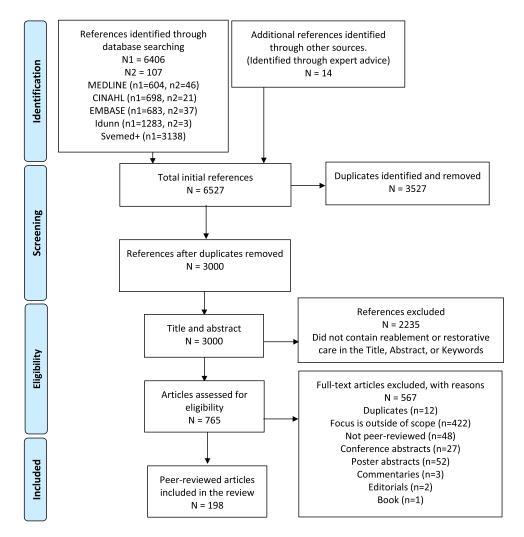


Figure I PRISMA flow diagram for the explanation and elaboration.

Notes: Adapted from Page MJ, Moher D, Bossuyt PM, et al. PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews.

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of articles that the review software was unable to detect. A final screening was conducted that included full-text screening of the articles when information in the abstract was inadequate to confirm focus on reablement. All the remaining articles were found to be eligible for inclusion into the review.

The results of the search and the study inclusion process reported in this review are presented through the Preferred Reporting Items for Systematic reviews and Meta-Analysis 2020 Explanation and Elaboration (PRISMA 2020) flow diagram (Figure 1).<sup>15</sup>

#### Data Extraction

Data were extracted from papers by two independent reviewers using the data extraction tool developed by JBI. <sup>14</sup> The extraction tool was refined through a pilot test of 10% of the included articles prior to further data extraction from the pool of articles to ensure that the data extracted included specific details relevant to the review questions. Any disagreements that arose between the reviewers (JG and BO) were resolved through discussion, or discussion with an additional reviewer (HT). The reviewers completed data extraction of the first 10% of included articles and then met to compare extracted data. Following this, the remaining extraction was completed by one reviewer (JG). Data extracted via the review software was then downloaded into worksheets for further descriptive analysis.

A basic descriptive analysis of the extracted data was performed (ie, frequency counts, location, and categorization of publications). The descriptive results are mapped and presented in various tables and graphs. The reporting of results follows the guidelines of PRISMA 2020 and presents a summary using the PRISMA 2020 checklist (see Appendix III).<sup>15</sup>

The reviews, conceptual papers, and the empirical papers were thematically analyzed separately. Regarding the empirical papers, a thematic analysis of the research objectives of the papers was also performed to facilitate the mapping of focus areas investigated in reablement research. From the pool of included articles, three publication types were identified. The articles were grouped into each category and analyzed per group. Following this, the aims and objectives of each paper were extracted, and initial codes were developed to describe the subject matter that the aims and objectives of each paper was focused on. The themes were identified within the explicit meaning of the data, with the reviewers not looking for anything beyond what was written. The codes were then reviewed, grouped together, and synthesized further. Broader overarching themes were thus developed that show the various research foci currently present in reablement scientific literature.

In presenting the results, this review also took inspiration from reviews conducted by Halas et al and Pham et al that gathered a large number of literature to map research foci, trends, and gaps. <sup>16,17</sup> As both reviews needed to present large numbers of studies for different categories, individual citations were not used while presenting results.

#### Results

The result presentation starts with providing an overview of the included paper. Thereafter, a descriptive presentation and subsequently a thematic presentation of the results are provided.

## Overview of Included Papers

A total of 9651 references were gathered from the main (N1) and the updated (N2) electronic database search. Additional 14 references were identified through a reablement expert and combined with the electronic database search for a total of 9665 search results. An automatic list of duplicates was generated, and these were manually assessed for removal. Further manual deduplication was performed to avoid repetition in the results. A total of 6665 articles were removed prior to the initial screening.

The initial abstract screening began with 3000 articles included. From these, 2235 articles were excluded as these did not have the term reablement or its derivative keywords specified in the inclusion criteria in either the title, abstract, or keywords. The remaining 765 articles were then subjected to a second round of screening.

In the second round of screening, 753 were found to be unique records. From these, 567 articles in total were excluded with the reasons detailed in Figure 1. Studies containing "restorative care" referring to dental restorative care were excluded (n=422). Abstracts of the remaining 198 articles were further screened with referral to the full text conducted if it was unclear that the articles were focused on reablement despite the presence of the term reablement keywords in the title, abstract or keywords. Of these, all articles met the eligibility criteria and served as the overall data material for the scoping review (Figure 1). An alphabetical reference list of all included studies is attached (Appendix IV).

# General Characteristics of Included Papers

An overview of the general characteristics of the included studies is provided in Table 1. References to the included studies can be found in each category of characteristics. Most of the papers included in this study were published in the English language (n=188/198), seven articles were in Norwegian, one study was published in Finnish, and one was in German. Moreover, most of the papers were empirical. Of these, more than half of the empirical articles (n=87/159) were quantitative while a third (n=54/159) were qualitative. Mixed methods were utilized in 18 of the empirical papers. Further, a small percentage (n=11/170) of the papers included in this review were conceptual. Finally, 28 of the papers were reviews.

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Table I General Characteristics of the Included Studies

Language	n=198	References
English	189	[6–12,18–199]
Norwegian	7	[200–206]
Finnish	I	[207]
German	I	[208]
Publication type	n=198	
Empirical paper	159	[6,11,18-22,25,26,28,29,31,33-46,50-60,62,65-98,100-103,105,106,108-115,118-122,124-131,133,136-141,144-160,162-164,167-171,173,175-189,191,193-202,204-206]
Conceptual paper	11	[8,24,49,64,123,134,135,142,166,174,208]
Reviews	25	[7,9,10,12,23,27,31,32,39,48,53,61,63,99,104,107,117,132,143,161,165,172,192,203,207]
Protocols for reviews	3	[47,116,190]
Research design empirical papers	n=159	
Quantitative studies	n=87	
Randomized controlled trials	22	[41,42,73,79,85,92,94,100,102,130,131,141,145,147,148,155–157,164,178,180,189]
Cross-sectional studies	16	[11,26,34,40,81,91,112,133,136,139,146,150,159,181,197,198]
Clinical controlled trials	11	[45,52,74,95,96,114,128,151,169,175,176]
Cohort studies	13	[19,29,55,98,101,103,106,113,129,167,171,182,186]
Feasibility/methodology studies	3	[179,188,199]
Intervention studies with one group pre-post test designs	15	[43,44,46,65,70,87,144,152,153,183–185,194,196]
Case reports	7	[25,54,67,68,80,160]
Qualitative studies	n=54	
Phenomenological studies	46	[7,20,21,33,50,56,58,59,62,66,69,71,75–78,88–90,93,105,109,111,118–120,124,126,127,137,138,140,149,154,163,168,170,177,195,200–206]
Ethnographic studies	4	[35–37,57]
Grounded theory studies	4	[82,83,121,122]
Mixed methods studies	n=18	[18,22,28,30,38,51,72,84,86,97,108,110,125,158,173,187,191,193]

# Geographical Distribution of Included Papers

Figure 2 presents the country of data collection for the primary studies and the affiliation of the authors of the conceptual papers (all reviews were excluded from this part of the analysis). The majority (159 out of 170) of the peer-reviewed papers published were noted to be based on studies conducted in Western countries (countries in Europe, North America, and Oceania). The countries with the most peer-reviewed reablement publications based on primary research were, in declining order — Norway, Australia, the United States of America (USA), United Kingdom (UK), Sweden, Taiwan, Denmark, Netherlands, New Zealand, Austria, Finland, Italy, Japan, and South Korea. The geographical representation of the density of reablement publications per region is further visualized through the heat map with Norway receiving the darkest blue color indicating the highest number of publications (Figure 2).

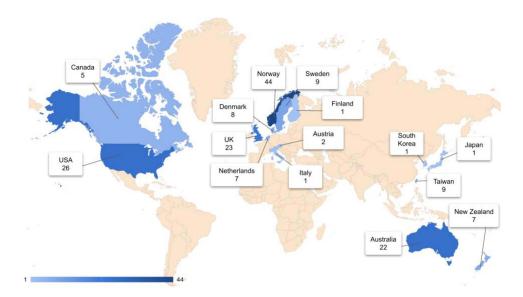


Figure 2 A geographical representation of publication density of reablement papers based on primary studies per region (N = 170).

Notes: Publication density is illustrated through the darkening of the color blue. Countries from which no reablement publications were found have received a beige color.

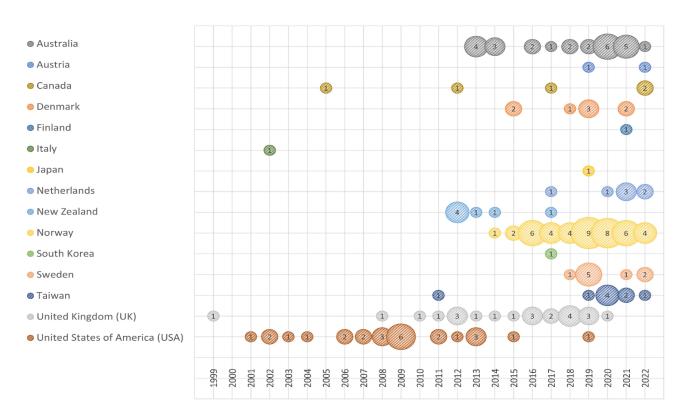


Figure 3 Originating countries for reablement publications on a year-to-year basis from 1999–2022 (N = 170). Notes: The size of each "bubble" is representative of the number of papers published each year.

Figure 3 presents originating countries for reablement publications based on primary studies on a year-to-year basis from 1999 to 2022. No studies published before 1999 were retrieved. It also presents the development of publications focused on reablement showing a progressively increasing density over the span of 24 years with most studies published after 2010.

As described in Figure 3, researchers from countries such as the USA, UK, Australia, and Canada have had a long and continuous publication history though the frequency of publications varies over time. Researchers from Norway, on

the other hand, started publishing later but has had a substantial number of publications in a short period. There has also been emerging research interest in reablement since 2014 within other Scandinavian countries, whereas another country such as Italy in the European region seems to have had publications more sporadically. Emerging interest in reablement in the countries Japan, Finland, and Austria can be noted in the publications from these countries since 2017. In addition, an increase in publications from the Asian region (Taiwan, Japan, and South Korea) can be noted from the same period.

## Research Designs of Included Papers

Figure 4 shows the historical development of quantitative versus qualitative primary studies in reablement. A trendline is included in the graph to indicate the cumulative volume of research published in reablement for qualitative and quantitative studies, respectively. There has been a continuous use of quantitative methods in reablement research from 1999. While there has been a decrease in activity in 2018, the trend has recovered thereafter. Publication of qualitative research in reablement started first in 2006. An increase in qualitative publications can then be seen from 2016 to 2019 and followed by a decrease up to the end of the search in August 2022. There appears to have been a decrease in papers on reablement for the year 2022; however, this relates to the inclusion of articles published and indexed during the first eight months of the year.

## Objectives of the Included Papers

Following the thematic analysis of the 159 empirical papers, seven overarching themes were noted. Listed in decreasing number of studies per theme, these were 1) "General evaluation and outcomes for specific groups" such as people experiencing dementia, 2) "Implementation and fidelity" contained studies that explore the process of putting the reablement philosophy and evidence into practice, in addition to model and typology development, 3) "Role of professionals and interdisciplinary teams" included studies exploring the roles of specific professional groups and the multidisciplinary practice within reablement, 4) "Impact on service and function use" was derived from studies assessing if reablement contributes to an increased functional level for the users and changes in the need for health services after a period of reablement, 5) "Users' and their relatives' perspectives and involvement in reablement" includes studies exploring how reablement is perceived by users and their relatives, and user involvement in reablement activities, 6) "Impact on society" was derived from studies that explore the organizational and financial impact of reablement, lastly, 7) "Assessment validity and components of reablement" includes studies focusing on specific components within reablement such as physical activity, technology and e-Health and validation of scales for evaluating reablement.

Adapting the topology of reviews described by Grant and Booth, 209 the 25 included reviews can be categorized as systematic reviews (n=10), scoping reviews (n=7), literature reviews (n=4), qualitative systematic reviews (n=2), critical literature reviews (n=1), and realist review (n=1). The latter review category, however, is not included in the topology by Grant and Booth. In Figure 5 the reviews are mapped according to content. As can be seen in the figure, reviews exploring various clinical outcomes are most frequently conducted.

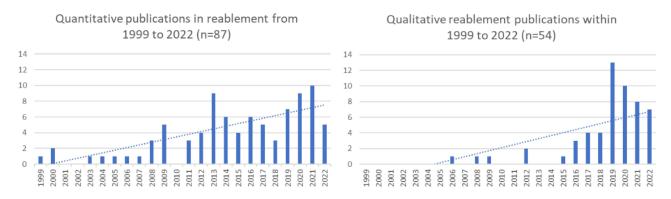


Figure 4 Change in quantitative and qualitative papers over time (quantitative studies, N = 87, qualitative studies, N = 54).

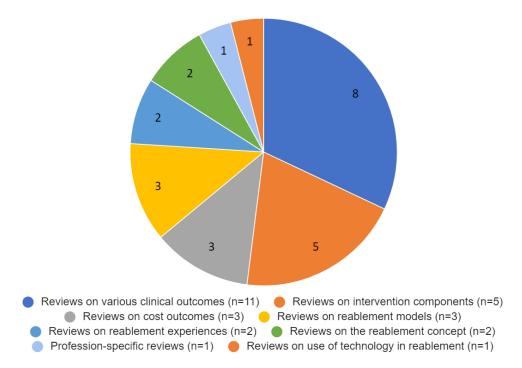
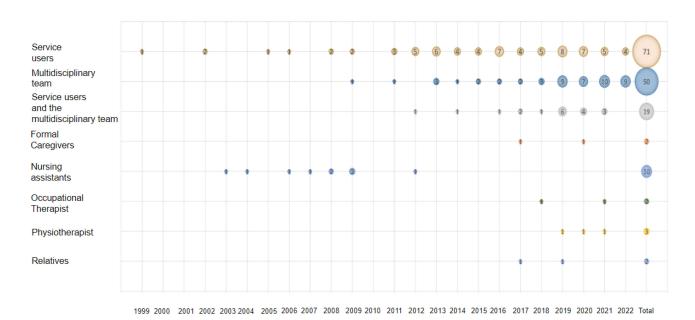


Figure 5 Mapping the content of the reviews/protocols (n=25).



**Figure 6** Target populations in reablement research (N = 159). **Notes:** The size of each "bubble" is representative of the number of papers published each year.

Finally, through analysis of the objectives of 11 included conceptual papers, we identified two themes; the first theme, "Theoretical and societal perspectives", includes studies having conceptual and societal discussions. The second theme, "Evidence, and implementation", includes studies discussing the development of reablement model and practice.

# Target Populations of the Included Papers

In Figure 6, the thematic analysis of the 159 empirical papers was further explored, in terms of target populations within reablement research, as well as how these trends have developed over time. The number of studies focused on the service

user population in reablement accounts for most of the studies conducted in reablement. This is followed by the multidisciplinary team and then the combination of the two together. These groups also represent the three groups that have the densest number of studies.

The results illustrated in Figure 6 indicate that reablement research has had a sustained focus on the service users over time. Publications on users have a long and continuous history. This is also valid for publications on multidisciplinary teams and the combination of multidisciplinary teams and users. Profession-specific focus can also be observed from the data. There was an initial sustained focus on nursing assistants from the period of 2003–2012. Focus then shifted back to the multidisciplinary team rather than disaggregated to each healthcare profession involved as part of the team. Between 2016 and 2021, a shift has again occurred with the renewed focus on specific disciplines involved in the reablement team, such as occupational therapists and physiotherapists.

#### **Discussion**

The aim of this scoping review was to map peer-reviewed literature on reablement. To the best of our knowledge, this is the most comprehensive scoping review conducted on reablement publications. Providing an overview over all peer-reviewed publications on reablement and how the publication trends have evolved over time contributes to the cumulating knowledge base regarding some aspects of the research front regarding this type of rehabilitation. Furthermore, the identification of knowledge gaps may potentially stimulate research into so far underrepresented research topics, research designs, or publication types.

The scoping review explored patterns and trends of reablement publications in peer-reviewed journals from 1999 to August 2022 and included 198 publications. A main finding of this review has been to provide an international and historical overview over countries with scientific publications on reablement, which also to some degree reflects which countries have implemented reablement. Whereas only 23 articles on reablement were identified from 1999 to 2009, a substantial addition of 175 peer-reviewed articles in reablement occurred from 2010 to 2022. This increase mirrors the interest in reablement both in the practice field and in the research field.<sup>6</sup> Different trends emerged in reablement publications over this period. In the following sections trends related to participants in the reablement team, geographical distribution, methodology, research foci, and the reablement concept will be presented and discussed and research gaps identified.

## Participants in the Reablement Team

When examining the current definition of reablement, a necessary component is the presence of a "trained and coordinated interdisciplinary team". As such, one of the target respondent groups that is most studied in reablement based on the data is the multidisciplinary team (Figure 6). In the mapped research foci from the empirical papers, this is reflected in the number of studies that focus on the role of professionals and the multidisciplinary team as this theme comprises the third largest group of studies. In contrast, there are a few reviews that focus on specific professional groups that participate in reablement (Figure 5). Team composition variability may be one reason as it may be difficult to conduct a review that focuses on heterogeneous teams composed of a variable mix of professions. Moreover, as most primary studies have a focus on the multidisciplinary team, it can be difficult to extract profession-specific data in reviews. On one hand, the adaptability of the team composition can be indicative that it is responsive to the expressed goals of the service user and person-centeredness of reablement. Some users' goals may require the expertise of one particular profession while other users may not wish to achieve the same goals and, thus, may not need the participation of a particular profession. On the other hand, it may also reflect the inadequacy of the health and social care system to address a user's needs such as in contexts with workforce deficits. For example, the contribution of a certain profession may be needed but the number of members of that profession in a specific locality may be far too few that it is unlikely to include one as a member of the team. Moreover, lack of diversity in the multidisciplinary team is also related to financial constraints and local traditions. Nevertheless, further exploration is necessary to understand the roles that each profession fulfills in the team, how service capacity can be increased, and the processes that turn multidisciplinary teams into effective and coordinated ones.

Shifts in focus in profession-specific research conducted in reablement can also be seen in the data (Figure 6). Several specific professions can be identified as target groups in reablement research: (1) nursing assistants, (2) formal caregivers, (3) occupational therapists, (4) physiotherapist, and (5) informal caregivers in the form of relatives. It has been shown that the size and composition of the multidisciplinary reablement team may influence the effectiveness, with a more diverse team showing added positive outcomes.<sup>10</sup> These effects might be explained by the fact that there is a broader base of knowledge, skills, and resources available within a more diverse multidisciplinary team, permitting a problem to be assessed from various perspectives.<sup>10</sup> In addition, where older adults opt to reside may also affect the team composition with informal caregivers becoming more involved in the reablement process should the intervention be provided in their own homes.<sup>75</sup>

## Geographical Distribution

From volume increase to increase in geographical areas that are implementing the model and conducting research on the topic, much has developed in the reablement field since 1999. An international and historical overview over countries with peer-reviewed publications on reablement is presented in Figures 2 and 3, reflecting partly the countries that have implemented reablement. The results show that most publications derive from western countries such as USA, UK, and Australia. This is not unique for reablement, as most of the scientific literature emerges from English-speaking high-income countries. However, the substantial number of publications from Scandinavian countries is noticeable given their relatively small population sizes. The highest number of publications (N=44) reflecting 22% of the total publications were derived from Norway, and published after 2014, demonstrating a particularly high scientific engagement from this country during recent years. This overrepresentation may be explained by Norway having had a well-developed model for implementing and scaling up reablement, which was followed by governmental support and research funding.<sup>210</sup> Furthermore, the infrastructure and finance of research for Norwegian university researchers are well organized.<sup>211</sup>

The number of publications from various countries are, to some degree, reflected by the extent of implementation of reablement in these countries. Hence, countries with many publications, such as Australia, Norway, New Zealand, USA, and UK, have a long history or widespread implementation of reablement. On the other side, countries that have only a few publications, such as Austria, Finland, Italy, Japan and South Korea, have most likely not implemented reablement other than to perform the published primary studies or have published non-empirical papers.

# Methodology

A sustained focus on quantitative data production was found in this review. Qualitative methods, on the other hand, emerged in the scientific literature on reablement in 2006, with much of the volume of publications published from 2012. Of note was 2019, when 13 articles were published in a single year. However, a decline in the number of publications in reablement using qualitative inquiry from 2020 was likely brought about by the challenges posed by the coronavirus pandemic, caused by constraints in face-to face contact with informants. Despite the challenges posed by the pandemic, researchers have constantly adapted in response to the constraints posed to data generation by rapidly changing health care protocols. <sup>213</sup>

The 25 reviews included indicate a positive trend in the research designs employed in the study of reablement. In contrast, only 159 empirical publications were included in the current scoping review. Hence, there have been many reviews published compared to primary studies that potentially could be included in reviews, relatively seen. However, there exists no overview of reviews within reablement. With the large number of reviews published, this could be a focus for new research, potentially leading to higher levels of evidence on reablement. Moreover, there has been a substantial increase in the papers published that synthesize data such as in reviews focused on quantitative research, but the same cannot be said for qualitative research in reablement.

# Mapping Research Foci in Reablement

When contrasting the themes observed from the research objectives of the empirical articles on reablement with that of the reviews, several similarities and differences can be seen. For example, a large sample of the reviews mapped are focused on evaluation outcomes (Figure 5), which is also reflected in the strong focus of the empirical papers on general

evaluation and outcomes. Reviews focused on intervention components and technology also represent the presence of these research foci in the primary studies. Research focus in the primary studies on model development and typology, as well as the exploration of reablement philosophy and evidence are also reflected in the reviews mapped that are concerned with models in reablement. Reviews mapped that focus on experiences are also mirrored in the empirical studies wherein the mapped themes are concerned with the perception, experience, and involvement in reablement by the different participants - the users, relatives, professional groups, and teams. While there are several primary studies that examine the role of professionals and multidisciplinary teams (Figure 6), reviews that focus on the role of each discipline in particular warrant further exploration as there is only one profession-specific review mapped.

## The Reablement Concept

A critique of reablement is its further need for theory and concept development.<sup>6</sup> This is likely to continue given that there were only eleven conceptual papers and two reviews concerning the concepts in reablement that were mapped. This shows that the conceptual papers remain a small number of the total peer-reviewed articles mapped.

This review has also noted that there are few conceptual papers that focus on reablement, the theories that would support it, and the inclusion of its components. Developing a richer conceptual base for reablement can help guide, for example, how goals are determined, which interventions can help facilitate the achievement of each goal, and the means with which progress towards each user's goals can be assessed. 214 As reablement is a complex intervention with many components, knowing what theories have been applied and models used can provide more meaningful interpretations of outcomes as this would guide which variables need to be looked into and the way with which such variables can be examined.<sup>215</sup> This highlights the need for further conceptual development in reablement.

#### Reablement as a Research Field

There exist many methods to identify, analyze, and synthesize research within each field, which range from focusing on the content of the literature to focusing on how the research is being performed and the characteristics of the publications themselves.<sup>216</sup> This scoping review on reablement has merely focused on mapping the publication trends within the existing peer-reviewed literature regarding size, content, methods, and characteristics of the publications. The intention has not been to establish the maturity of research within reablement. According to Keatley-Herring et al many of the tools and methods used to assess research maturity are based on bibliometric techniques including approaches such as cocitation analysis, impact factors, and science mapping. 216 As a continuation of the current scoping review, this would be an area for future research.

# Strengths and Limitations

There are several limitations to this study. First, as only peer-reviewed papers published in scientific journals were included, much scientific work, such as working papers and evaluation reports published by authors' affiliated organizations, were not retrieved. Thus, the current scoping review does not map all possible scientific work within reablement. Second, as this review only utilized five databases, it is possible that other peer-reviewed literature on reablement indexed in other databases was overlooked and not included. Lastly, while an attempt to gather more studies outside of the English language was done by employing the use of both Scandinavian search terms and journal databases, other relevant non-English or non-Scandinavian language journals are either not represented or under-represented. However, we are not aware of other terms for reablement in non-English and non-Scandinavian languages that potentially could have added to more papers being retrieved. Moreover, in order to be able to screen non-English publications for inclusion, providing an English abstract was set as an inclusion criterion. Due to this, completely non-English publications may not have been retrieved.

The strengths of this scoping review include following the use of a transparent and rigorous method throughout the whole scoping review process. It was guided by a published protocol that was drafted in consultation with a reablement expert and a librarian following the nine steps outlined in the JBI Manual for Evidence Synthesis.<sup>14</sup> In addition, the search strategy was developed in consultation with a research librarian and the search was pre-tested in several databases to identify the highest number of possible relevant studies in the databases chosen for the review. Using the term

"reablement" or "restorative care" as inclusion criteria have prevented studies with similar intervention from being included. Most of the references were screened by two independent reviewers who communicated regularly to resolve conflicts. While most of the publications were screened independently by only one reviewer in the second phase of the screening process, representing a limitation of this review, a percentage of the studies were screened alongside another independent reviewer to ensure adherence to the stated inclusion and exclusion criteria. The same process of parallel independent screening activity for a certain percentage of the articles was performed for data extraction to certify that the data extraction form would obtain all the relevant information from the article for this review.

Another strength of this review is the use of a reference manager and a review software that facilitated proper accounting of all citations and references throughout the whole review process. The use of both has certainly been necessary as this scoping review is comprehensive and has identified a large body of literature in a multidisciplinary field. In addition, it covers all the years indexed by the employed databases up to 2022. Lastly, all languages were included.

#### **Conclusions**

To the best of our knowledge, this review provides the first overview of all peer-reviewed papers published on reablement. The results of this review confirm the continued expansion of the breadth of reablement-focused peer-reviewed publications in terms of originating countries, target groups, and research designs. Different trends emerged in reablement publications over the time of two decades such as trends related to participants in the reablement team, geographical distribution, methodology, research foci, and the reablement concept. In addition to the increasing professions that may participate in the reablement team, there have also been changes in the conduct of reablement research, such as in the increase in the use of qualitative methods. In terms of geographical distribution, although countries like UK, USA and Australia are much larger in terms of citizens and have a longer history of reablement, Norway has the highest number of peer-reviewed publications.

In mapping the breadth of peer-reviewed reablement literature, several gaps were noted. First, while multidisciplinary teams have also been the target group of a lot of studies, there is no broad overview of the various professions that participate in the multidisciplinary team. Identifying the different members of teams depending on locality can provide important insight into the roles that each discipline plays in the reablement process and the challenges that may be related to provision of expertise offered by each profession. Second, the maturity of reablement research warrants exploration as the literature has substantially increased and higher levels of evidence are now present in the literature. One of the opportunities for further development of this review may be through conducting a bibliometric study. Another one may be through conducting an umbrella review or overview of reviews. Lastly, there is room for further conceptual development in reablement. Further development of the conceptual literature and theoretical underpinnings of reablement can help guide practice and further research in the field.

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### **Author Contributions**

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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### References

1. Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020;396(10267):2006-2017. doi:10.1016/ S0140-6736(20)32340-0

- 2. United Nations General Assembly. Resolution adopted by the General Assembly on 25 September 2015. Transforming our world: the 2030 Agenda for Sustainable Development; 2021.
- 3. Clarke DJ, Forster A. Improving post-stroke recovery: the role of the multidisciplinary health care team. J Multidiscip Healthc. 2015;8:433. doi:10.2147/JMDH.S68764
- 4. Epstein NE. Multidisciplinary in-hospital teams improve patient outcomes: a review. Surg Neurol Int. 2014;5(Suppl 7):S295. doi:10.4103/2152-7806.139612
- 5. Schofield D, Fuller J, Wagner S, Friis L, Tyrell B. Multidisciplinary management of complex care. Aust J Rural Health. 2009;17(1):45–48. doi:10.1111/j.1440-1584.2008.01036.x
- 6. Clotworthy A, Kusumastuti S, Westendorp RGJ. Reablement through time and space: a scoping review of how the concept of 'reablement' for older people has been defined and operationalised. BMC Geriatr. 2021;21(1):61. doi:10.1186/s12877-020-01958-1
- 7. Metzelthin SF, Rostgaard T, Parsons M, Burton E. Development of an internationally accepted definition of reablement: a Delphi study. Ageing Soc. 2022;42(3):703-718. doi:10.1017/S0144686X20000999
- 8. Aspinal F, Glasby J, Rostgaard T, Tuntland H, Westendorp RCJ. New horizons: reablement supporting older people towards Independence. Age Ageing. 2016;45(5):574–578. doi:10.1093/ageing/afw094
- 9. Mulquiny L, Oakman J. Exploring the experience of reablement: a systematic review and qualitative evidence synthesis of older people's and carers' views. Health Soc Care Community. 2022. doi:10.1111/hsc.13837
- 10. Buma LE, Vluggen S, Zwakhalen S, Kempen GIJM, Metzelthin SF. Effects on clients' daily functioning and common features of reablement interventions: a systematic literature review. Eur J Ageing. 2022. doi:10.1007/s10433-022-00693-3
- 11. Le Mesurier N, Cumella S. Enhancing Independence: the effectiveness of re-ablement provision in South Worcestershire. Managing Community Care. 1999;7(4):27–32. doi:10.1108/14769018199900025
- 12. Doh D, Smith R, Gevers P. Reviewing the reablement approach to caring for older people. Ageing Soc. 2020;40(6):1371–1383. doi:10.1017/ S0144686X18001770
- 13. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol. 2005;8(1):19–32. doi:10.1080/ 1364557032000119616
- 14. Peters MD, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: scoping reviews (2020 version). JBI. 2020;2020:15.
- 15. Page MJ et al. (2021). PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews. BMJ, n160 10.1136/bmj.n160
- 16. Halas G, Schultz ASH, Rothney J, et al. A scoping review of foci, trends, and gaps in reviews of tobacco control research. Nicotine Tob Res. 2019;22(5):599-612. doi:10.1093/ntr/nty269
- 17. Pham MT, Rajić A, Greig JD, Sargeant JM, Papadopoulos A, McEwen SA. A scoping review of scoping reviews: advancing the approach and enhancing the consistency. Res Synth Methods. 2014;5(4):371-385. doi:10.1002/jrsm.1123
- 18. Abrahamson K, Mueller C, Duan Y, Cooke V. Heightening person-centered care processes in the delivery of nursing restorative care. J Gerontol Nurs. 2019;45(5):5-10. doi:10.3928/00989134-20190328-03
- 19. Adamson E, Cusack T, Casey M, Blake C. An evaluation of client satisfaction following a period of rehabilitation in the community reablement unit. Ir J Med Sci. 2012;181(Suppl 7):S237. doi:10.1007/s11845-012-0842-5
- 20. Ambugo EA, Dar I, Bikova MS, Forland O, Tjerbo T. A qualitative study on promoting reablement among older people living at home in Norway: opportunities and constraints. BMC Health Serv Res. 2022;22(1):150. doi:10.1186/s12913-022-07543-z
- 21. Ashe MC, Azim FT, Ariza-Vega P, et al. Determinants of implementing reablement into research or practice: a concept mapping study. Physiother Res Int. 2022;27(3):e1949. doi:10.1002/pri.1949
- 22. Assander S, Bergstrom A, Eriksson C, Meijer S, Guidetti S. ASSIST: a reablement program for older adults in Sweden A feasibility study. BMC Geriatr. 2022;22(1):618. doi:10.1186/s12877-022-03185-2
- 23. Azim FT, Burton E, Ariza-Vega P, et al. Exploring behavior change techniques for reablement: a scoping review. Braz J Phys Ther. 2022;26 (2):100401. doi:10.1016/j.bjpt.2022.100401
- 24. Baker DI, Gottschalk M, Eng C, Weber S, Tinetti ME. The design and implementation of a restorative care model for home care. Gerontologist. 2001;41(2):257-263. doi:10.1093/geront/41.2.257
- 25. Baldelli MV, Boiardi R, Fabbo A, Pradelli JM, Neri M. The role of reality orientation therapy in restorative care of elderly patients with dementia plus stroke in the subacute nursing home setting. Arch Gerontol Geriatr Suppl. 2002;8:15-22. doi:10.1016/s0167-4943(02)00098-5
- 26. Bauer A, Fernandez J-L, Henderson C, Wittenberg R, Knapp M. Cost-minimisation analysis of home care reablement for older people in England: a modelling study. Health Soc Care Community. 2019;27(5):1241-1250. doi:10.1111/hsc.12756
- 27. Benjamin K, Edwards N, Ploeg J, Legault F. Barriers to physical activity and restorative care for residents in long-term care: a review of the literature. J Aging Phys Act. 2014;22(1):154–165. doi:10.1123/japa.2012-0139
- 28. Beresford B, Mann R, Parker G, et al. Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation. Health Services Delive Res. 2019:1-254. Doi:10.3310/hsdr07160
- 29. Beresford B, Mayhew E, Duarte A, et al. Outcomes of reablement and their measurement: findings from an evaluation of English reablement services. Health Soc Care Community. 2019;27(6):1438-1450. doi:10.1111/hsc.12814
- 30. Bergström A, Borell L, Meijer S, Guidetti S. Evaluation of an intervention addressing a reablement programme for older, community-dwelling persons in Sweden (ASSIST 1.0): a protocol for a feasibility study. BMJ Open. 2019;9(7):e025870. doi:10.1136/bmjopen-2018-025870

31. Bergström A, Vik K, Haak M, Metzelthin S, Graff L, Hjelle KM. The jigsaw puzzle of activities for mastering daily life; service recipients and professionals' perceptions of gains and changes attributed to reablement-A qualitative meta-synthesis. *Scand J Occup Ther.* 2022;1–12. doi:10.1080/11038128.2022.2081603

- 32. Bersvendsen T, Jungeilges J, Abildsnes E. Empirical evaluation of home-based reablement: a review. Nord J Health Econ. 2021. doi:10.5617/njhe.7838
- Birkeland A, Tuntland H, Førland O, Jakobsen F, Langeland E. Interdisciplinary collaboration in reablement-A qualitative study. J Multidiscip Healthc. 2017;10:195–203. doi:10.2147/JMDH.S133417
- 34. Bliksvær T, Bertelsen TM, Fabritius MK, Hansen MB, Lunde BV, Waldahl RH. The diffusion of home-based reablement in Norwegian municipalities. *J Healthc Leadersh*. 2021;13:231–242. doi:10.2147/jhl.S326663
- 35. Bødker MN. Potentiality made workable exploring logics of care in reablement for older people. *Ageing Soc.* 2019;39(9):2018–2041. doi:10.1017/s0144686x18000417
- Bødker MN, Christensen U, Langstrup H. Home care as reablement or enabling arrangements? An exploration of the precarious dependencies in living with functional decline. Sociol Health Illn. 2019;41(7):1358–1372. doi:10.1111/1467-9566.12946
- 37. Bødker MN, Langstrup H, Christensen U. What constitutes 'good care' and 'good carers'? The normative implications of introducing reablement in Danish home care. *Health Soc Care Community*. 2019;27(5):e871–e878. doi:10.1111/hsc.12815
- 38. Bond RR, Mulvenna MD, Finlay DD, Martin S. Multi-faceted informatics system for digitising and streamlining the reablement care model. *J Biomed Inform.* 2015;56:30–41. doi:10.1016/j.jbi.2015.05.008
- 39. Bramble M, Young S, Prior S, et al. A scoping review exploring reablement models of training and client assessment for older people in primary health care. *Prim Health Care Res Dev.* 2022;23:e11. doi:10.1017/S1463423621000918
- 40. Burton E, Lewin G, Boldy D. Physical activity levels of older adults receiving a home care service. *J Aging Phys Act.* 2013;21(2):140–154. doi:10.1123/japa.21.2.140
- 41. Burton E, Lewin G, Clemson L, Boldy D. Effectiveness of a lifestyle exercise program for older people receiving a restorative home care service: a pragmatic randomized controlled trial. Clin Interv Aging. 2013;8:1591–1601. doi:10.2147/CIA.S44614
- 42. Burton E, Lewin G, Clemson L, Boldy D. Long-term benefits of a lifestyle exercise program for older people receiving a restorative home care service: a pragmatic randomized controlled trial. *Healthy Aging Clin Care Elder*. 2014;6:1–9. doi:10.4137/HACCE.S13445
- 43. Burton E, Lewin G, Clemson L, Boldy D. Determining the feasibility of a lifestyle activity program for inclusion in a restorative home care service: a pilot study. *Act Adapt Aging*. 2014;38(2):79–93. doi:10.1080/01924788.2014.901031
- 44. Chiang Y-H, Hsu H-C, Chen C-L, et al. Evaluation of reablement home care: effects on care attendants, care recipients, and family caregivers. *Int J Environ Res Public Health*. 2020;17(23). doi:10.3390/ijerph17238784
- 45. Chiu E-C, Chi F-C, Chen P-T. Investigation of the home-reablement program on rehabilitation outcomes for people with stroke: a pilot study. *Medicine*. 2021;100(26):e26515. doi:10.1097/MD.000000000026515
- 46. Clemson L, Laver K, Rahja M, et al. Implementing a reablement intervention, "care of people with dementia in their environments (COPE)": a hybrid implementation-effectiveness study. *Gerontologist*. 2021;61(6):965–976. doi:10.1093/geront/gnaa105
- 47. Cochrane A, McGilloway S, Furlong M, Molloy DW, Stevenson M, Donnelly M. Home-care 're-ablement' services for maintaining and improving older adults' functional Independence. *Cochrane Database Syst Rev.* 2013;2013(11). doi:10.1002/14651858.CD010825
- Cochrane A, McGilloway S, Furlong M, Molloy DW, Stevenson M, Donnoly M. Time-limited home-care reablement for maintaining and improving the functional Independence of older adults (Review). Cochrane Database Syst Rev. 2016. 10. doi:10.1002/14651858.CD010825.pub2
- 49. Crawford H, Anderson S, TeKamp R, Chatzikiriakos V, Osborne D. Enhanced activation and restorative care. *Healthc Manage Forum*. 2012;25 (1):4–9. doi:10.1016/j.hcmf.2011.12.002
- Culph J, Clemson L, Jeon YH, Scanlan J, Laver K. Preparing for implementation within therapy services for people with dementia: exploring expectations and experiences among service providers. J Appl Gerontol. 2021;40(10):1172–1179. doi:10.1177/0733464820986286
- 51. Culph J, Clemson L, Scanlan J, Craven L, Jeon YH, Laver K. Exploring relationships between health professionals through the implementation of a reablement program for people with dementia: a mixed methods study. *Brain Impair*. 2020;21(3):286–298. doi:10.1017/BrImp.2020.2
- 52. Han D-S, Chuang P-W, Chiu E-C. Effect of home-based reablement program on improving activities of daily living for patients with stroke: a pilot study. *Medicine*. 2020;99(49):1–6. doi:10.1097/md.000000000023512
- 53. Dibsdall L. Selecting from their toolbox of interventions a realist study of the role of occupational therapists in reablement services. *Br J Occup Ther.* 2022;85(7):513–522. doi:10.1177/03080226211054379
- 54. Doughty K, Mulvihill P. Digital reablement a personalised service to reduce admissions and readmissions to hospitals and nursing homes. *J Assist Technol*. 2013;7(4):228–234. doi:10.1108/jat-07-2013-0018
- 55. Edelstein B, Scandiffio J. Predictors of functional improvement, length of stay, and discharge destination in the context of an assess and restore program in hospitalized older adults. *Geriatrics*. 2022;7(3). doi:10.3390/geriatrics7030050
- 56. Eliassen M, Henriksen N, Moe S. The practice of support personnel, supervised by physiotherapists, in Norwegian reablement services. *Physiother Res Int.* 2019;24(1):e1754. doi:10.1002/pri.1754
- 57. Eliassen M, Henriksen NO, Moe S. Physiotherapy supervision of home trainers in interprofessional reablement teams. *J Interprof Care*. 2019;33 (5):512–518. doi:10.1080/13561820.2018
- 58. Eliassen M, Lahelle A. Enhancing functional improvement in reablement a qualitative study. Eur J Physiother. 2021;23(6):355–361. doi:10.1080/21679169.2020.1761449
- 59. Eliassen M, Moholt JM. Boundary work in task-shifting practices A qualitative study of reablement teams. *Physiother Theory Pract*. 2022;1–14. doi:10.1080/09593985.2022.2064380
- Eliassen MMPT, Henriksen NOPM, Moe SPPT. Variations in physiotherapy practices across reablement settings. Physiothe Theory Pract. 2020;36(1):108–121. doi:10.1080/09593985.2018.1481162
- 61. Faria R. Economic evaluation of social care interventions: lessons drawn from a systematic review of the methods used to evaluate reablement. Health Econ Outcome Res. 2016;2016:1–6.
- 62. Fersch B. Expectations towards home care re-ablement in Danish municipalities. Int J Sociol Soc Policy. 2015. doi:10.1108/IJSSP-06-2014-0045
- 63. Flemming J, Armijo-Olivo S, Dennett L, et al. Enhanced home care interventions for community residing adults compared with usual care on health and cost-effectiveness outcomes: a systematic review. Am J Phys Med Rehabil. 2021;100(9):906–917. doi:10.1097/PHM.000000000001734

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64. Galik EM, Resnick B. Restorative care with cognitively impaired older adults: moving beyond behavior. Top Geriatr Rehabil. 2007;23 (2):114-125. doi:10.1097/01.TGR.0000270180.06027.34

- 65. Galik EM, Resnick B, Gruber-Baldini A, Nahm ES, Pearson K, Pretzer-Aboff I. Pilot testing of the restorative care intervention for the cognitively impaired. J Am Med Dir Assoc. 2008;9(7):516-522. doi:10.1016/j.jamda.2008.04.013
- 66. Galik EM, Resnick B, Pretzer-Aboff I. 'Knowing what makes them tick': motivating cognitively impaired older adults to participate in restorative care. Int J Nurs Pract. 2009;15(1):48-55. doi:10.1111/j.1440-172X.2008.01721.x
- 67. Gerrish K, Laker S, Wright S, Stainrod W. Medicines reablement in intermediate health and social care services. Prim Health Care Res Dev. 2017;18(4):305-315. doi:10.1017/S1463423617000238
- Glendinning C, Newbronner E. The effectiveness of home care reablement developing the evidence base. J Integr Care. 2008;16(4):32–39. doi:10.1108/14769018200800031
- Golenko X, Paine K, Meyer C. Evaluation of a wellness and reablement approach in Australia: learnings from a pilot project. Health Soc Care Community, 2021, doi:10.1111/hsc.13447
- 70. Gruber-Baldini AL, Resnick B, Hebel JR, Galik E, Zimmerman S. Adverse events associated with the res-care intervention. J Am Med Dir Assoc. 2011;12(8):584-589. doi:10.1016/j.jamda.2010.05.011
- 71. Gustafsson L-K, Ostlund G, Zander V, Elfstrom ML, Anbacken E-M. 'Best fit' caring skills of an interprofessional team in short-term goaldirected reablement: older adults' perceptions. Scand J Caring Sci. 2019;33(2):498-506. doi:10.1111/scs.12650
- 72. Gustafsson LK, Anbäcken EM, Elfström M, Zander V, Östlund G. Working with short-term goal-directed reablement with older adults: strengthened by a collaborative approach. Nord J Nurs Res. 2019;39(4):178-185. doi:10.1177/2057158519850974
- 73. Hattori S, Yoshida T, Okumura Y, Kondo K. Effects of reablement on the Independence of community-dwelling older adults with mild disability: a randomized controlled trial. Int J Environ Res. 2019;16(20):3954. doi:10.3390/ijerph16203954
- 74. Henskens M, Nauta IM, Scherder EJA, Oosterveld FGJ, Vrijkotte S. Implementation and effects of Movement-oriented Restorative Care in a nursing home - A quasi-experimental study. BMC Geriatr. 2017;17(1):243. doi:10.1186/s12877-017-0642-x
- 75. Hjelle KM, Alvsvåg H, Førland O. The relatives' voice: how do relatives experience participation in reablement? A qualitative study. J Multidiscip Healthc. 2016;10:1–11. doi:10.2147/JMDH.S122385
- 76. Hjelle KM, Skutle O, Alvsvåg H, Førland O. Reablement teams' roles: a qualitative study of interdisciplinary teams' experiences. J Multidiscip Healthc. 2018;11:305-316. doi:10.2147/JMDH.S160480
- 77. Hjelle KM, Skutle O, Førland O, Alvsvåg H. The reablement team's voice: a qualitative study of how an integrated multidisciplinary team experiences participation in reablement. J Multidiscip Healthc. 2016;9:575-585. doi:10.2147/JMDH.S115588
- 78. Hjelle KM, Tuntland H, Færland O, Alvsvåg H. Driving forces for home-based reablement; a qualitative study of older adults' experiences. Health Soc Care Community. 2017;25(5):1581-1589. doi:10.1111/hsc.12324
- 79. Hu F-W, Huang Y-T, Lin H-S, Chen C-H, Chen M-J, Chang C-M. Effectiveness of a simplified reablement program to minimize functional decline in hospitalized older patients. Geriatr Gerontol Int. 2020;20(5):436-442. doi:10.1111/ggi.13891
- 80. Ingstad K, Moe A, Brataas HV. Patient involvement during a pathway of home-based reablement for older persons: a longitudinal single-case study. J Multidiscip Healthc. 2021;14:1911-1921. doi:10.2147/JMDH.S321760
- 81. Jacobi CJ, Thiel D, Allum N. Enabling and constraining successful reablement: individual and neighbourhood factors. PLoS One. 2020;15(9): e0237432. doi:10.1371/journal.pone.0237432
- 82. Jakobsen FA, Vik K. Health professionals' perspectives of next of kin in the context of reablement. Disabil Rehabil. 2019;41(16):1882-1889. doi:10.1080/09638288.2018.1450452
- 83. Jakobsen FA, Vik K, Ytterhus B. The art of maintaining everyday life: collaboration among older parents, their adult children, and health care professionals in reablement. J Multidiscip Healthc. 2019;12:269–280. doi:10.2147/JMDH.S195833
- Jeon Y-H, Clemson L, Naismith SL, et al. Improving the social health of community-dwelling older people living with dementia through a reablement program. Int Psychogeriatr. 2018;30(6):915-920. doi:10.1017/S1041610217001533
- 85. Jeon Y-H, Krein L, Simpson JM, et al. Feasibility and potential effects of interdisciplinary home-based reablement program (I-HARP) for people with cognitive and functional decline: a pilot trial. Aging Ment Health. 2020;24(11):1916-1925. doi:10.1080/13607863.2019.1642298
- 86. Jeon Y-H, Simpson JM, Low L-F, et al. A pragmatic randomised controlled trial (RCT) and realist evaluation of the interdisciplinary home-bAsed Reablement program (I-HARP) for improving functional Independence of community dwelling older people with dementia: an effectiveness-implementation hybrid design. BMC Geriatr. 2019;19(1). doi:10.1186/s12877-019-1216-x
- Shanti C, Johnson J, Myers AM, et al. Evaluation of the restorative care education and training program for nursing homes. Can J Aging. 2005;24(2):115-126. doi:10.1353/cja.2005.0065
- 88. Jokstad K, Hauge S, Landmark BT, Skovdahl K. Control as a core component of user involvement in reablement: a qualitative study. J Multidiscip Healthc. 2020;13:1079–1088. doi:10.2147/jmdh.S269200
- 89. Jokstad K, Landmark BT, Skovdahl K. Person-centred research practice: the user involvement in research of older adults with first-hand experience of reablement. Ageing Soc. 2022;42(2):143-156. doi:10.1017/s0144686x20000781
- 90. Jokstad K, Skovdahl K, Landmark BT, Haukelien H. Ideal and reality; Community healthcare professionals' experiences of user-involvement in reablement. Health Soc Care Community. 2019;27(4):907-916. doi:10.1111/hsc.12708
- 91. Jung D, Byun J, Lee M, Kim H. Psychometric testing of Korean versions of self-efficacy and outcome expectations for restorative care activities scales. Geriatr Nurs. 2017;38(3):207–212. doi:10.1016/j.gerinurse.2016.10.012
- 92. King A, Parsons M, Robinson E, Jorgensen D. Assessing the impact of a restorative home care service in New Zealand: a cluster randomised controlled trial. Health Soc Care Community. 2012;20(4):365-374. doi:10.1111/j.1365-2524.2011.01039.x
- 93. King AI, Parsons M, Robinson E. A restorative home care intervention in New Zealand: perceptions of paid caregivers. Health Soc Care Community. 2012;20(1):70-79.
- 94. Kjerstad E, Tuntland HK. Reablement in community-dwelling older adults: a cost-effectiveness analysis alongside a randomized controlled trial. Health Econ Rev. 2015;6(1):15. doi:10.1186/s13561-016-0092-8
- 95. Langeland E, Langland E, Tuntland H, et al. Study protocol for a multicenter investigation of reablement in Norway. BMC Geriatr. 2015;15:111. doi:10.1186/s12877-015-0108-y

96. Langeland E, Tuntland H, Folkestad B, Førland O, Jacobsen FF, Kjeken I. A multicenter investigation of reablement in Norway: a clinical controlled trial. *BMC Geriatr*. 2019;19(1):29. doi:10.1186/s12877-019-1038-x

- 97. Lanne M, Leikas J. Ethical AI in the re-ablement of older people: opportunities and challenges. *Gerontechnology*. 2021;20(2):1–13. doi:10.4017/gt.2021.20.2.26-473.11
- 98. Lee W-J, Peng L-N, Cheng -Y-Y, Liu C-Y, Chen L-K, H-C Y. Effectiveness of short-term interdisciplinary intervention on postacute patients in Taiwan. *J Am Med Dir Assoc.* 2011;12(1):29–32. doi:10.1016/j.jamda.2010.01.002
- 99. Legg L, Gladman J, Drummond A, Davidson A. A systematic review of the evidence on home care reablement services. *Clin Rehabil*. 2016;30 (8):741–749. doi:10.1177/0269215515603220
- 100. Lewin G, Allan J, Patterson C, Knuiman M, Boldy D, Hendrie D. A comparison of the home-care and healthcare service use and costs of older Australians randomised to receive a restorative or a conventional home-care service. Health Soc Care Community. 2014;22(3):328–336. doi:10.1111/hsc.12092
- 101. Lewin G, Concanen K, Youens D. The home Independence program with non-health professionals as care managers: an evaluation. *Clin Interv Aging*. 2016;11:807–817. doi:10.2147/CIA.S106180
- 102. Lewin G, De San Miguel K, Knuiman M, et al. A randomised controlled trial of the Home Independence Program, an Australian restorative home-care programme for older adults. Health Soc Care Community. 2013;21(1):69–78.
- 103. Lewin GF, Alfonso HS, Alan JJ. Evidence for the long term cost effectiveness of home care reablement programs. Clin Interv Aging. 2013;8:1273–1281. doi:10.2147/CIA.S49164
- 104. Lewis LK, Henwood T, Boylan J, et al. Re-thinking reablement strategies for older adults in residential aged care: a scoping review. BMC Geriatr. 2021;21(1):667. doi:10.1186/s12877-021-02627-7
- 105. Liaaen J, Vik K. Becoming an enabler of everyday activity: health professionals in home care services experiences of working with reablement. *Int J Older People Nurs*. 2019;14(4):e12270. doi:10.1111/opn.12270
- 106. Lillefjell M, Anthun KS. Reablement in a small municipality, a survival analysis. BMC Health Serv Res. 2021;21(1):877. doi:10.1186/s12913-021-06910-6
- 107. Low L-F, Fletcher J. Models of home care services for persons with dementia: a narrative review. Int Psychogeriatr. 2015;27(10):1593–1600. doi:10.1017/s1041610215000137
- 108. Low L-F, Venkatesh S, Clemson L, Merom D, Casey A-N, Brodaty H. Feasibility of LifeFul, a relationship and reablement-focused culture change program in residential aged care. *BMC Geriatr*. 2018;18(1):1–12. doi:10.1186/s12877-018-0822-3
- 109. Magne TA, Vik K. Promoting participation in daily activities through reablement: a qualitative study. Rehabil Res Pract. 2020;2020:6506025. doi:10.1155/2020/6506025
- 110. Mann R, Beresford B, Parker G, et al. Models of reablement evaluation (MoRE): a study protocol of a quasi-experimental mixed methods evaluation of reablement services in England. *BMC Health Serv Res.* 2016;16(a):375. doi:10.1186/s12913-016-1600-6
- 111. Maxwell H, Bramble M, Prior SJ, et al. Staff experiences of a reablement approach to care for older people in a regional Australian community: a qualitative study. *Health Soc Care Community*. 2021;29(3):685–693. doi:10.1111/hsc.13331
- 112. Mayhew E, Beresford B, Laver-Fawcett A, et al. The Hopkins rehabilitation engagement rating scale reablement version (HRERS-RV): development and psychometric properties. Health Soc Care Community. 2019;27(3):777–787. doi:10.1111/hsc.12696
- 113. Meisingset I, Bjerke J, Taraldsen K, et al. Patient characteristics and outcome in three different working models of home-based rehabilitation: a longitudinal observational study in primary health care in Norway. BMC Health Serv Res. 2021;21(1):887. doi:10.1186/s12913-021-06914-2
- 114. Metzelthin SF, Rooijackers TH, Zijlstra GAR, et al. Effects, costs and feasibility of the 'Stay Active at Home' Reablement training programme for home care professionals: study protocol of a cluster randomised controlled trial. *BMC Geriatr*. 2018;18(1):276. doi:10.1186/s12877-018-0968-z
- 115. O'Brien K, Welsch D, Barnable A, Wiseman G. The impact of introducing restorative care on client outcomes and health system effectiveness in an integrated health authority. *Home Health Care Manage Pract.* 2017;29(1):13–45. doi:10.1177/1084822316661127
- 116. Mjøsund HL, Burton E, Moe CF, Uhrenfeldt L. Integration of physical activity in reablement for community-dwelling older adults: a scoping review protocol. JBI Database System Rev Implement Rep. 2019;17(9):1924–1932. doi:10.11124/JBISRIR-2017-003938
- 117. Mjøsund HL, Moe CF, Burton E, Uhrenfeldt L. Integration of physical activity in reablement for community dwelling older adults: a systematic scoping review. *J Multidiscip Healthc*. 2020;13:1291–1315. doi:10.2147/JMDH.S270247
- 118. Mjøsund HL, Moe CF, Burton E, Uhrenfeldt L. Promotion of physical activity through reablement for older adults: exploring healthcare professionals' clinical reasoning. J Multidiscip Healthc. 2021;14:1623–1635. doi:10.2147/JMDH.S315553
- 119. Mjøsund HL, Uhrenfeldt L, Burton E, Moe CF. Promotion of physical activity in older adults: facilitators and barriers experienced by healthcare personnel in the context of reablement. BMC Health Serv Res. 2022;22(1):956. doi:10.1186/s12913-022-08247-0
- 120. Moe A, Ingstad K, Brataas HV. Patient influence in home-based reablement for older persons: qualitative research. *BMC Health Serv Res*. 2017;17(1):736. doi:10.1186/s12913-017-2715-0
- 121. Moe C, Brinchmann BS. Optimising capacity A service user and caregiver perspective on reablement. *Grounded Theory Rev.* 2016;15 (2):25–39.
- 122. Moe C, Brinchmann BS. Tailoring reablement: a grounded theory study of establishing reablement in a community setting in Norway. *Health Soc Care Community*. 2018;26(1):113–121. doi:10.1111/hsc.12471
- 123. Newton C. Personalising reablement: inserting the missing link. *Working with Older People*. 2012;16(3):117–121. doi:10.1108/13663661211260934
- 124. O'Connor CMC, Gresham M, Poulos RG, et al. Understanding in the Australian aged care sector of reablement interventions for people living with dementia: a qualitative content analysis. BMC Health Serv Res. 2020;20(1):140. doi:10.1186/s12913-020-4977-1
- O'Connor CMC, Gresham M, Poulos RG, et al. Translating reablement research for dementia practice: development of a handbook using implementation science. *Disabil Rehabil*. 2020:1–13. Doi:10.1080/09638288.2020.1797910
- 126. O'Connor CMC, Rowlands A, Poulos CJ. Development of an assessment guide to evaluate meaningful outcomes for people living with dementia who are engaged in reablement programs. *Disabil Rehabil*. 2021;1–13. doi:10.1080/09638288.2021.1960437
- 127. Östlund G, Zander V, Elfström ML, Gustavsson L-K, Anbäcken E-M. Older adults' experiences of a reablement process. "To be treated like an adult, and ask for what I want and how I want it". Educ Gerontol. 2019;45(8):519–529. doi:10.1080/03601277.2019.1666525

Guadaña et al Dovepress

128. Parsons J, Rouse P, Robinson EM, Sheridan N, Connolly MJ. Goal setting as a feature of homecare services for older People: does it makes a difference? *Age Ageing*. 2012;41:24–29.

- 129. Parsons JG, Parsons MJ. The effect of a designated tool on person-centred goal identification and service planning among older people receiving homecare in New Zealand. *Health Soc Care Community*. 2012;20(6):653–662.
- 130. Parsons JG, Sheridan N, Rouse P, Robinson E, Connolly M. A randomized controlled trial to determine the effect of a model of restorative home care on physical function and social support among older people. *Arch Phys Med Rehab*. 2013;94(6):1015–1022.
- 131. Parsons M, Senior H, Kerse N, Chen MH, Jacobs S, Anderson C. Randomised trial of restorative home care for frail older people in New Zealand. *Nurs Older People*. 2017;29(7):27–33.
- 132. Pettersson C, Iwarsson S. Evidence-based interventions involving occupational therapists are needed in re-ablement for older community-living people: a systematic review. *Br J Occup Ther.* 2017;80(5):273–285. doi:10.1177/0308022617691537
- 133. Pettersson C, Zingmark M, Haak M. Enabling social participation for older people: the content of reablement by age, gender, and level of functioning in occupational therapists' interventions. Scand J Occup Ther. 2021;1–8. doi:10.1080/11038128.2021.1967442
- 134. Poulos CJ, Bayer A, Beaupre L, et al. A comprehensive approach to reablement in dementia. Alzheimers Dement. 2017;3(3):450–458. doi:10.1016/j.trci.2017.06.005
- 135. Poulos CJ, Poulos RG. A function-focused approach in primary care for older people with functional decline: making the most of reablement and restorative care. *Aust J Gen Pract.* 2019;48(7):434–439. doi:10.31128/AJGP-01-19-4808
- 136. Prior SJ, Heath A, Reeves NS, et al. Determining readiness for a reablement approach to care in Australia: development of a pre-employment questionnaire. *Health Soc Care Community*. 2022;30(2):498–508. doi:10.1111/hsc.13150
- 137. Rabiee P, Glendinning C. Organisation and delivery of home care re-ablement: what makes a difference? *Health Soc Care Community*. 2011;19 (5):495–503. doi:10.1111/j.1365-2524.2011.01010.x
- 138. Rahja M, Culph J, Clemson L, Day S, Laver K. A second chance: experiences and outcomes of people with dementia and their families participating in a dementia reablement program. *Brain Impair*. 2020;21(3):274–285. doi:10.1017/BrImp.2019.34
- 139. Rahja M, Nguyen K-H, Laver K, Clemson L, Crotty M, Comans T. Implementing an evidence-based dementia care program in the Australian health context: a cost-benefit analysis. *Health Soc Care Community*. 2020;28(6):2013–2024. doi:10.1111/hsc.13013
- 140. Ranner M, Vik K. Discourses of service recipients in the context of reablement in Norway. Scand J Occup Ther. 2021;28(3):201–212. doi:10.1080/11038128.2020.1795246
- Resnick B, Cayo J, Galik E, Pretzer-Aboff I. Implementation of the 6-week educational component in the Res-Care intervention: process and outcomes. J Contin Educ Nurs. 2009;40(8):353–360. doi:10.3928/00220124-20090723-04
- 142. Resnick B, Fleishell A. Developing a restorative care program: a five-step approach that involves the resident. AJN Am J Nurs. 2002;102 (7):91–95. doi:10.1097/00000446-200207000-00046
- 143. Resnick B, Galik E, Boltz M. Function focused care approaches: literature review of progress and future possibilities. *J Am Med Dir Assoc*. 2013;14(5):313–318. doi:10.1016/j.jamda.2012.10.019
- 144. Resnick B, Galik E, Gruber-Baldini AL, Zimmerman S. Implementing a restorative care philosophy of care in assisted living: pilot testing of Res-Care-AL.Restorative Care for Assisted Living. J Am Acad Nurse Pract. 2009;21(2):123–133. doi:10.1111/j.1745-7599.2008.00394.x
- 145. Resnick B, Galik E, Pretzer-Aboff I, et al. Treatment fidelity in nursing home research: the Res-Care Intervention Study. *Res Gerontol Nurs*. 2009;2(1):30–38. doi:10.3928/19404921-20090101-09
- 146. Resnick B, Galik E, Pretzer-Aboff I, Rogers V, Gruber-Baldini AL. Testing the reliability and validity of self-efficacy and outcome expectations of restorative care performed by nursing assistants. *J Nurs Care Qual.* 2008;23(2):162–169. doi:10.1097/01.NCQ.0000313766.09891.43
- 147. Resnick B, Gruber-Baldini AL, Galik E, et al. Changing the philosophy of care in long-term care: testing of the restorative care intervention. *Gerontologist*. 2009;49(2):175–184. doi:10.1093/geront/gnp026
- 148. Resnick B, Gruber-Baldini AL, Zimmerman S, et al. Nursing home resident outcomes from the res-care intervention. *J Am Geriatr Soc.* 2009;57 (7):1156–1165. doi:10.1111/j.1532-5415.2009.02327.x
- 149. Resnick B, Petzer-Aboff I, Galik E, et al. Barriers and Benefits to Implementing a Restorative Care Intervention in Nursing Homes. *J Am Med Dir Assoc.* 2008;9(2):102–108. doi:10.1016/j.jamda.2007.08.011
- 150. Resnick B, Rogers V, Galik E, Gruber-Baldini AL. Measuring restorative care provided by nursing assistants: reliability and validity of the restorative care behavior checklist. *Nurs Res.* 2007;56(6):387–398. doi:10.1097/01.NNR.0000299854.52429.ac
- 151. Resnick B, Simpson M. Restorative care nursing activities: pilot testing self-efficacy and outcome expectation measures. *Geriatr Nurs*. 2003;24 (2):82–89. doi:10.1067/mgn.2003.26
- 152. Resnick B, Simpson M, Bercovitz A, et al. Testing of the Res-Care Pilot Intervention: impact on nursing assistants. *Geriatr Nurs*. 2004;25 (5):292–297. doi:10.1016/j.gerinurse.2004.08.002
- 153. Resnick B, Simpson M, Bercovitz A, et al. Pilot testing of the Restorative Care Intervention: impact on residents. *J Gerontol Nurs*. 2006;32 (3):39–47. doi:10.3928/00989134-20060301-07
- 154. Resnick B, Simpson M, Galik E, et al. Making a difference: nursing assistants' perspectives of restorative care nursing. *Rehabil Nurs*. 2006;31 (2):78–86. doi:10.1002/j.2048-7940.2006.tb00131.x
- 155. Rooijackers T, van Rossum E, Zijlstra GAR, Kempen GIJM, Passos VL, Metzelthin SF. Effectiveness of a reablement training program on self-efficacy and outcome expectations regarding client activation in homecare staff: a cluster randomized controlled trial. *Geriatr Nurs*. 2022;43:104–112. doi:10.1016/j.gerinurse.2021.11.009
- 156. Rooijackers TH, Kempen GIJM, Zijlstra GAR, et al. Effectiveness of a reablement training program for homecare staff on older adults' sedentary behavior: a cluster randomized controlled trial. *J Am Geriatr Soc.* 2021;69(9):2566–2578. doi:10.1111/jgs.17286
- 157. Rooijackers TH, Metzelthin SF, van Rossum E, et al. Economic evaluation of a reablement training program for homecare staff targeting sedentary behavior in community-dwelling older adults compared to usual care: a cluster randomized controlled trial. *Clin Interv Aging*. 2021;16:2095–2109. doi:10.2147/CIA.S341221
- 158. Rooijackers TH, Zijlstra GAR, van Rossum E, et al. Process evaluation of a reablement training program for homecare staff to encourage Independence in community-dwelling older adults. *BMC Geriatr*. 2021;21(1):5. doi:10.1186/s12877-020-01936-7
- 159. Rostad HM, Skinner MS, Helleso R, Sogstad MKR. Towards specialised and differentiated long-term care services: a cross-sectional study. BMC Health Serv Res. 2020;20(1):793. doi:10.1186/s12913-020-05647-y

160. Runacres F, Gregory H, Ugalde A. Restorative care for palliative patients: a retrospective clinical audit of outcomes for patients admitted to an inpatient palliative care unit. BMJ Support Palliat Care. 2016;6(1):97–100. doi:10.1136/bmjspcare-2014-000774

- 161. Ryburn B, Wells Y, Foreman P. Enabling Independence: restorative approaches to home care provision for frail older adults. *Health Soc Care Community*. 2009;17(3):225–234.
- 162. Sabol VK, Resnick B, Galik E, Gruber-Baldini AL, Morton PG, Hicks GE. Exploring the factors that influence functional performance among nursing home residents. J Aging Health. 2011;23(1):112–134. doi:10.1177/0898264310383157
- 163. Seberg M, Eriksson BG. Reablement in mental health care and the role of the occupational therapist: a qualitative study. SAGE Open. 2018;8 (2):2158244018784644. doi:10.1177/2158244018784644
- 164. Senior HE, Parsons M, Kerse N, et al. Promoting Independence in frail older people: a randomised controlled trial of a restorative care service in New Zealand. *Age Ageing*. 2014;43(3):418–424. doi:10.1093/ageing/afu025
- 165. Sims-Gould J, Tong CE, Wallis-Mayer L, Ashe MC. Reablement, reactivation, rehabilitation and restorative interventions with older adults in receipt of home care: a systematic review. J Am Med Dir Assoc. 2017;18(8):653–663. doi:10.1016/j.jamda.2016.12.070
- 166. Slasberg C. Re-ablement, efficiency and outcomes working. J Care Serv Manag. 2010;4(2):141-149.
- 167. Slater P, Hasson F. An evaluation of the reablement service programme on physical ability, care needs and care plan packages. *J Integr Care*. 2018;26(2):140–149. doi:10.1108/jica-11-2017-0042
- 168. Smeets RGM, Kempen GIJM, Zijlstra GAR, et al. Experiences of home-care workers with the 'Stay Active at Home' programme targeting reablement of community-living older adults: an exploratory study. Health Soc Care Community. 2020;28(1):291–299. doi:10.1111/hsc.12863
- 169. Song C-Y, Lin P-S, Hung P-L, Clinic ADOT. Effects of community-based physical-cognitive training, health education, and reablement among rural community-dwelling older adults with mobility deficits. Int J Environ Res Public Health. 2021;18(17). doi:10.3390/ijerph18179374
- 170. Stausholm MN, Pape-Haugaard L, Hejlesen OK, Secher PH. Reablement professionals' perspectives on client characteristics and factors associated with successful home-based reablement: a qualitative study. BMC Health Serv Res. 2021;21(1):665. doi:10.1186/s12913-021-06625-8
- 171. Talley KM, Wyman JF, Savik K, Kane RL, Mueller C, Zhao H. Restorative care's effect on activities of daily living dependency in long-stay nursing home residents. *Gerontologist*. 2015;55(Supplement 1):S88–S98. doi:10.1093/geront/gnv011
- 172. Tessier A, Beaulieu M-D, McGinn CA, Latulippe R. [Effectiveness of reablement: a systematic review]. Efficacite de l'autonomisation: une revue systematique. *Healthc Policy*. 2016;11(4):49–59. French.
- 173. Tew J, Nicholls V, Plumridge G, Clarke H. Family-inclusive approaches to reablement in mental health: models, mechanisms and outcomes. *Br J Soc Work*. 2017;47(3):864–884. doi:10.1093/bjsw/bcw106
- 174. Thuesen J, Feiring M, Doh D, Westendorp RGJ. Reablement in need of theories of ageing: would theories of successful ageing do? *Ageing Soc.* 2021;1–13. doi:10.1017/S0144686X21001203
- 175. Tinetti ME, Baker D, Gallo WT, Nanda A, Charpentier P, O'Leary J. Evaluation of restorative care vs usual care for older adults receiving an acute episode of home care. *JAMA*. 2002;287(16):2098–2105. doi:10.1001/jama.287.16.2098
- 176. Tinetti ME, Charpentier P, Gottschalk M, Baker DI. Effect of a restorative model of posthospital home care on hospital readmissions. *J Am Geriatr Soc.* 2012;60(8):1521–1526. doi:10.1111/j.1532-5415.2012.04060.x
- 177. Trappes-Lomax T, Hawton A. The user voice: older people's experiences of reablement and rehabilitation. *J Integr Care*. 2012;20(3):181–194. doi:10.1108/14769011211237528
- 178. Tuntland H, Aaslund MK, Espehaug B, Førland O, Kjeken I. Reablement in community-dwelling older adults: a randomised controlled trial. BMC Geriatr. 2015;15:145. doi:10.1186/s12877-015-0142-9
- 179. Tuntland H, Aaslund MK, Langeland E, Espehaug B, Kjeken I. Psychometric properties of the Canadian occupational performance measure in home-dwelling older adults. *J Multidiscip Healthc*. 2016;9:411–423. doi:10.2147/JMDH.S113727
- 180. Tuntland H, Espehaug B, Forland O, Hole AD, Kjerstad E, Kjeken I. Reablement in community-dwelling adults: study protocol for a randomised controlled trial. *BMC Geriatr.* 2014;14:139. doi:10.1186/1471-2318-14-139
- Tuntland H, Kjeken I, Folkestad B, Førland O, Langeland E. Everyday occupations prioritised by older adults participating in reablement. A cross-sectional study. Scand J Occup Ther. 2020;27(4):248–258. doi:10.1080/11038128.2019.1604800
- 182. Tuntland H, Kjeken I, Langeland E, et al. Predictors of outcomes following reablement in community-dwelling older adults. *Clin Interv Aging*. 2016;12:55–63. doi:10.2147/cia.S125762
- 183. Walker BL, Harrington SS. The effects of restorative care training on caregiver job satisfaction. J Nurses Prof Dev. 2013;29(2):73–78. doi:10.1097/NND.0b013e318286c2e0
- 184. Walker BL, Harrington SS. Results of a field test and follow-up study of a restorative care training program. *Nurse Educ Today*. 2013;33 (9):1034–1039. doi:10.1016/j.nedt.2012.05.007
- 185. Walker BL, Harrington SS, Cole CS. Teaching philosophy and methods of restorative care to assisted living owners and staff. *Educ Gerontol*. 2013;39(1):28–36. doi:10.1080/03601277.2012.660864
- 186. Wang Y-H, Liu L-F, Chang L-H, Yeh C-H. The Implementation of Restorative Care and Factors Associated with Resident Outcomes in Long-Term Care Facilities in Taiwan. *Int J Environ Res Public Health*. 2019;16(20). doi:10.3390/ijerph16203860
- 187. Wess T, Steiner W, Dur M, Janssen J. Reablement relevant factors for implementation: an exploratory sequential mixed-methods study design. BMC Health Serv Res. 2022;22(1):959. doi:10.1186/s12913-022-08355-x
- 188. Whitehead P, Drummond AER, Parry RH, Latif Z, McGeorge ID, Walker MF. Occupational therapy in homecare re-ablement services (others): results of a feasibility randomized controlled trial. *Clin Rehabil*. 2017;31(3):421.
- 189. Whitehead PJ, Drummond AE, Walker MF, et al. Occupational Therapy in HomEcare Re-ablement Services (OTHERS): study protocol for a randomized controlled trial. *Trials*. 2014;15(1):447. doi:10.1186/1745-6215-15-447
- 190. Whitehead PJ, Drummond AEE, Walker MF, Parry RH. Interventions to reduce dependency in personal activities of daily living in community-dwelling adults who use homecare services: protocol for a systematic review. Syst Rev. 2013;2:49. doi:10.1186/2046-4053-2-49
- 191. Whitehead PJ, Drummond AER, Parry RH, Walker MF. Content and acceptability of an Occupational Therapy intervention in HomEcare Re-ablement Services (OTHERS). Br J Occup Ther. 2018;81(9):535–542. doi:10.1177/0308022618766844
- 192. Whitehead PJ, Worthington EJ, Parry RH, Walker MF, Drummond AE. Interventions to reduce dependency in personal activities of daily living in community dwelling adults who use homecare services: a systematic review. *Clin Rehabil*. 2015;29(11):1064–1076. doi:10.1177/0269215514564894

Guadaña et al **Dove**press

193. Wilde A, Glendinning C. 'If they're helping me then how can I be independent?' The perceptions and experience of users of home-care reablement services. Health Soc Care Community. 2012;20(6):583-590. doi:10.1111/j.1365-2524.2012.01072.x

- 194. Winkel A, Langberg H, Waehrens EE. Reablement in a community setting. Disabil Rehabil. 2015;37(15):1347–1352. doi:10.3109/ 09638288.2014.963707
- 195. H-W Y, Chiu T-Y, Chen P-Y, et al. Developing an assessment scale for long-term care reablement literacy in home care workers in Taiwan using a modified Delphi method. BMC Geriatr. 2020;20(1). doi:10.1186/s12877-020-01854-8
- 196. Yu HW, Wu SC, Chen HH, Yeh YP, Chen YM. Relationships between reablement-embedded home- and community-based service use patterns and functional improvement among older adults in Taiwan. Health Soc Care Community. 2022. doi:10.1111/hsc.13825
- 197. Zingmark M, Evertsson B, Haak M. The content of reablement: exploring occupational and physiotherapy interventions. Br J Occup Ther. 2019;82(2):122-126. doi:10.1177/0308022618792188
- Zingmark M, Evertsson B, Haak M. Characteristics of occupational therapy and physiotherapy within the context of reablement in Swedish municipalities: a national survey. Health Soc Care Community. 2020;28(3):1010-1019. doi:10.1111/hsc.12934
- Zingmark M, Kylen M. Feasibility of a reablement-program in a Swedish municipality. Scand J Occup Ther. 2022;1-12. doi:10.1080/ 11038128.2022.2089229
- 200. Sandvoll AM, Ruud T, Sæterbakken AH. Samhandling om kvardagsrehabilitering-ein kvalitativ studie [Interaction about reablement a qualitative study]. Tidsskrift for omsorgsforskning. 2020;6(01):1-14.
- 201. Birkeland AK, Langeland E, Tuntland H, Jacobsen FF, Förland O. Hverdagsrehabilitering spesialisert eller integrert? [Reablement spesialised or integrated?] Nordisk Tidsskrift for Helseforskning. 2018;14(1):1-20. doi:10.7557/14.4403
- 202. Jokstad K, Landmark BT, Hauge S, Skovdahl K-I. Eldres erfaringer med hverdagsrehabilitering. Mestring og muligheter krav og støtte i et dynamisk samspill. [Old adults'experiences with reablement. Coping and opportunities - requirements and support in a dynamic interplay]. Tidsskrift for Omsorgsforskning. 2016;2(3):212–221. doi:10.18261/issn.2387-5984-2016-03-07
- 203. Kirchhoff R, Berg H. Use of video communication technology in everyday life and/or telecommunications rehabilitation. Sykepleien Forskning. 2016;11(2):174-183. doi:10.4220/Sykepleienf.2016.57820
- 204. Moe CF, Gårseth-Nesbakk L, Brinchmann BS. Medspill og motspill mellom profesjonene tilknyttet hverdagsrehabilitering (Faciliatoris and barriers between professonals in reablement). Tidsskrift for Omsorgsforskning. 2019;5(1):1-16. doi:10.18261/issn.2387-5984-2019-01-04
- 205. Prokofyeva E, Krohne K. Helsefagarbeideres erfaringer med hverdagsrehabilitering [Reablement care workers'experiences with reablement]. Tidsskrift for omsorgsforskning. 2020;6(3):1–11. doi:10.18261/issn.2387-5984-2020-03-02
- 206. Jørmeland C, Vik K. Ergo- og fysioterapeuters erfaringer med hverdagsrehabilitering [Occupational and physiotherapists' experiences with reablement]. Ergoterapeuten. 2019;1:36-45.
- 207. Lotvonen S, Saarela K-M, Tuomikoski A-M, KyngÄS H, Siira H. Kotihoidossa ikääntyneille toteutetut kuntoutumista edistävän hoitotyön toimintamallit: kartoittava katsaus [Operating models of reablement - promoting care implemented for the elderly in home care: a mapping review]. Hoitotiede. 2021;33(2):86-101.
- 208. Schneider J, Hahn J, Tatzer VC. Reablement ein Zukunftskonzept auch in der deutschsprachigen Ergotherapie? Ergoscience. 2019;14 (4):166–167. doi:10.2443/skv-s-2019-54020190404
- 209. Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. Health Info Libr J. 2009;26 (2):91–108. doi:10.1111/j.1471-1842.2009.00848.x
- 210. Parsons J, Burton E, Graff L, Metzelthin S, O'Connell H, Tuntland H. Reablement as an evolution in community care: a comparison of implementation across five countries. In: Rostgaard T, Parsons. J, Tuntland H, editors. Reablement in Long-Term Care for Older People. International Perspectives and Future Directions. Policy Press; 2023.
- 211. Mahieu B, Arnold E, Carlberg M. Evaluation of the research council of Norway. *Brighton*. 2012;2012:25.
- 212. Webber-Ritchey KJ, Simonovich SD, Spurlark RS. COVID-19: qualitative research with vulnerable populations. Nurs Sci Q. 2021;34(1):13–19. doi:10.1177/0894318420965225
- 213. Varma DS, Young ME, Kreider CM, et al. Practical considerations in qualitative health research during the COVID-19 pandemic. Int J Qual Methods. 2021;20:16094069211043755. doi:10.1177/16094069211043755
- 214. Brazil K, Ozer E, Cloutier MM, Levine R, Stryer D. From theory to practice: improving the impact of health services research. BMC Health Serv Res. 2005;5(1):1. doi:10.1186/1472-6963-5-1
- 215. Creswell JW. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. 3rd ed. Sage Publications, Inc; 2009.
- 216. Keathley-Herring H, Van Aken EM, González-Aleu F, Deschamps F, Letens G, Orlandini PC. Assessing the maturity of a research area: bibliometric review and proposed framework. Scientometrics. 2016;109(2):927-951.

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