

Mapping service improvement in occupational therapy: A scoping review

Key findings

Of 3305 sources identified from the search strategy, 105 studies were considered eligible for this review - 42 empirical and 63 non-empirical papers.

The occupational therapy experience

Over twenty terms or descriptors were identified to discuss occupational therapy service improvement. 'Quality improvement' was the most frequent term used ($n=21$; 20%) with service improvement only identified in six studies ($n=6$; 6%). Improvement work was identified across a range of health and social care and criminal justice settings with differing levels of professional involvement (e.g. students, practitioners, professional bodies) most frequently reported within inpatient settings. A quarter of sources were published between the year 2020 to Jan 2024 ($n=25$, 24%) and over half were from the United Kingdom ($n=61$; 58%).

The improvements focused on (1) delivery or provision of clinical practice(s), (2) occupational therapy professional's knowledge and behaviours, and (3) enhancing patient experience of care. Fourteen (13%) studies explicitly identified persons and/or their families and carers involved in improvement work. Twelve (11%) sources included characteristics of social determinants of health in those who access or provide the occupational therapy service.

Although this review acknowledges some sources were empirical, peer-reviewed papers and used a change process and outcome measures, most sources were non-empirical, descriptive stories, and informally reported, with a higher reporting in magazines in recent years ($n=24$; 23%).

Barriers and facilitators

Two patterns emerged, namely, environment and person factors. Time and resource provision were the most frequently identified environment barrier and facilitator to improvement work, respectively ($n=18$; 17%; $n=13$, 12%). Person factors were discussed individually and as a collective. Shared or collective vision, purpose, and/or commitment were most commonly identified collective facilitators. Sources cited lack of personal skills in improvement methodology and lack of confidence as specific individual barriers to improvement work.

Project aims

- To conduct a scoping review considering the following questions; (1) *What is the occupational therapy experience of service improvement?* and (2) *What are the barriers and facilitators to occupational therapy service improvement?*
- To map of the current body of knowledge about service improvement in occupational therapy
- To understand the tools and approaches being used, trends in service improvement being completed, the expertise required to solve complex challenges, and existing gaps in knowledge

Background

Improving quality of care is a professional imperative for occupational therapists reflected in the Royal College for Occupational Therapists' Research and Development Strategy 2019-2024 (RCOT, 2019). Improvement approaches—the systematic process of bringing about measurable change in the quality and outcomes of patient care and professional working—are used to improve quality of care (Jones et al., 2021; Jones and Pereira, 2023). Concepts, such as service improvement and quality improvement, have evolved within the last three decades, and a common set of principles have emerged: (1) a systematic continuous approach aimed to solve problems in healthcare; (2) improved service provision; and (3) provision of better outcomes for patients (Craig, 2018; Jones et al., 2021; Robinson et al., 2023; WHO, 2018). To ensure service improvement is carried out thoroughly, efficiently, and reliably, one must consider how individual practitioners view, approach, and adapt to challenges or changes in practice (Jones et al., 2021). Preliminary searches suggested the experiences of service improvement in occupational therapy, including which populations have been focused on and in what settings, remain relatively unknown in literature.

Methodology

This review, conducted with Covidence systematic review software (2023) using the Joanna Briggs Institute's guidelines (Peters et al., 2020) and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews (Tricco et al., 2018), used Population–Concept–Context to inform its search strategy and eligibility criteria (Peters et al., 2020). The search, including all identified keywords and index terms, of databases and grey literature was undertaken between October 2023– January 2024. A public call for information was undertaken to augment the grey literature searching. Sources were screened independently by two reviewers against inclusion criteria focussed on: (1) people who use, or provide, an occupational therapy service, (2) improvement focused on a change occurring within existing service or practice, and (3) any area of occupational therapy practice. Practice analysis was excluded if it was only a descriptor of current practice. Data was extracted by an instrument developed for the review. Narrative reporting of the findings was guided by PAGER framework (Bradbury-Jones, 2021).

Conclusion and recommendations

The experience of occupational therapy quality improvement has been mapped highlighting service improvement work is being conducted, across a breadth of settings, with publications increasing over time. Key recommendations are to: (1) support an occupational therapist's ability to assess and enhance the impact and sustainability of their quality improvement work by increasing their use of systematic processes to extend its reach and credibility, including evaluative work that is published in peer-reviewed publications; (2) explore solutions at department, organisational and national levels to reduce barriers—particularly time—and promote facilitators to quality improvement in occupational therapy; (3) conduct further analysis of structured processes and outcome measures and theory of change used in some of the included sources to support the development of skills in quality improvement in occupational therapy.

Publications

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