

實證護理最佳資源
JBI Resource on Ovid



Wolters Kluwer



圖書館首頁→館藏資源→電子資源管理系統ERMG



奇美醫療財團法人 奇美醫院
Chi Mei Medical Center

醫學圖書館 *Medical Library*

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讀者服務

館藏圖書資源

電子資源

期刊資訊

館際合作

E學資源

柳營醫學圖書館

佳里醫學圖書館

Links 相關連結



- ❖ 本館服務.資源利用查詢導覽
- ❖ 醫院首頁-院外
- ❖ 教育訓練影音-總院-通識
- ❖ 台北醫學大學圖書館
- ❖ 台南市立圖書館
- ❖ 奇美博物館

Resources 館藏資源



- ❖ 電子資源管理系統ERMG
- ❖ 館藏查詢系統WebPAC
- ❖ 新書通報.新到期刊.雜誌
- ❖ 圖書推薦:推薦單-清單.預約
- ❖ 館際合作申請:申請單.(範例)
- ❖ 各科職類實習生使用須知

Information 開館時間



週一至週五 8:00~20:00
週六 8:00~14:00
院訂全日門診假日8:00~16:00
週日及國定假日 閉館

[開館時間異動](#).[柳](#).[佳](#).[意見箱](#)

※圖書館位於第3大樓3樓※

依說明輸入帳號密碼

[資料庫](#) | [電子期刊](#) | [電子書](#) | [網路資源](#) | [書目管理軟體](#) | [紙本館藏查詢](#) | [職類主題資源](#) | [個人化服務](#)

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請輸入圖中字元

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• 注意事項(Remarks):

- 1.服務對象：本院員工。
- 2.院內：請輸入 帳號(人事號)/密碼登入。
- 3.院外：請輸入 帳號(人事號)/密碼登入。因本院已使用讀者遠端自動認證系統，登入前請務必先取消原Proxy設定。
- 4.實見習生：請輸入學生臨時帳號密碼登入。
- 5.新進員工約需兩星期建檔，請先使用讀者臨時帳號密碼登入。
- 6.若您在使用上有任何問題，歡迎與本院圖書館聯絡。

• 使用全文電子資源系統，謹守下列規定

- 1.限個人學術用途，不得利用從事商業行為。
- 2.不得連續、大量、有系統的下載檔案。
- 3.若違反智慧財產權，使用者須自負法律責任。

輸入JBI，資料類型選資料庫

資料庫 | 電子期刊 | 電子書 | 網路資源 | 書目管理軟體 | 紙本館藏查詢 | 職類主題資源 | 個人化服務

▶ 電子資源查詢

館藏查詢

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JBI

資源名稱

查詢

進階查詢

檢索模式：

模糊

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資料類型

資料庫

電子期刊

電子書

網路資源



篩選條件

(MEDLINE & EMBASE & JBI @OVID.書刊名 (模糊檢索))，查詢結果: 13 筆資料

題名篩選 ▾

A to Z: [c](#) [j](#) [l](#) [m](#) [p](#)

請選擇

移除

套用

資料類型 ▾

語言 ▾

主題 ▾

類型 ▾

適用科部 ▾

出版社/平臺 ▾

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☐ 本頁全選

取消勾選

已勾選 0 筆資料

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大圖

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清單

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MEDLINE & EMBASE & JBI @OVID

類型 全文、索引摘要

出版社/平臺: Ovid Technologies, Inc

備註 資源介紹、課程指引，見簡介說明。

> 問題通報

> 簡介

☐ 2

Medline Plus Health Information: Medical Encyclopedia

免費

資料類型: 網路資源

> 問題通報

> 簡介

What is Joanna Briggs Institute

- **Joanna Briggs Institute (JBI)**

- 附屬於澳洲阿德雷德大學
- 國際公認實證實務資訊權威機構之一
- 其開發的實證基礎實務模式，被醫療照護產業視為基準指標。
- 與全球 70 多個實證照護中心合作，提供經由研究分析、評價、專家評論編輯而成，同時兼顧研究的質與量之實證實務資訊。

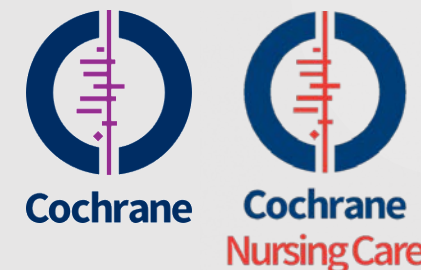


Taiwan
Evidence
Based
Practice
Centre

What is Joanna Briggs Institute

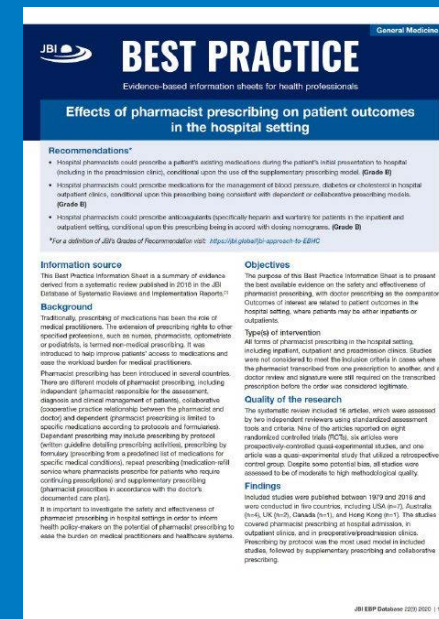
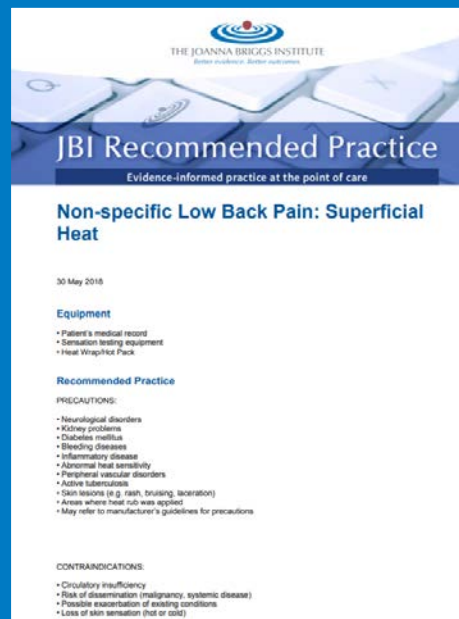
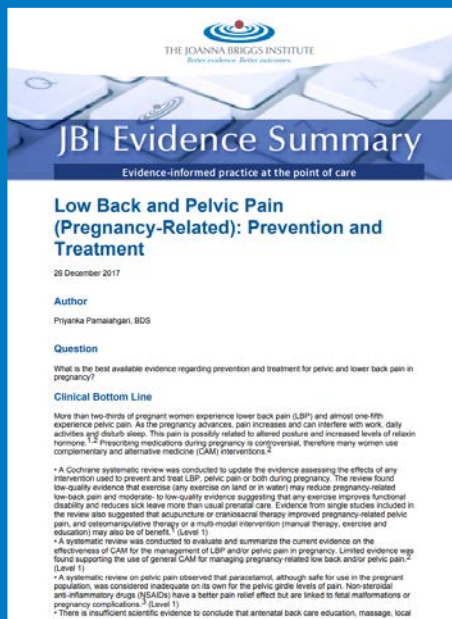
- JBI 的資源特色

- JBI 清楚的提供醫護人員可以立即運用在臨床的作法
- 非提供冗長的治療方式比較與研究過程。
- 在國際間醫療單位的使用經驗上，能確實地大大提高工作上的效率與病患安全。



JBI EBP Database on Ovid

- JBI的實證實務資料庫是一個線上全文資源，供醫護人員在臨床照護時快速獲取各種臨床主題的最佳可用證據，逾4,500個JBI證據摘要、推薦做法和最佳實踐方案。



EBP的重要性



EBP 是指臨床照護者在做臨床介入的照護決定之前，需透過詳盡地辨認、評估和應用最適當的臨床相關證據去治療他們的個案



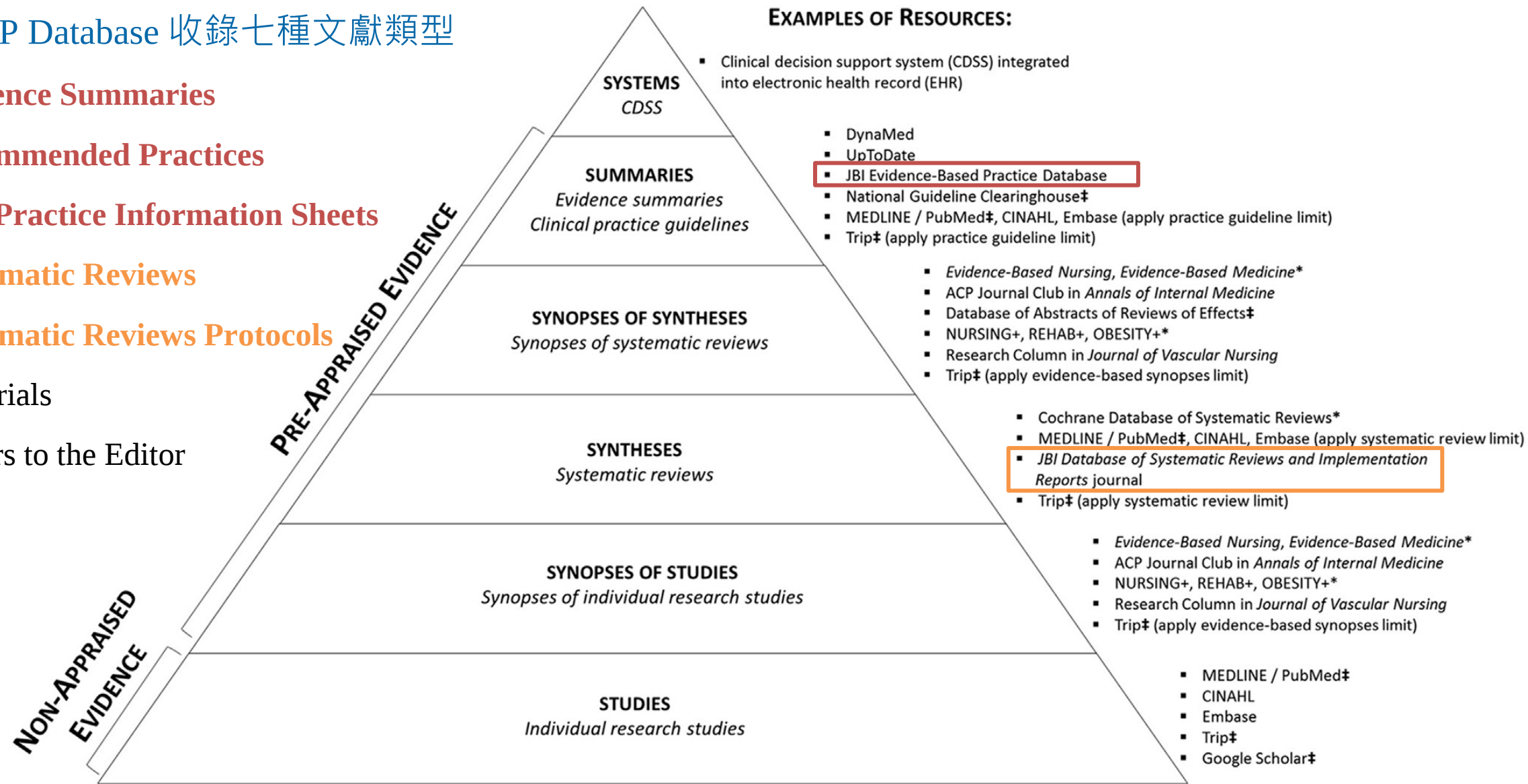
治療者做介入照護時，需要了解及使用當前最新的研究證據，最受支持的療法去治療他們的患者。

Aged Care 老年保健	Emergency & Trauma 急診與創傷	Pediatrics小兒科
Burns Care 燒傷護理	General Medicine一般用藥	Rehabilitation 復健
Cancer Care 癌症護理	Health Management & Assessment健康管理與評估	Renal Care腎臟護理
Cardiovascular Care心血管護理	Infection Control •感染控制	Surgical Services手術服務
Chronic Disease 慢性病	Mental Health精神健康	Tropical and Infectious Disease 熱帶和傳染病
Diagnostic Imaging 影像診斷	Midwifery Care助產護理	Wound Healing and Management 傷口癒合與管理

JBI EBP Database 收錄主題

- JBI EBP Database 收錄七種文獻類型

- Evidence Summaries
- Recommended Practices
- Best Practice Information Sheets
- Systematic Reviews
- Systematic Reviews Protocols
- Editorials
- Letters to the Editor



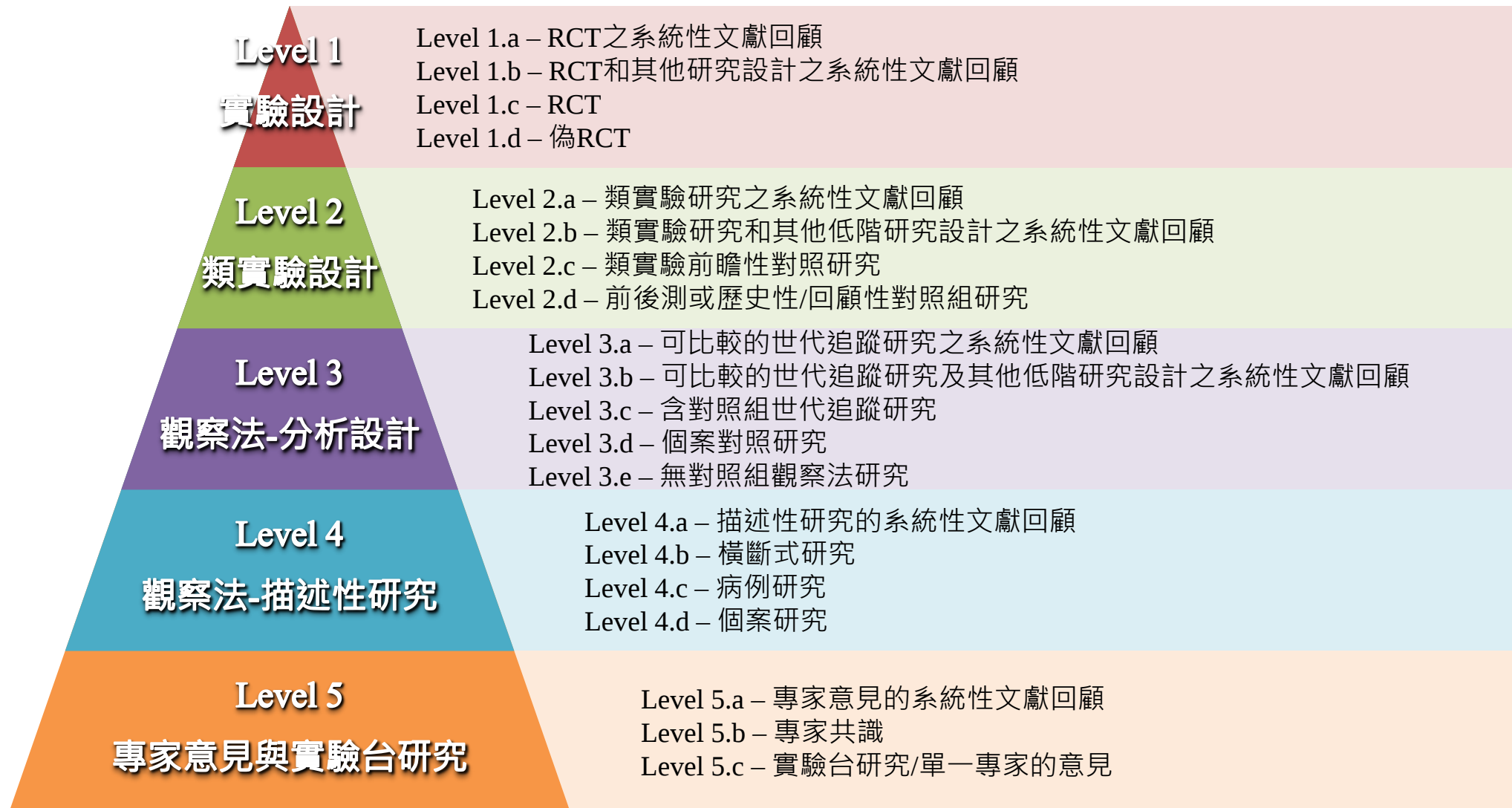
6S model of evidence with examples of resources from Jameson J, Walsh ME. Tools for evidence-based vascular nursing practice: Achieving information literacy for lifelong learning. *J Vasc Nurs.* 2017 Dec;35(4):201-210.

‡ = free access

* = partial free access

JBI 證據等級 - 針對有效性的證據等級

From: 新JBI證據等級--針對有效性的證據等級.台灣護理學會實證健康照護知識館.



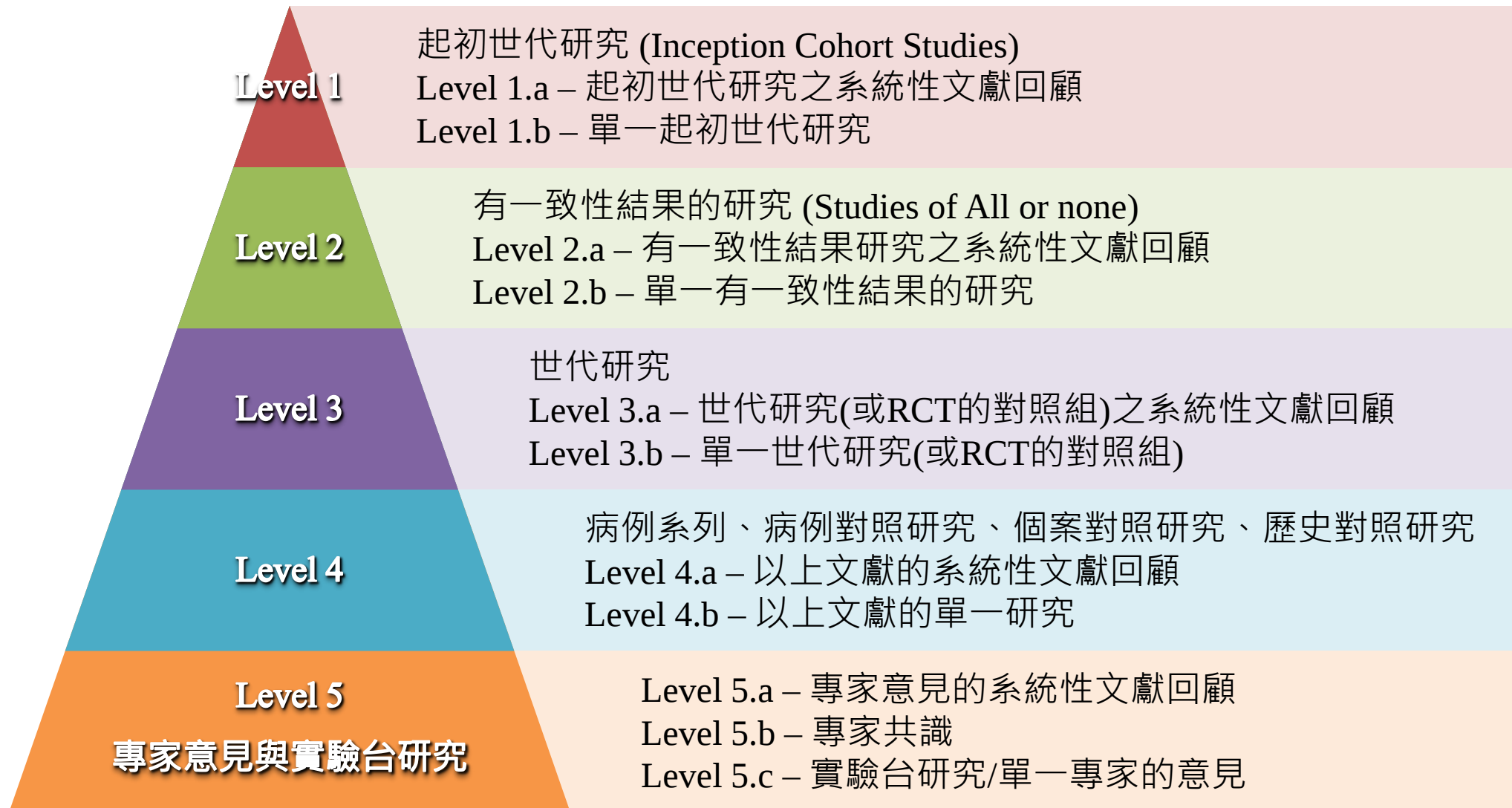
JBI 證據等級 - 針對診斷的證據等級

JBI Levels of Evidence and Grades of Recommendation Working Party*. Supporting Document for the JBI Levels of Evidence and Grades of Recommendation. JBI. 2014. <https://jbi.global>



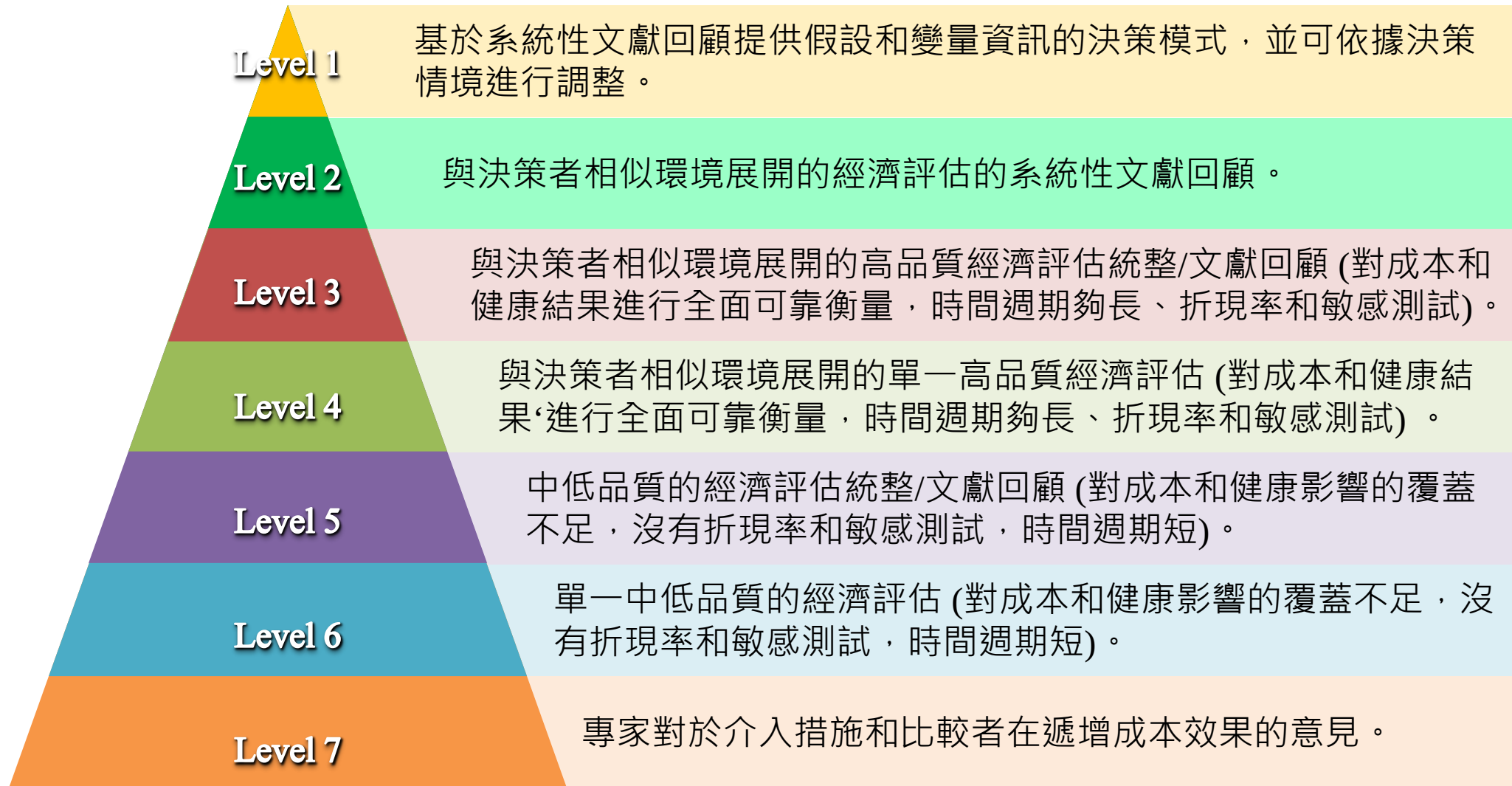
JBI 證據等級 - 針對預後的證據等級

JBI Levels of Evidence and Grades of Recommendation Working Party*. Supporting Document for the JBI Levels of Evidence and Grades of Recommendation. JBI. 2014. <https://jbi.global>



JBI 證據等級 - 針對經濟評估的證據等級

JBI Levels of Evidence and Grades of Recommendation Working Party*. Supporting Document for the JBI Levels of Evidence and Grades of Recommendation. JBI. 2014. <https://jbi.global>



JBI 證據等級 – 質性研究的證據等級

JBI Levels of Evidence and Grades of Recommendation Working Party*. Supporting Document for the JBI Levels of Evidence and Grades of Recommendation. JBI. 2014. <https://jbi.global>



A級

- 對於某種健康管理策略,符合下列條件即給予“強”建議:
 - 1)策略的期望效果超過不良效果是明確的;
 - 2)有充足品質的證據支持其使用;
 - 3)對資源使用有益或沒有影響;
 - 4)顧慮到病人價值觀, 偏好和經驗。

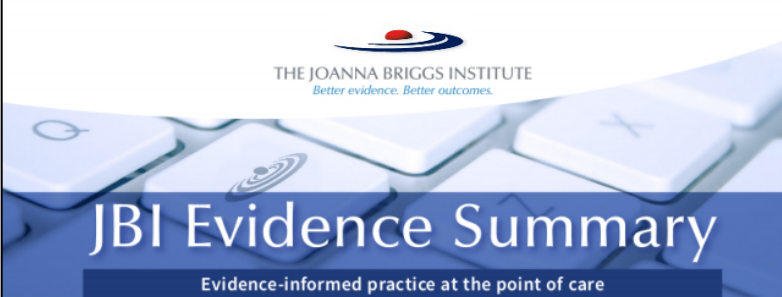
B級

- 對於某種健康管理策略,符合下列條件即給予“弱”建議:
 - 1)策略的期望效果似乎超過不良效果, 然而不是明確的;
 - 2)有證據支持其使用, 然而可能不是高品質的;
 - 3)對資源使用有益, 沒有影響或影響最小;
 - 4)或多或少顧慮到病人價值觀, 偏好和經驗。

文獻類型 - Evidence Summaries

- 針對常見臨床照護介入措施及方式，提供國際上實證的簡短摘要
- 結構化的檢索文獻方式，用來查詢實證照護資料庫

JBI Grades of Recommendation	
A 'strong' recommendation for a certain health management strategy where:	
Grade A	1. it is clear that desirable effects outweigh undesirable effects of the strategy;
	2. where there is evidence of adequate quality supporting its use;
	3. there is a benefit or no impact on resource use, and
	4. values, preferences and the patient experience have been taken into account.
A 'weak' recommendation for a certain health management strategy where:	
Grade B	1. desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear;
	2. where there is evidence supporting its use, although this may not be of high quality;
	3. there is a benefit, no impact or minimal impact on resource use, and
	4. values, preferences and the patient experience may or may not have been taken into account.



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JBI Evidence Summary

Evidence-informed practice at the point of care

Low Back and Pelvic Pain (Pregnancy-Related): Prevention and Treatment

26 December 2017

Author
Priyanka Pamaiahgari, BDS

Question
What is the best available evidence regarding prevention and treatment for pelvic and lower back pain in pregnancy?

Clinical Bottom Line
More than two-thirds of pregnant women experience lower back pain (LBP) and almost one-fifth experience pelvic pain. As the pregnancy advances, pain increases and can interfere with work, daily activities and disturb sleep. This pain is possibly related to altered posture and increased levels of relaxin hormone.^{1,2} Prescribing medications during pregnancy is controversial, therefore many women use complementary and alternative medicine (CAM) interventions.²

* A Cochrane systematic review was conducted to update the evidence assessing the effects of any intervention used to prevent and treat LBP, pelvic pain or both during pregnancy. The review found low-quality evidence that exercise (any exercise on land or in water) may reduce pregnancy-related low back pain and moderate- to low-quality evidence suggesting that any exercise improves functional

Best Practice Recommendations

- Exercises that are tailored to the stage of pregnancy are recommended to reduce evening pelvic pain or lumbopelvic pain. (Grade B)
- Water-based exercise should be considered for inclusion in a care plan to assist in reducing lower back pain, based on patients' needs and the context. (Grade B)
- Craniosacral therapy, osteomaniipulative therapy or a multi-modal intervention (manual therapy, exercise and education) may be considered in reducing pregnancy-related pelvic and lower back pain. Clinical judgement and individual patient preference should inform the decision to use these interventions. (Grade B)

文獻類型 - Recommended Practices

- 提供介入指引及程序，針對選定的臨床主題作進一步的說明及建議
 - Recommended Practice 推薦做法
 - Equipment List 設備清單
 - Occupational Health & Safety Provisions 相關安全規定
 - Evidence Summary 臨床證據摘要



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JBI Recommended Practice

Evidence-informed practice at the point of care

Non-specific Low Back Pain: Superficial Heat

30 May 2018

Equipment

- Patient's medical record
- Sensation testing equipment
- Heat Wrap/Hot Pack

Recommended Practice

PRECAUTIONS:

- Neurological disorders
- Kidney problems
- Diabetes mellitus
- Bleeding diseases
- Inflammatory disease
- Abnormal heat sensitivity
- Peripheral vascular disorders
- Active tuberculosis
- Skin lesions (e.g. rash, bruising, laceration)
- Areas where heat rub was applied
- May refer to manufacturer's guidelines for precautions

CONTRAINDICATIONS:

- Circulatory insufficiency
- Risk of dissemination (malignancy, systemic disease)
- Possible exacerbation of existing conditions
- Loss of skin sensation (hot or cold)

JBI Evidence Summary

Non-specific Low Back Pain: Superficial Heat or Cold

28 May 2018

Author

Lucylynn Lizarondo, PhD, MPhysio, MPsych, BPhysio

Question

What is the best available evidence regarding the effectiveness of superficial heat or cold for managing low back pain?

文獻類型 - Best Practice Information Sheets

- 根據大量的systematic reviews 文獻的結果，彙整一個建議方案
- 從大量數據中收集的關鍵問題和建議的訪問
- 2020 新文獻類型

The New JBI Levels of Evidence and Grades of Recommendation are now being used for all JBI documents as of the 1st of March 2014.

	Levels of Evidence - Effectiveness
Level 1 - Experimental Designs	Level 1.a - Systematic review of Randomized Controlled Trials (RCTs)
	Level 1.b - Systematic review of RCTs and other study designs
	Level 1.c - RCT
	Level 1.d - Pseudo-RCTs
Level 2 - Quasi-experimental Designs	Level 2.a - Systematic review of quasi-experimental studies
	Level 2.b - Systematic review of quasi-experimental and other lower study designs
	Level 2.c - Quasi-experimental prospectively controlled study
	Level 2.d - Pre-test - post-test or historic/retrospective control group study
Level 3 - Observational - Analytic Designs	Level 3.a - Systematic review of comparable cohort studies
	Level 3.b - Systematic review of comparable cohort and other lower study designs
	Level 3.c - Cohort study with control group
	Level 3.d - Case - controlled study
Level 4 - Observational - Descriptive Studies	Level 3.e - Observational study without a control group
	Level 4.a - Systematic review of descriptive studies
	Level 4.b - Cross-sectional study
	Level 4.c - Case series
Level 5 - Expert Opinion and Bench Research	Level 4.d - Case study
	Level 5.a - Systematic review of expert opinion
	Level 5.b - Expert consensus
	Level 5.c - Bench research/ single expert opinion



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Aged care

Best Practice

Evidence-based information sheets for health professionals

Family involvement in decision making for people with dementia in residential aged care

Recommendations*

- Residential aged care staff could ascertain the preferred degree of involvement of family caregivers in decision making about the resident. **(Grade B)**
- Residential aged care staff can ensure that they develop and maintain effective dialogue with the resident's family about the resident's health status. **(Grade B)**
- Residential aged care staff can provide support for family caregivers when making decisions about the resident. **(Grade B)**
- Residential aged care staff can provide opportunities for reciprocal sharing of information with the resident's family about the resident's illness, treatment options and quality of life as well as their life story, values and wishes. **(Grade B)**

*For a definition of JBI's 'Grades of Recommendation' see the JBI Manual of Evidence Synthesis

JBI Grades of Recommendation*

Grade A	A 'strong' recommendation for a certain health management strategy where (1) it is clear that desirable effects outweigh undesirable effects of the strategy; (2) where there is evidence of adequate quality supporting its use; (3) there is a benefit or no impact on resource use, and (4) values, preferences and the patient experience have been taken into account.
Grade B	A 'weak' recommendation for a certain health management strategy where (1) desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; (2) where there is evidence supporting its use, although this may not be of high quality; (3) there is a benefit, no impact or minimal impact on resource use, and (4) values, preferences and the patient experience may or may not have been taken into account.

Information Source

This Best Practice Information Sheet is based on a systematic review published in 2013: Systematic Reviews and Implementation Science. The review report is available from the Joanna Briggs Institute (www.joannabriggs.org).

decision makers with staff facilitates staff members' understanding of

文獻類型 - Systematic Reviews

- Systematic Reviews

- 文獻的分析

- 提出一個問題
 - 建立收錄原則
 - 建立廣泛搜索實證的策略
 - 評估每篇文章的質量
 - 擷取文章中的精華
 - 綜述各篇文章中的要點

- Systematic Review Protocols

- 文獻背景資訊和進行系統化綜述的計劃

A meta-synthesis of women's perceptions and experiences of breastfeeding support

Virginia Schmied, PhD, RM¹

Sarah Beake, MA RM RN²

Athena Sheehan, PhD, MN, RM, RN³

Christine McCourt, PhD BA⁴

Fiona Dykes, PhD, MA, RGN, RM, ADM, Cert Ed⁵

1. Associate Professor (maternal and child health) School of Nursing and Midwifery, University of Western Sydney, Sydney, Australia

2. Research Midwife, Centre for Research in Midwifery and Childbirth, Thames Valley University, Paragon House, Boston Manor Road, Brentford, TW8 9GA, UK and Deputy Director, Thames Valley Centre for Evidence-Based Nursing & Midwifery.

3. Senior Lecturer, Faculty of Nursing and Health, Avondale College, NSW, Australia and Adjunct Research Fellow, School of Nursing and Midwifery, University of Western Sydney, Sydney, Australia.

4. Professor of Anthropology & Health, Centre for Research in Midwifery and Childbirth, Thames Valley University, London, UK and also visiting professor, NMAHP Research Unit, University of Stirling.

5. Professor of Maternal and Infant Health and Director of Maternal and Infant Nutrition and Nurture Unit (MAINN), School of Public Health and Clinical Sciences, University of Central Lancashire, England, Adjunct Professor, University of Western Sydney.

Corresponding author: Sarah Beake, Centre for Research in Midwifery and Childbirth, Thames Valley University, Paragon House, Boston Manor Road, Brentford, TW8 9GA, UK. E-mail: Sarah.Beake@tvu.ac.uk

Executive Summary

Background- Breastfeeding conveys significant health benefits to infants and mothers yet in many affluent nations breastfeeding rates continue to decline across the early months following birth. Both peer and professional support have been identified as important to the success of breastfeeding. What is not known are the key components or elements of support that are effective in increasing the duration of breastfeeding?

Objectives- The aim of this meta-synthesis was to examine women's perceptions and experiences of breastfeeding support, either professional or peer, in order to illuminate the components of support that they deem 'supportive'. A secondary aim was to describe any differences between components of Peer and Professional support.

Selection criteria- Both primiparous and multiparous women who initiated breastfeeding were included in the study. Studies that included a specific demographic sub-group, such as

A healthcare worker, likely a nurse, is shown in profile, wearing a light pink lab coat over a white shirt and a blue surgical mask. She is looking down at a piece of medical equipment, possibly a patient monitor or a computer screen, which is partially visible on the left. The background is a blurred clinical or hospital setting with other people and equipment. A blue semi-transparent rectangular overlay is positioned on the left side of the image, containing the text '開始查詢JBI'.

開始查詢JBI



Wolters Kluwer

Ovid Medline檢索功能



Ovid Medline檢索功能-點選JBI



Ovid®

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Support & Tra

Search

Journals

Books

Multimedia

My Workspace

EBP Tools



What's New

Select Resource(s) to search:

☐	All Resources	^
☐	Search Chi Mei Hospital Ovid Full-text Journals	ⓘ
☐	Search Chi Mei Hospital Ovid Full-text Books	ⓘ
☐	Search All Ovid Journals	ⓘ
☒	JBI EBP Database Current to July 23, 2025	ⓘ
☐	Embase 1974 to 2025 August 04	ⓘ
☐	Ovid MEDLINE(R) ALL 1946 to August 05, 2025	ⓘ

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-	-	-	-	-	-

Save Remove Combine with: AND OR

Save All Edit Create RSS Create Auto-Alert View Saved Share Search History

Basic Search Find Citation Search Tools Search Fields Advanced Search Multi-Field Search

1 resource selected Hide Change

① JBI EBP Database Current to July 23, 2025

Family and stroke rehabilitation Q Search ①

☐ Include Multimedia ☒ Include Related Terms

一定要勾選include Related Terms

檢索結果2449筆

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SearchJournalsBooksMultimediaMy WorkspaceEBP ToolsWhat's New

Search History (1) 

View Saved 

☐	# ▲ Searches	Results	Runtime	Type	Actions	Annotation
☐	1 Family and stroke rehabilitation {Including Limited Related Terms}	2449	0.13	Basic	Display Results More 	

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Save AllEditCreate RSSCreate Auto-AlertView Saved

Share Search History

Basic SearchFind CitationSearch ToolsSearch FieldsAdvanced SearchMulti-Field Search

1 resource selected [Hide](#) [Change](#)

① JBI EBP Database Current to July 23, 2025

Enter topic or question

 Search ①

依步驟將五顆星加入(Add to Search History)

Search Information

You searched:
Family and stroke rehabilitation
(Including Limited Related Terms)

Search terms used:
family
families
fam
stroke rehabilitation

Search Returned:
2449 text results

Sort By:
SCORE

Customize Display

Filter By

2+ Add to Search History

Selected Only (0)

Relevancy

1 5 stars only

4 or more

3 or more

2 or more

Years

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1. ★★★★★
Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation.
Lizarondo, Lynn [PhD].
Best Practice Evidence-based information sheets for health professionals. 21(4):1-4, 2022.
[Best Practice Evidence-based Information Sheets]
AN: JBI231
Year of Publication
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2. ★★★★★
Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation: a systematic review of qualitative evidence.
Lloyd, Anna; Bannigan, Katrina; Sugavanam, Thavapriya; Freeman, Jennifer.
JBI Database of Systematic Reviews and Implementation Reports. 2018.
[Systematic Reviews]
AN: JBI19724
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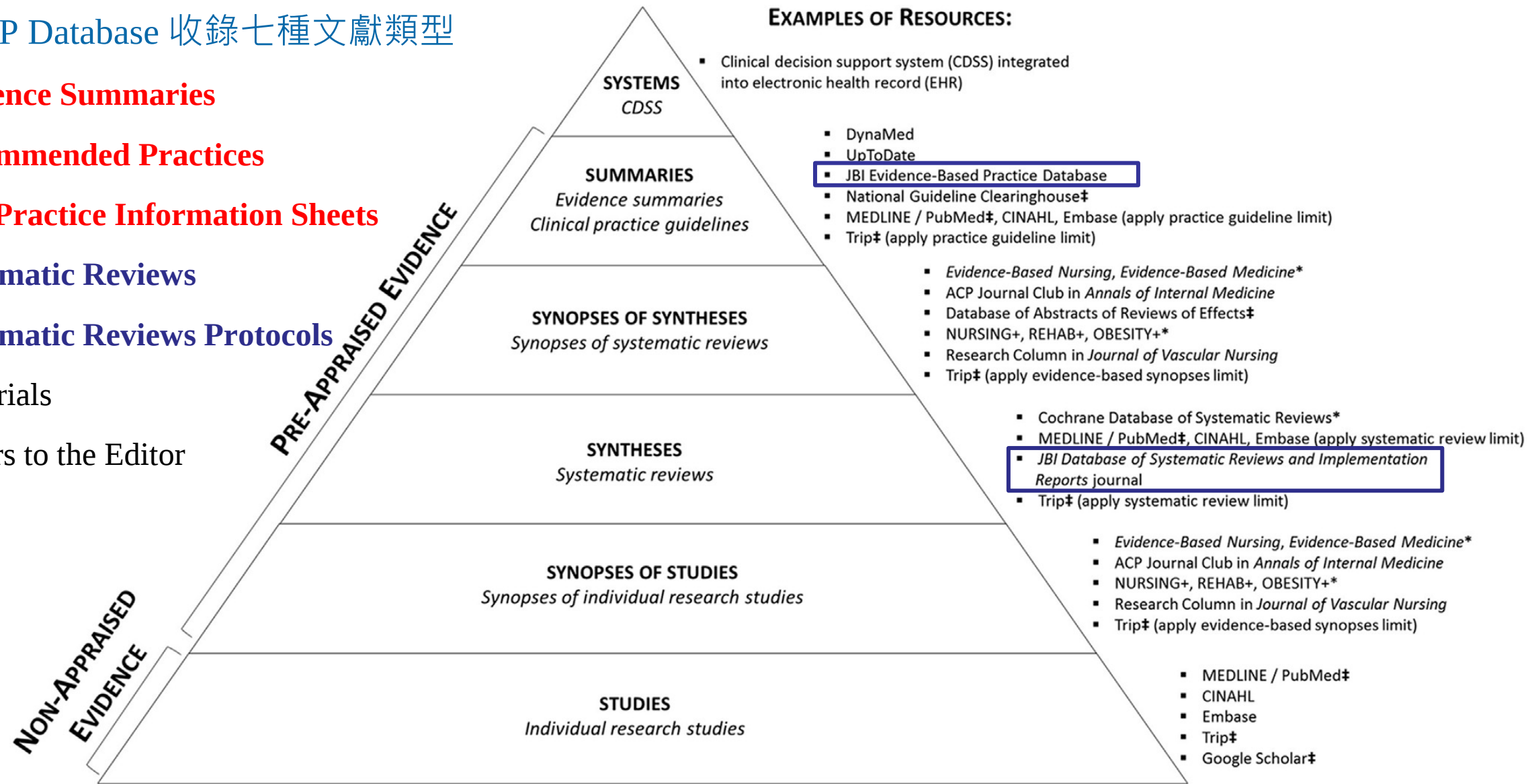
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6S model of evidence with examples of resources from Jameson J, Walsh ME. Tools for evidence-based vascular nursing practice: Achieving information literacy for lifelong learning. *J Vasc Nurs.* 2017 Dec;35(4):201-210.

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1. **Stroke Rehabilitation: Acupuncture.**

Valdez, Faith Caitlyn [BSStat].
[Evidence Summaries]
AN: JBI1231
Year of Publication
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2. **Stroke: Goal Setting.**

De Rezende, Helena [PhD].
[Evidence Summaries]
AN: JBI20434
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JBI EVIDENCE SUMMARY

Stroke Rehabilitation: Acupuncture

Search date

29/11/2022

Author

Faith Caitlyn Valdez BSSStat

Publication date

16/01/2023

Question

What is the best available evidence regarding the safety and effectiveness of acupuncture for the rehabilitation of patients with stroke?

Clinical Bottom Line

Stroke is one of the leading causes of death and disability in developed countries.¹ Fifty per cent of survivors experience significant disability and 10% require long-term institutional care which is a major burden for both family and society. Many methods have been utilized to assist in a patient's rehabilitation post-stroke.^{1,2} Acupuncture is one method, which had been used for hundreds of years in China and is



1



Stroke is one of the leading causes of death and disability in developed countries.¹ Fifty per cent of survivors experience significant disability and 10% require long-term institutional care which is a major burden for both family and society. Many methods have been utilized to assist in a patient's rehabilitation post-stroke.^{1,2} Acupuncture is one method, which had been used for hundreds of years in China and is beginning to be seen in the western world.¹

- A systematic review evaluated the efficacy and safety of acupuncture for people with subacute or chronic stroke. The intervention of interest was acupuncture therapy (needling). The authors reported that acupuncture may have beneficial effects on improving daily living, global neurological deficiency and neurological function for people with stroke in the convalescent stage, with no obvious serious adverse events.¹ (Level 1)
- A systematic review evaluated the evidence for the effectiveness of contralateral acupuncture for post-stroke rehabilitation compared to ipsilateral acupuncture. The authors reported very limited evidence for effectiveness for both modes of acupuncture.² (Level 1)
- A systematic review evaluated the effectiveness of acupuncture for people with post-stroke dysphagia. The authors reported a pooled risk ratio (RR) of 1.33 (95% CI, 1.25 to 1.43) and a significant difference was found between the acupuncture group and non-acupuncture group. While the evidence was inconclusive for the use of acupuncture as a routine treatment, it could be considered as an alternative intervention.³ (Level 1)
- A systematic review assessed the evidence related to subacute physical rehabilitation interventions for restoring and maintaining ADLs in stroke patients. There was evidence to demonstrate that acupuncture resulted in significant improvements (Standardized Mean Difference > 0.8); however, the trials were considerably heterogeneous.⁴ (Level 1)
- A systematic review assessed the effect of acupuncture on reducing the incidence of death or dependency, and improvement in quality of life, following acute ischemic or hemorrhagic stroke. Results from 11 low quality trials showed that participants who received acupuncture were statistically

Characteristics Of The Evidence

This evidence summary is based on a structured search of the literature and selected evidence-based health care databases. Evidence included in the summary is from:

- A systematic review of 31 trials with a total of 2,257 participants.¹
- A systematic review that included eight RCTs with a total of 428 participants.²
- A systematic review that included 29 RCTs with a total of 2,190 participants.³
- A systematic review and meta-analyses of 55 RCTs including 13,787 participants, with 27 RCTs relevant to acupuncture.⁴
- A systematic review and meta-analyses of 33 RCTs with 3,946 participants.⁵
- A systematic review that included 20 RCTs involving 1,918 participants.⁶
- A systematic review and meta-analyses of 19 RCTs involving 1,434 participants.⁷
- A systematic review and meta-analyses of 51 RCTs and seven quasi-RCTs involving 6,339 participants, with 39 studies relevant to acupuncture.⁸
- A systematic review and meta-analyses of 10 trials involving 761 participants.⁹

Best Practice Recommendations

1. The evidence on the effectiveness of acupuncture for improving wellbeing and function following stroke is inconclusive and therefore may not be recommended as part of the routine therapy for stroke rehabilitation. (Grade B)

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1. **★★★★★**
Atrial Fibrillation: Patient Education.
[Recommended Practices]
AN: JBI118808
Year of Publication
2023
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2. **★★★★★**
Stroke: Occupational Therapy for Activities of Daily Living.
[Recommended Practices]
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Atrial Fibrillation: Patient Education

Search date

20/04/2022

Publication date

27/03/2023

Equipment

- Educational materials appropriate to the delivery method, e.g. educational pamphlets, booklets or other multimedia educational resources.
- Self-management support tools, including self-monitoring diaries and mobile health applications on digital devices like tablets.

Recommended Practice

Purpose

- Structured, tailored, and individualized education aims to improve healthcare outcomes for patients with atrial fibrillation (AF) by emphasizing and promoting self-management, medication adherence, lifestyle changes and risk factor management.

- Consider including education regarding psychological support, cognitive behavioral therapy or other relevant interventions based on the patient's psychosocial needs.
- Provide patient education on AF within a patient-centered and integrated management framework or as an element of cardiac or stroke rehabilitation programs.
- Evaluate the effectiveness of patient education during follow-ups. Identify patients' knowledge gaps and provide clarification if needed.

Supporting Evidence Summaries

- Atrial Fibrillation: Patient Education

Occupational Health and Safety Considerations



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Author(s) potential or perceived conflicts of interest are collected and managed in line with the International Committee of Medical Journal Editors (ICMJE) standards.

How to cite: JBI. Recommended Practice. Atrial Fibrillation: Patient Education. The JBI EBP Database. 2023; JBI-RP-5183-1.

For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. *Worldviews Evid Based Nurs*. 2015;12(3):131-8.

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Accession Number:	JB123158	
Author:	Lizarondo, Lucylynn [PhD].	
Institution:	1. JBI, The University of Adelaide, Adelaide	
Title:	Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation .	
Source:	Best Practice: evidence-based information sheets for health professionals. 21(4):1-4, 2022.	
Abstract:	摘要部分為建議結論 Recommendations* * Individual practitioners and providers of inpatient stroke rehabilitation services should reflect upon and evaluate the impact they have on goal setting interactions. They should endeavor to positively encourage and empower the stroke survivor. They should get to know the person, listening to them and finding out "who they are", in order to develop meaningful goals (together) that are individualized to the stroke survivor. (Grade B) * Practitioners should recognize that recovery after stroke is ongoing and unpredictable and be aware of the potential importance to stroke survivors of maintaining hope and a sense of forward momentum through the use of person-centered goal setting in stroke rehabilitation. (Grade B) * Practitioners should use person-centered goal setting processes in stroke rehabilitation that acknowledge and adapt to a stroke survivor's ability and desire to be involved in goal setting. (Grade B) * Please refer to: JBI's Grades of Recommendation	
Publication Type:	Best Practice Information Sheets.	
Keywords:	Goal setting; experiences; qualitative; stroke survivors	
MeSH Subject Headings:	Stroke Rehabilitation	

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BEST PRACTICE

Evidence-based information sheets for health professionals

Experiences of stroke survivors, their families and unpaid carers in goal setting within stroke rehabilitation

Recommendations*

- Individual practitioners and providers of inpatient stroke rehabilitation services should reflect upon and evaluate the impact they have on goal setting interactions. They should endeavor to positively encourage and empower the stroke survivor. They should get to know the person, listening to them and finding out “who they are”, in order to develop meaningful goals (together) that are individualized to the stroke survivor. **(Grade B)**
- • Practitioners should recognize that recovery after stroke is ongoing and unpredictable and be aware of the potential importance to stroke survivors of maintaining hope and a sense of forward momentum through the use of person-centered goal setting in stroke rehabilitation. **(Grade B)**
- • Practitioners should use person-centered goal setting processes in stroke rehabilitation that acknowledge and adapt to a stroke survivor’s ability and desire to be involved in goal setting. **(Grade B)**

*Please refer to: JBI’s Grades of Recommendation

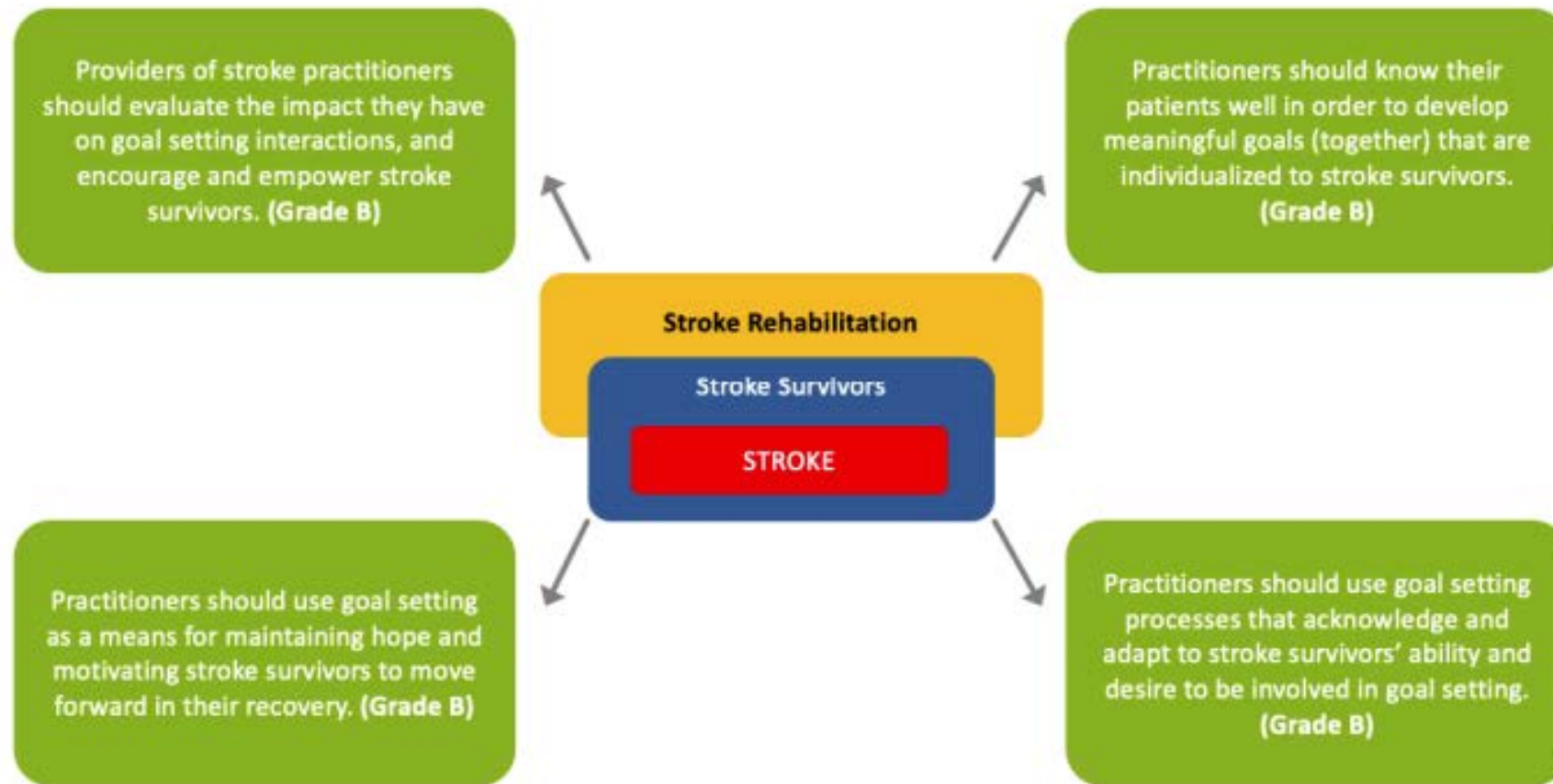


Figure 1: Stroke survivors' experiences of goal setting in stroke rehabilitation

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The experiences of **stroke** survivors, their **families** and unpaid carers regarding goal setting within **stroke rehabilitation**: a systematic review protocol.
Lloyd, Anna; Bannigan, Katrina; Sugavanam, Thavapriya; Freeman, Jenny.
[Systematic Review Protocols]
AN: JBI14537
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2016

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Edwards, Deborah; Carrier, Judith; Hopkinson, Jane.
[Systematic Review Protocols]
AN: JBI14052
Year of Publication
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The effectiveness of psychosocial interventions for **family** caregivers on the psychosocial wellbeing, physical health and quality of life of **stroke family** caregivers and their **stroke** survivors: a systematic review.
Yu, Cheng Ho [RN, BN (Hons)]; Chair, Sek Ying [RN, PhD]; Chau, Janita PC [RN PhD].
[Systematic Review Protocols]
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The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol

Anna Lloyd¹

Katrina Bannigan²

Thavapriya Sugavanam³

Jenny Freeman⁴

- 1 Royal Devon and Exeter NHS Foundation Trust, Exeter, Devon, United Kingdom
- 2 Faculty of Health and Human Sciences, Plymouth University, Devon, United Kingdom
- 3 National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) South West Peninsula (PenCLAHRC), Centre for Clinical Trials and Population Studies, Plymouth University, United Kingdom
- 4 The Centre for Innovations in Health and Social Care (Plymouth University): an Affiliate Centre of the Joanna Briggs Institute

Review question/objective

The overall aim of this qualitative systematic review is to explore the personal experiences of stroke survivors, their families and unpaid carers in goal setting in stroke rehabilitation.

The objectives of this review are to:

1. Describe the experiences of stroke survivors, their families and unpaid carers in goal setting in stroke rehabilitation
2. Identify whether stroke survivors, their families and unpaid carers consider the impact of goal setting on the person-centeredness of the rehabilitation approach
3. Ascertain whether stroke survivors, their families and unpaid carers consider if goal setting enables them to effectively self-manage their condition.

Background

Stroke is one of the leading causes of disability in adults and significantly affects the lives of individuals and their families, as well as the health and economy of a nation.^{1,2} Stroke affects individuals in different ways and is associated with a wide range of disabilities.³ It is recommended that individual needs and preferences are accounted for in the planning and delivery of stroke rehabilitation services, as part of a "patient-" or person-centered approach.⁴

Person-centeredness is now widely accepted as beneficial for people living with long-term conditions, such as stroke.⁵ It has become an increasingly important concept in healthcare and rehabilitation over the past two decades,⁶ with momentum building in the past five years.⁵ It has been described as a "philosophy or approach to the delivery of rehabilitation services that reflects the needs of individuals ... rather than professionals", involving patients actively managing their own healthcare and rehabilitation, in collaboration with health professionals and service providers who "understand and respect their individual needs".^{7(p1416)} Despite person-centeredness being widely recognized as a cornerstone in the management of long-term conditions, progress in implementation has been slow.⁵

Increasing numbers of people live with long-term conditions, which they manage independently for most of the time. The impact of this on health services is enormous. Supporting self-management complements the philosophy of person-centered care, helps people further develop skills to help themselves, improves quality of life and changes the way people use health services by reducing dependence.⁸ As one person with a long-term condition, Anya de Longh, described it, supporting self-management "creates more sustainable lives, which will in turn lead to a more sustainable NHS". She highlights three key enablers of self-management support: "setting an agenda, setting goals, and follow-up".^{9(p2)}

Keywords

stroke; goal setting; qualitative research; systematic review

Inclusion criteria

Types of participants

This review will consider studies that include adults (18 years old and over) who have experienced a stroke and undergone rehabilitation (as an inpatient or an outpatient), and their families and unpaid carers. Family members who care directly for their stroke survivor spouse or relative will be included. Family members who do not provide direct care but live with their stroke survivor spouse or relative will be included. Others who provide direct care, but are not paid or related to the stroke survivor, will be included. Paid carers (non-family) or family members who neither live with nor care for a stroke survivor will be excluded.

Phenomena of interest

Studies that investigate the experiences of stroke survivors, their families and unpaid carers regarding goal setting within rehabilitation will be considered. Studies investigating stroke rehabilitation goal setting as the entire focus, or those where it is investigated as a sub-section, will be considered.

There exists a range of definitions of goal setting within rehabilitation. This review will use the definition of a goal agreed upon by an expert consensus through the use of a modified Delphi technique:^{11(p338)}

"A goal can be described as how things *will be* at some specified time in the future and that it is a desired state that requires both action and effort."

Goals may be long, medium or short term in nature, and these carry different characteristics. Long-term goals, also described as aims, are those "set at the limits of the foreseeable future". They are

Appendix I: Appraisal instruments

QARI appraisal instrument

JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research

Reviewer Date

Author Year Record Number

	Yes	No	Unclear	Not Applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	☐	☐	☐	☐
2. Is there congruity between the research methodology and the research question or objectives?	☐	☐	☐	☐
3. Is there congruity between the research methodology and the methods used to collect data?	☐	☐	☐	☐
4. Is there congruity between the research methodology and the representation and analysis of data?	☐	☐	☐	☐
5. Is there congruity between the research methodology and the interpretation of results?	☐	☐	☐	☐
6. Is there a statement locating the researcher culturally or theoretically?	☐	☐	☐	☐
7. Is the influence of the researcher on the research, and vice-versa, addressed?	☐	☐	☐	☐
8. Are participants, and their voices, adequately represented?	☐	☐	☐	☐
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	☐	☐	☐	☐
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	☐	☐	☐	☐

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Results

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☐ 1 Family and stroke rehabilitation (Including Limited Related Terms)

2449

0.13

Basic

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1 ☒ 2 limit 1 to five stars

42

0.00

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☐ 3 limit 2 to evidence summaries

6

0.00

Advanced

[Display Results](#)

[More](#) ▾



☐ 4 limit 2 to recommended practices

2

0.01

Advanced

[Display Results](#)

[More](#) ▾



☐ 5 limit 2 to best practice information sheets

0.00

Advanced

[Display Results](#)

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☐ 6 limit 2 to "systematic review protocols"

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3 ☒ Aged Care

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☐ Cancer

☐ Cardiovascular

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☐ Emergency and Trauma

☐ Endocrine and Diabetes

☐ Eyes, Ears, Nose, Throat

☐ Family Health

☐ Fundamentals of Care

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4

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Search terms used:

family
families
fam
stroke rehabilitation

Search Returned:

7 text results

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Selected Only (undefined)

Relevancy

All Stars

5 stars only

4 or more

3 or more

☐ All

Range: Ex: 1-4, 7

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☐ 1.

★★★★★
The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol.

Lloyd, Anna; Bannigan, Katrina; Sugavanam, Thavapriya; Freeman, Jenny.

[Systematic Review Protocols]

AN: JBI14537

Year of Publication

2016

Abstract Cite + My Projects + Annotate

☐ 2.

★★★★★
Assistance at mealtimes in hospital settings and rehal the perspective of patients, families and healthcare p systematic review protocol.

Edwards, Deborah; Carrier, Judith; Hopkinson, Jane.

[Systematic Review Protocols]

AN: JBI14052

Year of Publication

2015

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Citation

AMA

Lloyd, Anna, Bannigan, Katrina, Sugavanam, Thavapriya, Freeman, Jenny. The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol. 2016; Cited in: JBI EBP Database at <http://ovidsp-ovid-com.lib.chimei.org.tw:8080/ovidweb.cgi?T=JS&PAGE=reference&D=jbi&NEWS=N&AN=JBI14537>. Accessed August 06, 2025.

APA

Lloyd, Anna, Bannigan, Katrina, Sugavanam, Thavapriya & Freeman, Jenny. The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol. (2016). Retrieved from <http://ovidsp-ovid-com.lib.chimei.org.tw:8080/ovidweb.cgi?T=JS&PAGE=reference&D=jbi&NEWS=N&AN=JBI14537>.

MLA

Lloyd, Anna, et al. "The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol". (2016): JBI EBP Database.

報告列出參考文獻，請點選Cite，APA為中文文獻(最新版)，國外期刊投稿為AMA

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▲ Searches

		Results	Runtime	Type	Actions	Annotations	
☐	1	Family and stroke rehabilitation {Including Limited Related Terms}	2449	0.13	Basic	Display Results More ▼	
☐	2	limit 1 to five stars	42	0.00	Advanced	Display Results More ▼	
☐	3	limit 2 to evidence summaries	6	0.00	Advanced	Display Results More ▼	
☐	4	limit 2 to recommended practices	2	0.01	Advanced	Display Results More ▼	
☒	5	limit 2 to best practice information sheets	1	0.00	Advanced	Display Results More ▼	
☐	6	limit 2 to "systematic review protocols"	7	0.01	Advanced	Display Results More ▼	

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1°Family and stroke rehabilitation {Including Limited Related Terms} (2449)↓

2°limit 1 to five stars (42)↓

3°limit 2 to evidence summaries (6)↓

4°limit 2 to recommended practices (2)↓

5°limit 2 to best practice information sheets (1)↓

6°limit 2 to "systematic review protocols" (7)↓

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1.↩

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The experiences of stroke survivors, their families and unpaid carers regarding goal setting within stroke rehabilitation: a systematic review protocol.↩

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Lloyd, Anna; Bannigan, Katrina; Sugavanam, Thavapriya; Freeman, Jenny.↩

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[Systematic Review Protocols]↩

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AN: JBI14537↩

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Year of Publication: 2016↩

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Assistance at mealtimes in hospital settings and rehabilitation units for older adults from the perspective of patients, families and healthcare professionals: a mixed methods systematic review protocol.↩

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Edwards, Deborah; Carrier, Judith; Hopkinson, Jane.↩

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[Systematic Review Protocols]↩

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AN: JBI14052↩

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Year of Publication: 2015↩

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3.↩

↩

The effectiveness of psychosocial interventions for family caregivers on the psychosocial wellbeing, physical health and quality of life of stroke family caregivers and their stroke survivors: a systematic review.↩

↩

Yu, Cheng Ho [RN, BN (Hons)]; Chair, Sek Ying [RN, PhD]; Chau, Janita PC [RN PhD].↩

↩

[Systematic Review Protocols]↩

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☐	# ▲ Searches	Results	Runtime	Type	Actions		Annotations
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☐	2 limit 1 to five stars	42	0.00	Advanced	Display Results	More ▾	
☐	3 limit 2 to evidence summaries	6	0.00	Advanced	Display Results	More ▾	
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☒	5 limit 2 to best practice information sheets	1	0.00	Advanced	Display Results	More ▾	
☐	6 limit 2 to "systematic review protocols"	7	0.01	Advanced	Display Results		

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7.

★★★★★

The effect of interventions directed to informal caregivers on stroke patients' activity of daily living: A systematic review protocol.

Dai., Chin-Yin; Gyi, Aye Aye.

[Systematic Review Protocols]

AN: JBI4425

Year of Publication

2009

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