STARS Education and Research Alliance

CREATING KNOWLEDGE | TRANSFORMING CARE

The University Of Queensland
AUSTRALIA

Metro North Health | Queensland Government

STARS Critically Appraised Topic (CAT) Group: Recreation Officer

Specific Question:

What is the benefit of recreational officer role in an inpatient hospital setting for patients, clinicians and the organisation?

Clinical bottom line

Why is this important?

A Recreation Officer is a staff member that designs, implements and evaluates a variety of recreational, diversional and social activities to improve and / or maintain the physical and psychosocial function of patients. Activities provided by the Recreation Officer range from reminiscence activities to outdoor activities, diversional activities, and cognitive activities. As an example. during NAIDOC week, the Recreation Officer on 5B facilitated patients to be able to engage in the STARS NAIDOC celebrations from the ward verandah. A majority of patients who benefit from this role, are unable to advocate for themselves and this is an important consideration.
Presently there are two recreation officers in STARS on wards 6a and 5b. The demand on these roles is high, and requests have been made for support on other wards. Teams have observed multiple benefits to patients, clinical teams and the health service when a Recreation Officer is included in the model of care. Multiple requests have been made by the 4b team for Recreation Officer support. Psychology services have identified important benefits for mood and wellbeing, and the team have established a list of patients (it has been running for 3 months) they think will most benefit, which has helped them understand the broader quality of life benefits. Dietetics teams have found that overeating is reduced because patients have other activities to look forward to. Members of the CAT Group reported that patients are more settled, and reports of occupational violence are lower in the units where the Recreation Officer works. Clinical teams are usually focussed on delivering clinical care, with a focus on patient flow and safety, rather than recreation activities and engagement in leisure activities.
Recreation Officer roles are not routinely available in all health services. A clear understanding about the evidence base around these roles is desirable to ensure that the role is functioning with maximal impact.

Inclusion Criteria

Any study that investigates the use of recreational therapy in adult populations. English language studies were included.

Search dates

2004-2024

Type of Study

Highest quality available of any type of study (including randomised controlled trials, systematic reviews or scoping reviews with systematic methodology)

PICOT

	Description	Search terms
Population and Setting	Inpatients/hospital/hospitalised	(In-)patients, hospitals, patients, hospitalised
Intervention or Exposure (ie what is being tested)	Recreational therapy	Recreational, recreation, diversional, leisure and activities, therapists, therapy, activities of daily living
Comparison, if any	No recreational therapy	n/a
Outcomes of interest	Benefits, positive outcomes	n/a

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Date CAT completed: 16/02/2025

Types of studies	Within last 20 years, primary and secondary, English language	2004-2024, English language

Databases Searched

PubMed, CINAHL Complete (EBSCOhost), Embase (Elsevier), Cochrane Library (Wiley)

Date of search

29/10/2024

Search Strategies (including subject headings)

Search strategies, including subject headings, key concepts (singular/plural) and limits:
(recreation* **AND** (therapy OR activity OR role)) **AND** (hospital* OR patient*) **AND** (humans) **AND** (English language) **AND** (publication year range) **AND** (publication type)

PubMed 170 results
Limited to English and Undefined language, 20 years, humans only
Includes Medical Subject Headings

("Recreation Therapy"[mh] OR (("recreation"[ti] OR "recreational"[ti] OR "leisure"[ti] OR "diversional"[ti] OR "diversion"[ti]) AND ("activities of daily living"[mh] OR "activity"[ti] OR "activities"[ti] OR "engagement"[ti] OR "officer"[ti] OR "role"[ti] OR "roles"[ti] OR "therapy"[ti] OR "therapies"[ti] OR "therapeutic"[ti]))) AND ("patients"[mh] OR "hospital"[ti] OR "hospitalised"[ti] OR "hospitalized"[ti] OR "rehabilitation"[ti] OR "inpatient"[ti] OR "inpatients"[ti] OR "in-patient"[ti] OR "in-patients"[ti] OR "patient"[ti] OR "patients"[ti] OR "consumer"[ti] OR "consumers"[ti]) NOT ("animals"[mh] NOT "humans"[mh]) AND eng[la] OR und[la] AND 2004:2024[dp]

CINAHL Complete (EBSCOhost) 387 results
Limited to English language, 20 years, relevant publication type journal articles, humans only
Includes CINAHL Subject Headings

((MH "Recreational Therapy+") OR (((TI recreation) OR (TI recreational) OR (TI leisure) OR (TI diversional) OR (TI diversion)) AND ((MH "activities of daily living+") OR (TI activity) OR (TI activities) OR (TI engagement) OR (TI officer) OR (TI role) OR (TI roles) OR (TI therapy) OR (TI therapies) OR (TI therapeutic) OR (TI therapist) OR (TI therapists) OR (TI worker) OR (TI workers) OR (TI staff)))) AND ((MH patients+) OR (TI hospital) OR (TI hospitalised) OR (TI hospitalized) OR (TI rehabilitation) OR (TI inpatient) OR (TI inpatients) OR (TI in-patient) OR (TI in-patients) OR (TI patient) OR (TI patients) OR (TI consumer) OR (TI consumers)) NOT ((MH "Animals+" OR MH "Animal Studies" OR TI animal model*) NOT MH "Human") AND (LA English) AND PY 2004-2024 AND (PT academic journal)

Embase (Elsevier) 360
Limited to English language, 20 years, humans only and relevant publication types articles, articles in press/online first, and review articles
Includes Emtree

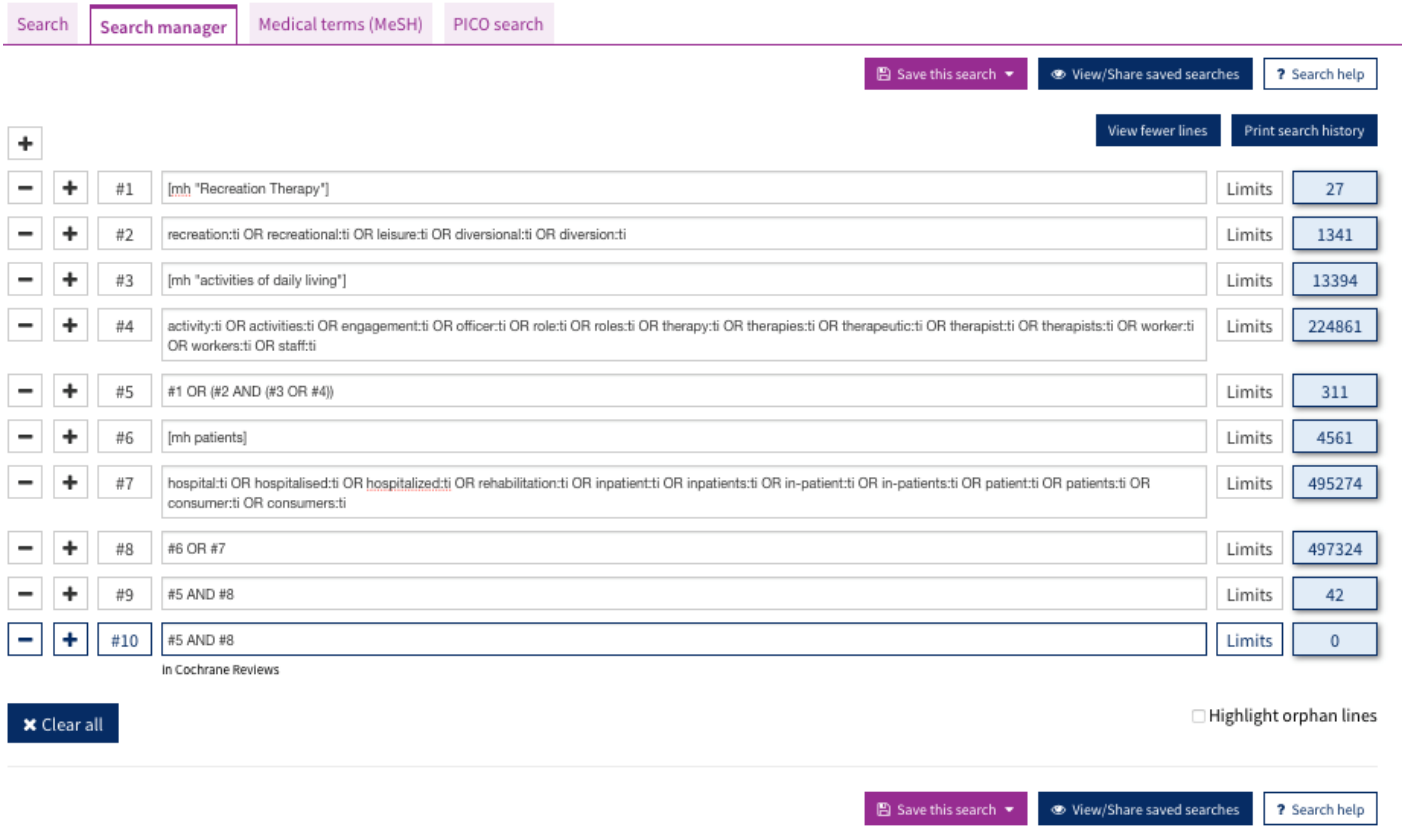
('recreational therapy'/exp OR (('recreation':ti OR 'recreational':ti OR 'leisure':ti OR 'diversional':ti OR 'diversion':ti) AND ('daily life activity'/exp OR 'activity':ti OR 'activities':ti OR 'engagement':ti OR 'officer':ti OR 'role':ti OR 'roles':ti OR 'therapy':ti OR 'therapies':ti OR 'therapeutic':ti))) AND ('patient'/exp OR 'hospital':ti OR 'hospitalised':ti OR 'hospitalized':ti OR 'rehabilitation':ti OR 'inpatient':ti OR 'inpatients':ti OR 'in-patient':ti OR 'in-patients':ti OR 'patient':ti OR 'patients':ti OR 'consumer':ti OR 'consumers':ti) NOT ('animal experiment'/de NOT ('human experiment'/de OR 'human'/de)) AND [english]/lim AND [2004-2024]/py AND ([article]/lim OR [article in press]/lim OR [review]/lim)

Cochrane Library (Wiley) 0 results
Advanced Search – Search Manager
Includes MeSH

ID	Search	Hits
#1	[mh "Recreation Therapy"]	27
#2	recreation:ti OR recreational:ti OR leisure:ti OR diversional:ti OR diversion:ti	1341

#3 [mh "activities of daily living"] 13394
#4 activity:ti OR activities:ti OR engagement:ti OR officer:ti OR role:ti OR roles:ti OR therapy:ti OR therapies:ti OR therapeutic:ti OR therapist:ti OR therapists:ti OR worker:ti OR workers:ti OR staff:ti 224861
#5 #1 OR (#2 AND (#3 OR #4)) 311
#6 [mh patients] 4561
#7 hospital:ti OR hospitalised:ti OR hospitalized:ti OR rehabilitation:ti OR inpatient:ti OR inpatients:ti OR in-patient:ti OR in-patients:ti OR patient:ti OR patients:ti OR consumer:ti OR consumers:ti 495274
#8 #6 OR #7 497324
#9 #5 AND #8 42
#10 #5 AND #8 in Cochrane Reviews 0

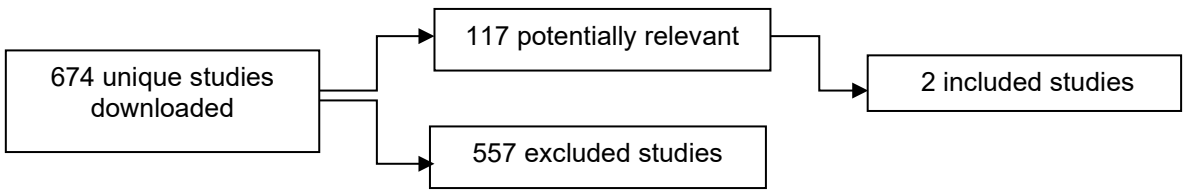
Advanced Search



Search process

Search was developed in PubMed and translated to other databases using the Embase Query Translator and the SR-Accelerator (https://sr-accelerator.com/#/). Results were deduplicated with SR-Accelerator's Deduplicator (https://sr-accelerator.com/#/deduplicator), then imported to the Screenatron (https://sr-accelerator.com/#/screenatron) to identify potentially relevant results which were exported to an EndNote library. For potentially relevant results, copied formatted references in an annotated style into Word document for CAT Group to select studies for critical appraisal.

Results



First Author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
Dorstyn D., et al. (2014). Systematic review of RCTs	Adult stroke patients in any setting	Leisure therapy (delivered face-to face by trained therapist) and its effectiveness in managing functional outcomes in stroke rehabilitation.	The 8 included studies examined community-based leisure interventions, with the majority delivered by an occupational therapist, within the first 12 months post stroke. Leisure therapy contributed to significant short-term improvements in psychological outcomes, increased participate in and satisfaction. Long term effects could not be determined	The CASP for systematic reviews and RCTs identified that the study met criteria, with limitations in multiple areas. Noting that in the title the study was investigating effectiveness, but in the methods the team sort to investigate efficacy. Firstly, the inclusion criteria was limited to RCTs, English language, and selected databases, with Cochrane CENTRAL not searched. Also, the search strategy may have missed relevant studies with the use of NOT to exclude children terms from title or abstract fields. The review included a limited number of studies (8) with publications dates from 1989 up to 2012. The quality assessment used was specific to evidence-based practice rather than RCTs, the procedure for synthesis of results was not clearly presented. There was potential bias, as the control conditions for the majority of studies involved multidisciplinary usual care. Finally, the outcomes considered were focussed only on functioning. The review focused on community-based leisure therapy interventions for adults post-stroke delivered mostly by occupational therapists, making it difficult to apply to the care provided by a recreational officer for hospital inpatients.
Zahl, M., et al. (2020). Cohort Study	Adult spinal cord injury inpatients	Recreational therapy and allied therapies in rehabilitation after spinal cord injury	Data was extracted from 149 individual's health records, with an inpatient rehabilitation stay any time between 2013-2015. The study aimed to control for moderate and severe spinal injuries.	The CASP for cohort studies identified that the study met all criteria but two. Firstly, it was not possible to tell whether the data analysis was sufficiently rigorous.

Cross-sectional design utilized a retrospective electronic medical chart review			The Functional Independence Measure (FIM) scores did not change when leisure therapy was used in combination with other therapies. However, recreational therapy did demonstrate longer hospital admission duration.	Secondly, the findings could not be applied to the local population The CASP for cross-sectional studies, identified that the study was reasonably well conducted with substantial discussion regarding limitations and insights based their results. It was highly limited to FIM for assessing effectiveness and limited to a specific group of patients over a specific time period, which were found to be on average older and have shorter length of stays than national databases. It did not report the specific modalities for recreational therapy delivered to patients. It focused on a specific group of patients with spinal cord injury; therefore the findings are too narrow to apply to a broader population of hospital inpatients.

Summary

These studies identified some key findings, but their inclusion comes with limitations. In summary, Dorstyn et al (2014) included 610 participants across included RCTs. On average Leisure Therapy involved 17 sessions delivered at 73 minutes per session. The type of program varied considerably, and the professional background of those delivering the intervention. Short term benefits were identified in psychological outcomes, such as quality of life and mood with Cohen's d effect sizes ranging from 2.10 to 0.54. Participation and satisfaction in participation outcomes were also positive, with demonstrated Cohen's d effect sizes from 0.81 to 1.23. Longer term effects were unclear, with only one study showing findings that were not significant (d range, -0.07 to 0.17). Zahl et al. (2020) included 142 participants in their study. The study measured FIM* score outcomes and identified that the was no significant interaction for severity and recreational therapy treatment ($F(2, 136)=0.057$, $p=0.944$), or a "main effect" from recreational therapy treatment ($F(1,136)=0.161$, $p=0.689$). For full stay severity, there was an effective, with the most severe group showing significantly less improvement in global FIM scores for the other groups, least severe ($p=0.004$) and moderate severity ($p=0.036$). These results were mirrored in the motor FIM scores and cognitive FIM scores.

In summary, neither included study directly answered the question developed for the CAT. These studies were included because they had the best level of evidence from the search results. The inclusion of these identified studies still brought an understanding of the evidence base available, and it's limitations. The included systematic review was 10 years old.

Neither study presented evidence specific to the role of recreation officers. Instead, they presented the benefit/effectiveness of the therapy that a recreation officer may provide. In these studies, terms included Leisure Therapy (Dorstyn D., et al., 2014) and Recreational Therapy (Zahl et al., 2020). In both of these studies, therapy was not provided by a Recreational Officer, instead, therapy could be provided by any type of allied health professional but the roles included occupational therapy, physiotherapy and social workers. None of the studies mentioned other health professionals that were included in the CAT group such as nursing, psychology and dietetics, who all reported a professional relationship with the Recreational Officer at STARS.

Dorstyn et al.'s (2014) systematic review for stroke care presented the findings from Randomised Controlled Trials (RCTs) and identified eight studies for inclusion, all of which were from the community setting. This was not an inclusion criteria. Zahl et al.'s (2020) study was in the inpatient setting but limited to spinal injury patients. STARS rehabilitation services do not currently include spinal injuries specifically, and there is a significant cohort of patients who are affected by acute brain injuries and dementia, which these studies do not include. Additionally, both of these studies investigated functional outcomes, which overlaps with outcomes that other allied health professionals are also aiming to improve. Despite measuring functional outcomes, the target for the therapy was not specified. The target and the outcomes sought by clinical team members involved in the CAT group were not reported in the included studies, nor in other studies identified through the searches. Observed benefits from a recreational officer role were thought to be improved engagement in healthcare, improved wellbeing and a reduction in occupational violence.

These studies highlight the lack of evidence for the benefits of a recreational officer role. However, they do indicate that there may be benefits for certain groups of patients, but not others (Zahl et al., 2020), though this evidence is unclear. These studies indicate that further research is needed to qualitatively understand patients, carers and health professional experiences of a recreational officer to better understand what outcomes will be considered meaningful to clinical care. There may also be an opportunity to understand the economic benefits for a recreational officer. To help inform clinical practice at STARS, it may also be relevant to more broadly explore the benefits and evidence-based for the specific recreational care activities that are delivered by recreation officers, allied health professionals, and others involved in patient care in the hospital setting.

***FIM domains include self care, sphincter control, transfers, locomotion, communication, social cognition**

Implications for Practice/research

No studies identified any harmful outcomes from Recreational/Leisure therapy.
There are future research opportunities to better understand meaningful outcomes to measure to understand the benefits of a recreational officer role.
There was a lack of clarity as to the definition of a recreational officer role, with a focus on the therapy provided rather than the expertise of the specific role.
Finally, further understanding is needed as to what activities provide most benefit to patients. This was identified through the CAT group discussion, with recreational therapy being an umbrella term.

Future research opportunities include understanding the recreation officer role, identifying which patients benefit the most, what outcomes can be achieved through the role and what activities yield the greatest benefit.

What would you tweet? (140 characters)

Recreation officers may bring functional, psychological and wellbeing benefits for rehabilitation inpatients.

Critical Appraisal Topic Group Team Members

Kate Kempthorne, Tamsin Mahoney, David Frame, Lisa Anemaat, Bindu Shyju, Sophie Hay, Hannah Olufson, Stephanie Jones, Lisa Wright, Nicole Rayner, Natalie Barker, Natasha Roberts

References

1. Dorstyn, D., et al. (2014). "Systematic review of leisure therapy and its effectiveness in managing functional outcomes in stroke rehabilitation." Top Stroke Rehabil 21(1): 40-51.
2. Zahl, M., et al. (2020). "The Role of Recreational Therapy and Allied Therapies in Rehabilitation after Spinal Cord Injury." Therapeutic Recreation Journal 54(1): 1-16.

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Date CAT completed: 16/02/2025