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A Systematic Review of Omaha System Literature in Turkey

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1. Introduction

The Omaha System is a comprehensive tool for enhancing practice, documentation and information management across health care settings. 1 This systematic review presents the state of science on the use of the Omaha System in practice, research, and education Turkey and to suggest areas for future research.

2. Methods

A systematic review of the literature published between 2000 and 2014 was conducted, searching electronic databases of Ovid MEDLINE, PUB MED, Cochrane CENTRAL Register of Controlled Trials, CINAHL, PsycINFO, Web of Knowledge, Scopus, Google Scholar, ULAKBIM Turkish Medical Database and Council of Higher Education Thesis Center. The primary key word "Omaha System" and its Turkish translations were used for searching.

Methodological quality of the reviewed research studies was evaluated with Joanna Briggs Institute MAStARI Critical Appraisal checklists for identifying methodological flaws in the studies included. Articles were included if studies were conducted in Turkey and published in either Turkish or English. All articles were read and then categorized to one of five categories: "analyzing client problems", "clinical process", "client outcomes", "advanced classification research", and "reports on unpublished master's and doctoral dissertations". ²

3. Results

17 articles were identified. The majority (n=12) of the studies were published between 2010 and 2014. All studies authored by nurses and most of them were conducted in community health care settings such as occupational health, school health, public health, home care and nursing homes. More than one fourth of the studies focused on the analysis of clinical process (29%) and reports on unpublished master's and doctoral

dissertations (29%). Nearly one-fourth of the studies focused on the analysis of client problems (24%). Twelve percent of the studies analyzed either client outcomes (6%) or advanced classification research (6%). The most common research design was descriptive (82%). None of the studies fulfilled all criteria of methodological quality. Methodological quality scores were low to moderate (averaging 5 out of 9 points). The most common methodological issues were: lack of identification of confounding factors, lack of strategies to deal with confounding factors, insufficient description of groups, lack of descriptions of subjects who withdrew from the studies.

4. Discussion

This review identified a substantive body of recent literature that indicates the applicability of the Omaha System in Turkish healthcare settings among diverse populations. Methodological quality was moderate. These findings support continued research using the Omaha System in Turkey. Researchers analyzing Omaha System data should improve methodological quality and expand research to additional populations and settings.

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