Research on Community-based Occupational Therapy in the Nordic Countries: A Scoping Review

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Abstract

Background: Although a substantial part of occupational therapists in the Nordic countries work in primary health services, no structured overview of the research on occupational therapy in this context exists.

Aim: The aim of this scoping review was to provide an overview of existing research and identify gaps in research on occupational therapy services in primary health services in the Nordic countries.

Material and Methods: The scoping review was conducted in accordance with Arksey and O'Malley's framework. A systematic search generated 138 studies that were included in the analysis.

Results: Most studies were published between 2020 and 2025, were descriptive in nature and originated from Sweden, Norway and Denmark. A thematic analysis of a subgroup of articles researching causal relationships developed five main categories that can be summarized as: improved ADL, participation, well-being, economic sustainability, and role reintegration.

Conclusions and significance: This scoping review shows a growing body of research on occupational therapy in Nordic primary health services, particularly describing roles, practices, and organisational contexts. However, evidence on intervention effectiveness remains limited, indicating a field still maturing. With an increasing proportion of older adults and growing demands on primary health services, more rigorous research evaluating the effectiveness and outcomes of occupational therapy interventions is needed to strengthen the evidence base and inform future practice and policy.

Key words: Nordics, occupational therapy, primary health services, rehabilitation, review.

Introduction

In the Nordic countries, strong welfare systems, universal access to healthcare, and long-standing investments in public health have contributed to improved life expectancy (1-3). As more people live into older age, the prevalence of chronic and complex health conditions also increases (4). At the same time, healthcare policies have shifted more care from hospitals to primary health services, while shorter hospital stays result in people being discharged earlier and may require continued care and rehabilitation in the community (3). These changes have increased demands on primary health services, particularly services supporting older adults with complex and long-term needs. To meet these demands with limited resources, primary health services need evidence-based interventions that help people maintain or improve functioning and independence while supporting sustainable primary health services. Policy strategies increasingly promote a shift from care in hospitals to care in community settings, with an expectation that primary health services will manage more complex needs using limited resources.

Primary health services are the first point of contact within the healthcare system and play an increasingly important role in health promotion, prevention and rehabilitation across the lifespan (5, 6). In the Nordic countries, services such as preventive home visits, reablement, and early supported discharge have been developed to support individuals, particularly older adults, in maintaining independence and living at home for as long as possible (1, 3). Occupational therapists (OTs) are key contributors within these services, working as part of interdisciplinary teams to support participation in everyday activities and functional independence. However, the organisation and delivery of rehabilitation services vary considerably across countries, regions, and municipalities, resulting in diverse models of occupational therapy (OT) practice within primary health services (2).

OT is well aligned with policy emphasizing participation, independence, and efficient use of health services resources (7, 8). Within primary health services, OTs fulfil diverse and often generalist roles, providing predominantly individualized interventions for adults and older adults across a wide range of diagnoses and functional challenges (9-16). Despite their broad scope of practice and expertise in assessing and supporting everyday functioning (17), research suggests that their competencies remain underutilized. Furthermore, many interventions applied in primary health services have been adapted from other healthcare settings rather than developed and evaluated specifically for this context (18-20). As a result, the evidence base supporting OT practice in primary health services remains limited and fragmented, restricting opportunities for evidence-informed service development, planning and resource allocation.

Although a substantial portion of OTs work in primary health service settings in the Nordic countries, little is known about the characteristics, scope, and focus of research within this field. Moreover, rehabilitation services are organised differently across countries, regions, and municipalities, resulting in variation in how OT services are delivered (21). To advance practice, support the development of evidence-informed services, and formulate robust research strategies for OT in primary health services in the forthcoming years, there is a need to systematically map existing knowledge and identify neglected areas of research. Such knowledge is important for adapting OT services to ongoing demographic changes in the Nordic countries. An ageing population, combined with a proportionally smaller working-age population, is expected to increase demands on health and rehabilitation services in the coming years (3). The objective of this scoping review was, therefore, to provide an overview of existing literature and identify gaps in research on OT services in primary health services in the Nordic countries. By synthesizing current knowledge and identifying gaps, this review aims to support the development of a future research agenda focused on documenting the effectiveness of OT interventions in primary health services. Ultimately, such knowledge is essential for ensuring the relevance and contribution of OT interventions to high-quality health services and informed decision-making in the future.

Methods

To answer the main aim, a scoping review following Arksey and O'Malley's five-stage framework for scoping reviews was conducted. The scoping review was carried out iteratively over time, with ongoing refinement of research questions, inclusion criteria, and analytical categories as the field and the authors' understanding of the literature developed (22).

STAGE 1: IDENTIFYING THE RESEARCH QUESTION

The specific research questions guiding this study were to describe:

a) What are the aims and objectives of existing research?
b) Which study designs and methods are used?
c) Which study populations and challenges are addressed?
d) Which occupational therapy interventions are examined and for which populations?

During further analysis, we included additional research questions regarding the content, aims and applied methods of studies examining causal relationships.

STAGE 2: IDENTIFYING RELEVANT STUDIES

The literature search was planned by two university librarians and three occupational therapy researchers and conducted by the two university librarians. The search strategy was planned using concept maps, which were discussed between the five authors involved in the literature search. Given the broad scope of this review, the search was divided into two parts. One part was focused on the professional role in services to be given to users in the municipality, and the other part was focused on the more administrative part of the role, such as decision making, collaboration efforts, or workflow. We developed a concept map for each of the two sections to guide the search and ensure consistency across the eight databases searched (AMED, CINAHL, Embase, Ovid, MEDLINE, PsycInfo, Scopus and SveMed+). The concept maps were designed to capture the broad scope of the subject matter. Because the databases used different terminology for several concepts, we combined keywords and subject headings to capture relevant studies. For example, terms such as «municipality», «municipal», and «local government», and «community health services», «community care» and «home care» were used to capture variations in terminology. The full concept maps are available upon reasonable request to the corresponding author.

The review was limited to studies conducted in the Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden) due to similarities in healthcare and welfare systems, and the predominantly publicly funded health services (3). Furthermore, the review was restricted to studies published from 2009 onwards to capture research relevant to contemporary primary health services in the Nordic countries, reflecting the substantial development and reorganisation of municipal health and rehabilitation services over recent decades (23). Additionally, Finnish- and Icelandic-language publications were excluded due to the language competencies of the research team. While machine translation tools may support the inclusion of additional languages, verification of translated content was beyond the resources available for this review and was considered necessary to ensure the accuracy of screening, data extraction, and interpretation. The search documentation is available upon reasonable request to the corresponding author.

In 2023, significant changes were made to the national licenses to databases from Helsebiblioteket (the National Health Library), resulting in challenges with access for the universities. Due to these changes, several of the databases used in the first search rounds were no longer accessible. The updated searches from 2023 were therefore performed in PubMed instead of Ovid MEDLINE and in Embase via Ebsco instead of Ovid Embase. PsycInfo was no longer available, and SweMed+ has not been updated since 2019 and will be terminated. The search was therefore not updated in these databases. To somewhat compensate for the loss, an additional search was performed in Web of Science using the search strings presented in the search documentation.

The literature search was conducted in five rounds between December 2019 and December 2025. An initial pilot search was performed in December 2019 to assess the sensitivity and relevance of the search strategy. Based on this, the strategy and inclusion criteria were refined before subsequent searches in February 2020, March 2021, September/October 2023, and December 2025.

RESULTS FROM THE DATABASE SEARCHES

The total number of studies found through database searching was 1750. Figure 1 shows a flow diagram for the initial search results and the way through exclusion until the final number included in this study.

STAGE 3: STUDY SELECTION

For study selection, three authors used Rayyan (QCRI) tool for screening (23). We used the blinding function for the first round of screening, before the blinding was removed (24). Disagreements between reviewers were minimal (< 5 percent), indicating that the inclusion criteria were well defined and consistently applied. This selection procedure was

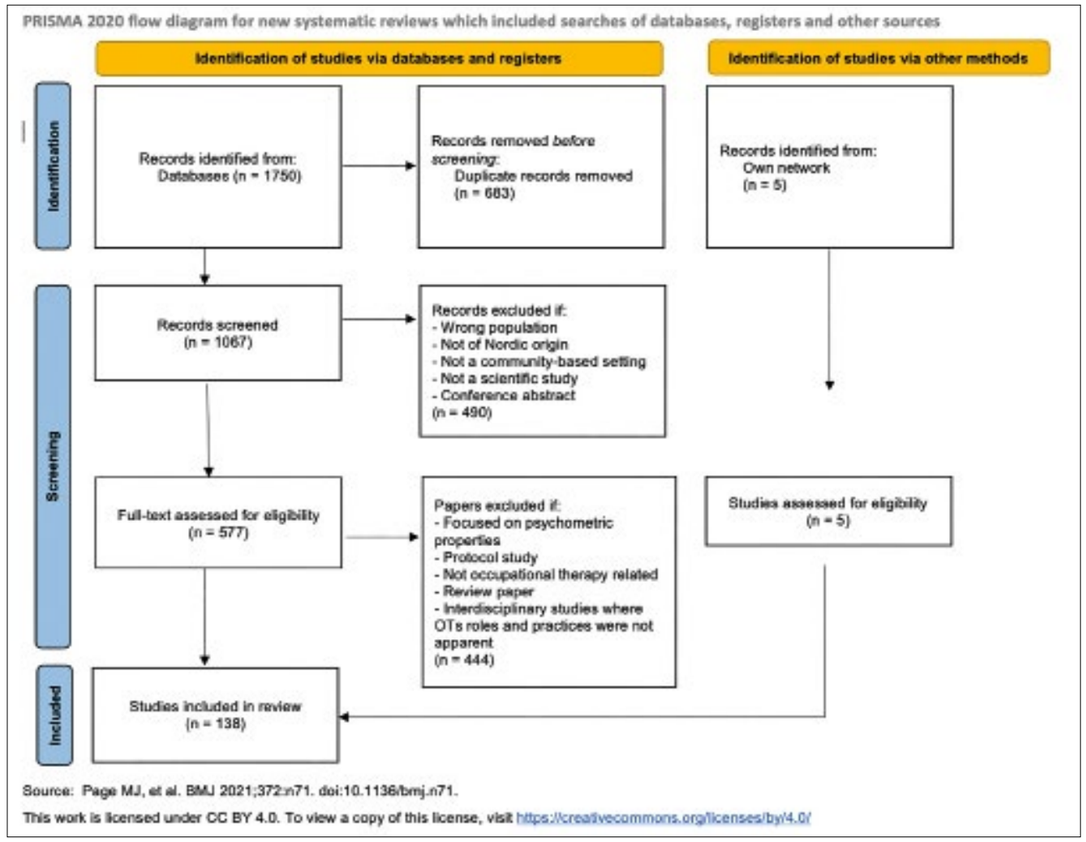

Figure 1: PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources.

repeated following each of the five rounds of literature searching.

The criteria for inclusion were as follows:

- The article described a study performed in the Nordic countries.
- The article concerned municipal occupational therapists and their practices.
- The article was written in English, Swedish, Danish or Norwegian.

Exclusion criteria were:

- The article focused primarily on the reliability, validity, or responsiveness of an assessment tool rather than its use in clinical practice.
- The article was not occupational therapy related.
- The article was a review paper.
- Articles describing interdisciplinary studies where OTs' roles and practices were not apparent.
- Articles where occupational therapists were not involved in the study.

STAGE 4: CHARTING THE DATA

According to Arksey and O'Malley (22), charting the data involves sifting and sorting information from the included studies, something similar to the data extraction method used in systematic reviews. The purpose of this study was to get an overview of the research on occupational therapists practice in the Nordic countries. The data charting was therefore focused on the following elements:

a) authors
b) year of publication
c) publishing journals
d) study location (country)
e) aims of study
f) research design
g) study population and challenges

STAGE 5: COLLATING, SUMMARIZING, AND REPORTING THE RESULTS

Due to the wide range of subjects covered by the

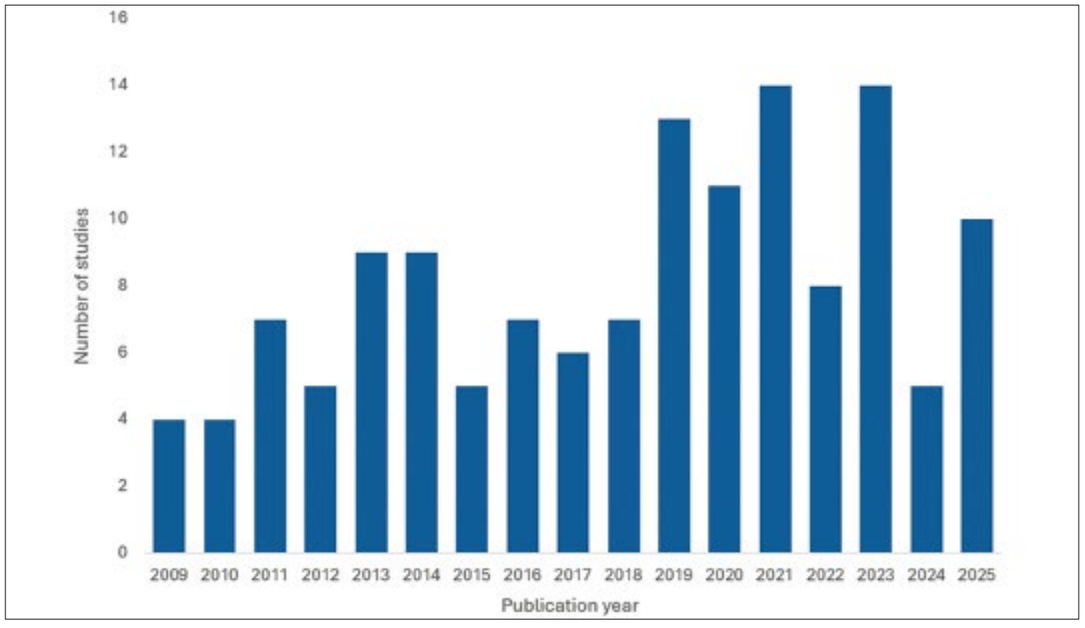

Figure 2. Year of publication of included studies (N= 138).

included studies, the studies were initially grouped into categories based on year of publication, publishing journals, countries of origin, research design, and study population. Then we conducted a numerical analysis of the studies within each category. The categories and classification are presented in Tables 1-6. Thereafter, as one of the research questions was what are the aims and objectives of existing research, the included studies were classified according to the three levels of research questions described by DePoy (25). Level 1 questions seek to describe phenomena, level 2 questions explore relationships among phenomena, and level 3 questions test knowledge by examining cause-and-effect relationships between variables. The first step was to conduct a numerical analysis of the distribution of studies across the three levels. Subsequently, a simplified thematic analysis of the studies classified as level 3 was conducted. These studies were selected because they examined interventions and their effects on outcomes, allowing us to identify broad themes in occupational therapy intervention research and areas where further research is needed.

Results

A total of 138 papers were included in the review (highlighted in bold in the reference list), and the full table is available upon reasonable request to the first author. The annual number of publications ranged from 4 to 14 during the study period (2009-2025) (Figure 2). Between 2009 and 2018, the number of publications varied between 4 and 9 per year. Higher publication numbers were observed from 2019 onwards, with peaks in 2021 and 2023 (n = 14 for each of the years) and 2019 (n = 13). The number of publications was 5 in 2024 and 10 in 2025. Overall, the temporal distribution suggests that research on occupational therapy in primary health services has increased considerably over the past decade.

PUBLISHING JOURNALS OF THE INCLUDED STUDIES

The included studies were published across 48 different journals, demonstrating that research on occupational therapy in primary health services is disseminated across a range of publication outlets. Of these, 11 journals were occupational therapy specific (22.9 percent), while 37 were interdisciplinary (77.1 percent) journals. Despite this broad range of journals, publication was highly concentrated in a small number of journals. The Scandinavian Journal of Occupational Therapy accounted for 56 articles (40.6 percent), making it the dominant journal. Together with the Norwegian-based journal Ergoterapeuten, which contributed 13 articles (9.4 percent), these two occupational therapy specific Nordic journals accounted for 69 (50 percent) of all included studies. The remaining studies were dispersed across a wide range of journals covering public health, geriatrics, psychiatry, rehabilitation, primary health services, sociology, and palliative care, typically with only one or two publications per journal (table 1, see next page).

COUNTRIES OF ORIGIN OF THE INCLUDED STUDIES

The included studies originated predominantly from Sweden (n = 57, 41.3 percent) followed by Norway (n = 47, 34.1 percent) and Denmark (n = 31, 22.5 percent). Together, these three countries accounted for over 97.9 percent of the included literature, while Finland and Iceland contributed three studies in total. Adjusted for population size, Norway had the highest number of studies per million inhabitants (8.4), followed by Sweden (5.4), Denmark (5.2), Iceland (2.6), and Finland (0.4). The distribution of studies, population size, and population-adjusted research output is presented in Table 2.

Country	N (%)	Population (million)	Studies per million inhabitants per country
Sweden	57 (41.3)	10.59	5.38
Norway	47 (34.1)	5.59	8.40
Denmark	31 (22.5)	5.99	5.17
Finland	2 (1.4)	5.64	0.35
Iceland	1 (0.7)	0.39	2.57
Total	**138**		

Table 2. Countries of origin of included studies (N = 138).

LEVEL OF RESEARCH OF INCLUDED STUDIES

The majority of the included studies were classified as descriptive research (n = 101, 73.2 percent) corresponding to Level 1 according to DePoy's (25) categorisation of research questions. These studies primarily aimed to explore, describe, identify, or understand occupational therapy practice, professional roles, experiences, and organisational contexts in municipal health services. The research questions were most often formulated as broad exploratory aims rather than explicit research questions or hypotheses. Typical formulations included aims to explore experiences, describe practices, identify challenges, or illuminate professional reasoning, indicating a strong emphasis on making occupational therapy practice visible within complex and evolving primary health service systems (11-13, 26-73).

In addition to descriptive studies, a number of the included literature were classified as relational questions (n = 14, 10.1 percent), level 2 research according to DePoy (25). These studies moved beyond descriptive aims by exploring associations and differences between factors related to service delivery, job satisfaction, participation, assessment outcomes, and functioning. The research questions were commonly formulated in comparative or relational terms, focusing on differences and associations related to specific outcomes (74-88). While these studies did not seek to establish causality or prediction, they represented an important analytical step toward understanding how occupational therapy practice, organisational conditions, and client outcomes are interrelated in primary health services.

Further, a substantial number of the included studies were classified as level 3 questions, aiming to test causal relationships (n = 23, 16.7 percent). In line with DePoy's classification of research questions, we categorized intervention and effect studies as such questions, as they aim to examine whether interventions or changes in an independent variable contribute to changes in outcomes (25). The included studies explicitly aimed to evaluate the effects of occupational therapy interventions, often through comparisons with usual care or alternative service models, and with clearly defined outcome measures such as activities of daily living, participation, quality of life, recovery, or health-related functioning. Several studies also incorporated feasibility testing, program theory evaluation, or economic analyses to inform future large-scale implementation (89-112). Collectively, these studies represent the most direct evidence regarding the effectiveness of occupational therapy interventions in primary health services, yet their limited number highlights a persistent gap in intervention research within primary health services. See figure 3, page 35, for distribution of research questions.

RESEARCH DESIGN OF INCLUDED STUDIES

The 138 included studies showed methodological diversity. Qualitative designs were most common (n = 66, 47.8 percent), primarily based on individual interviews and focus group interviews exploring experiences, professional reasoning, and implementation of occupational therapy interventions. Quantitative studies (n = 61, 44.2 percent) were dominated by survey-based and cross-sectional designs, while a smaller proportion evaluated interventions using

	Journal	N	%
1.	Scandinavian Journal of Occupational Therapy	56	40.6
2.	Ergoterapeuten (Norwegian)	13	9.4
3.	Disability and Rehabilitation	5	3.6
4.	BMC Health Services Research	5	3.6
5.	BMJ Open	4	2.9
6.	Occupational Therapy International	3	2.2
7.	Work	3	2.2
8.	BMC Geriatrics	2	1.4
9.	BMC Public Health	2	1.4
10.	British Journal of Occupational Therapy	2	1.4
11.	Scandinavian Journal of caring sciences	2	1.4
12.	American Journal of Occupational Therapy	2	1.4
13.	Disability and rehabilitation: assistive technology	2	1.4
14.	Pilot and feasibility studies	2	1.4
15.	Occupational Therapy in Health Care	2	1.4
16.	Australian Occupational Therapy Journal	1	0.7
17.	BMC Psychiatry	1	0.7
18.	Clinical Interventions in Aging	1	0.7
19.	Clinical Rehabilitation	1	0.7
20.	Dementia	1	0.7
21.	Ergoterapeuten (Danish)	1	0.7
22.	European Journal of Cancer Care	1	0.7
23.	Facilities	1	0.7
24.	Family Medicine & Primary care review	1	0.7
25.	Frontiers in Rehabilitation Sciences	1	0.7
26.	Health & social care in the community	1	0.7
27.	Health expectations	1	0.7
28.	Health Services Insights	1	0.7
29.	International Journal of Environmental Research and public health	1	0.7
30.	International Journal of Chronic Obstructive Pulmonary Disease	1	0.7
31.	International Journal of Therapy & Rehabilitation	1	0.7
32.	Irish Journal of Occupational Therapy	1	0.7
33.	Journal of Clinical Medicine	1	0.7
34.	Journal of Occupational Therapy Education	1	0.7
35.	Journal of Palliative Medicine	1	0.7
36.	Journal of Public Health: From Theory to Practice	1	0.7
37.	Neuropsychological Rehabilitation	1	0.7
38.	Nordic Journal of Psychiatry	1	0.7
39.	Nordisk sygeplejeforskning	1	0.7
40.	Nursing Research	1	0.7
41.	Open Journal of Occupational Therapy	1	0.7
42.	Palliative medicine	1	0.7
43.	Physical & Occupational Therapy in Paediatrics	1	0.7
44.	Qualitative Health Research	1	0.7
45.	Scandinavian Journal of Pain	1	0.7
46.	Sociology of Health & Illness	1	0.7
47.	Tidsskrift for omsorgsforskning	1	0.7
48.	Topics in Stroke Rehabilitation	1	0.7
	Total	**138**	

Table 1. Publishing journals of included studies (N = 138).

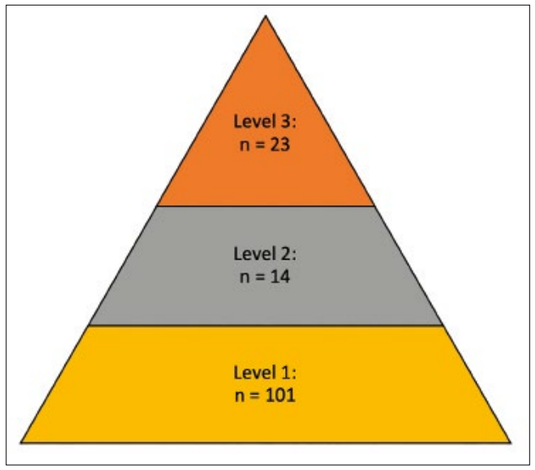

Figure 3. Levels of research questions according to DePoy & Gitlin (25).

randomized controlled trials, quasi- and experimental designs, and pre-post intervention studies. Only a limited number of studies employed single-case experimental designs or combined effectiveness evaluation with economic analysis. Mixed-methods studies (n = 3), case studies (n = 7), and participatory or developmental designs (n = 3) were relatively uncommon. See table 3 for details.

Research design	N (%)
Qualitative	**66 (47.8)**
Individual interviews	34
Focus group interviews	24
Observation	6
Diaries/field notes	2
Delphi study	2
Other	6
Quantitative	**61 (44.2)**
Survey	32
Randomized controlled trial	11
Pre/post intervention studies	7
Quasi experimental design	5
Single case experimental design	4
Pilot intervention	2
Case studies	**5 (3.6)**
Mixed methods	**3 (2.2)**
Participatory or developmental designs	**3 (2.2)**
Total	**138**

Table 3. Research design of included studies (N = 138).

PRIMARY TARGET GROUP OF THE INCLUDED STUDIES

The included studies recruited a variety of participants, spanning both professional health personnel and clients or service users. Professional participants were predominantly occupational therapists (n = 64), often in combination with physiotherapists, nurses, or other healthcare personnel (n = 17). Client participants in the included studies ranged across the lifespan. Most studies involved adults (n = 47), including people with neurological, psychiatric, or chronic health conditions, and individuals in need of housing adaptations or rehabilitation. Older adults (n = 21) were often community-dwelling, receiving reablement, or living in nursing homes. Only a small number of studies included children or parents of children receiving occupational therapy (n = 2). This distribution highlights the strong focus on adult and older adult populations in occupational therapy research.

Mixed samples, combining professionals and clients, were also observed. These studies addressed topics related to both service provision and client outcomes. See table 4 for details.

Target group	N
Older adults	21
Adults	47
Children/youth	2
OT or interdisciplinary general practice	72
Total (some studies targeted more than one population so total adds up to more than the number of studies)	**142**
Diagnosis/topics	
Stroke/ ABI	17
Mental health	10
Chronic conditions	7
Dementia	4
Cancer	4
Obesity	3
Fractures	2
People in need of home modification	2
Other (MS, COPD, ADHD, stress, arthritis, heart failure, CFS, CP, immigrants, beggars)	11

Table 4. Primary target group of the included studies (N =138).

ID	Author & Year	Intervention	Target Group	Study Design		Duration	Main Results	Implications for Practice
1.	Arvidsson et al., 2023	Let's Get Organized (LGO-S)	Adults with mild ID	Pre-post study		10 weeks, group sessions	Improvement in time management, emotion	Applicable and promising for people with mild ID
2.	Bertilsson et al., 2014	Client-Centred ADL (CADL)	Persons with stroke	Cluster RCT*		10 weeks, individualized	No difference short term CADL	Recommended exploring longer follow-up
3.	Brandt et al., 2016	Rehab Assistive Technology Services (ATS)	Older adults (60 +) in need of AD	Pre-post study		Follow up after 142 (mean) days	86 % solved activity problem	Rehab ATS may be effective
4.	Eklund et al., 2023	Balancing Everyday Life (BEL)	Adults with severe mental illness	Cluster RCT*		16 weeks, 14 sessions	Improved engagement and recovery	BEL enriches day center services
5.	Hagelskjær et al., 2023	A Better everyday LifE (ABLE) 2.0	Adults with chronic conditions	RCT*		8 weeks, structured	Long-term ADL improvement	Long-term perspective important in evaluating OT
6.	Holmefur et al., 2019	Let's Get Organized (LGO-S)	Adults with mental or neuro-developm. disorder	Pre-post study		10 weeks, group sessions	Improved time management, organization & regulation	Useful for improving time management skills
7.	Johansson et al., 2021	Home Rehabilitation Program	Older adults (80+)	Non-randomized pre-post study		1–12 weeks, intensive	Improved function & self-rated health	Higher intensity recommended
8.	Kolind et al., 2023	Daily Life Coping (DLC)	Adults on sick leave (stress)	Pre-post study		7 weeks, group sessions	Improved well-being & self-efficacy	DLC feasible in municipalities
9.	Lindstad et al., 2023	PRPP System of Intervention	Adults with ABI	SCED**		3 weeks, 9 sessions	Improved mastery and cognitive strategy use	Promising for cognitive rehab
10.	Lindstad et al., 2025	PRPP System of Intervention	Adults with ABI	SCED**		3 weeks, 9 sessions	Improved mastery and cognitive strategy use	Useful for community-based services
11.	Lindstad et al., 2025	PRPP System of Intervention	Adults with ABI	SCED**		3 weeks, 9 sessions	Improved mastery and cognitive strategy use	Useful for community-based services
12.	Malmgren Fänge et al., 2019	Standardized Housing Adaptions (HA) protocol	Adults in need of HA	Cluster before-after design		Home visit before HA, & after 3, 6, 12 months	Differences found on ADL	HA should be flexible and client-centred
13.	Mortensen et al., 2016	Transcranial direct current stimulation (tDCS) + OT	Adults post intracerebral hemorrhage	RCT*		5 days, home-based training	Grip strength improved with tDCS	tDCS promising home-based intervention
14.	Nielsen et al., 2021	A Better everyday LifE (ABLE) 1.0	Adults with chronic conditions	Nonrandomized feasibility study		8 weeks, 2–5 sessions	80% improved ADL ability	Manual refinement before RCT
15.	Nielsen et al., 2019	Intensive Client-Centred OT	Older adults (60+)	RCT*		11 weeks, up to 22 sessions	Significant COPM improvement	Supports intensive OT at home
16.	Petersson et al., 2009	Home Modifications	Adults aging with disability	Longitudinal, quasi-experimental		2–6 months follow-up	Reduced ADL difficulty	Install adaptations quickly
17.	Pilegaard et al., 2018	Cancer Home-Life Intervention	Adults with advanced cancer	RCT*		3 weeks, 1–3 visits	No significant effect	Increase intensity in future
18.	Stein et al., 2013	Multidisciplinary Rehab (MDR)	Adults with chronic pain	Prospective cohort		6 weeks, group program	Reduced depression & sick leave	MDR feasible in primary care
19.	Taule et al., 2015	Early Supported Discharge (ESD)	People with stroke	RCT*		Up to 3 months	No difference, positive trend for mRS	ESD may improve independence
20.	Tistad et al., 2018	Client-centred ADL (CADL) vs usual ADL (UADL)	People with stroke	Secondary analysis of RCT*		12 months follow-up	CADL reduced hospital stay & contacts	Cost-neutral implementation
21.	Winkel et al., 2015	Home-based Reablement	Older adults (80+)	Pilot study		12 weeks, home-based	Improved ADL ability sustained	Reablement effective for independence
22.	Zingmark et al., 2011	OT for Bathing Disability	Older adults (65+)	Quasi-experimental control group design		15 weeks, home visits	Reduced need for home help	OT reduces dependency
23.	Østergaard et al., 2025	Cancer Home-Life Intervention	People after cancer	RCT* with economic evaluation		Ind. 6 comp. int., evaluation 3 & 6 months	No difference for either QALYs or ADL	Intervention may be cost-effective

Table 5. Data charting level 3 studies.
**Randomized controlled trial, **Single case experimental design.*

Thematic analysis of level 3 studies

A total of 23 studies aimed to evaluate effectiveness of various occupational therapy interventions in the context of primary health services (see table 5). The thematic analysis explores and describes the specific areas the intervention studies aimed at targeting in terms of client outcomes. Each theme is presented with examples of the intended outcomes in the different studies.

THEME 1: INDEPENDENCE IN ADL AND FUNCTIONAL PERFORMANCE

A central aim across many of the intervention studies was to restore or enhance independence in acti-

vities of daily living (ADL). Studies such as Winkel (90) and Zingmark (105) focused on enabling older adults to regain autonomy in essential tasks like bathing and dressing, reducing reliance on formal care. Similarly, A Better everyday LifE (ABLE) (93, 99) and Intensive Client-Centred OT (ICC-OT) (94) sought to improve motor and process skills through structured, home-based occupational therapy. Several studies aimed to support functional recovery in ADL, for people post-stroke, including client-centred ADL (89, 104), early supported discharge (91), and the Perceive, Recall, Plan and Perform system (PRPP) (96, 111). Even technology-assisted interventions like Mortensen (95) combined transcranial direct current stimulation (tDCS) with OT to enhance upper limb function. Brandt (103) aimed to investigate whether Rehabilitational assistive technology services (Rehab ATS) can improve or retain older people´s functioning in terms of everyday activity and body function. Malmgren Fänge (112) showed that applying a standardized assessment and evaluation protocol in housing adaptations improved functional independence by optimizing the person-environment fit. Further, Johansson (98) highlighted how home rehabilitation tailored to individual factors can support ADL performance and overall functioning. Pilegaard et al. (107) evaluated the Cancer Home-Life Intervention for people with advanced cancer to investigate whether home-based OT is feasible.

THEME 2: PARTICIPATION IN EVERYDAY LIFE

Beyond independence in ADL and functional performance, several intervention studies targeted broader occupation-based outcomes related to participation and engagement in everyday life. With the Balancing Everyday Life (BEL) program, Eklund (102) aimed to enrich occupational engagement and personal recovery for individuals with severe mental illness through structured, group-based strategies. Holmefur and Arvidsson (106, 108) in the Let's Get Organized (LGO) interventions, focused on time management, planning and organizational skills to support participation in daily activities. Similarly, with the Intensive Client-Centred OT (ICC-OT) program, Nielsen and Bertilsson (94, 104), in addition to Nielsen and Hagelskjær with ABLE & ABLE 2.0 (93, 99) addressed participation in everyday occupations through goals related to occupational engagement, valued life roles, and the reduction of occupational gaps. Petersson (113) investigated whether home modifications could reduce barriers to participation by improving usability within the home environment.

THEME 3: PSYCHOSOCIAL WELL-BEING AND COPING

Several studies extended their aims to include emotional and psychological dimensions of recovery. Kolind (97) aimed to describe and evaluate the feasibility of Daily Life Coping (DLC), which explicitly targeted improvements in well-being and self-efficacy to support return-to-work among individuals with stress-related disorders. Further, Stein (92) aimed to investigate whether Multidisciplinary Rehabilitation (MDR) aimed to alleviate depression and anxiety while fostering coping strategies for chronic pain. Holmefur (106) incorporated emotional regulation as part of its cognitive strategy training in the LGO program, while Eklund (102) promoted recovery-oriented outcomes beyond functional gains through the BEL program.

THEME 4: PREVENTION, HEALTH PROMOTION AND ECONOMIC SUSTAINABILITY

Economic sustainability was an implicit or explicit aim in several studies. Tistad (89) examined whether Client-Centred ADL (CADL) could reduce healthcare resource use compared to usual ADL interventions. Similarly, Bertilsson aimed to investigate the effects of CADL on the use of home help services (104). Zingmark (105) aimed to decrease home-help allocation through OT interventions. Winkel (90) considered whether reablement could reduce long-term dependency on municipal services, while Stein (92) through the MDR evaluated reductions in healthcare utilization and sick leave. Østergaard (109) conducted an economic evaluation of the Cancer Home-Life Intervention alongside a randomized controlled trial, assessing whether a structured, occupational therapy-led, home-based intervention for people with cancer was cost-effective compared with usual care (109).

THEME 5: RETURN TO WORK AND SOCIAL ROLES

A smaller subset of studies focused on reintegration into work and community life. Using the DLC, Kolind (97) explicitly aimed to support return-to-work for individuals on sickness benefits, linking improvements in well-being and self-efficacy to employment outcomes at one-year follow-up. Eklund with the BEL (102) and Stein with the MDR (92) also addressed social participation, aiming to restore roles disrupted by illness or disability.

ID	Author, year & country	Theme 1: Independence in ADL and functional performance	Theme 2: Participation in everyday life	Theme 3: Psychosocial well-being and coping	Theme 4: Reduction in formal care and healthcare utilization	Theme 5: Return to work and social roles
1.	Arvidsson et al., 2023, Sweden		x			
2.	Bertilsson et al., 2014, Sweden	x		x	x	
3.	Brandt et al., 2016, Denmark	x				
4.	Eklund et al., 2023, Sweden		x	x		x
5.	Hagelskjær et al., 2023, Denmark	x	x			
6.	Holmefur et al., 2019, Sweden		x	x		
7.	Johansson et al., 2021, Sweden	x				
8.	Kolind et al., 2023, Denmark			x		x
9.	Lindstad et al., 2023, Norway	x				
10.	Lindstad et al., 2025, Norway	x				
11.	Lindstad et al., 2023, Norway	x				
12.	Malmgren Fänge, 2019, Sweden	x	x		x	
13.	Mortensen et al., 2016, Denmark	x				
14.	Nielsen et al., 2021, Denmark	x	x			
15.	Nielsen et al., 2019, Denmark	x	x			
16.	Petersson et al., 2009, Sweden		x			
17.	Pilegaard et al., 2018, Denmark	x				
18.	Stein et al., 2013, Sweden			x	x	x
19.	Taule et al., 2015, Norway	x				
20.	Tistad et al., 2018, Sweden	x			x	
21.	Winkel et al., 2015, Denmark	x		x	x	
22.	Zingmark et al., 2011, Sweden	x			x	
23.	Østergaard et al., 2025, Denmark	x			x	

Table 6. Thematic overview of level 3 studies.

In summary, the intervention studies targeted five main elements: improving ADL independence and functional performance, supporting participation and occupational engagement, enhancing psychosocial well-being, reducing formal health services use and healthcare utilization, and, to a lesser extent, promoting return to work and social role participation. See details of the thematic distribution in the different included articles in table 6.

Discussion

The objective of this scoping review was to provide an overview of existing literature and identify gaps in research on occupational therapy services in primary health services in the Nordic countries. The findings indicate a growing body of work documenting the professional roles, practices, and organisational conditions shaping occupational therapy in primary health services, while simultaneously exposing a limited and fragmented evidence base regarding the effectiveness of interventions in this context. The

following discussion centres on some key findings that emerged from the data.

A DOMINANCE OF DESCRIPTIVE RESEARCH AND EARLY-STAGE KNOWLEDGE DEVELOPMENT

A central finding is the predominance of descriptive research questions across the included studies. These questions focus on exploring and mapping professional roles, practices, experiences, and contextual factors in primary health services, corresponding to early-stage foundational knowledge development (25). Such research has been crucial in a service area that has undergone ongoing reforms, organisational shifts, and increased expectations related to interdisciplinary collaboration (23). In the Nordic countries, community-based occupational therapy remains a relatively underexplored field. Exploratory and descriptive studies, therefore, represent an appropriate starting point for developing an overview of the field and identifying patterns and relationships within it. Descriptive studies have in this context contributed to articulate what occupational therapists do, how they work, and how their practices respond to structural barriers such as time constraints, resource limitations, and complex caseloads (11-13, 27, 33, 44, 114-116).

However, despite a substantial increase in publication volume between 2009 and 2023, particularly from the mid-2010s onward, the growth in output has not translated into a corresponding methodological or evaluative progression. Although occupational therapists in the Nordic countries have historically had limited involvement in academic research (41, 114), the quantitative increase represents an encouraging shift toward greater scholarly engagement within the profession. Yet, the majority of studies continue to employ descriptive, exploratory, or survey-based designs, often relying on qualitative methodologies. While these contribute important contextual and conceptual insights, they offer limited evidence regarding intervention effects or empirical validations of theoretical assumptions (25, 117). As a result, the field still has room to develop towards relational and predictive research designs, and only a small proportion of the included studies attempted to test intervention outcomes or evaluate theoretical models. This pattern suggests limited progress in research effort and indicates that the field has yet to establish a coherent programme of research capable of generating cumulative knowledge over time (117).

Repeatedly returning to similar descriptive questions, without progressing toward intervention development or systematic evaluation, restricts the field's maturation. Nevertheless, a subset of studies demonstrate movement from exploratory work to feasibility testing and evaluative designs (37, 47, 48, 73, 80, 89, 93, 96, 99, 100, 109-112, 118-122). Denmark, despite contributing fewer studies overall, accounts for roughly half of the identified intervention studies (90, 93-95, 97, 99, 103, 107, 109), indicating the emergence of research clusters able to support more rigorous methodological approaches, including controlled trials and economic evaluations. These examples illustrate the potential for building cumulative and programmatic research within Nordic primary health services.

Strengthening long-term research programmes and integrating outcome measurement into service development, for instance through pragmatic trials embedded in routine practice, would substantially enhance the field's capacity to produce cumulative, policy-relevant, and practice-informing evidence.

POLICY ALIGNMENT, STRUCTURAL CONSTRAINTS AND THE EVIDENCE-PRACTICE GAP

A notable finding in this review was the strong alignment between the focus of occupational therapy and current Nordic health priorities. Many studies addressed participation in everyday activities, ageing in place, functional independence, prevention of decline, and sustainable use of health and social services, which are core elements of contemporary Nordic health reforms (3). This suggests that occupational therapy research in primary health services is responsive to societal and policy-relevant challenges. However, despite this thematic alignment, relatively few studies evaluated intervention outcomes or effectiveness. Given the review's objective of identifying research gaps and future research needs, this finding highlights the need for more evaluative and outcome-focused research to strengthen the evidence base for occupational therapy interventions in primary health services and to document their contribution to policy-relevant outcomes.

However, several structural and contextual factors may help explain the predominance of descriptive research and the comparatively limited development of evaluative research within the field. Occupational therapists in primary health services have not traditionally had strong research involvement, although practitioners have expressed a desire to engage more actively in research activities (114, 115). Research competence and infrastructure within primary health services settings are often limited, and funding streams have historically prioritised hospital-based services. Furthermore, primary health service practice has been described as complex and resource-constrained (12, 13), characterised by time pressures, broad responsibilities, and influences extending beyond the profession itself (12, 13, 40, 41, 123). Under such conditions, conducting rigorous intervention research, particularly large-scale trials, may be difficult to prioritise alongside daily clinical demands. Additionally, a persistent divide between academic research environments and everyday practice may contribute to limited methodological progression. Academics who generate theory and evidence may be somewhat removed from the contextual realities practitioners face, while practitioners and policymakers are rarely directly involved in setting research priorities or conducting studies (124, 125).

As a result, research may not always address the most pressing clinical or system-level needs, and findings may lack perceived relevance for implementation (126, 127). Generating research that is co-developed with service users, practitioners and policymakers could enhance both feasibility and policy impact (128, 129). Bridging this evidence-practice gap requires closer collaboration across sectors and a strategic shift towards pragmatic, contextually feasible intervention research (130). By integrating researchers, practitioners, and decision-makers in the design and evaluation of services, occupational therapy in Nordic primary health services could strengthen its empirical foundation and more effectively demonstrate its contribution to sustainable and person-centred health services.

POPULATION AND PRACTICE FOCUS

The studies included in this review show a clear thematic concentration around adults and older adults (9, 10, 131), individuals with neurological conditions (particularly stroke) (53, 57, 61, 70, 91, 101, 132-135), and reablement/home-based rehabilitation services (47, 73, 89, 90, 136-138). These populations reflect both pressing demographic needs and well-established areas of occupational therapy practice in the Nordic countries. Furthermore, measurable outcomes such as ADL, may contribute to the predominance of these areas in intervention research. While this focus is understandable, it also results in limited attention to other important groups. Research on children and youth in primary health services was particularly sparse, with only two studies identified, both from Norway (77, 88). As previous studies have identified a need to focus more on interventions for children in the context of primary health services, this is important for further development.

Similarly, research on mental health, social marginalisation, and working-age adults with complex needs was limited, often descriptive, and rarely evaluative. Although descriptive, it was promising to find several studies emphasizing mental health topics (14, 35, 43, 106, 139-147). Nevertheless, this imbalance suggests that current research captures only part of the breadth of occupational therapy practice. Given projected demographic changes leading to increasing demands on primary health services, workforce shortages, and the growing number of people living with chronic health conditions, health promotion and prevention have been identified as key strategies for sustaining future health and social care systems (3, 14-16, 148).

NORDIC PRIMARY HEALTH SERVICES AS AN UNDERUTILISED PLATFORM FOR INTERVENTION RESEARCH

The Nordic countries have strong, publicly organised health systems with well-developed municipal services (3). These conditions provide highly favourable contexts for pragmatic intervention research, including real-world trials, mixed-method designs, and long-term follow-ups (130). The limited number of predictive and experimental studies identified in this review therefore reflects an underutilised potential rather than a lack of feasibility. Barriers such as limited practitioner research time, insufficient structural support, and funding models favouring hospital-based research likely contribute to this gap. The Nordic countries are facing the challenges with an ageing population, an increase in persons with chronic conditions, as well as a decrease in hospital stays (3). Therefore, in all of these countries, the people in need of primary services are frailer and in need of more medical attention than previously (1, 2). The similar challenges ahead may call for more collaborative work among occupational therapy researchers in the Nordic countries, with the aim of improving primary health services and occupational therapists' contribution to them.

Strengths and limitations

To our knowledge, this is the first study aiming to scope the field of research on community-based

occupational therapy and occupational therapists' practice in the Nordic countries. Taken together, the results can serve as a knowledge base for researchers and research funders in order to plan research strategies, as well as indicate important research questions for future years.

The database searches were conducted by university librarians with special competence in developing concept maps, choosing the relevant databases for search, as well as conducting the database searches. It is therefore reasonable to assume that the relevant literature has been identified. On the other hand, it cannot be ruled out that there exist studies that have not been identified, given the databases that were chosen for the literature search.

The review was restricted to studies published from 2009 onwards and in Norwegian, Swedish, Danish, or English. Consequently, potentially relevant studies published earlier or in other Nordic languages may not have been captured. This may have contributed to the limited number of studies identified from countries other than Sweden, Norway, and Denmark. Such studies could have expanded on the results.

Three of the authors participated in the selection of the included studies, as well as in the charting of the data, and this is a strength. Individual selection based on inclusion criteria was made and was not shared among the researchers until sorting of the articles was done.

Published research literature is the single source of information in this scoping review, and there is therefore a possibility of publication bias, affecting the results.

Implications for future research and practice

Based on the findings of this scoping review, several strategic directions emerge as important for future research on community-based occupational therapy in the Nordic countries:

1. Develop intervention and effectiveness research: More rigorous research is needed to evaluate the effectiveness, implementation, costs, and long-term outcomes of occupational therapy interventions. This includes pragmatic trials, quasi-experimental studies, economic evaluations, and long-term follow-up studies.
2. Broaden research populations: Increased focus on children, youth, mental health, and marginalised groups would better reflect the full scope of occupational therapy practice.
3. Improve the conditions for occupational therapy research. Continue to bridge the gap between academia, practice, user organisations and policy, and strengthen Nordic collaborations that may support and initiate larger and more robust research.

Conclusion

This scoping review demonstrates that research on occupational therapy in Nordic primary health services has expanded substantially over the past two decades, reflecting increased academic engagement and recognition of the profession's role within community-based health care. The identified literature addresses topics closely aligned with key policy priorities, including participation in everyday life, ageing in place, functional independence, and the delivery of services in local communities.

At the same time, the review reveals important gaps in the evidence base. While the literature provides a substantial body of descriptive and exploratory knowledge about occupational therapy practice in primary health services, relatively few studies have evaluated intervention outcomes or examined what works, for whom, and under what circumstances. Strengthening the evidence base will therefore require greater methodological diversity and a stronger emphasis on evaluative and intervention-focused research.

By mapping the current state of the literature and identifying key research gaps, this review provides a foundation for future research priorities. The Nordic primary health services context offers considerable opportunities for developing practice-based evidence, and future research should build on the existing foundation to strengthen the contribution of occupational therapy to health and participation in local communities.

Disclosure statement

The authors report there are no competing interests to declare.

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