Healthcare knowledge needs & behaviours: a bulletin for healthcare library staff  
September 2017

Aim
This bulletin is designed to help healthcare library staff deliver Knowledge for Healthcare by keeping us up-to-date with the knowledge needs, preferences and behaviours of healthcare staff, students, patients and the public.

Sources scanned
Sources scanned include ALIA, BNI, CILIP weekly news and Update, CINAHL, Embase, Emerald Insight, ERIC, Google Scholar, HLG news, HMIC, Knowledge for Healthcare Blog, LISA, Medline, MLA news, NICE Information Services Bulletin and PubMed.

Creators
This bulletin is compiled on behalf of Health Education England by Lisa Riddington lisa.riddington@nhs.net (Gloucestershire Hospitals NHS Foundation Trust) and Mary Smith mary.smith30@nhs.net (Royal Devon and Exeter Hospitals Foundation Trust).

If you have suggestions for improving the bulletin, please contact Lisa and Mary.

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Healthcare Workforce

Locating sex- and gender-specific data in health promotion research: evaluating the sensitivity and precision of published filters

Author: Lorenzetti, Diane L.
Source: JMLA 105(3) July 2017

This study explored the effectiveness of search filters in identifying sex- and gender-specific data in health promotion studies that are indexed in MEDLINE. Methods: Literature searches were conducted to identify studies on patient or consumer attitudes and behaviors toward colorectal cancer screening, nutritional labeling, and influenza vaccination. Publications reporting sex- or gender-specific outcome data constituted the gold standards for this study. The sensitivity and precision of previously published gender-specific filters, as well as individual filter component terms, were calculated and compared with values identified in prior studies. Results: The sensitivity and precision of published sex or gender filters varied across topics. Sensitivity values ranged from 14.3% to 92.5%, while precision varied from 17.9% to 51.4%. These filters were less sensitive and less precise in their identification of relevant studies than has been reported in previous studies. Further, while the MEDLINE Medical Subject Headings (MeSH) term “Sex Factors” achieved the greatest average precision (59.3%) of any individual filter term, the MEDLINE check tag “Female” returned the highest average sensitivity (90.1%), with an average precision of 25.0% across topics. Conclusions: Although search filters can facilitate the identification of research evidence to enable decision making, variability in study abstracting and indexing can limit the generalizability and usability of these filters. This potential for variability should be considered when deciding to incorporate a search filter into any literature search. This research highlights the importance of this awareness when developing strategies for searching the published literature and the potential value of supplementing database searching with other methods of study identification.

You can read the whole article [here](#).

Surveying hospital nurses to discover educational needs and preferences

Author: Lindsay, JM
Source: JMLA 105(3) July 2017

The author investigated the educational needs of nurses in an American Nurses Credentialing Center Magnet hospital to determine topics of interest, instruction time and delivery preferences, and interest in a research information skills certificate provided by the library. Methods: A 9-question survey was distributed to 1,500 nursing staff of the hospital through email. Results: Surveys were completed by 865 respondents, which represented a response rate of 58%. The majority of respondents were registered nurses, licensed practical nurses, and paramedics (81%), and day-shift workers (65%). For education topics, nursing staff placed the highest priority on finding health-related mobile apps for professionals and developing
evidence-based research skills. For mode of delivery, respondents expressed a preference for unit-based in-service, computer-based tutorials, and hands-on computer training. Most (70%) respondents expressed an interest in participating in a research information skills certificate program. Conclusions: Our survey results reveal an avenue for reinvigorating and updating the library’s educational program to match the needs of nursing staff and may offer valuable insight for other libraries seeking to do the same.

You can read the whole article here

Using scenario-based training to promote information literacy among on-call consultant pediatricians
Author: Pettersson, Jonas
Source: JMLA 105(3) July 2017

Traditionally, teaching hospital staff to search for medical information relies heavily on educator-defined search methods. In contrast, the authors describe our experiences using real-time scenarios to teach on-call consultant pediatricians information literacy skills as part of a two-year continuing professional development program. Case Presentation: Two information-searching workshops were held at Sahlgrenska University Hospital in Gothenburg, Sweden. During the workshops, pediatricians were presented with medical scenarios that were closely related to their clinical practice. Participants were initially encouraged to solve the problems using their own preferred search methods, followed by group discussions led by clinical educators and a medical librarian in which search problems were identified and overcome. The workshops were evaluated using questionnaires to assess participant satisfaction and the extent to which participants intended to implement changes in their clinical practice and reported actual change. Conclusions: A scenario-based approach to teaching clinicians how to search for medical information is an attractive alternative to traditional lectures. The relevance of such an approach was supported by a high level of participant engagement during the workshops and high scores for participant satisfaction, intended changes to clinical practice, and reported benefits in actual clinical practice.

You can read the whole article here

Barriers to using electronic evidence based literature in nursing practice: a systematized review
Author: Sadoughi, F, Azadi, T & Azadi T
Source: Health Information & Libraries Journal July 2017

Objectives: The aim of this study was to identify barriers concerning application of electronic literature on evidence based practice in nursing. Methods Six bibliographic databases were searched using the following keywords: challenges, barriers, obstacles, evidence based practice, EBP, information seeking, online databases, electronic literature, bibliographic databases and nurs*. Results were filtered to peer reviewed empirical studies, written in English or Persian and published from 2010 to 2017. Studies were selected based on specified inclusion criteria, and
quality of the included studies was assessed. The approved articles \((n = 21)\) were extracted and synthesised. Discussion There are different types of barriers in using electronic evidence based literature in nursing demonstrating the issue as a multi-faceted problem. Not having enough time to conduct a search was the first major barrier noted by almost 81\% \((n = 17)\) of the reviewed studies followed by lack of knowledge on searching skills \((66\%; n = 14)\) and access requirements \((38\%; n = 8)\). Conclusions There appears to be an important role for hospital management in providing nurses with enough time and access to online information while at work and also for health care librarians together with nursing leaders in providing the required training on using electronic evidence based literature.

Nurse and midwifery education and intimate partner violence: a scoping review

Author: Crombie, N., Hooker, L, Reisenhofer, S.
Source: Journal of Clinical Nursing 26 Aug 2017 :2100-2125

Abstract: Aims and Objectives This scoping review aims to identify the scope of current literature considering nurse/midwife educational practices in the areas of intimate partner violence to inform future nursing/midwifery educational policy and practice. Background Intimate partner violence is a global issue affecting a significant portion of the community. Healthcare professionals including nurses/midwives in hospital- and community-based environments are likely to encounter affected women and need educational strategies that support best practice and promote positive outcomes for abused women and their families. Design Scoping review of relevant literature from January 2000 to July 2015. Method Search of databases: CINHAL, MEDLINE, EMBASE, PROQUEST Central and COCHRANE Library. Reference lists from included articles were searched for relevant literature as were several grey literature sources. Results This review demonstrates low levels of undergraduate or postregistration intimate partner violence education for nursing/midwifery staff and students. Existing intimate partner violence education strategies are varied in implementation, method and content. Outcomes of these educational programmes are not always rigorously evaluated for staff or client-based outcomes. Conclusions Further research is needed to evaluate existing intimate partner violence education programmes for nurses/midwives and identify the most effective strategies to promote improved clinical practice and outcomes for abused women and their families. Relevance to clinical practice Intimate partner violence has a significant social and public health impact. The World Health Organization has identified the need to ensure that healthcare professionals are adequately trained to meet the needs of abused women. Intimate partner violence education programmes, commencing at undergraduate studies for nurses/midwives, need to be implemented with rigorously evaluated programmes to ensure they meet identified objectives, promote best practice and improve care for abused women.
Rapid realist review of the evidence: achieving lasting change when mental health rehabilitation staff undertake recovery-oriented training

Author: Gee, M., Bhanbhro, S. Killaspy, H.

The aim of this study was to identify the factors contributing to lasting change in practice following a recovery-based training intervention for inpatient mental health rehabilitation staff. Background Staff training may help nurses and other staff groups in inpatient mental health rehabilitative settings to increase their recovery-oriented practice. There are no published reviews on the effectiveness of such training and few long-term evaluations. This review informed a realist evaluation of a specific intervention (GetREAL). Design Rapid realist review methodology was used to generate and prioritize programme theories. Data sources ASSIA, CINAHL, Cochrane Library, Medline, PsycINFO, Scopus, Web of Science and grey literature searches were performed in September 2014-March 2015 with no date restrictions. Stakeholders suggested further documents. GetREAL project documentation was consulted. Review methods Programme theory development took place iteratively with literature identification. Stakeholders validated and prioritized emerging programme theories and the prioritized theories were refined using literature case studies. Results Fifty-one relevant documents fed into 49 programme theories articulating seven mechanisms for lasting change. Prioritized mechanisms were: staff receptiveness to change; and staff feeling encouraged, motivated and supported by colleagues and management to change. Seven programme theories were prioritized and refined using data from four case studies. Conclusion Lasting change can be facilitated by collaborative action planning, regular collaborative meetings, appointing a change agent, explicit management endorsement and prioritization and modifying organizational structures. Conversely, a challenging organizational climate, or a prevalence of change fatigue, may block change. Pre-intervention exploration may help identify any potential barriers to embedding recovery in the organizational culture.

Use of research in undergraduate nursing students' theses: A mixed methods study

Author: Nordsteien, A., Homtvedt, M., Syse, J.
Source: Nurse Education Today 56 Sep 2017: 23-28

Health care personnel are expected to be familiar with evidence-based practice (EBP). Asking clinical questions, conducting systematic literature searches and conducting critical appraisal of research findings have been some of the barriers to EBP. To improve undergraduate nurses' research skills, a collaborative library-faculty teaching intervention was established in 2012. Objectives: The aim of this study was to evaluate how the collaborative library-faculty teaching intervention affected the nursing students' research skills when writing their final theses. Design and Setting: Both quantitative and qualitative data collection and analysis were used. The study
focused on a final year undergraduate nurse training programme in Norway. Participants: 194 theses submitted between 2013 and 2015 were collected and assessed. The students were exposed to the intervention for respectively one, two and three years during this period. Methods: Descriptive statistics were used to compare each year’s output over the three-year period and to examine the frequency of the use of various databases, types of information and EBP-tools. Qualitative data was used to capture the students' reasoning behind their selection processes in their research. Results: The research skills with regard to EBP have clearly improved over the three years. There was an increase in employing most EBP-tools and the justifications were connected to important EBP principles. The grades in the upper half of the grading scale increased from 66.7 to 82.1% over the period 2013 to 2015, and a correlation was found between grades and critical appraisal skills. Conclusions: The collaborative library-faculty teaching intervention employed has been successful in the promotion of nursing student research skills as far as the EBP principles are concerned. Writing a thesis in the undergraduate nursing programme is important to develop and practice these research skills.

**Fundamental care on hospital wards: identifying research priorities**

**Authors:** Ballinger, C and Ball J.

**Source:** Nursing Times [online] Sept 2017 113(9): 47-48

‘Fundamental care’ refers to all aspects of what is sometimes referred to as ‘basic’ care on hospital wards. After a series of widely reported failures in fundamental care, various initiatives have been proposed to improve the quality of care and safeguard patients; however, most lack supporting evidence. A group of researchers carried out an innovative exercise with patients, carers, members of the public and health professionals to identify the top five research priorities to improve fundamental care. This article summarises why deciding research priorities is an issue, outlines the approach used, describes how the research priorities were arrived at, and looks at how they are shaping research.
Patients and the Public


Source: Health expectations : an international journal of public participation in health care and health policy
Date of Publication: June 2017

OBJECTIVES To establish how the terms recommended by the European Commission to describe side-effect risk in patient information leaflets (PILs) influences expectations of side-effects and to identify factors associated with these side-effect expectations.

DESIGN A cross-sectional online survey was carried out by a market research company.

SETTING Data were collected in England between 18th March and 1st April 2016.

PARTICIPANTS A total of 1003 adults aged between 18 and 65.

MAIN OUTCOME MEASURES Self reported expectation that the described side-effects would affect participants if they took the medicine, measured on a likelihood scale from 1 (very unlikely) to 5 (very likely). 

RESULTS Participants formed high expectations of side-effects for "very common" and "common" side-effects, with 51.9% and 45.0% of participants rating these as "very likely" or "likely" to happen to them, respectively. This fell to 8.1% for "uncommon," 5.8% for "rare" and 4.1% for "very rare." For each descriptor, higher expectations of side-effects were more associated with women or being from an ethnic minority, or having less education, a household illness, high perceived sensitivity to medicines or negative beliefs about medicines.

DISCUSSION The current use of verbal descriptors to communicate side-effect risk in PILs leads to high side-effect expectations. These expectations could contribute to nocebo-induced medication side-effects experienced by patients. Additional work is required to identify ways to improve the way risk information is conveyed in PILs.

You can read the whole article here

Patient information needs before and after ileo-anal pouch surgery.

Source: Gastrointestinal Nursing
Date of Publication: July 2017

Over the past 40 years, ileo-anal pouch surgery has become the operation of choice in the management of patients with ulcerative colitis requiring surgery. To identify the ongoing information needs of patients before and after this surgery, semi-structured interviews were...
conducted with nine people who have had an ileo-anal pouch formed as a consequence of ulcerative colitis. The transcribed interviews were analysed using interpretative phenomenological analysis. Three major themes were identified: 'facing the unknown', 'forewarned is forearmed' and 'communicative support-the way forward'. The majority of participants expressed satisfaction with the information provided relating to the surgical procedure. However, less satisfaction was expressed with information relating to quality of life issues, such as sexual and dietary concerns after surgery. Health professionals need to provide individualised information that targets patients’ unique needs and addresses their ongoing concerns that extend beyond the immediate post-surgical period.

If you have access to this journal you can read the whole article here

Information: How to support patients to take evidence-based decisions

Source: European Journal of Neurology
Date of Publication: July 2017

Patient information is a prerequisite of patient involvement in decision making founded in the bioethical right of patient autonomy. It is therefore at the core of patient centred medicine which is increasingly developing as a paradigm in medicine. In clinical guidelines but also legal advices patients gain more right but also duties to be informed. While a plethora of medical information exist very few follow rigorous development guidelines. Evidence-based patient information (EBPI) is probably the most elaborate approach in this area which means including patients in the development process and communicating study findings in numbers and graphical formats at best based on systematic reviews. At best EBPI is tested in clinical studies from phase 1-3 comparable to drug developments with the ultimate goal to improve disease adjustment. EBPI is especially relevant in chronic conditions with ambiguous management options. Clinical Neurology includes therefore many scenarios in which this approach can be regarded as the ideal management concept. Examples include decision making on prophylaxis in migraine, decision making on antiepileptic treatment, choice of anticoagulation after cardioembolic stroke, decision making on L-Dopa or apomorphin pump or brain stimulation in Parkinson's disease and immunotherapy in multiple sclerosis. However, as reasoning and decision making might be substantially impaired in neurological conditions neurology imposes considerable challenges f.e. in decisions on treatments in dementia or palliative care. However, fueled by research from oncology and psychiatry evidence is increasing that even here substantial patient involvement is possible. While medical information traditionally has been given via physicians especially the internet has revolutionized patient information, not always at the sake of patients. But as well physicians receive a wealth of information but often from pharmaceutical companies which is often biased. This underlines the need of information based on transparent development guidelines. But EBPI includes other challenges, a major one is communication of medical data which are often difficult to understand even for physicians. Another one is updating which needs considerable resources. Web-based
information modules such as lectures, podcast, educative videos offer many opportunities. Combining web-based at best individually tailored information with face-to-face information in structured decision making processes might be perspective. But in general the developments are slowly and even more so in neurology. In most areas in neurology EBPI virtually do not exist. Some efforts have been made in multiple sclerosis. You can read the abstract here

Superheroes: Improving patient experience in the children’s emergency department

Source: Archives of Disease in Childhood
Date of Publication: May 2017

All Emergency Departments strive to improve patient experience. Patients can have lower levels of satisfaction when their concerns are not addressed. Finding the time to communicate what procedures entail can be challenging. There are limited patient information leaflets in ED which focus on explanations of procedures, which can create anxiety for children and their parents. Study aim To reduce anxiety, educate and improve satisfaction of both child and parent prior to an x-ray in a Paediatric Emergency Department, using the 'Medikidz Explains X-Rays' leaflet. Methods A prospective survey was distributed to two groups of children between the ages of 5-12 years requiring an x-ray. One group of 38 consecutive patients were given the leaflet prior to x-ray (leaflet group). Another group of 38 consecutive patients were not given the leaflet at all (nonleaflet group). Children and parents were surveyed over a period of 72 hours, before and after the x-ray. Anxiety was quantified using a visual analogue scale in children and a numerical scale in adults. The Mann-Whitney U test was used to analyse the data. Results In the non-leaflet group 53% of children and 79% of parents had some level of anxiety prior to an x-ray, whereas in the leaflet group 34% of children and 55% of parents had some level of anxiety pre-x-ray. 32% of parents and 53% of children felt they were given enough information in the non-leaflet group whereas in the leaflet group 79% of parents and 95% of children felt they were given enough information. In the non-leaflet group 37% of participants were satisfied with their x-ray experience whereas 66% of participants were satisfied in the leaflet group. In the leaflet group 95% of children found the 'Medikidz explains x-ray' leaflet beneficial. Conclusion In the leaflet group there was a statistically significant reduction in parental anxiety prior to an x-ray. Children demonstrated an improved understanding of the x-ray process and overall parent and child had improved satisfaction. This provided evidence to initiate a permanent change in this ED, which now provides this leaflet to each child (above the age of 5) who is having an x-ray.

You can read the abstract here
A qualitative study exploring high school students’ understanding of, and attitudes towards, health information and claims.
Source: Health Expectations
Date of Publication: May 2017

Exposure to health claims, particularly in the media and social media, is pervasive, and the information conveyed is often inaccurate, incomplete or misleading. Some young people of high school ages are already making decisions about using readily available health interventions (such as sports drinks and beauty products). Although previous research has assessed adults’ understanding of health claims, no research has examined this issue in young adults who are attending high school.

You can read the full article here

Internet access and use in Great Britain: 2017
Source: Office for National Statistics
Date of Publication: 2017

In 2017, 90% of households in Great Britain had internet access, an increase from 89% in 2016 and 57% in 2006. In terms of access, 73% of adults accessed the internet “on the go” using a mobile phone or smartphone, more than double the 2011 rate of 36%.

You can read the full article here

Source: Health Information & Libraries Journal
Date of Publication: 2017

Objectives: To identify health-related websites Americans are using, demographic characteristics associated with certain website type and how website type shapes users’ online information seeking experiences.

Methods: Data from the Health Information National Trends Survey 4 Cycle 1 were used. User-identified websites were categorised into four types: government sponsored, commercially based, academically affiliated and search engines. Logistic regression analyses examined associations
between users’ sociodemographic characteristics and website type, and associations between website type and information search experience.

Results: Respondents reported using: commercial websites (71.8%), followed by a search engines (11.6%), academically affiliated sites (11.1%) and government-sponsored websites (5.5%). Older age was associated with the use of academic websites (OR 1.03, 95% CI 1.02, 1.04); younger age with commercial website use (OR 0.97, 95% CI 0.95, 0.98). Search engine use predicted increased levels of frustration, effort and concern over website information quality, while commercial website use predicted decreased levels of these same measures.

Discussion: Health information seekers experience varying levels of frustration, effort and concern related to their online searching. Conclusion: There is a need for continued efforts by librarians and health care professionals to train seekers of online health information to select websites using established guidelines and quality criteria.

If you have access you can read the full article here or via CILIP HLG