



Classic

Nursing Professionals Use and Value Information but Favour Work-based Sources and Colleagues in Preference to Libraries

A review of:

Urquhart, C., and R. Davies. "EVINCE: The Value of Information in Developing Nursing Knowledge and Competence." *Health Libraries Review* 14.2 (1997): 61-72.

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Abstract

Objective – To examine the impact of information on the clinical knowledge and practice of nurses, midwives and health visitors.

Design – Two surveys: a one-page critical incident questionnaire survey sent weekly over four weeks, and a questionnaire attached to information requests and searches, followed up by interviews.

Setting – UK health information providers serving nurses (national information providers, National Health Service trust libraries, higher education funded library and information services, and a health promotion library).

Subjects – A random sample of 210 nurses, midwives and health visitors were targeted in the critical incident survey, and 776 of those requesting information or searches at participating library and information centres received questionnaires for the second survey.

Methods – Opinion leaders were consulted to inform a pilot study. A critical incident type questionnaire survey was then administered to a random sample of 210 nurses, midwives and health visitors. The same one-page questionnaire was sent weekly (for four weeks) to 10% of a randomly selected sample of staff at each site. Staff were asked to identify one occasion during that week when they needed information, the purpose of the

information needed, the sources chosen to answer the query and how successful the quest was. The impact of the information provided by the library and information services on present and future professional practice was examined through a complementary survey. Responses were coded using three categories of competence: assessment, monitoring of care and evaluation of care. Follow-up interviews then explored the nature of the incident described or the quality of information provided.

Main results – The response rate for the critical incident survey was 52% (434 out of 840 completed questionnaires returned) with 78% (163/210) of participants replying at least once. The total response rate for the second survey was 40% (311/776). Ninety percent of respondents stated that the information they obtained from the library or information service added to their knowledge, and 86% had been able to use some information immediately. Sixty-one percent reported that information had refreshed their memory, and 75% agreed that information substantiated what they had known or suspected. Seventy-six percent of respondents agreed that they needed to obtain more information on the topic, while 23% had expected to find something else. Eighty-eight percent of respondents indicated that they would share the information with colleagues. Ninety-six percent of respondents agreed that the information obtained would contribute to future practice. Seventy percent felt that the information would or did help in evaluation of practice outcomes, 68% for improved quality of life for patient and/or family and 61% in interpersonal relations with clients/patients. Other majority responses were for Audit or standards of care (57%), Monitoring of care (56%) and Legal or ethical issues (51%). Base or ward sources were used in 72% of patient care related incidents and colleagues in 56% of these

incidents. Of 148 incidents involving use of a library, the primary purposes were personal updating (62%), coursework (54%), patient care – specific drug or therapy (44%), and teaching staff, students or colleagues (39%).

Conclusion – The findings demonstrate the value of information to nursing professionals while acknowledging that the library is not necessarily a principal source of such information. Ward-based resources and information from colleagues continue to play a dominant part in information use. Rather than reducing uncertainty, the value of information may lie in encouraging uncertainty and reflective practice. Information professionals must seek a greater understanding of situations and methods of presentation by which they might encourage reflective practice.

Commentary

This study extends a previous methodology to examine the information needs and uses of nurses (Urquhart and Hepworth). Rather than simply replicating the previous Value study, this research was adapted to the specific needs of nurses, using nursing competencies to classify purposes for information use rather than using stages of the diagnostic and therapeutic process.

ISI Web of Knowledge citations from the health information and nursing literatures attest that this is a landmark study. Furthermore it is located within a significant body of literature on the impact of health information, a literature that, in turn, traces its pedigree back to the 1992 Rochester study (Marshall). It is also illustrative of Urquhart's associated portfolio exploring methodological issues. Interestingly, these methodological and topical issues have led to recent citations in at least two information studies from the developing world (Ghana and Uganda).

This research has several methodological weaknesses. First, the critical incident technique (Urquhart et. al.), where participants are asked to identify an incident of note, is subject to both recall bias (imperfect recollection) and reporting bias (selection of unrepresentative incidents). It is also extremely vulnerable to response bias (participants with something positive to report are more likely to respond). The research team does, however, ask about all information incidents, not simply those related to use of a library, thus aiming at a more realistic picture of information behaviours. The authors are apologetic about their response rates although, as any researcher from the health domain will recognize, 40% is closer to celebration than commiseration! Finally, by asking not simply whether the participants used the information supplied but also whether they were likely to use it in the future, the researchers open up the possibility of inflating the importance of specific information. Indeed, the researchers occasionally place a favorable interpretation on data that could be subject to alternative explanations. For example, respondents who have to come back for further information are not seen as being unsatisfied, but rather the satisfied customer may be the customer who returns for more information, not the customer who makes only one trip.

This ten-year old study exhibits the occasional imperfection, but where is its rightful place within the evidence base for information behaviour? Certainly its scale, as funded by the British Library, makes it one of the most significant studies of the decade, if not of the twenty-five years of its host journal. Its concern with impact reflects the prevailing zeitgeist of effectiveness and efficiency that characterised the mid-1990s. For the reflective evidence based practitioner, however, perhaps its greatest contribution comes in laying down a marker against which subsequent studies might

strive to compete – and to exceed! Retrospective designs have known limitations with regard to selective reporting and their susceptibility to bias. While critical incident studies continue to command a place in the investigation of user information behaviour (Radford), in this era of evidence based practice we can aspire to the emergence of prospective longitudinal studies that comprehensively track the fate of a representative sample of information requests. Such requests should be evaluated both in terms of their immediate impact on clinician knowledge, attitudes and behaviours and, more significantly, in their impact on the care of specific individual patients.

Works Cited

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