



Where there's a way... there's a will! The Royal College of Nursing's information needs survey of nurses and health professionals

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Introduction

This paper communicates the key results from a survey into the information needs of nurses and other health professionals carried out by RCN Library and Information Services. It describes the research methodology used to arrive at these conclusions and the implications for those offering library and information services to this group of health professionals.

Background

The Royal College of Nursing (RCN) is the UK's foremost professional association and trade union for nurses. In 2004 RCN Library and Information Services carried out a UK-wide survey into the information needs of nurses, midwives, health visitors and health care assistants. We wanted to find out the current information needs of all the nursing community, not only RCN members, so that we would have a good evidence base from which to develop our services and play an influencing role to improve nurses' access to information. The survey focussed on:-

- Information or knowledge to improve practice in the clinical area
- Information needed to support lifelong learning and formal study.

The findings of the survey are written up in more detail in two reports, one full and one summary (Royal College of Nursing, 2005).

Methodology

A literature review of similar projects was undertaken (Keys, 2003). A questionnaire was then developed using the expertise of a variety of RCN colleagues from across the UK including researchers, health librarians and an independent statistician. It was decided to use a hard copy questionnaire to ensure that the whole target audience was reached, not just those health care professionals with good access to information technology and the skills and confidence to use it.

The survey was carried out between 1st June 2004 and 16th July 2004. With the help of RCN staff across the UK, a combination of RCN activists and health librarians was recruited, on a voluntary basis, to act as "local champions". They were used to distribute the questionnaire to registered nurses, midwives, health visitors and health care assistants – not just RCN members. This method of distribution was selected because the questionnaire was a long one, taking an average of 30 minutes to complete, and it was felt that without the intervention of a local champion, many people might fail to complete and return the survey. In total 129 local

champions were recruited and 1715 questionnaires completed and returned, making the exercise one of the largest ever undertaken. The forms were coded and entered into an SPSS database. They were then analysed with the help of an independent statistician.

Profile of respondents

The survey reached a good cross-section of the target audience, making comparisons across regions and countries possible. A key variable was work sector. The largest group, 43.5% of the sample, work in NHS (National Health Service, government-funded) hospitals¹. However, there was also good representation from other sectors. 20% worked in NHS community/General Practice, 8% in NHS "other" and 15% in the Independent Sector. There were also responses from all the job grades. 80% of our respondents were registered nurses, 6% Health Care Assistants, 2% health visitors, 3% midwives, 6% students and 3.5% other (a mix of management and academic). 16% of respondents always worked night shifts and another 20% sometimes worked night shifts.

5% of qualified respondents had received their training outside of the UK, and just over 3% had moved to the UK within the last two years. 5% said that English was not their first language. Just 2.4% (39 respondents) reported that they had a disability that they considered did affect their ability to search for and find information. 77% of respondents said they were members of the RCN, 23% said they were not members.

1. General access to information

Access to a computer and the Internet

15% of respondents had no access to a computer at work, rising to 38% in the Independent sector. Of those respondents who did have access to a computer at work, on average (mean = 6.2; median = 3) respondents had to share a computer with 6 other people². 19% of respondents reported **never** using the Internet at work in relation to their work. The figure for respondents from **NHS Hospitals** was **14.5%**. In the **Independent Sector** the percentage that never used the Internet at work in relation to their work was significantly higher at **45.4%**, rising to **56%** for those who worked in **independent care homes or hospices**. 29% of all respondents reported using the Internet on a daily basis, 27% on a weekly basis, 6% monthly and 19% occasionally. 49% of respondents said they could always get access to the Internet at work when they needed it; 20% said they could usually get access and 14% said they could sometimes get access. 17% of all respondents said they could NEVER get access to the Internet at work when they needed it. In the **Independent sector 44%** said they could never get access to the Internet when they needed it, and only **29%** said they could always get access.

¹ Where this report cites "NHS", this has also been used to mean the NHS equivalents in Scotland, Wales and Northern Ireland.

² If people stated 20-30 or 10-15 etc – the mid-point of the two figures given was used. E.g. for 10-15, the mid-point was 12.5, this was rounded up and 13 was entered into SPSS

Access to a Local Health Library (e.g. NHS hospital or University)

Table 1 Use of Local Health Library

Percentages	All respondents	NHS hospitals	NHS Community	Independent sector
Use regularly	42.7	48.7	39.8	17.4
Easy to access when needed	47.5	59.5	37.8	17.3
Open at convenient times	53	64.2	47.7	26.3

Respondents who work part-time were less likely to agree that the library was open at convenient times³, and less likely to agree that that the library was easy to access when they needed it⁴. This is clearly an issue for health libraries to address.

Use of information

Table 2 Where respondents access different types of information

Percentages	At my local health library	Via the Internet at work	At local RCN resource centre	At an RCN Library	Via Internet at home
Books	61.2	15.1	4.4	8.4	20.9
Journal articles or reports	42.6	40.5	5.8	7.5	48.7
Electronic databases e.g. Cinahl, Medline	22.7	41.7	2.3	3.0	40.5
Websites on the Internet	13.5	47.6	1.9	2.6	61.0
RCN Library and Information service	6.5	20.2	6.5	7.7	23.2
Other RCN resources	5.7	17.1	5.9	5.2	19.5
Own organisation's publications	18.2	32.4	1.3	1.2	8.6

³ Chi-squared analysis of association gave a value of 18.1 with 8 degrees of freedom and a p-value of 0.02. Reject the null hypothesis of no association. There is statistical evidence that whether or not the library is open at convenient times and the number of hours a nurse works is related

⁴ Chi-squared analysis of association gave a value of 19.2 with 8 degrees of freedom and a p-value of 0.01. Reject the null hypothesis of no association. There is statistical evidence that the library is easy to access when needed and number of hours worked are related.

Table 3 Awareness of electronic information sources

Percentages	Have seen	Use regularly
RCN website (Members only)	44.5	38.3
RCN Learning Zone (Members only)	33.4	15.5
NMAP	12.2	3.7
Department of Health	20.5	36.7
Own organisation's internet or intranet	17.9	47

Table 4 Use of National Health Service e-libraries

Percentages	Use regularly
England	12.8
Northern Ireland	17.5
Scotland	29
Wales	19.6

Improvements in information services

Respondents were offered a range of options for support in information seeking activities. 89% of respondents said they would always, usually or sometimes want to get more full text articles from more journals via the Internet – 40% of those said “always”. 88% of respondents said they would always, usually or sometimes like more help to identify the most appropriate articles or reports. 79% of respondents said they would always, usually or sometimes like more help when they are doing a literature search.

Table 5 Information services which respondents would use at least monthly

Percentages	All respondents
List of useful websites for field of practice	58%
Email summarising news in specialist area	46%
Critical appraisal of new research	49%
Regular guidance on how new research could change practice	49%
Part of RCN website dedicated to field of practice	38%

Respondents were also given a blank box in which to write what they thought were the most important improvements, and 1036 respondents made at least one choice. The top four choices for the most important improvement were: better access to computers and the Internet, better training on where and how to find information; more time to study during working hours and better access to more full text journals at no extra cost.

Table 6 Training Needs

Percentages	Would benefit from	Have already completed
Basic computer skills (including email & internet)	29.9	55.6
Basic information searching skills	44	43.1
European Computer Driving Licence	61.7	11
Advanced information skills	74.2	8

Format of training for improving information skills

Respondents were offered a range of choices of training format and asked to tick as many as were appropriate. Below are the most popular choices:

- 45.8% chose "one to one" training
- 45.7% chose a one day training event.
- 35.1% chose a training guide or manual (posted or emailed to them)
- 31.4% chose a half day training event

2. Information or knowledge to improve practice in the clinical area

The level of support and encouragement respondents were given by their organisations for this type of information-seeking had a direct impact on employees' willingness both to search for such information and to use it to improve their practice. For example those employees who were, always or sometimes, encouraged to search for evidence to support their nursing practice during working hours, were more likely to search for evidence to support their practice during their own free time⁵. Those respondents who said they always or sometimes searched for evidence to support their practice during working hours, were also more likely to have better access to the Internet, better access to a library and better information skills.

Of those respondents who always or sometimes searched for evidence to support their practice during working hours:

- 79% always or usually had access to the Internet when needed
- 70% always or usually felt confident when searching for information on the Internet
- 38% said there was always or usually someone available at work to help them with finding the best information on the Internet
- 53% said that the Health library was easy to access when needed

Comparing this to respondents who said they NEVER searched for evidence to support their practice during working hours:

- 32% always or usually had access to the Internet when needed
- 45% always or usually felt confident when searching for information on the Internet
- 18% said there was always or usually someone available at work to help them with finding the best information on the Internet
- 31% said that the Health library was easy to access when needed

⁵Chi-squared analysis of association gave a value of 37.6 with 8 degrees of freedom and a p-value of 0. Reject the null hypothesis of no association. There is very strong statistical evidence that being encouraged to search for evidence to support practice during working hours and searching for evidence to support practice during free time are related.

Table 7 How far respondents will travel to access information to improve clinical practice

Percentages	Won't leave workplace	Less than 5 mins.	Up to 15 mins.	Up to 30 mins.	Up to 1 hour	More than 1 hour
"how to do" type info.	11.1	11.1	27.5	29.6	12.7	7.3
evidence for nursing practice	8	8	24.3	32.4	17	9.8

Table 8 Information sources for finding out "how to do something"

Source	% of respondents identifying as very useful
Books	38
Journal articles or reports	65.2
Documents or publications from your own organisation	45.2
RCN Library and Information Service	21.7
Other RCN resource e.g. RCN direct, RCN website, RCN publications	32.6
Electronic database e.g. Medline, Cinahl	40.4
Websites on the Internet (not RCN)	44.5
Local health library e.g. Trust library, university library, postgraduate medical centre	34.1
Nursing colleague (peer)	43.8
Nursing Colleague (supervisor or manager)	40.2
Other medical /health professional – Doctors, consultants, GPs, surgeon	24.7

3. Information needed to support lifelong learning and formal courses of study

Again there is an obvious link between the effects of a positive attitude towards searching for evidence on the part of employers and the amount of hours respondents were prepared to spend on studying and lifelong learning. For example, being encouraged to search for evidence increases the number of hours that nurses study during working hours⁶ and in their own time⁷. Respondents who said it was always or sometimes acceptable for them to leave their workplace to search for evidence to support their practice were

⁶ Chi-squared analysis of association gave a value of 51.1 with 6 degrees of freedom and a p-value of 0. Reject the null hypothesis of no association. There is very strong statistical evidence that number of hours spent studying at work and whether or not nurses are encouraged to search for evidence is related

⁷ Chi-squared analysis of association gave a value of 20.9 with 6 degrees of freedom and a p-value of 0.02. Reject the null hypothesis of no association. There is strong statistical evidence that number of hours spent studying during free time and whether or not a nurse is encouraged to search for evidence is related

more likely to study more hours in their own time⁸. Respondents who said they did change their practice as a result of research were more likely to study more hours during work time⁹ and in their own time¹⁰. And respondents who felt that research did affect their practice were also more likely to study more hours in their own time¹¹.

Conversely, respondents who felt there was never a process at work where they could have an input into changing nursing practice were more likely to study less during working hours¹².

Table 9 How far respondents will travel to access information to support lifelong learning activities

Percentages	Won't leave workplace	Less than 5 mins.	Up to 15 mins.	Up to 30 mins.	Up to 1 hour	More than 1 hour
Info. for formal course	5.9	5.7	20.8	33.2	21.6	12.4
To keep up-to-date with nursing news generally	14.5	15.3	25.7	27	9.8	7.4
To keep up-to-date with the latest info. for your field of nursing	11.6	10.4	23.6	28	12.5	13.3

⁸ Chi-squared analysis of association gave a value of 18.5 with 6 degrees of freedom and a p-value of 0.05. Reject the null hypothesis of no association. There is statistical evidence that number of hours spent studying during free time and whether or not a nurse feels it is acceptable to leave the workplace to find evidence is related.

⁹ Chi-squared analysis of association gave a value of 27.8 with 6 degrees of freedom and a p-value of 0. Reject the null hypothesis of no association. There is very strong statistical evidence that number of hours spent studying at work and whether or not a nurse changes her practice is related.

¹⁰ Chi-squared analysis of association gave a value of 26.4 with 6 degrees of freedom and a p-value of 0. Reject the null hypothesis of no association. There is very strong statistical evidence that number of hours spent studying during free time and whether or not a nurse changes her practice is related.

¹¹ Chi-squared analysis of association gave a value of 25.6 with 6 degrees of freedom and a p-value of 0. Reject the null hypothesis of no association. There is very strong statistical evidence that number of hours spent studying during free time and whether or not a nurse feels that research affects her practice is related.

¹² Chi-squared analysis of association gave a value of 21.9 with 6 degrees of freedom and a p-value of 0.01. Reject the null hypothesis of no association. There is statistical evidence that number of hours spent studying at work and whether or not there is a process at work by which the nurse can change nursing practice is related.

Table 10 Information sources for lifelong learning and formal courses of study

Source for completing an assignment	% of respondents identifying as very useful
Books	57.4
Journal articles or reports	79.3
Documents or publications from your own organisation	34.9
RCN Library and Information Service	29.5
Other RCN resource e.g. RCN Direct, RCN website, RCN publications	33.8
Electronic database e.g. Medline, Cinahl	51.9
Websites on the Internet (not RCN)	52.2
Local health library e.g. Trust library, university library, postgraduate medical centre	47
Nursing colleague (peer)	23.5
Nursing colleague (manager or supervisor)	21
Other medical /health professional - Doctors, consultants, GPs, surgeons	7.5

Conclusion

Access to information leads to evidence-based practice. Where there is a way for nurses to access information – via the Internet and a library, and using good information skills – they clearly have the will to use it to improve their practice. Those with the best access to information were more likely both to search for evidence and to change their nursing practice as a result of research.

The support of employers is crucial. If a respondent's employer encourages their employees to search for evidence, allows them to leave their workplace to find information, and has a process for employees to have input into changing practice, then employees are more likely to search for evidence during working hours and more likely to change their nursing practice as a result of research. In addition, respondents whose employer offers this type of support and encouragement are more likely to search for evidence in their own time, i.e. while not being paid. Respondents who search for evidence during working hours or in their own time, or who report changing their practice as a result of research, are much more likely to find a whole range of information resources useful both for improving clinical practice and lifelong learning.

Access to computers and the Internet still needs to be improved. A significant number of respondents still have limited or no access to a computer and the Internet at work. Those who work in the independent sector are more likely to have less access to information. This is true of access to the Internet, access to a library and for access limited due to lack of information skills.

There is a need for more information skills training at all levels, from basic to advanced. There is very high demand for value-added information services which help nurses find good quality, up to date, relevant evidence in manageable amounts. Respondents want a blended service – physical and electronic libraries, librarians as well as online services.

The survey could have international implications regarding nurses' access to information and should be compared to similar evidence in other countries.

Many health librarians in the UK are already using this evidence to improve information services for nursing staff. The RCN is working with the NHS and independent health sector to ensure that this evidence leads to better information provision for nurses, and hopefully, that will lead to better patient care.

Reference

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