Nursing information needs: what next?

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It is difficult to predict the future use of information and information services by nurses. The past decade has been a time of considerable upheaval with the development of a range of new roles for nurses, some of which are still at an embryonic stage. The past year, 1999, has seen the publication of landmark reports, which could have a major impact on the development of nursing in the next millennium.1,2 This paper considers some of the current changes and the likely impact of these on library and information services for nurses over the next few years.

It has been suggested that there are some key competencies or 'literacies' that are essential for future healthcare provision.3 These are:

• epidemiology,
• genetics,
• change management,
• information technology.

The skills of analysing and synthesizing the evidence of research and practice are crucial to the underpinning of these literacies for nurses and midwives. Government priorities4 for nursing and midwifery are regarded as:

• more flexible career pathways into and within the education system,
• an increase in the practical component within pre-registration educational programmes, and
• the provision of an educational system that is more responsive to the needs of the NHS.

The educational process

The movement towards a degree-based profession was given impetus by the implementation, during the 1990s, of the UKCC's Project 2000 report.5 Major changes in curriculum design and the delivery of nurse education led to a dramatic change in information use. It was no longer possible to undertake a course leading to Registration without understanding and competency in locating and retrieving pertinent literature. Using libraries and the ability to search databases were essential components of the student experience. Information skills programmes were designed to meet this new curriculums-led demand on libraries. Whereas, under the aegis of previous educational programmes libraries were peripheral, now they became central to the delivery of nurse education.

There is little evidence to show whether Project 2000 based courses have led to increased understanding and utilization of research. While there has been considerable discussion of the performance of Project 2000 educated nurses in the clinical environment,6 there has been very little consideration of the impact of the development of a research-based curriculum and the inclusion of research modules. Parahoo7 found that Project 2000 nurses did not report increased use of research compared to nurses trained under older curriculum regimes, although they indicated far greater preparedness in using libraries to access research.

The concurrent development of Post Registration courses for qualified nurses at Diploma and Degree level, with the accompanying requirement for academic rigour, has undoubtedly led to increased levels of library use. Much of the current evidence continues to suggest that most nurses cease to use libraries once they have completed courses of study. However, we know very little about the requirements and characteristics of nurses who do continue to use libraries to underpin their clinical practice.

The latest report on nursing and midwifery education Fitness for Practice2 leaves the essentials of the Project 2000 framework intact while making some adjustments. It suggests an expansion of graduate preparation for nursing while widening entry qualification. Both of these proposals have implications for library services. Adopting a more flexible approach to entry qualifications will affect the kind of support required of higher education library services. A graduate professional is more
likely to be equipped with competent information skills, but libraries will need to provide opportunities for those staff to maintain and update those skills once they have qualified. The increase in graduate nurses will lead to more nurses with higher level academic degrees, including Masters degrees and Doctorates, in addition to specific professional qualifications. For example, a new career framework has been published in *Making a Difference*,¹ which aims to replace current clinical grades and proposes a four-stage framework with related educational levels.

**Access to technology**

Any discussion of nurses’ use of libraries would be incomplete without reference to the National electronic Library for Health (NeLH). In the past nurses have been slow to use available technologies. Future developments will ensure that nurses are able to take full advantage of electronic services such as remote access to databases, full text journals and document delivery services. Home connections to the Internet are growing and it may be that this is where much work related use will occur.

If the NeLH realizes its full potential then nurses, who traditionally have experienced considerable problems in accessing library services, should find those difficulties transformed. Community nurses in particular will benefit from remote electronic access. The NeLH will be judged ultimately by content and it is too early to say whether nursing information needs will be subsumed by more powerful groups. The demise of the book is a long way off and nurses are likely to require a mixed format of traditional printed materials and electronic resources for the foreseeable future.

**New roles: changing contributions to healthcare**

Nurses are assuming roles previously undertaken by doctors. For example, the introduction of Nurse Practitioners into A&E departments and the establishment of Minor Injuries Units has been one means of reducing the working hours of junior doctors. More recent innovations have included NHS Direct, which offers telephone advice from nurses on a 24-h basis. Walk-in health centres could provide primary care in deprived areas where there are GP shortages. These roles have been criticized by the medical profession which sees its dominance declining and by some nursing professionals who believe that advanced nurse practitioners are ‘highly trained nurses who ultimately ended up on the medical rota as quasi house officers’.² However, this expanding role of nursing is not automatically followed by increased information use. For example, NHS Direct is protocol based, allowing little room for individual deviation from a prescribed pathway.

The nursing profession has been hampered in its ability to implement change through lack of power and influence. For example, a report on clinical effectiveness describes how a nursing Stroke Co-ordinator required the support of a physician before she was able to make improvements in the Stroke service.³ The political difficulties, which act as barriers to change, operate as a disincentive to use of the nursing literature. The evidence-based practice movement and clinical governance will continue to exert an influence. These movements are medically led but they will at the very least have an impact on the extended role of the nurse who is undertaking work previously performed by doctors.⁴

In the next decade in order to actively support development in nursing practice and education libraries will need to:

• provide Internet navigation skills to enable remote access to resources,
• underpin basic technology skills,
• provide information skills training to develop systematic search skills,
• provide online help and support,
• develop greater understanding of the research methodologies common in nursing that focus on human transactions and social behaviour,
• discover more about the characteristics of nurses who use libraries to support their practice and target library services more strategically.

In conclusion then, there are no clear indicators of dramatic changes ahead and use of libraries by qualified nurses and student nurses for courses of study will continue to constitute a large proportion of overall use. For qualified nurses much will depend, as it always has, on access to technology.

References
8 Hesketh, J. None the wiser. Nursing Times 1999, 95(38), 56–57.