



Six ways of experiencing information literacy in nursing: The findings of a phenomenographic study



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SUMMARY

Background: Information literacy plays a vital role in evidence-based practice in nursing. However there is currently little evidence to show how being information literate is actually experienced by nurses and therefore information literacy educational interventions are not genuinely evidence-based. Are they promoting the appropriate knowledge and skills to help nurses find and use the research evidence they need?

Objectives: To investigate how being information literate is experienced by nurses. To use the insights obtained to develop a description of the parameters of information literacy in nursing, including those of its role and value in evidence-based practice.

Design: Phenomenography.

Participants: 41 UK nurses of varying experience, specialism and background.

Methods: Open-ended interviews.

Results: 7 contexts in which information literacy is experienced, were mapped out and 6 representative ways of being an information literate nurse, in increasing levels of depth and sophistication, were described.

Conclusions: These findings may form the basis of future evidence-based information literacy education programmes.

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Introduction

Information literacy is exhibited by someone who can ‘demonstrate an awareness of how they gather, use, manage, synthesise and create information and data in an ethical manner and will have the information skills to do so effectively.’ (SCONUL, 2011, p. 3). That is, it is experienced by someone who can effectively and purposefully perform these tasks in their day to day activity.

Nurses are expected to base their practice on research evidence, and it follows that information literacy must be a key component of evidence-based practice (Pravikoff, 2006). Without the ability to identify, locate and interpret research evidence, nurses will be unable to practice in an evidence-based way and so risk becoming out of date, inappropriate or even dangerous in their care of patients (Pravikoff et al., 2005; Bernath and Jenkin, 2006; Barnard et al. (2006); Bailey et al., 2007; Ross, 2010).

Is this key role of information literacy widely acknowledged? As Alan Gasper, Professor of Children’s Nursing at the University of Southampton, complains:

‘The rhetoric of evidence-based practice fails to recognize that it is the ability to source and process information—in other words, ‘information literacy’—which is the key to evidence-based practice.’

[Gasper, 2011 p. 188]

Why is this? As there has been no study which has investigated information literacy’s experience by the nursing profession as a whole, and so provided a detailed, research-based model of its nature and operation, perhaps it is to be expected that its perceived value remains limited. If such a model could be developed, then this may result in information literacy being given a more visible and productive status. In addition, such a research-based model may lead to information educational interventions both more valued for their aims and more likely to achieve them.

Background

There are a number of reports in the literature of work being done to develop information literacy in nurses, usually based on a behaviourist or constructivist paradigm (Brettelle, 2003, 2007). There is, however, very little quality research evidence of the effectiveness of such initiatives, or their effect, if any, on the ability of nurses to practice in an evidence-based way (Brettelle, 2003, 2007; Garg and Turtle, 2003;

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Stombaugh et al., 2013). The literature often describes how information literacy appears to manifest itself (also often describing attempts to measure the skills and knowledge felt to be associated with it), but says little about how nurses actually experience the phenomenon. The investigation of that experience seldom consists of more than the recording of nurses' reflections on their levels of 'self-confidence' in 'literature searching' (Shorten et al., 2001) and sense of being 'competent' in constructing searches without investigating whether, in terms of information literacy, such that confidence and competence is meaningful in terms of nursing practice (Brettle, 2003).

Without a research-based understanding of nurses' experience of information literacy, which could describe how a nurse actually uses information, it can be argued that there is no objective way to verify whether the skills developed in information literacy education are appropriate, or whether the skills and knowledge tools used in these studies are measuring anything of significance or value. Such an understanding may allow future information literacy education for nurses to be grounded in a framework of relevant, understood and measurable aims which it is currently lacking.

Objectives

This paper is based on findings from a doctoral research project which attempted to address some of the issues above. It had the following aims:

1. To investigate how being information literate is experienced by nurses.
2. To use the insights obtained to develop a description of the parameters of information literacy in nursing, including those of its role and value in evidence-based practice.
3. To analyse the information literacy development process in nurses with a view to practical application and improvement of outcomes.

This paper describes the findings derived from objectives 1 and 2.

Design and Methods

Entwistle (1997) gives the following insight:

"We don't store definitions [of a concept] in memory, but ratherthe meaning resides within the interconnectedness of remembered instances, and has to be reconstituted".

[Entwistle, 1997, p. 127]

These are instances in which a concept operates in the real world of one's own experiences as a 'phenomenon': a perceived concept. How concepts operate and the variation in how they are experienced are questions that can be addressed by phenomenography, the methodology used in this study.

In phenomenography participants are asked to describe the 'remembered instances' in which a concept was experienced. Interviews are analysed to unearth the concept's operative, practical, meanings for an individual. Through a representative sample of participants, a description of how the phenomenon (the experienced concept) is experienced in various contexts and environments can be established.

Other methodologies are also interested in the experience of phenomena, but crucially, phenomenography is interested in the range of meanings the concept has for the group in terms of the variations in the ways a phenomenon is experienced. Phenomenography has at its core a fundamental belief that the variations in experience of any phenomenon can be meaningfully categorized, and that the number of 'categories' are limited and determinable (Marton, 1988). This belief draws on evidence from a range of studies, beginning with Marton (1988).

This yields the possibility of a structured description of the different ways the underlying concept is understood by the group in their varying sophistication and context. As a result educators are given a varied,

complete and logically structured picture of how a phenomenon is experienced on which to base potential educational applications (Åkerlind, 2008).

The phenomenographic study involves open-ended interviews in which participants are asked to talk about experiences in which the investigated concept comes into play. In this study, participants were asked about not only how, as nurses, they used research evidence and other information, and how they found it and applied it, but also what evidence-based practice meant to them and how it fitted in to their 'work world'.

The researcher then attempted to develop from the interview transcripts statements which describe representative ways (Åkerlind, 2005b) of experiencing the phenomenon in the form of *categories of description*. A category of description 'represents a qualitatively different way of experiencing a phenomenon.' (Irvin, 2005, p. 102). In the method used in this study, adapted from Åkerlind (2005c), categories of description are developed from simpler *dimensions of variation* of experience of the phenomenon, brief contextual statements of experience common to some of the participants, grouped in *Themes of Expanding Awareness*: differing contexts in which the phenomenon is experienced.

Participants and Sampling

The sample consisted of 41 nurses registered on the professional nursing register managed and maintained by the UK's Nursing and Midwifery Council (NMC).

Participants ranged widely in terms of several criteria:

- Age: 20s to late 50s
- Professional experience: 1 year to more than 30 years
- Gender: 36 females; 5 males
- Nursing specialism: Asthma; critical care; cancer; gynaecology; haemodialysis; HIV/AIDS; learning disabilities; mental health; neonatal; paediatric; sexual health; substance abuse.
- Role: Academics; practice nurse educators; research nurses; hospital and community nurses
- Seniority: Trust-wide leads; matrons; sisters; practice nurse educators; staff nurses
- Location: Berkshire, Central and West London
- Variations in the degree of 'evidence-based practice' education or other educational experiences

According to Patton (2002) variation in a manageable sample can be maximised successfully using 'maximum variation strategy'. This involves studying the potential variants in the sample (such as those above) and making the sample as various as possible.

The number of participants was determined by data saturation (Åkerlind, 2005c). The study investigated the experience of information literacy of nurses, that is, the whole range of those experiences. The sample did not need to be a carefully worked out 'average' of the population of nurses: if data saturation is achieved, then it can be reasonably assumed that all relevant variables are represented in the sample. Data saturation is achieved when nothing 'new' is turned up in collection of data, and that stability has been maintained for some time despite new participants and of varying background. As the interviews progressed, it became clear after about 25 interviews that data saturation was near to being achieved. Further interviews were obtained from participants with characteristics in the categories below not yet covered by the sample. By 41 interviews, the categories had been covered and no further experiences had come to light and so data saturation had been achieved.

Data Analysis

A pilot study (Forster, 2013) determined that the data analysis process used by Åkerlind (2005c) was most appropriate for the study. Åkerlind stresses the necessity of retaining individual transcripts as

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