



ORIGINAL ARTICLE

Searching for religion and mental health studies required health, social science, and grey literature databases

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Abstract

Objective: To determine the optimal databases to search for studies of faith-sensitive interventions for treating depression.

Study Design and Setting: We examined 23 health, social science, religious, and grey literature databases searched for an evidence synthesis. Databases were prioritized by yield of (1) search results, (2) potentially relevant references identified during screening, (3) included references contained in the synthesis, and (4) included references that were available in the database. We assessed the impact of databases beyond MEDLINE, EMBASE, and PsycINFO by their ability to supply studies identifying new themes and issues. We identified pragmatic workload factors that influence database selection.

Results: PsycINFO was the best performing database within all priority lists. ArabPsyNet, CINAHL, Dissertations and Theses, EMBASE, Global Health, Health Management Information Consortium, MEDLINE, PsycINFO, and Sociological Abstracts were essential for our searches to retrieve the included references. Citation tracking activities and the personal library of one of the research teams made significant contributions of unique, relevant references. Religion studies databases (Am Theo Lib Assoc, FRANCIS) did not provide unique, relevant references.

Conclusion: Literature searches for reviews and evidence syntheses of religion and health studies should include social science, grey literature, non-Western databases, personal libraries, and citation tracking activities. © 2014 Elsevier Inc. All rights reserved.

Keywords: Bibliographic databases; Information retrieval; Religion; Depression; Literature searching; Qualitative research

1. Introduction

The religious composition of a nation's population has been reflecting changes in population migration for as long as we have records available. Migration flows to the UK currently contribute to growth in its Muslim, Hindu, and Catholic populations [1].

The UK government is increasingly recognizing the value of health care sensitive to culture and religion [2–4]. Identifying health research studies that address religion and health is therefore likely to become increasingly important, as researchers aim to develop and evaluate such interventions.

The challenges in locating studies on religion and health include identifying suitable search terms and selecting the most appropriate sources in an expanding literature.

Problems have been reported in using subject indexes to effectively retrieve ethnic health studies [5] and studies on religion and health [6]. The Internet offers greater accessibility to published and unpublished research, and the volume of published research in health and spirituality (encompassing religion) is reportedly growing [7].

It is impossible to search every potentially relevant database and Web site in existence. A manageable and appropriate set of resources must be selected for review searches [8]. Searching a variety of Web sites and databases from different database hosts (eg, Ovid, EbscoHost) has implications for time and workload. The initial search is adapted or re-written so that it can run effectively on other databases. These have different search interfaces, search functions, command symbols (eg, truncation), index terms, and reference download processes. Databases with basic search functions may limit the number of terms or combinations made per search query. Many basic searches may need to be run and reference downloads made (with more duplicates) to achieve the same overall search as a single complex search strategy run on a database with enhanced functionality.

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What is new?

- Searching 10 carefully selected health, social science, and grey literature databases plus researchers' personal libraries and checking the references of key articles was found to identify the most relevant studies of religion and mental health.
- Searching databases of religious literature was not effective in identifying unique, relevant references in this case study.
- Social science, grey literature, and non-Western health databases contain studies of mental health in Muslim communities that are not found in major Western health databases.
- Citation tracking and searching the personal libraries of individual researchers identify unique, relevant references not found in database searches.
- Database selection for multi-disciplinary reviews should consider evidence for relevant subject content from databases covering different disciplines and grey literature databases. A framework is suggested for selecting databases to search and for evaluating their effectiveness incorporating their content and workload factors.

Investigations into database selection for health systematic reviews highlight the importance of searching beyond MEDLINE [9–11], but also point to inefficiencies in searching too many databases [12–14]. It is unclear if this applies to multi-disciplinary qualitative syntheses or reviews. Searching MEDLINE and EMBASE plus subject-specific databases (eg, PsycINFO) is recommended by the NHS Centre for Reviews and Dissemination [15] and the Cochrane Collaboration [10] who also recommend searching the Cochrane Library to support systematic reviews. There is no consensus for which databases should be searched as a minimum for qualitative literature syntheses.

There is conflicting evidence for which databases are most appropriate for religion and health studies. Searches of American Theological Library Association (Am Theo Lib Assoc) appeared to yield no unique references for a Cochrane systematic review of intercessory prayer [16]. However, Am Theo Lib Assoc searches identified unique references, not found in MEDLINE and PsycINFO in a study of religion and addiction [17]. Grey literature databases are likely to be important sources of unpublished studies of religion and mental health. A systematic review of ethnic minority mental health research reported that most of its included studies were unpublished [18]. This may also be the case in literature on religion and mental

health because studies of minority populations generally focus on ethnicity rather than religious identity [19].

This study is part of a research project to develop a faith-sensitive treatment (FST) manual for depression in Muslim communities based on behavioral activation (BA) psychotherapy. We searched for and synthesized both qualitative and quantitative studies to identify BA interventions, that incorporate religion, and treatments for depression in Muslim communities. Descriptive and effectiveness data were synthesized. The search aimed to be as comprehensive as possible, given time and budget restraints and adhered to guidance for systematic reviews and qualitative synthesis [10,15]. This case study explores whether searching a wide range of databases is required to limit publication bias or whether a smaller selection of databases could achieve similar results.

Muslim communities are concentrated in non-Western countries yet the major health databases that are usually searched to identify health research are dominated by research from Western countries. The research team considered whether databases covering non-Western journals and reports for example ArabPsyNet should be searched to ensure we identify health studies related to Muslims.

We used similar methods to those for assessing database sources for systematic reviews [11,12,20,21] and health technology assessments [14] to develop a priority list of sources for studies of religion and depression. This article differs from previous work because it prioritizes databases for any study design within a specific subject area, rather than prioritizing databases for reports of a particular study design (eg, RCT). Our results can be generalized to searches for studies of religion (particularly Islam) and depression. It is more difficult to come to conclusions for searches for quantitative studies than qualitative studies because around a quarter of our included references were quantitative studies.

Findings can help guide searchers to identify key sources in this area and suggest search terms. The findings may also help in the planning and costing of search activities for evidence syntheses or reviews for health and religion studies.

2. Objectives

Our aim is to determine the optimal databases to search for studies of faith-sensitive interventions for depression. We achieve this by evaluating the database origins of references identified during the development of a faith-sensitive therapy manual (FST Manual).

2.1. Objectives

1. To identify search terms for studies relevant to depression in faith communities and Muslim communities in particular
2. To develop priority lists of databases for studies on faith-sensitive therapies for depression, with specific

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