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## Original Research

## Information needs of the ‘frontline’ public health workforce

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## SUMMARY

**Objectives:** To explore the information needs of the ‘frontline’ public health workforce, whether needs are being met and barriers to meeting needs.

**Study design:** A qualitative research study using in-depth semi-structured interviews.

**Methods:** A qualitative study, comprising eight semi-structured interviews, was conducted with one representative of each of eight categories of frontline public health professional (children’s centre manager, community development worker, community midwife, district nurse, health visitor, community pharmacist, practice nurse and school nurse) to determine their public health role, information needs and barriers to meeting needs. Interviews were tape-recorded and data were analysed to identify themes for each category and common themes.

**Results:** Respondents expressed similar needs, some of which could be met by a dedicated library and knowledge service, given adequate funding, and some of which need input from management. The library could supply: news bulletins and up-to-date information, especially local information; targeted local websites and databases; training in literature-searching skills, basic information technology (IT) skills and critical appraisal; course and work support, with access to local library facilities; a literature search support service; signposting, with a named library contact; and access to information for patients. Management input is required to remedy basic structural barriers, including: lack of IT equipment and training; lack of time to access information; lack of funding for courses and professional development; and lack of communication of information from higher levels.

**Conclusions:** Some information needs can be met by improvements and widening of access to library services, which may need increased funding. However, some barriers to meeting information needs require action elsewhere in the public health management structure. Changes need to be made in communication of public health strategy, and engagement needs to be improved between higher managerial levels and the frontline workforce.

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## Introduction

The public health workforce is a multidisciplinary, diverse group. The Chief Medical Officer’s report<sup>1</sup> identified three

levels of public health worker, and the Wanless report<sup>2</sup> stated that many organizations have a role in public health and many individuals form part of the wider public health workforce. The specialist public health workforce is small, and to achieve the

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greatest impact it must work in conjunction with people across all sectors to deliver a ‘fully engaged’ scenario. In the Wanless report and elsewhere, the public health roles of a number of primary care and community care staff have been detailed, such as health visitors,<sup>3–5</sup> school nurses,<sup>6</sup> practice nurses,<sup>7</sup> midwives<sup>8,9</sup> and district nurses.<sup>10</sup> These roles can be identified as the ‘frontline’ public health workforce, which, with the addition of community development workers,<sup>11,12</sup> community pharmacists<sup>13</sup> and children’s centre workers, have a growing role in health promotion and ill-health prevention. Given the increasingly prominent public health role of this workforce, noted by Lord Darzi in his Next Stage Review,<sup>14</sup> it is important that workers are given support in this role.

One area where support is vital is in the field of public health information and evidence, ideally through a dedicated library and knowledge service.<sup>15–17</sup> Previous research has demonstrated that the requirements of the public health workforce are more diverse, and the workforce is more multidisciplinary than in other areas of health care.<sup>18–20</sup> The main needs are for comprehensive, co-ordinated and accessible information,<sup>21</sup> along with multiple access points to critical information resources. Barriers to accessing information, identified in the literature, are time, resource reliability, trustworthiness or credibility of information, and information overload. Another study<sup>22</sup> concluded that the needs of public health practitioners were not being met efficiently. Little research has been carried out specifically on the information needs of frontline public health practitioners in the UK. This study was therefore undertaken to identify the information needs of this public health workforce, whether these needs were being met and to identify any barriers to meeting these needs.

## Methods

A qualitative study, comprising in-depth, exploratory, semi-structured interviews with one representative of each frontline role, was conducted within a primary care trust in South-east England. An interview schedule was developed and piloted, with the aim of finding out more about each individual role and asking open and probing questions about information needs, methods of finding information, and barriers to meeting needs. Participants were selected at random after managers supplied the names of 10 possible interviewees in each category. Interviews were tape-recorded and then transcribed verbatim. The study was granted ethical approval by the local research ethics committee and the primary care trust research governance department. Interviews were carried out between January and June 2008.

Data were content-analysed, using a rigorous and iterative approach to identify themes. Analysis began during the data collection phase, and this helped to inform the ongoing data collection. The information collected was analysed using categories to describe and explain information use and need. Categories emerged from the data, and were verified by searching through the data, using a letter and number coding approach, with note taken of the number of times a theme was mentioned by each participant. Categories were then related to research objectives, using a colour-coded approach, and refined and reduced in number by grouping them together

around each objective. Results from the different categories of public health professional were analysed individually, and then synthesized to give an overall picture of the data.

## Results

The main results from each interview are considered separately below, and are followed by a discussion of overall needs, how needs are met and barriers to meeting needs.

### Children’s centre manager

This participant had a very busy role and carried out many of the centre’s functions herself. She had access to funding but expressed a need for local resources, a named library contact who could be telephoned for quick queries, news updates so that she could keep abreast of local and national public health news, research and evidence, and local support for courses attended by herself and her staff. Barriers were identified as lack of time and lack of knowledge about access to health libraries and information. As she said:

*“If we are informed, we can try to do something about them [public health issues]. By encouraging parents to undertake some exercises or pram pushing, or working with children regarding obesity, we are contributing to the much wider public health agenda.”*

### Community development worker

This worker identified a major need: training to find information to support her in her role. She was frustrated by what she perceived as a lack of information support from her employers, a lack of time and a lack of awareness of what is available. As she commented:

*“It is quite difficult for me to identify what I’m missing and for my line managers because their background isn’t community development either.”*

### Community midwife

The main need identified by this participant was for information technology (IT) infrastructure. She and her team had no access to personal computers, the Internet or electronic information. She identified needs for training in literature searching, a named contact, news updates and a local website. Again, a lack of awareness of what was available was a problem, as a local information website existed but publicity had not reached this midwife. She commented:

*“Something like that would be really good because it’s difficult for me to get hold of figures like that when I go to meetings.”*

### District nurse

This worker’s main concern was lack of information about local public health policies and strategies, and national targets and policies. She needed access to a relevant library, training in finding evidence and targeted news. She felt that a lack of

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