

Knowledge Network: Individual Needs Assessment Report

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Introduction

Survey objectives

The Individual Needs survey forms part of the investigations into a Knowledge Network for palliative care in Australia.

The objectives of this study were to

1. To gather information on the types of resources users of the Knowledge Network would select
2. To identify specific topics users would like to see on a Knowledge Network
3. To find out about the skills of current online users

Methodology

A brief survey was designed. This was reviewed by members of the project team and members from the local research group at Southern Adelaide Palliative Services.

The survey was a public on-line survey. Respondents were self-selected. People learned about the survey from Project newsletters and stories on the Knowledge Network on other newsletters. Visitors to the CareSearch website could also complete the survey.

Ethics approval was through Flinders University.

Response rate

A total of 151 individuals completed the survey. There were 146 surveys that completed personal details.

Results

Respondent Characteristics

The majority of respondents were over 30 years of age (95%). Eighty-one percent of respondents were female. Most spent more than 50% of their time working in palliative care (61%).

Respondents belonged to the following groups

Profession/Group	No
Admin	1
Librarian	1
Chaplain	1
Loss & grief counselor	1
Trainer (Family carer)	1
Social worker	2
Peak organisation	1
Planner	1
IT	1
Doctor	14
Nurse (Registered/Enrolled)	92
Allied Health worker	10
Researcher	18
Teacher/Lecturer	13
Carer	1

Around 95% of respondents had access to a computer/internet/email at home. A similar number has access to a computer/internet/email at work. One hundred and forty three of those who completed the survey used email.

Nearly all of respondents (144 of 151 replies) had searched the Internet for information and 129 of these had used palliative care sites as a source of information.

Around half of respondents belong to a Listserver or email group.

Usage results

Respondents felt they would use the following parts of a Knowledge Network:

Parts likely to be Used	No	%
Evidence databases	118	80.3%
Chatrooms	17	11.6%
Clinical databases	110	74.8%
Service information	71	48.3%
Therapeutic guidelines	107	72.8%
Audit tools	66	44.9%
Australian Medicines Handbook	50	34.0%
Minimum Data Set	40	27.2%
eJournals	107	72.8%
National and state statistics	68	63.6%
Bibliographic databases	83	56.5%
Policy statements	82	55.8%
Protocol models	84	57.1%
Government reports	87	59.2%
Policy/Sample documentation	66	44.9%
Grant information	76	51.7%
Research procedures	64	43.5%
Education information	114	77.6%
Sample patient forms	64	43.5%
Web-based courses	57	38.8%
On-line tutorials	61	41.5%
Notice boards/News bulletin	72	48.9%
Total	147	

Other items they indicated would be useful included:

- Updated Medical guidelines relevant to palliative care
- Newsletters
- Information for patients
- Consumer input
- Network Library
- Virtualcancercentre.com
- Email colleagues
- Forum for nursing professional association

Current use of websites

Around 90% of respondents currently use websites as a source of information. Outlined below is the use of websites by topic/field.

Topic/field	No. using
Pain and symptom management	116
Cancer	94
Non cancer	80
Grief and bereavement	80
Psychology	78
Complementary care	77
Ethics	74
Religion/spiritual	51
Indigenous	39
Other	18

A content analysis of the responses showed that there were a number of underlying elements that people found useful in websites. They can be summarised as follows:
Search engine/ ease of searching (18 comments)

- Search engine capacity to link me directly to the information I require
- Info from the most recent journals and ability to search a topic e.g. treatment
- Being able to search quickly for best practice and current research

Information (Relevant/up-to-date) (31 comments)

- Wide scope of information which allows one to think about different aspects of a problem before narrowing down and clarifying both the question and information that may answer the question
- Specific information. Brief and concise
- Accessible, easily understood information

Learning materials (3 comments)

- Learning modules
- Tutorials, case commentaries, continuing Prof. development segments, learning resources, online journal club

Links (15 comments)

- Easy links
- Other links to sites

Clinical materials (7 comments)

- Clinical information, research papers, case studies
- Clinical updates

Articles/reports (full text/pdf) (13 comments)

- Full text articles
- Full length articles, systematic reviews, best practice

Easy to use/ease of navigation (10 comments)

- Ease of navigation
- Easy to use navigation tools. Clear, clean easy to access information
- User friendly

Community of practice (people to contact, journal clubs, discussion groups) (13 comments)

- Databases, protocols and online easy synchronous discussions
- Practical advice and discussions from practitioners elsewhere in the world
- Content, people to contact, ideas

Education (4 comments)

- Educational resources, links, tools for practice and auditing, information relating to a protocol, policy development
- Education information, eJournals, evidence based practice, Therapeutic guidelines

Tools (4 comments)

- Latest treatment modalities, assessment tools, performance indicators
- Educational resources, links, tools for practice and auditing

Services/organisations (3 comments)

- Up to date information about Palliative Care state and national bodies
- Australian Palliative Care, British Palliative Care, Canadian Palliative Care

Evidence based Practice (3 comments)

- To get quick access to current information and research to ensure that my practice is as evidence based and as current as possible
- Education info, evidence based practice, therapeutic guidelines

Patient oriented materials (3 comments)

- Patient information (i.e. not aimed at health professionals) in a printable format, especially new or uncommon treatments; literature review or reference lists
- Clear simply described information on symptoms, treatments and other issues aimed at non-health professionals to better enable patient education

Special features

A content analysis of the replies to the question “ Are there any special facilities that should be included on a Knowledge Network?” was undertaken. Common words and topics were summarised. Replies fell into three main areas – comments on infrastructure and website features, content needs and special facilities.

Infrastructure and features

The main items identified here were as follows:

- Good search engine
A good internal search capability. Some websites have a ‘search’ facility but they are virtually useless.
- Easy to use and easy to navigate
- Links to other sites and to resources
Reference to particular articles/reports should have an internet link if possible
- Facilities to support networking and communities of practice
Contact resources e.g. chat rooms or message boards are very useful. Possibilities for networking.
- Ability to customise the site
Would it be possible for the user to customise their own site?

Content

There were a number of areas identified for inclusion as a content topic:

- Aboriginal/indigenous
- Aged Care
- Allied Health
- Assessment tools
- Benchmarking
- Bibliographic databases such as Ovid
- CALD
- Complementary Care
- Dementia
- Drugs
- Evaluating websites and the internet
- Evidence databases such as Cochrane or Joanna Briggs
- Models of service provision
- Patient handouts
- Policy documents
- Service and organisation directories

Other content matters that were identified were

- Need to ensure that material is evaluated
It would be good if they were as evidence based as possible or had a minimum standard for quality of content, accuracy etc
- Need for good indexing system
Clear comprehensive index page easily found from home page
- Simple language

Special facilities

The replies to this question brought up some interesting elements and suggestions. These included

- Using stories from practitioners to share their experiences
I feel that nurses telling their stories would be nice. Then I could relate to what I am feeling about some of my experiences.
I would like to see regular input from a variety of Australians, health professionals and others, about their dealing with a life threatening illness and death and dying.
- Include fun and interactive components to encourage learning
- Need for an “Ask the Expert” capacity
- Being sensitive to the graphic design of the Network
No excessive colour schemes (as they are hard to look at late at night after working a full day).
I really dislike a first page that is largely pictorial