

# DataStar Web

Documents



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## How do patients evaluate and make use of online health information?

**Accession number & update**

0000317348 20070515.

**Source**

Social Science and Medicine, May 2007, vol. 64, no. 9, p. 1853–1862, ISSN: 0277–9536.

**Author(s)**

Sillence–Elizabeth, Briggs–Pam, Harris–Peter–Richard, Fishwick–Lesley.

**Abstract**

Record in progress.

**Publication year**

2007.

**Publication date**


20070500.

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## Internet information–seeking in mental health.

**Dialog eLinks**

Paper copy available at 

**Accession number & update**

0000317253 20070510.

**Source**

British Journal of Psychiatry, Sep 2007, vol. 189, p. 273–277, ISSN: 0007–1250.

**Author(s)**

Powell–John, Clarke–Aileen.

**Abstract**

Record in progress.

**Publication year**

2007.

**Publication date**


20070900.

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## Information leaflet used in out–patient clinics; a survey of attitude and understanding of the user.

**Dialog eLinks**

Full text available at 

**Accession number & update**

0000316834 20070501.

**Source**

International Journal of Health Care Quality Assurance, 2006, vol. 19, no. 6, p. 575–579, ISSN: 0952–6862.

**Author(s)**

Rajasundaram–Ramanan, Phillips–Steve, Clay–Nigel–R.

**Abstract**

Record in progress.

**Publication year**

2006.

**Publication date**

20060000.

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**Information alongside medicines.**

**Dialog eLinks**

Paper copy available at



Full text available at



**Accession number & update**

0000313977 20070501.

**Source**

Lancet, 23 Dec 2006, vol. 368, no. 9554, p. 2199–2200, ISSN: 0140–6736.

**Author(s)**

Wilkinson–Emma.

**Abstract**

The UK has been asking patients what they want from the health service. The answer? More and better information. Now the government has asked doctors to dispense prescriptions to deal with this information deficit alongside prescriptions for drugs. The author investigates. (Journal abstract).

**Publication year**

2006.

**Publication date**

20061223.

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**Patients' informational needs and information received do not correspond in hospital.**

**Accession number & update**

0000303489 20070501.

**Source**

Journal of Clinical Nursing, Nov 2005, vol. 14, no. 10, p. 1167–1176, ISSN: 0962–1067.

**Author(s)**

Suhonen–Riitta, Nenonen–Helja, Laukka–Arja, Valimaki–Maritta.

**Abstract**

This study describes and compares the information patients want with the information they receive and examines whether this varies between patients. The background was patient information during hospitalisation has received increasing attention. Previous studies, however, have identified problems of inadequate or insufficient information from a patient's point of view. The design was a descriptive, survey design with questionnaires. The methods were the categorical data were collected by specifically designed questionnaires from adult patients (n = 928) on discharge from one Finnish hospital. The data were analysed statistically using descriptive statistics and non-parametric tests. (Mann–Whitney United Kingdom, Kruskal–Wallis, McNemar and Wilcoxon Signed Ranks tests). The results were patients attached great importance to information on illness and treatment, and information in this area was provided quite satisfactorily. Less importance was attached to information regarding patient's daily management of illness, such as aftercare, prognosis and patients' rights and less information was reportedly provided. Female gender was systematically associated with attaching greater importance to information and to better evaluations of informational areas. The conclusions were patients informational

needs and the information received from staff did not correspond. The findings confirm the importance of nurses' roles in assessing patients' informational needs to tailor and provide explicit and relevant information to satisfy patients' informational needs. The relevance to clinical practice was more emphasis should be put on developing methods to ascertain patients' informational needs, to evaluate the content of information and to develop tailored information packages for different patients. This can be done by empowering and helping patients to access and understand relevant and appropriate information, for example, by Web-based information systems. Cites numerous references. (Journal abstract).

**Publication year**

2005.

**Publication date**

20051100.

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**Patient information needs; pre- and post-consultation.**

**Accession number & update**

0000312631 20070426.

**Source**

Health Informatics Journal, Jun 2006, vol. 12, no. 2, p. 165-177, ISSN: 1460-4582.

**Author(s)**

Attfield-Simon-J, Adams-Anne, Blandford-Ann.

**Abstract**

This paper presents findings from a study of information seeking behaviour by National Health Service patients which explored motivational triggers for information needs. Previous research has highlighted the importance of contextual elements in users' changing information needs. This paper highlights how those needs may centre on specific events: in particular, a patient's consultation with their doctor. Patients initiate information seeking to assess whether they need clinical intervention, in preparation for the patient-doctor consultation and to verify the diagnosis or treatment stemming from that consultation. The study has revealed that having confidence in health practitioners is one key motivation for information seeking. Another is a desire to use health service resources judiciously, efficiently and effectively. Cites numerous references. (Journal abstract).

**Publication year**

2006.

**Publication date**

20060600.

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**Enhancing patient education about medicines; factors influencing reading and seeking of written medicine information.**

**Accession number & update**

0000312381 20070426.

**Source**

Health Expectations, Jun 2006, vol. 9, no. 2, p. 174-187, ISSN: 1369-6513.

**Author(s)**

Koo-Michelle, Krass-Ines, Aslani-Parisa.

**Abstract**

The objective was to investigate the influence of patient factors on patients' reading and seeking of written medicine information (WMI). The design was a cross-sectional questionnaire study. The main variables studied were patient's health locus of control, coping style, health literacy, demographics and disease state (independent variables) and patient's interest and likelihood in reading and seeking WMI

(dependent variables). The main outcome measures were patient factors predicting interest in reading and seeking WMI. The setting and participants were patients (total n = 479) from three Rheumatology/Pain clinics in teaching hospitals (n = 217) and 40 community pharmacies (n = 262) in metropolitan Sydney, Australia. The results were the majority of patients were interested and likely to read WMI about their prescription medicines. However, not many were likely to seek WMI and not many frequently sought WMI. Using logistic regression, patients' interest in reading WMI was predicted by their coping style (monitor vs. blunter, odds ratio (OR) = 2.19, confidence interval (CI) = 1.17 – 4.10), health literacy levels (adequate vs. inadequate/marginal, OR = 2.86, CI = 1.16–7.05) and occupation (blue-collar vs. homemaker, OR = 3.42, CI = 0.09 – 0.88) whilst patients' interest in seeking WMI was predicted by their disease state (pain /rheumatology condition vs. hypertension, OR = 1.84, CI = 1.11 – 3.05) , health locus of control (powerful other, OR = 0.95, CI = 0.90 – 0.99) and health literacy levels (adequate vs. inadequate/marginal, OR = 2.7, CI = 1.17 – 6.39). The conclusions were patients' interest in reading and seeking WMI were influenced by several patient factors including disease state, health locus of control, coping style, health literacy levels and occupation. Furthermore, the results highlighted that reading and seeking WMI were regarded as distinct activities influenced by difference factors. These findings may guide health professionals in assessing the utility of WMI for different patient groups and more broadly in the tailoring of patient education to meet patient needs. Cites 60 references. (Journal abstract).

**Publication year**  
2006.

**Publication date**  
20060600.

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## **Internet access, the digital divide, and health information.**

**Accession number & update**  
0000306766 20070320.

**Source**  
Medical Care, Apr 2005, vol. 43, no. 4, p. 415–420, ISSN: 0025–7079.

**Author(s)**  
Wagner–Todd–H, Bundorf–M–Kate, Singer–Sara–J, Baker–Laurence–C.

**Abstract**  
The Internet has emerged as a valuable tool for health information. Half of the U.S. population lacked Internet access in 2001, creating concerns about those without access. Starting in 1999, a survey firm randomly invited individuals to join their research panel in return for free Internet access. This provides a unique setting to study the ways that people who had not previously obtained Internet access use the Internet when it becomes available to them. The methods were in 2001–2002, the authors surveyed 12,878 individuals 21 years of age and older on the research panel regarding use of the Internet for health; 8,935 (69%) responded. The authors analysed respondents who had no prior Internet access, and then compared this group to those who had prior Internet access. The results were, among those newly provided free Internet access, 24% had used the Internet for health information in the past year, and users reported notable benefits, such as improved knowledge and self-care abilities. Not surprisingly, the no-prior-Internet group reported lower rates of using the Internet (24%) than the group that had obtained Internet access prior to joining the research panel (40%), but the two groups reported similar perceptions of the Intranet and self-reported effects. The conclusions were those who obtained Internet access for the first time by joining the panel used the Internet for health and appeared to benefit from it. Access helps explain the digital divide, although most people given free access do not use the Internet for health information. Cites 16 references. (Journal abstract).

**Publication year**  
2005.

**Publication date**  
20050400.

## Healthcare information giving services; technologies and everyday practicalities.

**Accession number & update**

0000311113 20070220.

**Source**

Health Informatics Journal, Feb 2006, vol. 12, no. 2, p. 153–164, ISSN: 1460–4582.

**Author(s)**

Clarke–Karen, Rooksby–John, Rouncefield–Mark, Procter–Rob, Slack– Roger.

**Abstract**

This paper presents findings from observational studies of work practice in two 'information giving' services – a poisons information service and a mental health helpline – as a precursor to informing the design of such services. The authors' work highlights the interactions that constitute the requesting and giving of information and the role of intermediaries in the delivery of recipient–designed information. They propose a shift of focus from the logic of information in system design to one that encompasses the practicalities of information giving. Cites 16 references. (Journal abstract).

**Publication year**

2006.

**Publication date**

20060200.

## Building knowledge in literacy and health.

**Dialog eLinks**

Full text available at



**Accession number & update**

0000311553 20070213.

**Source**

Canadian Journal of Public Health, May/Jun 2006, vol. 97, p. 531–536, ISSN: 0008–4263.

**Author(s)**

Hemming–Heather–H, Langille–Lisa.

**Abstract**

Health and literacy share an interesting relationship. The complexities of the relationship between literacy and health need to be recognised by policy–makers and practitioners to dispel myths, reduce stigma attached to low literacy, and empower disadvantaged groups. As we engage in building knowledge in the field, there is a need for multi–sectoral collaboration, both quantitative and qualitative information, and more effective ways to communicate with and educate people with low literacy. At the Second Canadian Conference on Literacy and Health, research reported indicates that in terms of what we know, the field has focussed on: linking literacy and health; examining intervention programs, exploring e–health and rural health; evaluating programs; and empowering people. In exploring what we need to know, researchers at the conference identified the need to understand: the extent of literacy sensitivity among health care providers in diverse settings; the impact of using plain language and readability formulas; the effectiveness of approaches to instructing literacy; and the incorporation of health content and health literacy goals into literacy instruction. Further, we need to create accessible ways of sharing knowledge in the field to build and strengthen existing multi–sector partnerships within and between communities. Cites 28 references. (Journal abstract).

**Publication year**

2006.

**Publication date**

20060500.

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## 'Help is at Hand' on the web; what do our readers think?

### Dialog eLinks

Paper copy available at 

Full text available at 

### Accession number & update

0000297913 20061205.

### Source

Psychiatric Bulletin, Jan 2005, vol. 29, no. 1, p. 24–27, ISSN: 0955–6036.

### Author(s)

Timms–Philip, Hart–Deborah, Cohen–Alexandra, Briscoe–Martin, McClure– Mike.

### Abstract

Aims and Methods are to describe the development of public education materials provided by the Royal College of Psychiatrists in the 'Help is at Hand' series of leaflets, and to assess the acceptability and usefulness of information about mental health on the college website by analysis of the online responses of those accessing this information. The results were more than 4,000 responses to 14 of the 'Help is at Hand' leaflets were analysed. Ratings were generally high, with the exception of the statement, 'This leaflet talks down to me'. Free text responses were generally positive. The clinical Implications are that the college website is an accessible source of high–quality mental health information of the sort demanded by both service users and current health policy. Cites four refernces. (Journal abstract).

### Publication year

2005.

### Publication date

20050100.

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## Why organizations continue to create patient information laefflets with readability and useability problems; an exploratory study.

### Dialog eLinks

Full text available at  

### Accession number & update

0000304460 20061121.

### Source

Health Education Research, Aug 2005, vol. 20, no. 4, p. 485–493, ISSN: 0268–1153.

### Author(s)

Gal–Iddo, Prigat–Ayelet.

### Abstract

Readability and usability problems with patient information leaflets continue to be reported despite long–standing recognition of their existence and the availability of guidelines for developing health education materials. This exploratory study examined possible causes for such problems, based on interviews with professionals who developed leaflets in large health organisations. Findings suggest that readability is an important concern for developers, but that complex organisational processes are involved in creating leaflets, and that developers face a need to cope with organisational politics, goal conflicts and various other pressures. Six factors were identified, i.e. (1) initiators, (2) intended users and

contexts of use, (3) goals, (4) work flow and content decisions, (5) readability considerations, and (6) evaluation practices, that can adversely affect the content, organisation, and resulting comprehensibility and usability of leaflets. It is suggested to adopt a broad ecological view of the environments in which patient education materials are created and deployed. Implications for practice and for future related research are discussed. Cites numerous references. (Journal abstract).

**Publication year**

2005.

**Publication date**

20050800.

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**Tomorrow's patients will have information prescribed alongside medicines.**

**Accession number & update**

0000312429 20061024.

**Source**

Publisher: Department of Health, (London), 2006, 2p.

**Corporate author(s)**

Department of Health;  
Media Centre.

**Publication year**

2006.

**Publication date**

20060000.

(COPYRIGHT BY Department of Health, London, UK)

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**Information for choice; a rapid review of the evidence relating to patient information and communication.**

**Accession number & update**

0000309278 20061003.

**Source**

Publisher: (s.n.), (S.I.), 2004, 50p.

**Author(s)**

Anderson-Will.

**Corporate author(s)**

Department of Health.

**Abstract**

Record in progress.

**Publication year**

2004.

**Publication date**

20040000.

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**Personalizing web information for patients; linking patient medical data with the web via a patient personal knowledge base.**

**Accession number & update**

0000309740 20060711.

**Source**

Health Informatics Journal, Mar 2006, vol. 12, no. 1, p. 27–39, ISSN: 1460–4582.

**Author(s)**

Al–Busaidi–Asma, Gray–Alex, Fiddian–Nick.

**Abstract**

Record in progress.

**Publication year**

2006.

**Publication date**

20060300.

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## **Internet use and stigmatized illness.**

**Accession number & update**

0000308052 20060517.

**Source**

Social Science and Medicine, Oct 2005, vol. 61, no. 8, p. 1776–1784, ISSN: 0277–9536.

**Author(s)**

Berger–Magdalena, Wagner–Todd–H, Baker–Laurence–C.

**Abstract**

Record in progress.

**Publication year**

2005.

**Publication date**

20051000.

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## **Information and access to health care; is there a role for trust?**

**Accession number & update**

0000308000 20060510.

**Source**

Social Science and Medicine, Oct 2005, vol. 61, no. 7, p. 1452–1462, ISSN: 0277–9536.

**Author(s)**

Thiede–Michael.

**Abstract**

Record in progress.

**Publication year**

2005.

**Publication date**

20051000.

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## **Learning to DISCERN online; applying an appraisal tool to health websites in a workshop setting.**

### **Dialog eLinks**

Full text available at



**Accession number & update**

0000296056 20060110.

**Source**

Health Education Research, Aug 2004, vol. 19, no. 4, p. 440–446, ISSN: 0268–1153.

**Author(s)**

Charnock–Deborah, Shepperd–Sasha.

**Abstract**

This study examined the application of DISCERN–validated criteria for judging the quality of printed information on treatment–to online health information in a workshop setting. A survey was conducted amongst 57 participants attending DISCERN Online workshops. Participants were health information users–healthcare and information providers, consumers (patients/carers), and consumer representatives. Workshops involved using DISCERN to appraise a health website. Participants completed questionnaires before and after the workshop, and at two months follow–up. Response revealed that participants accessed online health information for professional (85.7%) and personal (75%) reasons. Less than half (41%) had applied some form of quality criteria to online information prior to attending the workshop. Despite varying levels of expertise, participants found DISCERN and the supporting materials accessible. The majority (96.2%) agreed DISCERN would help users discriminate between high– and low– quality online treatment information, and would be applicable to a wide variety of such information. At follow–up, most (89.6%) reported that their attitude to consumer health information of all types had changed–mostly becoming more critical or systematic. It is possible that general schemes such as DISCERN will provide users with simple and flexible skills for dealing with the wide range of treatment information available. Cites numerous references. (Journal abstract).

**Publication year**

2004.

**Publication date**

20040800.

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## Search Strategy

No.	Database	Search term	Info added since	Results
17	DH-DATA - 1983 to date	CONSUMER-HEALTH- INFORMATION#.DE.	unrestricted	458

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