

DEVELOPING ANNOTATED BIBLIOGRAPHIES – A TOOL FOR
EDUCATION, COLLABORATION AND RESEARCH DEVELOPMENT

Dr Pat Schofield – PhD, PGDipEd, DipN, RGN
Senior Lecturer, University of Sheffield, School of Nursing &
Midwifery, Bartolome House Winter St. S3 7ND. 0114 2229725
p.a.schofield@sheffield.ac.uk

Dr Paula Smith – PhD, MSc, BSc (Hons) DEN, RN
Lecturer, University of Sheffield, School of Nursing &
Midwifery, Bartolome House Winter St. S3 7ND 0114 2229794
p.c.smith@sheffield.ac.uk

Mr Barry Aveyard – RMN, RGN, BA (Hons) CertEd RNT, MA
Lecturer, University of Sheffield, School of Nursing &
Midwifery, Bartolome House Winter St. S3 7ND 0114 2228306
b.aveyard@sheffield.ac.uk

Abstract

The purpose of this paper is to present the process of developing an annotated bibliography as a tool for education and research. The authors of the paper will describe the process and demonstrate the findings from two recently completed bibliographies around pain in the older adult and pain in the terminal stages of palliative care. The benefits of this type of project will be discussed. Both bibliographies have been developed by a team of researchers within the University of Sheffield and are available for students to access as an educational tool. From the work collated within the bibliographies, the research team have been able to identify develop two research proposals that have been submitted for funding.

Introduction

In this paper we will describe the process of developing two annotated bibliographies undertaken by a group of researchers in the field of pain management. We will describe the nature and purpose of an annotated bibliography and give examples, based on our experience, of the process of producing a bibliography.

What is an Annotated Bibliography?

An annotated bibliography is a list of citations to books, articles and documents. Therefore literature is collected and reviewed in a similar process to a systematic review. Data bases are searched using key words and prescribed dates. The papers are then reviewed and sorted into categories. Papers that are not research based or appropriate for the main theme of the bibliography are discarded. Following this process, each of the researchers will spend time reviewing the papers according to set criteria. Such criteria have been previously determined and may take the format of a checklist of inclusion criteria. When the paper has been reviewed, the researcher will prepare a summary of the paper and a brief descriptive paragraph, which is usually between 150-300 words long (fig 1). When the review has taken place, the author will write an annotation that can be compiled within a summary document presenting a review of themes associated with a particular topic area.

There are two types of annotation;

- Summative annotations (providing only a summary of the author's main ideas)
- Evaluative annotations (providing both a summary of the authors main ideas and a brief critique)

The purpose of the annotation is to inform the reader of the relevance, accuracy and quality of the sources cited.

What is the Purpose of an annotated bibliography?

An annotated bibliography can provide a review of the research underpinning a particular topic area. This can provide a teaching tool, which can be accessed by students. Alternatively it can form the basis of the identification of potential research areas by summarising current research and potential deficits in knowledge around a particular topic.

To date, the team has conducted two bibliographies, (Pain and Palliative care) which are available through the University of Sheffield, and they will be discussed later in the text.

Method

So how was the process applied in practice?

1. We had an idea

The first step in the process was to identify a potential idea. This needs to be based upon some general knowledge of the area and some outstanding questions about the current literature surrounding the topic to be studied. In addition there needs to be some awareness of the potential for collecting literature.

2. We got together with others who liked the idea

The second stage of the process involved recruiting other researchers with similar interests. So for example the first project involved pain experts meeting with experts in older people and the second project pain and palliative care experts joined together.

3. We had a meeting or two

In order to facilitate the development of the bibliographies everyone needed to be aware of their role and responsibilities towards the project and other members of the team. The projects therefore required careful planning with identification of key milestones and deadlines. This enabled the group to work within the restrictions of their current workload. Regular meetings enabled sharing of ideas and updates on progress.

4. We chose a subject

Although the overarching themes (what are we talking about here the topic titles or themes within the topic? Maybe you could give examples here from one of the bibliographies) had been identified, the group needed to identify areas that would meet their own particular interests. This allowed the project to be meaningful for them and their areas of expertise. For example, the author of this paper has a particular interest in pain assessment; therefore, she opted for the pain assessment tools theme.

5. We refined the ? topic

Following group discussions the topic area was refined prior to the task of collecting the literature. This meant that we limited as much as possible any unnecessary searching that would later be seen as superficial to the task.

6. We defined the search terms

As with any literature searching exercise, the search terms were clarified and defined. This involved members of the group doing preliminary searches of databases and journals to identify key terms and phrases.

For example in the pain and palliative care bibliography the use of the terms hospice, terminal care, and palliative care were all used in conjunction with the term pain and pain management.

7. We planned a timescale

An important part of the process, like any research project is to set deadlines. Therefore timescales were set in terms of when the literature should all be collected and when it should be sent out to reviewers. This ensured that the project was facilitated by the management processes. .

8. Other key issues

Date ranges were set and criteria for inclusion and exclusion, such as age groups, research only papers, and the key terms being a substantive part of the work. Identification of appropriate databases was also discussed and agreed. The type of research was also clarified. For example, qualitative or quantitative studies.

The Process

The next section will discuss the process of reviewing the literature for project one. The format for project two followed a similar format. A team of researchers was identified and together they planned to search the data bases for all literature related to pain in the older population.

A systematic review of published articles completed in 1999 (Fox et al 1999) looking at pain in the older population found only ninety-one potential articles, of these studies, only three evaluated the effectiveness of interventions for the treatment of pain in this group. As such it was anticipated that there would not be many articles and therefore all aspects of pain care in the older adult could be addressed. Although, the authors recognised that there would be more literature available post 1999.

All of the major data-bases were searched between the years of 1994-2004 (AHMED, CINAHL, MEDLINE, EMBASE, Science Citation Index, Psychlit, ageinfo, anchor housing, index for thesis, steinberg). It was anticipated that literature prior to this date would be sparse and out of date. Cochrane was contacted at that time there was no systematic review of literature in this field or any plans to carry out a review in the near future. The process for collection of the literature involved the following aspects:

Population

- The population to be studied was determined so for example in project one it included older people and by definition this included individuals between the ages of 60-100. Literature was obtained regarding the physiological aspects of what? along with that which differentiates between acute and chronic pain.

Interventions

- The whole range of interventions were included which covered; pharmacological, non-pharmacological, assessment methods and complementary approaches.

Outcomes

- Studies were reviewed that highlighted the clinical outcomes of interventions such as quality of life or depression. Also socio-economic information was reviewed and included.

Study Designs

- It was anticipated that there was limited experimental research in this area and as such all study designs were included.

Each of the studies was rated using an instrument that addressed the requirements of both qualitative and quantitative studies (Hawker et al 2002 appendix 2).

Each investigator was allocated a group of papers that tended to focus on a particular theme for example assessment or pharmacological management. The studies were rated and a narrative report written.

Validity

As with any study an important element is ensuring validity. In other words it was important to check that the researchers were reviewing and reporting upon the papers correctly. This process also provided a good opportunity for novice researchers or practitioners who had not been previously involved in research to take part in the process. As such colleagues from the wider department were invited to review papers from each theme using the form (appendix 2) as a guide and write a review themselves which could be compared with the review of the more experienced researcher. Thus the reports could be validated and provided scholarly opportunities for staff.

The Results

Study One: Developing an Annotated Bibliography for the Management of Pain in older people

Background

Since the introduction of the Gate Control Theory (Melzack & Wall 1965), there have been great strides in the management of pain. With the introduction of the recognised definitions of pain, acute pain services and the expansion of chronic pain services have encompassed the multidimensional aspects of the problem. Consequently pain management programmes have evolved. These are exciting times for pain management as it continues to evolve and develop whilst attempting to place pain on the government agenda. Despite this, there are groups of people within society who appear to be under-represented in this area. For example, pain services for individuals with learning disabilities or ethnic communities and older people. Literature surrounding pain management in these areas is sparse. Although, concerning later life, authors have identified issues related to staff education required for caring for older people in pain (Allcock 2002) and the identification of appropriate measures of assessment for the most vulnerable in this group; the cognitively impaired (Closs 2004).

There is still much more work to be done in this area in particular with reference to the preferences of older people as to their choice of pain management strategies. It is only during the last decade that the issues pertaining to pain in the older adult have begun to be highlighted and primarily, much of this work has been carried out in the USA. However, there are some UK studies appearing and recent developments are making health care professionals consider the older population and their needs in terms of pain. The recent national Service Frameworks (DoH) does highlight the need to address chronic pain in the older adult and during the International Association for the Study of Pain (IASP) conference in San Diego (2002) it was suggested that it is time for clinicians to “grasp the nettle” and provide services tailored to meet the needs of the older person as numbers are increasing and it is anticipated that there will be a population explosion of older people in pain by 2020. Some researchers have suggested that 50% of older people living in the community are experiencing chronic pain and this number increases to 80% in the nursing home population (American Geriatrics Society 1998)

The principal aim of the first study was therefore to develop an annotated bibliography that would consolidate all of the available literature relating to the care of the older adult in pain. Initial discussions around the literature identified the following key themes:

- ❖ Assessment Tools

- ❖ Assessment Tools for people with communication difficulties
- ❖ Socioeconomic impact of pain upon older people
- ❖ Pharmacological management of pain in older people
- ❖ Non-pharmacological management of pain in older people
- ❖ Complementary therapies for older people

Upon completion, the team identified a potential area for further work in developing a research proposal into pain education within care homes.

Study Two: *Pain Relief in the Terminal stages of Palliative Care*

Background

Pain is a multifaceted complex phenomenon that remains one of the most common and feared symptoms within cancer and end of life situations, and many believe that pain is an inevitable part of the disease process (Doyle et al 1994). The prevalence of chronic pain in patients with advanced disease is estimated to be 70-90 per cent (Portenoy and Lesage 2001). However, despite the high incidence of pain in cancer patients it is important to note that the cause of such pain is not always a consequence of the neoplasm, but may be the result of concomitant diseases and treatment therapies such as surgery, chemotherapy and radiotherapy (Portenoy and Lesage 2001).

In order to understand the experience of pain for the patient and the family it is important to acknowledge the physiological, psychological, social and spiritual factors involved. This range of phenomenon is collectively referred to as “total pain” (Twycross and Wilcock 2002), and can be used to understand the range of issues that need to be taken into account when considering the assessment and management of pain within palliative care settings (Krishnasamy 2001).

Effective pain management therefore needs to be based on accurate assessment, and there are numerous tools that have been developed to identify aspects of pain severity, range of pain characteristics, functional impact of pain and pain behaviours (Paz and Seymour 2004). Some assessment tools have been developed for self assessment by the patient. This is important as there are differences found in reports of the pain experience by the patient and their associated health professionals, and family members especially as the pain intensifies (Grossmen et al 1991, Field 1996). There is therefore a need for staff to be competent in the assessment of pain in order to improve the pain management of vulnerable groups (DoH 2001, 2002, NICE 2004). An improvement in pain assessment and documentation leads to an improvement in pain management (Erdek and Pronovost 2004). Thus, by accurately understanding the patient’s pain problem, appropriate management and treatment strategies can be introduced.

Whilst pharmacological management is an effective strategy for dealing with much pain in palliative care two-thirds of patients reported that medication was inadequate at times in one survey (Pain in Europe 2003). Furthermore, there are a number of concerns by patients and some health professionals about the pharmacological treatment of pain relating to fear of addiction, and physical side effects such as constipation and confusion connected with these drugs. As a result non-pharmacological approaches and psychosocial support are important in addressing issues of pain management, and are often used in conjunction with pharmacological interventions (Paz and Seymour 2004). Many pain clinics are now moving towards the use of non-invasive techniques (Ali 2003), which may include cognitive-behavioural therapy, relaxation techniques, biofeedback, transcutaneous electrical nerve stimulation and complementary therapies (Paz and Seymour 2004).

Pain is common and complex symptom in palliative care, which can have a profound and damaging effect on both the patient and their family caregivers. The challenge for health professionals is to understand the complexity of this symptom, its assessment and management.

The principal aim of the project was to therefore develop an annotated bibliography that consolidates all of the available literature relating to the care of the patient with cancer in pain. It was anticipated that the bibliography will contain chapters covering the following aspects:

- Assessment –psychosocial/ tools/how used
- Issues around older people and their carers
- Pharmacological management of pain (Opioids)
- Pharmacological management of pain (non-Opioids)
- Non-pharmacological management of pain (psychosocial)
- Education/ health professionals/communication
- Complementary Therapies

From this study several key issues emerged from the literature; education and pain assessment as before with the previous project were highlighted as lacking. Also there appeared to be limited research around complementary therapies and surprisingly limited papers around psychosocial issues.

Conclusion

Developing annotated bibliographies has proven successful for this group for a number of reasons; it has brought together a group of researchers who had previously worked in isolation and were unaware of the work of their colleagues and the potential for collaboration; it has highlighted a number of potential areas for further research and education; it has

facilitated the dissemination of current research to students, colleagues and other health care providers For example the first study has resulted in the development of two research proposals submitted to Burdett and Alzheimer's society. The projects have provided an opportunity for novice researchers to become involved in funded research work and the achievement of a publication within a safe environment. Finally, they have provided a valuable resource for students and future research activity.

*Both projects were funded by University of Sheffield CARER grants.

Thanks to members of the team including; Dr Amanda Clarke, Dr Tony Ryan, Dr Mark Faulkner, Dr Marilyn Kirshbaum, Amanda Howarth, Lynne Gell, Tris Keogh & Kath Steele.

References

Ali, V. (2003) Interventional Management of Chronic Pain Nurse2 Nurse
3 (4) 18-19

Allcock N, McGarry J & Elkan R (2002) Management of pain in older
people within a nursing home: a preliminary study. Health & Social Care
in the Community. 10:6:464-471

Caraceni, A. et al (2002) Pain Management Tools and Methods in Clinical
Research in Palliative Care: Recommendations of an Expert working
group

Closs SJ, Barr B, Briggs M et al (2003) The clinical utility of five pain
assessment scales for nursing home residents with varying degrees of
cognitive impairment. Unpublished paper submitted to Journal of Clinical
Nursing & Verbal Communication

Department of Health (2001) National Service Framework for older people.
London. DoH

Department of Health (2002) National Health Service Cancer Plan: A Plan
for Investment A Plan for Reform London. DoH

Doyle, D. et al (1994) Guidelines for Managing Cancer Pain in Adults.
Working
Party on Clinical Guidelines in Palliative Care. National Council for
Hospice and Specialist Palliative Care Services

Erdek, M.A. Pronovost, P.J. (2004) Improving Assessment and Treatment
of
Pain in the Critically Ill. International Journal for Quality in Health Care
16 (1) 59-64

Field, L. (1996) Are Nurses Still Understanding Patients Pain
Postoperatively?
British Journal of Nursing 5 (13) 778-784

Grossmen, S. A. et al (1991) Correlation of Patient and Caregiver Ratings of

Cancer Pain. *Journal of Pain and Symptom Management* 6 (2) 53-57

Krishnasamy M. 2001 Pain. In Corner J., AND bailey C (EDS) *Cancer Nursing Care in Context*. Oxford: Blackwell Science.

Hawker S, Payne.S, Kerr C, Hardey M et al (2002) Appraising the evidence: reviewing disparate data systematically. *Qualitative Health Research* Vol 12.9 1284-1299

Melzack R & Wall P (1965) *The challenge of pain*. Penguin Press

Pain in Europe (2003) A 2003 Report: Pain Europe – Pan European Data.
www.painineurope.com (Accessed June 2005)

Paz S., and Seymour J. 2004 *Pain: Theories, evaluation and management*. In Payne S., Seymour J., and Ingleton C. 2004 *Palliative Care Nursing: Principles and Evidence for Practice*. Berkshire: Open University Press.

Portenoy R.K., and Lesage P. 2001 *Management of cancer pain*. The Pain Series (available at:

www.thelancet.com/journal/vol357/iss1/full/llan.357.s1.pain_series.15835.1) accessed September 2002

Saunders, C.M. Baines, M.J. (1989) *Living With Dying The Management of Terminal Disease*. Oxford. Oxford University Press

Twycross R., and Wilcock A. 2002 *Symptom Management in Advanced Cancer*. 3rd Edn. Oxford: Radcliffe Medical Press

Appendix One:

Example of an evaluative annotation

Kreie, J., and Cronan, T. P. (2000) Making Ethical Decisions. *Communications of the ACM*. 43(12): 66-71.

The authors, professors of computer systems, present findings of a study of 300 college students to support their theory that businesses who promote a strong ethical code of conduct can influence employee behaviour in certain situations. The paper builds on an earlier study conducted by the authors. While the results of the study appear valid the survey is limited in its scope to a small population. A comparison with similar surveys conducted in a workplace would have added value to this study. While the authors' conclusion that people rely on their personal values when making ethical decisions is perhaps stating the obvious, this article provides a good starting point for additional research on the topic.

Description

Critique

Annotated Bibliography - Literature Assessment Form

SECTION A

Search ID:	First Author:
Abbreviated Title:	
Date of Publication:	Date of Assessment:
Reviewer (initials):	

SECTION B

<i>Type of Material</i>	
Academic journal/ book	
Does the paper present research findings?	Yes/No
Is chronic pain the central theme of the paper?	Yes/No
Does the paper focus exclusively on the older population?	Yes/No
<i>If answer 'no' to any of these 3 questions, do NOT review , otherwise, go to section C</i>	

SECTION C

C1. Research papers (section adapted from Hawker, Payne et al, 2002)		
Study Design: Quantitative <input type="checkbox"/> Qualitative <input type="checkbox"/>	Study setting: Sample Size:	Sample-Description:

Combination <input type="checkbox"/>		
Aim:		
Research Questions/ Hypothesis:		
Method and Analysis:		
Intervention (if applicable):		
How was the study evaluated (if applicable)?		
Results:		

Should be included in annotated bibliography?

Yes/No

C.2

Key issues raised, conclusions, comments:

Additional comments:

With thanks to Caroline Saunders
AEC 08/02/05
Version 4