Agenda

- Evidence-Based Practice
- Asking Focused Questions/PICO(T)
- Post-operative Nausea - Search Strategies
- Systematic Reviews & Meta-Analyses
- Mixed Methods
- Clinical Queries Tools – CINAHL & PubMed
- Pressure Ulcers - Find the Best Evidence
- Finding High Quality Evidence
Evidence-based Practice

There are many definitions of Evidence Based Practice, but most are based on the original definition of evidence-based medicine by Dr. David Sackett in the 1990’s.

“the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances.”*

- Keep in mind that research-based evidence should *always* be balanced with real-world experience (common sense)!


- OBJECTIVES: To determine whether parachutes are effective in preventing major trauma related to gravitational challenge.

- DESIGN: Systematic review of randomised controlled trials.

- RESULTS: "We were unable to identify any randomised controlled trials of parachute intervention."
  No evidence, but still, DON’T DO IT!!

- As well as patient needs and values…
Components of Evidence-based Practice

- Patient Values
- Best Research Evidence
- Clinical Expertise

EBP
Asking Focused Questions

- For **clinical topics**, it’s often helpful to break your big question into discrete parts.

- The PICO or PICOT model can help you to build your question:

  **Patient/Population & Problem** (age, gender, ethnicity, individuals with a certain disorder)

  **Intervention** (therapy, diagnostic tool, exposure to a disease, risk behavior, prognostic factor)

  **Comparison** (alternate therapy, placebo/no treatment, absence of exposure or risk, alternative prognostic factor)

  **Outcome** (outcome of interest: presence/absence of symptoms or disease, accuracy of diagnosis, occurrence rate of an adverse outcome)

  **Time factor** (the time it takes for the intervention to achieve an outcome or how long participants are observed)

- This can help focus your question and formulate your search strategy.

- Use this process as a GUIDELINE! It doesn’t fit every situation.
Asking Focused Questions - Patient/population & Problem

Who is the patient(s) or population and what is the particular condition or healthcare problem?

- Adult African-American patients with hypertension (age, ethnicity)
- Elderly patients at risk for influenza (age)
- Elementary school-age children with a mild head injury (age)
- Low-income Latino children exposed to second-hand smoke (age, ethnicity, economic status)
- 45 y/o Asian woman with asymptomatic mitral valve prolapse (age, ethnicity, gender)
What are the main interventions or exposures in my question?

- Therapeutic – diet rich in fruits, vegetables, legumes, and low in salty snacks and sweets (for high blood pressure)
- Preventive – influenza vaccination
- Diagnostic – CT Scan (head injury)
- Harm/Etiology - exposure to a Rx, disease, or other risk factor (second-hand smoke)
- Prognostic factor – moderate to severe mitral regurgitation
Does your question include a "counter intervention" or exposure, e.g., a recognized standard, or the absence of treatment or exposure?

- Therapeutic/Preventive – blood pressure medication, no influenza vaccination
- Diagnostic – clinical observation only of patient with head injury
- Harm/Etiology – no exposure to cigarette smoke (absence of risk factor)
- Prognostic factor – mild mitral regurgitation
Asking Focused Questions - Outcome

Outcomes of interest from a clinical and patient perspective; what do you want to accomplish?

Will this intervention/exposure

- increase or decrease the risk of disease?
- affect the accuracy of diagnosis?
- improve quality of life?
- lead to greater patient comfort
- affect the rate of occurrence of adverse outcome, e.g., morbidity, mortality
As a nurse in the hospital’s post-anesthesia care unit, you are aware that post-operative nausea and vomiting (PONV) is a common cause of delayed discharge from the hospital after ambulatory surgery and that this affects a substantial percentage of pediatric patients. Dexamethasone has typically been used to treat this in your unit, but you have heard recently that ondansetron alone or in combination with dexamethasone can be more effective in treating PONV in children.

How could you phrase a question to begin investigating this?
The Clinical Question

“In pediatric patients recovering from general anesthesia, is ondansetron, or ondansetron in combination with dexamethasone, more effective than dexamethasone alone in preventing post-operative nausea and vomiting in the immediate postoperative period?”

What type of question is this?

Therapy/Prevention? Prognosis? Diagnosis? Harm/etiology?

THERAPY/PREVENTION

How would I break this down into the PICO(T) format?
P-I-C-O-(T)

- **P** = Pediatric patients recovering from general anesthesia
- **I** = Ondansetron, or ondansetron in combination with dexamethasone
- **C** = Dexamethasone alone
- **O** = Post-operative nausea and vomiting
- **T** = Immediate postoperative period

What concepts from the above might be useful as search terms?
Search Concepts

- pediatric patients (children, adolescents)
- general anesthesia
- ondansetron
- dexamethasone
- postoperative nausea and vomiting (PONV, POV)
Possible Search Strategies

PubMed

- ondansetron AND dexamethasone AND postoperative AND (nausea OR vomiting)
- ondansetron AND dexamethasone AND PONV

  Filters: published in the last 10 years; English; Child: birth-18 years

CINAHL

- ondansetron AND dexamethasone AND postoperative AND (nausea OR vomiting)
- ondansetron AND dexamethasone AND PONV

  Limiters - Language: English; Age Groups: All Child

Why didn’t I use “general anesthesia” as a search term?


Google Scholar

Why use it?

- May retrieve some items not found in the library databases
- Full-text is often available from other sources
- Includes UC-eLinks when configured properly
- Limits retrieval to mostly academic sources
- Has features such as “Cite” “Cited by” “Related Articles”

However, Google Scholar has no journal selection committee or quality filters. Content consists of whatever the “crawlers” are able to find.

Google Scholar: Setting up the UC-eLinks
Google Scholar: Setting up the UC-eLinks (cont)
Google Scholar: Setting up the UC-eLinks (cont)

3. In the Library links section, enter 'university of california, irvine' and search for the library access links.

4. Check the links for University of California, Irvine - UC-eLinks and Open WorldCat - Library Search.

5. To retain settings, you must turn on cookies.
Dexamethasone to prevent postoperative nausea and vomiting: an updated meta-analysis of randomized controlled trials

BACKGROUND: Dexamethasone has an established role in decreasing postoperative nausea and vomiting.

Ondansetron, granisetron, and dexamethasone compared for the prevention of postoperative nausea and vomiting in patients undergoing laparoscopic ...

Background Laparoscopic cholecystectomies are associated with an appreciably high rate of postoperative nausea and vomiting (PONV). This study was designed to compare the effectiveness of ondansetron, granisetron, and dexamethasone for the prevention of PONV ...

... combination of aprepitant and dexamethasone versus the combination of ondansetron and dexamethasone for the prevention of postoperative nausea and vomiting ...

Consensus guidelines for the management of postoperative nausea and vomiting

The present guidelines are the most recent data on postoperative nausea and vomiting (PONV) and an u.
Google Scholar: Cite

Google Scholar has a “Cite” tool that can help you to correctly cite a reference you have found.

It never hurts to double-check it, however.
Which are the “BEST” articles?

The answer depends somewhat on the type of information you are looking for:

- **Primary Sources – first-hand evidence concerning a topic under investigation**
  - Randomized Controlled Trials, Cohort Studies, Case Series, etc.
  - In-depth interviews, focus groups, participant observation, etc.

- **Secondary Sources - summaries and analyses of the evidence derived from and based on primary sources.**
  - Systematic Reviews/Meta-analyses, Qualitative Reviews/Meta-syntheses, Practice Guidelines, etc.

- **Quantitative or Qualitative Research?** Which is “best”? 

# Quantitative Research/Study Types

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<th>Type of Question</th>
<th>Type of Study</th>
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<tr>
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</tr>
<tr>
<td>Prevention</td>
<td>Systematic Review &gt; RCT &gt; Cohort</td>
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<tr>
<td>Diagnosis</td>
<td>Systematic Review &gt; Cohort (often comparison to a gold standard)</td>
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<tr>
<td>Harm/Etiology</td>
<td>Systematic Review &gt; Cohort &gt; Case Control &gt; Case Series</td>
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<tr>
<td>Prognosis</td>
<td>Systematic Review &gt; Cohort &gt; Case Control &gt; Case Series</td>
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</table>
What is the Best (Quantitative) Evidence?
Where To Find It

- **Primary** (Experimental/Observational)
  - CINAHL
  - PubMed

- **Secondary** (Synthesis)
  - Cochrane Database of Systematic Reviews (Cochrane Library)
  - Practice Guidelines (National Guideline Clearinghouse)
  - CINAHL/PubMed
Quantitative Study Types

- Case Reports/Case Series
- Case Control Study
- Cohort Study
- Randomized Controlled Trial
- Blinded Study
- Systematic Review/Meta-analysis
Systematic Review/Meta-Analysis

Study 1 → Combined Results
Study 2 → Combined Results
Study 3 → Combined Results
Study 4 → Combined Results

Meta-Analysis

Source: http://library.downstate.edu/EBM2/2700.htm
Systematic Review/Meta-Analysis

- An example of Secondary evidence. Used to review and analyze quantitative studies.

- Important medical questions are typically studied more than once, often by different research teams in different locations.

- A systematic review is a comprehensive survey of a topic in which all of the primary studies of the highest level of evidence have been systematically identified, appraised and then summarized according to an explicit and reproducible methodology.

- A meta-analysis is a survey in which the results of all of the included studies are similar enough statistically that the results are combined and analyzed as if they were one study. In general a good systematic review or meta-analysis will be a better guide to practice than an individual article.
Mixed Methods Systematic Review

- “... [A] type of systematic review aimed at the integration of results from both qualitative and quantitative studies in a shared domain of empirical research.” *

- AKA Mixed research synthesis, Mixed methods synthesis, Mixed methods review, Mixed studies review, Metasummary (related) **

- Good for topics with a body of literature composed of quantitative, qualitative, and mixed methods studies


Mixed Methods Systematic Review: Search Example

- “What are the experiences of and outcomes for incarcerated women during pregnancy and childbirth?”

- CINAHL Search Strategy
  
  (prison* OR incarcerat* OR inmate*) AND (pregnan* OR childbirth OR maternity) AND (multimethod OR mixed methods)

- Results:
  
Systematic mixed-methods review of interventions, outcomes and experiences for imprisoned pregnant women

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Abstract

**Aims.** To review published studies reporting maternity experiences and outcomes for pregnant incarcerated women and their babies.

**Background.** Numbers of women in prison have increased in many countries. Imprisoned women who are pregnant are particularly vulnerable and marginalised. Little is known about their maternity care experiences, or outcomes.

**Design.** Systematic mixed-methods review using a segregated approach.

**Data sources.** The Cochrane Library, CINAHL, EMBASE, MEDLINE Psych INFO and PubMed were searched using the terms ‘mother’ and ‘prison’, (January 1995–July 2012). From July 2012–May 2014 possible new studies were identified through scrutiny of 50 relevant journal contents pages via Zetoc.

**Results.** Seven studies met the review criteria and quality standards, all from the USA or UK. Four of the studies were quantitative; two were qualitative; and one used mixed-methods. None reported the outcomes of an intervention. Examination of the quantitative data identified a complex picture of potential harms and benefits for babies born in prison. Qualitative data revealed the unique needs of childbearing women in prison, as they continuously negotiate being an inmate, becoming a mother, complex social histories and the threat of losing their baby, all coalescing with opportunities for transformation offered by pregnancy.

**Conclusions.** There is very limited published data on the experiences and outcomes of childbearing women in prison. There appear to be no good quality intervention studies examining the effectiveness of interventions to improve wellbeing in the short or longer term for these women and their babies.
Both PubMed and CINAHL can filter your search results to match certain clinical study types.

“Clinical Queries” are specific search strategies/filters which can be applied to retrieve clinically-relevant and scientifically-sound results from the these databases.
Clinical Queries Filters: CINAHL

There are five strategies/filters in CINAHL which can be applied:

Therapy, Prognosis, Review, Qualitative, and Causation (Etiology/Harm).

You may also select one of the following to retrieve broader or more highly-focused results:

- **High Sensitivity** – the broadest search to capture ALL relevant material; it may include some studies which are somewhat less relevant.

- **High Specificity** – the most targeted search to include only the most relevant items; may miss some less relevant materials.

- **Best Balance** – retrieves the best balance between Sensitivity and Specificity.
Limit your results

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<th>Full Text</th>
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<tr>
<td>Evidence-Based Practice</td>
<td>Meta-Synthesis</td>
<td>Clinical Queries</td>
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</table>

**Clinical Queries**

- All
- Therapy - High Sensitivity
- Therapy - High Specificity
- Therapy - Best Balance

First Author is Nurse
Current Search:

Boolean/Phrase:
- otitis media
- antibiotics
- watchful waiting

Limiters:
- Clinical Queries: Therapy - High Sensitivity
There are five strategies/filters in PubMed which can be applied:

Therapy, Diagnosis, Etiology (Causation/Harm), Prognosis, and Clinical Prediction Guides.

You may also select one of the following to retrieve broader or more highly-focused results:

- **Sensitivity/Broad** – the broadest search to capture ALL relevant material; it may include some studies which are somewhat less relevant.

- **Specificity/Narrow** – the most targeted search to include only the most relevant items; may miss some less relevant materials.
Close Follow-up in Children With Acute Otitis Media Initially Managed Without Antimicrobials.

Lilti JM, Tähtinen PA, Laine MK, Ruohola A.

A multi-centre open-label randomised non-inferiority trial comparing watchful waiting to antibiotic treatment for acute otitis media without perforation in low-risk urban Aboriginal and Torres Strait Islander children (the WATCH trial): study protocol for a randomised controlled trial.


The rationale for preventive treatments for early post-tympanostomy tube otitis media in persistent otitis media with effusion.

Faramarzi M, Roosta S, Shishgohar M, Abbasi R, Afghochni S.

Delayed versus immediate antimicrobial treatment for acute otitis media.

Tähtinen PA, Laine MK, Rausikanen O, Ruohola A.

Treatment of acute otitis media in children under 2 years of age.

Search results
Items: 9

1. 
   Close Follow-up in Children With Acute Otitis Media Initially Managed Without Antimicrobials.
   Uitti JM, Tähtinen PA, Laine MK, Ruohola A.
   PMID: 2750067
   Similar articles

2. 
   A multi-centre open-label randomised non-inferiority trial comparing watchful waiting to antibiotic treatment for acute otitis media without perforation in low-risk urban Aboriginal and Torres Strait Islander children (the WATCH trial): study protocol for a randomised controlled trial.
   PMID: 26941013
   Free PMC Article
   Similar articles

3. 
   The rationale for preventive treatments for early post-tympanostomy tube otitis media in persistent otitis media with effusion.
   Faramazi M, Roosta S, Shishtar M, Abbasi R, Atighechi S.
   PMID: 26153378
   Similar articles

4. 
   Delayed versus immediate antimicrobial treatment for acute otitis media.
   Tähtinen PA, Laine MK, Ruuskanen O, Ruohola A.
   PMID: 22765831
   Similar articles

5. 
   Treatment of acute otitis media in children under 2 years of age.
   Similar articles

Filters activated: English, Child: birth-18 years. Clear all to show 9 items.
Pressure ulcers (bed sores) are common, costly and impact negatively on patients. Pressure is the prime cause, and immobility is the factor that exposes individuals to pressure.

International guidelines advocate repositioning; however, there is currently no consensus surrounding the best method and frequency required.

You would like to find empirical evidence (primary), and if possible, guidelines, protocols, and systematic reviews (secondary) that address different methods and/or different frequencies of repositioning bedridden patients to reduce or eliminate the occurrence of pressure ulcers.
CINAHL Complete Search

- pressure ulcers AND repositioning  [a simple broad search]
  Results: 198

- pressure ulcers AND repositioning AND frequency  [more specific]
  Results: 26

- (pressure ulcer* OR bed sore*) AND reposition* AND (frequen* OR hourly)  
  [using synonyms, and truncation]
  - Limiters - Published Date: 20080101-20181231; Source Types: Academic Journals; English Language; Age Group: All Adult
  Results: 14

Relevant results from the last 2 searches:

  [Scoping Review: used to survey and identify current research]

  [Report of a quality improvement program]

- **Comparison of two repositioning schedules for the prevention of pressure ulcers in patients on mechanical ventilation with alternating pressure air mattresses.** 2014. *Intensive Care Medicine, 40*(11), 1679–1687. [https://doi.org/10.1007/s00134-014-3424-3].  
  [A randomized controlled trial]
(pressure ulcer OR pressure ulcers OR bed sore OR bed sores OR decubitus ulcer OR decubitus ulcers) AND (reposition OR repositioned OR repositioning) AND (frequency OR frequent OR frequently OR hourly)

Filters: Review; Clinical Trial; Multicenter Study; published in the last 10 years; English; Adult: 19+ years

Results: 21

Some relevant results:


Google Scholar Search

Articles

Pressure ulcer prevalence in Europe: a pilot study
K Vandenwee, M Clark, C Dealey... - Journal of evaluation..., 2017 - Wiley Online Library
The ulcer is superficial and presents clinically as an abrasion or blister... defined as being non-specialist (eg standard hospital mattress), as non-powered (eg pressure reducing foam) Furthermore, it was also recorded whether the patient received manual repositioning in bed or...

Does regular repositioning prevent pressure ulcers?
L A Kräfi, M Gray - Journal of Wound Ostomy & Continence..., 2008 - journals.lww.com
... can generally be classified as (1) assessment (including PU risk assessment); (2) pressure redistribution; (3) the patient every 2 hours based on studies of measurement of tissue interface pressures in healthy... as turning the patient from side to side when lying in the bed or similar...

The effect of various combinations of turning and pressure reducing devices on the incidence of pressure ulcers
T Defoor, D De Bacqur, MHF Grysponck - International journal of nursing..., 2005 - Elsevier
... In the semi-Fowler position the head end of the bed and the feet were elevated 30°. In a previous study on 62 healthy experimental subjects interface pressures were measured in 10... position was recorded in the semi-Fowler position and the lowest maximum pressure in lateral...

Repertitiong to prevent pressure sores—what is the evidence?
M Clark - Nursing Standard, 1998 - journals.rcni.com
... remaining 32 patients were all considered to be immobile in bed and were... repositioning schedules on four outcome measures: skin temperature, contact (interface) pressure, pain, and... this rise most marked at the greater trochanters, while contact pressures remained similar...

Effectiveness of turning with unequal time intervals on the incidence of pressure ulcer lesions
K Vanderwee, MHF Grysponck... - Journal of advanced..., 2007 - Wiley Online Library
... in a laterally lying position, the lateral 30° position resulted in the lowest contact pressures... movements during the night, and maximum duration of sitting out of bed (Schoenhoven et... these factors were found to be a statistically significant predictor of pressure ulcer development...
Finding High Quality Evidence

- Determining article, journal, or source quality
- Peer review
- Impact factors
Finding High Quality Evidence

Determining **article** quality

- Did you find it in a database that includes scholarly publications?
- Did you limit the search results to scholarly or peer-reviewed publications?
- Is it from a recognized journal of high quality?
- Does the article have a bibliography & citations of other sources?
- Are the author's credentials listed?
- Is the article based on original research (as opposed to personal opinion)?
- Is the article divided into sections such as Introduction, Methods, Results, Conclusions, etc.?
Finding High Quality Evidence

- Determining **journal or source** quality
  - Visit the website of the journal, publisher, or organization
  - What is the reputation of the association, society, or institution?
  - Is the journal peer reviewed?
  - How does the journal compare to others in the field (its impact)?
  - Acceptance/rejection rate?
  - Is the journal indexed in major databases?

- Much of this information can be found on the journal website
Finding High Quality Evidence

- **Is the journal peer-reviewed?**

  - Find the journal website in Google: “Research in Nursing & Health”
    [https://onlinelibrary.wiley.com/journal/1098240x](https://onlinelibrary.wiley.com/journal/1098240x)

  - Look for “About this Journal”, “Instructions for Authors” or something similar.
Overview

Aims and Scope

Research in Nursing & Health (RINAH) is a peer-reviewed general research journal devoted to publication of a wide range of research that will inform the practice of nursing and other health disciplines. The editors invite reports of research describing problems and testing interventions related to health phenomena, health care and self-care, clinical organization and administration; and the testing of research findings in practice. Research protocols are considered if funded in a peer-reviewed process by an agency external to the authors’ home institution and if the work is in progress. Papers on research methods and techniques are appropriate if they go beyond what is already generally available in the literature and include description of successful use of the method. Theory papers are accepted if each proposition is supported by research evidence. Systematic reviews of the literature are reviewed if PRISMA guidelines are followed. Letters to the editor commenting on published articles are welcome.

Readership

Researchers and clinicians in nursing and health sciences, health policy officials, and faculty in nursing and other health fields

Statistics

In 2017 RINAH accepted 16% of original articles with an average time to first decision of 16 days.

Abstracting and Indexing Information

- AgeLine Database (EBSCO Publishing)
- British Nursing Database (ProQuest)
- CINAHL: Cumulative Index to Nursing & Allied Health Literature (EBSCO Publishing)
- Current Contents: Social & Behavioral Sciences (Clarivate Analytics)
- Journal Citation Reports/Social Science Edition (Clarivate Analytics)
- MEDLINE/PubMed (NLM)
- MIDIRS: Midwifery Digest (Midwives Information & Resource Service)
- Nursing & Allied Health Database (ProQuest)
- PASCAL Database (INIST/CNRS)
- PsychINFO/Psychological Abstracts (APA)
- Public Health Database (ProQuest)
- PubMed Dietary Supplement Subset (NLM)
- Science Citation Index Expanded (Clarivate Analytics)
- SCOPUS (Elsevier)

More from this journal

- News
- Professional Opportunities
- Virtual Issue Series: Health Behavior Research
- Virtual Issue: Nursing Research from Asia - 2012
Finding High Quality Evidence

Steps of peer review

1. Author submits manuscript for publication

2. *Impartial* (ideally) reviewers charged with carefully evaluating the quality of manuscript
   - ‘Peers’ in field of research/subject area

3. Reviewers check for accuracy & assess validity of methodology

4. Reviewers suggest acceptance (as is), revisions or rejection
Finding High Quality Evidence

- **Impact factors**
  - A measure reflecting the average number of citations to recent articles published in that journal
  - A ‘proxy’ for relative importance of a journal within a specific field
  - These can be found in the InCites Journal Citation Reports ([http://uclibs.org/PID/36787](http://uclibs.org/PID/36787)) via the Web of Science
### Nursing Journals Ranked by Impact Factor

#### Journal Titles Ranked by Impact Factor

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<thead>
<tr>
<th>Rank</th>
<th>Journal Title</th>
<th>Total Cites</th>
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SJR allows for comparisons at a more specific level.

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Finding High Quality Evidence

- **Impact Factor Limitations**
  - InCites rankings only available for journals indexed by the database
  - Not comparable across disciplines
  - Does number of citations actually = a measure of quality?

- **Bottom Line**
  - Take with a grain of salt; think critically

- A comprehensive overview of how to measure the impact of journals in different fields of study may be found in the UC Irvine Libraries’ website:

  “Research Impacts Using Citation Metrics: Journal/Source Impact”
  [https://guides.lib.uci.edu/researchimpact-metrics/source_impact](https://guides.lib.uci.edu/researchimpact-metrics/source_impact)
Predatory Journals/Publishers

- The rise of open access publishing, coupled with the pressure on academics to “publish or perish” has unfortunately led to the creation of predatory, open-access publishers; those that unprofessionally exploit the author-pays model of open-access publishing (Gold OA) for their own profit.

- While articles published in these journals may at first appear legitimate, the lack of peer review and other quality measures calls into question the scholarship of the articles.

- “Such journals, of which there are thousands, charge authors hundreds of dollars in return for lackluster or nonexistent peer review and rapid publication.”

Predatory Journals: Further Reading


- **The Top Eleven Ways to Tell that a Journal is Fake**


- One of the best informational resources available was **Beall’s List of Potential, possible, or probable predatory scholarly open-access publishers.** Unfortunately, this list is no longer available. The last posted list (January 12, 2017) is available on the Internet Archive at [https://web.archive.org/web/20170112125427/https://scholarlyoa.com/publishers/](https://web.archive.org/web/20170112125427/https://scholarlyoa.com/publishers/)
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