



## Primary Vs. Secondary Sources: Nursing

**Primary sources** are original materials that provide firsthand records of events, experiments, creative works, or statistics. They form the basis for subsequent interpretations, analyses, and explanations. Some examples of primary sources are quantitative, qualitative and empirical research studies.

**Secondary sources** are materials that provide interpretations, explanations, and descriptions of primary sources. Some examples of secondary sources are editorial and review articles, media, and other reports that review events, experiments, and creative works.

Academic discipline	Primary source	Secondary source
Art	An original painting	Critique of the painting
Health Sciences	Medicare data	Analysis of the data
History	A slave's diary	Description of the slave diary
Literature	A novel	Criticism of the novel
Performing Arts	Video of King Lear	Review of the performance
Political Science	Treaty	Interpretation of the treaty
Science (Biology, Chemistry, Physics, etc.)	A research study that contains a materials, methods, and results section describing an experiment or observation performed by the authors.	An editorial or review article that summarizes what is known about a particular topic.
Social Sciences (Education, Nursing, Psychology, Occupational Therapy, Social Work, etc.)	A quantitative or qualitative research study that describes an intervention and its outcome on a specific population.	An editorial or review article that summarizes what is known about a particular topic.

### Original research articles (primary sources)

Lan, P. T., Faxelid, E., Chuc, N. T., Mogren, I., & Lundborg, C. S. (2008). Perceptions and attitudes in relation to reproductive tract infections including sexually transmitted infections in rural Vietnam: A qualitative study. *Health Policy*, 86(2-3), 308-317.

OBJECTIVE: To explore perceptions, attitudes and health-seeking patterns for reproductive tract infections including sexually transmitted infections (RTI/STI) among men and women in rural Vietnam. METHOD: Ten focus group discussions (FGDs) were conducted with 46 women and 27

men aged 15-49 in Bavi district, northern Vietnam. A pre-designed discussion guide was used during the discussions. Content analysis was applied for data analysis. Each sentence/paragraph was coded. Similar codes were clustered and collapsed into sub-categories and categories. Two main themes 'community perceptions of RTI/STI' and 'attitudes towards RTI/STI' were created, based on the relationship between categories. FINDINGS: Complex terminology with many different terms was used by participants to describe and discuss RTI/STI. "Inflammation" [RTI], Gonorrhoea, Syphilis was described as three stages of STI. Health-seeking patterns for RTI/STI were reported to differ between men and women: self-medication was mentioned as a common practice among women, while men were more likely to seek health care from private providers. Complaints were voiced about clinicians' negative attitudes towards RTI/STI patients. CONCLUSION: Rural dwellers in a district of Vietnam expressed a variety of misconceptions regarding RTI/STI. Designing health education strategies to provide comprehensive RTI/STI information to the community and improving communication between RTI/STI patients and clinicians are urgently needed.

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Winslow, J. E., Hinshaw, J. W., Hughes, M. J., Williams, R. C., & Bozeman, W. P. (2008). Quantitative assessment of diagnostic radiation doses in adult blunt trauma patients. *Annals of Emergency Medicine*, 52(2), 93-97.

STUDY OBJECTIVE: Many emergency departments and trauma centers utilize extensive radiologic studies during the assessment of trauma patients. A point of concern arises about the possible biological effects of these cumulative radiation doses. The objective of this study is to determine the amount of ionizing radiation received by adult blunt trauma patients at a Level I trauma center during the first 24 hours of their care. METHODS: This nonconcurrent case series reviewed the first 100 consecutive adult blunt trauma patients who presented to a Level I trauma center in 2006. All patients met hospital standards for the less acute major triage criteria. Individual radiation dose reports calculated by the computed tomography (CT) scanner were used to determine the radiation doses from each CT procedure. Standardized tables were used to determine radiation dose for plain radiographs. The median effective dose of radiation (millisieverts) was calculated for the first 24 hours of hospitalization. RESULTS: A total of 100 eligible patients presented between January 1, 2006, and March 20, 2006. Eighty-six patients had complete radiologic records available. The median age was 32 years, with an intraquartile range of 23 to 46 years; the median Injury Severity Score was 14, with an intraquartile range of 9 to 29; and the median number of CT scans was 3, with an intraquartile range of 3 to 4. The median effective total dose of ionized radiation was 40.2 mSv, with an intraquartile range of 30.5 to 47.2 mSv. A dose of 40.2 mSv is the equivalent of approximately 1,005 chest radiographs. CONCLUSION: Trauma patients meeting the less acute major triage criteria are exposed to clinically important radiation doses from diagnostic radiographic imaging during the first 24 hours of their care.

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**Non-research article (secondary source)**

Meyers, D., Wolff, T., Gregory, K., Marion, L., Moyer, V., Nelson, H., et al. (2008). USPSTF recommendations for STI screening. *American Family Physician*, 77(6), 819-824.

Since 2000, the U.S. Preventive Services Task Force (USPSTF) has issued eight clinical recommendation statements on screening for sexually transmitted infections. This article, written on behalf of the USPSTF, is an overview of these recommendations. The USPSTF recommends that women at increased risk of infection be screened for chlamydia, gonorrhea, human immunodeficiency virus, and syphilis. Men at increased risk should be screened for human immunodeficiency virus and syphilis. All pregnant women should be screened for hepatitis B, human immunodeficiency virus, and syphilis; pregnant women at increased risk also should be screened for chlamydia and gonorrhea. Nonpregnant women and men not at increased risk do not require routine screening for sexually transmitted infections. Engaging in high-risk sexual behavior places persons at increased risk of sexually transmitted infections. The USPSTF recommends that all sexually active women younger than 25 years be considered at increased risk of chlamydia and gonorrhea. Because not all communities present equal risk of sexually transmitted infections, the USPSTF encourages physicians to consider expanding or limiting the routine sexually transmitted infection screening they provide based on the community and populations they serve.

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Lusk, M. J., & Konecny, P. (2008). Cervicitis: A review. *Current Opinion in Infectious Diseases*, 21(1), 49-55.

**PURPOSE OF REVIEW:** Sexually transmitted infections impact significantly on global health. Whereas Chlamydia, Neisseria gonorrhoea and syphilis have been extensively examined, there remains a paucity of knowledge of nonchlamydial and nongonococcal cervicitis, an arguably more prevalent but poorly characterized condition with uncertain clinical implications. With increasing application of molecular diagnostic methods for the detection of sexually transmitted infections and a growing body of literature on cervicitis, a **review** is timely. **RECENT FINDINGS:** The number of putative aetiological agents implicated in cervicitis is growing and includes Mycoplasma genitalium, herpes simplex virus, cytomegalovirus, bacterial vaginosis and Trichomonas. The potential role of cervicitis in HIV transmission has been highlighted. Increasing broad-spectrum antibiotic usage with associated emergence of antimicrobial resistance reinforces the need for targeted antibiotic therapies, including the management of cervicitis. **SUMMARY:** As our understanding of the aetiology and significance of cervicitis, particularly nonspecific cervicitis, improves, management will be refined. Advances in molecular diagnostic testing will facilitate this process, but urinary nucleic acid amplification testing should not replace clinical examination while cervicitis prevalence and significance is not yet established. A standardized approach to cervicitis research, particularly with consensus of case definition, may facilitate outcomes that can be more generally applied in clinical practice.