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Summary table

| Study                | Research design            | Location  | Sample                             | Setting   | Method  | Objectives   | Findings   |
|----------------------|----------------------------|-----------|------------------------------------|---|---|--|--|
| Waterhouse (2008)    | qualitative & quantitative | England   | 8 lecturers & 60 Registered nurses | universities & 6 clinical areas; neurosurgery, neuro-intensive, neuro medicine, general intensive care, general medical ward, A&E | questionnaires, indepth interviews & observations | To assess and evaluate registered nurses' baseline knowledge of the GCS, review scoring in neuroscience areas compared with non-specialist areas, and to ascertain when GCS is taught during nurse training. | Wide variation in GCS scoring across all specialities. Lack of knowledge of the pathophysiology underpinning the three components that make up the GCS. Inconsistency in the application of painful stimuli. |
| Matter et al (2014)  | quantitative               | Singapore | 114 registered nurses              | One acute care hospital in three clinical areas; neuroscience, general medicine, neurointensive care unit                         | questionnaire                                     | To examine nurses' self-confidence and attitudes towards the GCS   | Clinical discipline, seniority in nursing, and higher attitude scores were significant factors in determining a nurses' self confidence in using the GCS   |
| Chan & Matter (2013) | quantitative               | Singapore | 114 registered nurses              | One acute care hospital in three  | questionnaire                                     | To identify the profile of a group   | Significant correlations   |

|                      |              |               |   |                         |                    |   |   |
|----------------------|--------------|---------------|---|-------------------------|--------------------|---|---|
|                      |              |               |   | randomly selected wards |                    | of nurses' knowledge, attitudes and self confidence   | between self-confidence, attitudes and knowledge.   |
| Holgate et al (2006) | quantitative | Australia     | 108 patients, 63 nurses & 18 senior doctors   | Emergency department    | observation        | To assess the interrater reliability of the GCS between nurses and senior doctors in the emergency department.                | Level of agreement in GCS scores between doctors and nurses was high, although a significant number of total GCS scores differed by 2 or more points. |
| Bledsoe et al (2014) | quantitative | United States | 217 emergency care professionals; nurses, paramedics, physicians, resident physicians, emergency medical technician, critical care paramedic, advanced emergency medical technician | Emergency department    | 10 video vignettes | To determine the degree of accuracy of GCS scoring in various emergency medical providers using standardised video vignettes. | Resident physicians were more accurate at recording the GCS than nurses. The motor component was the least accurate.                                  |

|                     |              |           |  |   |               |  |  |
|---------------------|--------------|-----------|--|---|---------------|--|--|
| Matter et al (2013) | quantitative | Singapore | 114 registered nurses                  | One acute care hospital in three clinical areas; neuroscience, general medicine, neurointensive care unit | questionnaire | To investigate nurses knowledge in using the GCS and the demographic factors influencing knowledge of the GCS. | Nurses working in neuroscience and neurointensive units score higher on knowledge scale than nurses working in general medicine. |
| Shoqirat (2006)     | quantitative | Edinburgh | 39 3 <sup>rd</sup> year student nurses | One university  | questionnaire | To explore 3 <sup>rd</sup> year nursing students understanding of the GCS                                      | Majority of students do not have good theoretical and practical knowledge of GCS.  |