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 3rd year student nurses	One university	questionnaire	To explore 3rd year nursing students understanding of the GCS	Majority of students do not have good theoretical and practical knowledge of GCS.