Vol.14, No.3/4 Autumn/Winter 1994


# LIBRARIES FOR NURSING BULLETIN

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## EDITORIAL

This is a double bumper issue for Autumn/Winter. We are sorry for the delay in publication but hope this is made up for by the excellent quality of the articles published.

There is a lucid guide to the mysteries of email and an article on the future role of librarians becoming involved as part of the patient care team and there is a survey of librarians' perceptions of change in Scotland and book news as well.

If you have done research please send us a report.

## BOOK REVIEW "NURLIS II"

**English National Board for Nursing, Midwifery and Health Visiting. *Provision of library and information services to Nursing professionals. NURLIS Phase II.* London: ENB**

This report, commissioned by the ENB, was written by Margaret Ashcroft of Capital Planning. It has sections looking at philosophy, accommodation, library resourcing, staffing, learning resource services eg opening hours, inter-library co-operation, information technology and quality assurance.

This report draws upon already published material such as COFHE Guidelines SCONUL performance indicators. Emphasis is given to performance indicators such as speed of loan supply success or failure at the library catalogue. The report does suggest that there is a role for the ENB in ensuring quality via validation and suggests the appointment of a library resources adviser. The report considers IT and suggests links with networks. The need for inter-library lending networks is noted. However as the various colleges have been forced to see themselves as rivals, it does seem this is unlikely to develop. The participation of the ENB is encouraged and it is suggested that the ENB Regulations should specify opening hours. The emphasis on quality assurance in this report is to be applauded but it will be necessary for the Colleges of Nursing or the Universities to provide the staffing and LA guidelines should be followed but as each college or trust is self-governing there is no certainty that they will.

The report does give the sense of an overall need for a systematic approach to library planning with the need for each College to have a strategic plan for library development and there should be service level agreements with clients but the question is when dealing with the trusts who have been used to a free service – will they pay?

Overall this is a valuable report and is essential reading for all nursing librarians.

Your comments on the impact of NURLIS II would be welcomed.

**Paul Moorbath**

# NURSING ON THE NET

**Denis Anthony, Dept of Nursing, School of Medicine, University of Birmingham B15 2TT**

Small computer networks, called Local Area Networks (LANs) and ones connected to many sites, Wide Area Networks (WANs) are an increas-ingly important means of communication. One example of a LAN might be a novell network of 30 PCs at a hospital. Examples of WANs include BITNET, a world-wide network of mainly IBM computers, and the internet, the biggest world-wide network, and the fastest growing communication system in the world.

If you want to talk to a colleague who is 5,000 miles away, or read an article in a library in another continent, or see various documents, stored in many countries, about a specialised subject, then the internet may be just what you are looking for.

Increasingly nurses are using both local and international computer networks to communicate with each other and exchange information. There are a lot of services available that may help, but new-comers find it difficult to locate them, therefore some services relevant to nurses are presented here.

## Email and Email Lists

If your computer is connected to a network, you can send electronic messages, called email (electronic mail) to other people attached tothe network, which might be a collection of computers at one site, or linked to computers over a large geographical area. Staff in the hospital could send email rather than memos, which is much faster, and involves no paper copy. Communicating over WANs is potentially much more powerful. You might use email on a WAN to (say) talk to collaborators in a nursing research project in several countries.

The program you use to send and receive email, called a mailer, will vary depending on your site. There are many different mailers just as there are several different word-processors. However, essentially what they do is allow you to type in a message and send it to an email address, or read messages sent to your email address. An email address typically looks something like cudma@csv.warwick.ac.uk, where the user-code or name cudma is followed by the site address, here csv.warwick.ac.uk. The @ symbol is used to separate the user-code from the address. Some sites use more intuitive names like D.M.Anthony@csv.warwick, ac.uk.

You may also email a group of individuals. Such an email list is usually a list of people who wish to discuss a specialised topic. Email lists are often managed by an automated listserver.

An example is NURSENET. If you wanted to subscribe to NURSENET you would send a message to the listserver at listserv@vm.utcc.utoronto.ca with the simple message: SUBscribe NURSENET Yourfirstname Yourlastnamewhere Yourfirstname Yourlastname is your own name, e.g. I would say: SUBscribe NURSENET Denis Anthony.



There are other commands you can send to most listservers, for example you can un-subscribe, or ask for no mail while you are on holiday, or get a list of subscribers etc.

Listservers are often automatic, and the above message would subscribe me to NURSENET with no human intervention. Some lists are maintained manually by individuals, for example midwife@csv.warwick.ac.uk is one I run for midwives. Where this is the case there is usually an administrative email address, mail to this address only goes to the maintainer; you use this to get subscribed etc. in this case midwife-request@csv.warwick.ac.uk.

## USENET News

Where the number of people who wish to discuss a topic or share information becomes large (more than a few hundred), email becomes inefficient. Instead the information may be placed on a newsgroup. Articles may be sent to the newsgroup, and people can subscribe to specialised groups to read the articles, or send their own. Like email USENET requires some form of network access, most users of USENET are on the internet, but the news can be sent over other networks. Sites receive a news-feed which may be up to several thousand specialised newsgroups, or some relevant subset. There are newsgroups for nursing.

If you have a USENET feed you can go to sci.med.nursing. If you have no news feed you may be able to persuade your systems administrator to have one, otherwise you can use the USENET gateways at Imperial College or Michigan State University.

## The Internet

The internet is a particularly powerful network which originally linked a few military sites, then an increasing number of academic sites in the USA and Europe, and now links most universities in the Western World and an increasing number of commercial sites.

## Accessing Information on the Internet

Initially the internet was used almost exclusively by scientists and engineers, but in recent years other disciplines have been building resources on the network. There are several established methods of placing information online, and of accessing this information. The most important methods are given below.

Accessing the services will vary from site to site, depending what software you have. If you are unsure how to access a particular service you should ask your local administrator. You will often find that you can email a special user postmaster at your site or postmaster@site at some remote site (at Warwick this would be postmaster@warwick.ac.uk). It is not the job of the postmaster to tell you how the systems are configured, or what to do to run certain services. However they often do know, and if they don't they should be able to refer you to some-one who can. If you have no local support you can contact anthondm@sun1.bham.ac.uk and I will do my best to advise you.

*Telnet*

The computers on the internet may be accessed by logging in to them using a facility called telnet. Telnet allows you to log in to a computer anywhere on the internet as if it were a computer directly attached to your terminal. To use telnet the remote site should have their setup to allow telnet access (most do) and you usually need an account on their system. It is very useful (e.g.) if you are at a conference in London, and want to check your email at your university in New York. You would telnet from London to your account in New York using your account name and password for the New York account.

Some sites allow any users to telnet in to a restricted service. Then you need no user-code or password, or there may be a user-code and/or password, but it is publicised. This is useful to allow you to access services that are not available on your site. Some telnet sites useful for nurses are given in Appendix 2.

*FTP*

Files on a computer can be down-loaded to your local computer using ftp (File Transfer Protocol). This is like telnet, but instead of logging in to an account to execute programs, read mail etc. it merely allows you to copy files from one computer on the internet to any other computer on the internet.

Like telnet, you can log in to your own account on a remote system, which is very useful if (e.g.) you are at a conference and forgot to bring your paper with you. But you can also log in anonymously, i.e. if you have no account. Anonymous ftp access is typically permitted to allow you to access public archives, and normally you use the user-code ftp and type in your email address as a password (some sites use the user-code anonymous instead).

*Gopher*

Gopher allows information which exists on many different sites throughout the world to be linked together into one system. This is especially useful to present information about a particular subject, and means the person accessing the information need only know very simple commands, and does not need, for example, to know where the information resides, or how to access it. The information is accessed via menus, and can include images and sound. Gopher needs internet connectivity. There are gopher services for nurses, see Appendix 2.

*World Wide Web*

The World Wide Web (WWW, or just The Web), is similar to gopher, but the information is displayed as a hyper-text document, where you may follow cross references to other material by (typically) clicking a mouse button on highlighted words. It can also use graphics and sound and other multi-media information. There is a WWW nursing service, see Appendix 2.



This document was written for the Web, and you will note that there are underlined phrases and words in it. If you read it on the Web then those underlined sections are hyper-text links, which means that if you access the link (typically by clicking on the link with a mouse) then you connect to another document or service, which may be at Warwick (where this document was written) or anywhere else on the Web. For example clicking on this will take you to CERN in Switzerland, where the WWW was invented.

## Netiquette

As the net is quite new to most users, it can be bewildering at first. A common fear is making a fool of yourself. You may wonder at what level to talk to people who you do not know, and about whom you know typically very little. The phrase netiquette has been coined to describe the usual informal rules of communicating.

You will find that in general people are much more relaxed and informal on the net, and the formal letter style is not often used. Most people are on first name terms, and many communications are very short and to the point.

You will find if you do not follow the netiquette you will make some people angry, causing what are known as flames to be sent. These are vitriolic email (or similar electronic) messages where you are shot down for expressing your views in an inappropriate fashion. You will avoid this if you follow the following simple guidelines:

- Irony is not easily understood, especially by people whose first language is not English. Either avoid it or place smilies, i.e. the letters:-) to show you did not mean it to be taken seriously.
- Email is immediate, unlike a letter which you write, think about, decide not to send, and re-write. Never reply to an email message while you are angry. Wait for an hour and then send it. You will probably send a more restrained email rather than one which you will regret.
- Do not send blatant advertisements to non-commercial services.
- Do not belittle other users on the basis that they are technically naive.
- Only cross-post a message (i.e. send it to several email lists or newsgroups) if the message is really relevant to all the recipient lists/groups.

## Conclusion

Electronic communication is usually fun, and the people you speak to on the net are generally helpful. This may change as the pioneering image starts to fade. Nurses are only just starting, so the friendly milieu will probably carry on for a while. Indeed nurses have been very slow to use the internet, but there are resources available for any nurse who has a network connection, especially if they are on the internet.

There will be a massive increase in use of the internet by nurses if they are to catch up with other professional groups.

## Appendix 1

### *URLs*

Much of the information about the internet is available on the WWW, gopher or ftp. As WWW itself can get information from all three of these services, a common address is defined for information called a Uniform Resource Locator or URL. The URL can be used with a WWW program to fetch the item. The program mosaic for example allows you to specify a URL to fetch by clicking on the File menu, and then clicking on Open URL.

If your site has either the "mosaic" program or "cello" or any program capable of accessing the WWW ("viola", "lynx", "www" etc.) then you may use the program to connect to what is known as a URL (Uniform Resource Locator), which is the address of a document on the "web" (the web is composed of all the WWW services on the internet). Any document on the WWW can be accessed by asking for the appropriate URL. Usually you would not need to know the URL, but would click on a "link" in a document which contains the information needed to locate that document.

You may find using the URL is a fast method of accessing a document however. The URL for the midwifery service is "http://www.csv.warwick.ac.uk:8000/midwifery.html". This may look daunting, but all it really means is that the document is stored at Warwick University (www.csv.warwick.ac.uk is the university address) at a particular location (8000) and has the name "midwifery.html" (most documents have a name ending in "html" which means it is written as a hyper-text document). If you are using mosaic (the most common graphical WWW program) you can click on a pull-down menu and ask to open a URL. For mosaic on UNIX systems you click on "File" then "Open URL", then type in the URL, on other systems it may be slightly different, "www" and "lynx" for exmple both have the "g" command which then accepts a URL), opening the URL then automatically fetches the document for you.

Three examples of how URLs might look are below, all of these are real ones used in the other appendices:
http://www.csv.warwick.ac.uk:8000/
or
gopher://gopher.csv.warwick.ac.uk:10001/11/email-lists
or
file://ftp.warwick.ac.uk/pub

The first one gets a document from a WWW service, the second from a gopher service and the last from an ftp site. The only thing you need to know is that if you see something like this, you can use a WWW program to access the information.

## Appendix 2: Services for Nurses

The following are examples of services you can access. Some methods of getting through to them are offered, but you may need to talk to your local computer support as the programs used to access services vary according to your local setup.



Most of the following are available via WWW, and the URLs are given so if you have a WWW browser like mosaic, you can use it to access the services without needing to locate other programs.

### *Email and Email Lists*

There are several for nurses, you can see details on NURSE at URL http://www.csv.warwick.ac.uk:8000/#email-lists of these lists.

- GradNrse Graduate Nurses List. To join GradNrse send mail to LISTSERV@KENTVM.KENT.EDU with SUB GradNurse e.g. SUB GradNrse Denis Anthony.
- MIDWIFE for midwives. To join or leave the list send email to midwife-request@csv.warwick.ac.uk asking to be placed on the list.
- NURSE-UK for nurses interested in UK issues. To join or leave the list send email to nurse-uk-request@csv.warwick.ac.uk asking to be placed on the list.
- NURSENET discourse about diverse nursing issues. To subscribe, send the following command in the body (the body is the actual message, which is kept separate from the address, rather like a letter is separate from the envelope) of a mail message to: LISTSERV@VM.UTCC.UTORONTO.CA/ SUBNURSENET in the body of the message.
- NRSING-L Nursing Informatics List. To join NRSING-L send mail to listproc@nic.umass.edu with SUB nrsing-l in the body of the message.
- NURSERES Nurses Research List. To join send mail to LISTSERV@KENTVM.KENT.EDU with SUB NURSERES in the body of the message.
- SCHLRN-L School Nurse List. To join send mail to LISTSERV@UBVM.CC.BUFFALO.EDU with SUB SCHLRN-L in the body of the message.
- SNURSE-L for undergraduate nursing students. To join send mail to listserv@ubvm.cc.buffalo.edu with SUB snurse-l in the body of the message.

### *USENET News*

The newsgroups for nurses include:

- sci.med.nursing. The USENET newsgroup dedicated to nursing issues.
- bit.listserv.snurse-l Student nurse email list. This is a listserver group, i.e. the email sent to list snurse-l are relayed to this group.

*Telnet*

Most sites do not allow anonymous telnet access. However some useful ones that do are:

- rsl.ox.ac.uk Oxford University. telnet to rsl.ox.ac.uk, login as lynx, this gives you access to the WWW service. This is useful if you have no WWW client (a client is a program that accesses the information service).
- info.brad.ac.uk Bradford University. telnet to info.brad.ac.uk and login as info. This gives you access to the gopher service, useful if you have no gopher client.

There are telnet sites that you need pay to get a code for, but some allow you to login as a trial user. Nursing sites that allow this include:

- novalink.com Nursing Network, telnet to novalink.com and login as info.
- stti-sun.iupui.edu Sigma Theta Tau Library, telnet to stti-sun-iupui.edu using visitor as user-code and password.

*FTP*

There are no known nursing ftp sites. General purpose and specialised ftp services are available. Warwick have an FTP service that archives the GNU software e.g. To see it ftp to ftp.warwick.ac.uk and login using ftp as user-code and your email address as password.

*Gopher*

Nursing gophers include:

- NURSE gopher to gopher.csv.warwick.ac.uk on port 10001. To do this say something like (quite what works at your site may be slightly different, ask your local administrator) gopher.csv.warwick.ac.uk 10001. This will log you onto NURSE at Warwick University.
- NIGHTINGALE. To do this say something like gopher nightingale.con.utk.edu. This will log you onto NIGHTINGALE at Tennessee University.

*World Wide Web*

Currently the only nursing WWW service is NURSE. The NURSE WWW is accessed something like mosaic http://www.csv.warwick.ac.uk:8000/.

If you are reading this document in the Libraries for nursing bulletin or on some service other than WWW then you could try accessing it on the WWW by using a WWW client such as mosaic (often WWW clients like mosaic are called browsers), and ask for the URL (see Appendix 1 for a description of URLs) http://www.csv.warwick.ac.uk:8000. This will place you on the NURSE WWW service at Warwick, you will find this article under papers, just click on the link papers.



*Denis Anthony was based at the University of Warwick when he wrote this article.*
He can now be contacted at: INET: anthondm@sun1.bham.ac.uk PHONE: +44 21 414 3158 FAX: +44 21 414 4036 WWW: http://www.csv.warwick.ac.uk/~cudma/
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The information contained in this article was correct at the time of writing but changes occur daily in the world of the internet. Neither the author nor LfN can be responsible for its accuracy at the time of reading.

# EVIDENCE BASED HEALTH CARE: THE ROLE OF THE LIBRARIAN

**Sally Hernando, Senior Librarian,**
**Buckingham College of Nursing and Midwifery**

*(This paper is based in part on a seminar presented by Anna Donald, Senior House Officer in Public Health Medicine, John Radcliffe Hospital, Oxford, to the Health Libraries Information Network, Anglia and Oxford Region)*

The spiralling cost of health care provision is presenting an increasing problem for health care practitioners. Medical technology is advancing rapidly, and the mass communication of this knowledge through television and other media has heightened public expectations of medicine. Demographic factors such as increased life expectancy and greater capacity for survival contribute to the problem.

The amount of money and other resources invested in health care research has never been greater. However, there is evidence that this research is not being used in practice, resulting in a lack of cost-effectiveness and efficient care, which is to the detriment of both the patient and the tax-payer. One of the main reasons for this is the sheer volume of information available: how can health care practitioners distil this mass into a usable nucleus of information which can then be used as a practical tool?

Evidence based health care, which will here be defined as *the application of research evidence to decision making about health care*, is one potential solution to these problems.

Decisions made by managers and clinicians in the NHS often have far reaching effects on clinical practice and cost to tax payers. Many factors influence these decisions, including:

> *top down priorities* – e.g. government policy or procedures laid down by individual NHS Trusts or other health care providers
>
> *professional advice* – e.g. from producers of pharmaceutical products or medical equipment
>
> *consumer involvement* – e.g. level of demand for a particular treatment or level of relevant knowledge amongst consumers

## EVIDENCE

In order to make effective decisions, health care practitioners need to base them on evidence. This can be found through personal experience or professional discourse with colleagues; but the most comprehensive source of evidence is published material in the form of books and journal articles.

An evidence based approach to health care involves three stages:

1. *FIND* the evidence. This involves searching the literature for relevant information.
2. *APPRAISE* the evidence. What are the results? How valid, and how relevant, are they?
3. *ACT*. Valid and relevant evidence should be used in practice.

## OBSTACLES TO IMPLEMENTING EVIDENCE BASED HEALTH CARE

1. *Finding evidence*
   - People don't know how to start looking for evidence
   - There is too much, or too litle, evidence available.

2. *Appraising evidence*
   - People don't know which questions to ask about it
   - They may feel they lack training

3. *Acting on evidence*
   - Because people have difficulty in finding and appraising evidence, its practical application is slow, as shown in the following example:

*Does thrombolytic treatment work?*

| Year | No. of trials | No. of people in trials | Result |
|---|---|---|---|
| 1960 | 1 | 23 | Yes |
| 1965 | 3 | 149 | Yes |
| 1970 | 7 | 1793 | Yes |
| 1975 | 15 | 3311 | Yes |
| 1980 | 23 | 6125 | Yes |
| 1985 | 33 | 6571 | Yes |
| 1990 | 70 | 48154 | Yes |

(Antman, 1992)

However, in spite of this overwhelming evidence, the Oxford Textbook of Medicine (1987) states:

"The clinical value of thrombolysis ... remains uncertain."



## THE ROLE OF THE LIBRARIAN

The librarian has a crucial role in implementing evidence based health care in the following ways:

- librarians can *search* for evidence. They are in the best position to know where evidence can be found and how to extract it from these sources.
- librarians can *network* people and information. There are several examples of librarians, particularly those working in Health Authority libraries, who are cooperating with health care professionals to set up computerised databases of useful contacts and banks of expertise. Health care practitioners are often unaware of sources such as the Cochrane Centre Database on pregnancy and childbirth: librarians are important in promoting the use of these resources.
- librarians are *gatekeepers* of the knowledge base of health care, in that they decide what to purchase and make available; what to keep and how to store it.
- librarians have a role in *appraising* the evidence. Practitioners do not want to receive a literature search which consists of the sum total of knowledge on a subject: it is far better to receive a small selection of good quality review or research articles. Librarians have the skills to distil the information to this point.
- the most important role of the librarian is to *enable* health care practitioners to carry out the functions listed above. They should be actively involved in the CASP (critical appraisal skills for purchasers) workshops which are being organised around the country, and in courses promoting research awareness and evaluation.

In Anglia and Oxford Region Dr Judy Palmer, Director of the Health Libraries Information Network, has secured funding for the "Library of the 21st Century Project", which aims to develop ways to enhance these critical skills in librarians. It is based on work which is already being carried out at McMaster University, Canada, a leader in the field of evidence based health care.

The development of evidence based health care is the most exciting concept to emerge in medical and nursing librarianship for many years. It presents an opportunity for librarians to be much more actively involved in patient care, and to truly become a part of the health care delivery team. It is important that as a profession we make every effort to acquire the necessary skills to meet these challenges.

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## NEW BOOKS



**Alexander Et al** £20.00
NURSING PRACTICE. Hospital and Home. THE ADULT.
This comprehensive, thoroughly British book offers students a textbook based on British nursing practice and encompasses Community Care Behavioural Sciences and Health Promotion.
*Churchill Livingstone* *0-443-04338-8*

**Morrison P.** £7.95
UNDERSTANDING PATIENTS
The key to successfully implementing a holistic nursing philosophy lies in understanding the patient's point of view. This text will help all nurses achieve that perspective.
*Bailliere Tindall* *0-7020-1718-3*

**Soothill K. Et al** £14.99
INTERPROFESSIONAL RELATIONS IN HEALTH CARE
Drawing together a vast range of material produced by nurses, doctors, midwives, pharmacists, managers and others, this book explores the working practices, attitudes and relations in the professional Health Care Team.
*Edward Arnold* *0-340-59806-9*

**Bowman M.** £14.99
THE PROFESSIONAL NURSE. Coping with Change, Now and the Future.
The role of the nurse has been debated widely and many key reports on nursing have been generated. The author argues that the findings of earlier studies have been neglected producing a severe short fall of ideal standards.
*Chapman & Hall* *0-412-47100-0*

**Hawthorn J.** £12.99
UNDERSTANDING AND MANAGEMENT OF NAUSEA AND VOMITING
Whether caring for patients on medical or surgical wards, babies or expectant mothers, in hospital or in the community, this book provides nurses with an understanding of the symptoms and how best to deal with them.
*Blackwell Science* *0-632-03819-5*



**Trevelyan J. Booth B.** £15.99
COMPLEMENTARY MEDICINE FOR NURSES, MIDWIVES AND H V's
The therapies covered in this book are; acupuncture, Alexander technique, aromatherapy, chiropractic, herbal, medicine, homeopathy, hypnotherapy, massage, naturotherapy, nutritional, osteopathy, reflexology, shiatsu, Therapeutic touch.
*Macmillan* *0-333-59601-3*

**Nathanielsz P w.** £19.50
A TIME TO BE BORN. The Life of the Unborn Child.
This unusual book explains how the baby in late pregnancy prepares for the birth and the author demonstrates it is the baby who is 'in charge' and gives the signal to initiate the birth process.
*Oxford University Press* *0-19-262474-1*

**Hayward J. Boore J.R.P.** £15.99
RESEARCH CLASSICS FROM THE ROYAL COLLEGE NURSING Vol One
Many of the titles published by RCN in the mid 1970s became models of research practice and, although out of print, were in great demand. This volume contains two such books – "Information – a Prescription Against Pain" by Jack Hayward and "Prescription for Recovery" by Jennifer Boore.
*Scutari Press* *1-873853-03-03*

**Popay J. Williams G.** £13.99
RESEARCHING THE PEOPLE'S HEALTH
This book examines two related issues: the role of social research in the rapidly changing world of health services and the relationship between lay and expert knowledge in public health and health care.
*Routledge* *0-415-09972-2*

## OBITUARY

### MR KEITH DONALDSON

Friends and colleagues of the College will be sorry to learn of the sudden death of Mr Keith Donaldson on Wednesday, 14 September 1994 at the age of 58 years.

Mr Donaldson joined the College as Librarian in September 1978 and was Head of Learning Resources from 1991. Keith was a valued and highly respected member of staff and will be greatly missed. He had been a leading member of the planning committee for the new library and it is especially sad that he will not now see the final result of all his hard work.

The funeral took place at Woodlands Cermatorium on Monday, 19 September at 1.00 p.m. Only family flowers were requested.

**Dr R.A. Withers**
**Principal and Chief Executive**
**University College, Scarborough**

## JOURNALS NEWS

The *Health Service Journal* is to be expanded by a supplement 24 times a year. This supplement to be called *IHSM Network* will be published by the Institute of Health Services Management and it will have its own identity and be under the editorial control of the IHSM. It is promised that the *IHSM Network* will cover regional issues and special interest groups such as trust chief nurses and practice managers and – buzz word – business managers.

*Patient Education and Counselling* will continue to appear and be published by Elsevier although the Patient Education Council which had previously collaborated in its production has filed for bankruptcy.

## LETTERS PAGE

Dear Editors

*Briefing paper: healthcare sector LIS*

As requested in *LfN Bulletin*, I would like to make these comments on the above paper:

1 I feel the issue of the future of libraries in the health sector has been raised rather late by the Library Association. The suggested activities should therefore be initiated as soon as possible, after prioritisation by the consultative group.

2 There is no mention of the new job market for library and information professionals in NHS "information" posts. I would suggest that an investigation of this and a publicity drive to raise the profession's profile with NHS managers be added to the suggestions for Library Association activities.

3 I would fully endorse the proposal for a separate Committee within the new LA Structure, dealing with the healthcare sector.

4 Add to the list of contacts Chief Executives of the new Regions – especially as regional library services are under threat due to the reorganisation.

Yours sincerely

Christine Pinder
Learning Resources Manager
Humberside College of Health
Willerby, North Humberside



## SPECIAL OFFERS ON BOOKS from the RCN

These two titles have been remaindered and are now available at greatly reduced prices:

CARTWRIGHT, A. and SEALE, C. (1990)
**The Natural History of a Survey**

(An account of the methological issues encountered in a study of life before death). London: King Edward's Hospital Fund for London.

*Original price = £10.50 : **Special price: £6.00***

HUGHES, S. and HENLEY, A. (1990)
**Dealing with death in hospital.**

(Procedures for managers and staff). London: King Edward's Hospital Fund for London.

*Original price = £7.50 : **Special price: £3.50***

**(FREE P&P)**

*ORDER EARLY WHILE STOCKS LAST*

Please send your order, *with payment* (payable to the Royal College of Nursing) to:

**The Library Secretary**
Royal College of Nursing Library
20 Cavendish Square
London W1M 0AB

*If you have any queries, please contact me on 0171 409 3333 (x239).
**Cathy Samuels**
**(RCN Library)**

## NOTES

**NURSES AND MIDWIVES CENTRAL CLEARING HOUSE**

WE HAVE MOVED .....

The Nurses & Midwives Central Clearing House moved on 26 September 1994 to:

**E N B**
**P O BOX 9017**
**London W1A 0XA**

## NOTES

**RCN LIBRARY and Royal College of Physicians "Link"**

The RCN Library is to receive on a regular basis relevant publications from the Royal College of Physicians of London to add to the Library's collections. Recent titles which are now being added to stock from the R.C.P. include new books on access to health care for people from minority ethnic groups, disabled peoples' access to hospitals and quality long term care for elderly people. These books and many more are available from the RCN Library or from the R.C.P. publications dept.

**FURTHER INFORMATION from:**
**Tony Shepherd, RCN Librarian**
**Phone: 071-409 3333, ext.210**



## MEMBERSHIP SECRETARY

Would YOU like to be our new Membership Secretary?

As the current holder of this interesting and very developable position on our LfN Committee, I will have to pass on the job as early in 1995 as I am able to someone else. Our constitution states that Committee members may only serve for four years. Several of us (shhh..) have overdone this very slightly, but I now really have to hand on this particular baton, although I have enjoyed running with it very much.

The job consists in keeping membership records up-to-date, printing quarterly Newsletter labels therefrom, holding back-issues of the Newsletter, and attending roughly bi-monthly Committee meetings as a full member, normally in London, with all expenses paid. A plum job!

A publicity and marketing sub-committee is in process of forming, and the Memb. Sec. could well have a leading role to play in the quest for a larger membership: we have been aware for some time that we just may not be reaching the major part of our constituency.

We currently have just under 200 members. The records are held on Cardbox, owned by the Committee. Cardbox is easy to use, to develop, and to adapt, and the membership system is well set up and running. And the Committee has just given permission for the new Windows version of Cardbox to be bought: a useful tool indeed to get one's hands on!

As I shall still be on the scene, full support and backup, including free Cardbox tutorial (I went on one that was far from free when I started!) and semi-permanent help-line, especially during the transition phase, will be available.

Do phone me on 0865 224478 for a chat, if you're interested, or talk to any of the Committee members about being on the Committee: we really do need someone badly, and fairly soon.

**Robin Snowball**
**Cairns Library**
**Radcliffe Infirmary**

# HEALTH SCIENCES LIBRARIANS IN SCOTLAND

## CHANGES, ISSUES AND PERCEPTIONS: RESULTS OF A QUESTIONNAIRE SURVEY

**Jane Farmer, Robert Gordon University School of Librarianship and Information Studies, Hilton Place, Aberdeen AB9 1FP**

## INTRODUCTION

The reforms which have taken place in the National Health Service over the last few years since the publication of the 1989 White Paper "Working for Patients" and the 1990 NHS and Community Care Act have meant the biggest upheaval in health service structure and management since the inception of the NHS in 1948.

In my own region of Grampian alone, the reforms, together with changes in nurse education have had a major impact on the employment of information professionals working in the health sector. More emphasis is being placed on gathering and using appropriate information on which to base strategic decisions and more people are employed in working with information. At the same time, the nature of the traditional library service has changed substantially.

As the health service in Grampian tends to pride itself in being in the forefront of organisational development, I felt it would be interesting to investigate what was happening elsewhere to see if any trends were indicated.

The study aimed to investigate changes in health sciences libraries which have occurred directly or indirectly as a result of reforms in the health service and to provide a snapshot of what is currently happening in health sciences libraries in terms of organisation, issues and staff perceptions.

The results of the questionnaire are analysed and conclusions and recommendations given which combine survey suggestions with the personal interpretations and opinions of the author.

## METHODOLOGY

Questionnaires were sent to all Scottish-based members of the Association for Scottish Health Sciences Librarians (ASHSL) in January/February 1994. After 6 weeks, a 55% response rate had been achieved. A reminder letter was then distributed. After a further period, a final response rate of 78% was achieved. Although some responses were received after results had been collated. This was considered highly successful, given that several ASHSL members are either retired, not NHS employed, newly-employed or may otherwise have had difficulties answering some questions.



## RESULTS

*Respondents* – Question 1

Altogether 56 respondents completed and returned the questionnaire within the allotted time, the largest sectors represented being multidisciplinary, nursing and medical. (Where respondents ticked 2 or more boxes for question 1, they were classed as multi-disciplinary.) The high overall response rate means the results should portray a fairly accurate picture of the situation in Scottish Health Sciences Librarianship.

**Table 1: Respondents by type of lib/info service**

| Type of library | No. of respondents |
|---|---|
| multidisc | 20 |
| nursing | 15 |
| medical | 11 |
| patients | 4 |
| research | 3 |
| management | 2 |
| paramedical | 1 |

*Organisation* – Question 2

This question asked respondents to indicate which type(s) of organisation they were part of. However, judging from the answers, respondents *may* have interpreted this question more widely – perhaps in terms, also, of "which type(s) of organisation do you provide services to?"; or "which types of organisation do you receive funding from?" In any case respondents were asked to tick as many options as applied.

**Table 2: Organisations to which respondent's libraries belong**

| Organisations | Number |
|---|---|
| nursing college | 19 |
| hospital/trust | 15 |
| postgraduate medical centre | 11 |
| university | 7 |
| health board | 7 |
| dir.mgd.unit | 4 |
| government | 3 |
| research institute | 2 |
| public library | 2 |
| other | 8 |

"Others" included a statutory body, national library, Social Work Department, Charitable Trust, Faculty of Homeopathy, Central Institution, Blood Transfusion Service, Common Services Agency.

Results show the wide range of services being provided to different health related organisations.

Analysis showed that 17 of the respondent's services were serving 2 or more organisations.

**Table 3: No. of organisations serviced by respondent's Lib/Info Services**

| No. of orgs | No. of lib/info services |
|---|---|
| 2 | 11 |
| 3 | 1 |
| 4 | 3 |
| 5 | 1 |
| 6 | 1 |

Libraries serving "many masters" are inevitably likely to confront conflicts of interest, particularly if this is reflected in funding also coming from different quarters.

*Departments* – Question 3

This question asked where Library and Information Services fitted into the overall structure of parent organisations. This may provide some indication of how management views Library Services in terms of status, role and linked utilities.

**Table 4: Department to which library/info services belongs**

| Department | Number |
|---|---|
| Libraries | 15 |
| Support Services | 15 |
| Administration | 9 |
| Information Services | 7 |
| Learning Resource Centres | 3 |
| Other | 6 |

Others include Research and Development, Education, Postgraduate Medical Education, Psychiatric, Pharmacy and Independent.

Library and Information Services form part of a variety of departments. They would seem to logically fit under most of these headings – except Administration. It is perhaps most disappointing that there is not an obvious single department into which Library and Information Services would fit.

Further analysis of department by library sector shows no significant results for particular sectors – for example analysis of nursing libraries by type shows:



**Table 5: Nursing Libraries – Department headings**

| Department | No. |
|---|---|
| Libraries | 6 |
| Support services | 3 |
| Administration | 2 |
| Learning Resources | 3 |
| Education | 1 |

These results show that, even within particular sectors, there is no consistency as to which department libraries should belong to.

*Time in Post* – Questions 4 and 6

Respondents were asked for their length of service. Most respondents (70%) had been in their current post for more than 3 years.

**Table 6: Number of years worked in current post**

| Years worked | % respondents |
|---|---|
| 0-3 | 30 |
| 3-10 | 43 |
| 10+ | 27 |

*Job* – Question 5

Librarians were asked about their job titles. Most respondents described themselves as librarian/managers. This would seem to reflect the high degree of "one man band" librarians employed in the health services.

**Table 7: Job Titles**

| Titles | No. of respondents |
|---|---|
| Librarian/Manager | 34 |
| Assistant Librarian | 11 |
| Senior Manager | 5 |
| Other | 6 |

Other titles noted included Information Scientist, Learning Resources Manager, Administrator, Drug Information Specialist, Scientific Information Manager. Most of these would probably fit into the category of Librarian/Manager – or perhaps Senior Manager.

In any case, the picture reflects that the largest proportion of respondents hold positions of responsibility and are likely to be the most significant holders of expertise in their field within their employing organisation.

*Changes in role/status/skills* – Question 7

The most significant *overall* changes experienced by health sciences librarians in the last three years in terms of role, status or skills required are as follows:

**Table 8: Change in role/status/skills**

| Attribute | No. of mentions |
|---|---|
| 1. Increased requirement for management skills | 9 |
| 2. Higher profile or increased status for library | 9 |
| 3. Use by much wider range of staff | 8 |
| 4. Computers/CBL/automation | 7 |
| 5. Increased workload | 6 |
| 6. User education | 5 |
| 7. Involvement in curriculum development | 5 |
| 8. CD Rom | 4 |
| 9. Income generation | 3 |
| 10. Increase in literature searching | 3 |
| 11. Provision of a wider range of materials, e.g. grey literature | 3 |

For medical libraries, the most significant changes/development mentioned were: computers, CD-ROM, increased literature searching, increased workload.

For nursing libraries – increased requirement for management skills, provision of grey literature, involvement in curriculum development, use by a wider range of staff, higher profile of library, increased workload were significant changes.

Multi-disciplinary libraries – use by a wider range of users, computers and CD-ROM, increased status, user education, increased workload, and involvement in curriculum development were mentioned.

Respondents from management libraries felt income generation was the most significant change.

Patients services mentioned wider range of users and increased requirement for management skills.

Research libraries mentioned higher profile and user education as changes.

*Closures* – Question 8

Several respondents mentioned the "rationalisation" of Glasgow College of Nursing and the consequent closing of some sites.

Grampian Health Board Library was also mentioned as one which had closed although, in fact, it seems to have moved to a location within Grampian Healthcare NHS Trust while still maintaining a remit to serve health service staff within Grampian.



Other closures or down-scalings mentioned were Forth Valley Health Board and Lynebank Hospital Libraries.

However, there seemed to be widespread uncertainty about definite closures. Results would seem to indicate that there has been no noticeable trend towards health sciences library closures.

*Mergers* – Question 9

Mergers/rationalisation at Glasgow College of Nursing also mentioned here.

Mergers of three libraries to form the Education Centre at St Johns Hospital, Livingston.

Dundee and Angus College of Nursing merged with Perth.

One respondent said changes were in the pipeline once Trust status came into effect.

Another said they had now taken over an archival role following the retiral of the archivist.

*Impact on Workload* – Question 10

Six respondents reported increased workload directly due to closures/mergers. Others noted that workload had increased anyway due to service developments. This may be particularly so for the more specialised "national" facilities who find their workload may be increasing due to Trusts imposing restrictions on who may use their library services.

*New Posts* – Question 11

There is a trend for implementation of the new broader role of Learning Resources Managers in nursing colleges. Both Tayside and Foresterhill have recently appointed Learning Resources Managers.

There would also appear to be increases at the Assistant Librarian level in many nursing colleges.

Despite a lot of publicity regarding Purchasing Intelligence only one specific post (that of Health Information Scientist at Grampian Health Board) is noted.

Two new NHS Trust Librarian posts are mentioned, at South Ayrshire NHS Trust and Dundee Healthcare NHS Trust.

Some other clerical/non-librarian posts are also noted.

*Job Satisfaction* – Question 12

46% of librarians felt that NHS changes had no impact on their job satisfaction – with more or less equal numbers feeling their satisfaction had increased or decreased due to NHS changes.

**Table 9: Effect of NHS Changes on Job Satisfaction**

| Response | % replies |
|---|---|
| No change | 46 |
| Less satisfied | 28 |
| More satisfied | 26 |

There were no significant differences when figures were analysed by sector except perhaps in medical libraries where only 1 out of 11 respondents felt job satisfaction had increased.

The main reasons for increases in job satisfaction were given as being raising of library profile and increase in use leading to increased responsibility and recognition (increased budget mentioned once).

The main reasons for decreases in job satisfaction included increases in workload and use not reflected in increased resourcing or higher grading of staff; lack of recognition from management; more paperwork; and increased emphasis on running the information service on a commercial footing.

*Contracts* – Question 13a

28% of respondents had been or anticipated being involved in drawing up contracts or service level agreements.

**Table 10: Involvement in drawing up contracts**

| Involvement | % replies |
|---|---|
| no | 67 |
| yes | 28 |
| don't know | 5 |

For the main sectors represented, those of respondents who had been involved with contracts were: medical – 30%, nursing – 36%, multi-disciplinary – 25%.

*Contracted User Groups* – Question 13b

The main user groups with whom contrcts had been negotiated were NHS Trusts, Provider Units, Social Work Departments, Colleges of Nursing, non-NHS/private sector workers, trained nurses and Health Board employees.

*Training* – Question 13c

3 respondents had received training in preparation for the drawing up of contracts (a British Medical Association study day was mentioned), 4 respondents had received assistance. This still left 9 who had received no assistance or training, but had been required to draw up contracts.



*Future Training/Assistance* – Question 13d

There were 28 responses to this question. All except one felt they would like at least assistance in the drawing up of contracts. 71% felt they would like training.

*Involvement in Contracts* – Question 13e

It would appear that various people in various organisations have been involved in drawing up contracts for the Information Service, including Contracts Manager, Business Manager, Principal, College Secretary, Line Manager, College Executive, Principal Librarian, Director of Nurse Education. Several respondents, however, admitted that they simply did not know.

*The Contract Process* – Question 13f

Several comments were made about the contract process. Issues centred around the following areas.

1 Some people felt they were still very much "in the dark" as far as contracts were concerned. Feeling that the issue had been little discussed or that the intentions of management and others involved were still unclear.

2 Some felt contracts were "a bit of a cosmetic exercise" giving a superficial new gloss to an existing service.

3 Three people made comments that the contract process was good because it made the situation and expectations clear to all involved. However two added riders that although this was true, perhaps there was still a lot to be said for the give and take and goodwill of the old system.

*Budget* – Question 14

Budget has stayed the same in real terms over the last 3 years for 36% of respondents and risen for 42% of respondents.

10 out of 15 nursing college replies reported a rise in budget.

5 out of 11 medical libraries reported a fall in budget.

Out of 20 multidisciplinary librarians, 8 reported budget rises, 8 had stayed the same.

2 out of 53 respondents said they did not know!

*Type of Information Required* – Question 15a and 15b

Generally, many respondents from different types of libraries reported an increase in demand for information on management initiatives and issues. Medical libraries report increased demand for information on management issues, primary care, paramedical groups. This increase in demand appears to be directly attributable to requirements of NHS reforms.

Another general movement reported, not directly attributable to NHS reforms, is the increase in the use of information technology in libraries particularly in terms of increased use of CDROM.

Other changes mentioned by multidisciplinary services include developing a range of new subject areas. One respondent mentioned having to cope with the requirements of students from health-related courses at other institutions whose library stock and services were not adequately geared to meet their needs. Another respondent said the library was moving into a purchasing intelligence role.

Due to changes in education, Nursing Colleges discussed the necessity of a wide range of material on "new" topics such as sociology, community health, management and a range of statistical sources. Information of a more academic or theoretical nature and research literature was required. There was also increased demand for literature searching with the consequent CDROM or online sources necessary.

Some medical libraries reported that information required tended to be more in-depth or complex than previously. Particularly in the case of management topics this is probably an effect of reforms.

One patients service reported increased demand for leaflet-type information. Some of this could be attributed to reforms – e.g. information on NHS Trusts.

Another respondent mentioned the move away from information on "NHS Administration" to "pure management" in a much more general sense.

*Initiatives* – Question 16

This question investigated the types of initiatives that librarians had become involved in, in providing their service – principally over the last three years.

In *nursing libraries* the most significant initiatives over the last three years seem to be:

| Initiative | No. of mentions |
|---|---|
| 1. Development of standards | 8 |
| 2. Business Planning | 6 |
| Appraisal | 6 |
| 3. Income Generation | 5 |
| Asset Registers | 5 |

The most significant initiatives begun previous to this and continued are:

| Initiative | No. of mentions |
|---|---|
| 1. Surveys | 5 |
| 2. Customer Care Training | 4 |
| Asset Register | 4 |
| 3. Standards | 3 |



For *multi-disciplinary* libraries, in the last three years the most developed initiatives have been as follows:

| Initiative | No. of mentions |
|---|---|
| 1. Asset Register | 6 |
| Costing | 6 |
| Business Plan | 6 |
| 2. Appraisal | 5 |
| 3. Surveys | 4 |
| Income Generation | 4 |

*Status* – Question 17

Most respondents felt status of themselves and their Library and Information Services, as perceived by the management of the organisation, had risen.

**Table 11: Status of librarian service**

| Status | No. of replies: Medical | Nursing | Multi. | Other | % Total |
|---|---|---|---|---|---|
| Same | 6 | 1 | 5 | 4 | 32% |
| Lowered | 0 | 2 | 1 | 1 | 8% |
| Risen | 3 | 10 | 14 | 3 | 60% |

Many comments on the decline or rise in status were given. These can be summarised as follows:

*Reasons for believing status to be lowered*

1. Lack of input of librarians into strategic direction of organisation.
2. Lack of autonomy in running of library service.
3. More responsibility and work – not reflected in higher grading.

*Reasons for believing status to have risen*

1. Awareness of value due to increased requirement of many organisational staff to make decisions based on better information.
2. Proactive library staff and service delivering what users require.
3. Change in educational emphasis (for nursing college libraries) bringing resource-based, student-centred learning to centre stage. Has often led to libraries/resource managers having input in institutional management.
4. Changes in management personnel.
5. Recognition of marketing and income generation potential of Library Service.
6. Use of IT, making management pay more respect to librarian's skills.

*Recognition* – Question 18

Most people felt unsure about whether the "new health service" gives librarians and information professionals more recognition.

**Table 12: Improved recognition for librarians in "new" health service**

| Response | No. of replies | | | | |
|---|---|---|---|---|---|
| | Medical | Nursing | Multi | Other | Total |
| Yes | 1 | 3 | 7 | 1 | 22 |
| No | 6 | 3 | 6 | 2 | 31 |
| Unsure | 4 | 8 | 7 | 7 | 47 |

*The Future* – Question 19

52% of respondents felt pessimistic about the future of health sciences libraries. When analysed by type of library, medical librarians were the most pessimistic (67%). Of nursing librarians, 57% expressed pessimism. The most optimistic were the multi-disciplinary sector (41% optimistic).

**Table 13: Perceptions of the Future**

| Perception | No. of replies | | | | |
|---|---|---|---|---|---|
| | Medical | Nursing | Multi | Other | Total |
| Optimistic | 4 | 2 | 7 | 3 | 16 |
| Pessimistic | 8 | 7 | 7 | 4 | 25 |
| No feelings | 2 | 1 | 3 | 1 | 7 |

Some comments noted the reduction or fear of reduction in budgets and lack of appropriate grading for staff. Others felt that it was up to librarians to promote themselves and their services more effectively. Some felt that *users* recognised the value of services, but management tended not to. One interesting comment talked of the many new courses in health-related topics springing up which were often under-resourced in terms of library services – this had implications for other institutions struggling to provide a good service to their own students. There were also some comments about trained NHS staff not being well catered for. As one inspired person wrote "I would like to see a multi-disciplinary health service library in every Health Board area – serving everyone in healthcare".

*Comments to Management* – Question 20

Question 20 was a completely open question which gave respondents a chance to express their deepest concerns or problems, by asking them to provide a statement to management about health service library and information services. Many interesting comments were received. These centred almost entirely around the following issues:

1. *Feeling of being undervalued*
   Librarians would like to feel they were more highly valued by management. Comments such as "Value us! Our service provides the key to future quality developments" were common. Staff feel they are highly skilled and experienced professionals, providing an important service in informing clinicians, management and patients, but feel there is a lack of recognition of this, in terms of:



   1.1 General Support from organisation and management
   1.2 Funding/resourcing of the library service. Many developments put great strain on existing budgets and in many cases it would appear that funding is not rising to cope with new demands.
   1.3 Pay/grading of staff. Library staff may not be recognised as professionals. Their responsibilities and role are often not recognised. Salaries often do not reflect unique skills, experience and value.

2. *Lack of awareness of service*
   There was a general stream of responses commenting on lack of awareness on the part of management of what the library and its staff were doing and could do. There were pleas for management to "listen to what people are telling you". Some respondents felt that management made little attempt to seek the views of library staff when considering services.

3. *Bad management*
   Some respondents commented that management in their organisation was positively bad.

4. *Future of nursing colleges*
   There were pleas from some nursing college librarians for decisions to be made regarding the future structure of nurse education in Scotland so that colleges could move forward from their current state of limbo and make effective plans for future provision.

5. *Lack of co-ordination of information function*
   Respondents commented that *within healthcare organisations*, there needs to be more co-ordinating and joint planning of the "information" function as a whole. This includes libraries, statistical and other information functions.

6. *National planning and co-ordination*
   Finally, several respondents discussed how improvements could be made to the planned delivery of health information and the "lot" of health information professionals nationally. Respondents felt that:
   6.1 Health librarians need a formal "voice" to input into national decision-making on any issue likely to affect their services. This might be done through "formalising the ASHSL network" or by the appointment of a Regional Librarian for Scotland.
   6.2 A Health Information Plan for co-ordinating the collection, recording of resources, etc. was needed as a vast amount of valuable "grey literature" exists, but is highly inaccessible. This plan needs to cover all types of information from bibliographical to statistical.
   6.3 There is a general feeling of a highly committed body of people all working hard, but if their efforts were more co-ordinated and focussed, even greater value for money in terms of information provision could be achieved. This, it was felt, required co-ordination/planning among librarians and a national voice and recognition by the NHS Management Executive.

## CONCLUSION

One of the few issues raised which can be directly attributed to NHS reforms is the widely reported requirement for management information by users of all types and at all levels. The range of types of material demanded e.g. grey literature, statistics, would also appear to have expanded. These requirements have had a knock-on effect in that there is more need to carry out in-depth searching for literature.

In the nursing sector there have, of course, been many changes including Project 2000, but also increased demands from continuing nurse education. These changes have generally led to a higher status for libraries and librarians, more involvement in institutional management and curriculum development. Librarians have often taken on the wider role of "Learning Resources Manager" and it may be that management are now beginning to recognise the intelligence and skills required to be an effective manager of Library and Information Services. Curriculum changes have meant an increased role for library staff in user education and teaching study/research skills. For some the new role would appear to have been reflected in grading and staff increases, but how widespread is the trend for appropriate recompense for increased workload and new duties?

There has been a general increase in the use of information technology ranging from library automation to use of CDROM. This has implications for budgets and is clearly recognised by librarians as a training need. Use of IT may bring increased status in the eyes of management, however.

Many people report a rise in status, probably due to the increased use by a wide range of people, particularly managers. However, most were unsure as to whether their skills were really recognised. There were clear doubts about respondents' value in the eyes of management and many felt this was due to a continuing lack of awareness about what librarians could and did do.

Within health sciences there are a wide range of different types of library and information services. Some libraries are serving many different masters and receiving funding from different sources. This is inevitably likely to cause a range of problems – divided loyalties etc. Library services also seem to come under the umbrella of many different departments. This is likely to cause problems in terms of identity, perceptions of users and professional alliances. Added to this, many librarians are "one-man-bands" who are bound to suffer from professional isolation.

Librarians themselves appear to have an increasing need for management skills, moving into the areas of drawing up standards, business planning, costing, income generation and appraisal. These issues are reflected in desires for training. Although IT is far and away the most highly recognised need, many desire training in finance, leadership, business planning etc.

Contracting of services does not appear to have taken off in a big way. Although there was a high degree of uncertainty as to what management were planning. Many people are still clearly in the dark on this issue. Most people would like some training and



support. The jury still appears to be out on whether contracting services is a good or bad idea, with convincing arguments on both sides.

There are few reports of definite closures or mergers and there appears to have been no real take-off in the employment of Purchasing Intelligence Officers as such. At least, personnel from the librarianship sector do not appear to be gaining new posts in this field, perhaps others are?

The surge in development of health-related courses in the further and higher education sectors may be causing problems for established health libraries. It would appear that supply of literature in these FE and HE institutions may not be meeting demand, thus forcing students to use established library resources who are gaining no new funding. This is clearly unfair on existing users where there is no budgetary input from new users.

There still appears to be a dearth of library service provision for trained health service staff. Given the new requirements for staff in terms of continuing education, research and knowledge of management techniques, this could be a serious gap which requires to be filled from somewhere.

Many respondents report increased workload and a high degree of pessimism for the future. This seems to be particularly true in the medical sector. However, there were some very upbeat responses and many respondents are clearly highly committed, getting a lot from and giving a lot to, their job, often against all odds!

Finally, though, one has to ask – are health sciences librarians as a group, actually getting anywhere constructive? Clearly there are encouraging aspects and developments, but these are patchy. As many respondents noted, the good things will continue to be patchy unless some sort of co-ordinated, cohesive national strategy is formulated. This would address, on the one hand, information service requirements by health workers and, on the other, the skills, professional structure and grading of librarians and information professionals.

## RECOMMENDATIONS

1. Health sciences librarians need to emphasise their role in the wider information provision structure. Moves need to be made to link up with other health information professionals. ASHSL should consider widening membership to others working in the field of information provision and a change of title, for example Scottish Health Information Professionals. A promotional campaign to recruit other health information professionals could be carried out.
2. Links should be built with other health service information professionals in order to push for an information professional grading structure within the health services. Guidelines on gradings, salaries and skills need to be addressed.
3. ASHSL might consider the results of this survey when looking at topics for future meetings/training.

4. Given the growth in information needs of all health service staff and developments in continuing education, a strategy to provide an adequate information service to health workers requires to be devised. (This may merely mean recommending formal contracts with existing services to enable all staff to have access to a suitable resource.)

5. Use of libraries and information services by groups of people whose organisation or institution is not contributing financially (e.g. FE/HE institutions) needs to be assessed and formal contracts drawn up.

6. Wherever possible or feasible, libraries should be part of a wider Information Function within organisations, thus maximising the opportunity for co-operation, co-ordination and professional support from others working in the field of information provision.

7. Contracting is part of today's health service and may lead to advantages in terms of recognition and funding. Librarians should probably be pushing for contracts to be drawn up, where feasible.

8. Links into the English health librarians network should certainly be developed, but the Scottish network itself could be further reinforced by more regional representation and adoption of other health information professionals.

9. Increased emphasis needs to be placed on teaching of research skills and use of libraries during health professionals training, particularly given the proven importance of professional updating in improving clinical care. Also the requirements of health workers to undergo continuing education and research necessitates skills in finding and using information. This needs to be taken forward with professional bodies and individual educational institutions. Lessons from nurse education could perhaps be learned.



## HELP WANTED

**Clinical Nurse Specialists**

I am undertaking some research investigating the use of information by Clinical Nurse Specialists (CNS) with a view to looking at its impact on direct nursing care. I would like to contact as many CNSs in the United Kingdom as possible. Help from colleagues would be gratefully received regarding the following information.

1. Lists of names and/or job titles of hospital and community CNSs with the name and address of their hospital or base.

2. I am also interested in any grey literature or hospital documentation referring to CNSs which might not be widely available.

Information to: Jean Yeoh
Tutor Librarian
St George's Library,
St George's Hospital Medical School
Cranmer Terrace
London SW17 0RE

Tel.081 725 5362 (direct line)
e-mail: Lib@uk.ac.sghms

## NEWS FROM DOWN UNDER

The editors have received communications from two nursing librarians in Australia. We are sure they would be happy to communicate with anyone wishing to share experiences.

Patrick O'Connor
Health Sciences Librarian
Central Queensland University
Rockhampton MC4702, Australia

Tel: +61 +79 309165
email: p.oconnor@cqu.edu.au

and

Nursing Librarian
email: lbyjlt@unisa.cdu.au

# CAMBRIDGE MEDICAL BOOKS

Tracey Hall, Cockburn Street, Cambridge CB1 3NB, England
Telephone 0223 212423 Fax 0223 416852

**ADVOCACY: A NURSES' GUIDE**
Bob Gates, MSc BEd CertEd DipNursing RNMH RMN RNT
Scutari Press Oct 1994, 176pp
PAPERBACK UK 14.99 net 1-871364-90-6
Using case histories and examples, this book is written specifically for nurses, who may find themselves in need of an advocate. It enables the student and the qualified practitioner to approach one immediate source of information and guidance on their professional role in relation to advocacy.
*Readership: undergraduate; research, professional; technical, vocational*

**Series: Ethics**
ETHICS: CONFLICTS OF INTEREST
[Ed] Verena Tschudin, BSc RGN RM DipCounselling
Royal College of Nursing Oct 1994, 152pp
Index
PAPERBACK UK 12.99 net 1-873853-10-6
Deals with the increasing awareness of personal and professional values, and the possibility of conflict between them. The author and the three contributors explore personal and professional rights and responsibilities.
*Readership: undergraduate; postgraduate; research, professional*

**NURSING RESEARCH IN ACTION**
Philip Burnard; Paul Morrison
2nd ed, Macmillan Press Sep 1994, 256pp, 216 x 138mm
PAPERBACK UK 10.99 net 0-333-60876-3
Aimed at nursing students on the Project 2000 Common Foundation Programme and on degree courses, this book has been revised to reflect changes in nursing education since the first edition. It offers more details on how to do qualitative research and generally contains more information.
*Readership: undergraduate; further, higher; technical, vocational*

**THE PRACTICE NURSE**
Pauline Jeffree
2nd ed, Chapman and Hall Oct 1994, 224pp, 234 x 156mm
30 line illustrations
PAPERBACK UK 18.50 net 0-412-56640-0
The second edition of this standard text for practice nurses updates the existing material and includes new responsibilities for prescribing, research, budget holding and patient education and counselling.
*Readership: undergraduate; research, professional, technical, vocational*



**PROFESSIONAL NURSE: NOW AND THE FUTURE**
M. Bowman
Chapman and Hall Oct 1994, 128pp, 234 x 156mm
Illustrations
PAPERBACK UK 14.99 net 0-412-47100-0
Discusses the present role of the nurse based on the perceptions of a range of nurses, other professionals and the professional bodies, and explores the future and the philosophy of Project 2000. This book should be of interest to lecturers and students in nursing.
*Readership: undergraduate; postgraduate; research, professional*

**RESOURCES FOR NURSING RESEARCH: AN ANNOTATED BIBLIOGRAPHY**
[Ed] Cynthia G.L. Clamp, MPhil BA SRN RSCN RNT;
Marie P. Ballard, SRN; Stephen Gough, BA
2nd ed Library Association Publishing Oct 1994, 388pp, 234 x 156mm
PAPERBACK UK 45.00 net 1-85604-117-4
This work is designed to assist in the location of nursing research literature. It contains sections on research texts, on ethical issues in research and on teaching nursing research. It includes over 2000 entries and is divided into three parts – sources, methods of enquiry and background.
*Readership: undergraduate; postgraduate; research, professional*

**TEACHING AND ASSESSING NURSES: A HANDBOOK FOR PRECEPTORS**
Bob Oliver, BSc RGN RSCN CertEd(FE) FETC; Colin Endersby, RGN RCNT CertEd
Bailliere Tindall Oct 1994, 422pp, 246 x 189mm
Glossary
PAPERBACK UK 13.95 net 0-7020-1720-5
A preceptor's handbook aimed primarily at ENB Courses 997 and 998 (Teaching and Assessing in Clinical Practice), along with other courses, and to all staff nurses et al who are involved in both teaching and assessing health care assistants and P2000 students.
*Readership: undergraduate; postgraduate; research, professional*

**UNDERSTANDING PATIENTS**
Paul Morrison, BA PhD RMN RGN PGCE CPsychol AFBPsS
Bailliere Tindall Sep 1994, 160pp, 181 x 113mm
PAPERBACK UK 7.95 net 0-7020-1718-3
Project 2000 has brought about far-reaching changes in the approach to care and nurse education. This book looks behind the rhetoric and examines the patient's perspective, providing an understanding of patients and their experiences of receiving care.
*Readership: undergraduate; postgraduate; research, professional*