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LIBRARIES for NURSING

Bulletin

Volume 16 Number 1

Spring 1996

UNIVERSITY OF WALES LIBRARY 21 MAI 1996 SWANSEA

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LfN BULLETIN
Vol.16, No.1, Spring 1996

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Subscriptions run from January-December and cost £10.00.
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Prices: £50.00 per full page insert
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Copy deadlines: 16(2) May 25
16(3) Aug 26
16(4) Dec 31

LfN is a subgroup of the Health Libraries Group of the Library Association. Registered Charity no.313014.

The LfN Bulletin is published quarterly by the Libraries for Nursing sub-group of the Health Libraries Group.
ISSN 1354-1412

EDITORIAL

The LfN held a study day on the 27th of November at the Library Association headquarters. The title was "*Meet the policy makers: the challenging context for libraries for nursing*".

There were four speakers. Two of them, viz. Gillian Chapman from the NHS Executive and Meryl Thomas from the English National Board, discussed the wider developments in nursing. The two other speakers, viz. Margaret Haines for the Department for Health and Veronica Fraser of the Library Association, considered the role of librarians in supporting nurses and Veronica emphasised the need for librarians to develop professionally.

This issue contains the text of two of the talks and there are reviews of the RCN Study of Nursing Journals and the NMI CD-ROM.

LfN Sponsorship

The LfN Committee has decided to sponsor two members to attend the Health Libraries Group Conference this year. If you think you would be interested turn to page 26 for details.

The Editors

PREPARING TODAY FOR TOMORROW

Gillian Chapman

1. I was delighted and intrigued to be invited to speak at this conference on wider issues in nursing and to an audience focused on libraries for nursing. I suspect that I will leave having learnt as much from your thinking as you may from me. Clearly, all nurses, including the Chief Nursing Officer, value the work of the NHS librarians in providing full library and information services to the largest group in the NHS. Nurses need to keep abreast of wider issues in nursing which is why I am so happy to speak to you today. What of the wider issues in nursing? It is an exciting time for us all in the run up to what for most cultures and societies will be a significant date - the year 2000. I would like to concentrate on what nursing, midwifery and health visiting must consider today in preparing for tomorrow. I will speak for about 20 minutes, after which I would very much like to hear from you what you consider the implications of these changes are for you.

2. The nursing professions have, of course, been well ahead in considering what the future will hold and how they might respond to it. During the late 80s the UKCC undertook a radical review of pre-registration nurse education which became known as Project 2000. Between 1989 and 1993 a new programme of education and training has been introduced across the country. Now all colleges and faculties of health provide Project 2000 which provides the educational underpinning of the nurse of the future. PREP too will place considerable demands on the library and information services as nurses, midwives and health visitors seek out information to support continuing learning. In 1994 Yvonne Moores, together with the three other United Kingdom Chief Nursing Officers, led a debate on the challenges which face nurses, midwives and health visitors in the 21st Century called the "Heathrow Debate". A year long consultation resulted, as you know, in a letter sent out in August of this year in which the thoughts of the nursing professions were reported. I will speak about this later. First, I would like to use this golden opportunity to dwell on the factors that we as a society need to consider about the future.

Demography

3. The facts are well known, the population of England is ageing. Consider first the effect of the rising elderly population. Everybody knows that the proportion of people aged 65 and over has increased sharply. In fact it increased by nearly 50% between 1950 and the mid-1970s although this upward trend has slowed in recent years. A population of 0.8 million in 1989 is projected to rise to 1.3 million in 2026.

What does it tell us? It is not easy to predict. The factors likely to influence the need for health care are complex. Research into health expectancy is still at an early stage. It depends whether the rising elderly population is the result of lifestyle factors which result in older people being more healthy and living longer before the onset of chronic illness, or whether it reflects medical advances postponing death by prolonging periods of chronic illness. The precise balance is not yet properly understood. What is clear, however, is that nurses should be making a significant contribution to thinking now about what the future shape of care for this group should be.

Culture

4. Not only changes in demography and disease patterns but changes in social values are evident. Public expectation of the National Health Service is rising. Modern mass media - TV, radio, newspapers and magazines - have all helped to popularise health and science issues bringing the benefit of greater understanding in health care consumers.

5. It's only right that the public should expect a high quality service from the public sector. The NHS has always provided the highest level of clinical care, now it is focusing on the way in which services are provided. Nursing has led the way in moving to a patient focused service which takes account of patients' wishes and gives choices. An example is provided by the Patient's Charter which introduced in 1992 a standard on named nurses. This has been good practice in many hospitals for a long time. The Patient's Charter did not invent the named nurse; but it did promote it in places where it was not being used. The responsibility of all is to ensure that the named nurse initiative is implemented in the spirit as well as the letter of the Charter. It is not just a question of having a name, it is a matter of ensuring one person is responsible for nursing care throughout the patient's stay in hospital.

6. Charters are dynamic things and are developing all the time. A draft booklet is now out for consultation on how the Patient's

Charter applies to services for children and young people. It includes a number of proposed new standards, such as providing information about pain relief and provision of play and education facilities. As Charters grow and develop they push into new areas and by informing the public about the standards of service they can expect, they drive those standards forward. This is a healthy sign and one which nurses support.

Patterns of Disease

7. As a nation the people of England have been getting healthier overall and that is excellent news. The *Health of the Nation* sets out very clear targets for the year 2000 which in alliance we will all help to achieve. The Chief Medical Officer's *Annual Report,* published last month, highlighted four key issues: health in the workplace, drug and solvent misuse, equity and equality and food poisoning; the report noted that the Health of the Nation strategy continues to focus attention on individuals' own lifestyle choices that can improve and maintain their health. Encouraging progress has been made.

8. The report shows that there have been a number of important improvements in health. Infant mortality is at its lowest ever rate, under-age conceptions are falling and there has been a 71% drop in post-neonatal sudden infant deaths between 1988 and 1994. Yet as the most recent report from the Health of the Nation stable shows, there are still variations in the health of different social groups for example.

A subject close to the heart of all nurses and others will be improving health at work. The CMO's report notes that next year will see a number of initiatives to improve health at work. A special chapter of the report outlines the important effects of work on health, of health on work, and the value of health promotion in the workplace. In particular, it emphasises the burden of work related ill health and associated costs, not only to industry but to the country. We all have an interest in maintaining a healthy work place.

Medical Technology

9. More is being demanded from the Health Services as changes in health technology make a wide range of treatments possible. To mention just two examples, minimal access surgery which uses exciting developments such as virtual reality, other developments in

surgery, including the use of robotics, which will change the accuracy, speed and setting of many surgical interventions providing the opportunities for increasing use of day surgeries and high tech care in patients' homes. New treatments and procedures which have and will become more commonplace as we reach the year 2000, and in which nurses will have a contribution to make.

Organisation

10. In England, as in the rest of the world, the Department has focused on how to arrange a leaner and more effective management organisation, responsive to local needs and to the user of health care. The framework for the cost effective delivery of health care for the next century has been provided. As you know, in April 1996, when the *Health Authorities Act* is implemented, the final brick to the changes in the National Health Service will be put in place.

11. The new Health Authorities will be key to ensuring that local needs are identified and services commissioned which will meet those needs. Effective leadership will be essential not only from managers but from professional and clinical leaders in nursing and midwifery and health visiting if the challenging agenda for the next five years is to be met.

12. The framework is in place. During the passage of the *Health Authorities Act*, Lady Cumberlege stated quite firmly her belief that nurses, midwives, health visitors and others should have a strong input into Health Authority decision making. The Act lays a duty on the new Health Authorities to make arrangements to take advice from medical practitioners, registered nurses and registered midwives and others. We have issued guidelines, which are unusually directive in character, on the action Health Authorities will take and the standards the new Regional Offices of the NHS Executive will expect. It is now for nurses to build on that foundation, the foundation of the 670 nurses who work in Health Authorities, work with managerial and professional colleagues locally, to secure ways of working that give everyone, most especially patients, confidence that Health Authority work is fully informed by the necessary involvement of relevant professionals - it is for nurses individually and collectively to grasp the opportunities of 1996 to provide the firm framework for development into the year 2000.

13. The changes which were announced last autumn in "*Towards a Primary Care Led NHS*" envisage a significant shift in the way in which Health Authorities and primary health care teams work together in the commissioning of health care. What is it all about? It is about three things:

- where decisions are made
- the process of managing care
- strengthened relationships.

The idea is to shift decision-making about health and health care as close as possible to patients.

Next, it is about the process of delivering and managing care. The idea here is that the GP should be the co-ordinator, not just of the primary care team, but of the whole care system.

14. The Department wants to avoid the patient being "passed" from one part of the system to another. Of course, this does not preclude specific clinical responsibility being held by different professionals at different times, but it does provide a single point of reference for the patient, with an overall co-ordinating responsibility attached to one person on a continuing basis. The patient remains the focus of this co-ordination, not the institution or the service.

15. Finally, it's about strengthened relationships. The contention is that primary care is in fact the basis of the health care system, with secondary care in a supporting role.

This requires effective partnerships between primary care professionals and

- patients
- secondary care professionals
- health authorities
- social services and other agencies,

an emphasis I am sure we can all support.

Nursing Practice

16. Finally, we need to consider the development of new challenging and exciting nursing roles. As the consultation exercise for the "Heathrow Debate" demonstrated, the professions considered that the general shift to the community meant the roles of nurses would be very different in future. They will play a role in targeting health and social need and in community development. They may

work in a range of coalitions or partnerships with GPs, and others, as the nature of the work changes. Modern technology will be used where this is helpful to patients but this will not replace face to face contact and holistic care delivered by nurses in patients' homes, health care centres or hospitals.

17. Crucially, nurses need to examine their practice and ensure that it is founded on a firm evidence base. Of course, we don't have evidence for all areas of practice but if we are able to provide clinically effective services we need to answer some key questions:

- What is the intended purpose of practice?
- What is the thoretical basis for it?
- Are we able to link intervention and outcome?

The research literature and its easy availability, the role of libraries and librarians in helping nurses to access and make use of research findings to support evidence based practice will be fundamental to the future of nursing practice. The public demand, quite rightly, the confidence of knowing that they will receive quality care whoever delivers it. We have to build in clinical effectiveness and quality in order to do this, and nurses will need the services of libraries and librarians to do so.

18. There are also an expanding range of career opportunities in a changing health and social care environment. The series of '*Creative Career Pathways*' reports - undertaken by IHSM for NHS Women's Unit, and the recent DH document on nursing, midwifery and health visiting career pathways, draw on trends such as:

- increasing career flexibility;
- changing patterns and shifts in care;
- the need to manage diversity in the workforce;
- the desirability of making links between personal and organisational development.

In our own NHS Management Bursary Scheme over 500 students have been sponsored to undertake management, public policy and public health degrees. 263 nurses, 19 midwives, 11 health visitors and 136 PAMs have received awards since January 1993. This brings the total investment to £3.75 million. Quite an achievement alongside the development of nursing, midwifery and health visiting education within Higher Education, we should always invest in and recognise the workplace as a rich source of learning, networking, mentorship and career development.

19. Flexibility will be needed to take on new care developments while retaining what is good and constant in nursing. We need to build on the excellent reputation of our nursing workforce, maximising the skills and expertise already present. As new patterns of care emerge, it will be important for mutual support between the medical and non-medical professional workforce to encourage further development and initiatives in sharing tasks. There is a place for multi-professional education and training and for ensuring that the new arrangements for workforce planning will better match supply and demand, for the benefit of the patient, the staff and value of money.

20. Most crucially members of the professions will need to be prepared to demonstrate the clinical effectiveness of their practice, the benefits to patients and its cost benefit. I know from the consultation exercise on the "Heathrow Debate" held last year that many nurses, midwives and health visitors stand ready to do this. The response was fairly conclusive. Some key messages were:

- The importance of maintaining a dialogue with the professions and between them as innovations and developments in health and social care take place.
- The importance of ensuring that education and research underpins practice innovation.
- The professions to jointly progress the clinical effectiveness of practice.
- The responsiveness of practice to users of health care.
- Finally, nurses, midwives and health visitors in every sphere of influence, NHS, independent sector, professional organisations and statutory bodies, as well as those professionals in Government Departments of Health, will need to play their part in steering nursing, midwifery and health visiting into the future and grasping the opportunities it provides.

21. Perhaps I could conclude by summarising the growing need for information to support:

- Pre-registration education, now that nurses receive a 'true education' as well as a training.
- Continuing or 'lifelong learning' stimulated by new standards for post registration education and practice (PREP).
- A changing health service and patterns of care as outlined in your presentation.

- The massive demand for information stimulated by clinical audit and evidence based care.
- The need for access to up-to-date information to support mid-stream career changes, shifts and re-training, etc.

and challenging the audience to consider how best these needs can be met.

ENGLISH NATIONAL BOARD - DEVELOPMENTS AND PROJECTS

Meryl Thomas

The English National Board is one of five statutory bodies in the UK established under the *Nurses, Midwives and Health Visitors Act 1979* and the amendments of 1992. The National Boards are the lead bodies in England, Wales, Scotland and Northern Ireland with statutory responsibility for the approval of institutions and programmes of education for Nursing, Midwifery and Health Visiting. The standards relating to that work are based on those of the United Kingdom Central Council.

The Board's responsibilities are met through a variety of activities:

- Facilitating the development of cost effective high quality education to meet health care needs and in some instances initiating such developments.
- Operating a robust validation/approval process.
- Implementing recommendations from key Government policy initiatives relevant to Nursing, Midwifery and Health Visiting education and to health gain. Also monitoring outcomes and reviewing progress at educational institutions and within practice areas.

  Enabling institutions to develop an organisational culture where practitioners can become lifelong learners and therefore achieve local national health targets.
- Collaborating with purchasers and providers of education and with Government departments to input the Board's perspective on manpower predictions and education provision to meet workforce demand which are informed by the Board's knowledge of issues at educational institutions and practice areas.

- The Board has had an increasing role in commissioning and managing research and development projects and identifying policy implications arising from research reports.

- The Board, as you are probably aware, produces annual Operational Objectives based on a five year corporate plan. Key stakeholders and organisations have been consulted widely on these plans in the last two years. An Annual Report is produced for the DoH and the profession.

The Board's approach to executing its role has changed quite significantly over the last few years. Four instances of this have been :

- The shift to monitoring/review/advice/development work with validation as an essential part of that continual process - but a shift from the 'big bang' validation event and inspectorial approach.
- The introduction of self-validation of post-registration programmes leading to a Board Award and more note of the QA within institutions.
- The introduction of a quality and standards monitoring of Board activities - EO services to institutions; validation events questionnaire - with an Annual Report to the Board and internal quality standards assessment systems across all departments of the Board.
- The Board has played a major role within the Regions, tackling exercises for the merger of colleges of nursing, midwifery and health visiting higher education.

CURRENT DEVELOPMENTS

1 All approved educational institutions now have a framework for continuing professional education for delivery of post-registration education. At present the Board Officers are ensuring that the issues emerging from the PREP standards of the UKCC are being addressed at institutions and that the frameworks are sufficiently flexible to enable specialist programmes to be delivered within the institutions.

Implications for librarians as the demands for degree level programme developments increase and as more programmes are assessed and require academic work in the form of assignments, often involving literature searches.

In addition, the increasing search for evidence as a basis for changing practice and developing services means greater demands on library and information services, particularly when a large number of the current nurses and midwives workforce have never undertaken academic studies above certificate level. As clinical supervision and preceptorship become established across Trusts the individuals undertaking these roles will wish to develop their local directory of resources and references and will in this exercise have to call on the assistance of those with library and information skills.

The CEO of the Board and Directors have contributed to a whole raft of discussions at UKCC, DoH and Regional Offices relating to clinical supervision and a position statement is expected from the UKCC very soon.

2 The Board has forged greater links with the HEQC and HEFC to identify ways in which all three bodies can collaborate in enhancing and making more effective the QA systems relating to educational institutions. The Board developed its Guidelines for Good Practice for External Examiners which were issued in May this year and followed up with workshops. These are consistent with the recommendations of the Silver Report and the Proposals for the Future Development of the External Examiner Systems - consulted on in October by the HEQC.

The Board has for a number of years been promoting and encouraging the development of shared learning and joint education and training initiatives - both across nursing, midwifery and health visiting and across other professional groups. A short leaflet - *A Guide To Good Practice In Shared Learning* - was jointly produced this year between CCETSW and ENB along with *Building A Partnership*, a joint publication outlining a decade of CCETSW/ENB collaboration.

3 Several publications have emerged from the Board as a response to particular health service or education needs:

a) *Changing Childbirth* Education Resource Pack aimed at enabling midwives in whatever circumstances they work to rise to the challenge of achieving woman-centred midwifery care. Identifying how they can contribute either individually or in groups to achieving the Government's 10 targets for success.

b) Update of the Children's Nursing Resource and work undertaken to publicise the resource and extend its use amongst children's nurses and those offering child care services.
c) The *Response* and *Research Highlights* Series produced by the Board continues to be well received. This year we have issued a number of these and the titles are given in the quarterly issue of *ENB News*.

4 The information strategy and technology development project is continuing with the Board.

Within 1996 the final phase of this project will go ahead and will link the Board to all the approved educational institutions. The further development of this to enable us to link with the information highway is under consideration.

5 The Careers Service of the ENB responded to 52,000 enquiries and distributed over 8,000 information packs to exhibitions and career services and the national networks and links across organisations continues to expand.

6 ENB Campus and Health Care Database. You will be aware that the ENB Campus initiative was completed this spring. The benefits of IT services within education are now highly appreciated and teachers have been developing their IT skills. As such the ENB Campus initiative was a success. In addition, the Health Care Database has been developed to include open learning materials for mental health and learning disability and all the Board funded research projects. In 1994/95, there were 6,751 database searches and 14,000 Campus accesses.

I have just been reading September 1995 *British Journal of Education and Teaching* - an article by Derek Rowntree 'Teaching and Learning On-line: A correspondence education for the 21st century'. This was quite a revelation to me (still thrilled that I have learnt to receive and send simple E Mail communications within the Board!). I think it will be a challenge for the Board and for those in IT and library services when this approach gathers impetus - which I feel it will. While the Board will be concerned with how this kind of provision can be validated and monitored, those needing to set up and operate such programmes will have demands on setting up and maintaining the supporting resources that such approaches will need. Already open learning and distance approaches are growing, and will continue to grow, in popularity. The Board is supporting

such institutions as the Open University in developing programmes which enable quality educational experiences for enabling quality care targets to be met in cost effective ways. The additional pressure facing development of OL and DL approaches is the move of previously local nursing and midwifery colleges of higher education to one higher education site serving a larger geographical area and greater number of service providers with pre-registration and post-registration programmes.

All the OL materials available demand further reading and access to set texts and learner support. It is an important issue to be considered when education purchasers are allocating funds and an important task for you and for the heads of nursing and midwifery education in institutions, along with the education officers and Directors of local offices, to remind purchasers to build into contract costs adequate funding to account for local library resources being developed to support these modes of study. The issue must be kept high on the Department business agenda. Monies for library resources have always been part of the total 'pot' of education funding. It is important that purchasers keep an eye to identifying that funding within contracts ensuring staff access to libraries, not only when registered on programmes but to inform their practice and benefit service developments.

7 The University of Wales at Aberystwyth, Dept of Information & Library Studies, visited the ENB to provide a Chairperson for their research project '*Auditing the Effectiveness of Information Supply by Libraries to Nurses, Midwives and Health Visitors*'. This is to be an extension of the VALUE project which reported in June 1995 (Value of NHS Libraries and IS for Doctors) and is again funded by the British Library Research and Development Dept. Project leaders, John Hepworth and Christine Urquhart. Christine Fessey, the Research and Development Officer in the Education Policy and Research Directorate of the Board is undertaking that Chairmanship role. The study will be completed by Autumn 1996 [See page 20].

8 Professional Advisory Networks

The Board has established a network of expert advisers for specialist work. The one I am closely involved with is the PMAN. In the last year we have developed a PMAN Bulletin to update the members on current Board projects and to ask for their responses and views. Working groups and project groups for all specialities include a number of network members. In relationship to the

networking with librarians, the Board agreed early this year that local liaison and collaboration with regional librarians and representatives of educational institutions and Trust librarians should increase, this being the best way of ensuring that the Board's local office staff who interact closely with the educational institutions and Trusts, purchasers and regional offices are aware of the issues.

Each local office Director is responsible for establishing two or three meetings each year with regional representatives and as an extension to this for Spring 1996 the Bristol local office have a HS librarians workshop arranged which I am sure will be replicated across each of the four local offices of the Board.

A further manifestation of the networking and outreach activities is the funding of a national overview regarding the established links between educational institutions in England and their counterparts in other European countries. This project commenced in September and will report in March. The overview should enable identification of good practices and benefits of international links to departments of education.

9 The Board continues its research and development projects and in October we issued numbers 10 to 15 in the *Research Highlights* Series. Particularly significant to you as a group is the evidence in RH 10 '*Comparative Study of Outcomes of Pre-Registration Nurse Education Programmes*' (Alison While et al). It focused on students' abilities to problem solve and how information seeking informed their actions. Also RH 14 '*Learning to Use Scientific Knowledge in Nursing and Midwifery Education*' (Eraut et al, University of Sussex). This looked at how knowledge is acquired by students and how it is used in practice.

The Board in July agreed to an 18 month project which is now underway to provide Board information on CD-ROM. The Board's research will be added to a range of established databases, e.g. ERIC, JANET, B.E.R.A. and BE Index.

FUTURE DEVELOPMENTS

1 The launch of the Education and Practice Development Centre project is to occur on 5 December. The Project Officer is Thelma Selleck who many of you will know because of her responsibilities within the NURLIS projects as the then Director of Audit & Childrens Nursing at the Board. This project is also within the remit of the Adult & Childrens Nursing Directorate.

Ten pilot sites have been chosen following submission of 140 proposals. These will be announced at the launch (they already know). The first year will involve a mapping exercise to identify the characteristics of centres where service and education partnerships (and including library and information sources) are measurably improving the outcomes for patients and clients. The Board will wish to award some recognition to education and health service providers who have best practice in respect of effective health care delivery through a culture of learning and enquiry and a commitment to investing in lifelong learning and development.

2 Part of the Board's strategy is to ensure that it further develops networks to contribute to educational purchasing activities, that development of programmes meet purchasing intentions and resource issues are discussed appropriately.

3 Standards for PREP - develop guidelines for return to practice programmes - new requirement for nurses although midwives have always had that requirement within their statutory regulations. This will pose a challenge for library and information services because of the wide range of abilities and previous academic experience of all those re-entering and the need to enable them to reach diploma level learning abilities.

4 The contribution to continuing implementation of new and existing national and local targets will focus on Health of the Young Nation, the DoH *Nutrition Taskforce* Report, the *Tackling Drugs Together* Report and the *Communications and Patient/Client Empowerment* Report in addition to continuing the involvement with *Changing Childbirth, Health of the Nation* and *Mental Health Review.*

5 A major change will be the development of the Regulations & Guidelines for Institutions and Courses into Board standards statements which will guide the approval and validation processes and utilize and build on the QA mechanisms developed locally.

6 The Board will be identifying the extent to which scholarship and research contribute to the development of evidenced based practice with BA programmes and identify what action the Board may wish to take.

7 There will be an evaluation of the effectiveness of the Board's information on Internet and CD-ROM through user surveys. Recommendations for the future will be formulated by the Board arising from the results of this survey.

I hope that in presenting these Board activities to you, I have given you a flavour of the ongoing work of the Board which directly or indirectly relates to your important role. The Board is aware of the concerns you have relating to shortfalls in providing necessary library services to nurses, midwives and health visitors, in particular, those working in Trusts and not registered on programmes where library costs are part of the costing. We are aware of the increasing expectations placed on library and information resources as part of the drive for changes in practice, research awareness and evidenced based protocols.

I hope I have highlighted through the session how we within the Board, and also you in your places of work, can be contributing within those forums where strategic policy decisions affect the quality and standards of library and information services.

NEWS AND NOTES

A date for your diary

LIBRARIES FOR NURSING
SUMMER STUDY DAY1996

Making your Mark - promoting yourself and your service

Date: 13 June 1996

Place: Cowdray Hall, Royal College of Nursing, London

Further details: To follow or contact Sally Hernando (01296 315900)

Access to libraries by trained nursing staff

This report was funded by LfN and the RCN. Paul Moorbath has written it up for *Libraries for Nurses Bulletin* (see 'LfN / RCN survey on access to libraries for qualified nurses', 15 (2) Summer 1995 pp13-31) and for *Nursing Standard* ('Nursing libraries: a survey of nurses access to facilities', 10(18) January 24 1996, pp44-46). The full report can be obtained from the Librarian at the RCN.

Health Care Information Service

The HCIS has been established as part of the Science Reference and Information Service by the British Library. It offers reading room services at the Aldwych Reading Room, 9 Kean Street, London WC2B 4AT, which houses biomedical and health care related books, journals, indexing and abstracting services and CD-ROMs. The Reading Room is open to the public without charge and basic enquiry services are free. Opening hours Monday to Friday, 09.30 to 17.30. For more information telephone 0171-412-7288. Email sris-aldwych-desk@bl.uk

EVINCE: Establishing the Value of Information to Nursing Continuing Education

Professional practice demands that every registered nurse, midwife and health visitor must achieve, maintain and develop knowledge, skill and competence to respond to the needs and interests of their patients or clients. While continuing professional development is tacitly assumed to contribute to better patient care and reflective professional practice, gaining evidence for the effectiveness and value of support services to continuing education activities is particularly difficult.

Research recently completed by the Health Information Management Team at the University of Wales Aberystwyth has demonstrated the effectiveness of NHS library and information services to clinicians, in terms of benefits to present and future clinical decision making. EVINCE complements that study for a much larger group of health professionals - nurses, midwives and health visitors.

For many nursing professionals access to information required for continuing education is difficult. The barriers may be physical, as small colleges of nursing are incorporated into higher education and arrangements for library provision change. Lack of awareness of information sources and weak information skills present other less obvious barriers.

The aims of the EVINCE project are: 1) to specify the ways in which information provided by NHS and higher education libraries contributes to the maintenance and development of the professional knowledge and competence required by nurses, midwives and health visitors; and 2) to devise an audit toolkit for the management and evaluation of library services and library service networks. A range of service providers and nursing practice settings will be studied and the audit toolkit is likely to include performance indicators and guidelines.

The team intend to sample sites from all over the UK, including private hospitals, hospices and practice nurses, for the purposes of conducting critical incident surveys.

The EVINCE research project is funded by the British Library Research and Development Department for a period of one year (November 1995-October 1996). The Project Board members are:
Christine Fessey, ENB Policy and Research Development Officer (Chair)
Michael Carmel (Director of Library Services, S. Thames (West))
Shirley Day (British Library R&D Department)
Margaret Haines (NHS Library Adviser)
Tony Shepherd (Librarian, Royal College of Nursing)
Maurice Wakeham (Faculty Librarian, Anglia Polytechnic University)

Rebecca Davies is the Researcher on the EVINCE project which is being directed by John Hepworth (Senior Lecturer) and Christine Urquhart (Lecturer), University of Wales Aberystwyth.

For further details contact Christine Urquhart 01970-622162, Fax 01970-622190.

BOOK REVIEW

RCN Study of UK Nursing Journals
Anne Holdich Stodulski
ISBN 1873852428
Available from RCN Library Projects Office, Ground Floor,
116 College Road, Harrow, Middx HA1 1BQ Price £15

Reviewed by Michael Traynor (Daphne Heald Research Unit, RCN)

Those of us who are attached to institutions considering an entry into next year's Higher Education Funding Council's Research Assessment Exercise have been scouring our CVs for which publications to enter. We second guess the contexts for which the assessing panel will give most credit. Some of the panel's criteria are explicit, for example a published context that includes peer review is understood as an indication of quality. However, there is some uncertainty about which journals are given most credence as even the so-called popular journals like *Nursing Times* and *Nursing Standard* appear to submit our papers to some form of review. The situation that I believe Editors of such journals fear is a polarisation between their content which may become increasingly drained of research articles, and that of the established scholarly enterprises to which researchers and academics will increasingly aim their efforts. I wonder, though, whether things will really change that much: those of us with academic pretensions have always been aware of the profile of the publications in our CVs, and some of us work in departments where the expectation to regularly publish in 'scholarly' journals has been explicit for a number of years. When we do send articles to journals like *Nursing Times* or *Nursing Standard* we probably do so because we want to reach a wider audience on some particular subject.

All this is by way of a long introduction to a new publication from the Royal College of Nursing's Library Information Services, *RCN Study of UK Nursing Journals*. Anne Holdich Stodulski carried out a survey of 37 UK based nursing journals: from *Accident and Emergency Nursing* to *Surgical Nurse*. The origin of the study was not so much the Research Assessment Exercise as a need to provide information for the Workgroup of European Nurse Researchers who are compiling a European listing of journals publishing research material. The reasons for the WENR's project are never given but it is likely that it reflects what is seen as the increasingly 'research

conscious' culture of nursing. Similarly, I would have welcomed more clear aims and objectives for the present study although we are told that the study undertook an assessment of the research content of the journals examined to provide factual information (p.4) along with a survey of their Editors to gather descriptive information about the refereeing and editorial practices of their journals.

Right from the start the author acknowledges the difficulty of defining what exactly constitutes a 'research article' and chooses a broad definition: "original research reports, articles about the research process, or discussions of nursing theories and theory development" (p.2). A little later a research report is characterised as including "information relating to the methodology used, a clearly identified sample or population and descriptive numeric data or statistical information about the sample" (p.3). The author concentrates on detailing the proportion of research (and sometimes 'research-based') articles to other articles found after an examination of a small number of issues of each journal and gives them a rating: for example a rating of 1 indicates less than 10% of articles are research articles and a 4 corresponds to at least 55%. All 37 journals are given a rating. The author acknowledges that this rating in no way reflects the quality of those articles. Partly to address the issue of quality, a questionnaire survey of the Editors asks each for information about reviewing policy. This includes useful questions about how long reviewers take to review scripts. A further question about the average length of time between acceptance and publication would have been helpful as would circulation. (Researchers might want to balance circulation - a crude proxy for impact - with prestige accrued.) The answers Editors gave about reviewing need careful attention as they tend to use different terminology to describe the same procedure. Perhaps a more closely defined set of criteria might have made for more easily comparable responses. The question on the proportion of articles refereed does invite direct comparison.

The difficulty of defining a 'research-based' article haunts much of the study and is made explicit in its Appendix which details a response on this topic from one Editor. Nevertheless, as with much information of this sort, our desire for a sense of overview can tend to push to the margins such reservations and I could understand if some Editors may feel inaccurately represented in this study.

In spite of these hesitations, I have a sense that this study brings together a range of immensely useful information and I think it amounts to an essential reference for the shelves of any academic nursing department.

CD REVIEW

NMI (Nursing Midwifery Index)
Available from Beryl Grinrod, NMI Publications,
Library & Information Services, Bournemouth University,
Dorset House, Talbot Campus, Fern Barrow,
POOLE, Dorset BH12 5BB

Reviewed by Paul Moorbath

This CD-ROM has references to 184 nursing and midwifery and science journals.

The journals covered include most of the nursing journals but there are some important omissions, including *Advances in Nursing Science, ANNA Journal,* and *Research in Nursing and Health.* It does have a British bias which is useful and it does include some newsletters such as *Bandolier.*

Each reference has the standard bibliographic details but there are no abstracts.

The user is presented with an attractive window with boxes and the reader can select subject or author or textword with a mouse. The number of hits is shown and the screen defaults to short references of author and truncated title with the right hand side left out. The user can either highlight short reference with the mouse to obtain the full reference or can select reference from a box at the top of the screen and can then continue to select full references. If a key word is at the end of an article title, it will be missing from the truncated title and so the reader might miss a useful item.

The retrieval was short and the whole system does make an impression of being user friendly. All readers in my library who have tried this like it and its simplicity. On the pilot version reviewed, the most up to date references are six months old but once production is in full swing and there are quarterly updates, it might

be possible to be even more up to date and then it would be more current than the American data bases.

At present, the data base is relatively small and seems to extend back about three years. The number of references retrieved was limited. The thesaurus contains a limited range of subject headings but possibly these could be expanded to allow more precise retrieval.

Overall, the data base is an important addition to literature searching and should be used to supplement Medline and CINAHL.

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LIBRARY ASSOCIATION HEALTH LIBRARIES GROUP CONFERENCE, EXETER, 6 - 8 SEPT 1996

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