

## Mobilising the nursing library

Eastbourne Health Authority is long, lean and bottom-heavy - at least its 340 square mile area is. Approximately fourteen miles wide, it stretches from the south coast between Seaford and Bexhill 24 miles inland to the edge of Tunbridge Wells on the west and East Grinstead on the east. Yet its management headquarters and almost all its hospitals, including the District General which houses the Nursing Library, are concentrated in Eastbourne: only a running-down psychiatric hospital eight miles to the north, a small mental handicap hospital, and a 19-bedded GP hospital twelve miles to the north-west, are outside this area.

In 1982 the Sussex Downs School of Nursing appointed a librarian one of whose responsibilities was to promote the use of the Nursing Library throughout the Health Authority. The first librarian in post recognised the needs of the 150 community nursing staff outside the Eastbourne area, as well as staff in smaller Eastbourne hospitals who found access to the Nursing Library difficult. A system of visiting libraries was set up, taking books from the library stock to community bases and hospitals at advertised times.

When I came into the post in October 1984, one Eastbourne hospital, the mental handicap hospital and one community base in the north of the District were visited each month. Response to the service had been good at the start, but there were signs of decline: on my first visit to the community base I met two nurses! However, changing the visits so that they coincided with community staff meetings soon provided a better attendance. The average attendance before the change had been eight; in the first year thereafter it was nineteen. Similarly, the hospital visit originally meant displaying books in a central foyer, sitting down and waiting for the staff to turn up. All too often they didn't - apart from the self-motivated few, or one. The change here, supported by the Clinical Nurse Manager, was to visit each ward with a book-trolley. Average attendances increased from six to fourteen. Another early problem was that very little material was being added to the library's stock for community nurses - our only funding was the EAG budget. Extra money to provide from trained nursing staff, first from the Friends of Eastbourne Hospitals, then for three years, from Endowment funds, has overcome this problem and helped maintain user interest in the service. I've also got better equipped: stacking boxes and a trolley have made it easier to transport books, though increasing the frequency of comments about taking work home again or going off for another day in the country.

At present I visit four community nursing bases and two Eastbourne hospitals. I usually see eight to ten of the staff based at each community centre, visits taking about four hours (including loading and unloading stock!) and ten to twelve nurses in a two-hour turnaround time at the Eastbourne hospitals. Much more could be done to extend visiting library services, but prior commitments to the School of Nursing limit my time. Community nursing is now managed differently from when the visits started, and I can only visit bases once every two months - which weakens

continuity of service and user interest. I should like to have more staff time, and a special vehicle - my Fiat Panda does valiantly, but it's not ideal for moving books, especially over the panda-pits in our rural road.

Yet despite difficulties in operation, I think a visiting library service offers several benefits to a District such as Eastbourne. Firstly, it brings an appropriate selection of nursing books, including new titles, to nurses at or near their workplace. It gives a rare opportunity for browsing - an aspect of library service perhaps neglected in these days of current awareness lists and computer searches, but one which can result, for the user, in the exciting, unplanned opening up of new ideas and understanding. Secondly, a visiting library contributes to the improvement of working conditions for nursing staff, providing at the same time an access point for up-to-date professional knowledge and personal continuing education. Thirdly, it helps encourage communication between users and librarian, and makes for a library service more alert and responsive to nurses' needs.

After only four years running a visiting library, I hesitate to offer advice, but I think I have learnt at least these lessons:

1. Get the support of local nurse managers
2. Adapt to local conditions and opportunities
3. Don't be put off by occasional or seasonal dips in the level of use: staff meetings, study days, summer holidays and staff shortages can all make the irresolute melt.
4. Do keep records - not only of attendances and issues, but also of the time you take to provide the service and the number of information requests, book suggestions, etc, you take back to base.

I should be very interested to hear from other librarians who provide a similar service.

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*(The views expressed in this article are those of the author and not of Eastbourne Health Authority.)*