

Library? What library? : libraries for nurses in the UK since 1955

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This article is based on a presentation given at the 8th International Conference of Medical Librarians in July 2000. It is about the development of libraries for nurses in the second half of the twentieth century in the UK.

It is interesting to note that among the 300 delegates to the first International Conference of Medical Librarianship which took place in 1953 at the University of London was Miss Alice Thompson. She was the Librarian of the Royal College of Nursing at the time. She thought that she was probably the only nursing librarian at the conference (Nursing Times 1953).

As with everything related to nursing we should start with Florence Nightingale. She had been in favour of libraries for soldiers, to distract them from the evils of prostitution and drink, though books alone proved to be insufficient 'to withdraw men from places of evil resort' (Report 1862, 377). She promoted reading to patients and provision of reading material for them. She advocated libraries for trainee nurses where their supervisors could direct them to professional texts. Following her lead, several nursing associations and larger hospitals had begun to collect materials for their staff by the end of the nineteenth century.

Probably the foremost nursing library today, in the UK if not Europe, is that of the Royal College of Nursing. It opened in 1922 with 273 books and 12 readers. Within three months it had doubled its collection and had 171 readers. In 1949 Alice Thompson became Librarian, a post she held until her retirement in 1968. She was undoubtedly one of the key figures in post-war nursing librarianship.

The RCN Library was linked to the Education Department of the College. In this it was typical of most libraries up and down the country. They were usually located within Schools of Nursing which were themselves attached to individual hospitals.

So what was a typical nursing library like? Fifty years ago the expression 'locked cupboard in a corridor' appears too many times in too many places for it to be apocryphal. The people who looked after the library were usually volunteers or nurse tutors who bought the occasional book and would open the cupboard for a few hours a day. Sometimes a secretary or clerical worker would supervise a shelf full of books or a nearby room; users would be left to issue books to themselves. So although the term 'librarian' was used, that person would not usually be a professional librarian. The RCN and some Area Nurse Training Committees, which were the bodies that controlled the funding of the library, would organise short courses in order to train their librarians. These courses helped to build up an awareness of the value of libraries within the nursing profession.

However, it was said that in the early 1960s, in addition to the RCN, there were only three substantial nursing libraries in this country. These were St Georges' Hospital in London, the Hospital for Sick Children, Great Ormond Street, and the Countess Mountbatten Library of the Wolfson School of Nursing, Westminster Hospital (Pendrill 1963, 51).

Fortunately some of the educators running the library saw it as more than a shelf full of books. It should be a warm, comfortable, room with open shelves, new books, classified and catalogued, up-to-date journals, open at convenient times, providing a service that could be promoted throughout the hospital. Some were even willing to consider consulting an actual librarian on how to do all this.

Even if the Nurse Tutor Librarian was keen to expand the library this could be difficult. The funding system was slow and bureaucratic. The level of

funding depended very much on the interest and determination of the Principal Tutor of the School in lobbying for funds. Surveys carried out in the 1960s revealed a range of funding. One Manchester Hospital of 130 beds was spending £10 a year on its library. In the Wessex Region the average spent per student on libraries was 9/- (45p); the average book cost was probably around 2/- (10p) or 2/6. A 1966 survey in the West Midlands found that there was a 'general inadequacy of funds' for providing textbooks. The RCN and other bodies made recommendations about how much should be spent per student but there was no agreement on what the amount should be (usually between 10/- and 15/-), and no compulsion to spend that amount. Some libraries had no regular budget. Books might be bought with funds which were left over in the stationary budget at the end of the financial year. There was a general assumption that students would buy key textbooks for themselves.

The better libraries would be seeking to spread the range of material purchased, not merely medical texts but also books on sociology, psychology, social work, management and even research. Some would provide light reading for students living on the hospital site. Some libraries, on the other hand, were merely stores of textbooks. One was described as having between 16 to 20 copies of 16 titles. The Principal Tutor involved said that if she had more money she would buy more sets of books, but newer editions.

Several reports highlighted the poor state of nursing libraries. Attempts were made to produce standards for hospital libraries. In 1965 the Hospital Group and Medical Section of the Library Association produced some recommendations which have been described as 'probably the most important single document' published to that date on hospital libraries (Bunch and Cumming 1969, 8). The RCN produced several editions of a booklet for tutors explaining how to run a library. The Ministry of Health made recommendations about the design and space allocation of School of Nursing buildings. There were also reports which proposed that where

libraries existed in a hospital, then students, nurses, doctors should all, in the interests of economy and efficiency, be served by one library service.

This is more important than it may sound. What has been described so far have been services for nursing students. What about trained staff? The RCN saw them as a priority but in most districts they would have to use the School of Nursing Library. This was of little concern because everyone knew that nurses weren't interested in reading books. Libraries were for students not qualified nurses who were too busy or too tired to go in them. And any library more than 100 metres away from their workplace would probably be too far to walk. If there was no Nursing School they probably would not be allowed to use the medical library because that was for doctors, and even if they could it probably would not have any books relevant to nurses.

In 1972 the Briggs Report on Nursing put its weight behind an integrated approach and the need to ensure that all nurses and midwives could use a library:

'We regard as indispensable the raising of the standard of College libraries so that they become comparable with libraries which serve the training needs of other professions. Trained librarians should be appointed where possible. The facilities of the library should be available for use by qualified nurses and midwives and by nursing aides as well as students.' (Committee on Nursing 1972, 106).

In some Regions where a Regional Librarian had been appointed there was more chance of an integrated approach to services, though professional Librarians were still not likely to be appointed.

In 1965 a Mrs Elek was appointed to the Royal Free Hospital School of Nursing and it warranted a report in the *Nursing Times*. In 1978 only 29% (43 people) of staff in 299 Nursing Libraries were qualified. Aware of their problems, staff in nursing libraries banded together to form the *Nursing Interest Sub Group* within the Libraries Association to promote their services and develop the mutual interests of librarians and nurses.

In 1980 the General Nursing Council produced a document on *Library Services* (Circular 80/12) which argued for integration of all library services for nurses and students at District level. Although further impetus was given to the idea of integrating services at district level by a Regional Library group / DHSS report in 1985, by this time nurse education was under review.

As a result, following the example of the USA and Australia, nurse education was moved into higher education and learners were at long last given student status. This transfer was known as Project 2000. The libraries which were taken over by the higher education sector in the 1990s as a result of this were variously described as poor or non-existent, their funding was irregular and staffing levels were very poor. There proved to be no uniform model of transfer, with each seemingly unique, if not in its problems, then in their resolution.

So how do we explain the development of nursing libraries over the last half century? The issue of how libraries relate to the societies within which they exist is a complex one and how specific professional groups relate to their own libraries even more so. Is the real question 'Why were libraries for nurses so inadequate?'

Nursing libraries suffered to some extent from the status of women in society and of nurses within the health service. In the middle of the century nurses were still seen as handmaidens of doctors. This status was reflected in the provision of facilities for them. Nurses were thought by many to have no need to upgrade their level of knowledge. While nurses

might benefit from economies of scale inherent in multidisciplinary or integrated libraries, doctors sometimes opposed such libraries. Nurses were often not allowed into medical libraries.

Florence Nightingale may have valued libraries but many nurses in her day were poorly educated, if not illiterate. Early investigations, for example Tylor in 1895, implied that nurses did not use libraries even when they were provided. They work hard, on shifts and may be too tired to read, or the library, if it exists, may not be open. Nurses, in Virginia Henderson's words, are not 'bookish people' (Henderson 1968, 165).

Nursing has always had several factions within it. For the purposes of this argument we can divide them into 'Vocationalists' and 'Professionals'. For the first group nursing is often seen as a job or vocation, a set of skills and procedures to be learned, emotional and practical labour rather than academic and theoretical knowledge. Traditionally nurses did not acquire their knowledge, or pass it on, via the written word. Knowledge, it could be argued, is founded in practice, tradition and ritual, acquired through experience or the experience of colleagues. Such an attitude may favour an apprenticeship / training approach to education. With this as a starting point the argument can be made that libraries should come way down the list of priorities, with funding going first to service provision and patient needs.

This is a view still held, though perhaps not explicitly, by some nurses. However, others, the 'Professionals', those who see the development of a knowledge base for nursing as a criteria for nursing being a profession, would seek to promote an investigative / problem solving approach to education and to base nursing practice in research and evidence. The lack of a substantial research base for nursing knowledge in the first half of the twentieth century may have resulted in a lack of written material and a consequent lack of need for libraries. This would not be an argument which could be defended at the end of the century. There is also an element of chicken and egg in this suggestion. If library provision for

nursing has been poor, has this been because of a lack of research generated knowledge or because the 'Vocationalists' are right and the way that nurses generate their knowledge is not – does not need to be – written up? Or has nursing been slow to generate a research derived knowledge base because there are inadequate libraries to organise and assist in disseminating it? The Briggs Report certainly saw a link between the need to encourage nurses' awareness of research and their use of libraries.

As medicine has become more specialised and technical so has nursing. Consequently the knowledge base becomes more complex and the need for ongoing education more important. Working from a limited base, librarians working at site, regional and latterly at national level, have been eager to promote their services. Their work has expressed itself through guides, conferences, recommended standards or guidelines for provision, and through organisations like the Library Association, its groups and sub-groups and their publications. These seek to bring together and inform professional librarians, nurse tutors, other library workers, and sometimes nurses themselves, in order to improve services. The location of the nursing student within higher education potentially gives the student access to the multidisciplinary University library.

The second half of the twentieth century saw changes in library provision for nurses. The ubiquitous 'locked cupboards' have disappeared. The move into higher education served to highlight the lack of provision there had always been for qualified staff not undergoing education, so issues of funding and access have not gone away. Library provision for nurses is better than it was. What remains true is that the quality and level varies across the country and between districts.

But in conclusion, in case anyone should feel that librarians favour one or other nursing faction, we should remember that libraries store and provide access to knowledge as the product of theoretical research and to knowledge in the form of other peoples' experience and reflections. In Alice Thompson's words the library provides the link for the nurse between

'what she has been taught in the classroom and what she does on the wards' (Thompson 1962, 42)

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