

## **HEALTH SCIENCES LIBRARIANS IN SCOTLAND**

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

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#### **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 multidisciplinary.) 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/CBI/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 contracts 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 13c*

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				% Total
	Medical	Nursing	Multi.	Other	
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				Total
	Medical	Nursing	Multi	Other	
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				Total
	Medical	Nursing	Multi	Other	
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.