

THE EVINCE PROJECT: A SUMMARY OF FINDINGS

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Some key findings are presented here with a brief discussion of the implications for library and information services for nurses, midwives and health visitors.

Impact of information provided

Information provided *did* or *would* contribute to improved nursing competence. Some 96% of the information requesters (respondents) agreed that the information would affect one or more categories of nursing competence and practice.

The top two categories were *Evaluation of practice outcomes* and *Improved quality of life for patient and family*.

Nursing professionals generally have a very broad view of the areas of competence affected by information obtained.

There are few differences in the pattern of impact for different professional groups or grades. The differences seem to reflect the differing responsibilities and whether the patients are 'sick' (hospital inpatients, for example) or 'healthy' (pregnant women).

The perceived impact of information is generally higher when information is acquired for course work. In other words, there is a halo effect from the total educational intervention.

What can be deduced from the above evidence? Certainly the information provided has an impact, which can be specified in terms of particular competencies, on reflective nursing, midwifery and health visiting practice. It's interesting that the top two categories do demonstrate two sides of clinical effectiveness: concern with the outcomes of nursing care and concern that care is the most appropriate for the individual and family. The next most popular category is *Interpersonal relations with clients or patients*, confirming the importance of communication skills for nurses.

Promoting clinical effectiveness amongst nursing professionals is not simply about ensuring that as health professionals they should have access "*at the point of clinical decision with relevant information about the latest clinical knowledge, research findings, effective practice and health outcomes*(1)". The information needs to be seen as relevant to them as individuals, and getting research into practice always has been, and probably will continue to be a complex business. If benefits of information are seen to be greater when that information is obtained as part of course work, information providers should be working closely with the education providers to ensure that maximum impact of information is provided. For many nurses formal education courses provide an environment where questioning of current practice is actively encouraged, and this process of discovery and reflection should be supported carefully by information service staff. Getting research into practice requires more than having the *Cochrane Library* networked to every department, and the librarian needs to make the most of opportunities

within formal education processes (courses, study days) and information education (opinion leaders, journal clubs and team meetings).

Planning a campaign for an integrative and collaborative approach with education and training providers is made slightly easier by the fact that these three areas of competence seem generally popular. Nursing role, degree of practice autonomy, and the type of patients or clients have some effects on the pattern of competencies affected, but these are not substantial. The holistic nature of nursing care also means that information might have a broad effect on several competencies. Possibly it's easier to notch up benefits that way!

Information sources used by nursing professionals for course work

Formal requests and searches for information are made in connection with course work. Continuing nursing education in the form of post-basic courses, diploma and degree courses prompts many requests presented to information and library services, but information for course work is also obtained from colleagues, departmental and personal collections.

Resources such as personal collections, base/ward information sources and colleagues are used more frequently than libraries as sources of information for course work, though this does not necessarily mean that they are rated more highly.

Expectations of libraries

Comparing the results for the pilot study with the main phase findings suggests that frequency of library use is governed by two factors: convenience (getting there, parking, opening hours) and reliability (will the information be there?). Interviews with over 100 of the respondents also suggested that given a choice between two libraries, one convenient but with few resources, and the other less convenient but with more resources, the respondents would opt for content over convenience. This confirms the findings of another more local study(2).

Libraries are used mainly for personal updating and course work. The critical incident survey found that updating accounted, in part, for 62% of the incidents in which a library was used, and course work for 54%. However, patient care is involved in many of these incidents, particularly for queries about specific drugs or therapies and teaching of staff or students is another reason for using libraries. Many of the information quests have more than one underlying purpose - a mix of patient care and educational purposes is quite common, for example. Around one in four incidents when a library was used was for formal (funded) research.

There were two main surveys in the main phase of EVINCE. One was a critical incident survey of the patterns of information need and use among a random sample of nurses, midwives and health visitors. The other survey examined searches and requests made at a variety of information and library services including national, NHS and HE services. The survey of searches and requests confirmed the importance of formal course work as a motivation for using information and library services. Some 69% of searches or

requests were prompted in part by course work, though personal curiosity was a prompt, wholly or partly, for 43% of searches or requests.

What do nursing professionals want from a library service?

Analysis of the interviewees' comments revealed that the majority preferred personal visits, for a variety of reasons, including:

- . a wish to browse journals (though many noted the need for more specialist journals to be available for browsing);
- . consulting textbooks (the more up-to-date the better);
- . using the CD-ROM.

Several respondents mentioned that they would like a better telephone enquiry service, and some thought that remote access to databases such as CINAHL would be helpful. At the time of the survey access to the Internet was just starting in many libraries. Very few of the survey participants used the Internet as a source of information. Responses to posting one of the survey questionnaires on Nursenet suggest that discussion lists might be more popular among nursing professionals with easier access to the Internet - particularly if they have access at home as well as work.

There is still a need - a big need - for user education. The good news is that 25% of nursing professionals are confident and 'expert' information seekers, which is a tribute to the many librarians who have got successful programmes established, as well as to the nursing professionals who have to find their way round a variety of library and information services. The bad news is that 20% are not. In between there are groups with varying degrees of expertise, strategies for finding information and knowledge of sources.

Use of national services (RCN, MIDIRS)

A service such as MIDIRS is popular as the information provided is relevant, delivered in time, and the service is accessible by phone call. It satisfies the criteria of reliability and accessibility.

For the vast majority of midwives MIDIRS represents excellent value for money.

The RCN library is valued for its unique collection of nursing literature, and for many nursing professionals it is a lifeline. There always have been a substantial number of nurses 'on the register' but not in work, and a growing number of nurses work in the private sector. For these groups in particular a national service such as the RCN library is particularly useful. Many of our interviewees would welcome more resourcing (and more space) for the RCN library.

Information for patients

. Nursing professionals who are educating patients or teaching staff or students do not view information and library services as major sources of information.

The most popular sources of information for teaching are those immediately available - sources at base, personal collections, colleagues and drug

information services (including hospital pharmacies and pharmaceutical companies). In fact, nursing professionals are four times more likely to turn to sources at base or on the ward than to use a patient information centre or helpline. One wonders how aware some health professionals are of the quality and quantity of information that is available for patients. A survey⁽³⁾ of health professionals' views of health education leaflets found that few health visitors and midwives believed that giving leaflets to the family of a client was effective although many did so. The EVINCE results also suggest that more needs to be done if the NHS is 'to provide information to patients and the public so they can make informed choices about their own lives, know what action to take to help themselves, know when and how to seek help, and so they can take part in decisions and choices about care and treatment' ⁽⁴⁾.

Quality assurance guidelines

There seems to be a dearth of proper evidence on which quality assurance guidelines and performance targets could be based. Many information services do not collect the type of management information which can help identify user groups, market penetration, level of use, and trends in use.

Stark, but true in too many places. Not all the blame can be placed at the door of the library manager, as the libraries are often 'piggy in the middle' between machinations at higher levels. Management information that should be easy to obtain, e.g. from human resources departments, is not always of the quality it should be, nor is it delivered regularly. Libraries too need to look at the type of management information they collect and be prepared to study profiles of use, rather than the gross statistics, which are often only useful for workload purposes. And managers, of course, need to listen when such surveys are done.

The following recommendations concern the quality assurance guidelines. There are suggested targets in the main report and discussion of the findings of the audit survey, which studied 15 different library services throughout the country.

- The solutions generally have to be found at local level, to take account of policies and procedures, in the NHS, HE and other health information services in the locality.
- Networking, formal and informal, among health information providers, might help to streamline policies on access to journals, document delivery and user education.
- Proper consultation with service users would help to establish priorities which go some way to meeting the users' needs as well as satisfying resource constraints.
- Proper management information is required to inform decision making about equitable information and library services for nurses, midwives and health visitors.

The targets concern:

- user education (comprehensive strategies required)
- access and holdings policies for nursing journals
- evaluation and monitoring of CD-ROM database services.

References

- 1 Department of Health. *A service with ambitions*, Cm 3425. London: Stationery Office (1996): 42
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- 3 Murphy, S. and Smith, C. Crutches, confetti or useful tools? Professionals, views on and use of health education leaflets. *Health Education Research* 8(2) (1993): 205-215
- 4 Department of Health. *A service with ambitions*, Cm3425. London: Stationery Office (1996): 42-43

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EVINCE surveys: brief details

Nursing professionals using the library and information services of a variety of organisations (national services, higher education and/or NHS funded services) were asked to assess the value to present and future competence of information obtained from various types of information request (13 services, response 40%: 311/776 requests).

The information service users were also asked about the purposes of their information request, the background to the request and their attitudes towards information seeking. To set those assessments in context, a random sample of 210 nurses, midwives and health visitors, at certain sites, was surveyed to help determine the general patterns of information need and use among the total population of nurses, not merely the library and information service users. A critical incident technique was used in this second survey. (5 sites, overall response 52%: 434/840 questionnaires, with 78% of individuals surveyed replying at least once to the series of four questionnaires).

Follow-up interviews (106 individuals) provided details of: specific examples of the areas of competence affected; information-seeking strategies and skills among nursing professionals; effect of information supply on nursing practice.

An audit survey of around 15 information services provided details of the type of use made of services such as inter-library loans, book loans, and CD-ROM.

The full research report is available as:

Davies R, Urquhart CJ, Smith J, Massiter C and Hepworth JB. *Establishing the value of information to nursing continuing education: report of the EVINCE project* (British Library Research and Innovation Report 44). Boston Spa, Wetherby, West Yorkshire LS23 7BQ: British Library Document Supply Centre (British Thesis Service), 1997.

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LIBRARY ACCESS

Despite our best efforts National Library Week will probably be over by the time that you receive this. Perhaps you could let us know what you did, for a future issue. *Nursing Standard* have launched a campaign in their October 29th 1997 issue to improve access to libraries. The campaign sets out a checklist of five demands:

- Nurses should have access to a free library service funded by employers
- Libraries should have flexible opening hours and be staffed by qualified librarians
- Nurses should have paid study time
- Nurses should have training on appropriate databases including the internet
- Nurses should be educated in using systems and services which support evidence based practice.

(*Nursing Standard*, 6(12) Oct 29 - Nov 4 1997, pp24-29)