## Summary

This was a successful study day. The day was well organised and the ratings for the 'domestic' aspects were nearly all good or excellent. Nearly everyone also rated the speakers' sessions as good or excellent.

The day was well attended and obviously held in a popular venue. 42 people were present, compared with 30 in May 2004 (Nottingham) and 29 in May 2003 (York).

Any uncertainty is due to the fact that only 62% of evaluation forms were returned, and that only 24% of those attending made any written comments. It would seem reasonable to presume that the non-responders were also satisfied with the day.

There were very few critical comments and the committee should be congratulated on the choice of programme and on the organisation of the day.

# Abstracts from speakers

## Jackie Lord and Ros Bertulis

### Royal College of Nursing

*"Meeting the information needs of nursing staff: the key results of the RCN's Information Needs Analysis"*

Jackie Lord and Ros Bertulis highlighted some of the findings of RCN LIS' UK-wide survey of nurses' information needs:-

- Being encouraged by employers to search for evidence and having good access to information appears to have a direct effect on putting evidence into practice and nurses with better access to information are more likely to feel empowered to change practice as a result of their research

- Significant numbers of nurses still have no or limited access to computers at work

- Nurses in independent care homes or hospices are less likely to have regular access to information

- There are local and regional differences in accessing information and the internet

- Busy nurses need up to date, good quality, relevant evidence for their clinical areas in manageable amounts

- There is a high demand for more information skills training

- Nurses still require physical resources and support from people as well as online information

The full report is available on the RCN website at:-

http://www.rcn.org.uk/news/display.php?ID=1494

Attendees then split into groups to discuss the following questions:
1. What are the implications of the Information Needs Analysis for:-
   a) nursing staff
   b) employers
   c) health librarians?
2. What are our actions as health librarians as a result of the Information Needs Analysis?
3. What are the top 3 messages of the Information Needs Analysis?

After half an hour of discussion each group reported back, summarising their contributions, which were subsequently written up after the study day and forwarded to Jackie and Ros for inclusion in the follow up work on the survey.

Delegates highlighted some key points during the discussions and the feedback brought together a consensus of opinions and views and suggestions for the future emerged.

### Nurses access issues and information needs:

- There is evidence of the need for information skills.
- Information can empower nurses and change nursing practice, and access to information impacts on the patient journey, evidence based practice and patient care.
- Nurses lack time to search for information, learn how to search and study.
- Access to resources (computers, libraries / library staff, Internet and training), are crucial.
- The Independent sector is a key target as a hard to reach group. People in this sector have greater difficulty accessing information resources.

### Employers:

- Attitudes and culture must change. There is a need to embrace and value LIS, information literacy and IT skills for nurses and to realise that good LIS provision benefits patient care and aids evidence based care.
- Need to commit to information skills training: allocation of time, funding, staff, IT facilities, training in IT skills, Internet access, and

the integration of information literacy into courses/work time, CPD, etc.

- Need to listen to what nurses say they need – communication. This applies to all sectors HE/academic, NHS and Independent.

## Collaboration and partnership working:

- Need for collaboration and dialogue among health librarians to promote information literacy e.g. between HE and NHS.
- Need to share good practice and "what works" e.g. eLibrary in Scotland
- Collaboration across sectors is needed including flexible training partnerships, funding and access.
- Regional co-operation (HE/NHS/Independent) is needed, perhaps underpinned and driven by national body.

## Services

- Need to develop library outreach.
- The RCN is seen as a good resource – allowing open access for trainers in all sectors was suggested.
- There is continuing need for flexibility and "hybrid collections" – access to a library is still valued alongside online remote access.
- LIS providers need to ensure uniformity of access to e-resources and physical resources.

## Librarians' skills and activities:

- Marketing and publicity are crucial (all groups stressed this point).
- Need to lobby publishers / suppliers and sort out licensing issues.
- LIS staff need to improve their teaching / training / facilitation skills.

- Need to maintain and develop their profile and influencing roles at all levels - organisational, regional, national levels. For example:
  - Lobby nurse education leads to ensure information skills and learning are taken seriously and for incorporated into induction.
  - Undertake strategic planning with professional bodies.
  - Convince government to broaden the definition of IT skills to incorporate basic information literacy.

## Dr Jean Yeoh

### King's College, London

*"Future proofing your CPD"*

(Written by Jenny Drury on behalf of Dr Jean Yeoh)

The presentation focused on customer needs and Continuing Professional Development for Librarians to prepare for new roles in an ever-changing Information World. The new CILIP framework was outlined and Jean discussed how accreditation would work in practice and described its focus on the reflective practitioner and self-managed CPD. The four elements of the framework were discussed; certification, chartership, revalidation and fellowship.

## Dr Chris Urquhart

### University of Wales, Aberystwyth

*"Getting to know your customers better"*

Chris has very kindly written the following article expanding the content presented at the LfN Study Day.

## Introduction

The aim of the session was to question assumptions about the factors that influence user behaviour, and to provide an overview of trends in information behaviour research, with emphasis on the health sector. Once having made a potential user a library service user, you need to manage the relationship with the customer and the session explored recent research on clinical librarianship, and information literacy training, to identify some activities that work, and some that don't.

## Information Seeking Behaviour

There are various ways of profiling our customers, so that we can target services to needs more effectively. We might divide customers up by their work roles, and try to map what resources they are using against what we think they should be using. For nursing and midwifery staff, there are many possible roles, from nurse consultants to healthcare assistants, with community staff, primary care staff, acute sector staff, midwives, health visitors, surgical assistants, ward managers, night staff, agency staff and many other specialist roles between the top and the bottom of the career ladder. It is very confusing, and while the Agenda for Change pay spine point may be very important to the individual nurse in terms of pay, the question we need to ask is – does the role actually affect information behaviour? The answer may be surprising, but it is possible that the role does not impact on their information behaviour very much.

When the Department at Aberystwyth undertook the EVINCE study in 1997 (Davies et al. 1997), we thought we would find a statistically significant difference between the information seeking behaviour of community and acute sector staff, but we only found one aspect of behaviour that was significantly different. Admittedly, that could be

explained by the small sample size, but another equally plausible reason is that individual differences in behaviour between nurses, midwives and health visitors outweigh any factor that can be attributed to their work role and responsibilities. I was certainly aware of some very research active SENs, who were in fact specialist nurses, though not by title, and some ward managers whose reading did not extend much beyond *Nursing Times*. Eight years on, there may be more differences, and students who studied within Higher Education (Project 2000) should be reflective professional practitioners.

## IT and Information Literacy Skills

One of the reasons nursing staff might not be using library resources, particularly electronic resources, is lack of skills. We might therefore want to profile customers by their level of IT skills, or level of information literacy. Even if some of our customers are not nearly as skilled as they think they are, it is much easier to attract them to a class titled 'advanced searching', while keeping the content as intermediate level. In EVINCE, we were able to propose a profile of information seeking competence:

- 25% were confident (and aware) information seekers
- 15% could use a limited number of resources effectively
- 15% knew about sources, but were less skilled at strategies for using the sources
- 25% had novice levels of awareness and skills
- 20% had limited knowledge of sources and skills.

With the effort that has gone into ECDL training, the proportions may have shifted since then, but it is probably still true that a minority will have good information seeking skills and strategies – information literate, if you like. And there are probably still many nurses who are less confident than

many other health professionals. They are necessarily lacking in basic ability, but many nurses are juggling home and family. They have to share a computer at work and probably have to share a computer at home as well. The KA24 (Durbin et al. 2003) study, among all staff, found several categories of electronic library users:

- Novices, possibly using KA24 to help in coursework, with less confidence in using computers (often these were nurses)
- Internet-savvy, using KA24 for CPD and also for research at work (often allied health professionals)
- Research active/audit/practice development (using KA24 on a regular basis, and likely to be using both NHS and HE facilities)
- Infrequent or occasional users, who use KA24 on a supportive basis for personal or practice research (could include GPs)
- Information professionals (medicines information staff, librarians)
- Junior doctors (often have good ideas for service enhancements – the enthusiasts).

It is obviously useful to identify some of the enthusiasts and champions, to help spread the word about new service developments (viral marketing) but it is also necessary to reach out to the less frequent users, to find out just what they need. The success of Amazon in reaching out to niche markets is there for all to see, and to learn from.

## Information Behaviour Research

Information behaviour research is easiest to conduct on 'tame' groups of research subjects who are relatively easy to access, and that is why there are several studies of nursing students, at undergraduate or postgraduate level. As we all know, it is much easier to get a good survey response rate from research subjects who are corralled in a classroom. Looking at the

information behaviour research studies, there are recent studies which examine the effect of future professional demands (e.g. in law as well as in clinical disciplines), and a growing number of studies on 'everyday information seeking', particularly of the Internet, and how home use of the Internet is affecting expectations at work. That was very obvious to the UWA research team on the JUSTEIS project (Urquhart et al. 2003) when students started talking in interviews about the MEDLINE search engine. No wonder they found MEDLINE a strange beast to deal with! There are also an increasing number of studies of 'information literacy'. These need to be read with the health warning – beware the advice of the enthusiasts and beware advice which is based on a belief of what people should do, not on the evidence of what they actually do. Finally, there is another health warning for those trying to draw lessons from several studies of nurses. Synthesising the results of information behaviour research is extremely difficult to do, as many of the studies ask different questions, use different terminology, use different staff groupings and possibly focus only on one aspect of information use.

Looking at the research evidence on information behaviour of new users of electronic library services, the VIVOS project (Yeoman et al. 2003) we again identified the enthusiasts as one group who should be nurtured as champions of the library service. We also found the group of 'pre-germinators', those who had had training but who needed reminding about access and entitlement, and encouragement to practise their skills. For the middle group, the discoverers, who were likely to have a go at using the databases after training, it is useful to remember some of the tenets of Roger's diffusion theory of innovations. The factors which govern whether innovations are taken up or not include: relative advantage (real benefits for the user, compatibility with their ways of working), complexity

(should not be complex to use), trialability (trying it out) and observability (watching and seeing what is going on).

## Factors Affecting Information Behaviour

There are many factors which may affect information behaviour such as gender and age. Large scale studies of student use of electronic information services indicate that the gender differences are not substantial, although in JUSTEIS the findings suggested that women are more likely to ask advice. Our sample included a large number of nursing students, and it is important to remember that what we call information behaviour may be viewed completely differently by our users. To many health professionals it is not so much the quality and quantity of the information that is important, it is knowing how much information and solace to provide as advice to the patient, and when to provide that advice. We may talk about information literacy and health literacy, in terms of understanding and evaluation, but nursing staff may be more concerned about whether the patients have sufficient information to actually do something about their care.

## Collaborative Working

Some of these differences in perspective can be bridged when information professionals work more closely with health professionals. Collaborative working is, thankfully, more common than it was, and the two common roles are clinical librarians and outreach trainers, with many variations. Research on clinical librarian projects (Glassington and Urquhart, 2003), (Turner et al. 2005) demonstrates the importance of building trust (which takes time). The clinical librarian can act as a neutral change agent in some teams (Booth et al. 2002) (Turner et al. 2005) but if change does not happen, that may not necessarily be the fault of the clinical librarian.

Many NHS teams are teams only by name, and they are not functioning as teams as organisational behaviourists would expect (West and Poulton, 1997).

Turning to collaborative working as a trainer – what works? Trying to obtain evidence for the effectiveness of information skills training programmes is extremely difficult. Immediate satisfaction and changes in competence are relatively easy to assess but checking on long term changes is much more difficult. The evidence from the JUSTEIS project, examining the cumulated data over five years, found that:

- Training by library staff alone had no statistically significant effect on e-journal uptake
- Training by tutors alone had a statistically significant effect (adverse) on e-journal uptake
- Library and information service input, in joint training with academic staff, **was** effective in increasing e-journal uptake – a statistically significant effect.

It was gratifying to find evidence that we hoped we would find, but there are limitations, of course. The reliability of the student responses to the questionnaires could be challenged and in interviews we found that students' understanding and awareness of resources was often low (although the clinical disciplines were far more knowledgeable than most other groups of students). However, it was interesting that in some of the sites where the training was jointly conducted, and apparently effective, that students did view the training as an integral part of their studies. They saw the contributions of their tutors and the library staff as equally valid and useful.

The recent training needs study conducted for the NLH by UWA, to assess the CPD needs of health library staff, confirmed that there are two career routes for health librarians now. Previously the only route upwards was to become a library services manager, but now there are 'advanced specialist practitioner' routes open. The advanced specialist practitioners can work closely with users and gain the grassroots view of user needs. Library services managers increasingly have to liaise across other departments of the organization, to tap into policymaking and customer needs at a higher, and more general level. Whichever route is chosen, one thing is clear and that is that the librarian is working outside the library to a much greater extent than before, and that the library assistant has to take on many roles in looking after the 'front face' of the library service.

## Conclusions

In conclusion, the key messages in getting to know your customers better:

- You may profile users by competency or by role – depends but remember individual differences in information behaviour among staff may be substantial, and that formal roles are less useful in profiling
- Information behaviour research is difficult to synthesise
- Appraise the information literacy research with care
- Collaborative working – the evidence is hard to find, but this is a new area, and we need to gather evidence on the impact of the new ways of working for librarians. Over to you!

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## Yvette Person

### Cardiff and Vale NHS Trust

*"The key to information"*

(Written by Jenny Drury on behalf of Yvette Person)

Yvette works as both a Clinician and a Lecturer on a post-registration course and is currently also a postgraduate student. Her presentation therefore focused on what help and information was required for all three different areas. Yvette explained that clinicians require information quickly and at the point of need. As a student, access to databases and online journals from home is essential as is Internet access. Gentle-handling of nursing students who may not be as confident as their medical student counterparts is required as well as simplicity of information. As a Lecturer, Yvette discussed the need for ready access to relevant information, guidance through the maze of information and advice on searching etc. In all three areas, Yvette argued that information retrieval is vital in supporting evidence based practice, increased Government targets, increasing litigation, CPD and re-registration and the increasing need for clinicians to undertake further/higher education.