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Barriers to the use of the library service amongst clinical staff in an acute hospital setting: an evaluation

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Manuscript Type:	Regular Feature: Dissertations into Practice
Keywords:	Dissertations, Health information needs, Health professionals, Libraries, hospital, Marketing and publicity, Qualitative research
Abstract:	<p>This article reports on research into the reasons why clinical staff in an acute hospital may be reluctant to use library services. The research was conducted by Gaynor Thomas at the Prince Philip Hospital in Llanelli in Wales as part of the dissertation she completed for an MSc in Economics. She graduated in July 2014 from Aberystwyth University and has co-written the article with Hugh Preston, her dissertation supervisor. The article summarises the key findings from the interviews undertaken as part of the research process and lists the resulting recommendations. Gaynor also highlights the initiatives which have been put in place with the express aim of removing barriers to use and encouraging clinical staff to make the most of the library which is, she argues, a time-saving resource.</p> <p>AM</p>

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Introduction

The role of NHS libraries in patient care is a subject much debated and researched, as is the question of whether librarians are still needed when information is so readily available. However, there is an ongoing debate about the quality of self-retrieved information versus information retrieved by “expert searchers”, and there is an argument that lack of skill amongst non-expert searchers can lead to worrying, and in the case of the health sector life-threatening, outcomes.¹

A review of the NHS library service in England^{2 (p.65)} states categorically that

‘Library and related knowledge information services must be regarded as part of the core business of the NHS by the Department of Health and all NHS organisations, all of whom need access to an appropriate service and an appropriately skilled librarian.’

Clearly, the provision and use of quality information is vital within the health sector and any barriers to obtaining this information could have a negative effect on patient health. This paper reports a case study, undertaken at Prince Philip Hospital (PPH) in Llanelli, West Wales, which looked at the reasons why clinical staff there might not use the library facilities available, and what can be done to remove any barriers to use.

Literature review

A review of the literature suggests that the main barriers are time, accessibility and psychological factors.

Time

Clinicians do not have lots of spare time, and this coupled with “information overload” and limited searching skills means that they will often choose the most rapid and convenient sources over evidence-based resources during clinical practice.^{3,4} Limited time is better spent focusing on the use of information rather than its retrieval.⁴

Accessibility

Due to its accessibility and familiarity as a search engine, Google is often favoured over databases such as Cochrane or TRIP.⁵ Evidence-based medicine is not practised as often as it should be because of the difficulty practitioners experience when trying to access the evidence at the point of need. Grandage et al. suggest an information pyramid, with the most useful and relevant sources at the top, as shown in Figure 1.

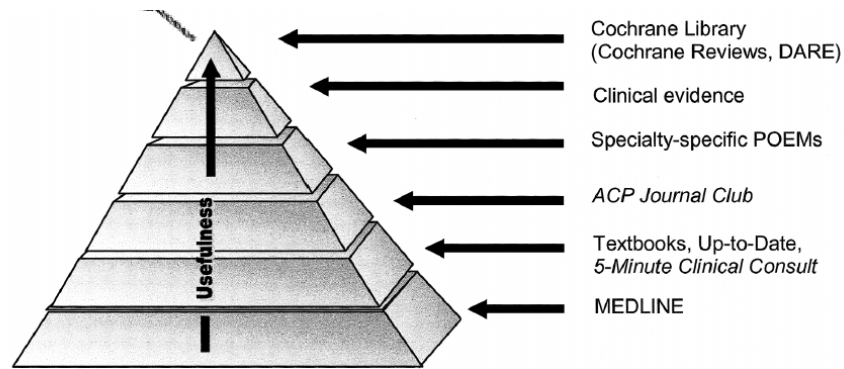


Figure 1 Pyramid of medical literature, as conceptualised by Grandage et al^{6(p.301)}

Information professionals are involved in creating these databases and it is part of the librarian's role to ensure that clinicians are informed of their existence and how to search them. However, there is an argument that even with training, the busy clinician will not make the best use of these tools⁷

Psychological factors

Prior to the advent of the internet clinicians relied heavily on medical librarians to perform their searches. Now that it is easier for them to search the literature themselves they do not actually do it, but neither do they ask for professional help as often as they need to.⁸ If library users do not need to come to the library premises to access information then they are less likely to ask for help on how to find that information.⁹ A reluctance to admit they did not know how to use the library has been found to be a barrier to senior staff asking for help.¹⁰

There is also a gap in perception between what users want and what they think the library provides. One study found that, when asked what additional facilities would persuade interviewees to use the library, 36% of respondents made suggestions for services which were already available.¹¹

Other issues

Difficulty leaving the ward,¹² difficulty accessing Information Technology resources at work,¹³ and charging for services,¹⁴ were also mentioned in the literature as barriers to using the library.

Methods

For this study, data was collected via qualitative interviews with clinical staff at PPH. To ensure the opinions of both users and non-users were solicited, a purposive sampling technique was used whereby frequent users were asked to participate and to recruit someone in their department who did not use the mediated library service. Where possible, participants were interviewed in pairs of user and non-user, by department. This novel technique has the advantage of being less formal than a one-to-one interview, hopefully encouraging freer discussion, but easier to manage for the novice researcher than focus groups, which need highly developed skills to conduct and transcribe.

1
2
3 In practice, this technique worked well for the most part, with interviewees interacting in a
4 positive manner. In three cases the interviews had to be conducted with a single participant,
5 due to limited availability of interviewees, but it was important to include the perspectives of
6 users in these departments. A pilot interview was conducted to test the practicality of the
7 method and the semi-structured format of the interviews. This was very successful and the
8 data collected were therefore included in the results to be analysed. Nine interviews were
9 completed in total, across seven departments with fifteen participants – three doctors, four
10 nurses, two dieticians, two radiographers, two physiotherapists, a pathologist and a
11 pharmacist. In addition, interviews were conducted with three librarians who work for the
12 Hywel Dda Health Board.
13
14

15 The interviews were digitally recorded and transcribed verbatim to provide a written record
16 for analysis. These data were then subjected to thematic framework analysis in order to
17 map the data to the themes already identified by the literature review, and to explore any
18 new themes which might be extracted.
19
20

21 **Results**

22
23 The results are themed using the same headings as the literature review, representing the
24 most-cited barriers to library use.
25

26 ***Time***

27
28 Lack of time was universally cited as a reason for not visiting the library, or not finding
29 required information:
30

31 'Like everyone else, I've got other jobs to be doing and I can't spend an hour trying to
32 find one article'.
33

34 Interestingly, however, of the three librarians interviewed only one of them specifically
35 mentioned time when asked about reasons why clinicians might not use the service, with all
36 three identifying awareness as the most important issue.
37
38

39 ***Accessibility***

40
41 Every interviewee had problems accessing online information. Notably, this was not
42 dependent on whether they were library users or non-users, or whether they had received
43 database training or not:
44

45 'Use it or lose it...if I'm not doing it on a daily basis it goes in and out'.
46

47 'I tried to get in through ATHENS but it didn't seem to let me in'.
48

49 Use of Google was universal and freely available articles were likely to be chosen over more
50 difficult to reach articles, with quality a secondary consideration. Access charges were
51 repeatedly mentioned as a barrier to obtaining information:
52

53 'I couldn't get hold of the article where they did the trial, it was basically...a
54 subscription-only journal'.
55

56 One of the librarians suggested that people use the library less because
57
58
59
60

1
2
3 'there's more stuff made available electronically'.
4

5 The emphasis of the interviewees on the difficulties of accessing electronic material
6 suggests that this is not the case and that simply providing passwords to patrons to enable
7 electronic access to resources is not enough. Nor is training them in how to use these
8 resources. Providing a service which can help at the point when access issues arise, and
9 which is itself easily accessible, is the key to ensuring the best use of resources.
10

11 Many interviewees cited the difficulty of being able to physically visit the library premises as
12 a barrier to use:
13

14 'as lazy as it sounds, time to walk up here...between patients'.
15

16 When it was pointed out that the service can be accessed remotely, via the internet or just
17 by phoning, they were surprised and pleased:
18

19 'if you're kind of offering that service, that would be great!'
20

21 **Psychological Factors** 22

23 As expected, there was found to be a gap between users' perception of what the library is
24 able to provide, and the actual services available:
25

26 'I wasn't aware that all the facilities were here and things like that. I mean, that might
27 stop people coming, that they wouldn't actually think to come here, because they
28 don't know the facilities you've got here and they don't realise the services you
29 provide'.
30
31

32 A definite, and slightly unexpected, theme to emerge was a reluctance to impose on other
33 people for something which you could do for yourself. There was repeated mention of not
34 wanting to be thought of as lazy or imposing, or to burden the library staff with too much
35 work:
36

37 'you're conscious as well sometimes of other people's time'
38

39 'sometimes I do feel like I shouldn't trouble you'.
40
41

42 Awareness of the fact that the library staff are happy to do this work would help to overcome
43 this reluctance:
44

45 'if I knew that you were happy for me to do that...I would be more willing to pass the
46 work on'.
47

48 Related to this, staff attitude emerged as a key factor in determining library use, and also in
49 encouraging users to promote library services to other staff members:
50

51 'I think we're better at it now because we know you...so we're more inclined to say,
52 oh actually [the librarians] in our library, they're great you know, you can do X,Y and
53 Z...and I think that does change our perception'.
54

55 Overall the biggest psychological issue was awareness of what the library service is meant
56 to provide. Patrons did not realise that librarians are professional informationists, ready to
57 take on the "burden" of finding information– in fact that it is their job and the most efficient
58
59
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1
2
3 use of resources. Research has shown the cost savings of a clinical librarian versus a
4 consultant search to be in the region of £26 per hour.¹⁵ Increasing awareness is related to
5 staff attitude and willingness to help.
6

7 **Other issues**

8
9 Although the library at PPH does not charge patrons for items relating to their work, it was
10 evident that charging is an issue which affects access. Charged access seemed to equate
11 to no access in the minds of the respondents:
12

13 'the only reason I haven't been able to find things really is... either the log-on, or the
14 paying for it really'.
15

16
17 Another reason given for not using the library was a lack of need for what the library
18 provides. One of the librarians pointed out:
19

20 'if somebody wants something they approach you'.
21

22 This feeds into the issue of awareness, because if people do not know what the library can
23 do for them, they are unlikely to know if they need that service or not.
24

25 Drivers to library use were all related to the issue of awareness. Although users did not want
26 to impose on library staff, once they began to use the service and discovered the benefits in
27 respect of time and frustration saved, they were driven to use it more and more often. Many
28 of the interviewees suspected that their inability to access articles was down to lack of skill,
29 or of
30

31 'not going through the right procedure'.
32

33 The accuracy of this suspicion is supported by the fact that many of the article requests
34 received by the library are actually found very easily, even though the requestor inevitably
35 states that they "cannot get them".
36

37
38 Interestingly, despite the emphasis on lack of time to visit the physical library, the traditional
39 values of the library and its books were still important to the respondents:
40

41 'there's peace and quiet...out of the department and distractions'.
42

43 **Implications for practice**

44
45 This study suggests that, with time, technical, and psychological factors all driving
46 accessibility, Grandage et al's pyramid⁶ will only be partially climbed unless there is
47 assistance from information professionals, provided free at the point of need.
48

49 In the light of these findings, four key recommendations were made, as indicated in Table 1.
50 Alongside each recommendation is an outline of initiatives which have been put into place at
51 PPH as a result of the stud, and the ongoing outcomes.
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Table 1 Recommendations and outcomes from the research.

Recommendation	Outcome
<i>Make access to the library service as simple as possible.</i> A definite preference was shown for using emails or text to request and receive information, therefore the development of these services should be explored.	We have seen article requests double within the space of a year, following a concerted effort to inform patrons that they could access the service via email.
<i>Raise awareness of the service by promoting staff amenability.</i> It makes financial and clinical sense to use specialists in whatever discipline. This is expected in medicine and is no different in the information sector. Making this clear would make patrons less likely to feel they were imposing when they need to use the service.	Requesting current patrons to “spread the word” about how easy it is to access the library service, has led to an increase in people coming to join the library because “my colleague said that you were very helpful”. These new members often state that they “had no idea there was a library here” previously.
<i>Promote non-traditional library services to help make the library more appealing to the wider patron-base.</i> PPH library holds a (non-medical) bookclub once a month which has been tremendously successful in this respect and other similar initiatives, such as a meet-and-greet evening for new staff to get to know the library staff in relaxed circumstances, should be trialled.	Although we are yet to hold a “meet-and-greet evening”, we have been promoting the bookclub more actively and some new members from different departments have joined recently, which will hopefully lead to heightened awareness within these departments.
<i>Continue to provide a service which is free to staff at the point of use.</i> Introducing charges would have a negative impact on library use and would mean that clinicians would not access information which may be vital to their work.	There are currently no plans to charge staff for literature searching or article requests.

Conclusion

This research has focused on finding out how clinicians actually feel about using the library service, concentrating on barriers and drivers to use. The results can be summed up in the words of one interviewee:

‘make it as simple as possible’.

Encouraging library use makes the best use of the resources available to healthcare providers. The importance of the library service to health care is aptly summarised by a participant in the Rochester Study:

‘I believe that the library service is an integral part of the hospital and an absolutely essential service. I would not want to practice in a hospital without a library, nor would I like to be a patient in one’.¹⁶

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